

Health of People with Disabilities

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Learning Objectives



By the end of this session you will be able to:

- Distinguish between health and quality of life
- Portray with a diagram the spectrum of health
- Develop an understanding to the concept of disability
- Compare between the medical model and social model of disability
- Explain the strengths of the ICF in mapping disabilities, prevention and interventions
- Distinguish between capacity and performance
- State the main health conditions associated with disability
- List the disabling barriers
- Outline the interventions for prevention of disabilities and rehabilitation

Session Overview



- Health and Disability
- Models of Disability
- ICF
- Main health conditions associated with disability
- The disabling barriers
- Interventions for prevention of disabilities and rehabilitation

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Health and Quality of Life



World Health Organization (WHO) defines health as

“A state of complete physical, mental, and social well-being not merely the absence of disease . . .”

Health and Quality of Life



Quality of life (QOL)

- Broad **multidimensional concept** that usually includes subjective evaluations of different aspects of life.
- Challenging to measure → everyone can define it differently.
- **key domains of overall quality of life**
 - **Health** → is one of the important domains of overall quality of life
 - Other domains → **jobs, housing, schools, the neighborhood.** Aspects of **culture, values, and spirituality** (add to the complexity of its measurement).

Health and Quality of Life



Health-related quality of life (HRQOL):

▪ Include those aspects of overall quality of life that can be clearly shown to affect health—either physical or mental.

▪ **On the individual level**, HRQOL includes

- Physical and mental health perceptions (e.g., energy level, mood) and
- Their correlates—including health risks and conditions, functional status, social support, and socioeconomic status.

▪ **On the community level**, HRQOL includes

- Community-level resources, conditions, policies, and practices that influence a population's health perceptions and functional status.

CDC has defined HRQOL as “an individual's or group's perceived physical and mental health over time”

Health and Quality of Life



- **WHO defines Quality of Life as** “an individual's perception of their position in life in the context of the **culture** and **value** systems in which they live and in relation to their **goals**, **expectations**, **standards** and **concerns**”
- It is a broad ranging concept affected in a complex way by:
 - the person's physical health,
 - psychological state,
 - personal beliefs,
 - social relationships
 - and their relationship to prominent features of their environment.

Health and Quality of Life



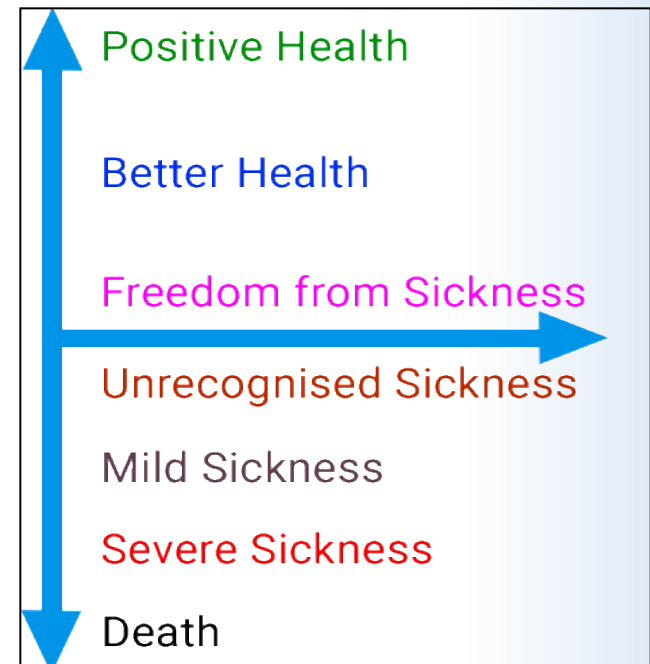
Why is it important to track HRQOL?

- HRQOL is related to both self-reported **chronic diseases** (diabetes, breast cancer, arthritis, and hypertension) and **their risk factors** (body mass index, physical inactivity, and smoking status).
- Measuring HRQOL can help determine the **burden of preventable disease, injuries, and disabilities**, and can provide valuable new insights into the relationships between HRQOL and risk factors.
- Measuring HRQOL will help **monitor progress** in achieving the nation's health objectives.

