

RECENT HEALTH INDICATOR DATA FROM PARTICIPATING MEMBER STATES: HEALTH SYSTEMS

4.1. HOSPITALISATION & CONTACT WITH HEALTH CARE PROFESSIONALS

MEMBER STATE	EVIDENCE OF HOSPITALISATION & CONTACT WITH HEALTH CARE PROFESSIONALS	SOURCE																					
AUSTRIA	No data available.																						
BELGIUM	No data available.																						
DENMARK	No data available.																						
FINLAND	<p>Data is available in Finland regarding the number of discharges and mean length of stay for those attending specialised hospitals:</p> <table border="1" data-bbox="450 991 1590 1155"> <thead> <tr> <th></th> <th colspan="2">Discharges (no.)</th> <th colspan="2">Discharges /1 000 inhabitants</th> <th colspan="2">Mean length of stay (days)</th> </tr> <tr> <th>ICD 10</th> <th>2000</th> <th>2001</th> <th>2000</th> <th>2001</th> <th>2000</th> <th>2001</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>934,953</td> <td>906,018</td> <td>180.6</td> <td>174.6</td> <td>6.9</td> <td>7.0</td> </tr> </tbody> </table>		Discharges (no.)		Discharges /1 000 inhabitants		Mean length of stay (days)		ICD 10	2000	2001	2000	2001	2000	2001	Total	934,953	906,018	180.6	174.6	6.9	7.0	<p>www.stakes.info/files/pdf/Raportit/Taskutieto_2003eng.pdf</p>
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FRANCE	No data available.																						

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<p>GERMANY</p>	<p>The number of admissions of people with intellectual disability in general and academic hospitals in 1994 was 10.2 per 100,000 inhabitants, and reduced to 8.2 per 100,000 inhabitants in 1996. The mean length of stay in the hospital was significantly longer for people with intellectual disability compared to the general population.</p>	<p>Statistisches Bundesamt 1998 ; Gesundheitsbericht www.gbe-bund.de</p>																														
<p>IRELAND</p>	<p>Preliminary analysis of hospital discharges from the HIPE (Hospital Inpatient Enquiry System) in 2001 identifies all cases of ICD 9 CM codes of ‘mental retardation’ or ‘mental and behavioural problems’:</p> <p>For those with a principal diagnosis or ‘mental retardation’ or ‘mental and behavioural problems’ (N=15 individuals undergoing 17 procedures):</p> <table border="1" data-bbox="456 699 1585 852"> <thead> <tr> <th>ICD 9 CM Code</th> <th>Procedure Name</th> <th>Number of Procedures</th> </tr> </thead> <tbody> <tr> <td>88.91</td> <td>Magnetic Resonance Imaging of Brain & Brain Stem</td> <td>5</td> </tr> <tr> <td>-----</td> <td>Remaining 12 procedures occurred less than twice in the data set</td> <td>12</td> </tr> </tbody> </table> <p>For those with a secondary diagnosis or ‘mental retardation’ or ‘mental and behavioural problems’ (N=1497 individuals undergoing 1580 procedures):</p> <table border="1" data-bbox="456 983 1585 1278"> <thead> <tr> <th>ICD 9 CM Code</th> <th>Procedure Name</th> <th>Number of Procedures</th> </tr> </thead> <tbody> <tr> <td>99</td> <td>Other Non-operative Procedures</td> <td>525</td> </tr> <tr> <td>87</td> <td>Diagnostic Radiology</td> <td>380</td> </tr> <tr> <td>89</td> <td>Interview, Evaluation, Consultation, & Examination</td> <td>217</td> </tr> <tr> <td>88</td> <td>Other diagnostic radiology & related techniques</td> <td>205</td> </tr> <tr> <td>45</td> <td>Incision, Excision, & Anastomosis of intestine</td> <td>166</td> </tr> <tr> <td>93</td> <td>Physical therapy, respiratory therapy, rehabilitation and related procedures</td> <td>87</td> </tr> </tbody> </table>	ICD 9 CM Code	Procedure Name	Number of Procedures	88.91	Magnetic Resonance Imaging of Brain & Brain Stem	5	-----	Remaining 12 procedures occurred less than twice in the data set	12	ICD 9 CM Code	Procedure Name	Number of Procedures	99	Other Non-operative Procedures	525	87	Diagnostic Radiology	380	89	Interview, Evaluation, Consultation, & Examination	217	88	Other diagnostic radiology & related techniques	205	45	Incision, Excision, & Anastomosis of intestine	166	93	Physical therapy, respiratory therapy, rehabilitation and related procedures	87	
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4.1. HOSPITALISATION & CONTACT WITH HEALTH CARE PROFESSIONALS: Recent Data from Member States

