

Health Status and Obesity Prevalence of Youth with Disabilities

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Schools

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- Physical Education classes are too short or place a low emphasis on physical fitness.

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- Class sizes are too large to allow adapted instruction for youth with disabilities.

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- Pervasive lack of knowledge or interest among PE teachers in adapting class activities.

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- No Adapted PE program or teacher in school system.

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B a r r i e r s

Communities

- Many inaccessible fitness facilities and recreation areas such as playgrounds, gyms and swimming pools, and sports and fitness equipment.
- Lack of programmatic access to community sports and recreation programs.
- Lack of knowledge among staff on how to infuse disability-specific content and adaptations into sports programs.

B a r r i e r s

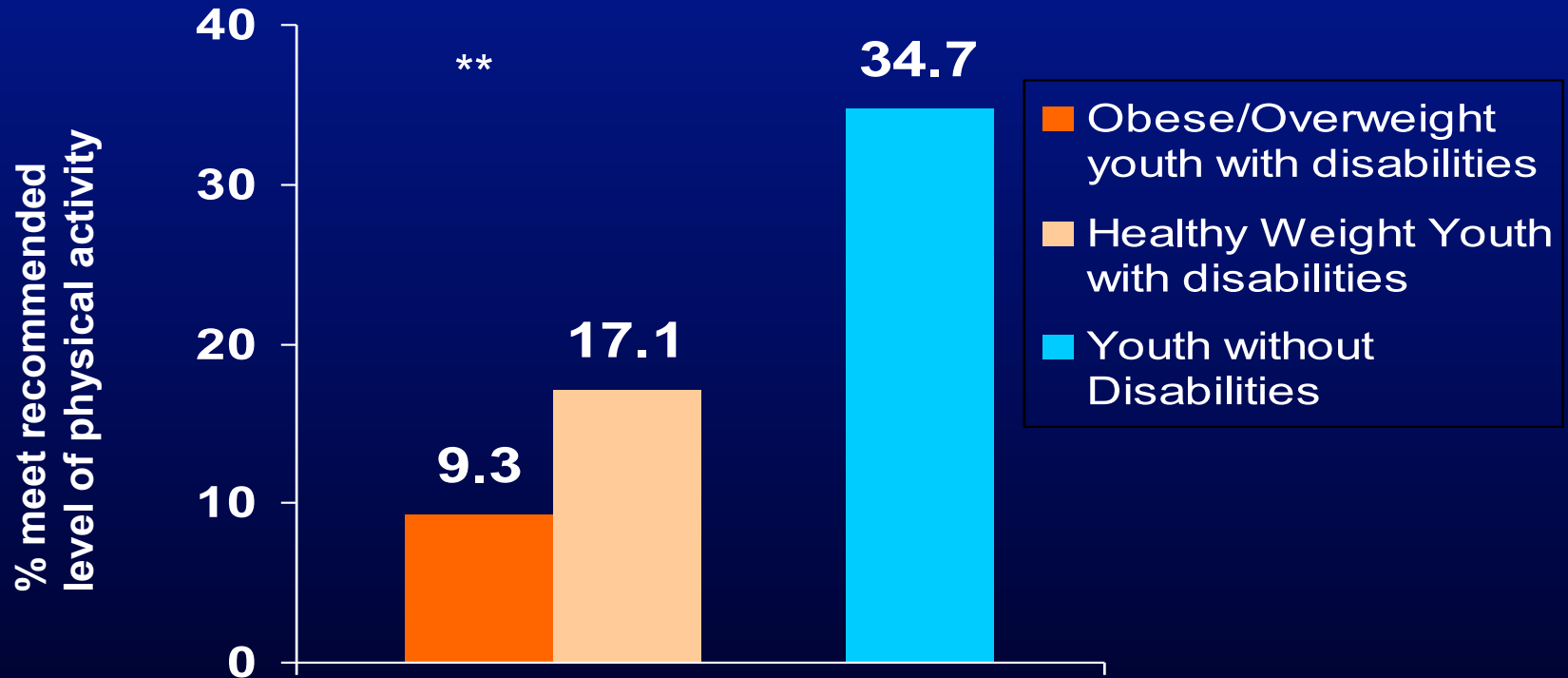
Communities

- Lack of support/encouragement from health professionals.
- Lack of information on recreational opportunities appropriate for members with disabilities.
- Lack of interest or indifference in developing sports/recreation programs for youth with disabilities.
- Lack of accessible transportation to get to various sports venues.

