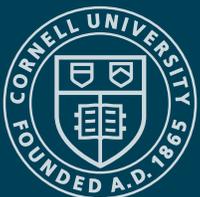




The Inclusive Fitness Toolkit

for Fitness
and Wellness
Professionals



K. Lisa Yang and Hock E. Tan
Institute on Employment and Disability

IF INCLUSIVE FITNESS
INITIATIVE

Acknowledgements

This toolkit was created by the Yang-Tan Institute on Employment and Disability at Cornell University, under New York State Developmental Disabilities Planning Council contract #C024311. The Cornell team consisting of Dr. LaWanda Cook, Jennifer Mimno, Dr. David Filiberto, and Dr. Brian Leidy provided technical assistance and evaluation support for the DDPC Inclusive Fitness Initiative.

Demonstration project teams led by Dr. Diane Ryan and Dr. Theresa A Kolodziej at Daemen College in Amherst, NY and Dr. Nienke Dosa of SUNY Upstate Medical University in Syracuse, NY, contributed content.

A special “thank you” to the following people for reviewing and providing feedback on the toolkit:

Jennifer Bennett – Ohio University WellWorks Program
Kimberly Berg – NYS Developmental Disabilities Planning Council
Lori Brewer – Ithaca and Tompkins County YMCA
Wendy Strobel Gower – Northeast ADA Center
Nicole Hiller – Revive Strength & Pilates, Gunbarrel, CO
Kerry Howell – Cornell University Wellness Program
Susan Mix – Central NY Jazzercise
Zachary Powell – NYS Developmental Disabilities Planning Council
Kerry Wiley – NYS Developmental Disabilities Planning Council



K. Lisa Yang and Hock E. Tan
Institute on Employment and Disability



CONTENTS

Acknowledgements	2
Introduction	4
What is Inclusive Fitness; and Why Does it Matter?	6
What Do I Say?: Interacting with Customers with Disabilities	15
ADA Basics: How the Americans with Disabilities Act (ADA) Applies to Fitness/Wellness Professionals	20
Welcoming Every Body	31
Acknowledging and Addressing Barriers to Inclusion	42
Marketing to Individuals with Disabilities	57
Conversation Guide: Getting to Know Customers with Disabilities	60
Inclusive Fitness “Take-aways”: Lessons Learned from the Inclusive Fitness Initiative	65
Additional Resources	80
References	109

Introduction

The Inclusive Fitness Toolkit was developed from work completed under the New York State Developmental Disabilities Planning Council Inclusive Fitness Initiative by project grantees: Cornell University’s Yang-Tan Institute on Employment and Disability, Daemen College, and SUNY Upstate Medical Center. The goal of the Initiative was to enhance access to and inclusion in community fitness/wellness programming by individuals with developmental and other disabilities.

INCLUSION

“It’s not about adding people in after the fact. It’s about planning for differences up front.”

Dr. Laura Eisenman, University of Delaware

The Purpose of the Inclusive Fitness Initiative and Use of This Toolkit

This toolkit is designed to help fitness/wellness professionals consider the needs of individuals with developmental and other disabilities when designing and implementing programs and services. It contains information about the legal, human and practical aspects of inclusion. The contents of the toolkit are designed for use by individual fitness professionals, and may also be used for conversations and/or in-service training with staff, colleagues, and clients. You don’t need to be a decision maker in the organization to use this toolkit; everyone from janitorial staff, to receptionists, to part-time instructors, to gym owners, anyone who interacts with customers and clients will find information they can use!

As you use the toolkit, keep in mind that this is a resource – not a prescription for how to work with every person you encounter! Each person is an individual; you may need to adjust some of what you do, depending on the person. As with any group of people, there is a wide range of interests, abilities, and resources among people with disabilities.

The toolkit is divided into the following sections:

What is Inclusive Fitness and Why Does it Matter? – definitions of inclusion and why fitness professionals need to know about inclusion

What do I Say? Interacting with Customers with Disabilities – tips for respectfully interacting with individuals with various types of disabilities

ADA Basics – rights and responsibilities of fitness/wellness professionals, and individuals with disabilities under the Americans with Disabilities Act (ADA)

Welcoming Every Body – tips for creating spaces, policies, and practices that foster inclusion, including modifications for common exercises and tips for marketing your program/services

Acknowledging and Addressing Barriers to Inclusion – common concerns among fitness professionals and individuals with disabilities which may impede participation, as well as suggestions for addressing these barriers

Marketing to Individuals with Disabilities – suggestions for marketing to the disability community

Conversation Guide: Getting to Know Customers with Disabilities – tips to guide interviews with clients so that you can decide together whether your program or service is a good match

Inclusive Fitness “Take-aways” – promising practices from Daemen and SUNY’s programs under the Inclusive Fitness Initiative

Additional Resources – community fitness opportunities in Central and Western NY, and beyond, an annotated bibliography of research about fitness participation among individuals with disabilities, and other sources that offer guidance about working with customers with disabilities



SECTION I

What is Inclusive Fitness; and Why Does it Matter?

The Inclusive Fitness Initiative



The Inclusive Fitness Initiative was funded from September 1, 2013-August 31, 2017 to:

- Support fitness/wellness programs in NY State in becoming more inclusive by providing adults with developmental and other disabilities better access to programs and services.
- Create or adapt programs that simultaneously serve both people with and without disabilities in individual and group formats.
- Decrease barriers to inclusion by making programs relevant and programmatically accessible to participants and provide opportunities to participate in age-appropriate activities with peers without disabilities.
- Determine promising practices for promoting and sustaining inclusive fitness/wellness programming which could be shared throughout New York State and beyond.



What is a Developmental Disability?

A **developmental disability** is a chronic disability which began at birth or prior to the 21st birthday, is expected to continue indefinitely, and substantially restricts a person's functioning in several major life activities. People with developmental disabilities might be restricted in or require support with self-care, receptive and expressive language, learning, mobility, self-direction, independent living, and/or gainful employment.

The term "developmental disability" is frequently used to refer to people with intellectual disabilities. **Intellectual disability** is a specific type of developmental disability that refers to "below average" cognitive ability. The three defining characteristics of intellectual disability are:

- (1) Intelligence quotient (or I.Q.) is between 70-75 or below
- (2) Significant limitations in the ability to adapt and carry out everyday life activities such as self-care, socializing, communicating, etc.
- (3) The onset of the disability occurs before age 18.

Some other developmental disabilities include: Autism, behavioral disorders, Cerebral Palsy, Down syndrome and Spina Bifida, as well as disabilities due to injuries or illness experienced prior to a person's 21st birthday. Individuals with these and other types of developmental disabilities may or may not have an intellectual disability.

What is Inclusive Fitness?



Your clients and customers are not all alike. No doubt they differ in age, gender, race, educational attainment, income level, and/or other factors. And, each person has their own interests, motivations, and capabilities when it comes to fitness activities. In some instances, their choice of activities and success in participation may be impacted by physical, emotional, or cognitive impairments, of which you may or may not be aware. Sometimes these impairments are due to a disability.

You may be familiar with the concept of “adapted” programming. While the terms “adapted” and “inclusive” are often used interchangeably, their meanings are somewhat different. Both terms refer to creating opportunities for equal participation by individuals with disabilities; however, whereas adapted programs are specifically targeted to people with disabilities, the concept of inclusion extends beyond “special” or “adapted” programs.

Inclusive programs provide the opportunity for individuals with disabilities to participate in typical, community-based, activities and services, alongside their peers without disabilities, as equals. Inclusion means more than welcoming individuals with disabilities into the same spaces as people without disabilities - although this is important! It requires being prepared for and intentional about ensuring that individuals with disabilities have the same opportunity to participate as your other customers or clients.

Similar to other customer groups, such as women or older adults, who may prefer to participate in programs exclusively targeted to women or “seniors”, some individuals with disabilities may prefer to participate in programs specifically targeted to people with disabilities, at least some of the time. Adapted or targeted programs can be a good way for someone to learn a new fitness or wellness activity. Such programs also offer the chance for participants to decide whether or not they enjoy an activity and what, if any, modifications they might incorporate when doing the activity in other, more inclusive settings. A significant benefit of inclusion is that it offers individuals with disabilities the same range of options or choices as people without disabilities.

The graphic below shows the steps toward creating a fully inclusive program. Accessible means that people can get in the door. Universally designed means that people of all ages, ability, body types, etc. can independently access the space and use the features within the space. Fully inclusive means that people with and without disabilities are able to access the space and its features, and are made to feel welcome there as they use the site together.

Fully Inclusive

The goal is to create a fully inclusive environment. A fully inclusive environment refers to the seamless use of the environment by all people, regardless of disability or other types of diversity. It also refers to a culture that is welcoming to all participants.

Source: The Association of University Centers on Disability and the National Corporation for Service Learning.



Inclusive Fitness Ideas

A number of programs started by SUNY Upstate under the Inclusive Fitness Initiative continue to be available through the Fitness Inclusion Network.

Inclusive Walking Club via Monday Mile Program

Healthy Monday is a public health initiative founded in 2005. Monday Mile and other Healthy Monday initiatives help participants to start the week off with healthy habits. People are encouraged to use the accessible and inclusive Monday Mile loops that are marked throughout Onondaga County, or create your own Monday Mile loop. This free initiative is open to individuals of all abilities.

Resource: Guidebook on “How to Create an Inclusive Walking Club!”

http://healthymonday.syr.edu/wp-content/uploads/2015/09/HowToCreateAnInclusive-WalkingClub_2015_tagged.pdf



Accessible Geocaching Club

Geocaching is a real-life, scavenger hunt that uses GPS-enabled devices to find a hidden object referred to as a “cache.” Caches are placed all over CNY to highlight accessible parks and various locations. This is a free program open to individuals of all abilities. Visit the guidebook below to learn more about how to get involved, whether you would like to hide a cache to add to the array of accessible caches or find the many caches that the website has to offer.

Resource: Guidebook on “Accessible Geocaching: The Treasure is in the Journey”

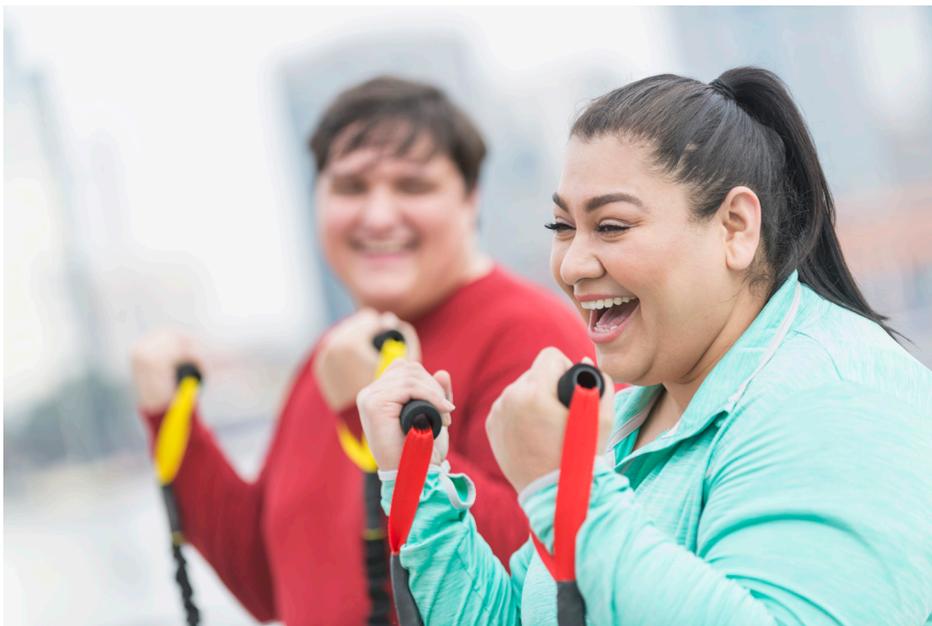
http://bbi.syr.edu/projects/fit-in/docs/AccessibleGeocachingFINAL_TAGGED.2016pdf.pdf

While any opportunity to be more physically active can help people with disabilities to improve health, gain and retain functional abilities, and better manage stress, inclusive fitness opportunities are particularly beneficial to individuals' overall well-being. Inclusion can help to cultivate friendships, develop social skills, provide the chance to engage in social interactions, develop new interests, enhance self-esteem, and can help improve academic and work performance. Further, inclusive programming gives individuals with disabilities greater capacity to engage in their communities, and provides people without disabilities an opportunity to see disability as one form of diversity and part of the human condition.

