Physical Activity for People with Autism Spectrum Disorder: The Perspectives of Healthcare Professionals

Sarah Tiner, Texas A&M University
George B. Cunningham (Advisor), Texas A&M University

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According to the Autism Society, about 1 percent of the world’s population has autism spectrum disorder, and the figure increases to 1 in 68 in the US. Despite their prevalence in society, people with autism spectrum disorder sometimes do not have the same opportunities as their peers, and this includes the chance to be physically active (Sowa & Meulenbroek, 2012). The limited opportunities are disappointing, especially considering the social, psychological, and physical benefits associated with being active on a regular basis (Misener & Darcy, 2014; Zeigler, 2007).

The purpose of this study was to examine ways to identify barriers and opportunities for persons with autism spectrum disorder to be physically active. We focused on perspectives from healthcare providers, as persons who regularly interact with the target population. The social ecological model (McLeroy et al., 1986) focuses on multilevel factors associated with physical activity and health behaviors. Drawing from this perspective, our research questions focused healthcare providers’ perspectives on the individual (RQ1), group (RQ2), and community (RQ3) factors associated with physical activity among people with autism spectrum disorder. We also examined the degree to which the healthcare providers perceive benefits of (RQ4) and recommend (RQ5) physical activity for their clients and patients with autism spectrum disorder. Finally, we explored the degree to which multilevel factors and perceived benefits are associated with recommendations (RQ6).

Method

Data collection is on-going. We contracted with a vendor to secure panel data from nurses in the US (N = 173). Each participant will complete a questionnaire measuring factors at the individual, group, and community levels that impact physical activity (Must et al., 2015). They will also complete a measure designed to assess benefits of physical activity (Lang et al., 2010) and the extent to which they recommend physical activity (Lang et al., 2010). All items are measured using a 7-point Likert scale.

Results and Discussion

We will run descriptive statistics, including means, standard deviations, bivariate correlations, and reliability estimates for all variables. We will assess RQ1-5 through one-sample t-tests, comparing the mean scores against the mid-point of the scale (4). We will also use paired-sample t-tests to examine mean differences. We will examine RQ6 through regression analysis, with recommendations serving as the dependent variable.

The study has implications for sport management. Sport managers and sport organizations are increasingly interested in providing physical activity for persons with disabilities (Misener & Darcy, 2014; Wright & Cunningham, 2017). Healthcare providers can serve as key personnel in helping promote such activities. Thus, understanding their attitudes toward physical activity and their history of recommending such activities is a crucial step to ensuring sport for all persons.