

Invitation to attend the **Inclusive Health Forum**

"You don't make progress by standing on the
side-lines, whimpering and complaining.
You make progress by implementing ideas...."

— Shirley Chisholm

Special Olympics recognizes you as a key champion of health, with technical expertise and influence that could greatly impact the lives of people with intellectual disabilities (ID). Special Olympics invites you to join a select group of senior leaders to discuss and learn how we can collectively have a profound impact on the health of people with ID by ensuring that people with and without ID have the same opportunities to be healthy.

Please join us for this unique, one day opportunity.

Date: **May 9, 2017**
Time: **8:30am – 4:30pm**
Location: **Washington, DC**

Special Olympics International, the largest public health program for people with ID, will cover the airfare, accommodations, and breakfast and lunch for all participants.

Participants wishing to extend their stay at their own expense will be considered, as long as no additional flight costs are incurred.

Please RSVP to Cheryl Peng,
Manager, Inclusive Health Training and Evaluation at
cpeng@specialolympics.org or 202 824 0202



Timothy P. Shriver
Chairman
Special Olympics, Inc.



Mary Davis
Chief Executive Officer
Special Olympics, Inc.



Special Olympics
Health

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Why should I attend?

Special Olympics, in collaboration with the Association of University Centers on Disabilities (AUCD) is working to identify, engage, activate, and support national and state-level organizations and individuals, who are key health influencers nationally, to adopt and promote inclusive approaches to health. The aim, through collective impact, is to create a tipping point, whereby the inclusion of those with intellectual disabilities (ID) becomes normalized in mainstream health systems, including policies, programming and services, training programs, and funding streams.

As part of the forum, participants will –

- Receive information and compelling evidence to demonstrate the need and value in making your organization's existing policies and programming more inclusive of people with ID
- Learn about and exchange strategies to guide your organizations on how to weave inclusion of people with ID into existing policies and programming

What is the need?

In the United States in 2015, 33.2%¹ of children (under 20) with ID are obese compared to 17%² of children (ages 2-19) in the general US population. Among adults, data from Special Olympics identified that 44.2%¹ with ID were obese compared to 36.5%² of adults who are obese in the general U.S. population. In part due to a lack of access to appropriate health care, individuals with ID and other disabilities experience a cascade of health disparities compared to the general population, including earlier onset of chronic diseases, poorer quality health services, and significant barriers in using preventive health care services.^{3,4,5,6}

You can help make a difference

Reducing these disparities for people with ID, and obesity specifically, not only improves overall health and reduces the secondary conditions associated with it, but will significantly reduce health care costs, as described in this [case statement](#). As you know, obesity is a significant health cost driver in the general population, but especially in the population of those with ID. Unmet health needs of people with ID significantly escalate health care costs. For example, people with ID represent 4.9% of the recipient Medicaid population but account for 15.7% of total expenditures.⁷

Become a Champion for Inclusive Health

The ability to create large-scale, lasting change is dependent on broad cross-sector coordination and collaboration. The attainment of inclusive health in the area of healthy weight is not the result of individual actions, but rather the collective effort of committed leaders and organizations, united around a vision that is just, viable and inspired. The inclusive health goal is for people with and without intellectual disabilities to have the same opportunities to be healthy. We believe that together, inclusive health can be realized in the United States and we look forward to working with you and other senior leaders in health at the Inclusive Health Forum to become the change that we seek to see in our country. See you on May 9th!

1 Special Olympics (2016). Healthy Athletes Software.

2 Ogden, C.L., Carroll, M.D., Fryar, C.D., & Flegal, K.M. (2015, November). Prevalence of obesity among adults and youth: United States 2011-2014. NCHS data brief no. 219, 1-8. Hyattsville, MD: National Center for Health Statistics.

3 Campbell, M. L., Sheets, D., & Strong, P. S. (1999). Secondary health conditions among middle-aged individuals with chronic physical disabilities: Implications for unmet needs for services. *Assistive Technology*, 11, 105-122.

4 Krahn G., Hammond L., & Turner A. (2006). A cascade of disparities: Health and health care access for people with intellectual disabilities. *Mental Retardation and Developmental Disabilities*, 12, 70-82.

5 Anderson, L.L., Humphries, K., McDermott, S., Marks, B., Sisrak, J., & Larson, S. (2013). The state of the science of health and wellness for adults with intellectual and developmental disabilities. *Intellectual and Developmental Disabilities*, 51(5), 385-398.

6 Bershadsky, J., Taub, S., Engler, J., Moseley, C. R., Lakin, K. C., Stancliffe, R. J., Bradley, V. (2012). Place of residence and preventive health care for intellectual and developmental disabilities services recipients in 20 states. *Public Health Reports*, 127(5), 475-485.

7 U.S. Public Health Service. Closing the Gap: A National Blueprint for Improving the Health of Individuals with Mental Retardation. Report of the Surgeon General's Conference on Health Disparities and Mental Retardation. February 2001. Washington, D.C.