The Health and Lifestyle of Youth with Disabilities

**Grant No. H133A0600066, U.S. Department of Education,
National Institute on Disability and Rehabilitation Research**

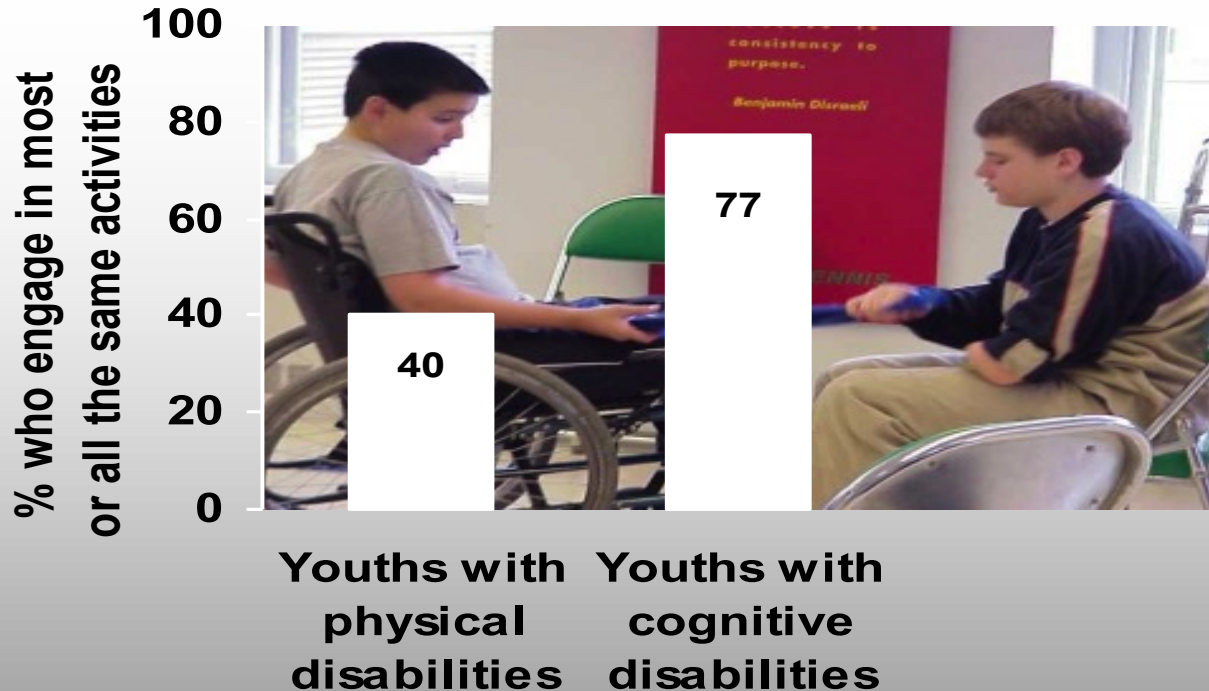
Meeting Physical Activity Guidelines



*Data on youth without disabilities from 2007 YRBS

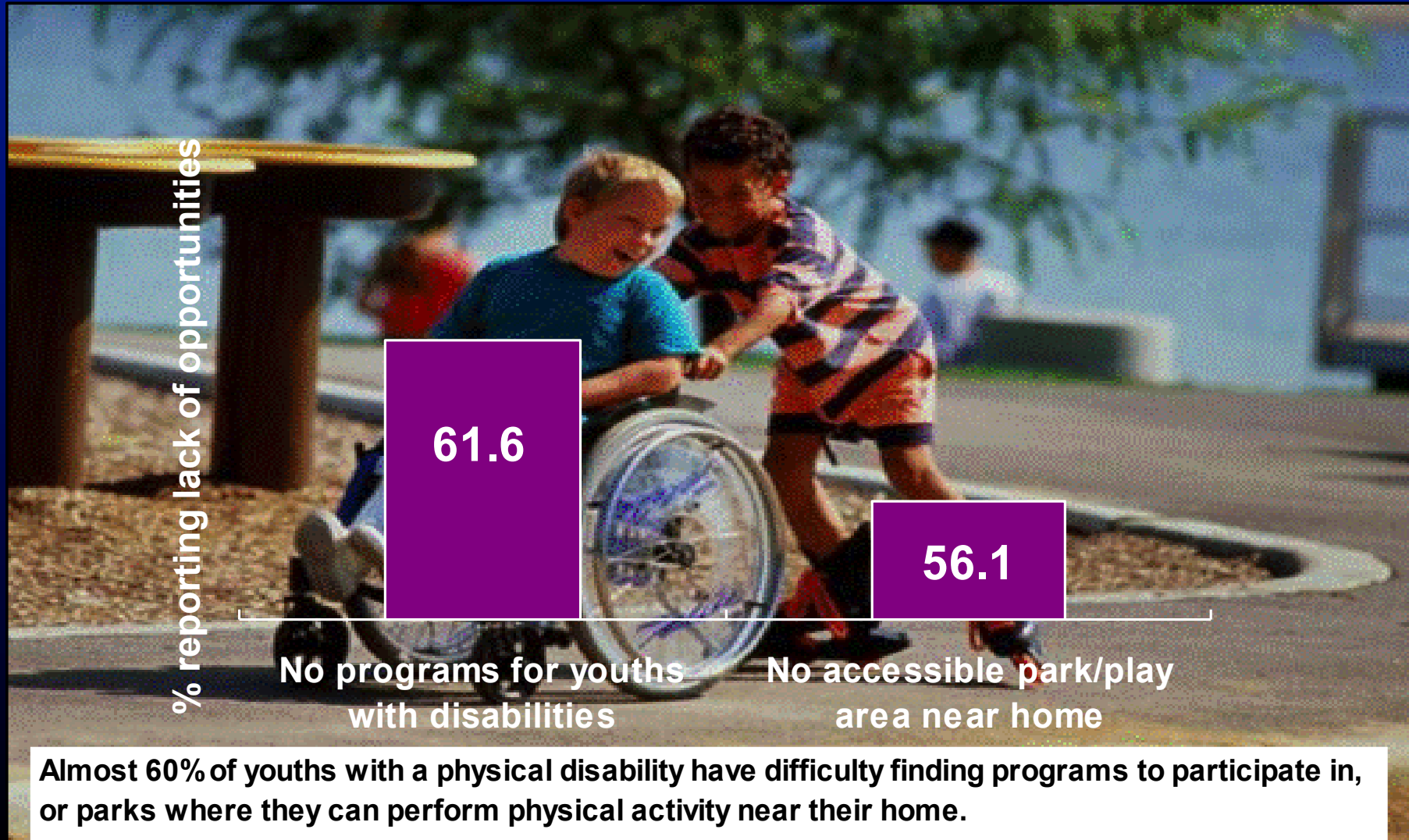
