

accidents, 64	Australia, general health status, 53–8
acquiescent responding, 47	autism, 46, 73-5
adaptive behaviour, 18, 19	
administrative records	biomedical approach, aetiology/causes, 22-3
administrative prevalence, 41, 42-3	biopsychosocial model, 2-3, 4
'transition cliff', 42	health inequalities conceptualisation, 3
administrative sampling, 41	bodily awareness, 81
coding accuracy, 46	
methods of recording, 46	cancer
death certification, 46	clinical interventions, 95
ICD-10 codes, 46	healthcare services, 78
research analysis of, 45-6	in people with intellectual disabilities, 64
bias of data, 46	capabilities, 5
validity, 45–6	combined, see combined capabilities
see also 'hidden majority'	capability framework, 4–9
adolescents, 48, 92	central capabilities (importance), 8-9, 11
adversity, exposure to	comparison of models, 9
biological embedding, 38	spotlight indicators, 9
allostatic load, 38	UK policy, 9
environmental, see environmental factors	central focus, 4-6
mental health problems and, 72-3	definitions, 5, 8
psychological pathways, 38	health inequalities and, 5-8
resilience, 38	human rights, see human rights
social adversities, 70-5	physical activity, 5-6
social pathways, 38	pluralist, 5, 7
socio-economic position, 37	quality-of-life approaches and, 6, 7
aetiology (intellectual disability), 22-4	self-definition, 5
biomedical approach, 22-3	social justice, 5, 7
children	well-being, 35
early childhood, 23	see also substantial freedoms; well-being
later childhood, 24	capability security, 8
environmental, see environmental factors	cardiovascular problems, 61
multifactorial approach, 22-3	carers, as proxy responding, 47-9
age 18 threshold, 18	causes of intellectual disability, see aetiology
age differences, prevalence rates, 21	central domains of life, 8-9, 11
alcohol misuse, 91	challenging behaviours, 59, 74
allostatic load, 38	anti-psychotic drugs, inappropriate use, 75-6
ambulatory care-sensitive conditions, 77	children
anti-psychotic medication, 75-6, 96	causes of intellectual disability, see aetiology
inappropriate use, 75–6	(intellectual disability)



children (cont.)	indicator of health, as an (inverse), 33
cognitive testing, 44	measures of, 32
disability prevalence, 31	prevalence, see prevalence
health measurement, 26	disability adjusted life years (DALYs), 33
health promotion, 89-90	discrimination, 67-8
health status, 54	definitions, 69
with/without intellectual disability, 53	human rights and, 68
inequalities (health), socially patterned, 24	knowledge base development, 112
knowledge base development, 110-11	policy and legislation, 69–70
long-lasting protective interventions, 99–100	Down's syndrome
mental health and challenging behaviour, 58	health risks, 62-3, 80
physical activity, capability framework, 5–6	mortality and life expectancy, 49
poor health, 52	surgical interventions, 96
social gradients in prevalence, 23-4	dysphagia, 62
surveys, 44	
classification (of intellectual disability), 18-19	education, see health impact pyramid
AAIDD, 18	framework
adaptive behaviour, 18, 19	endocrine problems, 62-3
age 18 threshold, 18	environmental factors, 2, 23
'hidden majority', see 'hidden majority'	environmental adversities, 36, 70-5
high-income countries, 18	indirect effects, 37
ICF, 2-3	life course approach, 37, 110-11
IQ, 18-19, 20	living and working conditions, 70-8, 101-2
mild, see 'hidden majority'	material hazards, 36
models, 1-3	psychosocial hazards, 36
capability framework, see capability	regional and international variation, 20
framework	risk of exposure, 36-7
mapping to health/health inequalities, 3-4	see also socio-economic factors
see also biopsychosocial model; medical	epidemiology (intellectual disability), 19-24
model; social model	incidence, see incidence
coding accuracy, 46	IQ as threshold, 20
cognitive testing, children, 44	prevalence, see prevalence
combined capabilities, 5	sampling and study design, 21
measurement of, 6	epilepsy, 59–60
communication disorders, 61	exercise, see physical activity
community (social) networks, 78-9	exposure to adversity, see adversity, exposure to
consent, see informed consent	
constipation, 62	falls, 64
constitutional factors, 80-1	fertile functioning, 8
corrosive disadvantage, 8	
counselling, see health impact pyramid	gastro-oesophageal reflux disease (GORD), 62
framework	gender differences, prevalence rates, 21
	genitourinary and reproductive functions, 63
death certification, 46	GPs
dementia, 59, 80	financial incentives, 46, 98
diet, see nutrition/diet	mental health problems, 58-9
disability, 2, 32	gross domestic product (GDP), 4
functioning and, 32-33	
human rights and, 32	haematological problems, 61
ICF, 28, 32	health, 25–39
impairment, health and, distinction	checks, 98–9
between, 3	conceptualisation and measurement, 25-35



