

Promoting Healthy Lifestyles

Among People with Disabilities

Can people with disabilities live a healthy life? An Oregon program says “Yes.”

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Jennifer is a 54-year-old woman with arthritis, lower back and knee pain, weakness, and diabetes. Jennifer is one of 521,000 Oregonians who experience a disability. Pain and arthritis decreased Jennifer’s mobility; she had difficulty walking without the use of a walker. By participating in a program called Healthy Lifestyles for People with Disabilities, Jennifer learned to engage in health-promoting behaviors such as walking regularly and doing stretching exercises. Within months, she had gained greater flexibility and increased muscle strength and endurance, a change that greatly reduced the need to use her walker and increased her independence.

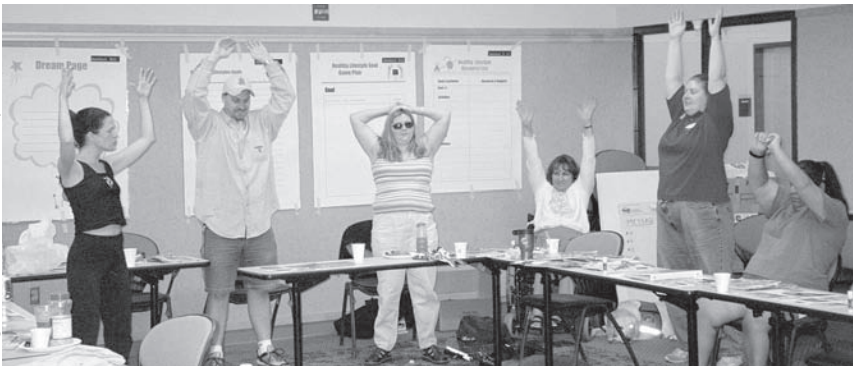
conditions can lead to reduced functional ability, activity limitation, dependence on others, and poor quality of life in individuals, and they have an enormous effect on the health care and social service systems.

As noted in Healthy People 2010, very little attention has been paid to health promotion for people with disabilities. Many health care and service providers do not address health and fitness in people with disabilities. Community resources are still inaccessible for too many people with disabilities, and health promotion campaigns have largely neglected the sub-population that experiences disabilities. In short, people with disabilities have less access to health promotion and maintenance programs than the general population.

Changing for the better

The effect of secondary conditions can be greatly reduced by strategies aimed at lifestyle and behavior change. The Oregon Office on Disability and Health at Oregon Health & Science University developed and tested a community-based health promotion program called Healthy Lifestyles for People with Disabilities. Successful traditional health promotion programs focus on an integrated view of health and use strategies that address the social, environmental, and psychosocial factors affecting health. The approach taken by the Healthy Lifestyles program adds to that traditional focus a number of goals that are particularly important for people with disabilities, such as making friends, getting a job, and developing skills for independent living.

The Healthy Lifestyles program works with people with a variety of disabilities to improve health-related behaviors and prevent or reduce the effects of secondary conditions. After reviewing existing curricula and obtaining input from a series of focus groups with Oregonians with disabilities, three researchers with disabilities wrote a curriculum for the program. The Healthy Lifestyles for People with Disabilities curriculum has an easy-to-use manual with detailed information for new trainers. It contains a scripted training guide, participant handouts highlighting the main points of the training, and several appendices, including



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Participants in a Healthy Lifestyles workshop enjoying non-impact aerobics.

Disability and health

Disability is typically defined as a limitation in activities or social roles that results from an underlying congenital or acquired impairment. The onset of disability can occur at any age. And with the aging population steadily increasing and people living longer than ever, the nation faces a challenge in dealing with the disabilities that become more common with age.

Public perception is, generally, that all disabled people are ill, but disability is not necessarily a condition of ill-health. However, unless managed well, a disability can lead to poor health, secondary conditions, and early death. Secondary conditions are physical or mental health conditions occurring as a consequence of a primary disability. They include conditions such as pain, fatigue, obesity, isolation, and depression. They are often preventable. The long-term effects of secondary

nutrition information and tips on planning successful workshops and support groups. Health professionals and disability service providers can easily adapt the curriculum to meet the unique needs and capacities of their consumers.