**All group differences are significant at the $p < .05$ level

Lower Rate of Participation in PE Class



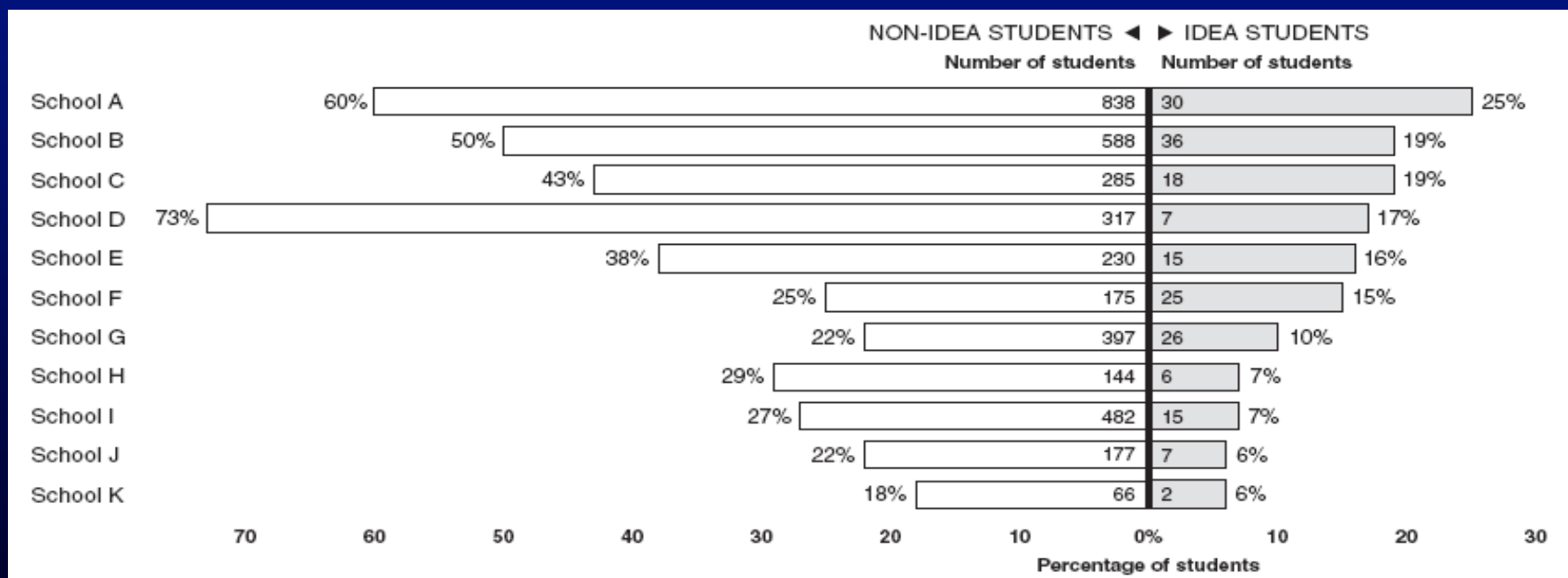
Only 40% of youths with physical disabilities and 77% of youths with cognitive disabilities felt that they had the same level of participation as the other students in physical education class.