INCLUSION

“It’s about being included in life... participating in day-to-day activities as a member of the community.”

Kids Together, Inc.



Why Do You Need to Know about Inclusion?

Making the decision to begin a fitness or wellness program can be difficult, whether or not a person has a disability. Concerns about body image, acceptance by fitness professionals and other participants, the time commitment, and cost are just some of the factors that can decrease the likelihood that an individual will start and continue engaging in fitness and wellness activities.

Identifying individuals' needs and concerns, and finding ways to address them is essential to attracting diverse customers and providing quality customer service. Effectively serving diverse clients, including individuals with disabilities, is becoming increasingly important. Beyond legal obligations under the Americans with Disabilities Act (ADA), which require that public agencies and private businesses accommodate customers with disabilities, there are also human and practical considerations.



The number of people with disabilities is increasing, and there are significant health disparities within the disability community. Fitness professionals who serve this growing customer base can play an important role in addressing these health inequities. Consider these points:

- Approximately 1 in 5 people, or 20%, of the U.S. population has a disability.
- Nearly 13% of people in New York State have a disability; 9% of these New Yorkers are adults between the ages of 21 and 64 years old (Erickson, Lee, & von Schrader, 2017).
- The U.S. population is aging and the prevalence of disability increases with age (Brault, 2012).
- Across the country, people with disabilities tend to be less physically active than people without disabilities (Centers for Disease Control and Prevention, 2011).
- People with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities; and are more likely to be obese (Centers on Disability at Public Health Institute, 2014). Nearly half of all adults with disabilities get no aerobic physical activity; these individuals are 50% more likely to have secondary chronic diseases than those who get the recommended amount of physical activity (Centers on Disability at Public Health Institute, 2014).
- Adults with disabilities are 53% more likely to be obese than adults without disabilities. 47% of adults with ambulatory difficulty, 32.7% of adults with cognitive limitations, and 34.5% with visual limitations are obese (Fox, Witten, & Lullo, 2014).

Can You Afford to Turn Away 30% of Your Potential Customers?

25%-30% of your customers have a disability or a friend/family member with a disability

The U.S. disability market, which includes customers with disabilities and their spheres of influence, controls \$247 billion in disposable income (National Organization on Disability, 2012)

SECTION II

What Do I Say?: Interacting with Customers with Disabilities

Person-First Language

Concerns about language or saying the “wrong” thing can be a barrier to people with and without disabilities getting to know each other. As a general rule, person first-language should be used. This means recognizing and referring to a person, first, rather than emphasizing their disability. Here are some examples from the National Center on Birth Defects and Developmental Disabilities (2017):

Person-First Language	Language to Avoid
Person with a disability	The disabled, handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, and/or developmental disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Hearing Impaired, suffers a hearing loss
Person who is deaf	Deaf and dumb, mute
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability	Crippled, lame, deformed, invalid, spastic
Person with epilepsy or seizure disorder	Epileptic

Person-First Language	Language to Avoid
Person with multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP victim
Accessible parking or bathrooms	Handicapped parking or bathrooms
Person of short stature	Midget
Person with Down syndrome	Mongoloid
Person who is successful, productive	Has overcome their disability/ is courageous



Interacting with Customers with Different Types of Disabilities

There are many different types of disabilities. Physical disabilities include conditions that impact mobility, strength, dexterity, and stamina. Sensory disabilities are conditions which impact vision, hearing, and/or speech. Non-obvious disabilities, including cognitive and intellectual limitations, mental health disabilities, and chronic health conditions, can affect individuals in a variety of ways. Below are some suggestions for interacting with individuals with different types of disabilities.

Physical Disabilities

- Personal space includes an individual's wheelchair, cane, or other mobility aid; do not touch these devices without the person's permission or invitation.
- If you interact with a person in a wheelchair for more than a few minutes, seat yourself so that you are both at eye level. This is more respectful and does not require the person to strain their neck by looking up at you during the conversation.

Hearing Disabilities

- Before speaking, make sure you have the person's attention.
- Talk directly to the person, even if an interpreter is present.
- Do not assume the person can read your lips.
- If the person is lip reading, face them, keep your hands and objects away from your mouth, and maintain eye contact.
- If you do not understand the person's speech, ask them to repeat what they have said or to write it down.

Speech Disabilities

- Talk to the person as you would anyone else.
- Be patient; it may take a little longer for the person to speak.
- Use alternative communication methods if needed, such as email, texting, or pencil and paper.

“Hidden” or Non-Visible Disabilities

- Respect requests for assistance, even when you cannot see why the person is asking.
- Follow the person’s lead.
- Don’t make assumptions.



Tips for Interacting with Customers with Disabilities

- Relax. Don’t be afraid to make a mistake; it’s better to attempt connecting than to ignore.
- Be aware that the same disability can affect different people in very different ways.
- Treat every person as an individual and an expert about their own experience.
- Treat adults as adults.
- Consider the whole person, their intersecting identities (age, gender, race, etc.), and all aspects of their lives, not just disability.
- Offer assistance, and if accepted, follow the person’s lead; respect the person’s right to say “no thank you”.
- Address the person directly, not a companion or interpreter.
- Do not distract a service animal; they are not pets. They assist people with a variety of disabilities with many types of tasks, and distracting the animal may put the person in harm’s way.

SECTION III

ADA Basics: How the Americans with Disabilities Act (ADA) Applies to Fitness/Wellness Professionals

What is the Americans with Disabilities Act?

“...The world’s first comprehensive declaration of equality for people with disabilities.”

President George Bush, upon signing the ADA into law on July 26, 1990

Passed more than 27 years ago, the Americans with Disabilities Act (ADA) is a major civil rights law protecting individuals with disabilities from discrimination. While many people are familiar with the ADA’s relevance to employment, the law is much more comprehensive, covering all aspects of community life including participation in educational, fitness, and recreational opportunities.

Five Titles of the ADA

Title I. Employment

- Prohibits disability discrimination in all employment processes

Title II. Public Entities

- Physical and program access in state/local government entities

Title III. Public Accommodations

- Physical and program access in places of business open to the public

Title IV. Telecommunications

- Telephone and communications systems for the public

Title V. Miscellaneous

- Protections from retaliation

Title II of the ADA applies to public fitness/wellness providers such as fitness classes offered by municipalities, while private providers that serve the public such as YMCAs and private gyms are covered under Title III. The United States Department of Justice (DOJ) is responsible for enforcing these Titles of the ADA.

Title I of the ADA (Employment Provisions) also applies to fitness/wellness providers in regards to job applicants and employees. For more information about any of the five Titles of the ADA, contact the ADA National Network's free, confidential Technical Assistance Line at 1-800-949-4232.

Although inclusion is about much more than legal compliance, it is important to note that making your services accessible to individuals with disabilities is not optional. It is a legal right of people with disabilities to participate in community life. In some instances, modifications to facilities and services will need to be made to allow for participation. This section highlights relevant aspects of the ADA and addresses common questions related to its application to fitness/wellness professionals.



Who Has Rights Under the ADA?

The ADA protects individuals with disabilities from discrimination. Under the ADA, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities.” The law also applies to people who have a record of such an impairment, as well as people who are regarded as, or are being discriminated against, because of a presumed disability, even if they do not actually have one.

The term “major life activities” includes activities such as self-care, manual tasks, eating, breathing, sleeping, reading, concentrating, communicating, working, and interacting with others. These are just a few of the activities in a non-exhaustive list of examples of major life activities covered by the law. As noted in the examples, major life activities include the operation of major bodily functions, the immune system, special sense organs and skin, normal cell growth, digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. Regulations state that major bodily functions include the operation of an individual organ within a body system (e.g., the operation of the kidney, liver, or pancreas).

To have rights under the ADA, an individual must be (or have been) substantially limited in performing a major life activity as compared to most people in the general population. An individual need only be substantially limited, or have a record of a substantial limitation, in one major life activity to be covered under the law.

The ADA applies to people with both obvious and non-obvious disabilities. This means that a person with diabetes, or a mental health condition, or someone in remission from cancer has rights under the law, just as someone who has an obvious, physical disability would.



What are the Overarching Requirements of the ADA?

As with all civil rights legislation, and overarching requirement of the ADA is nondiscrimination. Specifically, individuals with disabilities may not be denied full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations offered by public entities or private businesses that serve the public.

There are some slight differences between Titles II and III of the ADA. However, both public and private fitness/wellness providers are required to offer physical and programmatic access. This means that facilities and the activities and services offered must be accessible to people with disabilities. Access may be achieved through the use of nondiscriminatory eligibility criteria for participation, modifications of the physical structure, offering services in an alternate accessible location, purchasing equipment that allows people of different ability levels to participate, as well as other strategies.



ADA-Related Questions about Fitness/Wellness Programs

Q. Can a customer with a disability be asked to leave if other customers are uncomfortable with the person's disability or the way they move or behave because of a disability?

A. No. The ADA specifically prohibits this type of discrimination against people with disabilities. In the unlikely event that a customer with a disability acted or behaved in a way that significantly altered the fitness experience, the gym staff would need to address this in a way that still protects the person's right to be in the facility. For example, if someone with a developmental disability was taking a meditation class and periodically made unrelated vocalizations, this could be seen as fundamentally changing the nature of what is meant to be a quiet, reflective time for all participants. In such a case, the instructor might offer a verbal reminder, "this is quiet time", offer a reminder about the intent of the class, or engage the person in an alternate activity.

A person may not be aware that they are the only one making a vocalization. A prompt like the one suggested may support the individual in identifying solutions that work for the person and the class as a whole. For instance, if the person was singing because they are uncomfortable in a dark room, the instructor could try dimming the lights, rather than shutting them off completely. If the person prefers more active ways of exercising and/or relieving stress, walking meditation or using the weights or machines might be good options.

*After class the instructor should ask the individual, "How did you like the class? How can I make the class better for you? What supports could I provide?"

NOTE: If the same customer was in a group fitness class with loud music, where the instructor and class participants made vocalizations, or talked during the class, their behavior would not significantly change the experience and there would be no justifiable reason to remove the person from the class.

Q. Can customers with disabilities be excluded by a facility based on concerns about a possible increase in insurance costs?

