

INTRODUCTION

Individuals with intellectual disabilities (ID) experience higher rates of **health inequities** and are **more vulnerable** to social determinants of health (i.e., education, physical environment, economic stability, access to health care and social context) [1]. Although health care strives to be equitable and person-centered, people with ID often face **accessibility difficulties**, **negative attitude**, and **stigmatization by healthcare professionals**, which may lead to **poorer health outcomes** [2].

AIMS

- **Validate a questionnaire** assessing inclusive health practices and representations (QIHPR) of healthcare professionals.
- Evaluate how healthcare professional's practices and representations are **influenced** by the **diagnosis of ID** or if they are rather **"unspecific"** (shared vulnerabilities regardless of a specific diagnosis)
- Further exploring how **healthcare professionals' practices and representations** of people with ID may support or limit **inclusive healthcare**.

PARTICIPANTS

163 healthcare professionals :

- General practitioners (n = 35)
- Specialist doctors (n = 37)
- Nurses (n = 91)

Age : x = 42.69 (SD = 11.98)

Experience : x = 16.44 (SD = 11.84)

Gender : M = 48 / F = 114

METHODOLOGY

Cross-sectional study on LimeSurvey : 15 minutes

Participants were randomly assigned to **four conditions** through a **vignette** describing various difficulties of a patient with moderate ID (2x2: patient's gender x mention of ID diagnosis).

- **Gender** : male or female
- **Diagnosis** : labelled or unlabeled

Measures :

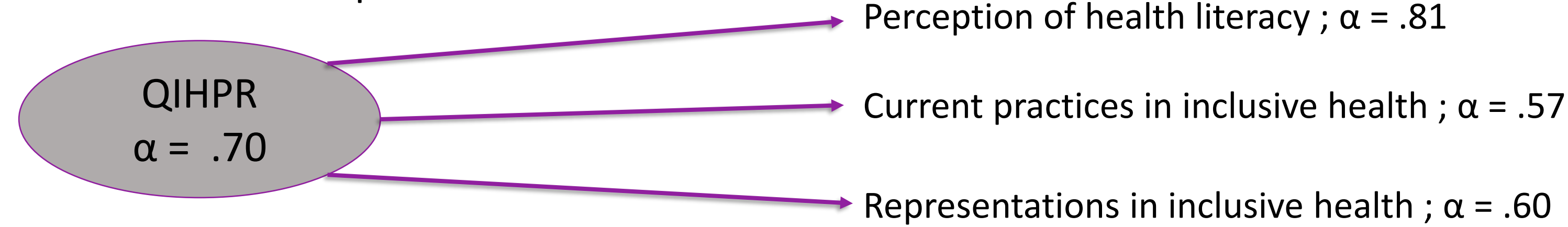
Intellectual Disability Literacy Scale (IDLS) [3]

Questionnaire on inclusive health practices and representations (QIHPR)

RESULTS

1. Validation of the QIHPR questionnaire

Figure 1. Principal Component Analysis of the 20-items questionnaire :