Cambridge University Press 978-0-521-13314-2 — Health Inequalities and People with Intellectual Disabilities Eric Emerson , Chris Hatton Index More Information

Index 163

children, 26 health literacy and, 111-12 disability adjusted life years (DALYs), 33 health promotion, see health promotion general health status, 26-7 health risk profile, 87 measurement methods, 25, 43-9 health screening, 76, 97, 99 mortality and life expectancy, 26 programmes, 97 prevalence of diseases/conditions, 27-9 inequality perspective, see inequalities quality adjusted life years (QALYs), 33 (health) well-being, see well-being mental functions, 58-60, 80 definitions, 4, 25, 32 see also mental health problems determinants of, 36-9 mortality rates, see mortality and life exposure to adversity, see adversity, expectancy neuromusculoskeletal/movement-related exposure to social, see social determinants of health functions, 63-4 disability as indicator, 33 injuries, accidents and falls, 64 functioning and disability, 32-33 osteoporosis, 63 general health status, 26-7, 52-8 physical impairments, 63 general indicators, 49-53 obesity and, 81 health functioning, 6 oral health, 61-2 minimum thresholds, 7 public health interventions, see public health ICD and ICF classification systems, 27, 28 interventions impact pyramid, see health impact pyramid respiratory disease, 61 secondary analysis, 43 framework impairment/disability and, distinction sensory functions and pain, 60 between, 3 skin conditions, 64 inequalities, see inequalities (health) sleep disorders, 60, 81 specific health conditions and literacy, 81, 111-12 measurement, 25, 43-9 impairments, 53-65 promotion, see health promotion vaccination, 97 public health interventions, see public health voice and speech functions, 61 health impact pyramid framework, 84-5, 105-7, interventions screening, see health screening 109-10 surveys, see surveys (health) health risk profile, 87 health (of people with intellectual disabilities), 'hidden majority', 85 40, 56, 80-1, 108-9 level 1: counselling and education, 87-94 ambulatory care-sensitive conditions, 77 diet, physical activity and weight cancer, 64 reduction, 87-90 cardiovascular conditions, 61, 80 mental health, see mental health problems children, see children oral health, 91-2 consent, health interventions, 85 sexual health, see sexual health constipation, 62 smoking, alcohol and drug misuse, 90-1 default decisions, 100-3 level 2: clinical interventions, 94-6 dysphagia, 62 surgical interventions, 96 endocrine conditions, 62-3 level 3: long-lasting protective interventions, evidence-base, see research methodology 96 - 100gastro-oesophageal reflux disease (GORD), 62 level 4: healthy default decisions, 100-3 general health status, 52-8 public health, see public health general indicators, 49-53 interventions genitourinary and reproductive functions, 63 level 5: socio-economic factors, see sociohaematological system, 61 economic factors health checks, 98-9 rainbow model comparison, 84 health impact pyramid, see health impact strengths, 85 health inequalities, see inequalities (health) pyramid framework



