



International Association
for the Scientific Study
of Intellectual Disabilities

Newsletter of the IASSID Special Interest Research Group on Health Issues

Jan 2015

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Mission

The mission of the Special interest Research Group on Health is to promote physical health of people with an intellectual disability. This is done by formulating priorities for health care, research and training and by sharing ideas and results. The SIRG organizes annual roundtables in varying countries around specific themes.

President's Message

Health SIRG members

I hope this newsletter finds you all well, and that you and your families have had a good rest over the holidays. This is the start of 2015 and with this the Health SIRG is moving forward with many exciting initiatives planned.

In this edition of the newsletter we focus on physical activity and health; you will get a brief synopsis of a number of new and innovative projects that are currently taking place around the world. Contact details are provided so you can contact the lead person in these projects. Physical activity and health relates also to the Health SIRG Roundtable that is being held in Los Angeles on the 27th-29th July 2015: please hold that date. I hope to see many of the Health SIRG members at this meeting. We will also hold our annual meeting in Los Angeles as well.

Our own Assoc. Prof. Bob Davis (Monash University at Melbourne) is the inaugural winner of the Victorian Health Minister's Award for Excellence in General Practice, particularly recognising Bob's outstanding work for people with disability.

The Health SIRG is asking all members to complete a survey now on-line to identify each persons' clinical, academic and research areas so we can better connect in the future regarding joint research projects, publications, consultancy and other related activities. I encourage all members to complete the survey. Prof Chris Hatton is asking members to contribute to the work he and his team are exploring regarding epilepsy and intellectual disabilities.

Again I ask Health SIRG members to forward their ideas for future newsletter topics for the next newsletter in August, the next newsletter will focus on physical health assessments/checks. Feedback on the newsletter is also welcomed so we can improve the information we share with you. I would like to take this opportunity to thank-you for your support with this group.

Dr Laurence Taggart, Health SIRG Chair



Introduction: Physical Activity and Intellectual Disability

This newsletter features the relevance and importance of physical activity and people with intellectual disability (ID). It is well established that regular participation in physical exercise contributes positively to the health of all people of all ages, sexes and abilities. The health promotion benefits associated with physical activity are pervasive. Every day there seems to be a news item purporting the benefits of taking regular weekly activity and increases in Gym membership at this time of year are well known. Physical and sporting activity is described as bodily movements from skeletal muscles resulting in energy expenditure, but for many people with ID who may have ongoing physical health difficulties, this can be a challenge. Not all adults with ID can afford to, or are best placed to access mainstream gyms, for example. The resulting impact of this is often adults with ID being viewed as leading sedentary lives.

This issue presents some exciting work looking to reverse this situation and increase research and knowledge in physical activity and ID. The Special Olympics has been at the fore-front of trying to promote physical activity since 1968. Among the excellent features in this edition, please read Drs Lloyd, Temple and Foley's piece, which describes how they have worked collaboratively with Special Olympics International for the past 5 years to analyse and disseminate a portion of the vast data sets at their disposal, from *the Healthy Athletes database*. Another feature in the newsletter, is the POWERS_{forID} (Personalized Online Weight and Exercise Response System for people with ID), which is an internet-based system that provides adults with ID and their caregiver access to a private profile containing goals and strategies related to nutrition and physical activity, as well as tools to enter and track activity data. We look forward to reading more about these projects in the future and the other work featured in the newsletter.

We hope you enjoy this newsletter.

Dr Martin Bollard and Dr Bev Temple
Co-Editors and Executive Members of the Health SIRG

Save the Date for the 2016 IASSIDD World Congress

A/Prof Bob Davis

Our next world congress is to be held in my home city Melbourne, Australia over 4 days from 15th to 19th August 2016. The theme for the congress will be "Global Partnerships, Enhancing Research, Policy and Practice". The program for the congress is shaping up to be one of the most exciting ever produced. Professor Fiona Stanley, who has been one of Australia's leading researchers and was recognised as Australian of the Year in 2010, has agreed to be our patron and a key note. There will be 8 keynotes and 16 lead lecturers across a wide range of topics relevant to research in intellectual and developmental disability and we hope to include a Nobel Prize winner. The congress will be held at the "state of the art" Melbourne Convention and Exhibition Centre. We will be taking advantage of the newer technologies with an electronic program and real time interactivity with the speakers. Those who have visited Melbourne would agree that it lives up to its reputation as the "World's Most Liveable City" and there is a wide range of accommodation options within walking distance of the venue. The venue is well serviced with rail and tram links which make for easy access from most parts of suburban, Melbourne. As chair of the local organising committee I will be working on a social program that highlights the best of what our city has to offer.

