



Health of People With Disabilities

Objectives

- Distinguish between health and quality of life.
- Portray the spectrum of health.
- Develop an understanding to the concept of disability.
- Compare between the medical model and social model of disability.
- 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.
- Understand the burden (morbidity , mortality, cost) of disabilities in KSA
- Reflect on the policies in KSA addressing limitation of disabled people in KSA.
- Enlist and understand community services available for disabled people in KSA

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- Main text
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- Important
- Extra



Definitions

Health

- "State of complete physical, mental, and social well-being, not merely the absence of disease or infirmity"(WHO, 1948).
- In recent years, this statement has been amplified to include the ability to lead a "socially¹ and economically productive life"

Quality of life²

"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." (WHO)

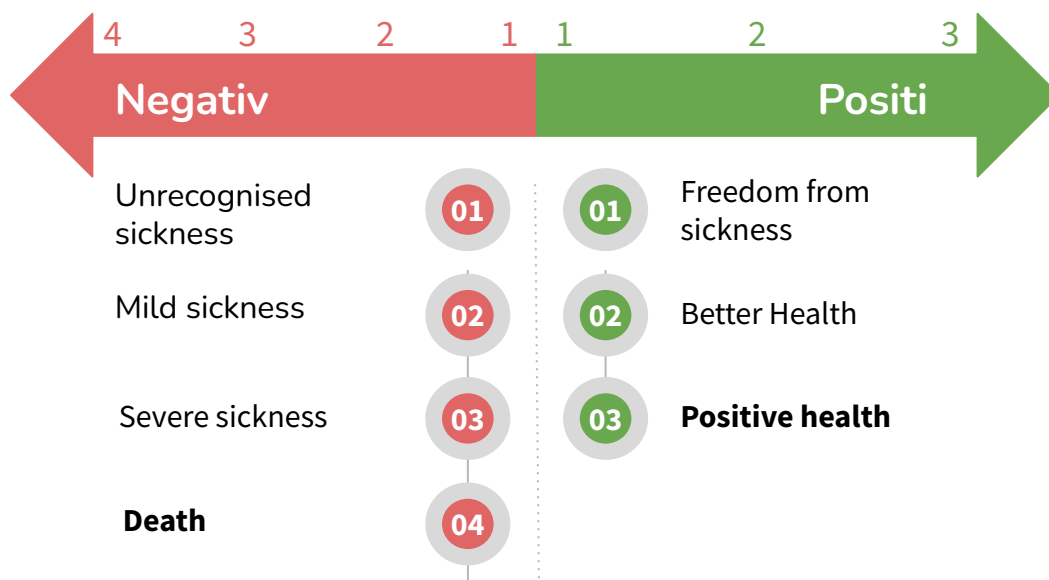
Disability

A long-term physical, mental, intellectual, or sensory impairment, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Always we focus on Barriers.

Dimensions of Disability:

- **Impairment** is a problem in body function or structure
- **Activity limitation** is a difficulty encountered by an individual in executing a task or action.
- **Participation restriction** is a problem experienced by an individual in involvement in life situations.

Spectrum of health³



1- Social wellbeing deals with work and recreation centers.

2- The term quality of life is much broader than the term health and it can be measured through tools and questionnaires to estimate a person's quality of life

3- When a person doesn't have a disease, it doesn't mean that he has a positive health.

Development of Disability¹

Medical Model: The impairment is the barrier



- ❖ Departure from health
- ❖ Damage to a body part or aberration of physiological function
- ❖ Inability to carry out function/activity
- ❖ Limitation of person's role

- The medical model of disability says people are disabled by their impairments or differences.
- Under the medical model, these impairments or differences should be 'fixed' or changed by medical and other treatments.
- The medical model looks at what is 'wrong' with the person and not what the person needs. It creates low expectations and leads to people losing independence, choice and control in their own lives.