ITALY	A variety of information is available in Italy regarding hospitalisation, some of which is specific to people with intellectual disability:		Annuario statistico del Servizio Sanitario Nazionale. Anno 2002 (Statistic yearbook of the National Health Service, 2002) Ministry of Health	
	Total Hospital Beds	Residential care: Hospital Beds (Mental Disease)		9,790
		Semi-residential care: Hospital Beds (Mental Disease)		9,059
	Hospital Beds Private In-patient	Day hospital (Public)		24,291
		(Private)		2,042
	Psychiatric Care Beds	Residential care: Hospital Beds		12,300
		Semi-residential care: Hospital Beds		9,403
	Nursing/Elderly Home Beds	Elderly Home: Residential care		125,179
		Semi-residential care		5,316
	Beddays, In-patients Care	Public Structures for Admission		Average hospitalization: 26.4 days
	Beddays, Acute Care	Public Structures for Admission		Average hospitalization: 6.9 days
	Occupancy Rate, in-patient Care	Public Structures for Admission - Utilization Rate		87.3%
		Private Nursing Home - Utilization Rate		92.5%
	Occupancy Rate, Acute Care	Public Structure for Admission		79.2%
	ALOS Acute, for a few key diagnostic groups	Neurology - Utilization Rate		85.2%
		Child Neuropsychiatry - Utilization Rate		48.8%
Paediatrics - Utilization Rate		69.1%		

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	Psychiatry - Utilization Rate	90.1%
	Functional Recovery and Rehabilitation- Utilization Rate	87.3%
	Long-Hospitalisation - Utilization Rate	89.1%
	Neuro-Rehabilitation - Utilization Rate	85.6%

Information is also available regarding discharges from hospitals –the ISTAT Annuario statistico italiano 2003, for example, state that in the year 2000 approximately 9,301,066 discharges were recorded. A breakdown of these discharges is available for the year 1999:

Distribution of patient discharge from hospital with congenital deformities and anomalies (1999):

	Discharged 0 years old	Discharged with principal diagnosis. V30-V39 and secondary diagnosis 740-759	Discharged over 1 year old	Total Discharged 0 years old per 1,000	Total Discharged in all age, per 100,000
Italia	2,160	2,350	35,924	8,6	7,8

M.Di Cesare, R. Boldrini, A. Fortino
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	Congenital Anomalies Heart and Circulatory system		Congenital Anomalies Digestive system		Congenital Anomalies Genitals and urinary system		Congenital Anomalies Nervous system		Other congenital anomalies		Total	
< 1 yr	395	7,1	248	6,1	280	3,4	162	6,0	1.075	6,2	2.160	5,7
1 - 5	717	12,9	454	11,1	813	9,9	376	14,0	2.036	11,6	4.396	11,5
6 - 15	1.065	19,1	572	14,0	1.374	16,8	513	19,2	3.457	19,7	6.981	18,3
16 - 25	738	13,2	338	8,3	1.254	15,3	295	11,0	2.968	16,9	5.593	14,7
26 - 65	2.046	36,7	1.486	36,2	3.518	42,9	843	31,4	6.594	37,6	14.487	38,1
> 65	614	11,0	998	24,3	963	11,7	492	18,4	1.400	8,0	4.467	11,7
Total	5.575	100,0	4.096	100,0	8.202	100,0	2.681	100,0	17.530	100,0	38.084	100,0

4.1. HOSPITALISATION & CONTACT WITH HEALTH CARE PROFESSIONALS: Recent Data from Member States

Information of discharges by DRG is also available:

DRG	Discharged	
373	Natural birth without diagnosis	329,999
39	Crystalline lens operation	238,355
183	Digestive system disease, age >17 without cc.	192,888
127	Heart failure and shock	170,689
371	Caesarean section without cc.	157,315
243	Back's affection disease	143,049
88	Chronic and obstructive pulmonary diseases	127,127
162	Groin/femur hernia operation. Age >17 without cc.	118,328
14	Specific cerebral-vascular disease except transitory cerebral attack	116,523
410	Chemotherapy not associated to secondary diagnosis of acute leukaemia	114,778
359	To operate at the uterus within malignant neoplasie, without cc.	111,785
222	Knee operation without cc.	111,355
184	Digestive system disease, age >18	101,357
430	Psychosis	100,280
381	Miscarriage with curettage	96,238
134	Hypertension	93,296
209	Articulations operation	89,439
389	Newborns with bigger disease	80,736
119	Veins' stripping	78,548
139	Arrhythmia and alteration of hearth condition without cc.	78,321
198	To operate at the cholecystitis without exploring biliary duct, without cc.	76,709
324	To have calculi in the kidnev without cc.	71.451

ISTAT Annuario
statistico italiano 2003

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15	transitory cerebral attack and pre-cerebral occlusions	70,957
112	To operate at the heart-vascular system	66,342
254	Fractures, sprains, and luxations of the arms/legs, not feet, age >17 without cc.	63,758
140	Angina pectoris	62,919
364	Dilatation and currtage, except for malignant neoplasie	62,892
60	To operate at the tonsillis/ adenoids, age<18	62,739
379	Abortion' threat	62,585
82	Respiratory sistem' neoplasie	61,963
467	Other conditions influencing health	60,608
167	To operate at the appendicitis, without cc.	60,602
55	To operate at the ear, nose, mouth and throat	60,003
158	To operate at the anus, without cc	57,558
65	Equilibrium's alteration	57,385
294	Diabetes age' > 35	56,261
125	Heart-vascular diseases not infarct without other diagnosis	56,101
202	Alcoholic Cirrhosis of the liver	54,812
281	Traumas of skin and subcutaneous tissue breast, age>17 without cc	54,799
70	Otitis e infection of the high respiratory tracts, age< 18	54,013
284	Lesser disease of skin without cc	53,681
390	Newborns with others important affection	53,613
89	Only Pneumonia and pleurisy, age > 17 with cc	52,104
316	A kidney insufficiency	52,088
369	Mestrual illness and other of female reproductive apparatus	51,949
143	Chest -ache	49,666
189	Other diagnosis relative digestive tract. age> 17 without cc	49,340

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	<table border="1"> <tbody> <tr> <td>323</td> <td>A kidney insufficiency, with cc</td> <td>48,231</td> </tr> <tr> <td>395</td> <td>Anomalies of red blod cell, age> 17</td> <td>47,686</td> </tr> <tr> <td>47</td> <td>Other eye's diseases , age> 17 without cc</td> <td>45,877</td> </tr> <tr> <td></td> <td>Total (number 50 Drg)</td> <td>4,389,098</td> </tr> <tr> <td></td> <td>TOTAL</td> <td>9,301,066</td> </tr> </tbody> </table>	323	A kidney insufficiency, with cc	48,231	395	Anomalies of red blod cell, age> 17	47,686	47	Other eye's diseases , age> 17 without cc	45,877		Total (number 50 Drg)	4,389,098		TOTAL	9,301,066	
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LUXEMBOURG	No data available.																
NETHERLANDS	<p>The "Gelderse Vallei" hospital in Ede founded a general outpatients' for people with intellectual disability in 1998.</p> <p>Barriers to accessing hospital treatment for people with intellectual disability have been identified. Barriers specific to medical staff include staff not being used to treating patients with intellectual disability, lack of experience treating people with intellectual disability, lack of time to treat this population, diagnostic problems, and in some situations the necessity to sedate patients in this population. For those with intellectual disability, a new and strange environment can cause difficulties as can communication problems.</p>	Want ik wil nog lang leven, H.M.Evenhuis															
SPAIN	<p>Discharge information from the Minimum Basic Data Set to the Hospital Discharge (CMBD) (CMBD – SNS 1997, Organic Alterations (Alteraciones Orgánicas) & Intellectual Disability,1997) identifies the number of discharges for people with intellectual disability:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Number of cases</th> <th colspan="2">Estancia</th> </tr> <tr> <th>Total days</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td>Total in Spain</td> <td>4,88</td> <td>68,92</td> <td>15,33</td> </tr> </tbody> </table>		Number of cases	Estancia		Total days	Average	Total in Spain	4,88	68,92	15,33	Minimum Basic Data Set to the Hospital Discharge (Conjunto Mínimo Básico de Datos al Alta Hospitalaria (C.M.B.D.))					
	Number of cases			Estancia													
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SWEDEN	While no general register of the number of people with intellectual disability in hospital exists, limited information is available regarding the number of episodes of hospital stays due to intellectual disability.	The National Board of Health and Welfare Statistics 2001.															