A. No. Recreation and fitness facilities cannot discriminate against or otherwise exclude people with disabilities from joining or using a facility based on fear of, or an actual increase in, liability insurance premiums. They also cannot refuse to admit or accept for membership an individual with a disability because of concern that the person might inadvertently injure themselves. It is best practice to engage all customers/potential customers – whether or not they have disabilities – in an intake process to learn about their goals, health history, medications, limitations, and to request physician’s approval, if warranted. In all instances, be honest about your experience serving persons with disabilities and whether or not you feel adequately trained to assist the individual in meeting their goals. For more information on talking with customers about their goals and needs, see the Conversation Guide in Section VII of this toolkit.

Q. If an individual with a disability is injured while using equipment at a fitness facility, is the facility liable for the injury?

A. Should injury occur, state negligence laws, not the ADA, will determine liability. The ADA prohibits businesses from refusing service to a person with a disability because of fear of injury to the person. However, teaching (and reviewing) how to safely use equipment and regularly demonstrating how to safely perform specific exercises is an important part of effectively and professionally serving all customers. Incorporating principles of Universal Design, such as posting photos showing proper use of equipment, will enable customers to use the facility more safely and easily. See The Principles of Universal Design Summary on page 33 of this toolkit. For more information on insurance concerns, see pages 43-44 of this toolkit.

Q. Can a fitness provider require that people with disabilities use separate facilities or attend separate programs?

A. No, even if a business or municipality offers a program specifically for people with disabilities, a person cannot be required to attend the separate program, as long as the individual meets the eligibility requirements for participation in the program available to the general public.

The ADA requires that people with disabilities be provided an equal opportunity to participate in programs in integrated settings, along with their peers without disabilities. This means that fitness/wellness providers cannot require individuals with disabilities to participate only in separate or 1:1 services, which are often more costly for the person and not inclusive, if the person wishes to take part in programming with other customers and is able to.

Decisions about whether or not the person has the capacity to do so must be made on a case by case basis. The facility must work with the individual to determine whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will enable inclusion. It is important that fitness providers be aware that just because one person with a disability could not be accommodated in the typical program, they should not assume that this is true for other people with the same or similar disabilities or related conditions.

When an individual requires accommodations that would fundamentally alter the nature of the activity and the fitness provider has a similar program that would enable participation, the individual can be asked to attend the disability-specific program.

If the fitness provider does not offer a suitable program, they could decide to create an opportunity if there is sufficient interest or need in the locations they serve. Providers should be familiar with and able to suggest other programs in the community, which may better meet the needs of individuals they are unable to serve.

Q. Does the ADA preclude fitness providers from establishing safety requirements for use of their equipment? How can a fitness provider determine if a person with a disability is able to operate the exercise equipment?

A. Fitness providers may impose neutral, *legitimate* safety requirements that are necessary for the safe operation of equipment, for all of their customers. However, the facility must ensure that its safety requirements are based on real risks, not on speculation, stereotypes, or generalizations about people with disabilities. For example, a facility might require that all participants be able to swim in deeper water in order to participate in a facility-sponsored triathlon requiring that participants swim in the deep end of the pool or nearby lake.

Also, a facility is not required to guarantee that an individual with a disability will experience the same result or level of achievement as people who do not have disabilities. For example, an individual who uses a wheelchair may not be excluded from an exercise class at a health club because they can only do some of the exercises and may not achieve the same results from the class as people who do not have disabilities.

The best way to assess the abilities of a person with a disability is to ask whether they are able to operate the equipment in question, have some previous experience with the equipment, meet the universally applied safety requirements, or require some modification or adaptation of equipment, policies, or procedures in order to participate. It is good practice for fitness providers to ask customers – with and without disabilities – to demonstrate the ability to safely operate equipment prior to leaving them on their own.

Q. Are fitness centers required to allow service animals inside the facility?

A. Yes; under the ADA, service animals must be allowed, even if other customers are afraid of or allergic to them.

Q. Is there a way to know it's really a service animal?

A. Under the ADA, a service animal is a dog (and, in some cases, a miniature horse) individually trained to do work or perform tasks for a person with a disability. Examples: guiding a person who is blind, alerting a person who is deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental health condition to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, etc. The work the animal has been trained to perform must be directly related to the person's disability. Other types of animals, such as companion animals or emotional support animals, even if they have been trained, are not considered service animals under the ADA's definition.

When it is not obvious what service an animal provides, only two questions are allowed: (1) Is the animal required because of a disability? and (2) What work or task has the dog been trained to perform? Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task. Service animals are not required to wear vests.

A service animal should always be under the physical or verbal control of its owner. A facility may request that the animal be removed from the premises if it is threatening, out of control, or not housebroken.

Q. Are facilities required to have wheelchair accessible equipment under the ADA?

A. No. Many individuals with disabilities, including persons who use wheelchairs will be able to use some of the equipment at a facility (i.e., free weights, medicine balls, bands, and some machines). Under the ADA, facilities are required to ensure that there is an accessible route and sufficient space for a wheelchair user to access at least one of each type of equipment in the facility. For specific requirements related to exercise equipment see the ADA Checklist for Existing Facilities: Sports Activities, Team or Player Seating, Exercise Machines & Equipment, Bowling Lanes, Saunas & Steam Rooms, and Shooting Facilities at: <http://adachecklist.org/doc/rec/misc/misc.pdf>

Although not required, investing in equipment that is useable by a broader number of clients and customers makes good business sense! Any accessible equipment purchased would be useable by individuals with and without disabilities. Given that people with disabilities are a largely untapped market in the fitness/wellness industry, and that Baby Boomers are seeking to stay active, the purchase of such equipment would be money well-spent!

ADA compliance is important and necessary. However, compliance is just the starting point for inclusive opportunities. To increase opportunities and meaningfully engage people with disabilities in programs alongside their peers without disabilities, fitness providers should incorporate Principles of Universal Design in their physical spaces and approach to instruction, develop partnerships with disability organizations, and use available resources such as the ones provided throughout this toolkit and in the list of resources in Section IX.

SECTION IV

Welcoming Every Body

One of the most obvious ways that a facility can demonstrate a commitment to inclusion is to create a welcoming environment that individuals can access as independently as possible. This includes the provision of accessible parking, stairless/ramped entrances, and accessible restrooms. In order to enable usability by the widest range of customers or potential customers, the facility's features should be consistent with the seven Principles of Universal Design.

In a recent study of accessibility of fitness centers, researchers found that many fitness facilities have room to improve when it comes to creating programs that can be optimally used by persons with disabilities (Rimmer, Padalabalanarayanan, Malone, & Mehta, 2017). The authors also noted there are additional components, besides the physical environment, that are needed to achieve full accessibility and usability of a fitness facility. The accessibility of formal programs like exercise classes, presence of access policies, and adequate training for facility staff all contribute to the inclusion of people with disabilities. Improving access to fitness facilities and their programs can have a positive impact on the health and wellness of people with disabilities, as well as those aging into disability. Improving access may also have a positive impact for facilities themselves by increasing their marketability to a broader community of potential members.



Seven Principles of Universal Design

Universal Design, UD, refers to the design of products and environments to be usable by all people, to the greatest extent possible, without adaptation or specialized design. The chart below briefly describes each principle and examples for each principle within a fitness setting.

Principle	The Design	Examples for Fitness Settings
Equitable Use	Is useful and marketable to people with diverse abilities	Motion-activated, automatic doors
Flexibility in Use	Accommodates a wide range of individual preferences and abilities	Equipment, benches, chairs, of different types, heights and sizes
Simple and Intuitive Use	Easy to understand, regardless of user's experience, knowledge, language skills, or current concentration level	Simple signage (pictures/ words), easily understood by all users
Perceptible Information	Communicates necessary information effectively to the user, regardless of conditions in the immediate surroundings or the user's sensory abilities	Colors, arrows, etc. on walls and floors communicate location
Tolerance for Error	Minimizes hazards and the adverse consequences of accidental or unintended actions	Demonstrate multiple ways to do a given exercise; set timer to encourage and remind of need for breaks
Low Physical Effort	Used effectively and comfortably with a minimum of fatigue	Seamless transition in flooring and lever handles instead of door knobs
Size and Space for Approach and Use	Provides appropriate size and space for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility	Extra-wide doorways and entries to equipment

For more information about UD and the guidelines for each of the principles, see https://www.ncsu.edu/ncsu/design/cud/pubs_p/docs/poster.pdf

Although the physical access requirements under the Americans with Disabilities Act (ADA) address some essential access features, the law does not require other features that promote usability of facilities, programs, and equipment by people with disabilities, such as having exercise equipment that can be used without needing to transfer out of a wheelchair, braille and large-print signage for equipment, or disability awareness training for facility staff. Yet, all of these things can contribute to a safer and more positive experience for clients and customers with disabilities. Recent research indicates that most fitness facilities lack at least 30% of the desired accessibility features, which means they are not designed for optimal use by individuals with disabilities (Rimmer, et al., 2017).

Beyond the physical design, the programs and services offered by a facility should also be designed with inclusion in mind. This means offering an array of activities that can be done in different ways, demonstrating high and low impact versions of various moves, reminding participants of proper form, and showing what this looks like for each move; and emphasizing enjoyment and movement. See “Ten Tips for Fitness Trainers” developed by the staff of the Get Movin’ and Train-the-Trainer programs at Daemen College, on pages 71-72.

Considerations

There are some considerations to keep in mind when working with customers or clients with developmental and other disabilities. For instance, you may need to adapt equipment so that it can be used by individuals with fine motor challenges. Wrapping tape around items will make it easier to hold the object. If the weight of objects is an issue, plastic balls, sponge balls, and balloons may be used in place of heavier metal weights. Other physical requirements of an activity could be made more inclusive by changing the number of people involved in the activity or having everyone sit for the activity rather than stand. Frequent cueing/ instructional prompts can help with learning and memory.

Individuals with Intellectual, Developmental, and Other Disabilities

- High tone
- Low tone
- Contractures
- Posture
- Cognition

Individuals with high muscle tone can benefit from stretching and from more relaxing music; whereas people with low muscle tone may benefit from more upbeat, intense music during a workout. All participants should be assisted in maintaining their best posture as this will improve the overall benefit of any fitness activity they engage in. For more tips on working with customers and clients with disabilities, see resources listed at the end of this toolkit.

Be careful about competition

Social inclusion is an important aspect of being included or having a sense of belonging. Often, it is assumed that people without disabilities will be uncomfortable interacting with people who have disabilities. **Actually, this discomfort can go both ways – especially in situations where people may be more focused on physical appearance, speed, and outperforming others.**

Be aware that the pressure involved in looking a certain way and/or being in direct competition with others can be very threatening to some people with disabilities. And, although some people without disabilities might also be threatened, people with disabilities may see fewer individuals who look, move, learn, etc. like they do in your program or facility, so it can be even more uncomfortable.

One way to address this is to design activities to foster **cooperation rather than competition**. For instance, teams could be charged with meeting specific goals as a team, rather than seeking to outperform another team.

Equipment

- Balls, weighted balls
- Mats, yoga mats
- Tubing, bands
- Ropes, heavy ropes
- Cuff weights
- Hand weights

Almost everything a gym has can be used in adapting activities to include everyone!



Inclusive Activities

- Obstacle courses
- Simon Says
- Aerobics
- Yoga
- Dancing
- Tai Chi
- Aquatics

Creating a Positive Experience

- Start with a known positive. Ask the person about what they can do and start with those assets.
- Ask “What are your fitness goals?”
- Make it fun. If it’s too much like exercise, it’s too much like work!

