



Special Olympics

Changing Attitudes Changing the World

The Health and Health Care of People with Intellectual Disabilities

New research studies conducted by Special Olympics found disturbing evidence that individuals with intellectual disabilities face widespread health problems, while physicians, dentists and other health professionals are not receiving adequate training in order to treat them.

The research reinforces previous studies that found that despite the widespread belief that individuals with intellectual disabilities receive better health care than the rest of the population¹, people with intellectual disabilities actually have poorer health, more specialized health care needs and greater difficulty accessing health care services and doctors compared to the general public²⁻⁵.

New studies highlight poor overall health of people with intellectual disabilities and serious gaps in health care training and availability.

Research Methodology

Special Olympics recently commissioned two research studies related to the health and health care of individuals with intellectual disabilities.

1 Health profiles of people with intellectual

disabilities. Investigators screened more than 3,500 athletes at the 2003 Special Olympics World Summer Games in Dublin, Ireland. Health indicators examined included: dental and oral health, hearing, vision, muscle strength, bone strength, physical fitness and health promotion activities. Stephen B. Corbin, DDS, MPH, led a multi-disciplinary team of researchers in this study. This is the largest, most diverse and comprehensive survey of the health status and needs of people with intellectual disabilities ever conducted, and included Special Olympics athletes from 145 nations.

2 Medical and dental curricula for the care of people with intellectual disabilities in the United States.

This multi-faceted survey represented more than 2,500 respondents, including: U.S. medical school deans, U.S. dental school deans, U.S. medical residency directors, U.S. dental residency directors, U.S. medical students and U.S. advocacy and patient care groups. The survey's principal investigators were Mathew Holder, MD, MBA and Henry Hood, DMD.

Special Olympics Healthy Athletes® was developed to improve athletes' ability to train and compete in Special Olympics. Healthy Athletes is designed to help Special Olympics athletes improve their health and fitness, leading to enhanced sports experiences and improved well-being. At Special Olympics competitions, Special Olympics athletes receive a variety of free health screenings and services in a series of clinics conducted in a welcoming, fun environment.

Health care professionals and students are trained to provide the screenings in an effort to educate the professional community about the health needs and abilities of persons with intellectual disabilities. The data gathered at Healthy Athletes screenings—which collectively constitute the fastest growing health database on people with intellectual disabilities—are important for planning, programs, gaining support, improving policies and research.

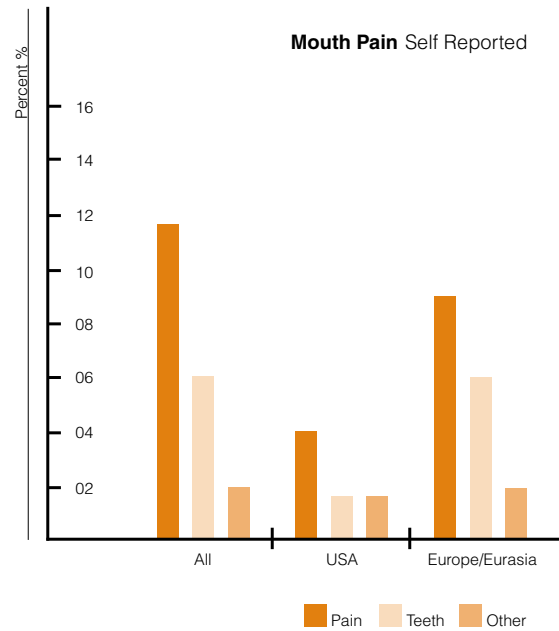
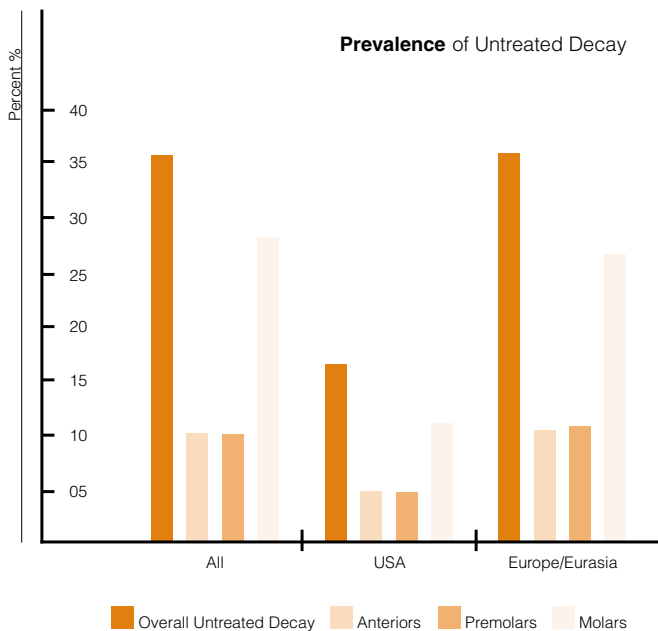
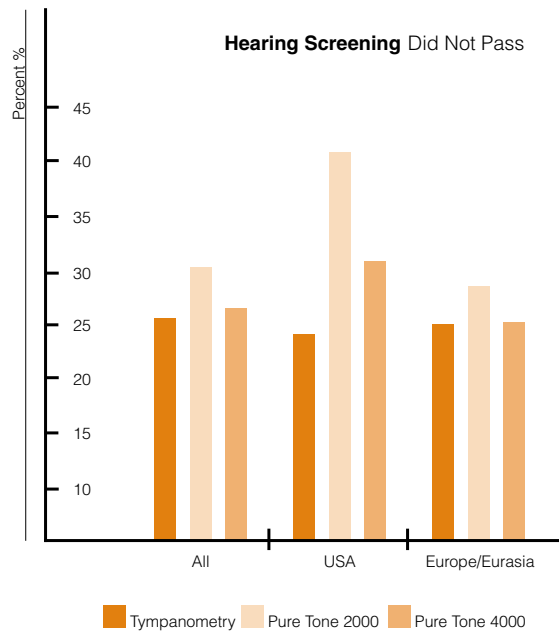
Data from the 2003 Special Olympics World Summer Games, referenced in this brief, have been compiled in a monograph, *Healthy Athletes Screening Data*, published in February 2005 by Special Olympics. The findings from nearly 11,000 individual health screenings conducted across six disciplines at those Games convincingly demonstrate the need to improve health care and health care policies for people with intellectual disabilities.