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		Men	Women	Total		
		Mild	77	46	123	
		Moderate	34	15	49	
		Severe	11	13	24	
		Profound	10	8	18	
		Unspecified	90	59	149	
		Total Stays	364,794	481,987	864,781	
UNITED KINGDOM	<p>Hospital admissions for a sample of 1,595 people with intellectual disability were identified through record linkage methods. The results revealed that the mean length of stay in acute hospital settings was 4.37 days for people with intellectual disability in comparison with 4.94 for the general population. The standardised admission ratios for patients with intellectual disability were 4.63 for dentistry, 1.83 for medical specialities, and 0.64 for surgical specialities.</p>					<p>Morgan, C., Ahmed, Z., & Kerr, M., (2000). Health care provision for people with a learning disability. British Journal of Psychiatry. 176, 37-41</p>

RECENT HEALTH INDICATOR DATA FROM PARTICIPATING MEMBER STATES

4.2. HEALTH CHECK UP FOR PEOPLE WITH INTELLECTUAL DISABILITY

MEMBER STATE	EVIDENCE OF HEALTH CHECK UP	SOURCE
AUSTRIA	No data available.	
BELGIUM	People with intellectual disability attending residential facilities receive an annual medical check-up. A specific health check is available for people with Down's Syndrome that includes screening for hearing, vision, cardiovascular disease and Alzheimer's disease. Data are collected in personal files for follow up.	Prof. Fryns
DENMARK	No data available.	

4.2. HEALTH CHECK: Recent Data from Member States

<p>FINLAND</p>	<p>Information on primary health care utilisation is available at population level in Finland, but is not specifically available on the service usage of those with intellectual disability.</p> <table border="1" data-bbox="461 371 1576 775"> <thead> <tr> <th>Primary health care utilisation</th> <th>1998</th> <th>1999</th> <th>2000</th> <th>2001</th> </tr> </thead> <tbody> <tr> <td>Health care visits total</td> <td>24,996 783</td> <td>24,994,815</td> <td>25,130,520</td> <td>25,005,932</td> </tr> <tr> <td>Per 1 000 inhabitants</td> <td>4,850</td> <td>4,839</td> <td>4,855</td> <td>4,820</td> </tr> <tr> <td>• Maternity clinic visits</td> <td>948,756</td> <td>949,950</td> <td>929,709</td> <td>927,858</td> </tr> <tr> <td>• Child health clinic visits</td> <td>1,386,650</td> <td>1,368,206</td> <td>1,343,243</td> <td>1,325,653</td> </tr> <tr> <td>• School and student health care visits</td> <td>2,026,064</td> <td>1,972,411</td> <td>1,944,646</td> <td>1,939,116</td> </tr> <tr> <td>• Occupational health care visits</td> <td>892,032</td> <td>943,393</td> <td>956,708</td> <td>1,034,309</td> </tr> <tr> <td>• Home nursing visits</td> <td>3,626,909</td> <td>3,666,799</td> <td>3,447,083</td> <td>3,478,783</td> </tr> <tr> <td>Dental care visits</td> <td>4,928,093</td> <td>4,910,297</td> <td>4,848,809</td> <td>4,906,681</td> </tr> <tr> <td>Per /1 000 inhabitants</td> <td>961</td> <td>951</td> <td>936</td> <td>946</td> </tr> </tbody> </table>	Primary health care utilisation	1998	1999	2000	2001	Health care visits total	24,996 783	24,994,815	25,130,520	25,005,932	Per 1 000 inhabitants	4,850	4,839	4,855	4,820	• Maternity clinic visits	948,756	949,950	929,709	927,858	• Child health clinic visits	1,386,650	1,368,206	1,343,243	1,325,653	• School and student health care visits	2,026,064	1,972,411	1,944,646	1,939,116	• Occupational health care visits	892,032	943,393	956,708	1,034,309	• Home nursing visits	3,626,909	3,666,799	3,447,083	3,478,783	Dental care visits	4,928,093	4,910,297	4,848,809	4,906,681	Per /1 000 inhabitants	961	951	936	946	<p>www.stakes.info/files/pdf/Raportit/Taskutieto_2003eng.pdf</p>
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<p>GERMANY</p>	<p>Regular preventive screening is recommended for all children in Germany, including children with intellectual disability. These screening activities are free of charge. The child's physician has extensive records on the child's health and informs the parents about the results.</p> <table border="1" data-bbox="797 1126 1240 1329"> <tbody> <tr> <td>U 1:</td> <td>Directly after birth</td> </tr> <tr> <td>U 2:</td> <td>3-10 days</td> </tr> <tr> <td>U 3:</td> <td>4-6 weeks</td> </tr> <tr> <td>U 4:</td> <td>3-4 months</td> </tr> <tr> <td>U 5:</td> <td>6-7 months</td> </tr> </tbody> </table>	U 1:	Directly after birth	U 2:	3-10 days	U 3:	4-6 weeks	U 4:	3-4 months	U 5:	6-7 months	<p>Robert-Koch-Institut, Berlin, 2004</p>																																								
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4.2. HEALTH CHECK: Recent Data from Member States