health promotion, 76	definition, 35
children, 89-90	determinants, 36-9, 67-82
factors influencing efficacy, 88-9	constitutional factors, 80-1
interventions, 87–90	environmental conditions, 67-70
health screening, 76, 97, 99	healthcare services, see healthcare services
programmes, 97	lifestyle factors, see lifestyle factors
healthcare services, 75–8	living/working conditions,
barriers to, 75	see environmental factors
to clinical interventions, 94	social and community networks, 78-9
cancer, 78	socio-economic/cultural, see socio-
health promotion, see health promotion	economic factors
health screening, see health screening	frameworks, 66
institutional settings, 74, 75-6	rainbow model, see rainbow model (of
primary care, see primary healthcare	health)
secondary healthcare, 77-8, 95	measurement, 6
'hidden majority', 42–3, 64, 116	public health perspective, see public health
health impact pyramid, 85	perspective
knowledge base development, 111	socially patterned, 24
mild intellectual disability, 49	socio-economic inequalities and, 104
high-income countries, 18, 115–16	infant mortality rates, 26, 27, 28
human rights	informed consent
capability framework, 8	health interventions, 85
disability and, 32, 68-9	research methodology, 45
discrimination and, 68	injuries, accidents and falls, 64
social model approach, 2	institutional settings, 74, 75–6
hypothalamic disorders, 80	intellectual disability, 1–24
hypothalamic-pituitary-adrenal (HPA) axis, 38	bodily awareness, 81
hypothyroidism, 62–3	classification, <i>see</i> classification (of intellectual disability)
IAPT (Improving Access to Psychological	definition/meanings, 18–19
Therapies), 93	epidemiology, see epidemiology (intellectual
identification (of people with intellectual	disability)
disability), 44–5, 46	health issues in, see health (of people with
ill health, people with, <i>see</i> health (of people with	intellectual disabilities)
intellectual disabilities)	health literacy and, 111–12
impairment, 2	health screening, 97
disability, health, distinction between, 3	'hidden majority', see 'hidden majority'
Improving Access to Psychological Therapies	identification, 44–5, 46
(IAPT), 93	internal capabilities and, 19
incidence, 19, 20	prevalence, see prevalence
income group, prevalence rates, 21	reasonable adjustments, <i>see</i> reasonable
incontinence, 81	accommodations/adjustments
individual lifestyle factors, <i>see</i> lifestyle factors	records, see administrative records
individual model, see medical model	rights of people with, 114
inequalities (health), 25–39, 66–82, 108	social construct, as a, 19
addressing/reducing, 83–107	'visible minority', 42–3
health impact pyramid, see health impact	intelligence quotient (IQ), 18–19, 20
1 1,	
pyramid framework	internal capabilities, intellectual disability and, 19
public health, <i>see</i> public health perspective biopsychosocial model approach, 3	International Classification of Functioning, Disability and Health (ICF) (WHO),
capability framework and, see capability	2–3, 28
framework	aim, 32
conceptualisations, 3	definition of disability, 32



policy and practice, 4

Cambridge University Press 978-0-521-13314-2 — Health Inequalities and People with Intellectual Disabilities Eric Emerson , Chris Hatton Index More Information

Index 165

weight reduction, inequality reduction, 81

International Statistical Classification of	older adults, primary healthcare, 77
Diseases and Related Health Problems	oppression (societal), 2
(ICD) (WHO), 27, 46	oral health, 61-2, 91-2
	osteoporosis, 63
knowledge base development, 110-13	
	pain, 60
language disorders, 61	physical activity, 79
life course approach, 37, 110-11	capability framework, 5-6
life expectancy, see mortality and life expectancy	health impact pyramid and, 87-90
lifestyle factors, 79–80	interventions, 89, 102-3
literacy, health, 81, 111-12	public health interventions, 102-3
living and working conditions, 70-8, 101-2	physical impairments, 63
low- and middle-income countries, 20, 115	pluralist
	capability framework, 5, 7
material hazards, 36	policy and practice
medical model, 1-2, 32	changing, 113–15
health inequalities concept, 3	creating alliances, 114–15
Mencap, definitions, discrimination, 69	knowledge base, 114
mental health problems, 58–9, 80, 92–3	social model approach, 2
anti-psychotic drugs, 75–6, 96	discrimination, 69–70
dementia, 59, 80	future, 110–15
exposure to adverse life events, 72–3	ICF, 4
GP identification, 58–9	rights of intellectually disabled people, 114
health inequality reduction, 92–3	well-being indicators, 34–5
identification of, 49, 58–9	see also knowledge base development
psychological interventions, 93	prevalence
social determinants, 59	autism, 46
see also challenging behaviours	disability, 32
middle-income countries, 20, 115	children, 31
mild intellectual disability, 49	UK, 31
see also 'hidden majority'	intellectual disability, 19, 20–2
minority ethnic status, 18–19, 22, 71	administrative prevalence,
models, see classification (of intellectual	see administrative records
disability)	competent/incompetent people, 20
mortality and life expectancy, 26, 29, 49–51	identification, 44–5, 46
cause of deaths, 51	minority ethnic communities, 22
Down's syndrome, 49	socio-economic factors, 22
infant mortality rates, 26, 27, 28	variations in, 21–2
mild intellectual disability, 49	knowledge base development, 112–13
moderate to severe intellectual disability, 49	obesity, 30
preventable or premature deaths, 50–1	specific diseases/conditions, 27–9
standardised, 50	-
standardised, 50	prevention strategies, 83–4
Notherlands, general health status, 52, 9	primary healthcare, 77, 95 older adults, 77
Netherlands, general health status, 53–8	
New Deal for Communities Programme, 100	unmet health needs, identification, 77
nutrition/diet, 79	proxy responding, 47–9
interventions (reducing health inequalities),	psychological approach
87–90, 101	IAPT, 93
-l: 70 01	to mental health problems, 93
obesity, 79, 81	to well-being, 34
health inequalities and, 79	psychosocial hazards, 36
prevalence, 30	public health interventions, 100–1