Health

The Health of People with Intellectual Disabilities

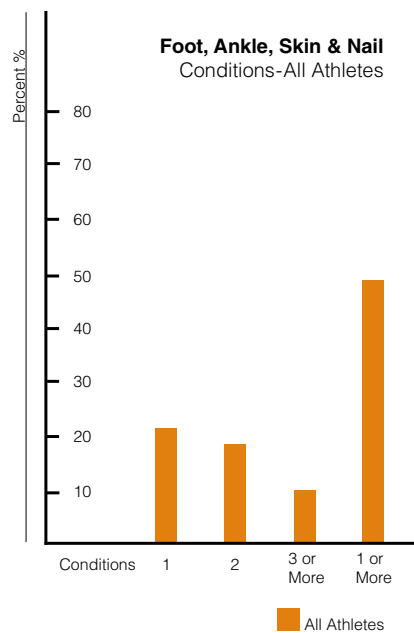
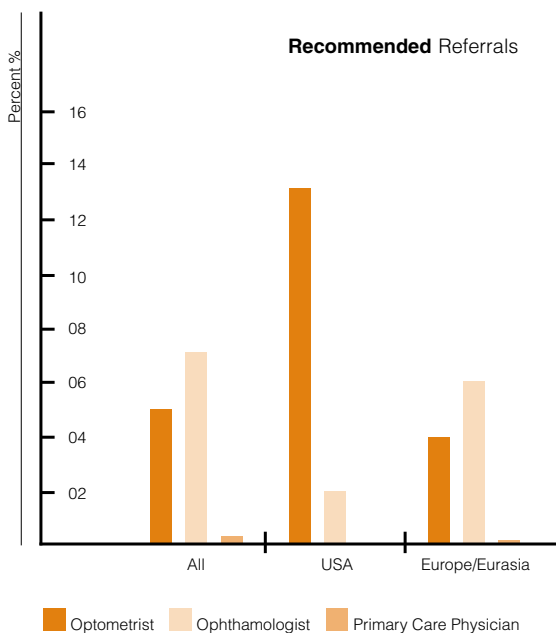
According to a screening of more than 3,500 Special Olympics athletes, people with intellectual disabilities were found to have more serious health problems than the general population. Coupled with the difficulty those with intellectual disabilities have finding knowledgeable health care providers, the results of the screening are disturbing:

- **Hearing:** Overall, 30 percent of athletes failed hearing tests. This rate is up to six times as high as rates seen in the general population among individuals of comparable age⁶⁻⁸.
 - Twenty-five percent of those ages 8 to 17 failed.
 - Fifty percent of those ages 35 to 50 failed.
 - Seventy percent of those ages 51 to 70 failed.