Examples of Modified Exercises

Yoga Positions

Chair Cat and Cow

- Keep your spine long, both feet planted flat on the floor
- Inhale, come into cow position, arch your back and drop your shoulders
- Exhale, round your spine, allowing the shoulders and head to come forward into cat position
- Continue to move between cow on the inhalations, and cat on the exhalations for five breaths



Chair forward bend

- Spread your feet hip-distance apart
- Exhale, coming into a forward bend, resting your torso over your thighs
- Let the hands rest on the floor (if you are able to reach it. If not, keep your hands on your thighs)
- Let the head hang heavy between your legs
- Inhale, raising the arms up over the head
- Repeat this sequence five times, moving slowly as you breathe



Chair Warrior Pose

- Position your right leg over the chair and swing your left leg behind you
- Plant the sole of the left foot on the floor and straighten the left leg
- Let your torso turn to the left, aligning your hips with the front of the chair
- Exhale, open the arms out to the side, with the right arm extending forward, and the left, back
- Gaze out over the right fingertips and hold for three breaths
- Repeat on the other side



Common Exercises/Stretches

Oblique Twist (abdominals)

- Sitting in a chair
- Take your right elbow and twist your torso so that your elbow touches your left knee, while bending forward so you feel your abdominal muscles contract
- Return to an upright position and then repeat, taking the left elbow and bringing it down to the right knee



Leg Extensions from your chair

- Sit on the edge of your chair with your arms by your sides
- Extend your right leg out straight and flex your foot so that just the right heel is on the floor (keeping your foot flexed engages the muscles in the shins and ankle)
- Lift your leg up as high as you can without rounding your back



Sit and Reach from a chair (lower leg stretch)

- Seated toward the edge of a chair, extend your legs out in front of you, keeping the knees slightly bent
- With heels on the floor and toes pointed up toward the ceiling, extend your arms out in front of you and try to reach down to touch your toes
- Bend at the waist to do this and do not bounce. Hold the stretch for about 30 seconds
- Come back up to the starting position



SECTION V

Acknowledging and Addressing Barriers to Inclusion

Research about the use of community-based fitness/wellness services by people with disabilities indicates several barriers to participation including: cost of membership, transportation, lack of awareness of community programs, not having friends or family to participate with, and concerns about whether or not facilities will be accessible and welcoming. From fitness/wellness providers' perspective, there may be concerns about insurance cost, safety, cost of staff assistance and/or accessible equipment, and discomfort or uncertainty about how to talk to and work with individuals with disabilities.

Let's first consider common provider concerns and then how the concerns of potential customers with disabilities might be addressed.

Insurance Costs

An insurance professional consulted as part of the Inclusive Fitness Initiative stated, "From a claims standpoint, gyms and other similar facilities are a lint magnet for typical claims: trip and fall, slip and fall due to sweat on the floor or drops of sanitizer used to clean handles of equipment, etc."

He explained that his organization's experience suggests that individuals who elect to be independent (rather than taking part in an organized class) present the majority of claims. He noted some of the common ways that customers sustain injuries: adding or removing weights from the weight bar; tripping and falling over equipment left on the floor or mat; and when customers think they are in better shape than they actually are and they overdo it while using free weights or machines where the weight load is entered into the equipment by the user.

What are some ways that these potential problems can be addressed?

- Have staff move around the gym to check customers' form/posture and use and handling of equipment
- Wipe down (and dry) equipment throughout the day
- Pick up/move items off of the floor
- Provide frequent written, verbal, and pictorial reminders for customers about how to clean equipment, keep items off of the floor, etc.
- Regularly offer sessions on proper form, choosing the right size weights, and how to know when to decrease or safely increase the weight

Of course, fitness providers who serve the public, be they municipal programs or private businesses, already serve customers with known and sometimes unknown health conditions that might influence participation and likelihood of risk.

A representative from the National Association of Professional Insurance Agents was also consulted for the Inclusive Fitness Initiative. She noted that the challenge, legally and in terms of providing insurance for fitness facilities, is “...not just the people who are using the gym, but whether or not the staff that serve the people, regardless of whether or not these customers have disabilities, are adequately trained.”

She suggested that fitness professionals will need to continually develop their professional knowledge as the population ages, and that those who have a solid understanding of body mechanics and how to modify activities to meet individual needs may be best suited to safely serve older persons and customers with disabilities. She further advised that fitness professionals demonstrating evidence that they are part of a “disciplined program” partnering with physical or occupational therapists to enhance their knowledge, and using resources such as *The Inclusive Fitness Toolkit*, may find that while insurance may go up some, evidence of these efforts will help moderate the increase.

“I have had a physical disability my whole life and have participated in all kinds of “regular” fitness/wellness programs including Yoga, Tai Chi, Jazzercise, Zumba, and CrossFit for more than 30 years without injury. I know my body and can explain to my instructors what I can safely do, so that we can come up with modifications together.”

Individual with a developmental disability

The programs piloted by Daemen College and SUNY Upstate Medical University under the Inclusive Fitness Initiative were designed with considerable input from health professionals including physical therapists, occupational therapists, adapted physical education instructors, nurses, and medical doctors, as well as municipal recreation providers, and private fitness and wellness professionals, and individuals with developmental and other disabilities. Contact information for these project teams, as well as other state, regional, and national resources that can help fitness providers understand how to safely and respectfully serve customers with various types of disabilities are included in the Resources section of this toolkit in Section IX.



The Train-the-Trainer Program at Daemen College

As part of the Inclusive Fitness Initiative, Daemen College developed a day-long training session to educate fitness/wellness professionals on serving people with developmental and other disabilities. The training addresses several topics: Disability Awareness, Universal Design, Exercise Modification, Nutrition Considerations, Yoga and Relaxation, and Marketing Your Program.

A Train-the-Trainer Guide and related video were also created. For more information, please contact Dr. Diane Ryan at dryan@daemen.edu. Fitness professionals who are part of a “disciplined program” to enhance their knowledge, and use resources such as *The Inclusive Fitness Toolkit*, may moderate the potential increase in insurance costs associated with the inclusion of customers with disabilities.

Increasing Comfort and Skills through Education and Partnerships

Research suggests that the number one reason people with disabilities tend not to use community fitness facilities is the perception that they will not be welcome; and managers of these facilities confirm that staff would rather not serve individuals with disabilities (Rimmer, Riley, Wang, Rauworth, & Jurkowski, 2004). This resistance may be due to misperceptions about people with disabilities, lack of exposure to people with disabilities, and/or the tendency to view all people with disabilities as “different” or too limited to be interested in or able to participate in fitness/wellness programming. Several resources including print materials, websites, videos, and program contact information are provided throughout this toolkit to assist you in finding the support you and/or your staff may need to more comfortably and effectively serve clients and customers who have disabilities.

One of the best ways to learn how to do this is to seek out and talk with individuals with disabilities. Given that people with disabilities represent the largest minority group in the country, there are lots of individuals and family members in your community – and likely some among your current customers – who can be invaluable resources as you expand your understanding of disability-related issues! There are numerous local, state, and national organizations that serve the disability community and can be great partners in helping you think through and implement more inclusive policies and practices at your facility.

“After all those ideas we gave that organization, no one has even been in touch. The project is going forward, but nothing has changed in terms of the inclusion of people with disabilities or how their requests to participate in programs are handled. I thought they had agreed to try some of our suggestions and include us in implementation. I feel used.”

Member of an Inclusive Fitness Advisory Group

Partners in Inclusion

Establishing meaningful, mutually beneficial partnerships with the disability community will also help to address perceptions that fitness/wellness programs are unwelcoming to people with disabilities. Meaningful engagement entails not only bringing people together to solicit input, but developing and maintaining real relationships in which everyone’s ideas are given equal consideration, suggestions are implemented to determine effectiveness, and all stakeholders are regularly advised of progress toward creating more inclusive opportunities. Additionally, having a diverse staff that includes employees with disabilities helps to convey a welcoming attitude and commitment to inclusion.

Here are some disability organizations, fitness facilities, and municipal recreation programs that have demonstrated a commitment to inclusive fitness/wellness opportunities.

Daemen College created an inclusive exercise program as well as a day-long training for fitness/wellness professionals, under its Inclusive Fitness Initiative Grant. To request project-related materials and learn about Daemen’s ongoing inclusive fitness efforts, contact Diane Ryan, PhD, at dryan@daemen.edu.

The **Fitness Inclusion Network** is a collaborative, cross-institution initiative that was launched in 2013 with support from the *Upstate Foundation/Golisano Children’s Hospital, SUNY Cortland Department of Physical Education, and the Burton Blatt Institute at Syracuse University*. The group includes athletes, students, families, and professionals in adapted physical education, medicine, physical therapy, occupational therapy, engineering, therapeutic recreation, special education, social work, and disability policy and law. Fit-In’s mission is to develop innovative ways to promote and support inclusive fitness for children, adolescents and adults with disabilities in Central New York. Toward that end, Fit-In maintains a list of adapted physical activity and inclusive sports opportunities, and hosts an annual conference. A variety of free informational resources may be downloaded from: <http://bbi.syr.edu/projects/Fit-In/index.html>. SUNY’s Inclusive Fitness Initiative team included Fit-In members who, in their various professional roles, educate individuals, families, and fitness and recreation professionals. For example, under SUNY’s Inclusive Fitness Initiative Grant, a partnership was developed with the City of Syracuse Parks and Recreation Department. The collaboration will continue through Fit-In and will include annual training for Department staff on serving and including participants with developmental and other disabilities. For more information about this and other continuing efforts, contact Nienka Dosa, MD, at dosan@upstate.edu.

Independent Living Centers: The National Council on Independent Living is the oldest national cross-disability, grassroots organization run by and for people with disabilities. NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the United States. Some CILs are involved in health-related initiatives and would welcome the opportunity to partner with fitness providers in their local communities. They can also let their members and constituents know about your interest in serving individuals with disabilities, hiring people with disabilities, and/or finding volunteers to serve on municipal recreation advisory boards, etc. For a list of CILs by state, go to <http://www.ilru.org/projects/cil-net/cil-center-and-association-directory>

The 10 Regional ADA Centers of the ADA National Network: provide training and technical assistance to help individuals, municipalities, private businesses, and others to understand their rights and responsibilities under the ADA. Each Center offers free fact sheets, webinars, and other materials. Some ADA Centers are engaged in health related initiatives, and/or are housed within university or hospital settings and can connect you to faculty and healthcare professionals with whom you might wish to partner. Contact: 1-800-949-4232. This number will put you in touch with the regional ADA Center that covers the area code from which you are calling.



Addressing the Cost to People with Disabilities

As previously mentioned, cost can prevent some people, with and without disabilities, from participating in fitness/wellness programming. In order to make their services more accessible to all, facilities might consider offering memberships on a sliding fee scale, instituting times when customers can “pay what you can,” providing opportunities to try a certain number of classes for free, or offering free hours, days, or weeks at different times throughout the year.

While many individuals with disabilities are able to independently get to a facility and take advantage of its offerings, some people may require assistance with transportation and/or support to engage in services; and this help may come at additional cost to the individual. Therefore, it is best practice for fitness providers to allow friends, family members, or other companions to accompany the individual at no or minimal cost. Keep in mind that if a person accompanies someone with a disability solely to assist the person, no fee should be charged as this modification to the facility’s policy allows the individual with a disability equal access to the facility’s programs and services.

