



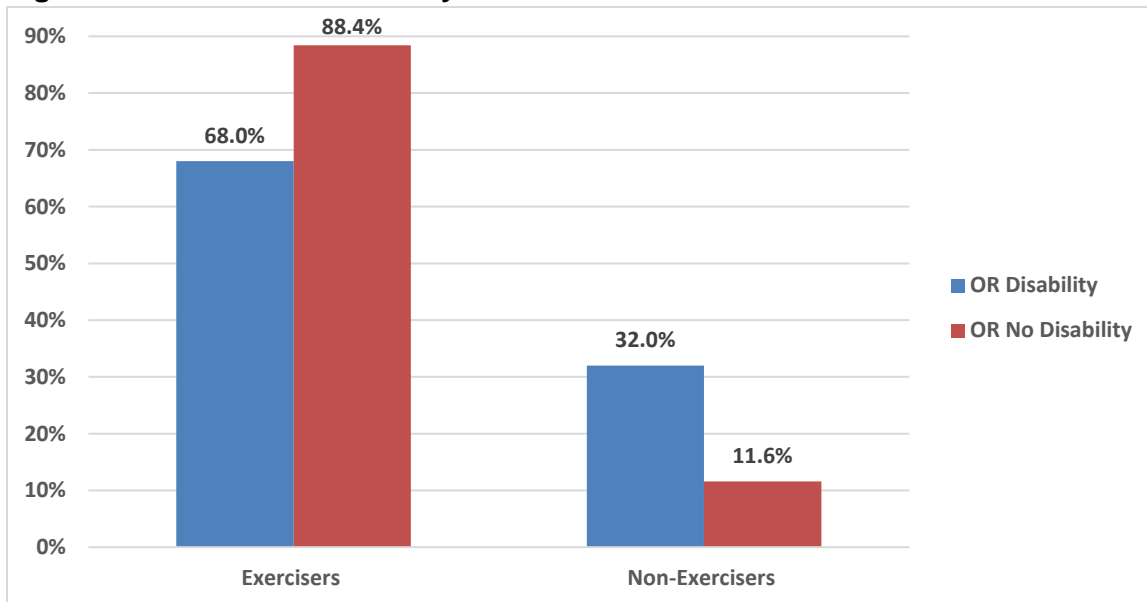
Exercise among Oregonians with Disabilities

Oregon Office on Disability and Health

People with disabilities are at much greater risk of the serious health problems associated with physical inactivity¹. Adults with disabilities are three times more likely to have heart disease, stroke, and diabetes than adults without disabilities. Physical activity can help reduce the impact of these chronic diseases².

The following data from the 2014 Behavioral Risk Factor Surveillance System (BRFSS) shows the percentages of Oregon adults with and without disabilities who report engaging in any amount of exercise. The BRFSS is a telephone based survey that is conducted annually in all 50 states in the US³.

Figure 1. Exercise and Disability³



When we compare Oregon adults with disabilities to Oregon adults without disabilities we find that:

- 68% of adults with disabilities exercise compared to 88.4% of adults without disabilities
- 32.0% of adults with disabilities do not exercise compared to 11.6% of adults without disabilities

Barriers to exercise¹:

Engaging in exercising and other healthy lifestyle behaviors is challenging for people living with disabilities. Personal and environmental barriers are associated with limited hours of exercise. The lack of physical activity is a major risk factor for developing cardio-vascular and metabolic disease. Therefore, removing barriers to physical activity should be a public health priority. Examples of barriers to exercising among people living with disabilities are described on the next page¹:

Environmental Barriers

- Transportation barriers
- Restricted access to venues and services (e.g. fitness centers that are not compliant with accessibility standards of the Americans with Disabilities Act)
- Cost associated with accessing fitness programs and equipment

- Lack of qualified personal at venues who could help with adapting and modifying exercise equipment and routines

Personal Barriers

- Perceiving exercise as being difficult to do
- Self-consciousness about exercising in public facilities
- Perception of discrimination at fitness venues

Recommendations for improving physical activity among people with disabilities^{1,2}

We can help address environmental barriers by:

- Improving the built environment and making fitness facilities and venues more accessible for people with disabilities
- Training fitness professionals and other providers on how to adapt exercise programs to the needs of people with disabilities
- Promoting changes in infrastructures to encourage active living and access to physical activity for people with disabilities
- Reducing the cost of physical activity training programs and equipment, or charging on a sliding scale

Why exercise matters for Oregonians with disabilities:

Exercise is both a protective factor for preventing chronic conditions and a key contributor to the long-term functioning and well-being of people living with chronic diseases. Oregonians with disabilities are more likely to be obese than Oregonians without disabilities, which may be related to lack of physical activity. To reduce health gaps between people with and without disabilities, it is important to promote physical activity and healthy living and reduce the barriers that make it difficult for people with disabilities to exercise. The benefits of exercising are well described. Physical activity reduces stress, clinical depression, and anxiety and protects against chronic conditions². Participating in exercising may lead to an increased quality of life for people living with disabilities².

Resources:

To find exercise tips and suggestions visit:

- [Be Active Your Way](#)- step-by-step instructions on exercise
- [ACSM ProFinder](#)- service that can help people find certified health and fitness nearby
- [YMCA](#)- these centers may provide resources for people with disabilities, including adaptive equipment

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¹ Rimmer J. H., Riley B., Wang E., Rauworth A., Jurkowski J. (2004). Physical Activity Participation Among Persons with Disabilities: Barriers and Facilitators. 26(5). 419-425. DOI: 10.1016/j.amepre.2004.02.002

² Anderson L. S., Heyne L. A. (2010). Physical activity for children and adults with disabilities: An issue of "amplified" importance. 3(2). 71-73. DOI: <http://dx.doi.org/10.1016/j.dhjo.2009.11.004>

³ "Prevalence Data & Data Analysis Tools." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 14 Dec. 2016. Web. 10 Mar. 2017. https://www.cdc.gov/brfss/data_tools.htm.