Lack of Accessible Program and Play Areas



Students with Disabilities (Grades 1 through 12) Participate in Less Extracurricular Athletics

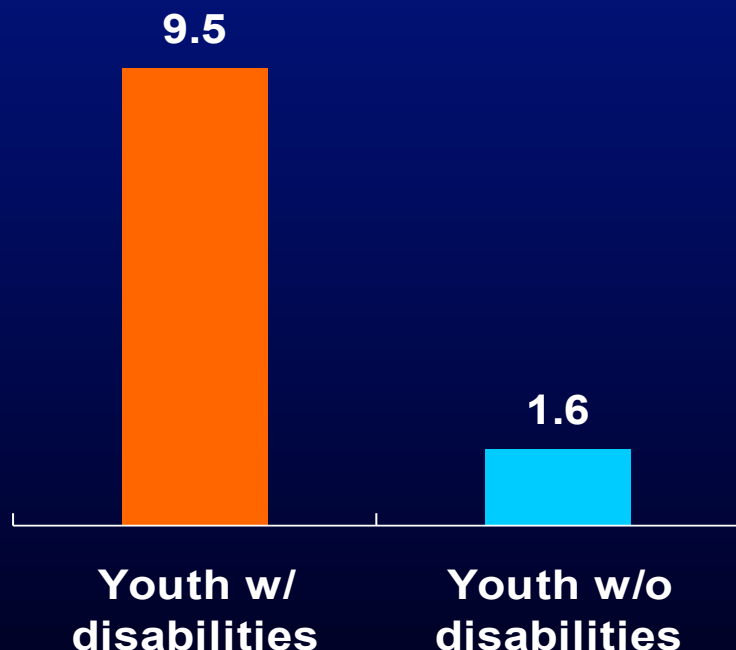
Percentage of IDEA (i.e., disabled) and Non-IDEA (i.e., non-disabled) Students Participating in Traditional Extracurricular Athletics in the Schools GAO Visited



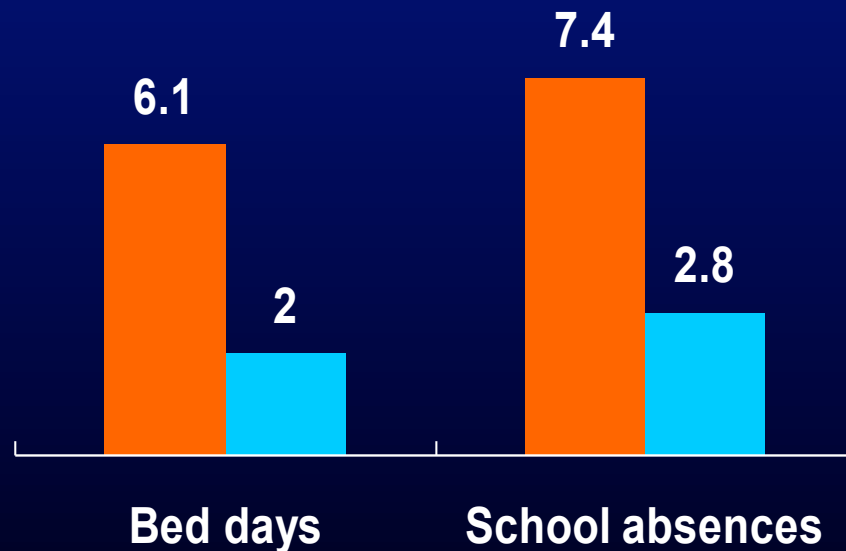
GAO. June 2010, *Students with Disabilities: More information and guidance to improve opportunities in PE and athletics*

