Society for Public Health Education
RESOLUTION ON ELIMINATING HEALTH DISPARITIES BASED ON DISABILITY STATUS

Adopted by the SOPHE Board of Trustees May 2, 2002

WHEREAS the Society for Public Health Education (SOPHE) recognizes that the health and well-being of communities and the individuals within them is dependent not only on biological but also social and environmental factors; and

WHEREAS the etiologies of disability can arise from birth defects during the prenatal period, developmental disabilities during the perinatal period, or traumatic injuries or chronic diseases at any time during the lifespan (1); and

WHEREAS disability is a "universal" phenomenon that affects everyone, whether by direct experience or through family members, friends, or colleagues (2, 3, 4); and

WHEREAS the Healthy People 2010 Objectives for the Nation recognize the need for improved case definitions and data collection methods "to correctly identify disparities among select population groups" (5, 6); and

WHEREAS the World Health Organization's nomenclature of health states involving disability in the International Classification of Functioning, Disability and Health (ICF), which is a companion to the diagnostic coding nomenclature embodied in the International Classification of Diseases (ICD), provides an important preferred classification of disability and clarifies health disparities based on the disability status of individuals or populations (7); and

WHEREAS Healthy People 2010 reported, using 1997 data, that "It is estimated that 54 million Americans, or nearly 20 percent of the population, currently live with disabilities [and] data for the period 1970 to 1994 suggest that the proportion is increasing" (8), that "People who have activity limitations report having had more days of pain, depression, anxiety, and sleeplessness and fewer days of vitality during the previous month than people not reporting activity limitations" (9), that "People with disabilities also have other disparities, including lower rates of physical activity and higher rates of obesity" (10, 11, 12, 13), and that "many people with disabilities lack access to health services and medical care" (10); and

WHEREAS Healthy People 2010 and other resources have encouraged broadening perceptions of disability beyond the vantage points of medical care, rehabilitation services, and long-term care (14), and relinquishing "the belief that all people with disabilities automatically have poor health" while embracing the concept that "under-emphasis of health promotion and disease prevention activities targeting people with disabilities has increased the occurrence of secondary conditions" (15); and

WHEREAS a contemporary "social model" of disability is gaining increased acceptance that relies on broad categorization according to composite descriptions of bodily impairments and activity limitations and calls primarily for social interventions within physical, behavioral, and attitudinal environments (16); and

WHEREAS a "secondary condition" is defined as "a condition that is causally related to a disabling condition (i.e., occurs as a result of the primary disabling condition) and that can be either a pathology, an impairment, a functional limitation, or an additional disability" (17), for which specific preventable risk factors exist that sequentially lead to "additional deterioration in health status and quality of life" (17); and

WHEREAS public health programmatic interventions based only on primary prevention of disabilities are insufficient and tend to overlook the needs of large segments of the population of persons with existing disabilities for whom primary prevention is moot (18, 19); and

WHEREAS comprehensive public health programmatic interventions based on prevention or mitigation of secondary conditions of existing disabilities are preferred because they address physical or social barriers among individuals or subpopulations with disabilities without referring to etiology, diagnosis, duration, or stage during the lifespan in which disability is incurred or experienced (20, 21); and

WHEREAS risk factors that can induce secondary conditions include biological, social, physical, and behavioral exposures or events, which can subsequently transform an existing pathology or impairment into overt or worsened disability, and therefore minimize health-related quality-of-life among individuals or within populations of persons with disabilities (22); and

WHEREAS accessible housing and transportation, accentuated access to health care services, adapted recreational facilities, and expanded employment opportunities and workplace accommodations have been demonstrated to enhance health-related quality-of-life and to diminish the likelihood of social isolation among persons with disabilities (23);

Now therefore be it resolved that SOPHE:

Engage in the following Internal Activities:

(1) Encourage its members to promote within the professional practice of health education the full inclusion of persons with mobility impairments, cognitive or learning impairments, communication or hearing impairments, or limitations of abilities to perform activities of daily living or instrumental activities of daily living; to design surveys or initial assessment tools that incorporate disability status as a descriptive variable or characteristic; and to ensure that accessibility to health promotion activities is sufficiently broad that no person is precluded from full participation in such activities or membership in target populations; and

(2) Conduct professional education among its members about disability topics including awareness about disabilities, through its meetings and articles published in its journals on health promotion and disease prevention issues, including topics related to using the International Classification of Functioning, Disability and Health in conjunction with the International Classification of Diseases; and

Engage in the following External Activities:

(3) Provide leadership and governmental advocacy consistent with Healthy People 2010 acknowledging that efforts toward eliminating health disparities should include not only intervening against disparities associated with racial or ethnic groups, socioeconomic status, or gender, but also those associated with disability status; and

(4) Consistent with the spirit and the letter of the Americans with Disabilities Act, link with at least one new partner to advocate for broad adaptations in communities and health care systems to ensure that persons with disabilities have equivalent opportunities and accessibility to health promotion activities, including but not limited to physical fitness facilities, smoking cessation interventions, and cancer screening interventions such as mammography; and

(5) Share this resolution with all members of the Coalition of National Health Education Organizations (CNHEO), encouraging them to advocate for systems to ensure that persons with disabilities have accessibility to and equivalent opportunities to participate in health promotion activities.

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