Spectrum of Health



- Health and disease lie along a continuum
- there is no single cut-off point.
- The lowest point on the health-disease spectrum is death and the highest point corresponds to the WHO definition of positive health
- The transition from optimum health to ill-health is often **gradual**



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Disability



- Disability is part of the human condition.
- Almost everyone will be temporarily or permanently impaired at some point in life
- Both social and physical components have a role in disability.
- “**Medical model**” → an individual, medical perspective
- “**social model**” → Structural, social perspective
- Disability should be viewed neither as purely medical nor as purely social

Disability



- A person's **environment** has a huge impact on the experience and extent of disability.
- **Inaccessible environments create disability** by creating barriers to participation and inclusion.
- **Examples of the possible negative impact of the environment include:**
 - a Deaf individual without a sign language interpreter
 - a wheelchair user in a building without an accessible bathroom or elevator
 - a blind person using a computer without screen-reading software

Disability



- Disability defined as “an umbrella term for impairments, activity limitations, and participation restrictions”.
- Disability refers to the **negative aspects of the interaction** between individuals with a health condition (such as cerebral palsy, Down syndrome, depression) and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings, and limited social supports).

ICF



- The International Classification of Functioning, Disability and Health (ICF) advanced the understanding and measurement of disability.
- It was developed through a long process involving academics, clinicians, and – importantly – persons with disabilities
- The ICF **emphasizes environmental factors** in creating disability, which is the main difference between this new classification and the previous International Classification of Impairments, Disabilities, and Handicaps (ICIDH).

ICF



Problems with human functioning are categorized in three interconnected areas:

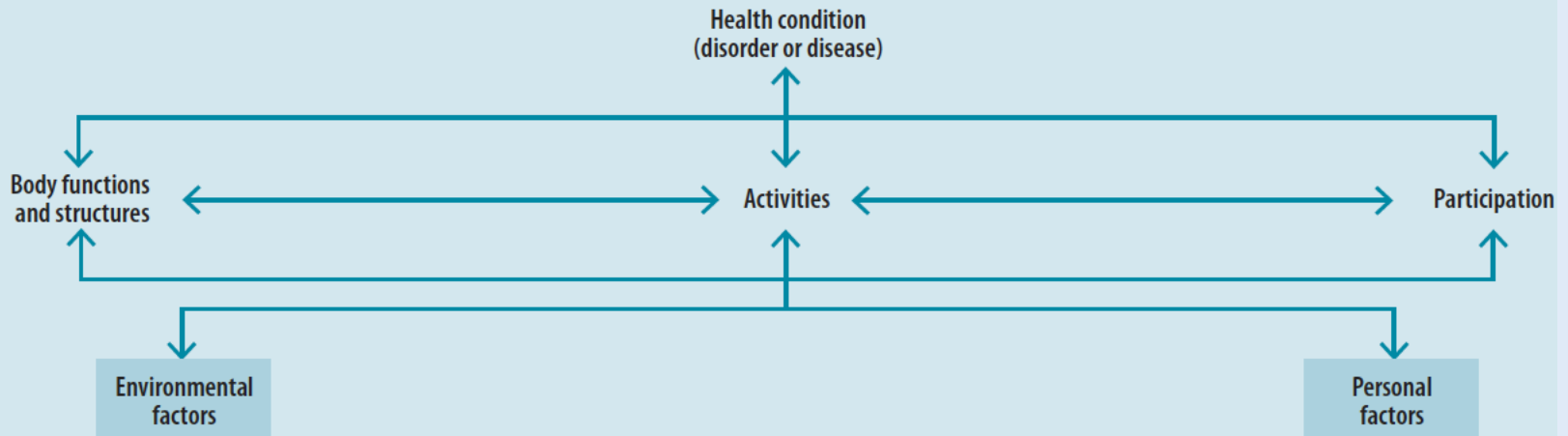
- **impairments** are problems in body function or alterations in body structure – for example, paralysis or blindness
- **activity limitations** are difficulties in executing activities – for example, walking or eating
- **participation restrictions** are problems with involvement in any area of life – for example, facing discrimination in employment or transportation.