Health Disparities among Youth with Disabilities (N=5,089, 6-17 yr)

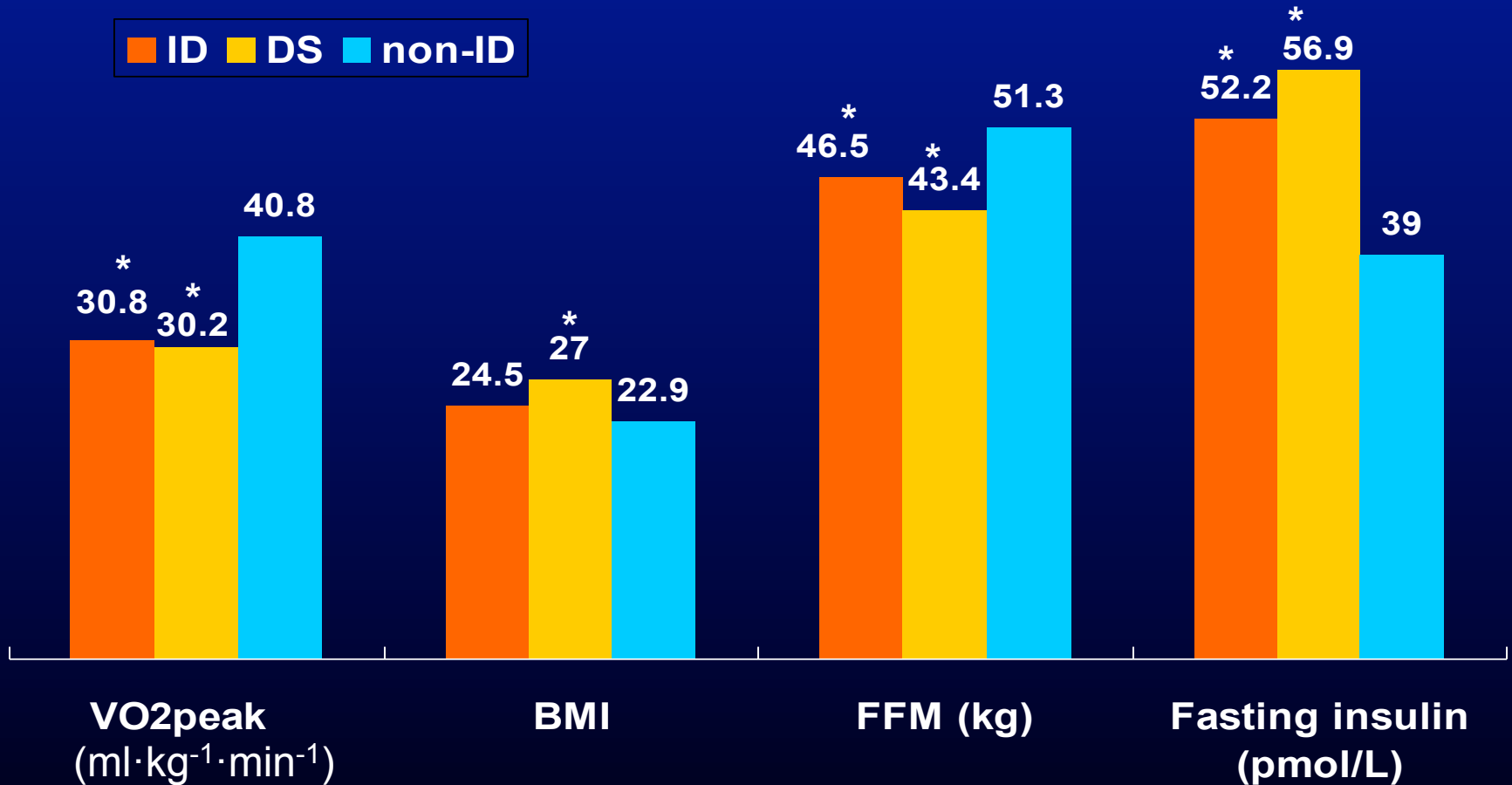
Self-Reported Fair/poor health status (%)



