Title: Barriers and Facilitators to Exercise for Adolescents and Adults with Intellectual and Developmental Disabilities

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Introduction: Health and wellness promotion have been increasingly recognized as important dimensions to elevate productivity and quality-of-life in persons with intellectual and developmental disabilities (IDD) with a national blueprint issued identifying the need to improve the health of persons with IDD (Neidert et al., 2010). Physical fitness and obesity are two primary targets of this work as adults with IDD have lower fitness levels and are more than 4 times more likely to have obesity than community controls (Heller et al., 2011; Rimmer et al., 2005). The overarching aim of this project was to examine factors that promote and impede treatment associated with health and wellness for adults with IDD from a service provider and person-level perspective. This information has high impact for designing effective exercise treatment programs for adolescents and adults with IDD. Despite its importance no studies have examined exercise treatment options using a multi-method approach including both treatment providers and treatment recipients.

Method: Three sequenced and complementary studies comprised this project. Subjects from study 1 were 31 practicing professionals attending the 2015 Southeastern Postsecondary Education Alliance conference. Study two included 28 adults with disabilities living in Georgia (50% female, majority 18 – 34 years old, range of IDD etiologies). Study 1 participants completed a paper questionnaire focused on the value, barriers and impediments to physical activity in adults with IDD using a Likert scale approach (very important, important, moderately important, of little importance, and unimportant) and open-ended questions. Study 2 participants completed a semi-structured interview focused on questions regarding the barriers to accessing, participating in, adhering to and functioning related to physical activity. Their responses were audiotaped and transcribed for analysis. For study 3, 13 interviews have been conducted and are currently being analyzed as a follow-up study. Subjects from study 3 are staff members (e.g. directors, co-directors, curriculum coordinators) of inclusive postsecondary education programs across the United States and primary questions focused on (a) if and how physical activity is included in their inclusive post-secondary program curriculum and (b) the barriers and facilitating factors in providing this type of programming.

Results: Study 1 findings indicate that the majority of service providers reported that it was important or very important or important to provide opportunities for physical activity (85%) and learn proper nutrition (88%) in an inclusive postsecondary program. Factors identified as facilitating physical activity and wellness included the students’ motivation and interest and their skill level. Barriers included parent involvement and access to equipment and activities. Study 2 resulted in endorsements that support people, accessibility of environments and individual differences (e.g., mobility) were critical factors in determining physical activity levels. The presence of social interaction and opportunities for inclusion were the top factors that facilitated physical activity (e.g., yoga, bowling). The primary barriers were functional limitations and access to services and information (e.g., potential modifications for workouts). Data for study 3 have been collected and are being coded.

Discussion: Findings of this project indicate that physical activity, health and wellness are important to both service providers and individuals with IDD. Motivation and access were two of the most common factors contributing to achieving health goals across both perspectives. Therefore, it is recommended that increasing motivation related to health and wellness in students with IDD during their school-age years should be emphasized with specific plans and resources identified for adult transition services. Furthermore, transition plans should consider the barriers and supports available at the secondary and post-secondary levels in order to support students’ continued access to health and wellness options.

References/Citations: