People with intellectual and developmental disabilities (IDD) have begun to participate in their own health promotion and disease prevention activities and are learning how to advocate for their own health. Over the next decade, a coordinated approach to research, practice, and education, along with a policy agenda for health and wellness activities, can result in improved health and wellness outcomes for people with IDD.

**Introduction**

This brief describes the research goals identified by the invited participants of a strand charged with addressing health and wellness for people with IDD at the National Goals Conference in Washington, DC on August 6-7, 2015. Research, education, and practice activities increasingly focus on assessing the health status of people with IDD; developing, testing, and implementing evidence-based health and wellness initiatives for people with IDD; and training of health care professionals to decrease health disparities. Currently, people with IDD who live in community-based settings tend to have high rates of obesity, low fitness levels, and lead sedentary lifestyles. They experience many factors related to negative determinants of health (e.g., individual behavior, genetics, environmental exposures, social circumstances, lack of access to healthcare), which result in decreased life expectancy, increased morbidity, and greater rates of co-occurring conditions (Scheepers et al., 2005).

**Need for Research**

Given a growing body of research evidence documenting the overall health of people with IDD living in the community, a need exists to promote disease prevention, supports for wellness, and health and functional outcomes with this population. Coordinated research is critical to develop and test health and wellness practices for people with IDD that can be implemented in community-based settings.

**Health Surveillance Research Goals**

Research designed to systematically collect and aggregate health-related data of people with IDD is paramount to understanding diseases, informing health initiatives for people with IDD, and appropriately allocating funds and resources.

**Information Exchange Research Goals**

Research to develop and understand effective methods for collecting, mining, and disseminating a repository of health and wellness information and data is essential. It is equally imperative to ensure that evidence-based health and wellness information is broadly available and easily accessible by people with IDD, their families, health care and support providers, educators, policy makers, and researchers.

**Community-Engaged Research Goals**

Community engagement can improve can improve the quality of research and significantly increase the relevance to and involvement of people with IDD and their families. While a growing number of studies support interventions to promote health, reduce health risks, and prepare adults to engage in preventive health practices, health disparities persist among people with IDD. People with IDD, along with their families and support providers, are essential to research processes that address the needs of people with IDD; produce rigorous, generalizable results; reduce health care disparities; and inform policies and practices that improve health outcomes.

**Caregiver Health Research Goals**

Evidence-based strategies for health and wellness programs and services are critical for families and others who provide the majority of long-term supports for people with IDD. As the health of people with IDD is “interdependent” with those they rely on for supports, research to identify the best practices for caregiver health is crucial to assure optimal outcomes for people with IDD.
Models of Care Research Goals
Research designed to elicit outcomes of existing and emerging models of care and care delivery are essential to enable health care systems to enhance health care access and improve outcomes for people with IDD (Harder+Company Community Research, 2008).

Training Research Goals
Research that examines training gaps and demonstrates solutions than can be implemented in pre-service and clinical settings is necessary to assure optimal health outcomes for people with IDD. People with IDD face substantial challenges in accessing appropriate health care services due to physical access barriers, lack of transition services across the lifespan, and training gaps among health care professionals in clinical issues faced by people with IDD (Hemm, Dagnan, & Meyer, 2015)

Conclusion
People with IDD who live in community-based settings continue to have poorer health than their non-disabled peers. A coordinated health and wellness research agenda is essential for improving health behaviors and health outcomes people with IDD and demonstrating effective implementation strategies in community-based settings. The goals described here demonstrate a pathway for health and wellness research, policy, and practice for the next decade that will enhance the lives of people with IDD and those that support them.

References

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The Way I Used to Be
By James Stephen Love
I used to be as big as a tree
Just like my whole family
They would fill themselves with cakes and pies
And never want to exercise
When I wanted to lose weight
They called me names and filled me with hate
You’re not going to lose weight you idiot
You’re going to be fat like us you twit
But that drove me to work hard
I pushed myself from the start
I worked hard, fast, and quick
I was losing weight by the look of it
Now they look at me with pain
At the falsehood of what they say
You can do what you envision
You just need will and good motivation