Annual bed days and school absences due to illness



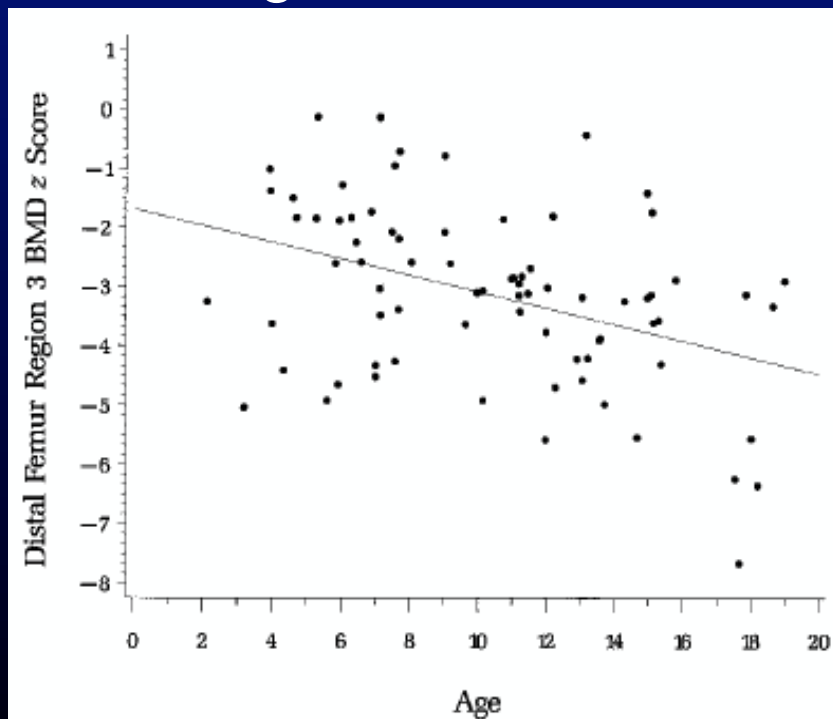
High Prevalence of Cardio-Metabolic Risk Factors among Adolescents with ID



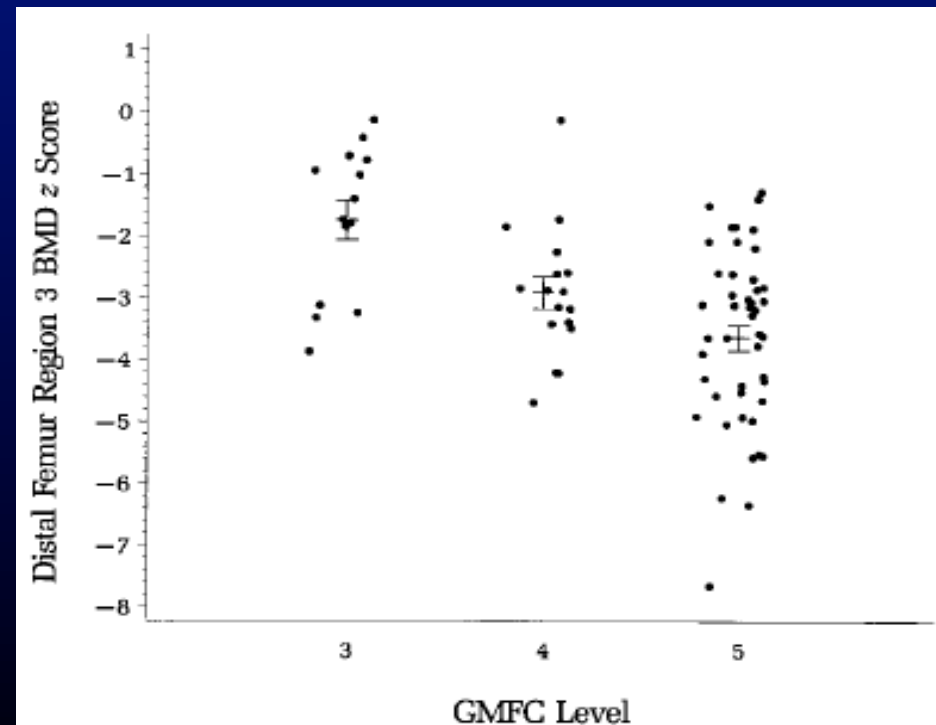
*Compared to the non-ID group, group differences are significant at the $p < .05$ level

