



**IHRSA**  
FOUNDATION



PERSPECTIVES ON  
**GYM-BASED  
EXERCISE**  
A SURVEY OF ADULTS  
AND ADOLESCENTS WITH  
INTELLECTUAL DISABILITIES

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# INTRODUCTION

The majority of U.S. adults and children do not get a sufficient amount of physical activity.

**23.2%** of Americans meet the Physical Activity Guidelines for both aerobic and muscle-strengthening exercise.

SOURCE: [CENTERS FOR DISEASE CONTROL AND PREVENTION](#)

**18.5% - 37.7%** of Americans report doing no physical activity in the previous 30 days (varies by state)

SOURCE: [UNITED HEALTH FOUNDATION](#)

Studies suggest that people with disabilities, including adults and children with intellectual disabilities (ID), are less likely to be active than peers without disabilities. Two such studies include Dairo et al., which found only [9% of adults with ID](#) got at least 150 minutes of moderate-vigorous exercise a week or 10,000 daily steps, and Hsieh et al., which found that [60% of adults with ID](#) have low levels of physical activity.

However, physical activity has several important benefits for people with ID. According to [Special Olympics International](#), people with IDs have a shorter lifespan than peers without disabilities—living an average of 16 years less.

In addition to improved cardio-metabolic health and lower odds of some chronic diseases, [physical activity](#) can reduce negative behaviors and improve social behaviors and self-esteem.

Fitness centers provide a safe place for people of all abilities to be physically active. They can support individuals with disabilities by providing:

- Knowledgeable staff and instructors to give education and support
- Access to a wide and diverse range of equipment and amenities, including cardio machines, weights, classes, swimming, and racquet sports
- Opportunities for social interaction and a sense of community via programs, events, and group exercise classes
- A safe, well-lit, climate-controlled environment to be active or train for sports
- Flexible options for engagement, including in-person and virtual offerings

## THE 2 MAIN PURPOSES OF THIS SURVEY



### UNDERSTAND

The first was to understand better and explore the perspectives of people with ID around exercising at a fitness facility.

### IDENTIFY

The second was to identify barriers and facilitators to gym-based exercise as well as offerings and services people with ID prefer at the gym.

## METHODS

The survey was shared with 22 Special Olympics programs and affiliates via email, and with 355 Health Messengers through a Facebook group. The Health Messengers shared the survey on their social media channels and encouraged their friends to take and share the survey.

The survey results were collected via Google Forms and analyzed in Microsoft Excel.

## RESULTS

### DEMOGRAPHICS

A total of 306 participants filled out the survey.



**85.3%** were between the ages of 18-49

**77.8%** lived with their families

**83.3%** had been physically active prior to the COVID-19 pandemic

**83%** rated their health good or better

This group was representative in terms of living situation—data suggest **75%** of people with ID live at home with their families.

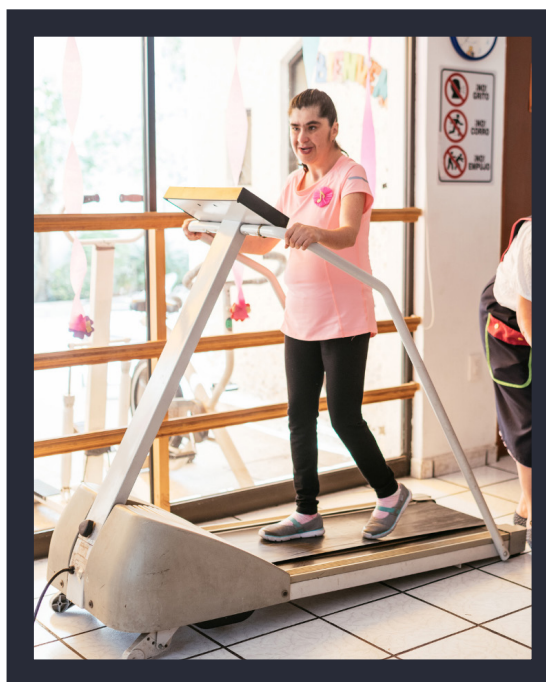
## GYM USE

Respondents were evenly split in terms of gender and history of gym use. Males accounted for 49.5% of respondents, and 50.7% reported using the gym regularly prior to COVID-19 related disruptions.

Among respondents who reported using the gym, 74% went at least twice per week, with 51.3% going two to three times and 22.7% four or more times.

## TOP 5 PREFERRED GYM ACTIVITIES

- 1.** Using cardio machines
- 2.** Lifting weights
- 3.** Strength/circuit classes
- 4.** Dance classes/Zumba
- 5.** Swimming

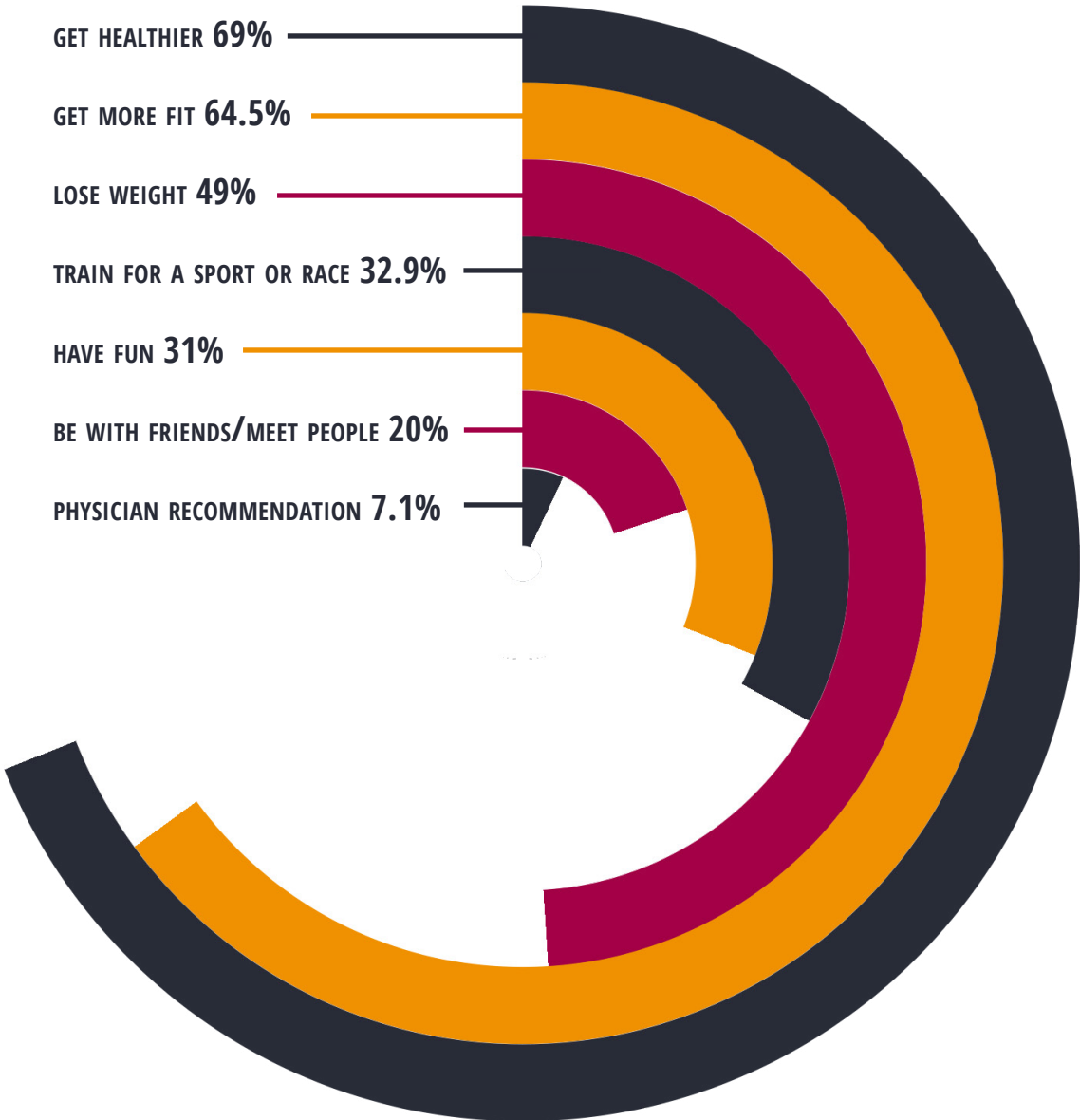


Personal health and fitness seemed to be the primary driver of gym use. Over half of respondents reported starting at the gym to get healthier (69%) and more fit (64.5%), and 49% reported joining to lose weight.

Just under a third indicated they had started going to the gym to train for a sport or race (32.9%) or to have fun (31%).

More social aspects like being with friends and meeting people motivated fewer than 20% of respondents. Only 11 (7.1%) of respondents reported a physician recommendation had spurred them to join a gym.