Social Model The society is the barrier

- **The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference.** It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.
- It can be subdivided into: community attitudes, environmental barriers and institutional barriers

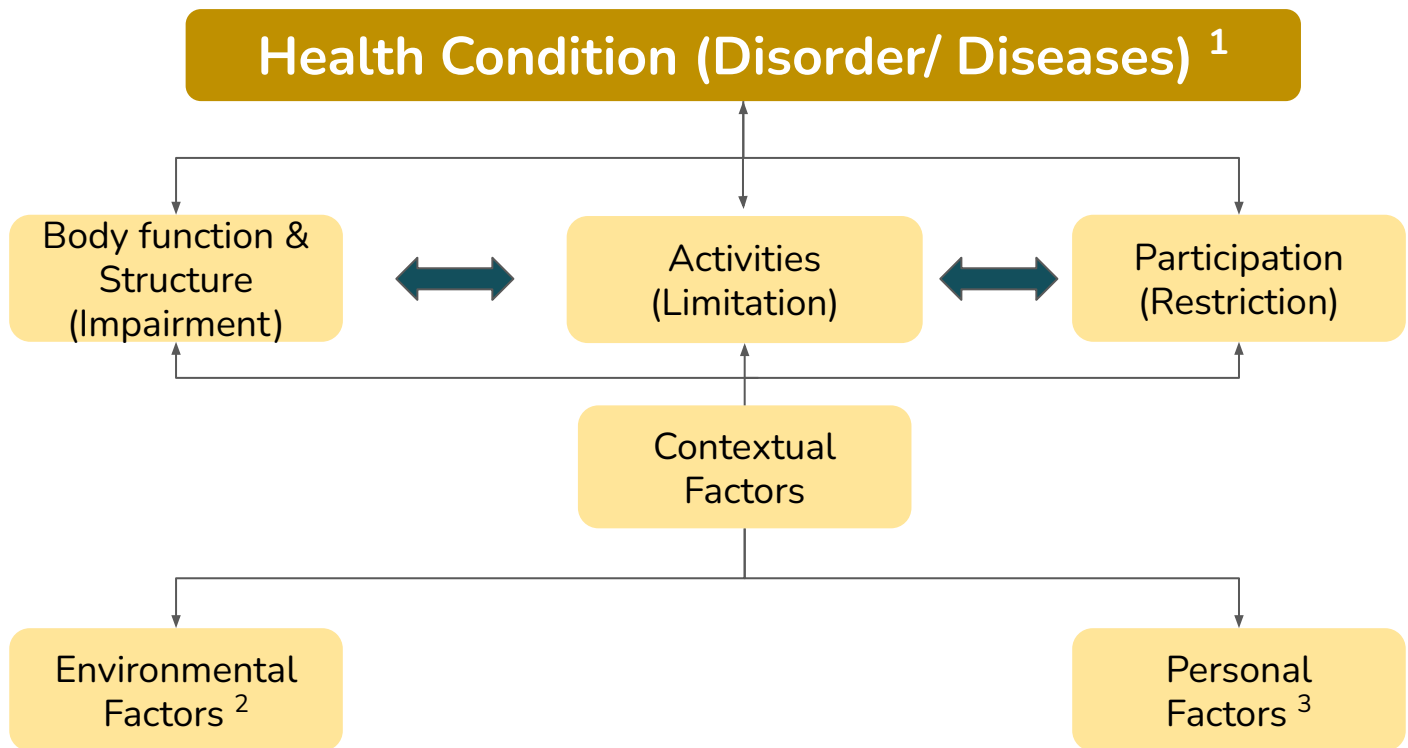
Medical Model	Social model
<ul style="list-style-type: none">● You cannot make decisions about your life● You are the problem● You are the sufferer● You can never be equal to a non-disabled person	<ul style="list-style-type: none">● Everyone is equal● Society put the barriers in place● Society prevents and restricts equal opportunities

1- An example here is blindness. Looking at it through the medical model. Blind people are the problem and we cannot make them equal to normal people. However, if we look at it through the social model. The society is to be blamed for putting the barriers to those people. For example, instead of putting a sign we should put a voice recording.

