

Message from Editors-in-Chief

Advancing Equity in Tracheostomy Care with the Individuals with Disabilities Education Act

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Abstract

The 50th anniversary of the Individuals with Disabilities Education Act (IDEA), enacted in 1975, offers an opportunity to consider its relevance in educational settings and healthcare delivery. Whereas medically complex children and adults historically had limited educational opportunity, there is growing momentum around developing inclusive learning environments. IDEA established durable principles centered on access, individualized support, and shared accountability across systems. These principles are highly relevant to the needs of individuals living with tracheostomies and their care partners, who often face ongoing challenges related to communication, mobility, medical complexity, and participation in daily life.

High-quality tracheostomy care requires sustained patient and family engagement, coordinated interprofessional teams, and systems that recognize disability as a multidimensional experience rather than a single clinical condition. Building on IDEA's emphasis on individualized education plans, effective tracheostomy care requires personalized planning informed by patient and caregiver priorities and supported by appropriate accommodations across care settings. The mission of the Global Tracheostomy Collaborative reflects this shared focus on equity, access, and outcomes through collaborative, patient-centered models of care.

This article examines IDEA's legacy as a conceptual framework for advancing tracheostomy care, addressing barriers and emerging solutions. Ongoing challenges include workforce limitations, fragmented care, and uneven access to resources. At the same time, developments in telemedicine, assistive communication technologies, data-driven quality improvement, and simulation-based training offer practical tools to improve coordination and inclusion. Viewed through the lens of IDEA's core principles, these approaches support more equitable and responsive lifelong learning for individuals with tracheostomy care across the lifespan.

Keywords: Tracheostomy, Health equity, Disabled persons, Individuals with Disabilities Education Act, Patient-centered care, Caregivers, Interprofessional relations, Telemedicine, Assistive technology, Health policy.

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA), enacted in 1975, represents a landmark commitment to equity, inclusion, and individualized support for people with disabilities.¹ By establishing education as a mechanism for expanding opportunity, autonomy, and long-term participation, IDEA underscored the role of structured learning and support systems in shaping health, independence, and societal inclusion. Although IDEA is formally an education statute, its foundational principles of dignity, access, participation, and accountability have enduring relevance beyond education, including in healthcare.²⁻⁵ Five decades later, these principles continue to inform how systems respond to disability across the lifespan.^{6,7} Tracheostomy care illustrates the intersection of disability, healthcare delivery, and social participation. Individuals with tracheostomies and their care partners often navigate complex medical, educational, and community systems that require coordination, continuity, and inclusion.^{8,9} This editorial uses IDEA as a conceptual framework to examine equity, inclusion, and collaboration in tracheostomy care across clinical, community, and policy contexts.

THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS A FRAMEWORK FOR EQUITY

IDEA transformed access to education by mandating individualized planning, addressing systemic barriers, and centering the rights of individuals with disabilities.¹ Its emphasis on equity and accountability reshaped educational practice and policy and established expectations for inclusion that extend beyond the classroom.⁷ When applied conceptually to healthcare, IDEA highlights disability as a multidimensional experience shaped by physical, social, and environmental factors.⁴ For individuals with tracheostomies, equitable care requires more than technical proficiency. It requires systems that are responsive to diverse needs, ensure reliable access to resources, and support meaningful participation in daily life.^{2,3,5} IDEA's focus on individualized support and shared responsibility provides a useful framework for reexamining how healthcare systems design and deliver inclusive care. IDEA's foundational principles offer a lens through which healthcare systems can reduce disparities in access to specialized care, elevate patient and family engagement as a driver of equity, and strengthen interprofessional collaboration to address the multifaceted needs of individuals with disabilities.⁶ [Table 1](#) summarizes how core principles of IDEA can be applied to equity-centered tracheostomy care across clinical, educational, and social contexts.