Ability Fitness is a Syracuse, NY- based, not-for-profit program that matches CrossFit athletes with disabilities with certified personal trainers at partnering gyms whose qualifications and values align with the organization’s mission to “assist each individual in exceeding personal fitness goals and perceived expectations, and in the process proving that disabilities don’t limit an individual’s ability to excel physically or mentally while fulfilling lifelong fitness.” The program is free to athletes, and trainers’ fees are funded through donations. For more information about how the organization works with fitness providers and individuals, go to <http://www.ability-fitness.org>

Many municipalities offer free or relatively low cost fitness/wellness opportunities. SUNY’s efforts under the Inclusive Fitness Initiative Grant focused on fostering the inclusion of people with disabilities in these community-based programs. As a result, there are several ongoing opportunities available through the City of Syracuse. To learn more about how SUNY developed a community partnership with the City of Syracuse Parks and Recreation Department, see SUNY’s tips for fostering community partnerships in inclusion, on pages 74-77.

Daemen College, under the Inclusive Fitness Initiative, has helped to offset the membership cost for some graduates of the Get Movin' program who now attend one of the following partner gyms in the Buffalo, NY, area. While these fitness providers do not offer a reduced fee, they have committed to the inclusion of individuals with disabilities and have staff who completed Daemen's Train the Trainer Program:

LA Fitness

Terry Mathis

5089 Transit Road

Buffalo, NY 14221

Phone 810-1004

terry@lafitnesswny.com

Independent Health Family Branch YMCA

YMCA Buffalo Niagara

Jeremy Flint

Executive Director

150 Tech Drive

Amherst, NY 14221

Office 716-276-8305

716-839-2352

jflint@ymcabn.org

Jewish Community Center of Greater Buffalo

Director Health Fitness and Recreation

2640 N. Forest Road, Suite 100

Getzville, NY 14068

716-204-2070

annvorburger@jccbuffalo.org

Case Scenarios

Below are a few scenarios to help you think through and use some of the information in this toolkit. After considering the scenarios on your own or with colleagues, see pages 54-56 for recommendations about how you might handle each situation.

Scenario #1

Kate, who uses a wheelchair for mobility, has registered for a Zumba class at your facility. She has asked that other participants not stand in front of her during class. You mentioned this to the group fitness manager and he expressed the opinion that Kate's wheelchair presents a safety hazard and would be a distraction to you, as the instructor, as well as the other people in the class. How could you handle this request?

Scenario #2

Phil is clearly not following the steps in the aerobics class. You are the instructor and you noticed that other participants seem annoyed. What would you do?

Scenario #3

Bill, who is 25 years old, calls your facility and asks about tai chi classes. He mentions that he has a service animal that helps him with his balance and physical tasks. You tell him about the classes that you offer for senior citizens on Monday mornings. He explains that he works days, and is looking for an evening class. You tell him that the evening class has "a lot of people" and would not be able to accommodate his service animal, so he cannot register. Is this consistent with inclusion? Why or Why not?

Scenario #4

Vivian has taken many group fitness classes at your facility. You notice that she has not been showing up regularly in recent months and seems agitated when she is there. Sometimes she leaves class early, seemingly upset, but you're not sure why. Today, Vivian calls and tells you that she has been having a hard time due to an incident that resulted in Post-Traumatic Stress Disorder (PTSD). She would like to continue some type of fitness program, but is unsure how given her condition. What do you do?

Scenario #5

Karl's neighbor, Jake, is a member of your gym. Jake invited Karl to come check out the gym as his guest. During his visit, Karl, who has a hearing impairment, stops by the front desk and asks about a membership. He is interested but concerned about the noise level and whether or not he will be able to be accommodated in some of the group classes he would like to attend. What are some steps you could take to ensure that Karl is able to fully participate?

Case Scenario Recommendations

While each person is unique, the recommendations in this section may be useful in working with individuals who have needs related to mobility, cognition, and/or anxiety, due to intellectual, developmental, or other types of disability.

Scenario #1 Recommendations

The best person to help you decide where Kate should sit is Kate!

She has asked that no one stand in front of her. In a smaller class, this could be accomplished by having participants staggered throughout the room so that she can see regardless of location. If she wished to be in the front, slightly off to one side would be fine, as long as she is clearly in the class, not positioned as an observer. Some other considerations in making a decision:

Does Kate want to walk (roll) when other participants move around the room? Or, is her goal to do only the upper body movements?

Does Kate want or need to stay in her wheelchair? Or would she like and be able to use a typical chair during the class?

Decisions about whether or not Kate presents a risk to the safety of others must be based on an individualized assessment, current medical knowledge, or on the best available objective evidence, to determine: the nature, duration, and severity of the risk; the probability that the potential injury will actually occur; and whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will reduce or eliminate the risk. The simple fact that she uses a wheelchair does not mean that she or her wheelchair will present a risk to other participants.

These seated dance videos show that people with disabilities can be fully included in Zumba and similar fitness classes!

<https://www.youtube.com/watch?v=xc25qye79sQ> <https://www.youtube.com/watch?v=Zb2wkHyUAQQ>

Finally, the view that Kate would be a “distraction” to the instructor and other participants is potentially problematic. Thinking in terms of good customer service and the human aspects of inclusion, would it be acceptable to require a very overweight person or someone of a different racial or ethnic background to stand (or sit) in a particular part of the room because their appearance differs from that of other people in the class?

Scenario #2 Recommendations

To foster inclusion, you should not speak to Phil about it during the class. After class you could offer to review the steps with him, or give him a video or pictorial descriptions of the steps (depending on how he best learns information). A general reminder to all participants to watch how you, as the instructor, are doing the moves and to make sure everyone has sufficient space, is a good way to remind Phil and his fellow participants of common courtesy during class, without singling Phil out, unless he says that he would prefer to be given feedback during class to help him stay on track. If the issue is that the steps are too difficult to recall or too physically demanding, you can tell him about other classes that might be a better fit and ask if he would like to try one of those. As long as Phil does not present a significant risk to the safety of himself or other participants, he should be welcome to stay. As long as he's moving, he's getting some exercise! By responding to the issue in a respectful manner and welcoming Phil to participate as able, you will model acceptance and inclusion for your other customers.

Scenario #3 Recommendations

Consistent with the principles of inclusion, good customer service, and the ADA, Bill has a right to register for the class of his choice. As long as Bill's service animal is well-behaved and under Bill's control throughout the class, there is no legitimate reason to deny his request.

Scenario #4 Recommendations

Acknowledge Vivian's commitment to her health and well-being. Offer to meet with her 1:1 in a place that is comfortable and familiar to her, such as a quieter part of the gym where you can talk privately. Then, using the Conversation Guide in this toolkit, ask Vivian about her current goals, possible accommodation needs, stress triggers, etc.

PTSD is an anxiety disorder that results from witnessing or experiencing a traumatic event. Often, people with this condition may find it helpful to work 1:1 with a trainer, possibly moving into a group fitness format later. Vivian might benefit from an individualized fitness program for now. To reduce anxiety and enhance engagement, design a program that is repetitive, predictable, and non-competitive in nature. The symptoms of PTSD can vary from day to day; so, be patient, realistic, and flexible when working with Vivian. Recognize that performance, such as the response to cueing may

vary; and be nonjudgmental about these variations. Additionally, be prepared for the possibility of changes in mood, which may or may not have anything to do with your working together, and have alternative exercises in mind if what you originally planned is too physically or emotionally taxing. Sometimes people with PTSD also have other conditions such as depression and/or are taking medications that may influence their energy level and motivation. Helping Vivian to become aware of the body's response to the stresses caused during exercise may also help her to better handle stress in her daily life. Above all, maintain communication; listen to Vivian to stay aware of her present needs and how you can best work together toward her fitness goals.

Scenario #5 Recommendations

Using pointers from the Conversion Guide in this toolkit, ask Karl what types of accommodations have enabled him to be included in other settings. Some possible steps you could take include: introducing Karl to new workout routines in quieter areas of the gym, before he participates in the group fitness class; requiring that all group fitness instructors wear a microphone during class (even if they don't think they need it!); regularly reminding all class participants to find a spot in the room where they can see and hear the instructor; having instructors both demonstrate and talk through all movements; providing visual aids (such as pictures of postures/movements); asking instructors to face Karl when speaking; using timing devices or computer applications that offer both visual and auditory cues; emailing Karl completed or planned workouts for his reference.

These strategies would enable Karl to participate in typical happenings at the gym. If however, Karl were Deaf and used sign language to communicate, you might need to provide an interpreter for some types of events. For instance, if Karl registered for a CPR class or Personal Training Certification course sponsored by a private gym or a municipality, and requested an interpreter as an accommodation one may need to be provided. This accommodation would allow equal access and ensure effective communication of critical legal and/or safety information. To learn more about accessible exams and courses under the ADA, go to: <http://www.northeastada.org/docs/National%20ADA%20Fact%20Sheets/National%20ADA%20Center%20Fact%20Sheet%203%20EXAMS%20AND%20COURSES.pdf>. For information about effective communication under the ADA, see: <http://www.northeastada.org/docs/National%20ADA%20Fact%20Sheets/National%20ADA%20Center%20Fact%20Sheet%202%20EFFECTIVE%20COMMUNICATION.pdf>.

SECTION VI

Marketing to Individuals with Disabilities

Being willing and prepared to serve people with disabilities opens up the possibility of accessing some of the more than \$247 billion in disposable income these potential customers control. In addition to attracting customers with disabilities, your thoughtful inclusion of people with disabilities in your programs and on staff will also be appealing to the more than 20 million families who have a spouse, sibling, or other relative with a disability. Here are a few tips for reaching out to the disability community.

- Keep communications positive - with positive imaging and few, carefully chosen words. Use phrases like “Everyone is Welcome!” and include images that support this statement and that make it clear that “Everyone” includes people with disabilities.
- One (great) picture is worth a thousand words! – avoid stock photos of people in hospital wheelchairs being pushed around by an aide or patted on the shoulder by healthcare workers. Instead, use photos of real people engaged in fitness/wellness activities. If you cannot find photos that depict people of different abilities working out together, create a collage of a few different images of individuals of various ages, races, abilities, etc. all doing some type of fitness/wellness activity. With good images, you won’t need to use words like “inclusive” which suggests that a program is different in some way, similar to “special” adapted programs.
- If your facility is new in the area and/or unfamiliar with serving persons with disabilities, consider hosting an Open House or Orientation for members of the disability community to let them know about your facility and demonstrate a desire to serve customers with disabilities. This is a good way for individuals to get a sense of fitness options and provides a chance for facility staff to learn about the interests and fitness goals of potential customers with disabilities in the local area. Such an event offers an excellent opportunity to partner with disability organizations and other fitness/wellness providers who have experience in the inclusion of individuals with disabilities.

- Design programs that will appeal to customers with limitations, while still being inclusive of people with and without disabilities. For example, the Stephens Family YMCA in Champaign, IL offers a Chair-Based Fitness Class described as a class that “will provide training in balance, joint integrity, and range of motion, while providing a low impact alternative to other workout formats that can be performed in or out of your chair”. And the Downtown Oakland YMCA in Oakland California offers a Gentle Movement Class with the description: “Make friends while engaging in chair-based exercises to help improve your range of motion, flexibility, and functional movement.”
- Include people with disabilities in your workforce and on your advisory committees. This will send a clear message of valuing and including people with disabilities and provide a way to continue to be aware of how the design of spaces and programs impact people with disabilities.