Prevalence of Osteopenia in Youth with Moderate to Severe CP

There was a relationship between advancing age and declining BMD z scores

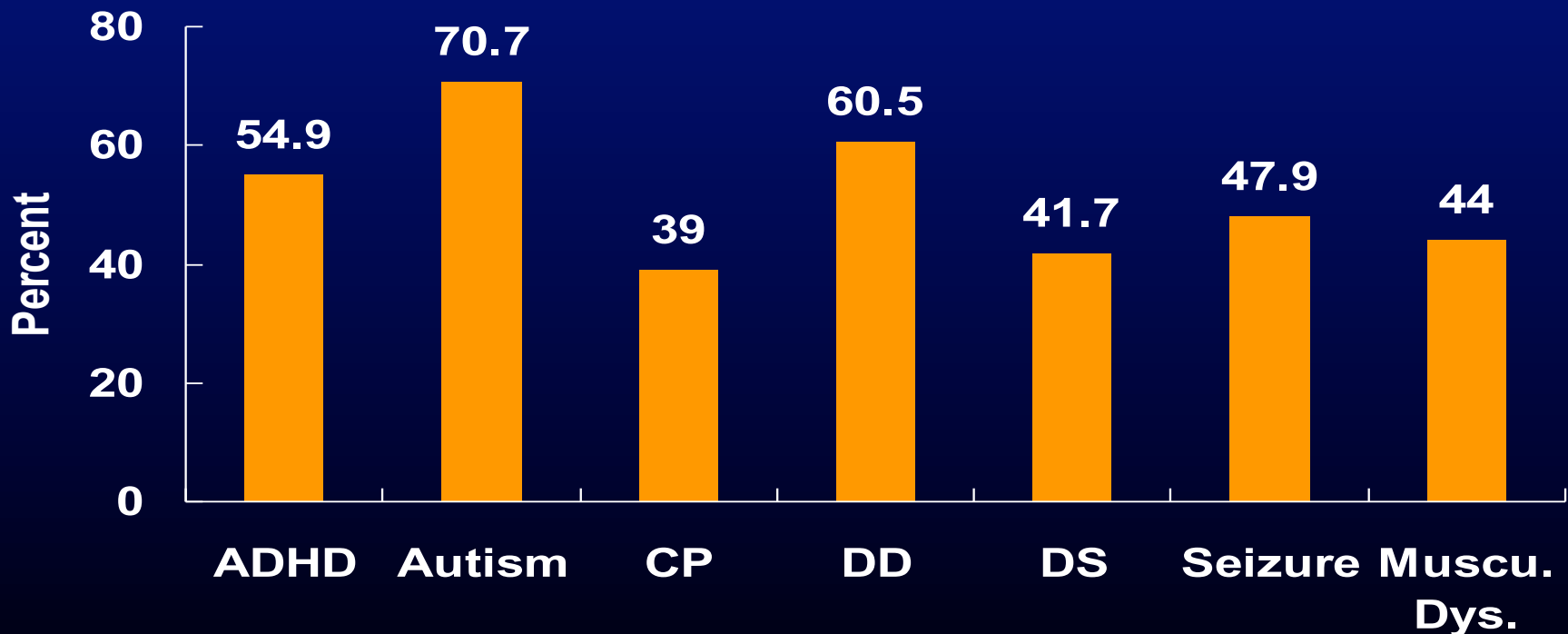


BMD z scores correlated strongly with the GMFC level (i.e., severity of impairment)

