

Special Olympics Healthy Athletes®

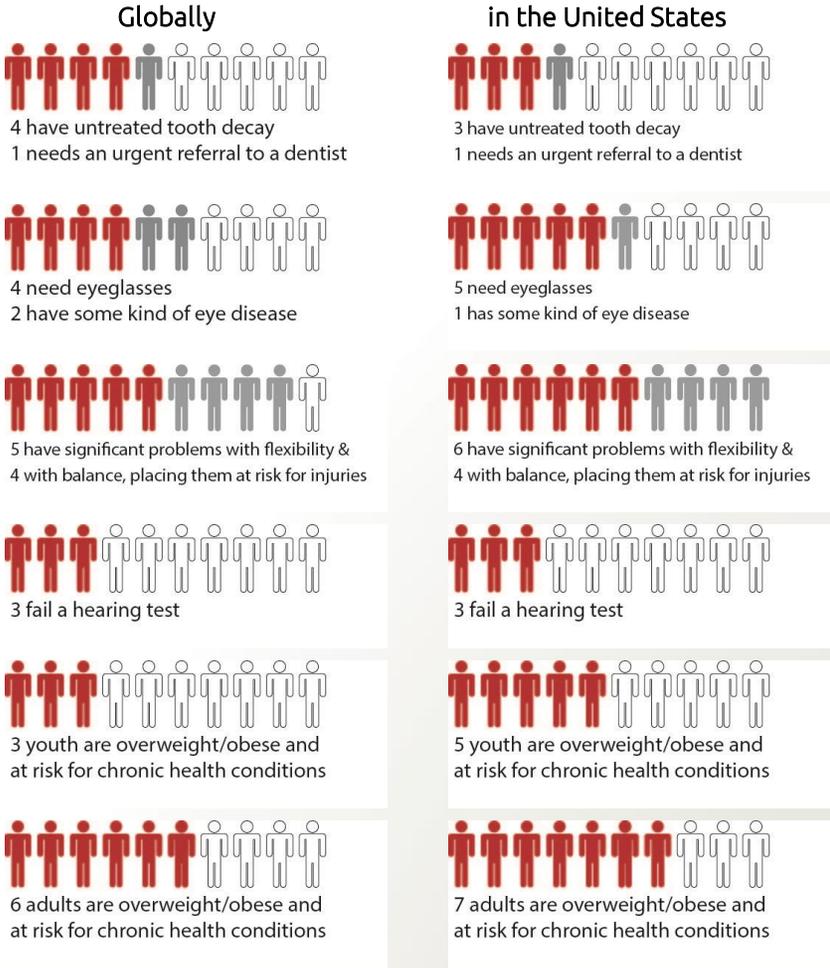


Healthy Athletes Statistics

Health has as 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.

Through free health exams for Special Olympics athletes, Special Olympics has amassed the world’s largest data set on the health status of people with Intellectual Disabilities uncovering vast gaps in the health care of our athletes. Health issues identified worldwide include the following:

On average, on a team of 10 Special Olympics athletes:



Even after a health need has been identified, people with ID struggle to access the care they need. Special Olympics data shows that after Special Smiles exams in the U.S., **1 in 3 athletes who received a referral and returned to Healthy Athletes still had an unmet health need.**

Myths

Myth 1: Health Care Professionals are well-prepared to treat people with ID.

Fact: The majority of health care professionals are not educated on how to treat people with ID.

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

Fact: People with ID face significant barriers accessing health care. They have lower rates of preventative health practices, such as dental hygiene, physical activity, preventative screening, and management of chronic conditions.²

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

Fact: The majority of premature deaths for people with ID were due to delays or problems investigating, diagnosing and treating illnesses and with receiving appropriate care. People in the general population who died prematurely passed away due to lifestyle factors.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.^{4,5,6}

Special Olympics is decreasing these disparities by through its health programming:

- **Partnering with organizations to provide medical equipment**
As of 2014, 100,000 prescription glasses and over 2,000 hearing aids free of charge to Special Olympics athletes. **In 2015, Special Olympics Kansas provided over 60 pairs of glasses.**
- **Creating communities where quality health care is accessible year round**
Special Olympics Kansas is one of 14 Special Olympics Programs recognized as a Healthy Communities pilot site, providing access to care, health education and wellness opportunities.
94% of families that attended Family Health Forums agreed that the health of their family would improve as a result of participating.
- **Changing Health Systems**
More than half medical deans report that their students are “not competent” to treat people with ID.⁷ As a result Special Olympics provided specialized training to more than 135,000 health care professionals and students worldwide.
72.7% of the health care professional volunteers said they would seek out more patients with ID.⁸
91% of participants agreed that the training improved their ability to communicate with people with ID.
84% feel better prepared to treat people with ID.⁹
- **Providing Exams**
As of 2015, Special Olympics provided more than 1.6 million health examinations in over 100 countries. **Special Olympics Kansas provided 657 free health examinations in 2015.**

1 Healthy Athletes exam results 2007-2014 (date entered as of 9/30/2014). Washington DC: Special Olympics, Inc.

2 Lewis, M.A., 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.

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

4 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.

5 Holder, M (2004). CAN Project: Curriculum assessment of needs. Washington DC: Special Olympics, Inc.

6 Kerins, G., Petrovik, K., Ganesini, J., Keilty, B., & Bruder, M.B.(2004). Physician attitudes and practices on providing health care to individuals with intellectual disabilities: an exploratory study. Connecticut medicine, 68, 485-490.

7 Holder, M (2004). CAN Project: Curriculum assessment of needs. Washington DC: Special Olympics, Inc.

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 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..