

AMERICAN ASSOCIATION ON MENTAL RETARDATION

DECLARATION ON HEALTH PARITY FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

WHEREAS,

- Health is essential for daily cognitive and physical function and a requisite for full participation in society.
- Health entails well-being in all facets of life, and all persons, including individuals with intellectual and developmental disabilities, have a right to achieve and maintain their optimal level of health.
- All persons, including individuals with intellectual and developmental disabilities, have a right to equitable and accessible health care in which they are not invisible.
- All persons with intellectual and developmental disabilities are entitled to nondiscriminatory, appropriate, cost-effective, informed, and sufficient health services and supports to maintain optimal levels of wellness.
- Health professionals, in every discipline and specialty (including mental health, physical and occupational therapists; speech-language pathologists; behavior analysts; assistive technologists; and dentists, should be knowledgeable about and available to persons with intellectual and developmental disabilities.
- Most persons with intellectual and developmental disabilities are not sick on a daily basis, but many require daily, home, and community-based health supports.
- Daily health services reduce health risk and promote health.

WHEREAS,

- Clinical experience, public attitudes, health delivery systems, and reimbursement vary significantly among countries, states, provinces, and communities.
- Globally, there is evidence of marked disparity of health between persons with intellectual and developmental disabilities and the general population.
- Health services for persons with intellectual and developmental disabilities often continue to be discriminatory, inappropriate, inefficient, uninformed, and insufficient.
- Provision of most health services is predicated on treatment of illness.
- Daily health supports are either rarely included in reimbursement or must be administered by minimally trained direct support professionals.
- Physical barriers to health care access still exist in a majority of health delivery settings.
- Health professional curricula include little content specific to treatment of persons with intellectual and developmental disabilities.
- The development of evidence to support health interventions for persons with intellectual and developmental disabilities is inadequate.

THEREFORE, be it resolved that all people with intellectual and developmental disabilities should have:

- A health plan that is ongoing throughout a person's life and crosses all settings; this plan should begin with a proactive assessment of health risks, needs, and supports, including

genetic and nutritional evaluations, infectious disease appraisal, appropriate pain assessment and treatment, and end-of-life and hospice care. This includes providing medical information to the greatest extent possible in clear language that can be understood by the individual as well as the caregivers.

- A medical home: a health professional who provides comprehensive, culturally sensitive, coordinated, continuous, family-centered, and accessible care.
- Access to health care that must be barrier-free at the point of entry, including the use of specialized equipment or procedures to fully examine and treat this population.
- Preventive health screening and assessments for common chronic conditions, such as diabetes, and other conditions associated with aging in the general population.
- Opportunities for choice and self-determination in areas that affect their health, including human sexuality.
- Such support as needed when making difficult choices about health, including the ability to refuse treatment and confidentiality.

And THEREFORE be it resolved that systems of health care should achieve the following:

- Community and residential programs should refer consumers and their families to qualified health services providers.
- Multidisciplinary care must provide optimal care and breadth of health services.
- Health disparities must be reduced at all levels of system delivery.
- Health services and supports aimed at preventive care and healthy living should be reimbursed.
- In addition to primary and specialty care, including mental health and oral health supports, all daily health services and supports needed by persons with intellectual and developmental disabilities should be provided and funded.
- After consumers are assessed, daily health services must be provided and funded to reduce identified disability-associated health risk.
- Preservice and continuing educational and clinical practice opportunities must be available for discipline-specific and interdisciplinary learning about intellectual and developmental disabilities.
- Funding must be designated for health and health services outcomes research and involve persons with intellectual and developmental disabilities as members of the research team.
- Current evidence-based findings must be disseminated to health professionals and individuals with intellectual and developmental disabilities and their families/caregivers.

Endorsed by:

The American Association on Mental Retardation June 2006
The American Speech-Language-Hearing Association
The Developmental Disabilities Nurses Association
American Academy of Developmental Medicine and Dentistry
The American Public Health Association
The National Association for the Dually Diagnosed