SECTION VII

Conversation Guide: Getting to Know Customers with Disabilities

“...Knee, back, neck, and hip...the reality is that lots of participants have something... The challenge is figuring out how to teach them to both work hard and listen to their bodies. Younger people, especially, need to understand the difference between hard work and pain.”

Group Fitness Instructor

An assessment of an individual’s functioning is needed prior to beginning to work with any new client or customer. This process includes verbal and or written reminders to check with a healthcare provider prior to starting an exercise program, especially if the person is new to exercise, significantly overweight, over age 50, and/or has conditions that affect the heart, lungs, or joints. Questions about current or recent pregnancy, current or former smoking habits, and whether or not a person has recent experiences of chest pain, dizziness, or fainting are also common in the intake process. In addition to collecting important, self-reported health information, the initial acceptance of a new client or customer includes a discussion of their goals and how the fitness provider can help them to achieve these goals.

Sometimes when an individual has an obvious disability or discloses that they have a disability, a fitness provider might focus more on the medical information than on what the person hopes to achieve through participating in a fitness/wellness program. As with all customers, if a person with a disability reports a health-related issue that is a usual “red flag,” such as recent chest pain, they should be encouraged to speak with their healthcare provider prior to starting a fitness program. However, the presence of disability, alone, does not necessarily require that a person be under medical care in order to participate. Here are some recommendations for interviewing potential clients/customers with disabilities.

“How you think about your customers influences how you respond to them.”

Mary Suttle, Success Coach

- Have individuals with disabilities complete the same application/information/release forms as persons without disabilities.
- Ask about their goals/reasons for starting a fitness program, now? (Related to fitness, socializing, etc.)
- Ask about current and past engagement in physical activity (specific activities, duration, and intensity of program or sessions, etc.).
- Ask about interests, likes and dislikes related to fitness/wellness activities.
- Ask whether or not they required any modifications, assistance, or particular equipment to participate. If so, what, specifically, was needed? Who provided the assistance and/or equipment?
- Ask if there is any other information the person feels you should know in order to effectively work with them.
- Ask if they would be willing to share questions/concerns that may come up as you work together, with their healthcare professional, as needed, to safely participate in a fitness program.
- Advise them of your experience working with individuals with disabilities. If your experience is very limited or the person’s condition is different from others you have worked with, say so. In some instances, you might suggest that the two of you schedule a call with the person’s healthcare provider.
- Remember that the individual, themselves, will be the best source of information about what they can and cannot do. While the healthcare provider can give guidance about general issues such as posture, they are not with the person throughout their daily lives and may not have an accurate sense of what the individual can do, if given the opportunity.

- Do your homework. You can research conditions you are unfamiliar with and what types of training methods may be beneficial given the particular condition.
- Consider ways to measure goal attainment, given the individual's disability. This is something you will want to think about together over the course of the person's time with your facility. Understanding how the individual defines success with a given activity can help to motivate them to continue with their fitness program. For example, a customer who wants to use the climbing wall may have a personal goal of putting on a harness and simply touching the wall, during their first session.
- Review health and functional limitation information with all customers/clients at least once a year, as changes may require modification of the fitness program and/or goals.
- Ask the person to describe a typical day and how they manage disability-related challenges throughout the day. This may prompt suggestions for possible functional fitness goals.
- Ask about how they are affected by stress. How do they know when they are stressed? How might you be able to tell when they are stressed? What strategies seem to help (e.g., taking a break, slowing the pace of the activity, etc.).
- Keep an open mind. Every person is different and a fitness facility has an obligation to explore how it can serve customers with disabilities, even if this requires modifications to its typical policies and practices.



- Support your staff, colleagues, and other customers to include people with disabilities. Disability is a part of the human condition. More than 20 million families are impacted by disability and nearly everyone knows at least one person with a disability, even if they don't realize it! Having a customer base that reflects all the types of diversity within a community sends a message to all customers and potential customers that they are welcome. The suggestions and resources in this toolkit can be used to help your staff and others understand and get more comfortable with inclusion.
- Advise the person of options. If you have or will be implementing a "special program" that you think is a good match for their goals and needs, let them know. Remember, even if they are offered, an individual cannot be required to attend such a program, if they would rather attend the "typical" one, as long as they meet the eligibility criteria for any program participant and do not need modifications that would fundamentally alter the experience for other participants.
- Keep your word. If you tell someone that you will get back to them and then do not, this is poor customer service, whether or not a person has a disability. With so many outlets for sharing one's experience via social media, tales of bad experiences can reach countless other customers and potential customers. If an individual feels that they were discriminated against because of their disability, they may file a charge with the State Office on Human Rights or the U.S. Department of Justice.

A person's initial encounter with a fitness provider sets the stage for building a relationship. In the end, you want the relationship to be one in which you get to know the customer and together determine how they can best meet their goals. Make sure that all of your marketing (including personal communications) reflects a commitment to inclusion; and, demonstrate that commitment by working with individuals to ensure a positive customer experience!

SECTION VIII

Inclusive Fitness “Take-aways”: Lessons Learned from the Inclusive Fitness Initiative

Inclusive Fitness Initiative Projects

Demonstration Site: Daemen College

Under the Inclusive Fitness Initiative Grant, Daemen College implemented two programs: The Get Movin' exercise program for adults with and without disabilities and the Train the Trainer program for fitness/wellness professionals.

Get Movin'

This program was offered four times over the course of the grant. Each program cycle included two classes per week for eight weeks. Classes were led by physical therapists who demonstrated safe ways to do each exercise and the ability to modify activities based on participants' varied needs. The program incorporated an array of activities such as yoga, dance, stretching, weights, resistance bands, and games.

"I never felt left out."

"They accepted me!"

"Now I feel able to go back to my Yoga class."

"Taking the class helped us realize we could use the gym at our apartment building, too!"

Get Movin' Participants

Participation of individuals with disabilities in the Get Movin' program was facilitated by a long-standing relationship between Daemen and the Young Adult Life Transitions (YALT) program on campus. YALT offers young adults with developmental disabilities an opportunity to experience life on a college campus while developing functional skills. YALT focuses on independence in the community, preparation for employment, continuation of the learning process, and establishing and maintaining friendships, and serves individuals ages 18-23. In the second year of the grant cycle, Daemen extended its outreach and attracted more participants from the community including group home residents and staff, and older adults.

Feedback from participants with disabilities was that they felt accepted and included. YALT participants reported being more active in their daily lives and trying to make healthy food choices, as a result of the exercise and educational components of the Get Movin' program. Some also said they felt better about school or work and that they handled stress better. Older participants, with and without disabilities especially appreciated that the program was led by physical therapists who demonstrated safe ways to do each exercise and were able to modify activities based on participants' varied needs. Several Daemen physical therapy students gained hands-on experience as they provided peer-to-peer socialization and support for individuals who needed assistance in order to participate.

“ This class has many positive points... the opportunity to be in a group exercising without feeling different which is a huge roadblock for people because they may need modifications in how and what they can actually do, myself included.”

Get Movin' Participant

The Get Movin' program model was especially beneficial for individuals with disabilities who had not previously been involved in group fitness. By introducing participants to a wide array of fitness activities, the program also helped individuals to learn what type of activities they would like to continue doing in the community. In the third year of the Inclusive Fitness Initiative Grant, some of the graduates of the Get Movin' program were awarded gym memberships to local partnering gyms who committed to providing inclusive services.

To date, 71 people have participated in the Get Movin' program.



Train the Trainer

“I have an increased awareness of how a disability can increase the barriers to exercise and what I can do to break down the barriers.”

Train the Trainer Participant

Daemen’s day-long Train the Trainer program was conducted four times over the course of the grant cycle. This interactive program includes both lecture and hands-on instruction designed to enhance the comfort and skill of fitness/wellness professionals in serving people with disabilities. Instructional modules include: Disability Awareness, Universal Design, Exercise Modification, Nutrition Considerations, Yoga and Relaxation, and Marketing Your Program. Additionally, the in-person program offers professionals the opportunity to earn CEUs through the National Strength and Conditioning Association. Attendees reported that the training helped increase their awareness of the barriers to exercise participation among people with disabilities, taught them how to respectfully ask a customer about limitations, and enhanced their confidence in being able to provide fitness training to individuals with disabilities.

An abbreviated video-taped version of the program, focusing on disability awareness, universal design, and exercise modification, is available at https://www.youtube.com/results?search_query=k41VPPCml0U. Each module in the video includes reflection/discussion questions that can be used for professional development of individual fitness professionals or as a resource for staff in-service trainings.

Daemen staff who implemented the Get Movin' and Train the Trainer programs under this grant, will continue to be available to provide consultation to community fitness providers including the area gyms they partnered with during the Inclusive Fitness Initiative: LA Fitness, YMCA Buffalo Niagara, and Jewish Community Center of Greater Buffalo.

For information about Daemen's continued availability to serve as a resource to fitness/wellness professionals and, access to materials developed under the grant, including the Train the Trainer Workshop video, contact Diane Ryan, PhD, at dryan@daemen.edu or Theresa Kolodziej, PhD, at tkolodzi@daemen.edu. Additionally, the College will continue offering fitness opportunities on campus through its Center for Allied and Unified Sport & Exercise (CAUSE) initiative, which provides athletic-based recreation for people with disabilities and their caregivers. For more information on CAUSE programs, please contact Daemen Athletics at (716) 839-8346.

“I understand how to address people with different abilities in a more pleasant way.”

Train the Trainer Participant

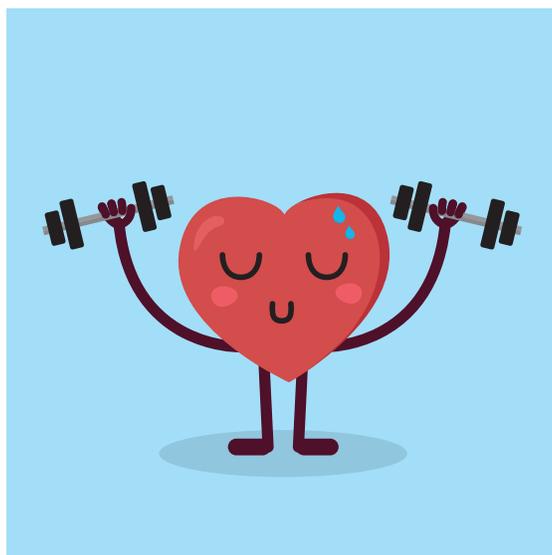
Daemen College's

Ten Tried and True Tips for Fitness Trainers

Inclusive fitness means that individuals of all levels of physical and intellectual ability are welcome and considered in the design and implementation of programs. Here are some tips for including people with disabilities in fitness/wellness offerings.

1. Use person-first language in your interactions and in advertising. For example, rather than saying “the disabled,” refer to people with disabilities. If an individual uses a wheelchair, they are a person who uses a wheelchair or a wheelchair user not “wheelchair bound.”
2. When advertising, use appropriate images to convey that your program is inclusive, and is intended for people with and without disabilities. For example, you might use a photo of a fitness class that includes people both seated and standing while working out together in a community setting.
3. Have adjustable support surfaces (such as chairs and benches of different types and heights) available to allow for modifications of exercises and safety of participants.
4. Encourage participants to bring a friend; social support has been found to foster adherence to healthy habits.
5. Leave enough space between equipment, and keep items off the floor when not in use, so that individuals using mobility aids such as wheelchairs, canes, or crutches, can navigate the area.
6. Be aware that some participants may need assistance and/or suggestions for modifications to some exercises. You can address this need by demonstrating different ways to work the same muscle(s) – this will benefit participants with back, knee, or neck impairments who may not identify as having limitations, too! Meet with an individual before or after class to make suggestions and show them alternative exercises. When feasible, you might ask other staff to provide physical assistance. Remember, the individual is the best person to assist you in determining what they need.
7. Demonstrate each exercise with modifications every time, to ensure safe and proper form. This practice will benefit all of your participants, not just those with disabilities.