Note: Not all who responded "yes" to mouth pain specified the type.

- **Tooth Decay:** 35 percent of athletes had obvious signs (without X-rays or probing) of decay in their molar teeth and 12 percent of athletes reported tooth or mouth pain at the time of the exam. In contrast, slightly more than 2 percent of all U.S. employed adults reported that their last visit to the dentist was for a toothache⁹.



Vision: Twenty-five percent of young athletes cannot see far, while 10 percent cannot see near.

- Between ages 35 and 50, vision worsens, with 45 percent not being able to see far and 35 percent not being able to see near. Fifteen percent of all Americans between ages 45 to 64 have reported vision problems¹⁰.
- One-third of the athletes required eyewear and half of those received eyewear for the first time.
- **Bone Health:** Twenty-nine percent of males and 13 percent of females screened had below normal Bone Mineral Density (BMD). Considering the average age of this group of athletes (24.7 years), these rates are high; comparable rates (26 percent) have been reported for U.S. women age 65 and older¹¹.

• **Foot Health:** Half of the athletes screened had one or more foot diseases or conditions (e.g., bunions, corns, calluses, fungal infection, ingrown nails, etc.).

• **Obesity:** In this relatively young athlete population (average age 27 years), 30 percent of adults were obese and 23 percent overweight. While this rate is similar to the general U.S. population, of which 30.5 percent is obese¹², obesity can contribute to a range of other health problems, and the problem is compounded for people with intellectual disabilities if there is difficulty understanding nutrition recommendations.

The multiple health problems of people with intellectual disabilities often compound the complex challenges they already encounter. For instance, they may have additional difficulty in explaining and understanding symptoms and treatments, which can also result in problems going unrecognized and untreated.

Special Olympics athletes' reasons for participating in sports are similar to those of other athletes. However, because of the challenges of access to health care of all types and ill-prepared providers, they face significantly greater hurdles. The lack of prevention, diagnosis and treatment of common health conditions directly affects the physical performance of individuals with intellectual disabilities, as well as the public's perceptions of their capabilities and competence in every aspect of life.

Training for Doctors and Dentists Lacking

According to the medical and dental curricula survey, doctors (physicians and dentists) reported a general lack of competency to treat individuals with intellectual disabilities. The lack of adequate care further complicates the health problems that people with intellectual disabilities often have.

- In fact, 52 percent of medical school deans, 53 percent of dental school deans, 56 percent of students and 32 percent of medical residency program directors responded that graduates were “not competent” to treat people with intellectual disabilities.

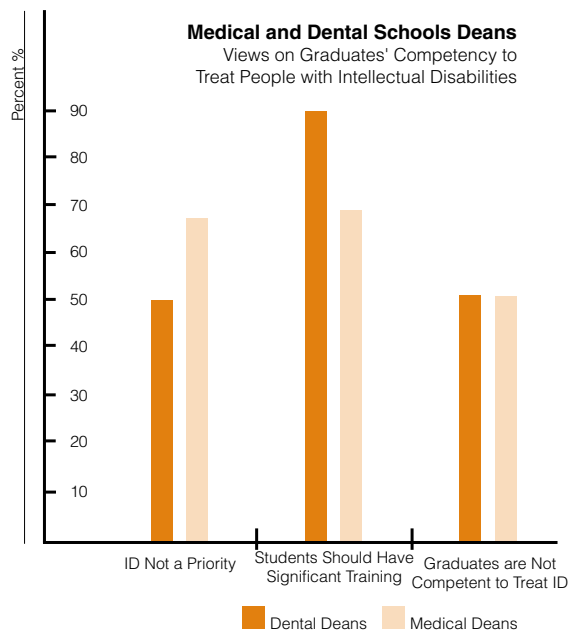
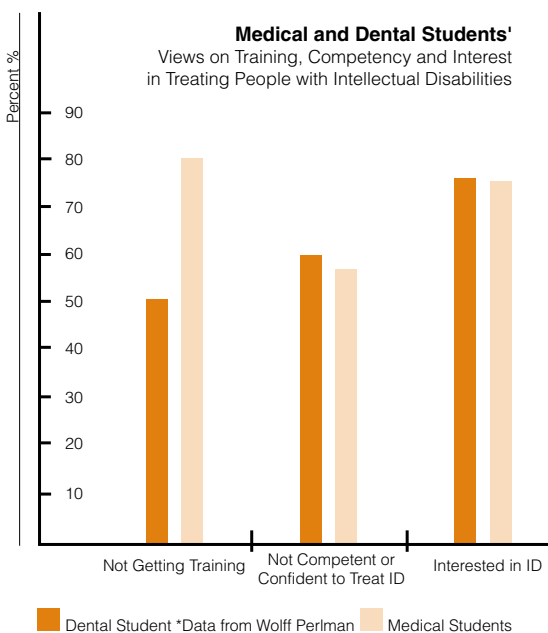
The reasons given for this startling deficiency were that:

- Fifty-eight percent of medical school deans and 50 percent of dental school deans say that clinical training regarding individuals with intellectual disabilities is not a high priority. Most medical school deans (81 percent) cite “lack of curriculum time” as the primary reason for not training students in a more specialized way. In an earlier study, 60 percent of dental school deans cited “lack of curriculum time” and “lack of faculty expertise¹³.”

- Eighty-one percent of medical school students say they are not getting any clinical training regarding individuals with intellectual disabilities and two-thirds (66 percent) are not receiving enough classroom instruction. Again, in an earlier study¹³, the respective values for dental students were 51 percent saying they do not receive any specialized training and 68 percent not receiving enough classroom instruction regarding intellectual disabilities.

The study did find some signs of encouragement. For instance, the lack of training does not appear to be the result of discrimination or unwillingness on the part of students or recent graduates to treat people with intellectual disabilities. Nearly three-quarters of medical school (74 percent) and dental school (75 percent) students¹³ say they are interested in treating people with intellectual disabilities as part of their career. Nearly all administrators (100 percent of medical school deans and 90 percent of residency program directors; 97 percent of dental school deans and 94 percent of residency program directors) say that they would implement a specific curriculum regarding treatment of those with intellectual disabilities if given one.

However, the study concluded that improvements are not likely to be made unless administrators and students at medical and dental schools receive additional help and expert assistance in developing skills curricula guidelines.



Next Steps

These research projects are interrelated. Lack of access to quality health care for people with intellectual disabilities in the United States and, undoubtedly, elsewhere can be attributed in part to the lack of significant training at the student and/or resident level for both medical and dental students. While this research was not designed to establish a direct causal relationship between health professional training and unmet health care needs of people with intellectual disabilities, it stands to reason that inadequately prepared health professionals are not likely to be motivated to treat this population without previous exposure.

Policy Recommendations

Concrete steps can be taken in the near term to address gaps in health care for people with intellectual disabilities and the training of medical professionals who care for them.

- 1 Create a taskforce of medical and dental school administrators, clinicians and students to work with advocates to create curricula to improve knowledge and clinical skills of medical and dental students and residents. In implementing these curricula, however, it is important to remember time and resource limitations of a medical education. The program must be comprehensive, but streamlined, in order for schools to be willing to include it. Note that Special Olympics and Lions Clubs International will be releasing a global vision care curriculum for students and practicing professionals early in 2005. If successful, this can serve as a prototype for curricula in other disciplines.
- 2 Create a working group of patient advocates, health professionals and health insurers to expand the number of health providers willing and able to treat those with intellectual disabilities and to create appropriate, effective health promotion programs. Health systems can no longer fail these patients; instead, they should work to not only treat diagnosed conditions, but educate patients to better their own health.
- 3 Help people with intellectual disabilities to be full partners in efforts to promote and protect their health. As with all patients, they have a right to be informed

about their health status, health care needs and options in a respectful, professional manner. Those with intellectual disabilities need to be asked as individual patients for their opinions, and as a group, they merit input into the systems of care that they rely on.

Special Olympics and Its Research Mission

Special Olympics is the worldwide leader in providing high-quality sports training and competition opportunities for people with intellectual disabilities, offering almost 1.4 million athletes from more than 150 countries the opportunity to participate in 26 Olympic-type summer and winter sports. Special Olympics Programs also promote social competence and self-esteem, acceptance and improved health outcomes. More recently, Special Olympics has emerged as a global leader in cutting-edge research and evaluation to promote better understanding of issues surrounding intellectual disabilities. Research projects commissioned by Special Olympics are designed to provide high-level, externally validated scientific data to:

- Guide improvements in Special Olympics programs and practices;
- Inform audiences about the unmet needs of people with intellectual disabilities worldwide; and
- Inform the public about the competence, value and contributions of people with intellectual disabilities to the world community.

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