2. Influence of diagnosis on inclusive health practices and representations

Figure 2. Frequency of diagnostic hypotheses formulated by health professionals

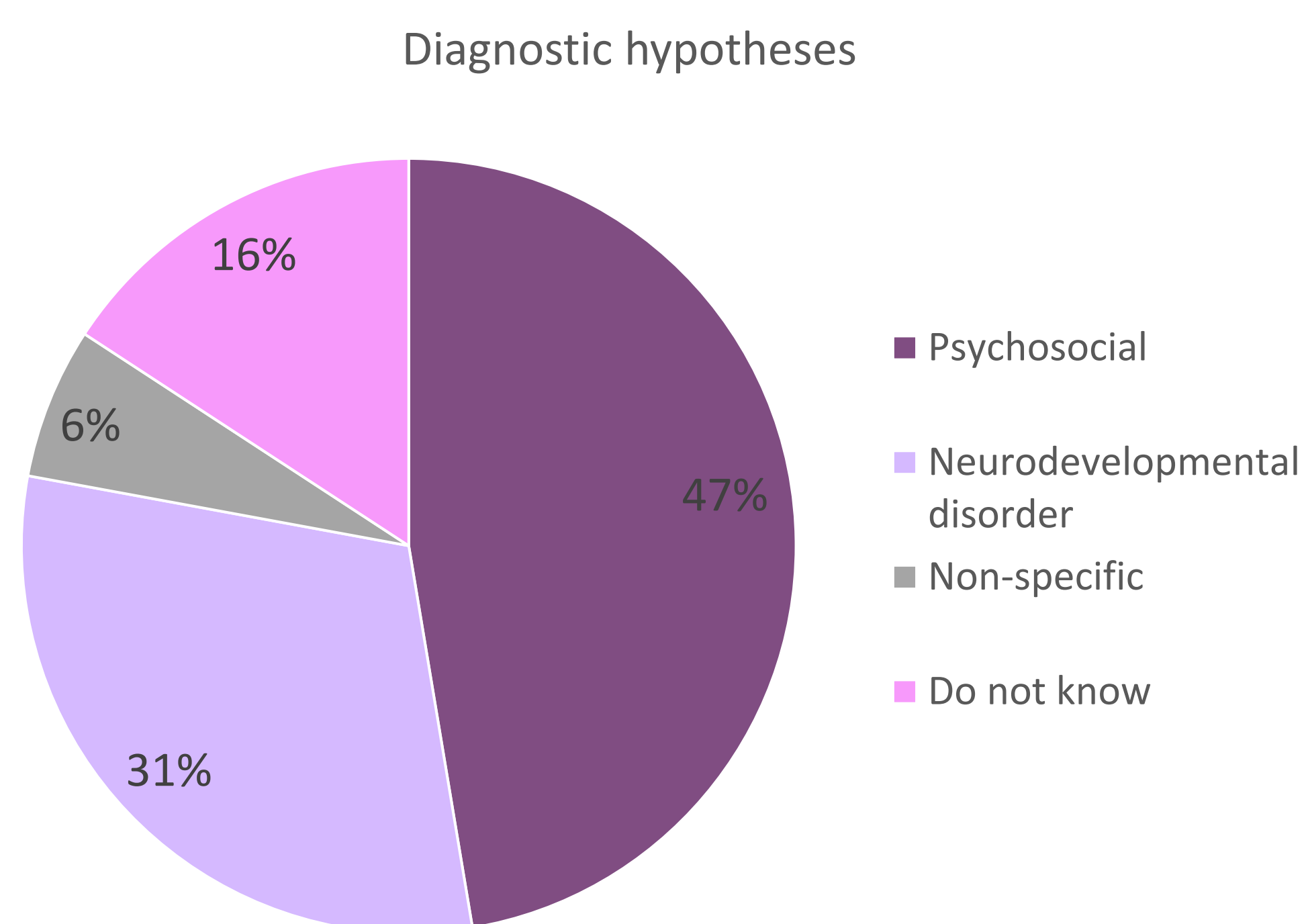
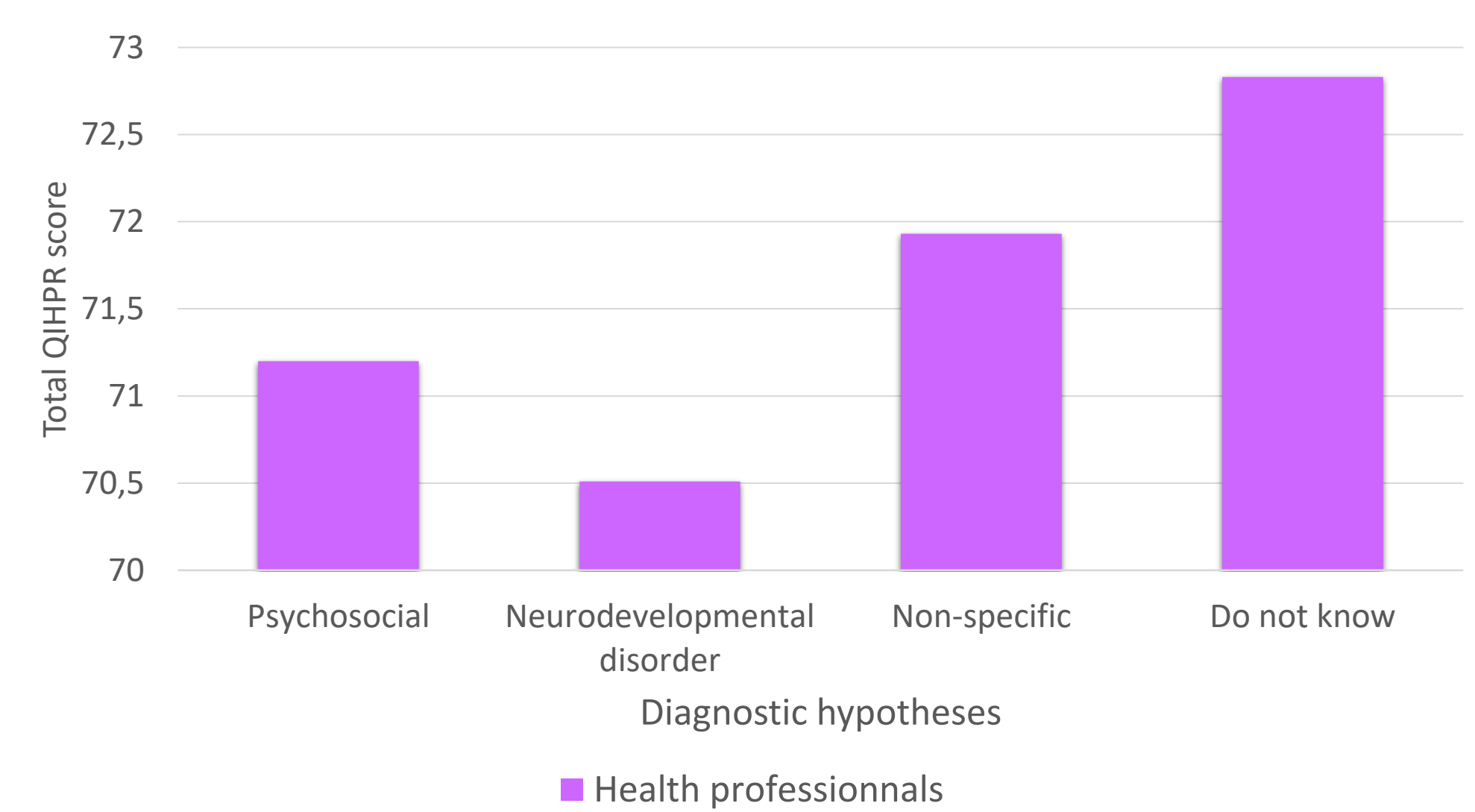


