Inclusive Health: Case Statement

Meeting the Health Needs of People with Intellectual Disabilities Would Lower Health Care Costs, and Ensure Social Justice

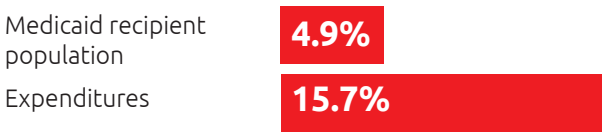
Special Olympics Health MADE POSSIBLE BY Golisano

CDC Centers for Disease Control and Prevention

People with intellectual disabilities (ID), are excluded from existing health care system and have inadequate opportunities to be healthy due to limited training of, and inadequate reimbursement for, providers. Their "cascade of disparities" include a higher prevalence of adverse health conditions, less access to health promotion programs, inadequate attention to care needs, and inadequate access to quality health care services.1

Addressing the health needs of people with intellectual disabilities (ID), an under-served minority population, is crucial to the success of efforts to reduce disparities and costs. Although people with ID are only 1%-3% of the overall population, their unmet health needs significantly escalate health care costs. Within Medicaid, for example, people with ID represent a small percentage of the overall recipient population but account for a disproportionate share of spending.

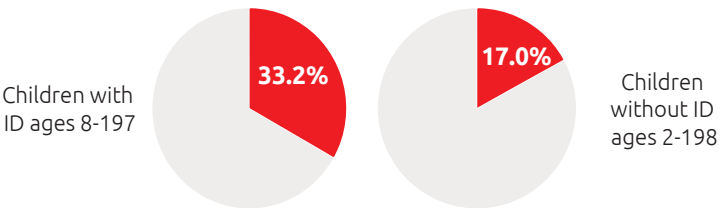
People with ID represent 2



Obesity-related Costs

Obesity is a costly health condition that disproportionately affects people with ID and other disabilities.3Among adults, data from Special Olympics health screenings identified 49% with ID who were obese4in 2016 compared to 39. 8% of adults who are obese in the general U.S. population.5This disparity also exists between children with and without. In 2014 in the U.S., the estimated total health care costs linked to obesity were estimated to be over $149 billion annually.6

Childhood Obesity in the United States



Researchers estimate that eliminating health disparities among disadvantaged groups in the United States would save the health system $230 billion over four years.9

Cost Drivers

Preventable Secondary Conditions

- People with disabilities are more likely to experience delayed access to health care and/or treatment, misdiagnosis,[10] and polypharmacy (i.e., the use of more drugs than necessary to treat a condition).[11]
- Delayed access to health care leads to costly secondary conditions (e.g., hypertension, obesity, and chronic pain) that exacerbate primary conditions and are often preventable with access to health promotion programs.[12]

Higher Rates of Chronic Conditions

- People with ID are more likely than the general population to experience chronic conditions such as asthma, diabetes, and cardiovascular disease; they are also more likely to experience multiple chronic conditions.[13]

Health care costs for people with chronic conditions are up to **5 times higher** than for those without chronic conditions.14

Escalated Rates of Hospitalizations

A study of Medicaid spending in South Carolina showed that people with ID and developmental disabilities (IDD) are more likely to experience hospitalization for conditions that can be managed on an outpatient basis with appropriate primary and specialty care (e.g., diabetes).[15]

The hospitalization rate for such conditions among all Medicaid recipients was 16.2%, compared with 24.4% for Medicaid recipients with IDD.[16]

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