



Health risks, service use and outcomes of people with disability





This is a summary of the research review

<u>Evidence review – Health risks, service use and</u>
outcomes of people with disability.*

Why did we do the review?

People with disability often die younger than people without disability.¹ Research shows that preventable factors contribute to some of these deaths.²,³,⁴ Understanding what types of health risks or health problems people with disability are more likely to experience can help us understand how to prevent serious health problems and avoidable deaths.

We did this review to understand what these health risks and problems are. To do this, we looked for research studies reporting data on the health risks people with disability face, how they use health services, their health outcomes, and the main reasons for their deaths.

How we did the review?

Our researchers searched for studies published from 2000 to 2023 reporting the rates of health risks, health service use, health outcomes and causes of death in people with disabilities compared to the general population.

^{*} https://www.ndiscommission.gov.au/about-us/what-we-do/our-research/risks-outcomes

We searched research databases to find good-quality studies that focus on the following types of disability:



Traumatic brain injury



Autism spectrum disorder



Intellectual disability

We included studies from many countries and sources such as health and disability services, national registries, hospital records, caregiver surveys, and linked datasets.

We used a method called meta-analysis to combine data from different studies to find patterns and relationships.

Our findings

We found 68 studies from 12 countries. These studies showed that people with traumatic brain injury, autism spectrum disorder, and intellectual disability experience significantly poorer health outcomes and increased risk of death compared to the general population.

There was strong evidence from 3 or more large-scale studies that people with traumatic brain injury are more likely to have multiple health problems, including those related to the heart and blood vessels, hormone and digestive systems, and mental health, and a greater risk of dying from self-harm compared to the general community.

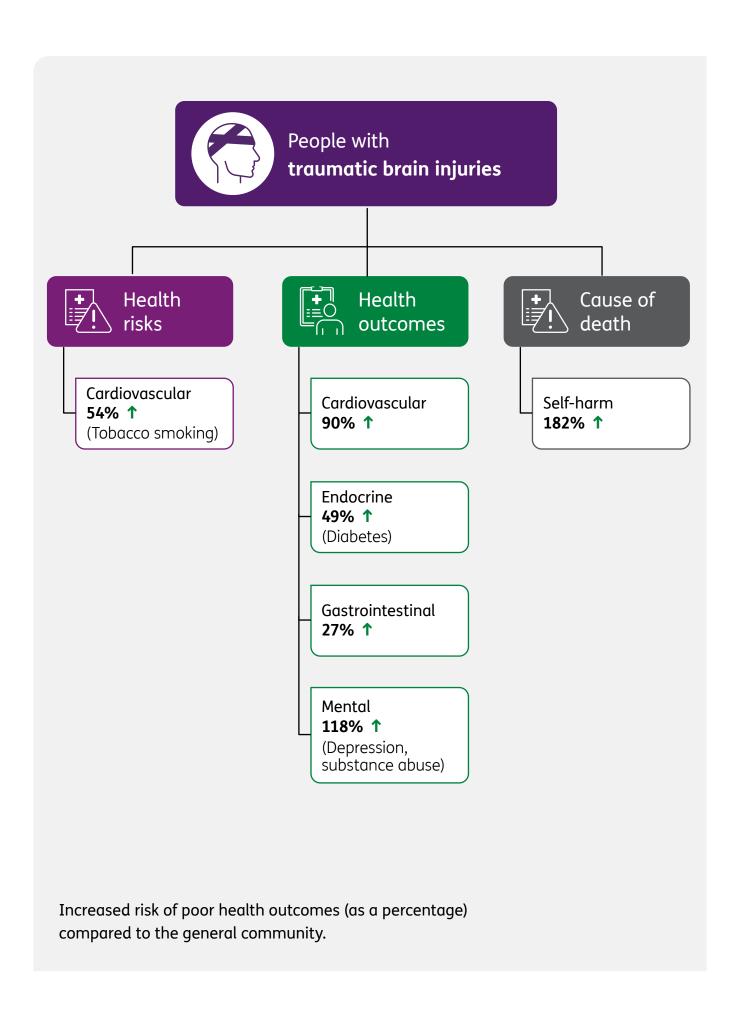
There was also strong evidence that people with autism spectrum disorder are more likely to be at risk of obesity and diabetes compared to the general community. They are also more likely to visit emergency departments (EDs) or be hospitalised, and die from causes such as