health impact pyramid, see health impact pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 self-efficacy, 38 self-efficacy, 38 self-efficacy, 38 self-efficacy, 38 self-efficacy, 38 self-effocacy, 36 self-effocacy, 38 self-effocacy, 36 severe intellectual disability, mortality and life expectacy, 49 sexual health, 80, 92 sexual violence, 92 short stature, 62 secaul violence, 92 sexual violence, 92 secaul violence, 92 s	outcomes, assessing, 86 physical activity, 102–3 smoking bans, 102 tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, <i>see</i> health impact pyramid framework prevention strategies, 83–4	skewed sample, 45 surveys, see surveys (health) triangulation of data, 44–5 secondary analysis, 43 secondary healthcare, 77–8, 95 self-definition, capabilities approach, 5 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
physical activity, 102–3 smoking bans, 102 tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, see health impact pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 self-effinitor, capabilities approach, 5 self-effinicor, 38 self-efficacy, 38 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 sexual violence, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cressation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39	physical activity, 102–3 smoking bans, 102 tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, <i>see</i> health impact pyramid framework prevention strategies, 83–4	surveys, see surveys (health) triangulation of data, 44–5 secondary analysis, 43 secondary healthcare, 77–8, 95 self-definition, capabilities approach, 5 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
physical activity, 102–3 smoking bans, 102 tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, see health impact pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 self-effinitor, capabilities approach, 5 self-effinicor, 38 self-efficacy, 38 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 sexual violence, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cressation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39	smoking bans, 102 tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, <i>see</i> health impact pyramid framework prevention strategies, 83–4	surveys, see surveys (health) triangulation of data, 44–5 secondary analysis, 43 secondary healthcare, 77–8, 95 self-definition, capabilities approach, 5 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, see health impact pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 quality adjusted life years (QALYs), 33 quality-of-life framework, 6, 7, 11 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 sexual violence, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social add community networks, 78–9 social and community networks, 78–9 social and community networks, 78–9 social and community networks, 78–9 social mobility, 39 social mob	tobacco taxation, 102 public health perspective, 83–7 health impact pyramid, <i>see</i> health impact pyramid framework prevention strategies, 83–4	secondary analysis, 43 secondary healthcare, 77–8, 95 self-definition, capabilities approach, 5 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
public health perspective, 83–7 health impact pyramid, see health impact pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 quality adjusted life years (QALYs), 33 quality-of-life framework, 6, 7, 11 rainbow model (of health), 66, 67, 109 comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority, 1111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary healthcare, 77–8, 95 self-definition, capabilities approach, 5 self-eficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 sexual related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social mobility, 39 UK, 70 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 5 self-efintion, capabilities approach, 5 self-defintion, capabilities approach, 5 self-defintion, capabilities approach, 5 self-defintion, capabilities approach, 5 secular view fexture, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking b	public health perspective, 83–7 health impact pyramid, <i>see</i> health impact pyramid framework prevention strategies, 83–4	secondary healthcare, 77–8, 95 self-definition, capabilities approach, 5 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
health impact pyramid, see health impact pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 self-efficacy, 38 self-efform, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 sexual violence, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 uK, 70 social mobility, 39 social m	health impact pyramid, <i>see</i> health impact pyramid framework prevention strategies, 83–4	self-definition, capabilities approach, 5 self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 quality adjusted life years (QALYs), 33 quality-of-life framework, 6, 7, 11 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 47, 48 sampling, 45 research methodology, 47-9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework respiratory disease, 61 response bias, 47 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social mobility, 39 social mobility,	pyramid framework prevention strategies, 83–4	self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
pyramid framework prevention strategies, 83–4 reasonable adjustments, 86 quality adjusted life years (QALYs), 33 quality-of-life framework, 6, 7, 11 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 47, 48 sampling, 45 research methodology, 47-9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework respiratory disease, 61 response bias, 47 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social mobility, 39 social mobility,	pyramid framework prevention strategies, 83–4	self-efficacy, 38 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
prevention strategies, 83–4 reasonable adjustments, 86 quality adjusted life years (QALYs), 33 quality-of-life framework, 6, 7, 11 rainbow model (of health), 66, 67, 109 comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority,' 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework respiratory disease, 61 response bias, 47 self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49 sexual health, 80, 92 adolescents, 92 sexual violence, 92 short stature, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social mobility, 39 social adverminants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequa	prevention strategies, 83-4	self-report, 47–9, 52 sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