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<p>IRELAND</p>	<p data-bbox="443 868 1592 959">A sample survey of 125 adults with intellectual disability resident in either community group homes or village campus style residences examined the proportion of residents who received an annual routine health check:</p> <table border="1" data-bbox="562 991 1473 1158"> <thead> <tr> <th colspan="3">Routine Health Check</th> </tr> <tr> <th></th> <th>Group Home</th> <th>Village Campus</th> </tr> </thead> <tbody> <tr> <td>% of residents receiving</td> <td></td> <td></td> </tr> <tr> <td>an annual routine health check</td> <td>73.6%</td> <td>70.3%</td> </tr> </tbody> </table>	Routine Health Check				Group Home	Village Campus	% of residents receiving			an annual routine health check	73.6%	70.3%	<p data-bbox="1626 868 2029 1174">Walsh, P.N., Linehan, C., Hillery, J., Durkan, J., Emerson, E., Roberston, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, Netten, A., (2000). Quality and Costs of Residential Settings Provided for Irish Adults with Intellectual Disability. Centre for Disability Studies, University College Dublin</p>
Routine Health Check														
	Group Home	Village Campus												
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an annual routine health check	73.6%	70.3%												
<p>ITALY</p>	<p data-bbox="443 1246 640 1273">No data available.</p>													

4.2. HEALTH CHECK: Recent Data from Member States

LUXEMBOURG	A audit of 56 adults with intellectual disability in a long term residential care service, Centre Nossbiert, revealed that all residents (100%) had received an annual routine health check.	Fondation A.P.E.M.H. Centre Nossbiert B.P. 331 L-4004 Esch-sur-Alzette
NETHERLANDS	When examining the prevalence and significance of morbidity among people with intellectual disability, some disorders have priority above others in terms of early detection and treat-ability. Given these priorities, the following disorders should be considered when developing a general screening instrument for people with intellectual disability: visual and hearing problems, gastro-intestinal disorders, dementia, depression, and age-related disorders in general.	Van Schroyen Lantman-de Valk, H. M., van den Akker, M., Maaskant, M. A., Haveman, M. J., Urlings, H. F., Kessels, A. G., & Crebolder, H. F. (1997). Prevalence and incidence of health problems in people with intellectual disability. <i>Journal of Intellectual Disability Research</i> , 41, 42–51
SPAIN	No data available.	
SWEDEN	No general guidelines exist regarding the availability and uptake of health checks for people with intellectual disability in Sweden. Limited advice is available for those with Down’s Syndrome. Medical check-up programmes are currently being developed for this population.	
UNITED KINGDOM	No regular screening is performed for people with intellectual disability.	