Table 1. Core Principles of IDEA and Their Application to Equity-Centered Tracheostomy Care

IDEA Principle	Application to Equity-Centered Tracheostomy Care
Free and Appropriate Education	Tailored patient and caregiver education to support safe tracheostomy management, communication, and self-advocacy
Individualized Education Programs	Personalized care plans integrating medical, educational, and social needs across care settings
Least Restrictive Environment	Supporting independence and participation in home, school, workplace, and community environments
Parent and Family Engagement	Empowering families through co-created care plans, training resources, and shared decision making
Equity and Accessibility	Ensuring equitable access to medical technologies, services, and inclusive healthcare infrastructure

EQUITY-CENTERED TRACHEOSTOMY CARE: CLINICAL AND SOCIAL COMPLEXITY

Tracheostomy care encompasses far more than airway management. It involves communication, mobility, cognition, psychosocial well-being, and long-term adaptation across care settings.^{10, 11} Individuals with tracheostomies often rely on multiple services and providers, making coordination and continuity essential to achieving equitable outcomes.^{8,12} An equity-centered approach recognizes that disparities in access to specialized care, equipment, and trained professionals disproportionately affect individuals with disabilities.^{13,14} Applying IDEA's principles reframes equity as a systems responsibility rather than an individual burden. This perspective calls for intentional care pathways, equitable distribution of resources, and interprofessional collaboration to address the layered clinical and social complexities associated with tracheostomy dependence.¹⁵

PATIENT AND FAMILY ENGAGEMENT AS A CORNERSTONE OF INCLUSIVE CARE

Patient and family engagement is fundamental to inclusive tracheostomy care. Families frequently serve as primary caregivers, advocates, and educators, translating clinical guidance into daily practice.⁸ Their involvement reflects IDEA's emphasis on collaboration and shared decision making.⁷ Effective engagement strategies include co-creation of care plans that align clinical goals with patient and family priorities, accessible education and training tailored to diverse learning needs, and community support networks that promote resilience and shared learning.^{9,16} Valuing patient and family expertise strengthens care quality and advances equity by recognizing lived experience as an essential component of care delivery.¹⁷

ADDRESSING SYSTEMIC BARRIERS: WORKFORCE, TECHNOLOGY, AND POLICY LEVERS

At the health system level, translating IDEA's principles into practice requires structural interventions that address persistent inequities. Workforce shortages, fragmented care pathways, and uneven resource allocation continue to limit access to high-quality tracheostomy care, particularly for individuals with complex needs.^{14,18} Translating equity from principle to practice requires coordinated action across several system-level domains. Key levers for advancing equity in tracheostomy care include:

- **Workforce capacity and preparation**, including targeted recruitment, retention, and interprofessional training to ensure access to clinicians with specialized expertise in tracheostomy care.¹⁵ Simulation-based education and team-based training can strengthen competence and collaboration across disciplines.

- **Technology-enabled access**, such as telemedicine, remote monitoring, and data-informed tools that extend specialty care to rural and underserved populations while supporting proactive and personalized care.^{19,20}
- **Policy and financing structures** that prioritize disability-focused care, support individualized care planning, and incorporate equity, accessibility, and patient experience into quality measurement and accountability frameworks.^{13,18}

Examples of emerging technologies that support access, personalization, and equity in tracheostomy care are highlighted in [Table 2](#). These levers highlight the importance of aligning workforce development, technological innovation, and policy frameworks to reduce structural barriers and embed equity into routine tracheostomy care delivery.