Figure 3. Analysis of variance (ANOVA) of the diagnostic hypothesis on the QIHPR total score



The results indicate that the diagnostic hypothesis has **no influence** on the total score of the QIHPR.

3. Influence of health professionals' practices and representations on inclusive health

Table 1. Linear regression of social distancing on the QIHPR total score

Variable	R-square	F	P
Total score QIHPR	.06	10.8	.001

Table 2. Student's t-test of several IDLS sub-scores on the QIHPR total score

Independent variables	Dependant variables	t	df	p
Personal	Total score QIHPR	0.17	160	.86
Surroundings	Total score QIHPR	-2.51	160	.01*
Employment	Total score QIHPR	-1.72	160	.007**

CONCLUSION

The current study suggests that :

- 1) The QIHPR is the first questionnaire of its kind in the literature, and it does provide a **tool to assess inclusive health practices and representations**.
- 2) Health professionals seem to adopt **common representations and practices** when faced with a person with cognitive and adaptive vulnerabilities, **regardless of the specific disorder identified** (or not identified).
- 3) **The more the social distancing is reduced, the more the professionals report inclusive health representations and practices**. Moreover, the results show **better inclusive health practices and representations when the healthcare professional is concerned** (i.e., family or job).

Références :

- [1] Friedman, C. (2021). Social determinants of health, emergency department utilization, and people with intellectual and developmental disabilities. *Disability and Health Journal*, 14(1), 100964.
- [2] Pelleboer-Gunnink, H. A., Van Weeghel, J., & Embregts, P. J. (2021). Public stigmatisation of people with intellectual disabilities: a mixed-method population survey into stereotypes and their relationship with familiarity and discrimination. *Disability and rehabilitation*, 43(4), 489-497.
- [3] Scior, K., & Furnham, A. (2011). Development and validation of the intellectual disability literacy scale for assessment of knowledge, beliefs and attitudes to intellectual disability. *Research in developmental disabilities*, 32(5), 1530-1541.