

A Brief Description of the Health Advocacy Program and Preliminary Findings

The Health Advocacy Program: An activity-Based Curriculum for Adults with Developmental Disabilities (HAP; Holburn, Cea, Gordon, & Vietze, 2005) consists of twenty lessons, each approximately one hour in length, which provide basic information for improving nutritional health and physical and emotional well-being of persons with intellectual disabilities. The curriculum emphasizes healthy eating, but it also includes lessons on preventing and managing chronic illnesses, exercise, relationships, sexuality, stress, and depression. The ultimate goal of the HAP is to teach participants how to be their own health advocates. The curriculum has three components: (1) A manual, including handouts and instructor information sheets; (2) A CD that contains all printed material; and (3) A DVD that illustrates selected activities from each lesson.

To promote personal health advocacy, much of the material is individualized. For example, participants are encouraged to develop their own health goals during the course. Some lessons offer optional activities to accommodate varying interests and disability levels. The lessons are highly interactive and provide hands-on experiences, many of which are demonstrated on the DVD.

The HAP curriculum was developed and tested in four New York City agencies over a three-year period with 143 individuals with mild and moderate intellectual disability. A team of experts that included a nurse, nutritionist, developmental psychologist, curriculum specialist, and special educator, assisted in the development phases of HAP. Curriculum components (lesson text, instructor information sheets, props, handouts, and video) were modified from instructor and participant feedback, and pre-and post-performance on a knowledge test and a health and well-being inventory described below.

Evaluation.

The program was evaluated quantitatively with two instruments developed for the project, The Health Advocacy Program Knowledge Test and the Health and Well-Being Inventory. These instruments were administered to HAP participants before and after the program and usually with the assistance of staff. The Health Advocacy Program Knowledge Test has 24 multiple-choice questions that assess knowledge about the lessons. In addition to an overall test score, there are four subscales for this test that include, Nutrition, Mental Health, Physical Health, and Sexuality. The results of this part of the evaluation are provided on the following table.

The Health Advocacy Program Knowledge Test Results

Area	Pretest Score	Posttest Score	Significant Improvement? (dep t-test, $p < .01$)
Nutrition	8.1	10.3	Yes (N=142)
Mental Health	2.7	3.6	Yes (N=142)
Physical Health	3.0	3.9	Yes (N=142)
Sexuality	2.0	2.6	Yes (N=140)
Overall Test Score	15.7	20.2	Yes (N=142)
Overall % Correct	65%	84%	Yes (N=142)

The above results indicate that participants' knowledge of health and nutrition increased in all assessed areas after they participated in HAP. Overall, the participants averaged 65% correct scores before they took the class, and 84% after they completed the class. Other findings were as follows: Individuals with cerebral palsy improved more than others, and greater improvement was also associated with having more roommates or housemates. Participants with higher cognitive skills tended to have higher overall knowledge scores, but individuals with lower cognitive skills tended to make more improvement, as measured by the knowledge test.

The Health and Well-Being Inventory Test Results

HAP participants were also administered The Health and Well-Being Inventory before and after completing HAP. This inventory consists of 75 multiple-choice questions, and it yields a Total Health and Well-Being score, as well as subscale scores in nine areas: General Physical Health, Illness, Sleep, Emotional Health, Health Care Practices, Happiness, Empowerment, Relationships, and Choices. The results of the inventory are provided in the table below.

Area	Pretest Score	Posttest Score	Significant Improvement? (dep t-test, $p < .01$)
Physical Health	19.4	20.5	Yes (N=141)
Illness	34.8	36.3	Yes (N=141)
Sleep	9.3	9.6	No (N=141)
Emotional Health	32.6	33.5	No (N=141)

Health Care Practices	33.2	34.7	Yes (N=141)
Happiness	15.2	15.7	Yes (N=141)
Empowerment	20.9	23.2	Yes (N=141)
Relationships	11.6	11.6	No (N=141)
Choices	17.7	18.0	No (N=141)
Total Health & Well Being	222	231	Yes (N=141)

These results demonstrate that participants showed significant increases in six of the nine health subscales, as well as the cumulative Total Health Score. The finding that health care practices improved is a promising, because it suggests that benefits from HAP will continue after the health education program is completed.

Reference

Holburn, S., Cea, C. D., Gordon, A., & Vieze, P. (2005). The Health advocacy program: An activity-based curriculum for adults with developmental disabilities. Staten Island, NY: New York State Institute for Basic Research in Developmental Disabilities.