Disability refers to difficulties encountered in any or all three areas of functioning.

ICF



Representation of the International Classification of Functioning, Disability and Health



- Environmental factors describing the world in which people with different levels of functioning must live and act.
- These factors can be either facilitators or barriers.
- **Environmental factors include:** products and technology; the natural and built environment; support and relationships; attitudes; and services, systems, and policies.

- Personal factors, such as motivation and self-esteem, which can influence how much a person participates in society.
- However, these factors are not yet conceptualized or classified.
- It further distinguishes between a person's capacities to perform actions and the actual performance of those actions in real life,

ICF



Strengths of ICF:

- The ICF is **universal** because it covers all human functioning and treats disability as a **continuum** rather than categorizing people with disabilities as a separate group: disability is a matter of more or less, not yes or no.

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Main Health Conditions Associated with Disability



Studies have shown that individuals with disabilities are more likely than people without disabilities to report:

- Poorer overall health.
- Less access to adequate health care.
- Smoking and physical inactivity.

Main Health Conditions Associated with Disability



- People with disabilities often are at greater risk for health problems that can be prevented.
- As a result of having a specific type of disability, such as a spinal cord injury, spina bifida, or multiple sclerosis, other physical or mental health conditions can occur.

Some of these other health conditions are also called secondary conditions and might include:

- Bowel or bladder problems
- Fatigue
- Injury
- Mental health and depression
- Overweight and obesity
- Pain
- Pressure sores or ulcers

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The Disabling Barriers



Inadequate policies and standards.

- Policy design does not always take into account the needs of people with disabilities, or existing policies and standards are not enforced.
- For example, in education policies (strategies to include children with disabilities in schools, lack of financial and other targeted incentives for children with disabilities to attend school, lack of social protection and support services for children with disabilities and their families)

The Disabling Barriers



Negative attitudes

- Beliefs and preconception constitute barriers to education, employment, health care, and social participation.
- For example, the attitudes of teachers, school administrators, other children, and even family members affect the inclusion of children with disabilities in mainstream schools.

The Disabling Barriers



Lack of provision of services.

- People with disabilities are particularly vulnerable to deficiencies in services such as health care, rehabilitation, and support and assistance.

The Disabling Barriers



Problems with service delivery.

- Poor coordination of services, inadequate staffing, and weak staff competencies can affect the quality, accessibility, and adequacy of services for persons with disabilities.

The Disabling Barriers



Inadequate funding.

- Resources allocated to implementing policies and plans are often inadequate. The lack of effective financing is a major obstacle to sustainable services across all income settings.

The Disabling Barriers



Lack of accessibility.

- Many built environments (including public accommodations) , transport systems and information are not accessible to all.
- Lack of access to transportation is a frequent reason for a person with disability being discouraged from seeking work or prevented from accessing health care.

The Disabling Barriers



Lack of consultation and involvement.

- Many people with disabilities are excluded from decision-making in matters directly affecting their lives, for example, where people with disabilities lack choice and control over how support is provided to them in their homes.

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Prevention



- Prevention of health conditions associated with disability is a development issue.
- Attention to **environmental factors** (including **nutrition**, **preventable diseases**, **safe water** and **sanitation**, **safety on roads** and **in workplaces**) can greatly reduce the incidence of health conditions leading to disability
- Preventing disability should be regarded as a **multidimensional strategy** that includes prevention of disabling barriers as well as prevention and treatment of underlying health conditions



Summary

- Disability is part of the human condition.
- Almost everyone will be temporarily or permanently impaired at some point in life
- Both social and physical components have a role in disability.
- The ICF emphasizes **environmental factors** in creating disability
- There are several health conditions associated with disability
- There are many disabling barriers