reasonable adjustments, 86 quality adjusted life years (QALYs), 33 quality-of-life framework, 6, 7, 11 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40-9 consent, informed, 45 data collection, 43-9 acquiescent responding, 47 adolescents, 48 proxy responding, 47-9 records, see administrative records response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41-3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41-3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) near the alth, 80, 92 adolescents, 92 sexual health, 80, 92 adolescents, 92 sexual violence, 92 short staure, 62 skin and related structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90-1 tobacco taxation, 102 social and community networks, 78-9 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social mobility, 39 social mobility, 39 social mobility, 39 social index distructures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90-1 tobacco taxation, 102 social and community networks, 78-9 social and community intervorks, 78-9 social mobility, 39 uK, 70 social mobility, 39 uK, 70 social mobility, 39 uK, 70 social mobility, 39 uCk, 70 social mobility, and i		sensory functions, 60 severe intellectual disability, mortality and life expectancy, 49
severe intellectual disability, mortality and life expectancy, 49 quality-of-life framework, 6, 7, 11 rainbow model (of health), 66, 67, 109 comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40-9 consent, informed, 45 data collection, 43-9 acquiescent responding, 47 adolescents, 48 proxy responding, 47-9 records, see administrative records response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41-3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework respiratory disease, 61 response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health permotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41-3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework response bias, 47 socio-economic position (SEP), 73 autism and, 73-5 implications, 72-3 methodological considerations, 72	•	severe intellectual disability, mortality and life expectancy, 49
quality-of-life framework, 6, 7, 11 rainbow model (of health), 66, 67, 109 comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40-9 consent, informed, 45 data collection, 43-9 acquiescent responding, 47-9 records, see administrative records response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41-3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework respiratory disease, 61 response bias, 47 sexual health, 80, 92 adolescents, 92 sexual health, 10,2 sexual health, 10,2 sexual health, 10,2 sexual health, 10,2 sexual health statur, 62 short stature, 62 sexual health, 10,2 social and community networks, 78-9 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23-4, 67-70, 103-4 discrimination, see discrimination health promotion, factors influencing, 88-9 interventions, 104 minor		
quality-of-life framework, 6, 7, 11 rainbow model (of health), 66, 67, 109 comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40-9 consent, informed, 45 data collection, 43-9 acquiescent responding, 47-9 records, see administrative records response bias, 47 self-report, 47-9, 52 surveys (health), see surveys (health) general health status, 52-8 health measurement, 43-9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41-3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework respiratory disease, 61 response bias, 47 sexual health, 80, 92 adolescents, 92 sexual health, 10,2 sexual health, 10,2 sexual health, 10,2 sexual health, 10,2 sexual health statur, 62 short stature, 62 sexual health, 10,2 social and community networks, 78-9 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23-4, 67-70, 103-4 discrimination, see discrimination health promotion, factors influencing, 88-9 interventions, 104 minor	quality adjusted life years (QALYs), 33	11 1/1 00 00
rainbow model (of health), 66, 67, 109 comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid, 84 reasonable accommodations/adjustments, 113 set alto made the structures, 64 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72		sexual nealth, 80, 92
comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47-9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 short public health context, 86 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors; 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	•	adolescents, 92
comparison with health impact pyramid, 84 reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47-9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 short public health context, 86 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors; 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	rainbow model (of health), 66, 67, 109	sexual violence, 92
reasonable accommodations/adjustments, 113 clinical interventions, 95 health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 response bias, 47 solinical interventions, 95 sleep disorders, 60, 81 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors; 23–4, 67–70, 103–4 discrimination, see discrimination between, 3 health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	comparison with health impact pyramid, 84	short stature, 62
health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 research methodology, 47, 48 sans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social mobi		skin and related structures, 64
health check provision, 77 public health context, 86 in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 smoking bans, 102 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social mobilit	clinical interventions, 95	sleep disorders, 60, 81
in research methodology, 47, 48 sampling, 45 research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 see also sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 cessation programmes, 90–1 tobacco taxation, 102 social and community networks, 78–9 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social mobility aprice with prevalencing and prevalence and prevalence and prevalence and prevalence	health check provision, 77	smoking
research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 tobacco taxation, 102 social and community networks, 78–9 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social mobility, 30 social mobility, 39 social mobility, 39 social mobility, 30 social mobility, 39 social mobility, 39 social mobility, 30 social mobility, 30 social mobility, 30 social mobility, 39 social mobility, 30 social mobil	public health context, 86	bans, 102