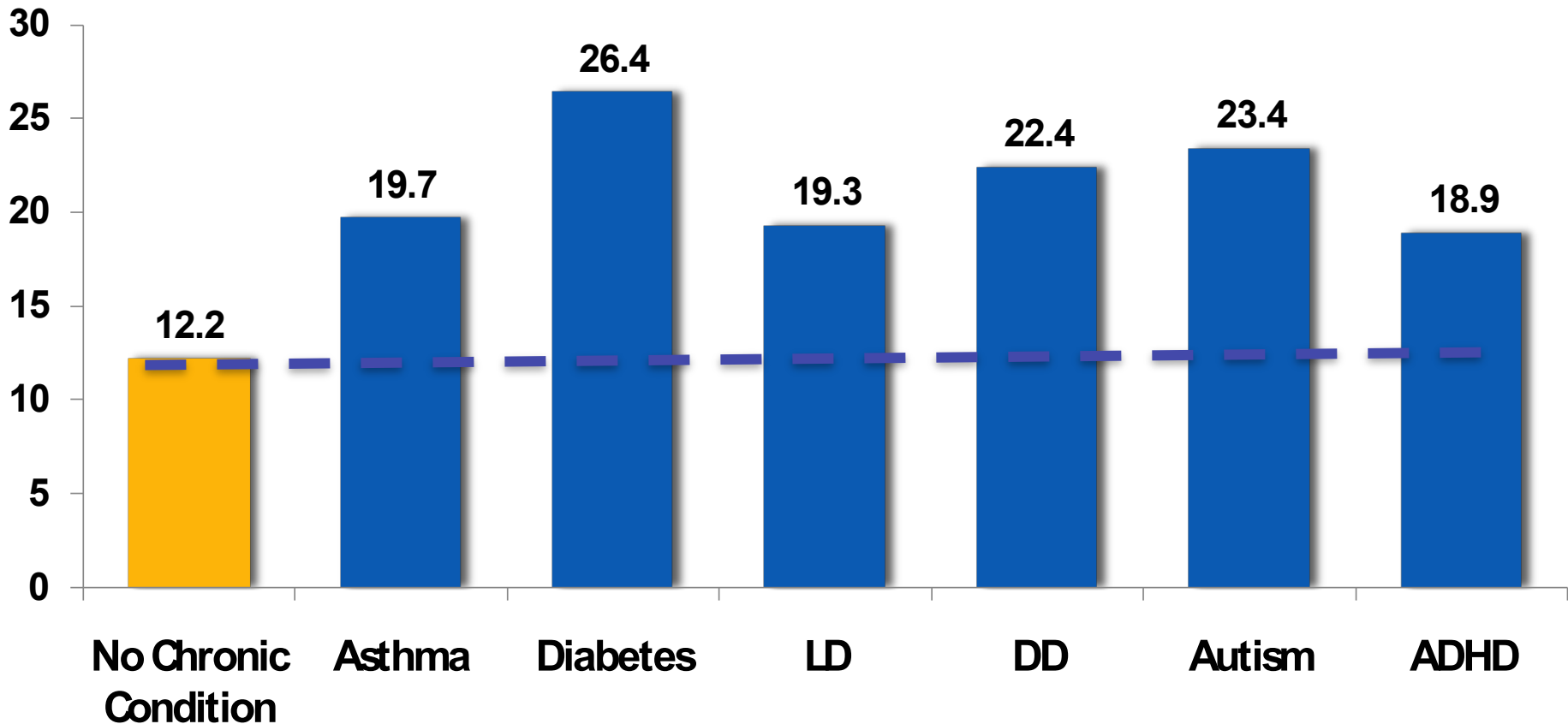


High Prevalence of Mental Health Symptoms among Children with Disabilities

Mental health symptoms include being withdrawn, experiencing somatic complaints, and feeling anxious or depressed.



Prevalence of Obesity among Children 10-17 Years of Age With and Without Disability/ Health Condition (N=46,707)



Source: data from the National Survey of Children's Health, Chen et al., (2009) *Obesity*, 18: 210-3

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The lack of accessible physical activity programs and venues for youth with disabilities limits opportunities for improvements in health and function and increases the risk for significant physical and psychological health complications.

How Does Exclusion in PA Settings Affect Social Opportunity in PWD?

- Lack of access limits social opportunity and increases social isolation.
- In toddlers and children, limited participation in inclusive physical activity reduces understanding and acceptance.
- Worldwide, limited social engagement with people with disabilities generally results in less tolerance to human differences in health and function.

Physical Activity Conceptual Model



Barriers to Physical Activity
Make it More Difficult for
Youth with Disabilities to
Exercise

Enable the
Environment

Empower
the Child
and Family