### WHAT RESPONDENTS REPORTED BEING THEIR REASON FOR STARTING AT THE GYM

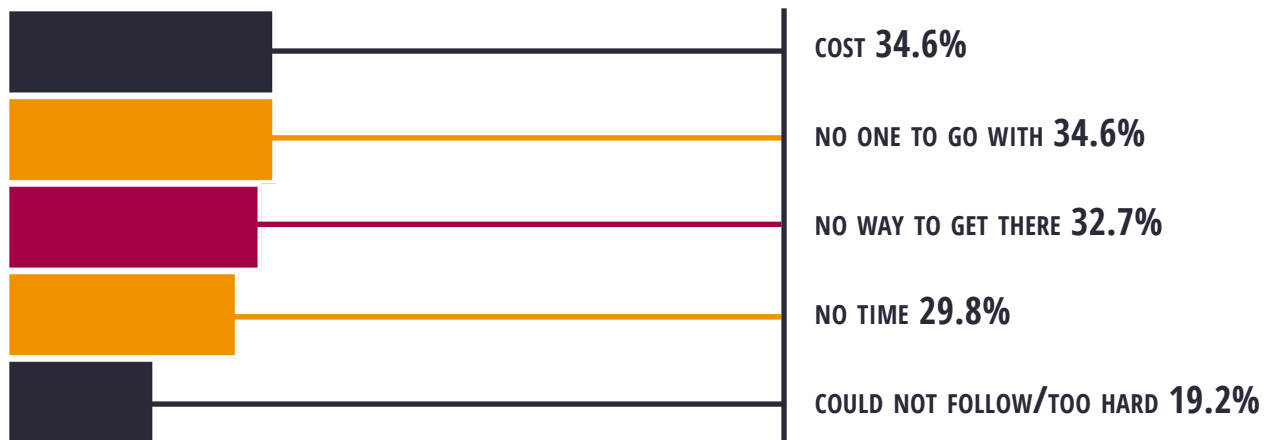




## BARRIERS AND PREFERENCES

The most significant barriers were cost and not having someone to go with.

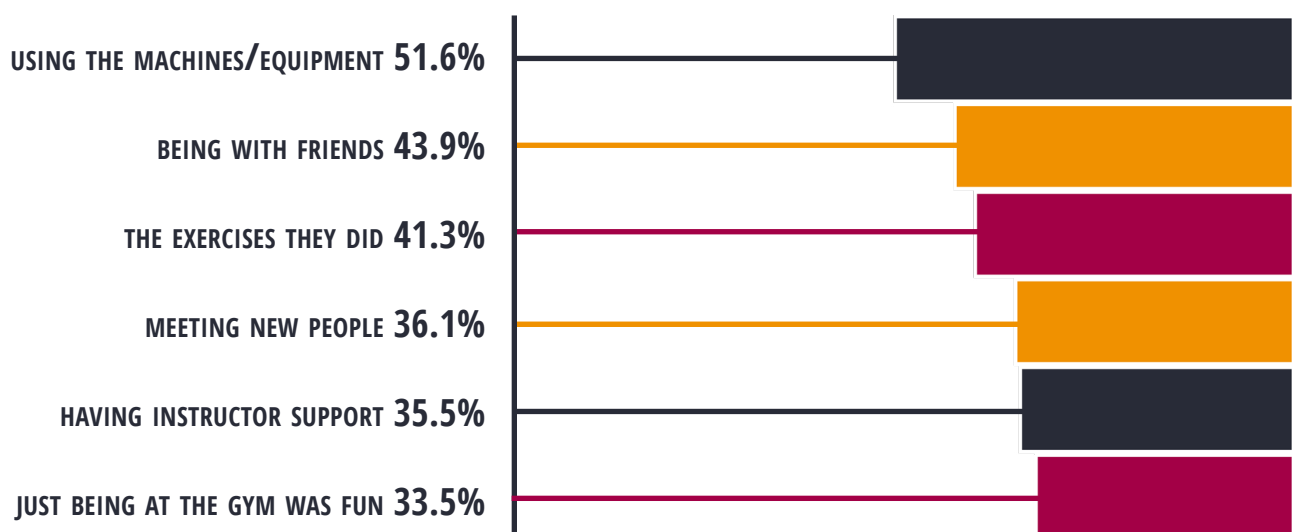
### TOP 5 OVERALL BARRIERS



Despite these barriers, the majority of respondents said they still wanted to stick with the gym. Only 25% of respondents said these barriers made them want to quit.

When asked what they liked most about the gym, respondents selected options pertaining to equipment and amenities, social and community environment, and instructor support.

### WHAT RESPONDENTS LIKED MOST ABOUT THE GYM





Overwhelmingly, respondents reported that they felt the gym helped them reach their fitness goals (91.6%) and that they enjoyed exercising at the gym (96.2%).

## PERSPECTIVES OF NON-GYM USERS

Most respondents not currently going to the gym reported that they had been given a chance to go before (64.7%). When asked if they would be interested in going if given the opportunity, 70% said yes.

The motivations to attend the gym were similar in this group to those who were already using the gym.

