

Public Health Strategies to Improve the Health of Individuals with Disabilities

Overview

Public health must strive to ensure that people with disabilities can fully participate in health promotion programs. While some public health strategies are developed for individuals with disabilities, most strategies have been developed for general audiences. However, public health programs can be adapted for individuals with disabilities. Modifications often include the following: (1) assuring system level and physical accessibility, (2) inclusive messaging and accessible communication materials, (3) disability awareness and sensitivity training, and (4) addressing and tailoring to unique needs of select functional disability types. As an example, when implementing a technology supported multi-component coaching or counseling program to reduce weight for people with intellectual disabilities, adaptations to make this intervention more inclusive may include developing materials that are accessible and understandable, or weight loss programs tailored to disability lifestyles.

The strategies listed in the table below are drawn from national reviews of scientifically proven, cost-effective, scalable, and community-based approaches that are potentially applicable to people with mobility limitations and/or intellectual disabilities.

For additional information, refer to the following resources:

[Guide to Community Preventive Services \(GComPS\)](#)

[Guide to Clinical Preventive Services \(GClinPS\)](#)

[Community Strategies and Measurements to Prevent Obesity, United States](#)

[Healthy People \(HP\) Plan](#)

[National Prevention Strategies \(NPS\) Report](#)

[Interventions On Diet And Physical Activity: What Works \(Evidence Tables\)](#)

Public health interventions will achieve greater impact when changing the social and environmental context, so that individuals can easily take healthy actions in the normal course of their lives; thus, employing a multi-level approach will attain greater effect. By utilizing interventions at different levels of influence (e.g., individual, interpersonal, organizational, community, and societal), each provides potential support for the initiation and maintenance of healthy behaviors. Yet, individual behavior change is best accomplished when supported and reinforced through organizational and community level improvements by making the healthy choice the easy choice. For the CDC-RFA-DD16-1603 FOA, each selected health topic should be addressed by interventions influencing 2 or more levels.

Public Health Strategies

This table presents examples of public health strategies that may be used to address the following health topics: physical activity, nutrition, healthy weight, tobacco use and exposure, cardiovascular disease, hypertension, diabetes, and oral health.

Strategies to Address Physical Activity, Nutrition and Healthy Weight

Community strategies: Conduct community-wide campaigns; improve access to outdoor recreational facilities; participate in community coalitions or partnerships to address obesity; enhance access to places for physical activity combined with informational outreach activities; enhance community- or street-scale urban design and land use policies; enhance infrastructure supporting walking and wheeling; Improve access to public transportation, and enhance personal safety (including traffic safety) in areas where people are or could be physically active.

Worksite strategies: Enhance obesity prevention and control programs (e.g., accessible worksite fitness program); on-site group activities led by trained personnel; incentives and competitions.

Individual behavioral strategies: Individually-adapted health behavior change programs; technology-supported multi-component coaching or counseling to reduce and maintain weight loss; and population-based primary prevention services for nutrition and physical activity (e.g., clinician referrals to community-based resources).

School/Parent-based strategies: Enhance school-based physical education; increase the amount of physical activity in physical education programs; increase opportunities for extracurricular physical activity; reduce screen time in public service venues, and reduce screen-time among children.

Public venue nutrition strategies: Increase availability and affordability of healthier food and beverage choices; improve availability of mechanisms for purchasing foods from co-ops and local farms; restrict availability of less healthy foods and beverages; institute smaller portion size options in public service venues; limit advertisements of less healthy foods and beverages; and discourage consumption of sugar-sweetened beverages.

Information strategies: Provide individuals with tools and information to make healthy choices and enhance coordination and integration of clinical, behavioral and complementary health strategies (e.g., increasing quality health-related websites).

Strategies to Reduce Tobacco Use and Exposure

Community-based strategies: Mass-reach health communication interventions combined with other interventions; mobilize communities combined with additional interventions; incentives and competitions to increase smoking cessation when combined with additional interventions; smoking bans and restrictions; and reduce tobacco use among staff.

Clinic-based strategies: Provider reminder systems for tobacco screening and counseling combined with provider and client education; providers screen for tobacco use and provide cessation interventions, and reduce client out-of-pocket cost for effective cessation therapies.

Device-based strategies: Mobile phone-based cessation interventions; multi-component interventions including client telephone support; comprehensive tobacco control programs, and online interventions.

Strategies to Address Cardiovascular Disease, Hypertension, and Diabetes

Individual behavioral strategies: Enhance clinical-based primary prevention services for chronic diseases.

Cardiovascular Disease:

Clinical decision-support systems (CDSS); interventions engaging community health workers; reducing out-of-pocket costs for cardiovascular disease preventive services for patients with high blood pressure and high cholesterol; team-based care to improve blood pressure control; self-monitoring & measuring blood pressure (used alone), and self-monitoring and measuring blood pressure (combined with additional support).

Hypertension, High Cholesterol:

Engage community health workers to screen for high cholesterol and blood pressure and provide health education; reach out to individuals and families who are eligible for medical services and help them apply for these services; provide proactive client follow-up and monitoring, such as appointment reminders and home visits; improve coordination of care and support for patients; help individuals and families navigate complex medical service systems and processes to increase their access to care; and facilitate self-directed change and community development.

Diabetes:

Combined diet and physical activity promotion programs to prevent Type 2 Diabetes among individuals at increased risk; case management interventions to improve glycemic control; disease management programs; self-management education in community gathering places (e.g., adults with Type 2 Diabetes), self-management education in the home (e.g., children and adolescents with Type 1 Diabetes).

Informational strategies: Enhance coordination and integration of clinical; behavioral and complementary health strategies (e.g., increase quality health-related websites), and provide individuals with tools and information to make healthy choices.

Health systems level/organizational strategies: Utilize a team-based care interventions to facilitate communication and coordination of care support among various team members; enhance use of evidence-based guidelines by team members; establish regular structured follow-up mechanisms to monitor patients' progress and schedule additional visits as needed, and actively engage patients in their own care by providing them with education about hypertension medication, adherence support (for medication and other treatments), and tools and resources for self-management (including health behavior change).

Strategies to Improve Oral Health

School-based or school-linked oral health strategies: Sealant delivery programs.