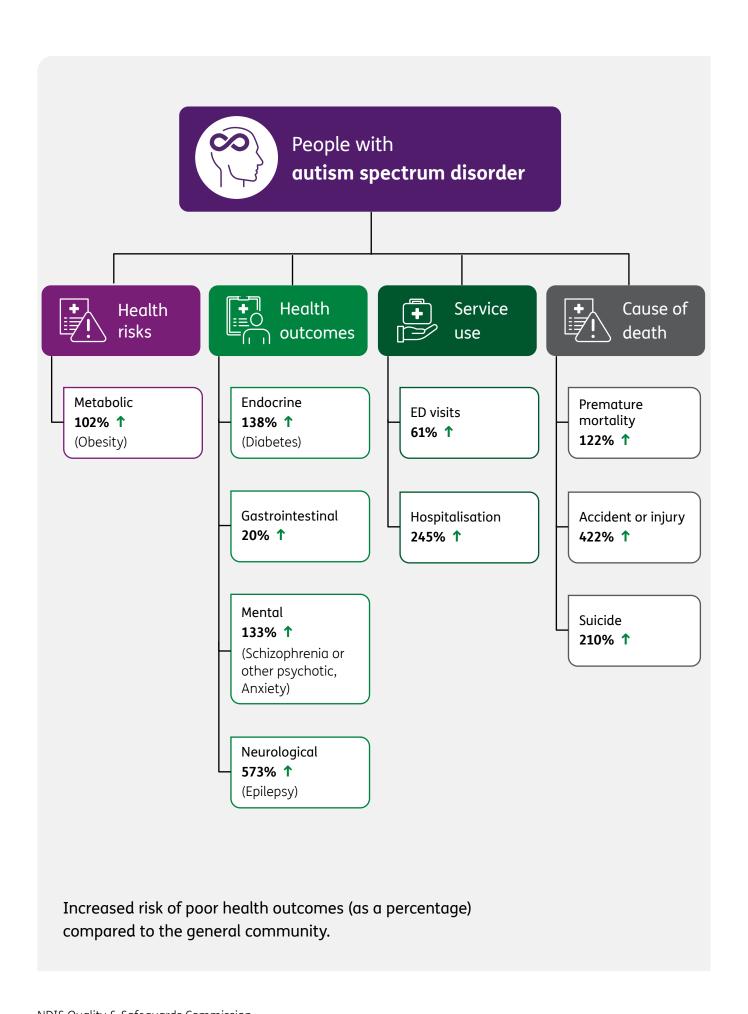
accidents, injuries and suicide. People with autism spectrum disorder are also more likely to have poor health affecting the digestive, mental and nervous systems.