research methodology, 40–9 consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority, 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 tobacco taxation, 102 social and community networks, 78–9 social mobility, 39 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social mobility, 30 social mobility, 39 social mobility, 39 social mobility, 30 social mobility, 39 social mobility, 39 social mobility, 30 social mobility, 30 social mobility, 30 social mobility, 39 social mobility, 30 social mobil	in research methodology, 47, 48	cessation programmes, 90-1
consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social mobility, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 mental health problems.		tobacco taxation, 102
consent, informed, 45 data collection, 43–9 acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 social determinants of health, 38–9, 73–5, 112 mental health problems, 59 social mobility, 39 social mobility, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 mental health problems.	research methodology, 40-9	social and community networks, 78-9
acquiescent responding, 47 adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 social mobility, 39 social mobility, distinction between, 3 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72		social determinants of health, 38-9, 73-5, 112
adolescents, 48 proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 UK, 70 social justice, capabilities approach, 5, 7 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	data collection, 43-9	mental health problems, 59
proxy responding, 47–9 records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 social justice, capabilities approach, 5, 7 social mobility, 39 social mobell, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	acquiescent responding, 47	social mobility, 39
records, see administrative records response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 social mobility, 39 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	adolescents, 48	UK, 70
response bias, 47 self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 social model, 2, 32 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	proxy responding, 47-9	social justice, capabilities approach, 5, 7
self-report, 47–9, 52 surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 health/impairment/disability, distinction between, 3 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	records, see administrative records	social mobility, 39
surveys (health), see surveys (health) general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	response bias, 47	social model, 2, 32
general health status, 52–8 health measurement, 43–9 health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 health inequalities conceptualisation, 3 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72		health/impairment/disability, distinction
health measurement, 43–9 health promotion interventions, 87 hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 socio-economic factors, 23–4, 67–70, 103–4 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	surveys (health), see surveys (health)	between, 3
health promotion interventions, 87 'hidden majority', 111 intervention outcomes, 86 sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 discrimination, see discrimination health promotion, factors influencing, 88–9 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	general health status, 52-8	health inequalities conceptualisation, 3
'hidden majority', 111 health promotion, factors influencing, 88–9 intervention outcomes, 86 sampling of participants, 41–3, 113 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic position, 72 socio-economic position, 72 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72		socio-economic factors, 23-4, 67-70, 103-4
intervention outcomes, 86 interventions, 104 minority ethnic status and, 18–19, 22, 71 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 interventions, 104 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	health promotion interventions, 87	discrimination, see discrimination
sampling of participants, 41–3, 113 see also sampling of research participants secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 minority ethnic status and, 18–19, 22, 71 prevalence rate, 22 social adversities, 70–5 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72	ʻhidden majorityʻ, 111	health promotion, factors influencing, 88-9
see also sampling of research participantsprevalence rate, 22secondary analysis, 43social adversities, 70-5socio-economic position, 72socio-economic inequalities, and health, 104see also health impact pyramid frameworksocio-economic position (SEP), 73resilience, 38autism and, 73-5respiratory disease, 61implications, 71-3response bias, 47methodological considerations, 72		
secondary analysis, 43 socio-economic position, 72 see also health impact pyramid framework resilience, 38 respiratory disease, 61 response bias, 47 socio-economic inequalities, and health, 104 socio-economic position (SEP), 73 autism and, 73–5 implications, 71–3 methodological considerations, 72		minority ethnic status and, 18-19, 22, 71
socio-economic position, 72 socio-economic inequalities, and health, 104 see also health impact pyramid framework resilience, 38 autism and, 73–5 respiratory disease, 61 implications, 71–3 response bias, 47 methodological considerations, 72	see also sampling of research participants	prevalence rate, 22
see also health impact pyramid frameworksocio-economic position (SEP), 73resilience, 38autism and, 73-5respiratory disease, 61implications, 71-3response bias, 47methodological considerations, 72	secondary analysis, 43	social adversities, 70-5
resilience, 38 autism and, 73–5 respiratory disease, 61 implications, 71–3 response bias, 47 methodological considerations, 72	socio-economic position, 72	socio-economic inequalities, and health, 104
respiratory disease, 61 implications, 71–3 response bias, 47 methodological considerations, 72	see also health impact pyramid framework	socio-economic position (SEP), 73
response bias, 47 methodological considerations, 72		autism and, 73-5
	- •	
11 6	response bias, 47	
		risk of exposure to environmental
sampling of research participants, 41–3, 113 adversities, 37		
administrative samples, <i>see</i> administrative speech functions, 61		- · · · · · · · · · · · · · · · · · · ·
records spotlight indicators, 9, 17		- •
intellectual disability identification 44-5 46 Stepping Stopes Triple-P intervention 99-100	intellectual disability identification, 44-5, 46	Stepping Stones Triple-P intervention, 99–100



