

Health Matters Program Information Sheet

This program provides healthy living information to people with IDD and their caretakers. It is an opportunity for people with IDD to socialize with peers in an exercise context. Many general exercise classes are not accessible or affordable to people with IDD (Heller, Hsieh, Rimmer 2004, p. 182) Even if they were, adults with IDD do not seem to benefit the same as adults without disabilities when they are included in health promotion programs designed for people without IDD (Scott & Havercamp 2016, p. 72).

Program: 12 weeks long, 3 day a week, 1-2 hours a day.

- 60 min exercise class
- 30-60 min health education class
- Program evaluation (before and after program)

Goals

- Increase knowledge about healthy lifestyles
- Improve fitness
- Teach core concepts related to physical activity and nutrition

Facilities Needed: A large space to do a sit-down and an exercise class.

Training: 6 hour webinar

Instructors: Three webinar-trained instructors from the organization, two instructors for every class size of 6-10 participants.

Cost: \$3500 for three 90-min webinars for up to 100 participants. \$20/participant for materials. \$64.95 for Health Matters Curriculum

Usually is run through a UCEDD. It can be helpful to have a state coordinator, but is not necessary. It is possible to buy the program and run it in whatever manner we prefer.

Getting the Memo Seminar

- 75min training to promote health and wellness of each individual staff member of places that serve people with IDD, and it supports health promotion.
- 20-25 participants
- \$50/person (min 6 attendees)
- \$500/organization (Max 100 attendees) - included downloadable training materials
- Objectives - understand the importance of health and wellness for people with IDD
- Incorporate health and wellness initiatives for the clients with IDD
- Identify local and CBO-specific activities that promote health for people with IDD

Promotion: HealthMatters Directors contacted community based organizations (CBOs) via emails, direct phone calls, flyers, teleconferences, Getting the Memo webinar, the state ARC, presentations at statewide conferences related to people with disabilities.

Within CBOs, a coordinator was designated to recruit for both staff and individuals with IDD. (Marks, Sisirak and Chong 321) They solicited the interest of potential participants and had caseworkers refer people to the program.

Implementation: Organizations applied, explaining what they were currently doing regarding health and wellness and how they planned to improve this through the \$1000 grant. The executive signed this. A Wellness Community was created that met 9 times a year to develop an action plan for staff and participants in the program.

Organizations trained 3 people through the webinar, then implemented the 12 week program with a group of 8-10 people with IDD in their organization. 25% of the overall staff completed a survey of their knowledge of health wellness information before and one year after the program.

Participation: Consistent as long as the instructors clarified expectations of the class. 70% of the participants completed the program in Alaska.

Transportation: Classes were chosen based on the participants' schedules and day rehab available hours. Some services were worked out ahead of time to ensure that public transportation or DSPs were pre-arranged and reliable. Many CBOs were group homes so transportation was not an issue.

Results: Improvement in psychosocial and physiological health, exercise and nutrition knowledge and skills of people with IDD (Marks, Sisirak, Chang 2012, p. 327).

Organizations incorporated exercise and healthier eating options into their policies. The 12 week program did not always stay, but other changes happened.

Challenges: Capacity of CBO and staff to implement this program. Maintenance of health and wellness goals for individuals with ID (Marks, Sisirak, Chang 2012, p. 330)

There are no lessons on how to remain healthy on low budgets and time

The program requires a lot of time and energy for both staff and participants.

Staff did great at the lessons, but not the exercise program. One suggestion is for direct care staff to do the curriculum, and bring someone else in to run the exercise program, Many organizations partnered with local YMCAs, yoga instructors, etc with people that understand people with IDD to run the exercise portion of the class.