



Promoting physical activity among individuals with intellectual disabilities: Barriers and facilitators of public health campaigns



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Summary

The health of people with intellectual disabilities (ID) is shaped by a number of etiological-related factors. These include biological causes characterized by the disability itself (Luckasson et al., 2002), as well as other environmental determinants related to lifestyle such as obesity, diet, inactivity, smoking, and alcohol abuse (Robertson et al., 2000). As such, people with ID are shown to have more sedentary lifestyles (Graham & Reid, 2000; Hoge & Dattilo, 1995) and a propensity to be overweight compared to individuals without ID (Yamaki, 2005). Despite this observation, people with ID are often omitted in population-based health promotion campaigns (HPCs). The purpose of this study was to examine the barriers and facilitators in the implementation of HPCs focusing on physical activity. The research is twofold: 1) Using current databases, a literature review was conducted on facilitators of physical activity programs for people with ID. 2) A case study was completed with a group of adults (N=51) living in community residential settings to explore the implementation of a general population HPC intended to increase the level of physical activities through the use of media (Internet and TV), self-monitoring tools, and educational material. The results revealed a number of similar barriers and facilitators that are of importance in the adaptation of HPCs. Various recommendations derived from physical activity programs specifically designed for people with ID can be used to facilitate the adaptation of population-based HPCs.

Introduction

This research study presents a critical reflection on the use of population-based health promotion campaigns (HPCs) for individuals with intellectual disability (ID). In fact, individuals with ID are often omitted as targets of health promotion initiatives, despite various recommendations stating, for instance, that "where national programs for health promotion exist, these should be made accessible for persons with ID" (Scheepers et al., 2005, p. 252). The aim, therefore, of this study is to examine the barriers and facilitators in implementing HPCs that focus on physical activity and are suitable for people with ID.

The research is divided into two sections. The first part is devoted to a review of programs promoting healthy lifestyles and physical activity among people with ID, with a closer look at the facilitators that were encountered for implementation. The second part reports on a case conducted by the researchers – the adaptation of the Health Challenge 5/30 for individuals with ID.

Literature review

Methodology

Five criteria for inclusion of an article:

1. Date of publication is between 1990 and 2007;
2. Highlights the development of a program;
3. Focuses on adults with ID or developmental disabilities;
4. Published internationally in French or in English; and
5. Focuses on physical activity or the improvement of health through physical activity.

Six criteria for exclusion of an article:

1. Focuses on motor or fitness specificities (e.g., isokinetic torque) without the implementation of a program;
2. Focuses on children with ID or developmental disabilities;
3. Focuses on performance (e.g., Special Olympics programs);
4. Compares or describes physical activity without the implementation of a program (e.g., comparison of physical activity levels among individuals with and without ID);
5. Focuses on the evaluation of a physical activity test (e.g., Rockport Fitness Walking Test); and
6. Surveys individuals with ID relative to physical activity and lifestyle, without intervention.

Use of five databases with four keywords (physical activity, programs, ID, and developmental disability). Use of options displayed by the databases + footnote chasing + author searching.

Titles and abstracts independently read and assessed by the two main authors. Consensus reached through ongoing discussion.

Main Results

Out of 106 articles, 22 were retained. Only one program is an adaptation of an HPC (Mann et al., 2006) and only two others focus on health (Heller et al., 2004; Messent et al., 1999). Other articles attempt to improve fitness without putting it in the perspective of health. They are also specifically designed around people with ID. Research on the amelioration of healthy lifestyles is infrequent despite often being recommended in various reports (WHO, 2000).

Facilitators were classified into three categories: **environmental organization** (e.g., receiving a certificate for participation), **social support** (e.g., leaders and friends as motivators), and **individual** (e.g., freedom to choose the activity). Facilitators are more numerous at the environmental organization and the social support levels. Less emphasis is put on the individual facilitators.

Challenge 5/30

The Provincial Health Campaign. This campaign was a health initiative promoting the importance of active living and healthy eating among children and adults. It aimed to reach or maintain the following objectives: 1) to be physically active for at least 30 minutes per day, and 2) to eat a minimum of five portions of fruit and vegetables daily. The campaign lasted for a period of **six weeks**. Individuals wishing to participate had to register on the website and were offered a motivational kit at participating grocery stores. The kit included nutritious food, posters, etc. Additionally, participants were emailed weekly newsletters, and various tools (other posters, tips, etc.) were available on the website to sustain motivation and effort.

Methodology

	Group 1	Group 2	Group 3
Participants	15 adults with mild ID; 4 staff	17 adults with mild ID; 4 staff	19 adults with mild ID; 7 staff
Settings	Community centre	Day center	Living environment
Support from researchers	Direct; 6 visits	Direct; 3 visits	Indirect; 2 meetings with staff
Activities and adapted tools	Discussions, quiz, TV program, pedometers	Discussions, certificates, pedometers, progress chart	Certificates, progress chart
Data collection	Focus groups, observation	Focus groups, interviews, observation	Focus groups

Main Results

Individuals with ID: Active participation; enjoyed the pedometers (even if their use was not always understood); enjoyed discussing the benefits of physical activity and what they can do to be active. Liked to explain what they had done to achieve 30 minutes of physical activity per day. Difficulty in integrating new activities due to busy schedule. Motivation decreased after three weeks for group 3.

Staff: General positive interest; enjoyed the activities. The adapted tools were still sometimes difficult to promote due to a lack of time; difficulty in remaining motivated and in keeping individuals with ID motivated.

Discussion and Conclusion

The adaptation of population-based HPCs for individuals with ID represents challenges for implementation and requires significant preparation beforehand to adapt activities and tools. Barriers are consistent with the ones found in the literature (motivation, difficulties in adapting tools, lack of time; Heller et al., 2002). However, once adapted, HPCs would benefit not only people with ID, but also individuals with special needs such as seniors. Implementing the promotion of healthy lifestyles among people with ID through PA is slow.

Future avenues of research:

- Adaptation and evaluation of HPCs for other sub-groups of individuals compared to ID;
- Evaluation of the need for direct care staff to "buy-in".

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* Other references are available on request

Information?

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