ICF Classification

International Classification Of Functioning, Disability & Health (ICF)

- It was developed by the **WHO**, and aims to:
 - To provide a scientific basis for consequences of health conditions.
 - To establish a common language to improve communications.
 - To permit comparison of data across: countries, disciplines, services and time.
 - To provide a systematic coding scheme for health information systems



ICF- Estimation of Disability: Response and Scoring

- To quantify the disability of a person, the ICF developed a scoring system which divides disability into 6 domains and score each one of them out of 4.
- ICF allows to shift our gaze from the **cause** (impairment) → **impact** (function)

Core Domains:

- Seeing Hearing - Mobility - Cognition - Self care - Communication

Response:

No difficulties=0 Mild difficulties=1 Moderate difficulties=2 Severe difficulties=3 Extreme difficulties=4

Score:

- Score range from 0 to 100
- Score of 40 = significant difficulty
- Score of 50 = very significant difficulty

1- If we take a person who's paralyzed and apply this structure we'll see that: Impairment: Spinal transection Limitation: can't move Restriction: can't go to the market Environment: Special parking Personal: Rehab

2- Environmental factors include profession, education, employment

3- Personal factors include sex, age, BMI, smoking, alcohol, positive attitude

ICF Classification

Environmental factors: Capacity vs. Performance

Capacity	Performance
<ul style="list-style-type: none">• Indicates what a person can do in a standardized environment, often a clinical setting, without the barriers or facilitators of the person's usual environment• The highest probable level of functioning of a person in a given domain at a given moment.	<ul style="list-style-type: none">• Everyone is equal• Society put the barriers in place• Society prevents and restricts equal opportunities

Health Conditions associated with Disability

Children

1

- Hearing problems
- Vision disorders
- Speech problems
- Dyslexia
- Cerebral palsy
- Learning disabilities (associated with autism, attention deficit)

2

Non-communicable Diseases

- Diabetes ¹
- Cardiovascular disease
- Mental disorders
- Cancer
- Respiratory illnesses

3

Infectious Diseases

- HIV
- Malaria
- Poliomyelitis

5

Arthritis and Back Pain

4

Injuries: RTA (Road Traffic Injuries)

1- Diabetics requires more preparations and special consideration in many activities

Disabling Barriers

Who define barriers as :

"Factors in a person's environment that, through their absence or presence, limit functioning and create disability".

- These factors include different aspects such as:

- Attitudinal
- Physical
- Social
- Communication
- Policy
- Transportation

Types of Disabling Barriers

Barrier	Description
Attitudinal	Negative attitudes leading to rejection and marginalization.
Communication	Are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and or understanding. Examples: <ul style="list-style-type: none">● Lack of accessibility to transport and information system (sign language)● Specialized services: availability, accessibility and quality
Physical	Structural obstacles in natural or manmade environments that prevent or block mobility or access Examples: <ul style="list-style-type: none">● Steps and curbs that block a person with mobility impairment from entering a building or using a sidewalk
Policy	Inadequate policies and standards which does not consider the needs of people with disabilities, or existing policies and standards are not enforced. Examples: <ul style="list-style-type: none">● Insufficient funding for implementation of policies and plans.
Social	Lack of consultation and involvement of persons with disability.
Transportation	Lack of adequate transportation that interferes with a person's ability to be independent and to function in society.

Prevention of Disabilities and Rehabilitation

Type	Description																
Primary Prevention	<ul style="list-style-type: none"> • Premarital genetic counseling • Maternal and neonatal care • Screening of neonates for hypothyroidism • Expanded program on immunization • School services 																
Secondary Prevention & Tertiary Prevention	<p>In 2ry prevention we try to prevent complications from happening, while in 3ry prevention we try to limit the disability that resulted from the complication by the means of rehabilitation.</p>																
		<table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Prevention</th> </tr> </thead> <tbody> <tr> <td>Health condition</td> <td>Medical treatment or care</td> <td>Health promotion, Nutrition, Immunization</td> </tr> <tr> <td>Impairment</td> <td>- Medical treatment or care - Surgery</td> <td>Prevention of the development of further activity limitations</td> </tr> <tr> <td>Activity limitation</td> <td>- Assistive devices - Personal assistance - Rehabilitation therapy</td> <td>Preventive rehabilitation, Prevention of the development of participation restrictions</td> </tr> <tr> <td>Participation restriction</td> <td>- Accomodations - Public education - Anti-discrimination law - Universal design</td> <td>Environmental change, Employment strategies, Accessible services, Universal design, Lobbying for change</td> </tr> </tbody> </table>		Intervention	Prevention	Health condition	Medical treatment or care	Health promotion, Nutrition, Immunization	Impairment	- Medical treatment or care - Surgery	Prevention of the development of further activity limitations	Activity limitation	- Assistive devices - Personal assistance - Rehabilitation therapy	Preventive rehabilitation, Prevention of the development of participation restrictions	Participation restriction	- Accomodations - Public education - Anti-discrimination law - Universal design	Environmental change, Employment strategies, Accessible services, Universal design, Lobbying for change
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	<ul style="list-style-type: none"> • After the person gets a complication from the disability he has or even before he gets one, we can start rehabilitation. <p>Outcome of Rehabilitation includes:</p> <ul style="list-style-type: none"> • Prevention of the loss of function • Slowing the rate of loss of function • Improvement or restoration of function • Compensation for lost function • Maintenance of current function 																

