

Workshop 3:

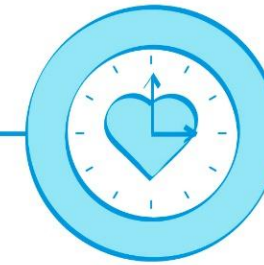
Das System in Bewegung bringen

Setting the System in Motion

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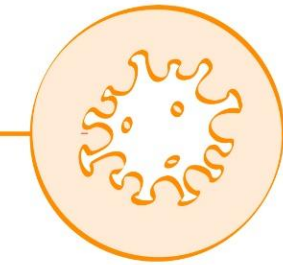
Menschen mit Behinderungen leben nicht so lange oder so gesund wie Menschen ohne Behinderungen.

PREMATURE MORTALITY



INSGESAMT VERRINGERTE
LEBENSERWARTUNG

REDUZIERT UM
20 JAHRE¹



STERBLICHKEITSRISIKO INFOLGE
VON COVID

2,7X
HÖHER BEI MENSCHEN MIT BEHINDERUNGEN ALS IN DER
ALLGEMEINBEVÖLKERUNG²



STERBLICHKEITSRISIKO
INFOLGE VON KREBS³

2,28X STERBERISIKO BEI BRUSTKREBS
2,57X STERBERISIKO BEI DARMKREBS
1,38X STERBERISIKO BEI LUNGENKREBS



STERBLICHKEITSRISIKO IM
ZUSAMMENHANG MIT
KREISLAUFERKRANKUNGEN
EINSCHLIESSLICH
MYOKARDINFARKT

3–4X
HÖHER BEI MENSCHEN MIT BEHINDERUNGEN ALS IN DER
ALLGEMEINBEVÖLKERUNG⁴²

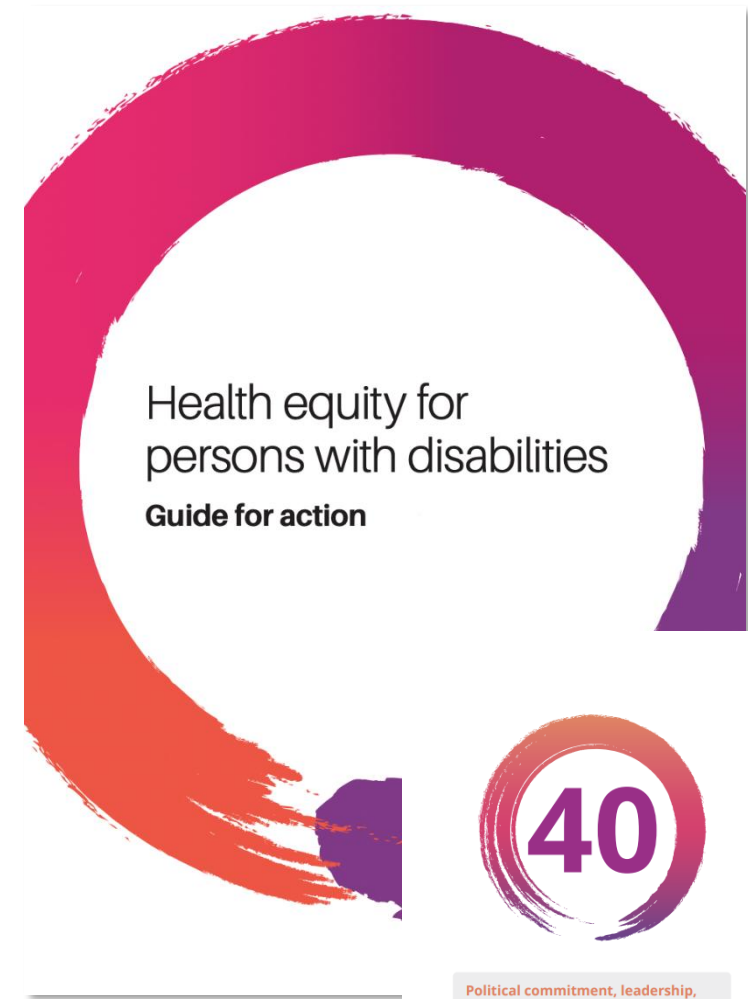
¹ Lauer, E., & McCallion, P. (2015). Mortality of People with Intellectual and Developmental Disabilities from Select US State Disability Service Systems and Medical Claims Data. *Journal of Applied Research in Intellectual Disabilities*, 28(5), 394–405. <https://doi.org/10.1111/jar.12191>