RECENT HEALTH INDICATOR DATA FROM PARTICIPATING MEMBER STATES

4.3. HEALTH PROMOTION FOR PEOPLE WITH INTELLECTUAL DISABILITY

MEMBER STATE	EVIDENCE OF HEALTH PROMOTION	SOURCE
AUSTRIA	No data available.	
BELGIUM	Initiatives of prevention and health promotion have not been directed to or adapted for people with intellectual disabilities in Belgium. Research (Boddez, 2001) suggests that older women with intellectual disability have limited knowledge about menopause and prefer active forms of acquiring information on this matter.	Vlaams Instituut voor Gezondheidspromotie (Boddez 2001)
DENMARK	No specific health promotion activities are targeted towards people with intellectual disability.	
FINLAND	No data available.	
FRANCE	In 1996, the French administration published official recommendations regarding sexuality and sexual education. There are also local health campaign on sexually transmitted diseases and AIDS and some recommendations specifically aimed at carers of people with intellectual disability (e.g. Gonez, 1997).	Circulaire DAS/TSI n° 96-743 relative à la prévention de l'infection à VIH dans les établissements et services accueillant des personnes handicapées mentales. Gonez N. (1997) Sexual information in special institutions, and the sexually transmitted diseases. (paper in french) In "La personne handicapée en Foyer de vie : un

4.3. HEALTH PROMOTION: Recent Data from Member States

	<p>Diederich & Greacen (2002) reported on the prevention and prevalence of AIDS among people with intellectual disability in special institutions. The authors cite many difficulties in conducting this type of research. Following interviews with people with disability and staff members, the authors define typologies of vulnerability against AIDS. They propose prevention planning and health education programs to increase awareness of sexual issues among this population.</p> <p>Web links about this book: http://www.sidaction.org/traversal/numero13/prevention_13.pdf http://www.crips.asso.fr/webidf/services/lettre_info/lettre67/L67_1.htm</p> <p>An oral health program was undertaken in three French centres for people with intellectual disability. The program aimed to educate carers about dental disease, to motivate them with regard to prevention and to improve the oral hygiene and oral health of the residents. This study evaluated the impact of the program in terms of change in attitude and behaviour expressed by the carers. Following demonstration of oral hygiene techniques on an individual basis, the number of residents who had their teeth cleaned more than once a day rose from 24% to 52% (p <0.05). The percentage of carers able to clean both posterior and anterior teeth of their key residents increased from 36% to 60% (non-significant)</p> <p>A nationwide campaign on dental and oral health is commencing with a national survey (10,000 children in Institutions for people with intellectual disability). This ambitious survey is conducted under the authority of Pr Martine Hennequin with a grant of national health insurance (CNAM)</p>	<p>accompagnement préservant l'intégrité et la citoyenneté" Proceedings Colloque 26 nov. 1997. CREAI Centre, Orléans, France. 66-69.</p> <p>Diederich N & Greacen T (2002) Sexualité et sida en milieu spécialisé. Du tabou aux stratégies éducatives. Ramonville Saint-Agne: Eres, Coll.: Connaissances de l'éducation. 253 p.</p> <p>Faulks, D. & Hennequin, M. (2000). Evaluation of a long term oral health program by carers of children and adults with intellectual disabilities. <i>Special Care in Dentistry</i>, 20(5), 199-208.</p> <p>Caisse National d'Assurance Maladie P.N.I.R. (2004) Etat de santé bucco-dentaire des jeunes de 6 à 20 ans en instituts médico-éducatifs et instituts pour enfants et adolescents poly-handicapés</p>
GERMANY	No data available.	
IRELAND	<p>Section 5.2.6 of the National Health Promotion Strategy 2000-2005 states:</p> <p>"People with an intellectual, physical or sensory disability also need to maintain a healthy lifestyle within a supportive environment. Consultation with appropriate organisations, individuals, carers and service providers is necessary to adapt current health promotion programmes to meet their</p>	<p>www.healthpromotion.ie/health_promotion_strategy/</p>