Burden of Disabilities in KSA

- It is estimated that 3.73% of the population has functional disabilities limiting their independence.
- Data from national census indicates that nearly 0.8% of the total Saudi population has disability.
- The main causes of disability are **cerebral palsy** and **developmental delays** followed by **road traffic accidents** (RTAs).
- The main care gaps are low access to poor families, low service coverage and low quality of services in public agencies.
- A royal decree was passed numbered (M/37) in 23/09/1421 H. that approved a legislation made by the council of ministers (no. 224) in 14/9/1421 H. that supports disabled people and promote their rehabilitation.

Rights of Disabled People in KSA

المادة الثانية:

تكفل الدولة حق المُعوق في خدمات الوقاية والرعاية والتأهيل، وتشجع المؤسسات والأفراد على الإسهام في الأعمال الخيرية في مجال الإعاقة، وتُقَدِّم هذه الخدمات لهذه الفئة عن طريق الجهات المختصة في المجالات الآتية:
1 - المجالات الصحية :

وتشمل:

أ - تقديم الخدمات الوقائية والعلاجية والتأهيلية، بما فيها الإرشاد الوراثي الوقائي، وإجراء الفحوصات والتحليلات المخبرية المختلفة للكشف المبكر عن الأمراض، واتخاذ التحصينات اللازمة.

ب - تسجيل الأطفال الذين يولدون وهم أكثر عُرضة للإصابة بالإعاقة، ومُتابعة حالاتهم، وإبلاغ ذلك للجهات المختصة.

ج - العمل على الارتقاء بالرعاية الصحية للمُعوقين واتخاذ ما يلزم لتحقيق ذلك.

د - تدريب العاملين الصحيين، وكذلك الذين يُباشرون الحوادث على كيفية التعامل مع المُصابين وإسعافهم عند نقلهم من مكان الحادث.

هـ - تدريب أسر المُعوقين على كيفية العناية بهم ورعايتهم.

2 - المجالات التعليمية والتربوية :

وتشمل تقديم الخدمات التعليمية والتربوية في جميع المراحل (ما قبل المدرسة، والتعليم العام، والتعليم الفني، والتعليم العالي) بما يتناسب مع فُدرات المُعوقين واحتياجاتهم، وتسهيل التحاقهم بها، مع التقييم المُستمر للمناهج والخدمات المُقدمة في هذا المجال.

3 - المجالات التدريبية والتأهيلية :

وتشمل تقديم الخدمات التدريبية والتأهيلية بما يتفق ونوع الإعاقة ودرجتها ومُتطلبات سوق العمل، بما في ذلك توفير مراكز التأهيل المهني والاجتماعي، وتأمين الوسائل التدريبية المُلائمة.

4 - مجالات العمل :

وتشمل التوظيف في الأعمال التي تُناسب فُدرات المُعوق ومؤهلاته لإعطائه الفرصة للكشف عن فُدراته الذاتية، ولتمكينه من الحصول على دخل كباقي أفراد المُجتمع، والسعي لرفع مُستوى أدائه أثناء العمل عن طريق التدريب.

5 - المجالات الاجتماعية :

وتشمل البرامج التي تُسهم في تنمية فُدرات المُعوق، لتحقيق اندماجه بشكل طبيعي في مُختلف نواحي الحياة العامة، وتقليل الآثار السلبية للإعاقة.

6 - المجالات الثقافية والرياضية :

وتشمل الاستفادة من الأنشطة والمرافق الثقافية والرياضية وتهيتها، ليتمكن المُعوق من المشاركة في مناسبتها داخلياً وخارجياً بما يتناسب مع فُدراته.

