Special Olympics Health

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The Issue: Health Inequity for People with Intellectual Disabilities in the COVID-19 Era

People with intellectual disabilities (ID) may be particularly vulnerable to COVID-19 infection and complications.

At least ***one-third of people with ID reside in congregate settings***, such as group homes, nursing homes, or institutions. Around ***one-fifth of COVID deaths in the US as of April 2020 were tied to such facilities.*** This is because of the difficulty observing social distancing in these settings due to the number of residents/participants and their care/support needs.

Certain conditions associated with intellectual disability have inherent health risks; for example, people with Down syndrome may have compromised immune systems, which lead to higher rates of respiratory illnesses, and people with cerebral palsy often have associated scoliosis or spine curvature and low muscle tone that produce higher risk of pneumonia and difficulties with secretions.

Because over 80% of health care professionals have not received training on how to treat people with ID, many health professionals are unaware of these realities about people with ID. This can make it more difficult for people with ID to get the COVID-related care that they need. Lack of training about and exposure to people with ID also means many health professionals feel uncomfortable treating this population and may not know simple but important adjustments; for example, longer appointment times, simpler language, and visual supports for patient education.

Difficulty accessing services is a significant reason that people with ID experience poorer health than the general population: ***people with ID have up to 2.5 times as many chronic health conditions as their peers*** in the general population.

There is much to learn about COVID-19, but studies have highlighted some of the chronic conditions that are prevalent among people with ID as risk factors for COVID-19 complications. For example: ***people with ID have up to two times the prevalence of asthma*** of the general population and ***hypertension is almost 35% more prevalent among adults with cognitive limitations*** than adults who have no disability.

With COVID-19 stretching resources thin, health care providers are being called on to make exceptionally complex ethical decisions in a rapidly changing operational environment. Putting a person's current health status puts those who have a history of being left out at risk of losing out on life-saving healthcare.

The Solution: You can help people with ID during the COVID-19 crisis ...and beyond. Special Olympics can show you how.

An ounce of prevention is worth a pound of cure. Designate people with ID as a priority population for COVID-19 testing in order to facilitate access to testing.

Accessibility & reasonable accommodations mean different things to different people. Provide clear guidance that people with ID be allowed to have the support person of their choice available to them during COVID-19 care.

Information is power. Require immediate, wide-scale health care provider and direct support staff training on working with people with ID during the pandemic.

Let the sun shine in. Ensure public availability of detailed data about the health care during COVID-19, including the allocation of limited medical resources.

Be a champion of inclusion. Support funding to improve the health of people with ID during the pandemic and beyond.