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Lifestyle approaches for people with intellectual disabilities: A systematic multiple case analysis

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Aim

To analyze the intervention components, levels of influence, explicit use of theory, and conditions for sustainability of currently used lifestyle interventions within lifestyle approaches aiming at physical activity and nutrition in healthcare organizations supporting people with Intellectual Disabilities (ID).

Conclusion

Comprehensive, integrated, and theory-driven approaches at multiple levels should be promoted in healthcare organizations for people with ID.

Background

Healthcare organizations carry out a range of interventions to support and improve a healthy lifestyle.

However, it is difficult to implement and maintain active and healthy lifestyle into daily support.

It is unknown to what extent factors for implementation are taken into consideration by healthcare organizations.

Methods

Design: descriptive multiple case study

Research units: 9 healthcare organizations

Data collection: newly developed online inventory form (qualitative data).

Data procedure: analysis at four essential factors for implementation in practice:

- Multiple intervention components[1,2]
- Multiple levels of influence[3,1,2,4]
- Explicit use of theory[5,2,4]
- Comprehensive written lifestyle policy[3,6]

Results

Nine healthcare organizations, 59 interventions

- Aims (improve); 31% physical activity, 10% nutrition, 59% a combination of both.
- Aimed at; 49% educational component, 19% daily activities, 16% generic activities, 16% evaluation component
- Target groups; 38% individuals with ID, 37% professionals, 25% social levels
- Structurally embedded; 52%
- Theory-driven: 17%
- Lifestyle policy; 44% clear vision, 67% policy on lifestyle, 67% employees , 56% individual lifestyle-plans
- Funding; between 33% and 100% funded by own organizations,

Table 1. The lifestyle policy, the currently used components targeting the individual, professional, and social level, horizontal, within each healthcare organization, vertical. (i = individuals ID, p = professional, s = social). The gray colored cells represent the presence of a vision and policy on lifestyle, the presence of employees responsible for the theme lifestyle, and the presence of individual lifestyle plans, monitoring of adherence,, as well as the presence of the components per level within the healthcare organization (to read by row). The organization with the most components is listed at the top; we listed the organization with the fewest components at the bottom. The second and third row depict the number of interventions, combined strategies, and separate parts of interventions per healthcare organization.

org	Lifestyle policy				physical activity												nutrition												both physical activity and nutrition											
	Vision	Policy	employees	plans	education			daily living			additional activities			inventory / evaluation			education			daily living			additional activities			inventory / evaluation			education			daily living			additional activities			inventory / evaluation		
					i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s	i	p	s
I	Yes	yes	yes																																					
II	Yes	yes		yes																																				
III	yes	yes	yes	yes																																				
IV			yes	yes																																				
V			yes																																					
VI																																								
VII	yes	yes	yes	yes																																				
VIII		yes	yes																																					
IX		yes	yes	yes																																				

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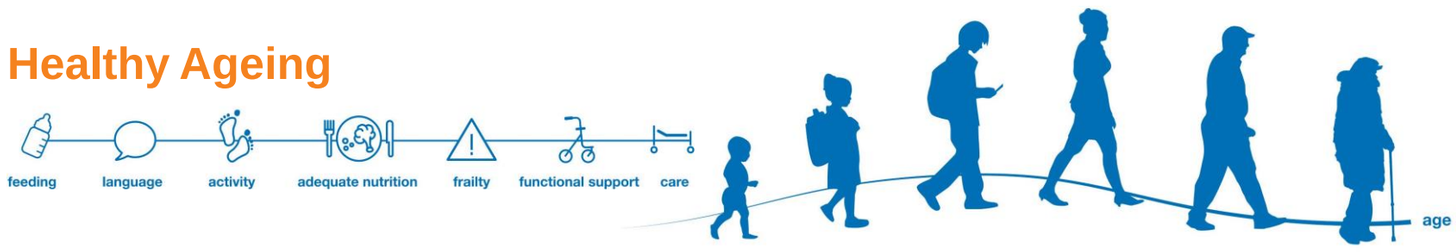
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