



Health of People with Disabilities

Objectives:

- 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.

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Important | Extra | Notes

[Editing file](#)

Summary

Definitions

Health	<ul style="list-style-type: none"> Defined by WHO as: A state of complete physical, mental, and social well-being not merely the absence of disease.
Quality of life	<ul style="list-style-type: none"> WHO: 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. Broad multidimensional concept that usually includes subjective evaluations of different aspects of life.
Health-related quality of life	<ul style="list-style-type: none"> Defined by the CDC as: an individual's or group's perceived physical and mental health over time Include those aspects of overall quality of life that can be clearly shown to affect health—either physical or mental.
Disability	<ul style="list-style-type: none"> Disability refers to the negative aspects of the interaction between individuals with a health condition and personal and environmental factors An umbrella term for impairments, activity limitations, and participation restrictions.
Handicap	<p>limitation of the person's role in society.</p>
ICF	<ul style="list-style-type: none"> Short for: International classification of functioning, disability and health.
Community-based rehabilitation	<p>Aim: promote engagement of disabled persons in the society. Main objective: Enhancing their social life. Characteristics:</p> <ul style="list-style-type: none"> provide rehabilitation. reduce poverty. equalisation of opportunities. promote the inclusion of persons with disabilities in their communities.

Quality of life (QOL):

Everyone can define it differently making it challenging to measure.

Key domains of overall quality of life:

Health (important domain)	Jobs	Housing	Schools
The neighborhood	Cultures	Values	Spirituality

Quality of life is affected by:

- The person's physical health.
- Psychological state.
- Personal beliefs.
- Social relationships.
- The person's relationship with environment.

Health-related quality of life (HRQOL):

Levels:

a. Individual level:

Physical and mental health perceptions and their correlates (health risks and conditions, functional status, social support, and socioeconomic status).

b. Community level:

Community-level resources, conditions, policies, and practices (that influence health perceptions and functional status).

The importance of tracking (measuring) HRQOL:

- **Determining the burden** of preventable diseases, injuries, and disabilities, and provide valuable insights into the relationships between HRQOL and risk factors.
- Help **monitor progress** in achieving the nation's health objectives.

Spectrum of health:

- The **lowest point** on the health-disease spectrum is (
- The **highest point** corresponds to the WHO definition

The transition from optimum health to ill-health is often **gradual**



Disability:

Disability is part of the human condition and almost everyone experiences it at some point.

The most common causes of disabilities in KSA are congenital, metabolic, traumatic.

Models:

1. **Medical model:** an individual (medical perspective).
 2. **Social model:** Structural (social perspective).
- Disability should be viewed **neither** as purely medical nor as purely social.

Environment:

- **Inaccessible environments create disability** by creating barriers to participation and inclusion.

Examples of the negative impact of the environment:

- 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.

The International Classification of Functioning, Disability and Health (ICF):

- advanced the understanding and measurement of disability
- 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).

Strengths of ICF:

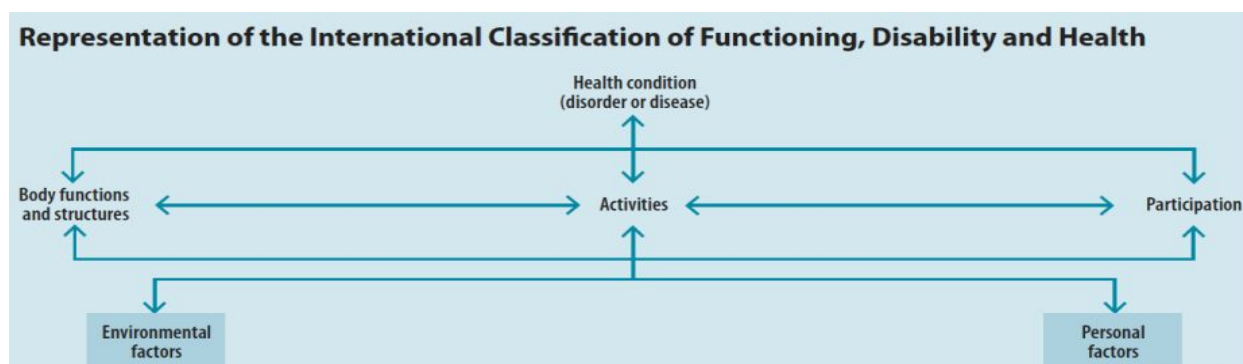
Covers all human functioning and **treats disability as a continuum** (spectrum) rather than categorizing people with disabilities as a separate group.

Problems with human functioning:

categorized in three interconnected areas:

1. **Impairments** are **problems in body function or alterations in body structure** (e.g. paralysis or blindness).
2. **Activity limitations** are difficulties in executing activities (e.g. walking or eating).
3. **Participation restrictions** are problems with involvement in any area of life (e.g. facing discrimination in employment or transportation).

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



Environmental factors describe the world in which people with different levels of functioning must live and act.

Either facilitators or barriers.

It includes:

- products and technology
- the natural and built environment
- support and relationships
- attitudes
- services, systems, and policies.

Personal factors (e.g. motivation and self-esteem) influence participation in society.

It further distinguishes between a **person's capacities** to perform actions and the **actual performance** of those actions in real life.

Main Health conditions associated with disability:

Individuals with disability are more likely to report:

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

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, other physical or mental health conditions can occur.

Secondary conditions include:			
Bowel or bladder problems	Mental health and depression	Injury	
Overweight and obesity	Fatigue	Pain	Pressure sores or ulcers

The disabling barriers:

1. Inadequate policies and standards (policies that don't consider people with disability or not enforced).
2. Negative attitudes (negative ideas about disability).
3. Lack of provision of services (e.g. health care, rehabilitation).
4. Problems with service delivery (services with poor quality).
5. Inadequate funding (inadequate resources for implementing policies and plans).
6. Lack of accessibility (e.g. lack of access to transportation).
7. Lack of consultation and involvement (excluded from decision making in matters directly affecting their lives).

Prevention:

Prevention of health conditions associated with disability is a development issue.

Attention to environmental factors 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
- prevention and treatment of underlying health conditions.

Good luck!