4.3. HEALTH PROMOTION: Recent Data from Member States

	needs". Information is not currently available regarding the status of this strategy.	
ITALY	No data available.	
LUXEMBOURG	No data available.	
NETHERLANDS	Care Research in the Netherlands (Zorg Onderzoek Nederland-ZON) plays an important role in research. ZON stimulates research and innovation in health care and promotes the use of the relevant findings in practice. Is funded by central government.	Ministry of Health, 1999
SPAIN	A dental health programme for people with intellectual disability exists in the Autonomous Community of Extremadura (Servicio Extremeño de Salud -SES).	
SWEDEN	No data available.	
UNITED KINGDOM	No data available.	

RECENT HEALTH INDICATOR DATA FROM PARTICIPATING MEMBER STATES

4.4. SPECIALIST TRAINING FOR THOSE WORKING WITH PEOPLE WITH INTELLECTUAL DISABILITY

MEMBER STATE	EVIDENCE OF SPECIALIST TRAINING FOR THOSE WORKING WITH PEOPLE WITH INTELLECTUAL DISABILITY	SOURCE
AUSTRIA	<p>In Austria people with intellectual disability have access to generic mental health services in theory but in practice interventions are not often guaranteed. A special psychiatric service for adults with intellectual disability was set up three years ago on the site of the Neurological Hospital of the City of Vienna, Rosenhügel, within the Department of Neuropsychiatry for Children and Adolescents with an associated Centre for People with Disabilities. This hospital is mainly for children and young adolescents offering services ranging from neuro-rehabilitation to child and adolescent psychiatry within a generic model. The service also offers psychiatric and psychotherapeutic services for older adolescents and young adults with disabilities, most of them with intellectual disability.</p> <p>A survey of 284 service providers (workshops and residential homes) revealed that over half, (51.7%) offer advanced (continuation) training on the topic of intellectual disability and ageing within the institution.</p>	<p>Holt G., Costello H., Bouras N., Diareme S., Hillery J., Moss S., Rodriguez-Blazquez C., Salvador L., Tsiantis J., Weber G. & Dimitrakaki C. (2000) BIOMED-MEROPE project: service provision for adults with intellectual disability: a European comparison. <i>Journal of Intellectual Disability Research</i> 44, 685-96</p> <p>Weingartshofer, I. (2003): Das Menschenbild als wesentlicher Faktor in der Aus- und Weiterbildung von Betreuerinnen von alternden intellektuell Behinderten anhand einer österreichweiten Bestandsaufnahme der derzeitigen Situation. Diplomarbeit an der Universität Wien</p>
BELGIUM	<p>Faculties of Medicine in four universities in Belgium provide scientific specialisation training in disabilities (a two-year part time study) leading to the award “Graduate in the Advanced Studies in Disabled Persons' Care”. The course focuses on physicians working in the field of disabled persons' care. During the initial training for medical doctors information is disseminated regarding the prevalence, causes and treatment of disabilities and disabled persons. However a systematic</p>	<p>Opleidingsaanbod UGent</p>

4.4. SPECIALIST TRAINING: Recent Data from Member States

	<p>approach of these problems is not integrated in the curriculum. This specialised training integrates aspects from the medical sciences, the behavioural sciences and juridical sciences to enhance the competence of medical doctors in dealing with disabled persons. An equivalent specialisation is available to dentists leading to the award “Graduate in the Advanced Studies in Child Dentistry and Special Dentistry”.</p>	
DENMARK	<p>There is limited postgraduate training for health personnel concerning people with intellectual disability in Denmark.</p>	
FINLAND	<p>The Joint Congress Who Cares?</p> <p>The 4th Congress of MAMH (European Association of Intellectual Disability Medicine) and the 18th Congress of the Nordic Association for Disability and Oral Health and the 1st Finnish Congress for Nurses Caring People with Learning Disabilities combine to host:</p> <p>“Who Cares?” a conference for medical, dental and nursing experts from all over Europe to discuss current issues in the field of intellectual disability. The conference will take place in the City of Lahti, in the south of Finland on 25-28 Aug, 2005.</p>	<p>www.whocares.fi</p>
FRANCE	<p>No data available.</p>	
GERMANY	<p>No data available.</p>	
IRELAND	<p>The Centre for Disability Studies is an inter-faculty academic centre at University College Dublin that aims to promote the independence and inclusion of people with developmental disabilities through teaching, research, service development and public awareness. The Centre offers postgraduate courses to students from many disciplines - such as nursing, management, education,</p>	<p>http://www.ucd.ie/include/</p>