Save the dates in your diary now!

Using the Special Olympics International Healthy Athletes Database to understand Obesity in Individuals with ID.

For more than 15 years SOI has been conducting free Healthy Athletes screenings, providing education, and referrals for follow-up care for Special Olympics athletes with intellectual disabilities at local, national and international events. Healthy Athletes also provides training for health care professionals. Approximately 1.4 million health screenings have been conducted in over 100 different countries through the Healthy Athletes program. The Healthy Athletes program conducts screenings in seven areas: *Fit Feet* (podiatry), *Healthy Hearing* (audiology), *Special Smiles* (dentistry), *Opening Eyes* (vision), *FUNfitness* (physical therapy), *Med Fest* (general medical checkups) and *Health Promotion* (health and wellbeing). The Healthy Athletes database is the largest known international database on the health of people with intellectual disabilities and the data is strengthened by the fact that most of the data is directly measured. There is a dearth of information about the health status of people with intellectual disabilities in North America, but the data is even more scarce in the developing world (e.g. Africa and the Middle East). A limitation of this database is that it only surveys *Special Olympics participants* however; this sub-set of the population could be considered to be amongst the healthiest in this population due to their ongoing participation in sport.

Drs. Lloyd, Temple and Foley have been working collaboratively with Special Olympics International for the past 5 years to analyse and disseminate a portion of these data. Several papers describing the BMI status of Special Olympics athletes from around the world have been published between 2012 and 2014. These publications demonstrate the potential to use the SOI Healthy Athletes Database, and the relative under-utilization of the database to date in relation to how much data has already been collected and the reach of SOI around the world (Foley, Lloyd & Temple 2013; Foley, Lloyd, Vogl & Temple, 2014; Lloyd, Temple & Foley 2012; Lloyd, Foley & Temple, 2014; Temple, Foley & Lloyd, 2013).

In early December 2014, Drs. Lloyd, Temple and Foley hosted two dozen researchers, stakeholders, clinicians and policymakers in Toronto, Ontario, Canada to discuss how to best utilize the data already collected through the Healthy Athletes Program and how to move forward with research and dissemination. The gathering of experts from across North America was made possible through a Planning and Dissemination grant from the Canadian Institutes of Health Research (CIHR) and matching funds from Special Olympics Canada.

Authors: Meghann Lloyd, PhD, Vivienne Temple, PhD, John Foley, PhD.

Contact: Meghann Lloyd, PhD, Assistant Professor, Faculty of Health Sciences, UOIT, Research Associate Grandview Children's Centre, meghann.lloyd@uoit.ca

Call for Papers: Special Issue of *Intellectual and Developmental Disabilities*: Innovations in Health and Intellectual Disability: Submission deadline is May 30, 2015.

We are delighted to announce a special issue of the journal *Intellectual and Developmental Disabilities (IDD)*, devoted to innovations at the intersection of health status, policy and care. This issue is being published in conjunction with the Global Summit on Innovations in Health and Intellectual and Developmental Disabilities, to be held in **Los Angeles, California, USA, in July 2015**. You can find more information regarding the summit, including Calls for Presentations/Posters at the summit at <http://aadmd.org/conference>.

We are soliciting original papers for publication related to issues or innovations in health or healthcare for persons with IDD. We are especially interested in results from original research, discussions of current policy and its impact on individuals with IDD (e.g., Health Care Reform, Medicaid Managed Care), and reviews of historical events or datasets.

For additional information about the special issue of *IDD* please contact the issue's primary guest editor, Peter J. Smith (wisemen@uchicago.edu) or the *IDD* editor-in-chief, Glenn T. Fujiura (gfujiura@uic.edu). You can find additional information regarding the journal at <http://aaidjournals.org/loi/mere.1>

Programs to Help Keep Older Adults Active

Background. The World Health Organization (2002) says active aging that focuses on the physical, mental, and social wellbeing of older adults is important for healthy aging. Unfortunately, older adults face multiple barriers to participating in recreation and leisure activities, including access to transportation, program costs, and ageism. These barriers increase for persons with developmental disabilities (e.g., stereotypes, lack of support staff, lack of age- and skill-appropriate programs).

Decreasing participation in physical activity causes health problems such as obesity, diabetes, and social isolation for older adults with developmental disabilities. Two practicum students from the Community Rehabilitation and Disability Studies program at the University of Calgary worked with Vecova Centre for Disability Services and Research to create two plain language programs to help get older adults active. Both programs are available for free at: <http://vecova.ca/research/knowledge-centre/community-programs/>

Staying Active as You Age. This program is about the importance of staying active and accessing regular physical activity in older age. It demonstrates the importance of working on flexibility, muscle fitness, cardiovascular fitness, balance, and activities to prepare for exercising (e.g., talking to your doctor). It gives examples of different places people can be active and provides a basic workout plan that includes example warm-ups, stretches, chair exercises, and cool downs. The program is a resource kit consisting of a plain language activity workbook, a facilitator's guide to assist individuals in conducting the program as a workshop, and a slideshow presentation to assist in workshop facilitation.

Be Active, Stay Young and Feel Good! This program was developed to motivate inactive persons to increase their level of activity. The program can be conducted by organizations to help groups of clients increase their level of activity, by an individual support staff to help their client increase their level of activity, or by the individual. The program uses a goal and reward structure to increase motivation to become more active. It also includes tips on how to be active and a daily activity journal. The program provides examples of different rewards that can be used, including low or no-cost rewards. It also provides tip on how to support individuals throughout the duration of the program and to keep them motivated. The program was designed as a resource kit consisting of a plain language program guide and a program support guide.

Contact: Stacey Kowbel (skowbel@veocva.ca), Researcher, Vecova Centre for Disability Services and Research

Special Olympics addresses fitness and physical activity for people with intellectual disabilities through sport and health programs

The evidence is in: physical activity is essential to good health and can help prevent chronic disease. But many people with disabilities face barriers to getting enough physical activity. New data in 2014 from the US Centers for Disease Control and Prevention show that nearly half of US adults with disabilities get no exercise. In contrast, essentially 100% of the 4.4 million Special Olympics athletes in 170 countries around the world engage in some physical activity through one of Special Olympics' 32 Olympic-style individual and team sports.

For nearly 50 years, Special Olympics has been the global leader in sport training and competition for people with intellectual disabilities (ID). The foundation of the Special Olympics sports experience includes building confidence, skill, and fitness. Special Olympics general rules call for Special Olympics athletes to participate in a minimum of one sport practice session each week over the course of eight weeks culminating with a sport competition, but there is a current push within Special Olympics to increase the amount of physical activity opportunities, enhance nutrition, and improve fitness.

Special Olympics also is the world's largest public health organization for people with ID. Special Olympics' Healthy Athletes program provides Special Olympics athletes with health screenings, education, and referrals for follow-up care. Since 1997, Healthy Athletes has conducted 1.4 million exams in 127 countries, and screening results are aggregated into the world's largest database on the health of people with ID. Additionally, the program has trained over 120,000 health care professionals on how to work with people with ID. Meanwhile, Special Olympics' new Healthy Communities initiative focuses on engaging entire communities, including local health and wellness organizations and Special Olympics' own families, volunteers, and athlete leaders, in providing health care and preventive services to people with ID.

The sport experience, coupled with Healthy Athletes and Healthy Communities, enhances physical, social, and emotional wellness and development; yet Healthy Athletes data reveal significant health problems that still persist. One of the most notable is the high incidence of overweight/obesity; globally, 30% of Special Olympics youth athletes are overweight or obese, and 60% of Special Olympics adult athletes are overweight or obese. When asked to self-report on physical activity, 55% of Special Olympics athletes report engaging in physical activity at least 3 days most weeks, 40% report engaging in physical activity less than 3 days most weeks, and 5% report no regular exercise program. To increase sport performance and improve health, Special Olympics is currently developing a new fitness strategy to capitalize on the Special Olympics' mission, proven impact, and culture of innovation in the changing and evolving landscape of sport and health. The implementation of this strategy will strengthen the organization's ability to serve both the needs of those with ID and society as a whole.