8. Incorporating music and popular dance moves may improve all individuals' ability to participate in the group, as repeated movement patterns are easier to follow. The rhythm and/or beat of the music can also assist some participants with disabilities in engaging in the movement pattern.
9. Encourage participants to work within their abilities and to challenge themselves as able. Individuals with disabilities are often capable of more activity than it may seem. Like your other clients and customers, get to know them, and help them to set and achieve their fitness goals.
10. Include a variety of exercises in each session. Yoga, aerobics, weight-training and other forms of exercise can be modified so that everyone can participate.



Demonstration Site: SUNY Upstate Medical Center

SUNY employed several different models in implementing the Inclusive Fitness Initiative Grant. These ranged from hospital-based fitness and sports activities, to single session “pop-up” and multi-session programming in the community. Activities focused on four inclusive fitness domains: outdoor recreation such as geocaching and the creation of an inclusive walking club, mindful movement including yoga, team sports such as the development of an integrated wheelchair basketball program, and personal fitness. The SUNY project team worked in close collaboration with the Syracuse Parks and Recreation Department, as well as a number of disability organizations, to create inclusive fitness/wellness opportunities in various sites throughout the city. Additional events were held at SUNY-Cortland and at Cornell University in Ithaca, NY. Through these varied approaches, SUNY’s programs introduced individuals and families to new activities, as well as familiar activities with adaptations. Hosting events in public parks created the opportunity for the SUNY team to provide significant training to both summer employees and year-round Parks and Recreation staff.

SUNY’s personal training initiative was targeted to young adults in Project SEARCH, a program that assists adults with disabilities in finding gainful, community-based employment. Project SEARCH participants employed at the Medical Center worked with physical therapy students who designed individualized training programs with them and monitored their progress. As Center employees, participants were able to access the employee gym, which created the possibility for increased interaction with non-disabled coworkers around a shared interest in fitness.

For more information about activities offered under the Inclusive Fitness grant as well as the inclusive fitness efforts SUNY will continue through Fit-in, see <http://bbi.syr.edu/projects/Fit-In/index.html> or contact Dr. Nienke Dosa at dosan@upstate.edu.



SUNY Upstate Medical's Tips for Fostering Community Partnerships in Inclusion

SETTING THE STAGE

Partnerships work best when strong dialogue is possible. Establish strong communication channels early on. In-person communication and informal get-togethers set the stage for formal collaborations. Allow time for this. It may take several years before formal partnerships with written roles and responsibilities can be established.

Community Snapshots: Early on SUNY hosted a community forum at a local television studio. Invitees included park staff as well as local athletes (with and without disabilities) and people from agencies that offer adapted sports and fitness programs to come on stage for 2-3 minutes to talk about inclusive fitness. The goal was to “activate” the community by highlighting all that is happening already to support inclusion and fitness in Central New York

Walks and Talks: Small groups of young adults (with and without disabilities) walked together in the city parks to share ideas about inclusion. SUNY recorded these “walks and talks” with a go-pro camera. They also hired a drone videographer to record walks and talks in favorite parks and to document impressions and ideas about the benefits of parks and outdoor recreation. Lastly, SUNY visited with park staff on location at various parks. Walking and talking allows for spontaneous sharing of ideas.

Pop-up Events: Events such as the Winter Adapted Sports Day brought people from local agencies into the park setting for informal discussions with park staff and participants. This was an excellent way to “cross-pollinate” expertise in adapted sports with expertise in community-based programming.

Mapping Inclusion Event: At the end of the 3-year Inclusive Fitness Initiative, SUNY hosted a gathering of about 40 people to walk and talk together about inclusion. Open source datasets and a website called “Community Commons” were used to generate maps of disability rates in the community. These maps were a good way to generate discussion about access and inclusion in the community within the context of public health and urban planning. This event led to several follow up meetings with politicians and civic organizations.

Partnerships work best when expertise is validated. Take the time to understand what each partner brings to the table. Acknowledge and celebrate one another's accomplishments.

- SUNY worked with staff at Southwest Community Center (SWCC) to identify strategies for expanding an adaptive yoga program that they had been providing at their day habilitation program into inclusive park settings. They shared a photo board of Yoga poses that were replicated for the “Unified Yoga in the Park” project. This photo board served as a “social story” to help participants understand what to expect. Staff at the SWCC also anticipated the need for 1:1 behavioral support for some participants. SUNY was able to staff the “Unified Yoga in the Park” appropriately because of their expert input. The “Unified Yoga in the Park” was actually just an extension of an existing program at the SWCC. It would not have been possible without their partnership.
- When SUNY met with a master instructor at local martial arts studio to ask for advice on how to launch an inclusive Tai Chi program, the instructor shared that he had more than 30 years of experience working with children and youth who have developmental and emotional challenges. He suggested a phased-in approach, with individual sessions, followed by small group instruction, and eventual enrollment in inclusive classes. He had invaluable “hands-on” experience to share.

Partnerships work best when they are inclusive of new ideas.

- Welcome fresh and constructive feedback. This includes administrators and other key stakeholders—especially participants! Be flexible, try new ideas, and actively foster innovation!
- During a get together at the SWCC, families shared ideas for fitness activities. The SUNY team was surprised that they mentioned camping! Their input, during year 1 of the Inclusive Fitness Initiative, helped SUNY to focus activities around the theme of outdoor recreation (walking club, geocaching, snow shoeing), later in the grant cycle.

Partnerships work best during the initial phase if they stay focused on people, rather than “branding.”

- This relates to SUNY's experience with recognizing expertise. There are many people in the community who have hands-on experience with inclusion. Recognizing their talents and insights allowed SUNY to build momentum for existing programs and/or to link these programs with City Parks and Recreation. People are invested and believe in what they are doing. Why reinvent the wheel? Why call it something else?

Inclusion is about people not branding.

Partnerships work best when they start at and with the natural networks of people and places that involve youth with disabilities.

- This is particularly true for young adults with autism. Youth may be reluctant to go to new places or programs. Successful partnerships recognize the importance of natural supports. Successful partnerships work with the young adult’s “circle of support.”
- SUNY learned from an early mistake how important it is to start with people rather than programs. SUNY attempted to launch an inclusive yoga program at a building on its campus. Several young adult participants were not able to attend. This was because they were reluctant to get out of their minivan in an unfamiliar parking garage and without their usual aides.

Partnerships include young adults themselves at every step of the planning process!

- There’s an anthem in the Disability Rights Movement, “Nothing about us without us!” SUNY adopted this philosophy in its inclusion of people with disabilities in every phase of the Inclusive Fitness Initiative and operated from an approach that acknowledged the idea that plans should be made with, not for, people with disabilities. “Nothing for us without us.”

ONCE ESTABLISHED

Formal partnerships work best when goals and motives are mutually understood.

- Ensure that all partners have the same goals for the end of the project.
- Formal business arrangements were put into place for a unified wheelchair sports program at the McChesney Center. Such business arrangements are more relevant when activities involve specialized equipment.
- Formal partnership agreements were created with City Parks to continue an annual winter adapted sports event at Sunnycrest Park. Having this in place allows for advance marketing. Also annual events build momentum and recognition in the community over time.

Formal partnerships work best when a timeline is established, so goals can be achieved, and milestones exist for parties to regroup.

- Plan for an end of the partnership initiative, or at least a period to re-evaluate the relationship and operating methods. This sets the stage to discuss and make

improvements.

- Phone follow-ups with park staff after Pop Up events provided SUNY with important feedback on its programs.

Ongoing partnerships work best when the partnership represents an extension of what the partners already do.

- Seek natural partnerships with good fit so as not to ask any partner to “reinvent the wheel” in order to make that partnership a success.
- City Parks and Recreation Departments serve all residents and are eager for information and resources to make their programs inclusive. Syracuse Parks hopes to hire an inclusion coordinator.
- Long term partnerships are a “win-win” proposition. The result of a successful partnership is two parties that are better positioned to do what they are passionate about doing. Everyone benefits.

Evaluation and Technical Assistance Provider: Yang-Tan Institute on Employment and Disability at Cornell University

As the technical assistance and evaluation grantee for the Inclusive Fitness Initiative, YTI created surveys to capture outcomes from participation in the Inclusive Fitness Initiative. There were surveys for program participants as well as for fitness professionals. All surveys were available in both paper and electronic formats and designed to be completed with or without assistance, depending on individuals' needs and preferences. In person interviews were also conducted with some participants, fitness professionals, project staff, and advisory board members.

Customer Satisfaction Survey:

https://cornell.qualtrics.com/jfe/form/SV_aa5PwjtfBp1Z72B

Customer Satisfaction Survey (short):

https://cornell.qualtrics.com/jfe/form/SV_8dnNm6ctywa29jT

Fitness/Wellness Professional Survey:

https://cornell.qualtrics.com/jfe/form/SV_9HR1KWxpOscMH4x

Over the course of the three year grant cycle, several factors were identified as important to creating and sustaining inclusive fitness/wellness opportunities.

There are differing definitions of “inclusive” programs: These definitions range from “special,” disability targeted programming in any location, to community-based targeted programs, to programs that include individuals with and without disabilities participating together in community settings. These different definitions presented challenges in trying to implement community-based programs in which all participants with and without disabilities were treated as equals.

Not everyone wants to be included in the same way: Inclusion is ultimately about providing the same options to people with disabilities that exist for people without disabilities. Some people may prefer disability targeted programming; many would like the option to participate along with nondisabled peers and have a right to such

opportunities. Feelings of belonging and acceptance were among the most significant reported by participants.

Inclusion may happen in steps and stages: SUNY, Daemen, and the participants in their respective programs evolved in their understanding of inclusion, over time. Both programs created excellent opportunities for individuals with disabilities, family members, and others to learn about fitness/wellness, and incorporate healthy habits into their daily lives. Participation in the programs provided a chance for individuals to see what activities they enjoyed and to consider where they could continue once the programs ended. In these ways, the programs served as “bridges,” connecting people with disabilities to opportunities in their local communities. Additionally, by educating fitness professionals—personal trainers, group fitness instructors, and parks and recreation staff—each program linked professionals to resources that prepared them to better serve customers with disabilities.

Calling a program “inclusive” doesn’t make it so: Inclusion requires planning, action, and continued effort to ensure that customers and clients of all backgrounds are aware of and able to benefit from fitness/wellness programming.

To learn more about the Inclusive Fitness Initiative go to: http://www.yti.cornell.edu/media/view/0_ysxvf5zx

SECTION IX

Additional Resources

Regional Resources

General New York State

Adapt the Fun for Everyone

Organization: New York State Department of Health

Webpage: <https://www.health.ny.gov/publications/0954/>

Inclusive Recreation Resource Center

Organization: SUNY Cortland

Webpage: <https://www.inclusiverec.org/>

Syracuse Area

Ability Fitness Program

Organization: Ability Fitness

Contact: 315-506-2463 or info@ability-fitness.org

Accessible Geocaching Club

Organization: Fitness Inclusion Network

Webpage: http://bbi.syr.edu/projects/fit-in/docs/AccessibleGeocachingFINAL_TAGGED.2016pdf.pdf

Adapted Cycling

Organization: Move Along, Inc.

