

## *Health Promotion in Disability Community Residential Units - The Healthy Homes Project*

It has been clearly shown that the health status of people with an intellectual disability is substantially lower than that of the general population and although the life expectancy of people with an intellectual disability is increasing, it remains significantly lower than the general population with many premature deaths (Cooper, 2004; Beange, 1999). People with an intellectual disability are more likely to suffer from organ system diseases, neurological anomalies, motor impairments, obesity, severe underweight, osteoporosis, swallowing problems and poor dentition than people who do not have an intellectual disability (Beange, 1999; Janicki et al., 2002). In addition, prescription drug use, increased hospital admittance and operations are more likely in this population group when compared to the general population (Beange, 1996). It is also estimated that many medical conditions go undiagnosed (Janicki, 2002).

One of the most significant health concerns for people with an intellectual disability is obesity which is 3 times more likely in people with an intellectual disability than other people (Janicki, 2002). Given the fact that obesity contributes to many related health problems such as cardiovascular disease, elevated cholesterol, hypertension and diabetes mellitus (Golden and Hatcher, 1997) it highlights the need to address this problem in a population where obesity rates are increasing faster than rates in the general population (Graham and Reid, 2000). Eating behaviour, sedentary lifestyle and lack of control over one's life style choices are all thought to contribute to obesity problems (Jackson and Thorbeck, 1982). Indeed, Barr et al. (1999) found that people with an intellectual disability often lead unhealthy lifestyles, leading them to develop unhealthy physical and mental lifestyle health problems which could be prevented through health promotion initiatives.

One effective way to decrease obesity is to increase physical activity (the link between obesity and physical activity has been well researched and documented, AIHW, 2004). Since an active lifestyle has been shown to result in the reduction of coronary heart disease, osteoporosis, depression, hypertension, renal disease, Type II diabetes and some forms of cancer (Rauramma, Tuomainen, Vaisanen and Rankinen 1995 cited in (Graham and Reid, 2000), increasing physical activity for individuals with an intellectual disability appears to be one important way to promote health and wellbeing.

While several health promotion strategies have been designed for people with an intellectual disability, few of these have been evaluated (Marshall, McConkey and Moore 2002). Many program designers claim that proactive health programs that emphasise the importance of exercise and diet and are promoted in a meaningful and enjoyable way for the client group are likely to be the most effective, but little evidence exists to support such claims. Following is a summary of some of the programs available to CRUs in Victoria.

### Let's Get Active

The Victorian Department of Human Services have designed a set of guidelines which endeavours to encourage people with a disability to increase their levels of physical

activity. The guidelines have been designed for carers and staff working in community residential units and other relevant settings as a practical tool set up in 3 parts: issues and strategies, staff development and planning forms to promote physical activity to residents.

### Strong Bones

The Department of Human Services has created a several resources aimed at increasing the awareness of the risk of osteoporosis for people with an intellectual disability. A video is available for people with a disability, carers and direct support workers and to be used as an educational resource for training organisations and health professionals. Alongside this, two booklets have been produced to teach people how to increase the amount of calcium in the diet and increase the amount of physical activity for people with a disability. Both booklets outline the importance of physical activity and calcium intake in the prevention of osteoporosis whilst listing activities that can be used by carers to engage participants in doing this. These activities include healthy recipes, educational activities and exercise activities including dancing and (DHS, 2004).

### Edible Gardens

There is a large body of evidence that suggests that community gardens are beneficial to the health and wellbeing of its gardeners. For example, gardeners are more likely to consume more vegetables than non-gardeners. Community gardens promote social interaction and community inclusion for people with a disability (Carlson, 2000). In addition, community gardens lead to physical exercise among the elderly (Browne, 1992). Little is known about the impact of community gardens on people with an intellectual disability. The aim of the Edible Gardens Project is to improve health and wellbeing of people with a disability living in shared supported accommodation facilities through healthy nutrition, social interaction and increased physical activity through creating community gardens.

Two other projects have been designed, but also require evaluation. *Good Food for All/ Food Safety for All* is a Victorian Department of Humans Services initiative also offer training materials in the form of nutrition and food safety education for support workers and carers. These include basic principles and practical tips including recipes and food storage rules. *The Kevin Heinze Garden Project* is a community garden project run by a garden center for individuals with special needs and rehabilitation participants. The project is funded by the Manningham City Council and includes gift-making activities using the produce grown.

We know little about which programs have been adopted or the effectiveness of programs that have been adopted in improving the health and wellbeing of residents of CRUs. The aim of the healthy homes project is to undertake an examination of the health and wellbeing issues of residents of a limited number of CRU's in EMR, to develop and implement a health promotion strategy to improve residents health and wellbeing status over a period of 6-12 months in collaboration with staff, supervisors and residents.

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