Nurse Practitioners Promoting Physical Activity: People With Intellectual and Developmental Disabilities
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ABSTRACT
People with intellectual and developmental disabilities (IDD) are not residing in large congregate care centers due to legislative, attitudinal, and treatment changes, and they are living longer than their peers of previous generations. With the absence of inclusive and accessible health promotion, people with IDD are experiencing a constellation of health issues related to negative determinants of health. This article aims to raise awareness among nurse practitioners that people with IDD need support from their health care providers to be physically active. A secondary aim is to discuss barriers and resources for people with IDD to be more physically active.

Keywords: cultural competency, intellectual and developmental disabilities, nurse practitioner, physical activity, universal design
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PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND PHYSICAL ACTIVITY
In the United States, 15% of children aged 3-17 years have 1 or more developmental disability (see NICHD.nih.gov for complete definitions of intellectual and developmental disabilities [IDD] and developmental disabilities [DD]). With changes in legislation, attitudes, and treatment, children and adults with IDD are not residing in large congregate care centers and are living longer than their peers with IDD of previous generations. However, in the absence of inclusive and accessible health education and health promotion, people with IDD are experiencing a constellation of issues related to negative determinants of health (eg, health behaviors, genetics, environmental exposures, social circumstances, and poor health care access), resulting in increased morbidity and co-occurring conditions. Hahn reported the importance of health education and tailored approaches for people with IDD to support self-management of healthy aging.

The prevalence of overweight and obesity among people with IDD is reportedly equal to or higher than that of the general population. People with IDD are also more likely to have high cholesterol, hypertension, cardiovascular disease, and multiple chronic conditions. Even among people with disabilities, those with IDD are often the most underserved, and adults living in community-based settings have poorer health, with earlier onset of age-related conditions associated with limited physical activity and sedentary lifestyles.

As nurse practitioners (NPs) increasingly provide primary care, they are uniquely positioned to improve health and functional outcomes among people with IDD. In this article, we aim to raise awareness among NPs that people with IDD need support and encouragement from their health care providers to engage in healthy lifestyles, specifically physical activity. A secondary aim is to discuss barriers that prevent people with IDD from being physically active and resources that NPs can use to promote physical activity.

PHYSICAL ACTIVITY ACROSS THE LIFESPAN FOR PEOPLE WITH IDD
Over the past 15 years, people with IDD are increasingly participating in health and wellness initiatives following the publication of 3 documents: (1) 2002 Closing the Gap: A National Blueprint to Improve the Health of People With Mental Retardation; (2) The Surgeon General’s Call to Action to Improve the Health
and Wellness of Persons With Disabilities; and (3) The Future of Disability in America. These reports highlight the need for research, education, and practice to improve culturally relevant care, reduce barriers to health and health-promotion services, and facilitate access to decrease health disparities.

Currently, children and youth often do not exercise enough, play sports, or have access to recreational activities, which can result in limited skills for physical activity and sustaining a program of flexibility, aerobic, balance, and strength activities across the lifespan. Moreover, the majority of activities endorsed by youth and adults with IDD relate to passive social activities and solitary leisure home-based activities. Among health care professionals, lack of training and experience in caring for people with IDD results in low to no expectations for people with IDD to engage in physical activity.

BARRIERS AND FACILITATORS TO PHYSICAL ACTIVITY
Access to health-promotion programs remains a struggle for people with IDD. Evidence suggests that the absence of health care provider training on disability issues is a significant barrier, and the lack of education about primary care results in negative attitudes and care inequities. Providers report being overwhelmed, having no resources, lacking confidence in interacting with people with IDD who may have unique interaction styles, and “operating without a map” (not knowing enough). Learning to work in partnership with or without a caregiver is critical for people with IDD to access acceptable care. Racial and ethnic disparities also exist, including poorer health care quality, lack of adequate transition preparation, living in low-income communities, and other sociocultural factors.

Evidence-based health promotion interventions are showing promising physiologic, fitness, and psychosocial results for people with IDD across the lifespan. For example, certified fitness trainers in Team Up for Fitness support adolescents with IDD and a peer “work-out buddy” to safely exercise in community settings, the Health Matters: The Exercise and Nutrition Health Education Curriculum for People with Developmental Disabilities taught by support persons improves fitness outcomes through a 12-week fitness and health education program, Stay Well and Healthy! demonstrates feasibility for an in-home, nurse-led preventive health care to encourage exercise, and the HealthMessages Peer to Peer Program increases self-confidence and knowledge of hydration and physical activity among people with IDD. Participation in Special Olympics increases self-confidence, friendships, and self-esteem. These findings support the use of accessible programs to enhance self-determination among people with IDD.

NPs recommending physical activity as a part of daily activities, along with flexibility, aerobic, balance, and strength activities, can improve cardiovascular fitness, balance, strength, and functional outcomes. Also, developing and/or implementing evidence-based, community-based programs for people with IDD (eg, HealthMatters, Kentucky! Interview with Stephen & Terry) can foster self-confidence to identify and enjoy lifelong physical activities and healthy foods to enhance health and reduce the onset of chronic conditions and comorbidities (eg, injuries related to falls). With only 18% of exercise interventions reducing body fat among people with IDD identified as obese, NP practice-based research is needed to promote effective and sustainable strategies.

ACCESS TO CULTURALLY COMPETENT CARE
Due to inadequacy of standards of care and training guidelines for people with IDD, many health professionals conflate disability with health status and view those with IDD as “sick,” resulting in under-emphasizing or neglecting health-promotion and disease-prevention activities. Training often focuses on acute health needs rather than promotive, preventive, and primary health care. The absence of culturally relevant care for people with IDD widens the inequities in health care services and health outcomes. The Table provides resources for NPs to promote healthy behaviors among people with IDD.
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