For more information about Special Olympics, please contact Amy Shellard, Director of Research and Evaluation, at ashellard@specialolympics.org. In particular, Special Olympics is interested in partnering with researchers interested in our fitness strategy and Healthy Athletes data.

Project: Healthy living: tailored health promotion for people with intellectual disabilities

Background: People with intellectual disabilities (ID) experience significantly more health problems than the general population. Many of these health problems can be attributed to an unhealthy lifestyle: sedentary lifestyles and poor dietary habits have found to be highly prevalent among people with ID. Accessible and evidence-based health promotion initiatives tailored to the needs, interests and capabilities of people with ID could significantly contribute to a healthier lifestyle and a reduction of these health issues.

Aim: The overall aim of this project is to develop a flow chart that will optimize the use of existing health promoting interventions by people with ID. This flow chart helps people with ID and their caregivers to make a systematic overview of the individual interests, capabilities and needs of the person with ID and helps to find out which of the existing health promoting interventions fit this person best.

Methods: A literature study, a stakeholder analysis, interviews with these stakeholders and an inventory of the already existing health promoting interventions within three cooperating expertise centers in care for people with ID, are used to create an overview of the factors related to the possibilities, support needs and interests of people with ID. Based on this overview, a first version of the flow chart will be developed, which will be implemented and evaluated (process as well as effect).

Outcomes: A review on topics, methods, and challenges in health promotion for people with ID has been published: <http://www.sciencedirect.com/science/article/pii/S089142221300423X>. The stakeholder analysis has revealed a variety of stakeholders in the field of health promotion for people with ID, such as parents, legal representatives, professional caregivers, management, people with ID themselves, nutritionists, behavioral scientists, movement scientists, ID physicians, caterers, activity-coordinators, friends etc. As yet, focus group interviews with people with ID have been conducted and presented at the Fourth International IAS-SIDD Europe Regional Congress in Vienna, 2014: <http://onlinelibrary.wiley.com/doi/10.1111/jar.12107/pdf>, page 302. Results showed that adults with mild to moderate ID have quite a good understanding of what being healthy constitutes and of the rationale for engaging in healthy behavior. Participants expressed that healthy living entails more than healthy food and exercising; feeling healthy, which is related to happiness and level of independence, is perceived as important as well. As they face several difficulties in their attempts to live healthy, existing health promotion programs must be tailored to their individual preferences and motivation, their physical disabilities, their dependence on others and the resources and hindering factors in their physical environment. At this moment, the interviews with other stakeholders are being conducted and the inventory of already existing health promoting interventions is in preparation.

Contact: Noortje Kuijken (Noortje.Kuijken@radboudumc.nl), Radboud university medical center, Nijmegen, The Netherlands.

Walk Well: a randomised controlled trial of a walking intervention for adults with intellectual disabilities.



Background: Adults with intellectual disabilities tend to have poorer mental health, be more sedentary and less physically active than the wider population. Many studies show the positive impact physical activity can have both physically and psychologically. Walking is an effective and sustainable form of physical activity which can be undertaken by very sedentary or inactive populations: therefore it can be an appropriate exercise to promote to adults with intellectual disabilities.

Walking interventions have been shown to have a positive impact on physical activity (PA) levels, health and well-being for adult and older adult populations. However, there is a limited evidence base which has examined the effectiveness of walking interventions for adults with intellectual disabilities. The aim of this study, “Walk Well” is to examine if a walking intervention can successfully increase PA, health and well-being of adults with intellectual disabilities, and to explore participants’ experiences of taking part in a walking programme. The randomised controlled trial (RCT) design compares the effects of a walking intervention, with a control group of individuals who did not receive the intervention.

Method: 102 adults with a range of intellectual disabilities were allocated to a walking intervention group or a waiting list control group. The intervention consisted of three PA consultations (baseline, six weeks and 12 weeks) and an individualised 12 week walking programme. A range of measures were completed by participants at baseline, post intervention (three months from baseline) and at follow up (three months post intervention and six months from baseline). All outcome measures were collected by a researcher who was blind to the study groups. Twenty adults also took part in semi-structured interviews or focus groups exploring their views of the programme. Qualitative data were coded using thematic analysis.

