Special Olympics Health Research

SUMMARY PAGE

WHY HEALTH?

Health has a substantial impact on the quality of life for people with intellectual disabilities (ID) and affects each Special Olympics athlete's ability to train and compete in sports effectively. Despite severe need and higher health risks, people with ID are denied health services, have limited access to community health interventions, and experience a lack of targeted health interventions and programs. There is often a misconception that the poor health of people with ID is unavoidable because it is an inherent part of their disability; yet research has shown that it is in fact a result of a breakdown in health education, health promotion, and health care that can and should be addressed.[1]

For more information on the health needs of people with ID, check out our Health & Intellectual Disability information sheet. For comparison statistics between Special Olympics athletes and the general population, check out our Comparison Table.

1 Krahn, G. L., Hammond, L., & Turner, A. (2006). A cascade of disparities: health and health care access for people with intellectual disabilities. Mental retardation and developmental disabilities research reviews, 12(1), 70-82.

Myth 1: **Health care professionals are well-prepared to treat people with ID.**

Fact 1: **The majority of health care professionals are not educated on how to treat people with ID.** In one study, 56% of medical students in the United States reported that graduates were "not competent" to treat people with ID.[2]

Myth 2: **People with ID have better access to health care than people without ID.**

Fact 2: **People with ID face significant barriers accessing health care.** People with ID have lower rates of preventative health practices, such as dental hygiene, physical activity, preventive screening, and management of chronic conditions.[3] Moreover, people with ID often struggle to find a doctor that knows how and is willing to treat them and, once they get to a doctor's office, challenges with communication and provider knowledge about ID can create additional barriers.[1,2,4]

2 Holder, M. (2004). CAN project: Curriculum assessment of needs. Washington, DC: Special Olympics, Inc.
3 Lewis, M. A., Lewis, C. E., Leake, B., King, B. H., & Lindemann, R. (2002). The quality of health care for adults with developmental disabilities. Public health reports, 117(2), 174.
4 Kerins, G., Petrovic, K., Gianesini, J., Keilty, B., & Bruder, M. B. (2004). Physician attitudes and practices on providing care to individuals with intellectual disabilities: an exploratory study. Connecticut medicine, 68, 485-490.

Myth 3: **When people with ID die younger than the general population, it is due to factors associated with their disability.**

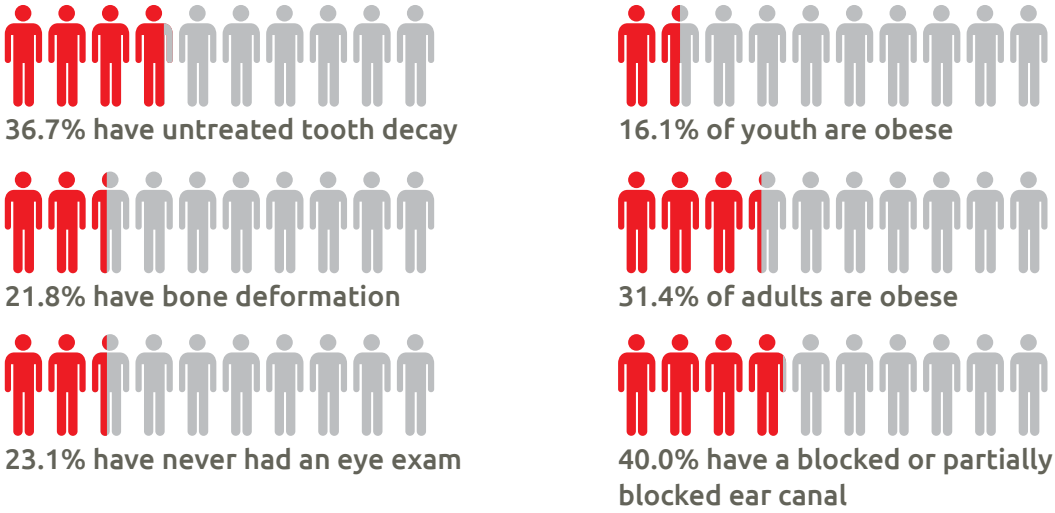
Fact 3: **The majority of premature deaths for people with ID are due to a lack of health care access and utilization.** People with ID die younger than the general population (average of 13 years for men, 20 years for women), as a United Kingdom study found in 2013. The majority of the premature deaths for people with ID were due to delays or problems investigating, diagnosing, and treating illnesses and with receiving appropriate care, while people in the general population who died prematurely passed away due to lifestyle factors.[5]

5 Hollins, S., & Tuffrey-Wijne, I. (2013). Meeting the needs of patients with learning disabilities. BMJ: British Medical Journal, 346.