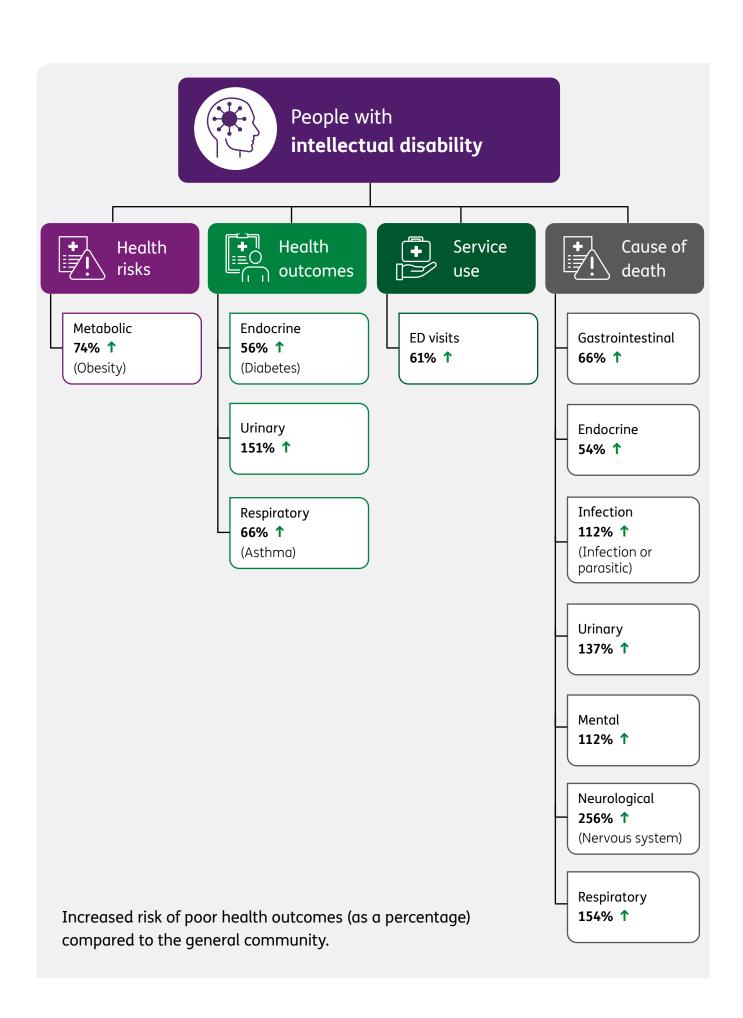
As with people with autism spectrum disorder, there was strong evidence that people with intellectual disability are more likely to be at risk of obesity and diabetes compared to the general community. People with intellectual disability are also more likely to visit EDs and more likely to die from a range of causes compared to the general community. People with intellectual disability are also at increased risk of poor health affecting the urinary and respiratory systems.

The following diagram shows the increased risk of poor health outcomes (as a percentage) in people with acute brain injury, autism spectrum disorder and intellectual disability compared to the general community.

Т







What do the findings mean?

The findings are consistent with earlier reports on predictors of deaths among people with disability but provides much more detailed information on health risks, health service use, health outcomes and causes of death in people with traumatic brain injury, autism spectrum disorder and intellectual disability.

Some studies made recommendations on how to reduce these risks, such as training staff, regular check-ups, early screening, tracking health problems, quick action, and care that suits each person.

Our results show we need better and more targeted health policies. These should:

- focus on prevention.
- support inclusive and fair healthcare.

A clear plan based on evidence can improve health, give fair care, and help people with these disabilities live healthier, longer lives.

References

- 1 Kuper, H., Rotenberg, S., Azizatunnisa', L., Banks, L. M., & Smythe, T. (2024). The association between disability and mortality: a mixed-methods study. The Lancet Public Health, 9(5), e306– e315. https://doi.org/10.1016/s2468-2667(24)00054-9
- 2 Australian Institute of Health and Welfare. (2020). (rep.). Mortality patterns among people using disability services: 1 July 2013 to 30 June 2018 (technical report). Retrieved March 6, 2024, from https://www.aihw.gov.au/reports/disability/mortality-patterns-of-people-using-disability-serv/contents/summary
- 3 NDIS Quality and Safeguards Commission. (2023). Evidence matters Potentially Avoidable Deaths of people with disability in Australia in 2013-2018. NDIS Quality and Safeguards Commission. Retrieved December 13, 2023, from https://www.ndiscommission.gov.au/evidencematters
- 4 Salomon, C., & Trollor, J. (n.d.). (2019). A scoping review of causes and contributors to deaths of people with disability in Australia.

 Retrieved December 10, 2023, from https://www.ndiscommission.gov.au/sites/default/files/2022-02/summary-findings-24.pdf

www.ndiscommission.gov.au