**69.4%**  
to get healthier

**61.9%**  
to lose weight

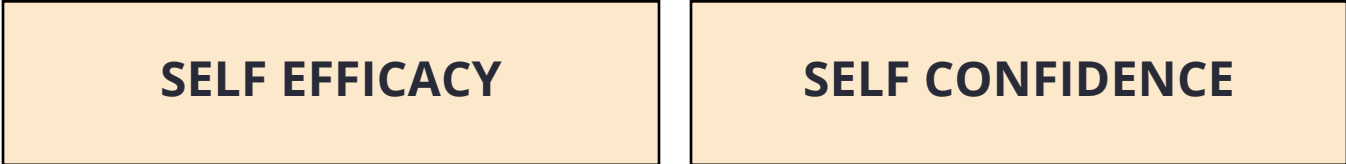
**59.9%**  
to get fit

The biggest difference between regular gym users and non-gym users was barriers.

**For gym users,** three of the top five barriers were related to logistics.

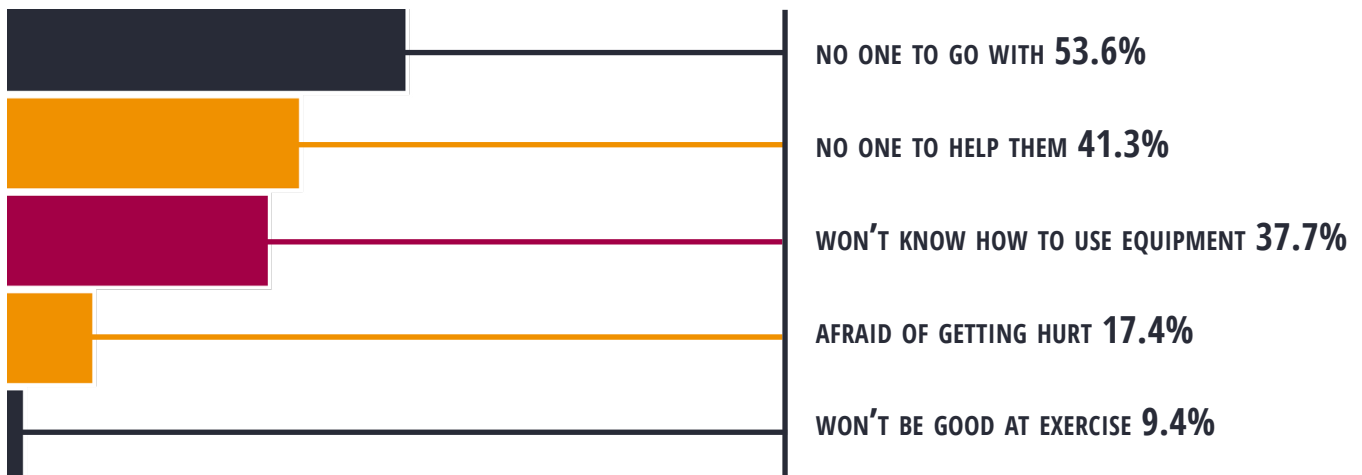


**Among non-gym users,** the most prominent barriers were related to social support.



Not having someone to go with was the top reported barrier for people not already using a gym, reported by over half of respondents.

### TOP 5 OVERALL BARRIERS FOR THOSE NOT ALREADY USING A GYM



## KEY RECOMMENDATIONS FOR CLUBS

These findings suggest people with ID who regularly use a gym are most interested in improving their health and fitness, and enjoy a range of equipment, amenities, and classes at the gym.

Given the focus on health, fitness centers may consider offering more holistic health options for this group, such as nutrition counseling or mind-body.

Clubs may also want to consider offering more opportunities for social opportunities at the gym, as well as more opportunities for instructor support, including small group training, group exercise, personal training, and support from other staff.

For members with and without ID, a friendly face at the front desk or a positive interaction with staff throughout the facility can go a long way toward building a sense of community and social support.



**THE ULTIMATE GOAL IS TO MAINSTREAM DIVERSITY, MEANING PEOPLE OF ALL ABILITIES INTEGRATE INTO THE MAINSTREAM FACILITY TO THE GREATEST EXTENT POSSIBLE**

Community and social support are especially important for people who are not currently using the gym.

The ultimate goal is to mainstream diversity, meaning people of all abilities integrate into the mainstream facility to the greatest extent possible as opposed to catering to particular groups solely through special or separate programs.

However, for people who are not yet accustomed to being in a fitness center or have low self efficacy, specifically targeted education, support, programs, and classes can be beneficial.

## **STRENGTHS & LIMITATIONS**

The participants of this survey represent a disproportionately physically active population compared to the general population with ID. Given the distribution of the survey through Special Olympics, a sports and physical activity organization, this is not surprising but does limit applicability across less active populations.

However, fitness centers can use the insights from this survey to inform outreach to people with ID who are already active but may not currently be exercising in a gym.

# ACKNOWLEDGEMENTS

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## ABOUT THE IHRSA FOUNDATION

The IHRSA Foundation's mission is to promote health through exercise.



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