Results: The primary outcome of the study is steps walked per day, measured using accelerometers. Secondary outcome measures include: time spent in PA per day (across various intensity levels), time spent in sedentary behaviour per day, and anthropometric measures to monitor weight change. The primary and secondary data will be published in spring 2015. The preliminary qualitative data suggests that participants generally had positive experiences taking part in the programme. As there are currently no published controlled studies of walking interventions for adults with intellectual disabilities, this study will contribute to knowledge and understanding about how and why walking programmes may be effective or ineffective in increasing walking in this population. This could inform future PA interventions for adults with intellectual disabilities.

The Walk Well study was funded by the Chief Scientist Office.

Contact: Dr Craig Melville, University of Glasgow, Craig.Melville@glasgow.ac.uk.

POWERS_{forID}: Personalized Online Weight and Exercise Response System for people with Intellectual Disabilities

Background: Increasing physical activity and decreasing sedentary activity are necessary components to achieving weight loss, especially for adults with intellectual disabilities (ID) who are at greater risk of obesity compared to the general population.

Aim: To develop a web intervention designed for adults with ID and their caregivers to support better nutrition and increase physical activity through assessment-based tailored goals and strategies. Evaluate the efficacy of the intervention related to health outcomes and psychosocial measures

Intervention program: POWERS_{forID} (Personalized Online Weight and Exercise Response System for people with ID) is an internet-based system that provides adults with ID and their caregiver access to a private profile containing goals and strategies related to nutrition and physical activity, as well as tools to enter and track activity data. Both the adult with ID and their caregiver meet weekly with a telehealth coach to address physical activity barriers and motivate the participant. The telehealth coach uses a motivational interview framework to support the person with ID and tailor the intervention to better suit the participant. The telehealth coach uses data participants enter into the POWERS website, feedback from coaching sessions, and consultations with study dietitians, nurses, and doctors to adjust and improve the goals and strategies. Weekly goals are generated online and presented visually to the adult with ID. The goal is measured in minutes of physical activity, beginning with a small amount of activity, gradually increasing during the 6-month intervention period to ensure that participants feel motivated and retain a sense of efficacy to reach a realistic goal. Telehealth coaches support participants to reach the eventual and optimal goal of 150 to 300 minutes per week of physical activity (depending on their baseline value). Strategies are used to address specific barriers that are preventing a participant from exercising and eating well. Recommendations are generated from educational resources found on the National Center on Health, Physical Activity and Disability (NCHPAD) website, a CDC-funded center that provides practice- and evidence-based recommendations. Goals and strategies address physical activity and nutrition. Anthropometric and health behavior data are collected along with knowledge and attitudes related to nutrition and physical activity, caregivers are asked similar questions as informants. Researchers will examine changes in body weight, health habits, and psychosocial outcomes to determine the effectiveness of the POWERS_{forID} intervention.

The development of the POWERS_{forID} system has been made possible by the University of Illinois at Chicago, Coleman Institute for Cognitive Disabilities, Bright Outcome, the UAB/Lakeshore Research Collaborative, and The Resource Exchange.

To learn more about POWERS_{forID} please contact Carleton G. Rivers at meadows4@uab.edu or Justin D. Gentry at jgentry@tre.org

Inclusion of people with intellectual disabilities in health research, a shared responsibility

Inclusion of people with intellectual disabilities (ID) in health research, or *inclusive health research*, is an increasingly popular phenomenon. This phenomenon is stimulated by funding bodies, policy makers and people with ID themselves. Three arguments for inclusive health research are structurally addressed: (1) people have the democratic right to be involved in everything that concerns them, including research, (2) people with ID are experts by experience and are, therefore, a valuable source of knowledge, and (3) their involvement is expected to lead to a better match between research and practice. Even though there are sufficient arguments in favour of inclusive health research, little insight seems to be present into its methodology. If we want inclusive health research to work in practice, we need to cast a critical eye on this phenomenon. This research wants to adopt this critical perspective in order to stimulate facilitation, transparency and reflection on inclusive health research.

