The Role of Health Promotion for People with Intellectual Disabilities (ID): An Assessment of Frontline Staff’s Knowledge and Attitudes

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An Intellectual Disability (ID) is defined as;

‘A reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and reduced ability to cope independently (impaired social functioning), which started before adulthood, with a lasting effect on development’ (DoH, 1995, pp. 1)

Frontline Staff – Day Care / Residential / Supported Living / Respite Services – involved in care of people with ID on daily basis

The World Health Organisation (WHO) define health as;

‘A state of complete physical, mental and social wellbeing and not simply the absence of disease or infirmity’ (WHO, 1946, pp. 100)

The WHO define health promotion as’

‘The process of enabling people to increase control over and to improve their health’ (cited by Nutbeam, 1998)
Background

- Health of people with ID
  (Wilkinson et al., 2008; Young et al., 2007)

- Major causes of death
  (Royal College of Nursing, 2007; Cooper, 1998; Cooke, 1997)

- Chronic illness
  (Tyrer & McGrother, 2009; Bhaumik et al., 2007; De et al., 2008)

- Health Promotion and people with ID
  (Healthcare Commission, 2007; Lennox et al., 2008)

- Health promotion policies exclude people with ID

- Current health promotion theoretical models and conceptual frameworks need to be examined in light of this populations needs
Aim and Objectives

**Aim:** To develop and test a questionnaire which assesses frontline staffs’ knowledge, attitudes and how they promote the health of people with intellectual disabilities (PWID)

**Objectives:**

1. To explore the meaning of, enablers and barriers of health promotion for PWID from an international perspective

2. To explore knowledge, attitudes and practices of health promotion for staff who work with PWID in community settings

3. To explore knowledge and attitudes of PWID and their family carers regarding what is health promotion, barriers and solutions

4. To develop and test a questionnaire which focuses on assessing staff knowledge, attitudes and practices regarding health and health promotion of PWID

5. To examine staffs’ knowledge, attitudes and how they promote the health of PWID

6. To identify the gaps in staffs’ knowledge, attitudes and practices of the health and health promotion needs of PWID and make recommendations for improving health promotion practice amongst this population
Methodology

**Phase 1 (Objective 1)**

**Method:** Qualitative methodology utilising 1-to-1 telephone interviews  
**Sample:** 13 semi-structured interviews undertaken with academics & practitioners from fields of ID, health & health promotion between August & October 2010  
**Procedure:** Interview schedule informed by literature review & included questions about HP (challenges, barriers, empowerment & need for better facilitation as well as key target areas for HP for ID population)  
**Data Analysis:** Thematic Content Analysis – Newell & Bernard Framework

**Phase 2 (Objective 2+3)**

**Method:** Qualitative methodology utilising focus groups  
**Sample:** 7 focus groups conducted; 3 with formal care staff (health facilitators, residential/supported living and day care staff), 1 with family carers and 3 with adults with ID within three HSCTs in NI between March & May 2011  
**Procedure:** An interview schedule was compiled for each group of participants. The focus group schedules were built upon those utilised in phase 1  
**Data Analysis:** Thematic Content Analysis – Newell & Bernard Framework
Methodology

Phase 3 (Objective 4)

Method: Quantitative methodology utilising development and testing of questionnaire

Development: Questionnaire was developed from findings of Phase 1+2

Testing: Face & content validity tested using academics & practitioners from the field of ID & HP who were sent the Q to complete and evaluate.

A pilot study was conducted with a sample of day-care and residential staff from 1 of 3 participating HSCTs; staff were asked to complete Q and take part in short workshop.

Data Analysis: Quantitative analysis using SPSS and MPlus

Phase 4 (Objective 5+6)

Method: Quantitative methodology – distribution of questionnaire

Sample: A total of 698 questionnaires were distributed to Triangle Housing Association, 17 residential/supported living & 18 day care-centres in 3 participating HSCTs

Distribution: The questionnaire was distributed twice to all formal care staff working with adults with ID in the three participating HSCTs

Time 1 distribution occurred Nov & Dec 2011 – A total of 248 Q were completed (35.5%)

Time 2 distribution took place Feb 2012 – A total of 102 Q returned (retention rate 41.1%)

Data Analysis: All results were entered into SPSS for data checking & cleaning, transferred to Mplus for analysis – Exploratory and Confirmatory Factor Analysis & CFA with co-variates were conducted using MPlus
## Key Findings

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- **Knowledge of Health**
- **Knowledge of Health Promotion**
- **Attitudes towards Health and Health Promotion**
- **Roles and Responsibilities of Formal Care Staff**
- **Education / Training Needs of Formal Care Staff**
- **Health Promoting Work Environment Barriers to Health Promotion**
Results / Discussion

- Formal Care Staff’s Knowledge, Attitudes & Skills regarding the Health Promotion of PWID
  - Dearth of Knowledge
  - Education/Training Needs

- Role of Family Carers
  - Lack of Knowledge
  - Fears / Frustrations

- Need for Mediation / Collaboration
  - PWID Right to Choose vs Carer’s Duty of Care
  - Balancing Tensions between PWID, families and Staff

- A Theoretical Framework for Health Promotion (HP) for PWID
  - Role of current HP Policy in lives of PWID
Conclusion

- Focus of study was to assess the needs and identify the gaps regarding the health promotion of adults with ID.

- Keys findings indicated a need for improved knowledge and clarification of the roles and responsibilities of the formal carers and family carers who work/care for adults with ID.

- As well as the need for a clear health promotion framework that highlights the needs of all those involved and recommends concrete solutions from a sound theoretical base.

- As longevity increases amongst people with ID, their prevalence of chronic illness is also set to rise.

- Findings from this study indicate that the way forward in improving the health of PWID is to go back to the foundations of health promotion as laid out in the Ottawa Charter by the WHO (1986).

- Challenge for Future.
Thank-you

Any Questions

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References