4.4. SPECIALIST TRAINING: Recent Data from Member States

	<p>psychology and rehabilitation who work with organizations providing services to people with disabilities throughout Ireland. The centre offers four courses, two Higher Diploma courses in Developmental Disabilities and Social & Vocational Rehabilitation and two Masters Programmes, also in Developmental Disabilities and Social & Vocational Rehabilitation.</p> <p>In Ireland, there is an active intellectual disability section of the Irish division of the Royal College of Psychiatrists. Members are involved in clinical service provision, advocacy and staff training.</p>	<p>Holt G., Costello H., Bouras N., Diareme S., Hillery J., Moss S., Rodriguez-Blazquez C., Salvador L., Tsiantis J., Weber G. & Dimitrakaki C. (2000) BIOMED-MEROPE project: service provision for adults with intellectual disability: a European comparison. Journal of Intellectual Disability Research 44, 685-96</p>				
ITALY	<p>Data in Italy is limited to the number of generic health professionals graduating from training:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>No. of physicians graduated</td> <td>7,415</td> </tr> <tr> <td>No. of nurses & midwives graduated</td> <td>6,752</td> </tr> </table>	No. of physicians graduated	7,415	No. of nurses & midwives graduated	6,752	<p>ISTAT Annuario statistico italiano 2003</p>
No. of physicians graduated	7,415					
No. of nurses & midwives graduated	6,752					
LUXEMBOURG	<p>No data available.</p>					
NETHERLANDS	<p>In February 2000, the speciality " physician for people with ID" (AVG/ Arts voor Verstandelijk Gehandicapten) was introduced in the Netherlands.</p>	<p>Want ik wil nog leven, Raad voor de Volksgezondheid en Zorg, Prof.dr. H.M. Evenhuis</p>				
SPAIN	<p>Master of Disabilities Studies: Master Universitario Interregional en Discapacidad, Integración y Necesidades Especiales (510 hours). University of Cadiz. Coord. Prof. Luis Salvador Carulla</p>					

4.4. SPECIALIST TRAINING: Recent Data from Member States

	<p>Master Universitario en Integración de Personas con Discapacidad. INICO. University of Salamanca. Prof. Miguel Ángel Verdugo Doctoral Programme: Evaluación de servicios de discapacidad en España. University of Cadiz. Prof. Luis Salvador Avances y perspectivas en investigación sobre personas con discapacidad (2003- 2005). University of Salamanca. Coord. C. Jenaro & M.A. Verdugo.</p> <p>PROMI is a special residential service developed in 14 centres in Andalusia and elsewhere. It provides vocational and social support for 1,200 people with intellectual disability and works in close association with mental health professionals at the University of Cadiz, who provide expertise in clinical matters, training and research.</p>	<p>Holt G., Costello H., Bouras N., Diareme S., Hillery J., Moss S., Rodriguez-Blazquez C., Salvador L., Tsiantis J., Weber G. & Dimitrakaki C. (2000) BIOMED-MEROPE project: service provision for adults with intellectual disability: a European comparison. Journal of Intellectual Disability Research 44, 685-96</p>
<p>SWEDEN</p>	<p>No data available.</p>	
<p>UNITED KINGDOM</p>	<p>England has a Faculty of Learning Disability within the Royal College of Psychiatrists. This faculty is active in developing and monitoring training programmes, organising conferences, contributing to research and influencing national policy.</p>	<p>Holt G., Costello H., Bouras N., Diareme S., Hillery J., Moss S., Rodriguez-Blazquez C., Salvador L., Tsiantis J., Weber G. & Dimitrakaki C. (2000) BIOMED-MEROPE project: service provision for adults with intellectual disability: a European comparison. Journal of Intellectual Disability Research 44, 685-96</p>