² Kuper, H., & Smythe, T. (2023). Are people with disabilities at higher risk of COVID-19-related mortality?: a systematic review and meta-analysis. *Public Health*, 222, 115–124. <https://doi.org/10.1016/j.puhe.2023.06.032>

³ Intellectual and developmental disabilities—an under-recognised driver of cancer mortality. (2024). *The Lancet Oncology*, 25(4), 411. [https://doi.org/10.1016/S1470-2045\(24\)00146-3](https://doi.org/10.1016/S1470-2045(24)00146-3)

⁴ Cho, I. Y., Koo, H. Y., Um, Y. J., Park, Y. M., Kim, K. M., Lee, C. E., & Han, K. (2024). Intellectual Disabilities and risk of cardiovascular diseases: a population-based cohort study. *Disability and Health Journal*, 18(2), 101754. <https://doi.org/10.1016/j.dhjo.2024.101754>

Zwei „Maßnahmenkataloge“ für behindertengerechten Gesundheitssysteme



- Political commitment, leadership, and governance**
1. Prioritize health equity for persons with disabilities
 2. Establish a human rights-based approach to health
 3. Assume a stewardship role for disability inclusion in the health sector
 4. Make international cooperation more effective by increasing funding to address health inequities for persons with disabilities
 5. Integrate disability inclusion in national health strategies, including preparedness and response plans for health emergencies
 6. Set actions that are specific to the health sector in national disability strategies or plans
 7. Establish a committee or a focal point the Ministry of Health for disability inclusion
 8. Integrate disability inclusion in the accountability mechanisms of the health sector
 9. Create disability networks, partnerships and alliances
 10. Ensure the existing mechanisms for social protection support the diverse health needs of persons with disabilities

actions to achieve health equity for persons with disabilities

- Health financing**
11. Adopt progressive universalism as a core principle, and as a driver of health financing, putting persons with disabilities at the centre
 12. Consider health services for specific impairments and health conditions in packages of care for universal health coverage
 13. Include into health-care budgets the costs of making facilities and services accessible
- Engagement of stakeholders and private sector providers**
14. Engage persons with disabilities and their representative organizations in health sector processes
 15. Include gender-sensitive actions that target persons with disabilities in the strategies to empower people in their communities
 16. Engage the providers of informal support for persons with disabilities
 17. Engage persons with disabilities in research and including them in the health research workforce
 18. Request that providers in the private sector support the delivery of disability-inclusive health services
- Models of care**
19. Enable the provision of integrated people-centred care that is accessible and close to where people live
- Health and care workforce**
20. Ensure universal access to assistive products
 21. Invest more finances in support persons, interpreters, and assistants to meet the health needs of persons with disabilities
 22. Consider the full spectrum of health services along a continuum of care for persons with disabilities
 23. Strengthen models of care for children with disabilities
 24. Promote deinstitutionalization
- Health and care workforce**
25. Develop competencies for disability inclusion in the education of all health and care workers
 26. Provide training in disability inclusion for all health service providers
 27. Ensure the availability of a skilled health and care workforce
 28. Include persons with disabilities in the health and care workforce
 29. Train all non-medical staff working in the health sector on issues related to accessibility and respectful communication
 30. Guarantee free and informed consent for persons with disabilities
- Physical infrastructure**
31. Incorporate a universal design-based approach to the development or refurbishment of health facilities and services

- Digital technologies for health**
32. Provide appropriate reasonable accommodation for persons with disabilities
 33. Adopt a systems-approach to the digital delivery of health services with health equity as a key principle
 34. Adopt international standards for accessibility of digital health technologies
- Quality of care**
35. Integrate the specific needs and priorities of persons with disabilities into existing health safety protocols
 36. Ensure disability-inclusive feedback mechanisms for quality of health services
 37. Consider the specific needs of persons with disabilities in systems to monitor care pathways
- Monitoring and evaluation**
38. Create a monitoring and evaluation plan for disability inclusion
 39. Integrate indicators for disability inclusion into the monitoring and evaluation frameworks of country health systems
- Health policy and systems research**
40. Develop a national health policy and systems research agenda on disability



