

# Making the Case: Health Care Providers



Special Olympics  
**Health**  
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## THE PROBLEM

People with intellectual disabilities are at increased risk for poor health outcomes and health disparities.<sup>1-3</sup> The lack of health care provider training on disability has been highlighted in recent literature as a key, modifiable determinant of the health disparities experienced by people with intellectual disabilities.<sup>1-5</sup>

Despite national calls for didactic and clinical interventions aimed at improving health care provider competency in treating people with intellectual disabilities<sup>1, 6</sup>, most health care providers receive little training during medical school in the health care of patients with intellectual disabilities. Additionally, mainstream clinical guidelines do not address the unique concerns of patients with intellectual disabilities. As a result, patients with intellectual disabilities are not included in mainstream health care delivery organizations and practices.

## WHY YOU SHOULD CARE

Limited access to health promotion and wellness opportunities and inadequate and delayed health care for persons with intellectual disabilities contribute to poorer overall health, the development of secondary conditions that could be prevented such as obesity, diabetes, and cardiovascular diseases, and higher rates of hospitalization, emergency department visits and health care costs. The failure to recognize and act on the health disparities experienced by persons with intellectual disabilities by many health care providers exacerbates disparities experienced at the individual and the community level.

Actions on the level of individual providers contribute to costs on a health care system level. The Joint Center for Political and Economic Studies calculated that during 2003-2006, we would have saved \$229 billion in direct healthcare expenditures if the United States had eliminated health disparities.<sup>7</sup> Practices that are particularly important when serving patients with intellectual disabilities can help improve the quality of health care provided to all patients. For example, communication practices such as speaking directly to the patient, using person-first language, and avoiding jargon are beneficial not only when serving patients with intellectual disabilities, but also when serving all patients.

## WHAT YOU CAN DO ABOUT IT

Health care providers can promote inclusive health, the *inclusion of people with intellectual disabilities in mainstream health services, training programs, and research*, through improving their competency in caring for patients with intellectual disabilities through education and advocacy:

- Advocate for the inclusion of people with intellectual disabilities in health care delivery in your field
- Seek out continuing education on disability and health topics, including communication strategies
- Obtain experience with patients with intellectual disabilities, both in clinical and non-clinical settings
- Advocate for curriculum changes in academic training programs to include training on serving patients with intellectual disabilities and other disabilities throughout the lifespan

- Partner with disability organizations to learn more about the respectful inclusion of people with intellectual disabilities in health care services and in training programs
- Encourage professional associations to adopt resolutions or policy statements endorsing the importance of addressing health disparities experienced by children and adults with intellectual disabilities
- Advocate for the inclusion of people with intellectual disabilities as a population of focus within your professional organization
- Advocate for the medically underserved population designation for people with intellectual disabilities
- Advocate for appropriate reimbursement to reflect the requisite additional time and skills needed to provide quality health care to people with intellectual disabilities
- Talk to other health care providers about the importance of inclusion of people with intellectual disabilities

## References

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