This research exists of four main projects: (1) a structured literature review on current literature on inclusive health research, (2) a Delphi Study among experts on characteristics of inclusive health research, (3) an in-depth case study analysis to further explore inclusive health research and (4) model development in order to facilitate inclusive health research. In addition, we try to involve people with ID ourselves by means of an advisory board including people with ID and two research partners with ID. Currently, the structured literature review and Delphi Study are conducted. Both projects focus on what is already known regarding inclusive health research and what we can learn from this. Next to this, we have weekly meetings with the research partners.

What we found so far: there is more experience with inclusive health research than we initially assumed. However, this experiences is scattered all over the world and poorly documented. The former is confirmed by experts in the field of inclusive (health) research, who state they get tired of "reinventing the wheel". Many experts indicate there is a need for a platform where they can share experiences and materials with other experts. In addition, inclusive health research should be structured by means of a tool or checklist in order to facilitate it. These findings will be translated into practice during the course of this research.

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Key references

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In the foreseeable future:

Frankena, T. K., Naaldenberg, J., Ouellette-Kuntz, H., Cardol, M., & Van Schrojenstein Lantman de Valk, H. (In press). Inclusive health research with people with intellectual disabilities - a structured literature review. *Research in Developmental Disabilities*.

Breaking Boundaries Review by INVOLVE

Active Start/FUNDamentals program for children with intellectual disabilities

Fundamental movement skills provide the tools for children to be physically active, and being active in childhood is important for physical and mental well-being. Recently, Special Olympics Canada was funded by the Public Health Agency of Canada to develop, implement, and resource the Active Start and FUNDamentals programs for children with intellectual disabilities across Canada.

Active Start is designed to be a developmentally appropriate play-based program for 2 – 6 year-old children to foster motor skill proficiency, engagement in physical activity, and social interactions with peers. Building on Active Start, the FUNDamentals program by Special Olympics Canada is designed to foster the physical literacy (motor skills and moving confidently) of 7 – 12 year-old children in an environment that is both structured and fun. Both of these programs encourage the participation of parents and caregivers.

The first training courses for Active Start and FUNDamentals program leaders were held in November, 2014 and courses will continue to be held across Canada for the next two years.

Viviene A. Temple PhD
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Health Promotion

for People with Intellectual and Developmental Disabilities

Edited by Laurence Taggart and Wendy Cousins

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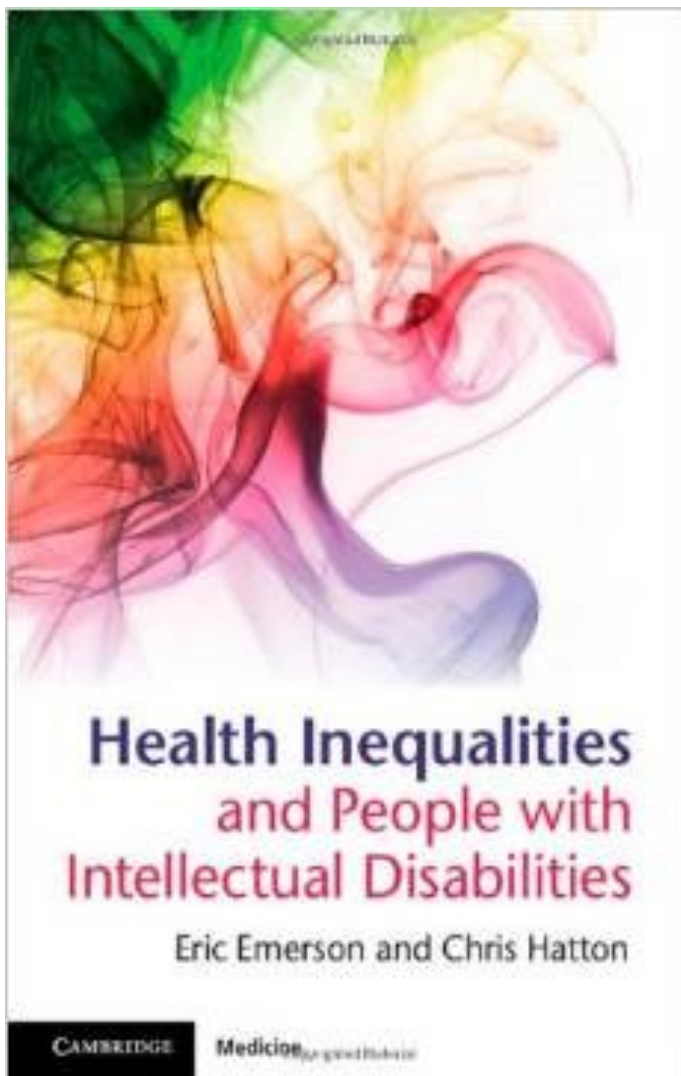
Congratulations Prof. Bob Davis

