

# Health Disparities for People with Intellectual Disabilities



Special Olympics  
**Health**  
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*Special Olympics, founded in 1968, is the world's largest sports organization for people with intellectual disabilities. Special Olympics Health, launched in 1997, focuses on the health of our athletes and applying lessons learned from our work to help improve the health of all people with intellectual disabilities.*

## **Background**

Historically, society has had low expectations of people with intellectual disabilities (ID), viewing them as incapable of engaging in community life. People with ID were frequently institutionalized or kept out of their communities. As the result of poor care and social segregation, many did not live past the age of 20. The Disability Rights Movement emerged during the 20th century and focused on the elimination of institutional, physical, and societal/attitudinal barriers experienced by people with disabilities. One area the movement focused on was improving the living circumstances of people with ID by advocating for closing of institutions and supporting the integration of people with ID in their own communities. As the result, people with ID are now living longer than ever.

However, people with ID continue to face barriers to health as the public health and health care systems have been slow to keep pace with the social changes. People with ID remain one of the most medically underserved groups in the world and still face significant health disparities, not directly caused by their disability.

## **Health disparities**

Health disparities, sometimes called health inequities, are preventable or avoidable differences in healthcare between different groups of people. Typically, these differences are experienced by vulnerable populations as a result of poorer access to and quality of health care.

Due to a range of systemic challenges, including inadequate provider training and inaccessible facilities, people with ID have less access to quality health care and health promotion programs. As a result, people with ID experience dramatically higher rates of preventable health issues than peers without ID. According to the National Council on Disability, people with ID face a “constellation of health and health care disparities, including inadequate health and wellness promotion and inconsistent access to high-quality health care services.”<sup>i</sup>

## Prevalence rates in United States for Special Olympic Athletes vs. General Population<sup>ii</sup>

Health Indicator	Special Olympics Athletes (%)	General Population (%)
Obesity (Adults 20+)	46.2	30.4
Insufficient Aerobic activity (1-2 days per week)	28.9	19.9
Balance Problems	72.8	35.4
Skin/Nail Conditions	43.1	27.0

### What is causing these disparities?

People with ID are capable of being healthy, but typically experience significant barriers to achieving equitable health<sup>iii</sup>:

- **Attitudinal barriers** include stigma, stereotypes, and misconceptions related to having a disability. For example, public health departments may not include people with ID in their health promotion efforts based on their implicit bias that people with ID cannot improve their health.
- **Communication barriers** include ways in which communications are not accessible such as use of complicated or technical language, long sentences, text-heavy dense forms, and words with many syllables.
- **Policy barriers** arise from lack of laws and regulations requiring access, or lack of enforcement of existing laws. Examples include health insurance reimbursement policies that assume all people can be served in a 15-minute visit.
- **Programmatic barriers** arise when organizations fail to make reasonable accommodations to their programs or operations. Examples include inflexible appointment scheduling, insufficient time for appointments, meetings, or classes.
- **Social barriers** relate to the conditions in which people are born, grow, live, learn, work, and age – also known as social determinants of health. These barriers include lack of financial resources, unemployment, lack of stable housing, and the experience of abuse.
- **Physical barriers** include structural barriers that block mobility. People with ID sometimes have physical disabilities as well, and are impacted by these barriers.

For more information on barriers and how to address them, please click [here](#).

## Equity vs. Equality

Health equity means everyone should not have the same resources, but instead have the necessary resources to achieve optimal health outcomes. Supporting health equity requires addressing barriers that prevent inclusion of people with ID in health programs, policies, and services.

## Inclusive Health

Inclusive Health is founded on the idea that health disparities can be addressed by removing these barriers and appropriately including people with ID in the mainstream health care system, health promotion, and public health efforts. Sustainable inclusive policies and practices can address, reduce and often eliminate many of these barriers. Inclusion allows for people with ID to take full advantage of the benefits of the same health programs and services experienced by people who do not have ID, resulting in improved health outcomes for people with ID.

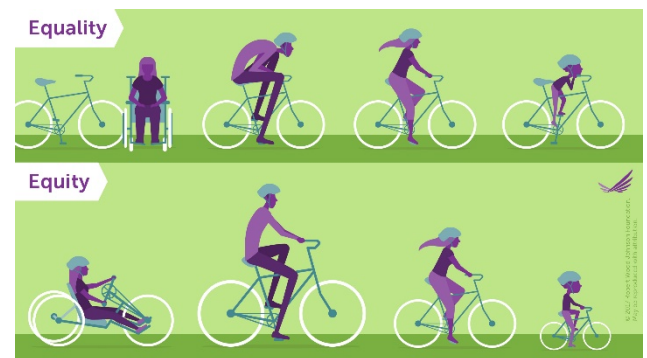


Figure 1 Robert Wood Johnson Foundation.

*Questions? We are happy to help. Please email [inclusivehealth@specialolympics.org](mailto:inclusivehealth@specialolympics.org)*

<sup>i</sup> National Council on Disability. (2009). The Current State of Health Care for People with Disabilities (p. 86).

<sup>ii</sup> Special Olympics Health. (2018). Healthy Athletes 2018 Prevalence Report (p. 25). Retrieved from <https://media.specialolympics.org/resources/research/health/2018-Healthy-Athletes-Prevalence-Report.pdf>

<sup>iii</sup> Disability and Health Disability Barriers | CDC. (2019, September 4). Retrieved from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>