SPECIAL OLYMPICS HEALTHY ATHLETES®

To document the health needs of our athletes and the impact of our health program, research and evaluation has been embedded into Special Olympics' health programming since its inception. As of 2016, Special Olympics has provided more than 1.9 million health examinations to Special Olympics athletes and has amassed the **world's largest data set on the health status of people with intellectual disabilities**. This data, collected during Healthy Athletes exams, has uncovered vast gaps in the health care of our athletes.

HEALTHY ATHLETES UNCOVERS HEALTH ISSUES



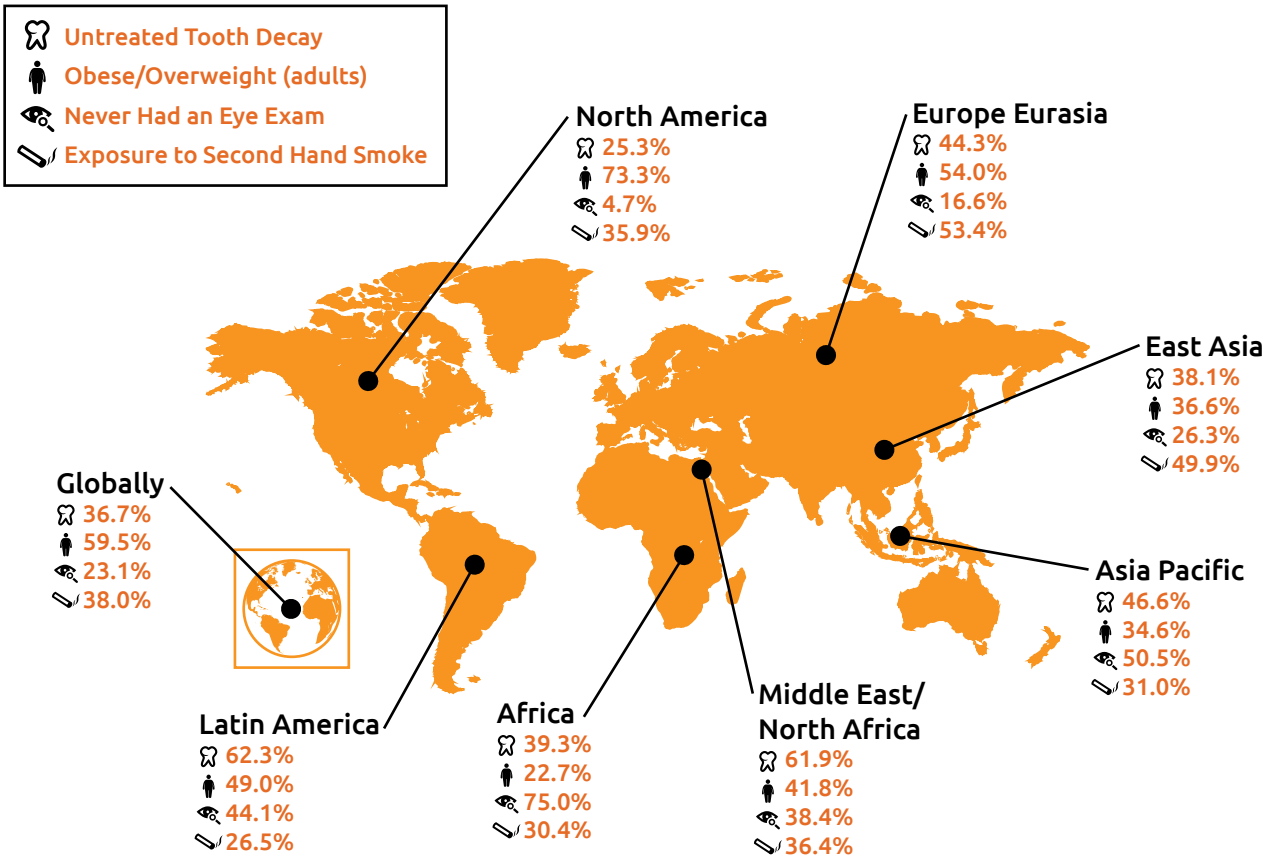
Data through December 2017.

This data is crucial in order to demonstrate the health needs of Special Olympics athletes and people with ID more broadly to policy makers, partners, non-profit organizations, and others. A survey among Special Olympics Programs in 2014 found that 38% (n = 38) of

Programs presented Healthy Athletes data to influence policy and raise awareness about Special Olympics.[6] For a Healthy Athletes data overview, see our regional breakout table of key healthy indicators.