LEGAL AND POLICY CONTEXTS SUPPORTING INCLUSIVE TRACHEOSTOMY CARE

IDEA established enforceable standards for addressing disability through individualized support and accountability.¹ While healthcare operates under distinct regulatory frameworks, complementary statutes such as the Americans with Disabilities Act reinforce obligations to ensure accessibility and non-discrimination in clinical environments.²¹ These legal and policy contexts support the development of inclusive healthcare systems. Principles of transparency, accountability, and continuous improvement, which are central to IDEA implementation, can guide efforts to identify gaps in tracheostomy care and promote equitable service delivery without conflating educational and healthcare regulatory domains.⁷

LIFE-COURSE IMPLICATIONS: TRACHEOSTOMY CARE ACROSS HOME, SCHOOL, AND WORK

The implications of tracheostomy care extend across the life course, beginning in the home and continuing through school, higher education, and employment.¹⁷ For children, IDEA supports individualized education plans that integrate medical and educational needs, enabling participation in academic and social activities.¹ Schools often serve as essential partners through nursing support and assistive technologies.²² As individuals transition into adulthood, equitable access to postsecondary education and workplace accommodations becomes increasingly important. Policies informed by IDEA and reinforced by the Americans with Disabilities Act support inclusive environments that allow individuals with tracheostomies to pursue education, employment, and civic engagement.²¹ These life-course considerations underscore the importance of continuity and coordination across systems.²³

Table 2. Transformative Technologies Supporting Equity in Tracheostomy Care

Technology	Application	Impact on Access and Care Equity
Telemedicine	Remote consultations and follow-up care	Expanded access to specialized care, particularly for rural and underserved populations
Artificial Intelligence	Predictive analytics to identify complication risks	Proactive and personalized interventions to reduce preventable adverse events
Immersive Simulation	Interprofessional training and skill development	Improved clinical preparedness, collaboration, and workforce capacity
Mobile Health Applications	Patient self-monitoring and education	Increased patient engagement, adherence, and continuity of care

COLLABORATIVE INNOVATION IN PRACTICE: LESSONS FROM THE GLOBAL TRACHEOSTOMY COLLABORATIVE

The Global Tracheostomy Collaborative provides a practical example of how IDEA's principles can be operationalized in healthcare. Through global partnerships, standardized practices, education, and patient engagement, the Collaborative demonstrates the value of coordinated approaches to improving safety and quality in tracheostomy care.²⁴ Key initiatives include interprofessional education that integrates disability awareness, sustainability models that address workforce challenges, and global knowledge-sharing platforms that disseminate best practices.²⁵ These efforts illustrate how collaborative frameworks can translate equity principles into measurable and sustained improvements in care.

EXTENDING INCLUSION BEYOND HEALTHCARE SYSTEMS

IDEA's principles also influence broader societal attitudes toward disability. Public education, advocacy, and cross-sector collaboration play important roles in reducing stigma and promoting inclusion.⁶ Partnerships among healthcare providers, educators, policymakers, and community organizations can strengthen support systems and enhance accessibility in public spaces, transportation, and civic life.²⁶ Extending inclusion beyond healthcare settings reinforces dignity and empowerment for individuals with tracheostomies and their families and supports fuller participation in society.²⁷

CONCLUSION

Five decades after the passage of the Individuals with Disabilities Education Act, its principles continue to provide meaningful guidance for advancing equity, inclusion, and dignity in education and healthcare. When applied thoughtfully to tracheostomy care, IDEA's legacy highlights the importance of patient and family engagement, interprofessional collaboration, and systems-level accountability. By leveraging policy-informed frameworks and collaborative innovation, healthcare systems can move toward more inclusive and equitable care that supports individuals with tracheostomies across the life course.

Ethical & Reporting Statement

This manuscript is an editorial and conceptual analysis and does not report primary research involving human participants, human data, or human specimens. As such, Institutional Review Board approval and informed consent were not required.

Conflicts of Interest

The authors declare no conflicts of interest relevant to this manuscript.

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Authorship and Contributions

VP contributed to the conceptualization of the manuscript and was responsible for writing the original draft, as well as critical review and editing, supervision, and project administration. MJB contributed to conceptualization, policy analysis, and critical intellectual revision of the manuscript, including substantive review and editing. Both authors meet the International Committee of Medical Journal Editors (ICMJE) criteria for authorship and have reviewed and approved the final version of the manuscript.

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