

Health & Intellectual Disability

People with intellectual disabilities have a right to health care.

- Health is, “a state of physical, mental, and social well-being and not merely the absence of disease or infirmity” as defined by the World Health Organization.¹
- Access to the highest standard of health care for all people with disabilities is a right that is reaffirmed by the United Nations Convention on the Rights of Persons with Disabilities.²
- A person with a disability is not an inherently unhealthy person. Health status is affected by genetics, social circumstance, environment, individual behavior, and health care access. All of these factors must be considered when guaranteeing access to health care.³

Still, people with intellectual disabilities have poorer health than the general population.

- **Higher rates of obesity.** In 2013, the global adult obesity rate was 33.9% for adults with intellectual disabilities examined by Special Olympics, compared to 12% of the general population.⁴ In 2013, 46.0% of adults with intellectual disabilities in the United States examined by Special Olympics were obese, compared to 35.9% in the general population.⁵
- **Higher rates of premature death.** People with intellectual disabilities were more than twice as likely to die before the age of 50 than the general population (22% compared to 9%), a United Kingdom study found. The majority of these deaths in the general population were due to lifestyle factors. In contrast, premature deaths of people with intellectual disabilities were primarily due to delays or problems investigating, diagnosing, and treating illnesses and with receiving appropriate care.⁶

Globally, on average, on a team of 10 Special Olympics athletes:



4 have untreated tooth decay
1 needs an urgent referral to a dentist



4 need eyeglasses
2 have some kind of eye diseases (e.g. glaucoma)



5 have significant problems with flexibility, and
4 with balance, placing them at risk for injuries



3 fail a hearing test



2 have low bone density, even though they
might look healthy



6 are overweight/obese and at risk for
chronic health conditions



Special Olympics is decreasing these health disparities through its health programming:

Partnering with organizations to provide medical equipment. As of 2014, items include 100,000 prescription glasses and over 2,000 hearing aids provided free of charge to Special Olympics athletes around the world.

Creating communities where quality health care is accessible year round. Through Healthy Communities, Special Olympics is expanding health services offered by Healthy Athletes by improving year-round access to care, health education, and wellness opportunities. In 2014, there are 14 Special Olympics Programs that are recognized as Healthy Community pilot sites. The 10-year vision of the Healthy

Communities initiative is to recognize 100 Special Olympics Programs that are focused on year-round health programming for people with intellectual disabilities.

Changing health systems. As of 2014, Special Olympics had trained 120,000 health care professionals on how to work with people with intellectual disabilities. After volunteering with Special Olympics Healthy Athletes®, 84% of health care professionals felt better prepared to treat people with intellectual disabilities.⁷

Providing exams. 1.4 million exams offered in 127 countries.

(continued on reverse)



Health issues are perpetuated by barriers to care.

Lack of health education and health promotion.

- A variety of studies show that people with intellectual disabilities are less likely to engage in health promotion activities than their peers without disabilities.⁸
- Adolescents and adults with disabilities are more likely to be excluded from sex education programs than their peers without disabilities.⁹

People with intellectual disabilities are less physically active and are therefore at greater risk for chronic health conditions.

- Adults with intellectual disabilities were more than twice as likely to have low physical activity levels (exercising less than once a week) than adults without disabilities, a study conducted in Scotland found.¹⁰
- Studies in Taiwan and England found that only 8% of adolescents with intellectual disabilities met the United States Centers for Disease Control and Prevention recommendation of 30 minutes of exercise three times per week.^{11,12}

Health problems go undetected.

Many health issues of people with intellectual disabilities remain hidden due to diagnostic overshadowing, where health problems are falsely attributed to a person's intellectual disability. This is often because doctors do not know how to treat people with intellectual disabilities, and are thus unable to diagnose them. For example, a man with an intellectual disability could be legally blind for 40 years and go undiagnosed because the doctor did not know how to adapt an eye chart and family members thought that his trouble reading was part of his disability.

- Oftentimes, behavioral symptoms of health problems (e.g. irritability, being withdrawn, exhibiting aggression) are wrongly considered part of intellectual disabilities. For example, one study found that only a quarter of adults with intellectual disabilities receiving psychotropic medications had ever had a psychiatric consultation.¹³
- A study in the United Kingdom found that nursing staff reported that 49% of their clients had "perfectly normal" vision. Examinations found that only 1% had normal vision. In the same study, 74% of nurses reported that their clients had perfect hearing. Examinations determined that only 11% had normal hearing.¹⁴

When people with intellectual disabilities seek care, doctors are not trained to provide quality care.

People with disabilities are twice as likely to find the skills of health care providers inadequate to meet their needs, four times more likely to report being treated badly by health care providers, and nearly three times more likely to be denied care.¹⁵

- A Special Olympics study found that 52% of medical school deans and 56% of students reported that graduates were "not competent" to treat people with intellectual disabilities.¹⁶
- Public misconceptions make these barriers difficult to fix. Although it is proven that people with intellectual disabilities

have more difficulty accessing health care, 68% of people around the world believe that people with intellectual disabilities receive the same or better health care than the general population.¹⁷

Health Barriers at the Society, Home & Community, and Individual levels

Society



- Poverty & economic inequalities
- Discrimination and stigma
- Lack of awareness about disability specific health disparities
- Lack of training for health care professionals
- Policies that reduce or restrict access to health services
- Few opportunities for employment, resulting in high unemployment rates and, in some countries, a lack of quality health insurance

Home & Community



- Lack of healthy food choices for people living in restrictive environments
- Caregiver control over health care utilization, food choices, and fitness access
- Lack of family resources (e.g. money and transportation)
- Lack of social support from family, friends, neighbors, and community members
- Lack of coordination among service providers
- Lack of access to community services (vaccinations, health education, etc.) due to forced segregation in the home

Individual



- Use of medications that impact weight and appetite
- Lack of knowledge needed to make healthy decisions
- Physical limitations that reduce the ability to exercise

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