Nutrition and Physical Activity

Definition

“Nutrition is the intake of food, considered in relation to the body’s dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity” (WHO, 2014).

“Physical activity...means movement of the body that uses energy” (U.S. Department of Agriculture, n.d.).

Rationale

Health and wellness affect quality of life and people with disabilities can be both healthy and well. A number of factors affect a person’s ability to make healthy choices, eat a healthy diet, be physically active, and achieve a healthy weight. Some factors that can influence individual decisions include availability of fresh fruits and vegetables, access to a safe place to be physically active, food security, and disability status. A lower percentage of people with disabilities report that their health is very good (Office of the Surgeon General, 2005). Some individuals with disabilities do not have independent choices about the foods they eat, or may not be able to prepare healthy meals. Some medications also contribute to weight gain. Regular physical activity can improve the health and quality of life of Alaskans of all ages, regardless of the presence of a chronic disease or disability. Regular physical activity protects against heart disease, colon cancer, diabetes, depression, and anxiety. Regular physical activity maintains normal muscle strength, joint structure and function, and is essential for normal skeletal development and attainment of optimal peak bone mass during childhood and adolescence. Adults benefit from at least 150 minutes of moderate physical activity each week. The recommendation
for children and adolescents, based on the most current (as of Oct. 7, 2008) Health and Human Services Physical Activity Guidelines for Americans, is 60 minutes or more of physical activity per day; and most of the activity should be moderate or vigorous aerobic physical activity.

Physical activity is an independent protective factor against cardiovascular disease. Physical activity reduces the risk of some cancers, type 2 diabetes, stroke, and heart disease; and improves general physical and mental health (CDC, 1996). Weight-bearing activity can improve bone density, reducing the risk of hip fractures in elderly persons. Regular activity helps to relieve pain from osteoarthritis (Diabetes Prevention Program Research Group, 2002). Regular physical activity improves affective disorders such as depression and anxiety, and increase quality of life and independent living among the elderly (Kesaniemi, et al., 1994).

Likewise, it is important to eat a healthy diet that meets, but does not exceed, nutritional needs.

- In Alaska, 78.5% of adults with disabilities eat less than the recommended five servings of fruits and vegetables per day (Alaska BRFSS, 2013).
- 73.8% of Alaska’s adults with disabilities are either overweight or obese (Alaska BRFSS, 2013).
- Overall, Alaska’s direct medical costs related to obesity alone are estimated at $477 million per year (Fenaughty, Fink, Peck, Wells, Utermohle, & Peterson, 2010).
- 46.7% of Alaska adults with disabilities report having high blood pressure (compared to 24.0% of Alaska adults without disabilities) (Alaska BRFSS, 2013).
- 47.5% of Alaska adults with disabilities report having high blood cholesterol (compared to 32.3% of Alaska adults without disabilities) (Alaska BRFSS, 2013).

**Vision**

Alaskans with disabilities are active and healthy. They have access to quality physical activity and healthy foods.
Access

ACTION STEPS

4.1.1 The Alaska Health and Disability Program (ADHP) and the Governor’s Council on Disabilities and Special Education (GCDSE) will bring together health professionals, disability agencies, and people with disabilities to discuss barriers and solutions to physical activity and good nutrition.

4.1.2 The Division of Healthcare Services will investigate adherence to 7 AAC 75.265. Food Service regulations for assisted living homes, and the feasibility of updating the regulations to conform to current dietary guidelines.

4.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on communication and information accessibility of nutrition and physical activity related services.

4.1.4 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on built environment accessibility of nutrition and physical activity related services.

4.1.5 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on staff training, policies, and accommodations on accessibility of nutrition and physical activity related services.

Data/Surveillance

ACTION STEPS

4.2.1 The AHDP will utilize data to identify and prioritize nutrition and physical activity disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

4.2.2 The Division of Public Health Section of Chronic Disease Prevention and Health Promotion (DPH CDPHP) will include standardized questions to
the Alaska Youth Risk Behavior Survey to identify issues affecting youth who experience disabilities.

**Education and Awareness**

**ACTION STEPS**

4.3.1 The AHDP, Division of Senior and Disabilities Services (DSDS), and parent organizations will work with disability providers to identify best practices among agencies using evidence-based guidelines to promote the use of physical activity, nutrition, and weight goals on Plans of Care.

4.3.2 The AHDP will develop and disseminate an online guide to summer camps emphasizing a healthy lifestyle for children experiencing disabilities, highlighting both disability-specific camps as well as basic accessibility information for general camps to encourage physical activity.

4.3.3 The AHDP will post plain language and accessible materials for physical activity and nutrition on the AHDP website and provide links to relevant state webpages and community partners.

4.3.4 The DPH CDPHP will promote resources on nutrition and physical activity that are accessible and inclusive of people with disabilities, using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.

4.3.5 The AHDP and the DPH WCFH, in collaboration with the DPH CDPHP, will develop presentations and educational opportunities for provider agencies and families on the health risks and benefits of physical activity among Alaskans with disabilities.

4.3.6 The AHDP and the DPH WCFH, in collaboration with the DPH CDPHP, will develop presentations and educational opportunities for provider agencies on the health risks of obesity and poor nutrition among Alaskans with disabilities.
Collaboration

ACTION STEPS

4.4.1 The AHDP will engage strategic partners to present on physical activity and nutritional benefits to seniors, people with disabilities, communities, and disability providers at conferences.

4.4.2 The UAA Center for Human Development will provide coordination and technical assistance on evidence-based, health promotion train-the-trainer programs to agencies serving individuals with intellectual and developmental disabilities in Alaska.

4.4.3 The AHDP and Accessible PE Consulting will implement adapted physical activity workshops for physical education staff in at least three communities.

4.4.4 The AHDP and Accessible PE Consulting will produce, and distribute to every school in Alaska, a Teaming for Success resource booklet that includes various types of adapted physical activities based on age, disability, and activity.

4.4.5 The AHDP and the DPH CDPHP will produce and distribute a public service announcement for the Play Every Day marketing campaign that is inclusive of children with disabilities doing a variety of activities, including adapted physical activity.