Missing Billion disability-inclusive health systems framework



Pearls Top 2



Zugängliche Gesundheitsinformationen

Pearls Top 2



Zugängliche Gesundheitsinformationen



Ausbildung von medizinischem Fachpersonal

Zwei „Maßnahmenkataloge“ für behindertengerechten Gesundheitssysteme

Strategic entry point 5. Health and care workforce

Indicators	Scoring criteria			
	1: Needs establishing	2: Needs major strengthening	3: Needs minor strengthening	4: Needs no immediate action
Health workforce competency <i>Refers to establishing competencies and providing training to all health workers.</i> Note: "Health workforce" refers to health professionals, health associate professionals, personal care workers in health services, health management and support personnel, as outlined in the International Classification of Health Workers.	There are NO competencies or mandatory training requirements on disability inclusion for members of the health care workforce.	Disability inclusion is referenced in some training curricula for health care workers. BUT It is NOT systematic nor integrated into accreditation training programmes, nor mandatory for employment in the health sector.	All accredited health care training programmes have content on disability inclusion. AND It is mandatory to have training on disability inclusion for employment in the health sector. BUT Organizations of persons with disabilities are NOT involved in these training programmes.	All accredited health care training programmes have content on disability inclusion. AND It is mandatory to have training on disability inclusion for employment in the health sector. AND Organizations of persons with disabilities ARE involved in the development and delivery of these training programmes.

Indicators	Scoring criteria			
	1: Needs establishing	2: Needs major strengthening	3: Needs minor strengthening	4: Needs no immediate action
Health workforce diversity <i>Refers to inclusion of persons with disabilities in the health care workforce.</i> Note: In some countries, national legislation may be automatically considered/adopted as institutional policy, in which case these criteria will assess implementation in institutional plans and monitoring mechanisms.	Institutional policies or plans do NOT reference the inclusion of students and staff with disabilities.	Institutional policies or plans reference the inclusion of students and staff with disabilities. BUT There is NO reference to ensuring accessibility and reasonable accommodation.	Accessibility and reasonable accommodation for students and staff with disabilities is a criterion for accreditation of training and/or health service facilities. BUT There are NO mechanisms in place to monitor the inclusion of persons with disabilities in the health workforce.	Accessibility and reasonable accommodation for students and staff with disabilities is a criterion for accreditation of training and/or health service facilities. AND There ARE mechanisms in place to monitor the inclusion of persons with disabilities in the health workforce.

7 Human Resources

Indicator	Definition	Information required	Scoring methodology
7.1 Training of medical doctors	Information about IDD (including core competencies for the care of people with IDD) delivered in medical schools/colleges	Yes/No, and description of whether: - Training content includes information about IDD and health (e.g. causes of IDD, risk of health conditions and health promotion strategies) - Training content includes core competencies in the care of people with IDD (e.g. communication, reasonable accommodation) - The training is part of the national curricula or is delivered as part of the training by some medical schools/colleges	Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the national curricula (1) Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the training or education in at least some medical schools/colleges (0.5) Information about IDD, but without specific mention of core competencies for the care of people with IDD, is delivered as part of the training or education in at least some medical schools/colleges (0.25) Information on IDD is not part of the national curricula or training in any medical schools/colleges (0)
7.2 Training of nurses	Information about IDD (including core competencies for the care of people with IDD) delivered in nursing schools/colleges	Yes/No, and description of whether: - Training content includes information about IDD and health (e.g. causes of IDD, risk of health conditions and health promotion strategies) - Training content includes core competencies in the care of people with IDD (e.g. communication, reasonable accommodation) - The training is part of the national curricula or is delivered as part of the training by some nursing schools/colleges	Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the national curricula (1) Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the training or education in at least some nursing schools/colleges (0.5) Information about IDD, but without specific mention of core competencies for the care of people with IDD, is delivered as part of the training or education in at least some nursing schools/colleges (0.25) Information on IDD is not part of the national curricula or training in any nursing schools/colleges (0)
7.3 Training of CHWs	Information about IDD (including core competencies for the care of people with IDD) delivered in CHW training	Yes/No, and description of whether: - Training content includes information about IDD and health (e.g. causes of IDD, risk of health conditions and health promotion strategies) - Training content includes core competencies in the care of people with IDD (e.g. communication, reasonable accommodation) - The training is part of the national CHW training curricula or is delivered as part of some CHW training programmes	Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the national curricula (1) Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the training or education in at least some CHW training programmes (0.5) Information about IDD, but without specific mention of core competencies for the care of people with IDD, is delivered as part of the training or education in at least some CHW training programmes (0.25) Information on IDD is not part of the national curricula or training in any CHW training programmes (0)