Our own Assoc. Prof. Bob Davis (Monash University at Melbourne) is the inaugural winner of the Victorian Health Minister's Award for Excellence in General Practice, particularly recognising Bob's outstanding work for people with disability.

The Individual General Practitioner Award was awarded to a Victorian based General Practitioner who demonstrated:

- outstanding leadership and/or teaching in the sector to promote, defend, or support services to vulnerable populations
- outstanding commitment to providing general practice services to those from vulnerable populations excellent engagement with services provided to vulnerable populations.

Wee done, Bob.



NEW BOOK

People with ID die at a younger age and have poorer health than their non-disabled peers. This is largely avoidable and is unjust.

This book uses concepts from contemporary public health to provide a comprehensive evidence-based overview of: the nature and extent of the health inequalities experienced by people with ID; why these inequalities occur and persist; and what can and needs to be done to address these inequalities. The authors have a wealth of first hand experience gained from years of working at the interface between disability research and public health.

This experience is collected and shared in this volume, which will be an invaluable resource for practitioners, advocates, policymakers and researchers concerned with health and social care and the well-being of disabled people.

Announcements & News

Survey

Dear Health SIRG members,

At the health SIRG meeting during 2014 European IASSIDD conference in Vienna we discussed ways to foster collaboration between health SIRG members. An important first step is to gain insight in who exactly are members and what are they working on? By sharing this information among our members we hope to make a first step toward more collaboration!

As a result the health SIRG board, in collaboration with Jenneken Naaldenberg from the Netherlands, has developed a short online survey. The questionnaire contains nine questions and will take you no more than 10 minutes to finish. Results will be communicated to all Health SIRG members through the newsletter. You will be asked to state whether you agree to share your contact information within the SIRG as well. Your participation in the survey is very much appreciated! The survey will be available until 30th April 2015 and we ask you to fill out the survey before that date.

Survey Link <http://stats.uci.ru.nl/~waling/limesurvey/index.php?sid=14935&newtest=Y&lang=en>

Research on Service Responses to People with Learning Disabilities and Epilepsy: A Request for Information from IHaL

Dear Colleague

IHaL is planning to undertake a systematic review of published research on service responses to people with learning disabilities and epilepsy. We are looking for research on issues such as staff training, risk assessment and risk management, medication compliance, seizure diaries, care plans, care pathways, and the use of rescue medication.

We will be searching electronic databases to identify published research from 1990 onwards. If you are aware of any research that is 'in press' or already published that you think is relevant, we would be very grateful if you could contact us.

You can send information to Janet Robertson at j.m.robertson@lancaster.ac.uk

We look forward to hearing from you.

<http://www.improvinghealthandlives.org.uk/>

Seeking Volunteer Clinical Directors for Special Olympics

Special Olympics supports people with intellectual disabilities (ID) overcome barriers through sport, health, education, leadership and community programs. In our health department we train clinicians to work with Special Olympic athletes to provide screenings and exams to ensure that they are receiving quality care and also familiarize clinicians and volunteers in serving people with ID. One of our health programs in MedFest, which provides sports physicals for our athletes. We train doctors, nurses, NPs, PAs, etc. to become Clinical Directors.

Below is a general volunteer "job" description. Our Winter Games will take place in Austria in 2017. Leading up to those we are looking for some clinicians to train all over the world, especially Austria since they are hosting the next winter games.

Are there people you would recommend, people or groups you could share this with, or other people and organizations we could reach out to? Any help would be greatly appreciated.

Clinical Directors

The Clinical Director is responsible for supplying clinical expertise to the Special Olympics Program, securing and training clinical volunteers, as well as implementing the clinical protocols set forth by the Global Medical Advisor for MedFest.

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