The program consists of a workshop of two and a half days followed by monthly two-hour support group meetings. The highly interactive workshops are conducted in community settings and are led by trained lay personnel, who often have a disability. Individuals are eligible to participate if they are at least 18 years old and have a self-reported disability. Generally, a group size of fifteen participants is recommended to achieve the maximum group cohesion and bonding. Other programs have modified and used this curriculum with adolescents with disabilities.

During the workshop, the participants learn about key components of health, including physical, social, spiritual, and emotional health, and health through meaningful activities. Participants also engage in healthy activities, such as non-impact aerobics and therapeutic massage, and learn about healthy eating. They learn the skills and strategies needed to successfully incorporate such positive changes into their daily lives. At the end of the workshop, participants identify two achievable health-related goals to work toward during the next several months.

Following the workshop, participants attend monthly two-hour support group meetings. During the meetings, participants report success with their goals and discuss challenges and barriers in achieving those goals. Additional health-related information, ongoing problem-solving assistance, and peer support are provided in the groups.

Evaluating program success

We evaluated the effectiveness of the Healthy Lifestyles program through pre- and post-training measurement of health behaviors. Compared to a wait-list control group, the workshop completers showed significant improvements in health behaviors. For all participants, post-workshop scores remained high at six- and nine-month follow-up measurement points.

Participants who completed the program reported eating better, exercising more, coping better with stress and anxiety, and paying better attention to their symptoms enabling them to prevent or reduce the risk of developing secondary conditions. By adopting health-promoting behaviors, participants were able to accomplish such goals as losing weight, finding employment, making new friends, going back to school, living independently, improving their self-esteem, and communicating better with their doctors and caregivers.

One participant said after completing the

program, "The most important change is my concept of health, which now includes the idea of my whole body and life experiences and not just eating healthy foods. I am more consciously aware of my healthy choices. I feel I can become much more independent."

Another participant, Mary, provides an example of the effectiveness of the Healthy Lifestyles intervention. A few years ago, Mary experienced a stroke that left her with weakness and partial paralysis on the left side of her body, requiring her to use a wheelchair. Limited mobility and inability to cook quickly led to weight gain. Mary wanted to lose weight but wasn't sure what kind of physical activity would be safe for her. After learning about the benefits of water aerobics during a Healthy Lifestyles workshop, Mary started attending water aerobics three times a week. The workshop also taught her how to read food labels and create nutritious and balanced meals. By improving her eating habits and increasing her physical activity, Mary was able to lose 30 pounds.

Future research

A substantial proportion of the participants reported successful weight loss, suggesting that future research should include systematic evaluation of body mass index and other anthropometric data. If future results parallel the present findings, the Healthy Lifestyles program could become a valuable tool in addressing the growing epidemic of obesity especially prevalent among people with disabilities.

The recently released Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities* asks for an increase in the number of health and wellness training opportunities for people with disabilities, especially programs that focus on the whole person and not just the disability. Healthy Lifestyles for People with Disabilities is such a program, with demonstrated results in promoting behaviors that help maintain and improve health and wellness and quality of life for people with disabilities. ■

For more information about the Healthy Lifestyles program, see the program Web site at cdc.ohsu.edu/oodh. To request a copy of the curriculum, contact Willi Horner-Johnson at hornerjo@ohsu.edu.

Authors

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Resources

Abdullah N, Horner-Johnson W, et al. Healthy lifestyles for people with disabilities. *Californian Journal of Health Promotion*. 2004; 2:42-54.

Disability and Health in 2005: Promoting the Health and Well-being of People with Disabilities. Centers for Disease Control and Prevention, 2004. www.cdc.gov/ncbddd/factsheets/Disability_Health_AtAGlance.pdf.

Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities. US Department of Health and Human Services. www.surgeongeneral.gov/library/disabilities/.