substance use, 80, 91	reasonable adjustments, 86
health inequality reduction, 90-1	social determinants of poor health, 70
substantial freedoms, 5	well-being indicators, 34–5
capability model, 5, 8	UN Convention on the Rights of Persons with
measurement of, 6	Disabilities (UNCRPD), 11, 32, 69
physical activity, 6	underweight, 79
surveys (health), 43–5	unmet health needs, identification of, 77
adults, 44–5	urban vs rural population, prevalence rates, 21
children, 44	USA, incidence rates of intellectual
large-scale, 43-5	disability, 20
methodological challenges, 44	
sampling	vaccination, 97
general population, 45	validity, well-being measurement, 34
intellectual disabilities, participants	valuable capabilities, central domains of life, 11
with, 44–5	'visible minority', 42-3, 113, 116
secondary analysis, 43	voice and speech functions, 61
tobacco taxation, 102	weight reduction, 87–90
'transition cliff', 42	well-being, 33–5
Triple-P behavioural family intervention, 99–100	measurement, 33-4
·	sensitivity and validity, 34-5
UK	social policy, implications for, 34-5
administrative records, 46	WHO
children, health status, 53, 58	definition of health, 32
disability prevalence, 31, 46	disability as a human rights issue, 68-9
general health status, 53-8	ICD, 27, 46
GPs' financial incentives, 46	quality-of-life framework, 11
legislation, 86	women, genitourinary/reproductive
mortality and life expectancy, 49, 51	functions, 63
policy, central capabilities, 9	working conditions, 70-8, 101-2