Even after a health need has been identified at a Healthy Athletes event, people with ID struggle to access the care they need. Special Olympics data shows that after Special Smiles exams in the United States, **1 in 3 athletes who received a referral and returned to Healthy Athletes still had an unmet health need**. Despite these challenges, most people are unaware of health disparities that exist. One Special Olympics study found that **68% of people around the world think that people with ID receive the same or better health care than others.[7]**

HEALTHY ATHLETES REGIONAL EXAM RESULTS (DATA THROUGH DECEMBER 2017)



The Healthy Athletes dataset includes over 220,000 dentistry, 100,000 audiology, 100,000 podiatry, 180,000 optometry, 130,000 health promotion, and 100,000 fitness exams since 2007. Over half of each of the disciplines' exams were completed outside of North America. Data through December 2017.

6 Special Olympics Health Policy Survey (2014). Washington, DC: Special Olympics, Inc.
7 Siperstein, G.N., Norins, J., Corbin, S., & Shriver, T. (2003). Multinational study of attitudes toward individuals with intellectual disabilities. Washington, DC: Special Olympics, Inc.

MEASURING IMPACT

In addition to collecting data on health exams, Special Olympics has collected evidence on the impact of our programming.

HEALTH CARE PROFESSIONALS

Through its health work, Special Olympics has provided specialized training to more than 135,000 health care professionals and students worldwide and results from these trainings show:

- After being trained at Healthy Athletes, health care professionals reported improvements in competency and confidence in having patients with ID.[8]
    - 72.7% of healthcare professional volunteers said that they would seek out more patients with ID
    - 93% the health care professionals agreed or strongly agreed that the training improved their ability to communicare with people with ID
    - 89% found the training useful for their daily work.

FAMILIES

Family members play a key role in the health of our athletes, and efforts to engage family members through Family Health Forums have proven successful. A survey conducted after these forums found that **98% of participants agreed or strongly agreed that the health of their family would improve as a result of participating**.

ATHLETE LEADERSHIP

Special Olympics has also demonstrated that empowering athletes with health knowledge can be a powerful tool to improve their health and the health of their peers:

- After training Special Olympics athletes to be Healthy Lifestyle Coaches for other Special Olympics athletes, Healthy Lifestyle Coaches demonstrated **improvements in self-efficacy, hydration knowledge, physical activity knowledge, and advocacy**. Meanwhile, Special Olympics athletes trained by Healthy Lifestyle Coaches also demonstrated changes in health knowledge.
- 81% of Special Olympics athletes who received health coaching from fellow Special Olympics athletes liked having a fellow athlete as a health coach, and 60% said they would recommend the program.[9]

8 Bainbridge, D. (2008). The antecedents and impacts of participation in Special Olympics Healthy Athletes on the perceptions and professional practice of health care professionals: A preliminary investigation. Washington, DC: Special Olympics, Inc.
9 Marks, B., Sisirak, J., & Heller, T. (2011). Special Olympics Athletes as Healthy Lifestyle Coaches: Pilot Intervention. Washington, DC: Special Olympics Inc.

Athlete leadership in health is continuing to be emphasized within Special Olympics' community health program, where 669 athlete health leaders have been educated between 2012-2015. In turn, these leaders are spreading their knowledge about health to their peers, family, and community.

KEY FINDINGS:
SPECIAL OLYMPICS HEALTH RESEARCH

84% of health care providers feel better prepared to treat people with ID as a result of volunteering with Healthy Athletes.[8]

52% of medical deans report that their students are "not competent" to treat people with ID.[2]

People with intellectual disabilities are much more likely to have unidentified and/or untreated health issues. For example, among Special Olympics athletes globally, 3 in 10 fail a hearing test.

98% of family members agreed or strongly agreed that they will make healthy lifestyle changes for their family as a result of participating in Family Health Forums.

Health care professionals reported positive changes in their perceptions of the abilities of people with ID after volunteering with Healthy Athletes. The greatest changes were around the abilities to 'describe their health to doctor' and 'act appropriately toward strangers'.[8]

Between 2012-2015, more than 37,000 athletes have been engaged in wellness opportunities through Special Olympics Health programming.

As of 2016, 1.9 million health screenings have been conducted, helping athletes and families understand their health needs.

Globally, adults with intellectual disabilities (SO athletes) are more than two times as likely to be obese compared to adults without intellectual disabilities

Healthy Athletes helps athletes and parents identify health issues and get needed care. Among U.S. athletes who needed to see a dentist after Special Smiles, 66% of those who returned to Special Smiles had resolved their health issue. Still, this means that 34% of those athletes who needed care did not receive it.