Adults with Intellectual and Developmental Disabilities May Face Challenges to Staying Physically Active

People with intellectual and developmental disabilities (IDD) have conditions like cerebral palsy, Down syndrome, autism spectrum disorder, or other genetic syndromes. People with IDD may have challenges with learning, communicating or decision-making, and sometimes, challenges with mobility. Previous studies have shown that adults with IDD are less likely to be physically active than adults without IDD. They may encounter barriers to being physically active, including mobility or health limitations, trouble accessing exercise equipment, and having to depend on support staff for help getting to an exercise facility. In a recent NIDILRR-funded study, researchers compared the percentage of adults with and without IDD who regularly participate in moderate physical activity. The researchers also wanted to find out which adults with IDD were most likely to be physically active.

Researchers at the Rehabilitation Research and Training Center on Community Living for Individuals with Intellectual Disabilities looked at data from the 2011-2012 National Core Indicators Adult Consumer Survey (NCI-ACS), a multistate survey of people receiving IDD-related services. The researchers analyzed data from 8,636 adults with IDD living in 19 states. The participants ranged in age from 18-94 years, with an average age of 43 years. In the NCI-ACS survey, the participants (or their caregiver representatives) were asked how often they routinely engaged in any moderate physical activity in a week, and whether that activity lasted for more than 30 minutes. Moderate physical activity was defined as an activity that causes some increase in breathing or heart rate, and examples included brisk walking, swimming, gardening, or housecleaning. In addition, the participants were asked how often they went out into the community for certain activities during a typical month: exercise, shopping or running errands, dining or entertainment, vacation, or attending religious services. If the participants reported going out into the community to exercise, they were asked if they went alone or if they were accompanied by family members, friends, or support staff. The participants were also asked about their age and gender, type of disability, their mobility (whether or not they could walk with or without aids), and their general health. To understand how the participants in this survey compared to people without IDD, the researchers used data from the 2007 National Health Interview Survey, specifically the percentage of US adult respondents who reported being physically active, for comparison.

The participants were counted as being “physically active” if they reported engaging in either moderately intensive exercise or other moderate physical activities such as brisk walking, swimming, gardening, or housecleaning at least 5 days per week for at
least 30 minutes at a time. The researchers found that only 13.5% of the participants with IDD were physically active, compared with 30.8% of the adults in the general population. When they looked further at the participants with IDD, the researchers found that:

- Men and younger adults were more likely to be physically active than women and older adults.
- The participants with mobility limitations were less likely to be physically active. Only 2% of the participants who could not walk at all were physically active, compared with 16% of the participants who could walk with or without mobility aids.
- The participants with more severe intellectual disabilities or health limitations such as obesity were less likely to be physically active than those with milder disabilities or fewer health limitations.
- Regardless of disability type, the participants who reported going out into the community to exercise were more likely to be physically active than the participants who only went out for other less intensive activities such as shopping or attending religious services.
- Among those participants who went out into the community for exercise on a regular basis, about one-fourth went out for exercise by themselves. Those participants were more likely to be physically active than the participants who went out for exercise with family, friends, or support staff.

This study found that adults who could exercise independently in the community were more physically active than those who exercised with a caregiver. It is possible that individuals who are able to exercise without assistance may have milder disabilities or they may have more flexibility in their schedules, therefore they have more opportunities to participate in physical activities compared to those who may need to schedule time with an exercise partner.

Going out into the community to exercise was the only form of community participation linked to being more physically active for the participants in this study, according to the authors. Those who only participated in other community activities, such as shopping or attending religious services, were less likely to be physically active. Although the participants without mobility limitations were more likely to be more physically active, the percentage of those participants who were physically active was still significantly lower than that of adults in the general population.

While barriers such as transportation to fitness centers and concerns about road safety could make it difficult for individuals to go out for exercise and meet their activity goals, the authors suggested that walking in the community may be an easy, safe, and inexpensive method for people with IDD who can walk to stay active. People with mobility limitations may benefit from alternative exercise programs or adapted equipment, such as seated yoga or a cycle that uses hands rather than feet to pedal, which may be more accessible to people who cannot walk. Improving access to local
fitness and activity facilities may support health and wellness, as well as independence and community participation of individuals with IDD at all ages and levels of ability. Educating family support providers and independent living staff about the importance of going out for exercise may also lead to improved health and wellness. Researchers and service providers may want to focus on developing physical activity programs that are uniquely designed to meet the needs of adults with IDD and their communities.

To Learn More
This Center has developed Partnerships in Wellness, a universally-designed health promotion curriculum that addresses the unique learning needs of adults with IDD who require ongoing daily support and have limited to no reading skills: https://ici.umn.edu/index.php?projects/view/158

Impact, a journal from the Rehabilitation Research and Training Center on Community Living for Individuals with Intellectual Disabilities, focused an entire issue on Supporting Wellness for Adults with IDD: https://ici.umn.edu/products/impact/291/

The HealthMatters Program for People with IDD, developed at the NIDILRR-funded Rehabilitation Research and Training Center on Developmental Disabilities and Health, is an exercise and nutrition health education curriculum for community-based residential and day programs: http://www.healthmattersprogram.org/

To Learn More About this Study

Research In Focus is a publication of the National Rehabilitation Information Center (NARIC), a library and information center focusing on disability and rehabilitation research, with a special focus on the research funded by NIDILRR. NARIC provides information, referral, and document delivery on a wide range of disability and rehabilitation topics. To learn more about this study and the work of the greater NIDILRR grantee community, visit NARIC at www.naric.com or call 800/346-2742 to speak to an information specialist.

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