

# H-CARDD snapshot



## Adults with developmental disabilities often don't get the preventive care they need

### What is this research about?

Secondary prevention refers to the early detection of a disease—before there are symptoms and before it progresses. For adults with developmental disabilities, secondary prevention is critical. Although these adults have higher rates of health problems than those without disabilities, they may not have the ability to recognize the early signs of a disease. They tend to have less education and have limited literacy and communication skills. Also, what their caregivers know – or don't know – can have a real impact on their health. As a result, adults with developmental disabilities are particularly vulnerable.

### What did the researchers do?

The Health Care Access Research and Developmental Disabilities (H-CARDD) program looked at the extent to which adults with developmental disabilities received secondary prevention compared to those without developmental disabilities. The four types of preventive care examined were the periodic health examination and screening for colorectal, breast, and cervical cancer. H-CARDD also looked at differences in uptake of secondary prevention by age, sex, neighbourhood income and urban/rural residence. Finally, the program explored regional differences and patterns for those receiving care through Family Health Teams.

### What you need to know

Adults with developmental disabilities in Ontario are a vulnerable population. They have higher rates of health problems and yet they are less likely than others to get preventive care—including the periodic health examination and screening for colorectal, breast, and cervical cancers.

### What did the researchers find?

Over a two-year period, only 22% of adults with developmental disabilities received a periodic health examination—a key primary care guideline for these adults. The rate was slightly higher (26%) for adults without developmental disabilities. The difference between the two groups was seen only in women (not men), among those living in urban settings (not rural) and it increased with age.

Adults with developmental disabilities were also less likely to undergo the three types of cancer screening. Less than a third (32%) of men and women with developmental disabilities 50 to 64 years of age were up to date with colorectal cancer screening, compared to 47% of those without developmental disabilities.

Slightly more than half (52%) of women with developmental disabilities, 50 to 64 years of age, had mammograms compared to 71% of women without developmental disabilities. Only 34% of women with developmental disabilities 18 to 64 years were screened for cervical cancer, compared to 67%.

These disparities in secondary prevention were seen in all regions of the province. Among those with developmental disabilities, neighbourhood income did not have an impact on the proportion screened for the three cancers but it did among those without developmental disabilities. Screening was also found to be low even among adults with developmental disabilities seen by physicians working in Family Health Teams. In short, the percentage of adults with developmental disabilities who are receiving preventive care is consistently low across Ontario.

## How can you use this research?

Reducing the barriers to preventive care will require multiple strategies that target primary care providers as well as those with developmental disabilities and their caregivers. Primary care providers need further education on the importance of screening and training on how to modify screening approaches. They also need financial incentives to provide the periodic health examination to adults with developmental disabilities. Research elsewhere shows that training combined with incentives can lead to positive changes in the uptake of these exams and the health of those who receive them. Adults with developmental disabilities and their caregivers require more information about why screening is important and the role they can play in terms of health promotion. Cancer screening strategies should be adapted to help adults with developmental disabilities participate successfully.

## About the researchers

This Research Snapshot is based on the fourth chapter of H-CARDD's 2013 resource [The Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario](#) (available on [www.hcardd.ca](http://www.hcardd.ca)). The chapter was led by Dr. Hélène Ouellette-Kuntz, an epidemiologist at Ongwanada and Professor in the Department of Public Health Sciences at Queen's University.

H-CARDD's partners in the creation of *The Atlas* include the Ontario Ministry of Community and Social Services, the Ontario Ministry of Health and Long-Term Care, Surrey Place Centre, the University of Ontario Institute of Technology, the University of Ottawa and Queen's University, as well as the Institute for Clinical Evaluative Sciences and the Centre for Addiction and Mental Health.

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## Keywords

*Developmental disability, Ontario, primary care, secondary prevention, health disparities*

## About H-CARDD

Health Care Access Research and Developmental Disabilities (H-CARDD) is a research program whose primary goal is to enhance the overall health and well-being of people with developmental disabilities through improved health care policy and services. H-CARDD research is conducted by dedicated teams of scientists, policymakers, and health care providers. H-CARDD is funded by the Partnerships for Health System Improvement Program of the Canadian Institutes of Health Research and the Health Systems Research Fund of the Ministry of Health and Long-Term Care.

The H-CARDD Snapshot is a modified version of the Research Snapshot template, developed by the Knowledge Mobilization Unit at York University.



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