7 Human Resources

Indicator	Definition	Information required	Scoring methodology
7.5 Satisfaction	People with IDD and caregivers report that they feel well treated by health workers	If the following exist 1) In a quantitative survey (<10 years ago) persons with IDD and caregivers were asked about satisfaction with health worker services (in comparison to people without IDD) OR 2) In qualitative data published (<10 years ago) in a peer-reviewed journal persons with IDD and caregivers reported about how they feel treated by health workers	Quantitative data available or both quantitative/qualitative data available (1) Only qualitative data available (0.5) No data is available (0)
IDD 7.6 Training of physiotherapists	Information about IDD (including core competencies for the care of people with IDD) delivered in physiotherapist training	Yes/No, and description of whether: - Training content includes information about IDD and health (e.g. causes of IDD, risk of health conditions and health promotion strategies) - Training content includes core competencies in the care of people with IDD (e.g. communication, reasonable accommodation) - The training is part of the national physiotherapist training curricula or is delivered as part of some physiotherapist training programmes	Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the national curricula (1) Information about IDD, including core competencies for the care of people with IDD, is delivered as part of the training or education in at least some physiotherapist training programmes (0.5) Information about IDD, but without specific mention of core competencies for the care of people with IDD, is delivered as part of the training or education in at least some physiotherapist training programmes (0.25) Information on IDD is not part of the national curricula or training in any physiotherapist training programmes (0)
IDD 7.7 Care coordination and support staff	Care coordinators are available to assist people with IDD and caregivers with health access	# care coordination and support staff, including name of role and description of services Responsibilities of these staff should include: 1) Proactively identify people with IDD in local communities that need health support 2) Collaborate with health practitioners to assist people with IDD navigate health and care services 3) Support people with IDD and caregivers to make informed healthcare decisions	Existence of care coordination and support staff – holding at least one of the responsibilities listed (0.5) Information on number of care coordination and support staff available (0.5) No information on care coordination and support staff, including existence and number (0)

Service delivery

Reflektionsübung: Wo liegen die größten Hindernisse?

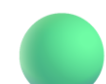
1. Lesen & Nachdenken (5 Minuten)

-  Sehen Sie sich die ausgewählten Punkte aus den zuvor vorgestellten Maßnahmenkatalogen an.
-  Wählen Sie **2–3 Punkte aus**, die Ihrer Meinung nach Menschen mit geistiger Behinderung in der Schweiz daran hindern, so gesund wie möglich zu sein.

2. Austausch zu zweit (4 Minuten)

-  Tauschen Sie sich mit Ihrer Sitznachbarin bzw. Ihrem Sitznachbarn aus.
-  Vergleichen Sie Ihre Auswahl und erläutern Sie Ihre Gründe.

3. Abstimmung (2 Minuten)

-  Stimmen Sie ab, welche Hindernisse aus Ihrer Sicht am wichtigsten sind.
-  Die Ergebnisse bilden die Grundlage für die anschließende Diskussion im Plenum.

Diskussion: Wo liegen die größten Hindernisse?



Warum erschien Ihnen dieser Indikator im Schweizer (bzw. kantonalen) Kontext besonders wichtig?



Wie könnte eine Verbesserung in diesem Bereich aussehen? Wer müsste daran beteiligt sein, damit diese Verbesserung gelingt?



Was wäre ein konkreter erster Schritt, um diesen Bereich voranzubringen?



Gibt es Dinge, die nicht auf der Liste standen, die Ihrer Meinung nach sehr wichtig sind, damit Menschen mit geistiger Behinderung in der Schweiz so gesund wie möglich leben können?



Gemeinsam sind wir stärker:
Gesundheitliche Chancengleichheit für
Menschen mit Behinderungen erreichen
wir nur als Team. Werden sie Teil des
Teams

¹³ Danke!

THANK YOU.

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