7 - المجالات الإعلامية :

وتشمل قيام وسائل الإعلام - المرئية والمسموعة والمقروءة - بالتوعية في المجالات الآتية:

أ - التعرف بالإعاقة وأنواعها وأسبابها، وكيفية اكتشافها والوقاية منها.

ب - تعزيز مكان المُعوقين في المُجتمع، والتعريف بحقوقهم واحتياجاتهم، وفُدراتهم وإسهاماتهم، بالخدمات المُتاحة لهم، وتوعيتهم بواجباتهم اتجاه أنفسهم، وبدورهم في المُجتمع.

ج - تخصيص برامج موجهة للمُعوقين تكفل لهم التعايش مع المُجتمع.

د - حث الأفراد والمؤسسات على تقديم الدعم المادي والمعنوي للمُعوقين، وتشجيع العمل التطوعي لخدمتهم.

8 - مجالات الخدمات التكميلية :

وتشمل:

أ - تهيئة وسائل المواصلات العامة لتحقيق تنقل المُعوقين بأمن وسلامة، بأجور مُخفضة للمُعوق ومُرافقه، حسب ظروف الإعاقة.

ب - تقديم الرعاية النهارية والعناية المنزلية.

ج - توفير أجهزة التقنية المُساعدة.

Community Services Available in KSA



مركز الملك سلمان لأبحاث الإعاقة
King Salman Center For Disability Research
Science Benefiting People علم ينفع الناس

برعاية خادم الحرمين الشريفين
المؤتمر الدولي للإعاقة والتأهيل

International Conference
on Disability & Rehabilitation

Kingdom of Saudi Arabia المملكة العربية السعودية
15 و 16 رجب 1439 هـ (1 و 2 أبريل 2018 م)
1st and 2nd of April, 2018



جمعية
الأطفال
المعوقين
Disabled Children's Association



جمعية الأمل
لأطفال التوحد وذوي الاحتياجات الخاصة



الجمعية السعودية للتوحد
Saudi Autistic Society

APD
هيئة رعاية
الأشخاص
ذو الإعاقة



الجمعية السعودية
الخيرية لمرض الزهايمر

SAUDI ALZHEIMER'S DISEASE ASSOCIATION



الجمعية السعودية للإعاقة السمعية
Saudi Association For Hearing Impairment

المساواة، الإنصاف، والتصميم الشامل

توافق
Tawafuq
مركز تنمية الموارد البشرية



في الصورة الثالثة، يستطيع الثلاثة مشاهدة اللعبة دون أي دعم أو ترتيبات تيسيرية لأنه تم أخذ احتياجات الجميع في عين الاعتبار في المرحلة الأولى من إنشاء الملعب.

تعد إزالة العوائق



في الصورة الثانية، يعطى الأشخاص الواقع مختلفة من الدعم حسب احتياجاتهم ليتمكنوا من مشاهدة اللعبة بشكل منصف.

الإنصاف في المعاملة



في الصورة الأولى، تم تقديم الدعم للجميع دون دراسة احتياجات الأشخاص الفعلية لهذا الدعم.

المعاملة بشكل متساوي

Practice Questions

Q1: Which of the following terms best describes this statement “factors in a person’s environment that limit functioning and create disability” ?

A. Health

B. Quality of life

C. Barrier

D. Prevention

Q2: which of the following is NOT a component of disability dimensions

A. Impairment

B. Freedom of disease

C. Activity limitation

D. Participation restriction

Q3: which type of prevention is best described the expanded program on immunization

A. 1^o prevention

B. 2^o prevention

C. 3^o prevention

D. 4^o prevention

Q4: which of the following is considered as a care gap in medical delivery to people with disabilities

A. Easy access to poor families

B. High service coverage

C. No gaps in delivering care.

D. Low quality of services

Q5: which one of the following is an outcome of rehabilitation?

A. Accelerate the loss of function

B. Compensation for the loss of function

C. Neglect the loss of function

D. A & C

Q6: which of the following barrier considers the lack of consultation with people with disabilities ?

A. Communication

B. Physical

C. Policy

D. Social

Answer key:

1 (C) , 2 (B) , 3(A) , 4 (D) , 5 (B) , 6 (D)

Team leaders

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Note taker



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Mais Alajmi



Haton Alnami



"لو أن الناس كلما استصعبوا أمرًا
تركوه، ماقام للناس دنيا ولا دين"
- عمر بن عبدالعزيز