Contact: Jeff Wright at 315-263-1705 or jeff_wright@movealonginc.org

Adapted Paddling

Organization: Move Along, Inc.

Contact: Dawn Gooley at 315-744-2064 or Dawn_Gooley@movealonginc.org

Adult Recreational Wheelchair Basketball

Organization: Move Along, Inc. with Syracuse Parks Department

Contact: Jeff Wright at 315-263-1705 or jeff_wright@movealonginc.org or Chris Abbott at 315-382-3303 or CAbbott@syrgov.net

Adult Summer Wheelchair Basketball Program

Organization: Move Along, Inc.

Contact: Jeff Wright at 315-263-1705 or jeff_wright@movealonginc.org

After-School and Summer Programs, Onondaga County

Organization: Catholic Charities of Onondaga County

Contact: 315-472-6343

ARISE at the Farm Ground Lessons

Organization: Arise, Inc.

Contact Phone Number: Laura Little at 315-687-6727 or llittle@ariseinc.org

ARISE at the Farm Summer Adult Camp

Organization: Arise, Inc.

Contact: Laura Little at 315-687-6727 or llittle@ariseinc.org

ARISE and Ski Program

Organization: Arise, Inc.

Contact: Call 315-671-3094 or email ski@ariseinc.org

ARISE at the Farm Cart Driving

Organization: Arise, Inc.

Contact: Laura Little at 315-687-6727 or llittle@ariseinc.org

ARISE at the Farm Horseback Riding Program

Organization: Arise, Inc.

Contact: Laura Little at 315-687-6727 or llittle@ariseinc.org

Cayuga Golf

Organization: Special Olympics New York Central Region

Contact: 315-314-6839

Community Recreation

Organization: ARC of Onondaga

Contact: 315-476-7441

Copper City Golf

Organization: Special Olympics New York Central Region

Contact: 315-314-6839

Dodge Pond, St Lawrence County

Organization: Saint Lawrence NYSARC

Contact: 315-848-2336

Inclusive Sports Training

Organization: Move Along, Inc.

Contact: Jeff Wright at 315-263-1705 or jeff_wright@movealonginc.org

Inclusive Walking Club via Monday Mile Program

Organization: Fitness Inclusion Network

Webpage: http://healthymonday.syr.edu/wp-content/uploads/2015/09/HowToCreate-AnInclusiveWalkingClub_2015_tagged.pdf

Interscholastic Unified Basketball League

Organization: Special Olympics Unified Sports

Contact: Todd Nelson at 315-717-1712 or TNelson@nysphsaa.org

Lewis County Rockers

Organization: ARC, Oneida-Lewis Chapter

Contact: 315-376-6473

Madison Cycling Club

Organization: Special Olympics New York Central Region

Contact: 315-314-6839

Madison Golf

Organization: Special Olympics New York Central Region

Contact: 315-314-6839

Nature on Wheels NOWmobile

Organization: Beaver Lake Nature Center

Contact: 315-638-2519

Oneida Cycling Club

Organization: Special Olympics New York Central Region

Contact: 315-314-6839

Onondaga Bocce League

Organization: Special Olympics New York Central Region

Contact: 315-314-6839

Onondaga Bowling League

Organization: Special Olympics New York Central Region

Contact: Sean Coakley at 315-314-6839 ext. 7203 or coakley@nyso.org

Onondaga Golf

Organization: Special Olympics New York Central Region

Contact: Call 315-314-6839

Onondaga Soccer Team & Skills

Organization: Special Olympics New York Central Region

Contact: Call 315-314-6839

Onondaga Softball League

Organization: Special Olympics New York Central Region

Contact: Call 315-314-6839

Project Explore Summer Program, Onondaga County

Organization: Exceptional Family Resources (EFR)

Contact: 315-478-1462 ext. 335

Recreation and Events

Organization: Advocates, Inc.

Contact: 315-469-9931

Recreation and Relaxation Program

Organization: ARC, Oneida-Lewis Chapter

Contact: 315-376-6473

Sled Hockey

Organization: Move Along, Inc.

Contact: Susan Arnold at 315-560-3692 or Susan_Arnold@movealonginc.org

Special Olympics Bowling

Organization: ARC, Oneida-Lewis Chapter

Contact: 315-272-1577

Spina Bifida Weekend

Organization: Double H Ranch

Contact: 518-696-5676

Synergy Stables- Adaptive Horsemanship

Organization: Move Along, Inc.

Contact: Trisha Williams at 631-708-8604 or trisha_williams@movealonginc.org

Unified Yoga Program

Organization: Fitness Inclusion Network

Contact: Maddy Locastro at 315-209-3697 or mlocastro2121@gmail.com

Westcott Recreation Club

Organization: Westcott Community Center

Contact: 315-478-8634

Wheelchair Tennis Program

Organization: Move Along, Inc.

Contact: Dominique Canale at 315-806-9717 or Dominique_Canale@movealonginc.org

Yoga in the Park Program

Organization: Syracuse Parks and Recreation Department

Contact: Chris Abbott at 315-382-3303 or cabbott@syrgov.net

Western NY Area

Anytime Fitness

Location: 459 South Transit, Lockport, NY 14094

Contact: 716-433-3400

Webpage: <https://www.anytimefitness.com/gyms/2028/lockport-ny-14094/>

Aquatic and Fitness Center

Location: One Pool Plaza, Buffalo, NY 14223

Contact: 716-876-7424

Webpage: <http://www.tonawanda.ny.us/departments/youth-parks-recreation/town-facilities/aquatic-fitness-center>

BAC for Women

Location: 3157 Eggert Rd, Tonawanda, NY 14150

Contact: 716-348-3755

Webpage: <https://www.bacwomen.com/bac-for-women-colvin/>

Body Blocks Fitness

Location: 496 Pearl St, Buffalo, NY 14202

Contact: 716-847-2639

Webpage: <http://bodyblocksfitness.com/>

C Training

Location: 3152 Main St, Buffalo, NY 14214

Contact: 585-627-3860

Catalano Personal Training

Location: 1842 Maple Rd a, Williamsville, NY 14226

Contact: 716-725-3526

Catalyst Fitness

Locations: 5087 Broadway St, Depew, NY 14043; also located at 1999 Elmwood Ave, Buffalo, NY 14207; 2745 Seneca St, Buffalo, NY 14224

Contact: 1-800-722-53666

Webpage: <https://www.catalystfitnessbuffalo.com/>

Crunch Fitness

Location: 1000 Young St, Tonawanda, NY 14150

Contact: 716-693-4141

Location: 2429 Military Rd, Niagara Falls, NY 14304

Contact: 716-297-5107

Webpage: <https://www.crunch.com/>

Delaware Family YMCA

Location: 2564 Delaware Ave, Buffalo, NY 14216

Contact: 716-875-1283

Webpage: <http://www.ymcabn.org>

Elite Fitness and Personal Training

Location: 4611 Military Rd, Niagara Falls, NY 14305

Contact: 716-531-2465

Webpage: <https://www.elitefitness2016.com/>

Fast Fitness for Women

Location: 627 W. Ave, Medina, NY 14103

Contact: 585-318-4003

Fitness 19

Location: 2141 Elmwood Ave, Buffalo, NY 14207

Contact: 716-447-1919

Webpage: <https://www.fitness19.com/centers/buffalo/>

Fitness Factory

Location: 2852 Delaware Ave #1, Buffalo, NY 14217

Contact: 716-877-1053

Webpage: <https://www.fitnessfactorykenmore.com/>

Hive Lifespan Center

Location: 9570 Transit Rd, East Amherst, NY 14051

Contact: 716-625-4483

Webpage: <https://www.hivelifespan.com/>

Jada Blitz Training

Location: 4685 Transit Rd, Williamsville, NY 14221

Contact: 716-568-9057

Webpage: <https://www.jadablitz.com/>

Jeremy Flint – Independent Health YMCA

Location: 150 Tech Drive, Amherst, NY 14221

Contact: 716-839-2543

Webpage: <http://www.ymcabuffaloniagara.org/locations/independent-health/>

Jewish Community Center of Greater Buffalo

Location: 2640 N. Forest Road Suite 100, Getzville, NY 14068

Contact: 716-688-4033

Webpage: <http://www.jccbuffalo.org/>

Orangetheory Fitness

Location: 1551 Niagara Falls Blvd, Amherst, NY 14228

Contact: 716-970-4441

Webpage: <https://northtowns.orangetheoryfitness.com/>

Planet Fitness

Location: 8297 Niagara Falls Blvd, Niagara Falls, NY 14304

Contact: 716-371-2460

Webpage: <http://www.planetfitness.com/gyms/niagara-falls-ny-1055>

Reform Fitness

Location: 6556 East Quaker St, Orchard Park, NY 14127

Contact: 716-662-3181

Webpage: <http://reform.fitness/>

Revolution Indoor Cycling

Location: 1716 Main St, Buffalo, NY 14209

Contact: 716-908-0622

Webpage: <https://revolutionbuffalo.com/>

Steel Mill Gym

Location: 1234 Abbott Rd, Lackawanna, NY 14218

Contact: 716-822-4271

Webpage: <http://www.steelmillgym.com/>

Terrie's Workout Center

Location: 1473 Hertel Ave, Buffalo, NY 14216

Contact: 716-833-6529

Webpage: <https://www.workoutatterries.com/>

The Training Edge

Location: 8200 Main St, Williamsville, NY 14221

Contact: 716-565-9568

Webpage: <http://thetrainingedge.com/>

Treo Sports and Fitness

Location: 425 Meyer Rd, West Seneca, NY 14224

Contact: 716-359-5334 or zgriffey@treosportsfitness.com

Webpage: <https://www.treosportsfitness.com/>

Ultimate Physique

50 Rogers Ave, Lockport, NY 14094

Contact: 716-439-4094

Webpage: <http://www.ultimatephysiquefitness.com/>

Underground Gym

Location: 3315 N. Benzing Rd, Orchard Park, NY14127

Contact: 716-563-1392

Webpage: <https://www.undergroundgymbuffalo.com/>

William-Emslie Family YMCA

Location: 585 William St, Buffalo, NY 14206

Contact: 716-845-5440

Webpage: <http://www.ymcabuffaloniagara.org/locations/william-emslie/>

YMCA Buffalo Niagara

Locations: multiple

Webpage: <http://www.ymcabuffaloniagara.org/>

National Resources

The Aspen Institute Project Play – Reimagining Youth Sports in America

<https://www.aspenprojectplay.org/>

Center on Disability at the Public Health Institute

<http://www.centerondisability.org/>

Commit to Inclusion

<http://committoinclusion.org/>

Exercise is Medicine®: A Global Health Initiative

<http://www.exerciseismedicine.org/>

FAQs about Recreation and Fitness Centers

<http://dredf.org/legal-advocacy/laws/access-equals-opportunity/recreation-and-fitness-centers/>

NCHPAD – National Center on Health, Physical Activity and Disability

<http://www.nchpad.org/>

Tips for Adapting Boot Camp

<http://www.idealit.com/fitness-library/boot-camp-for-the-special-needs-client>

Tips for Adapting Personal Training

<http://www.idealife.com/fitness-library/how-to-adapt-your-personal-training-space-for-people-with-disabilities>

Tips for Selecting a Fitness Trainer

<http://pushliving.com/how-to-find-and-select-a-fitness-trainer/#sthash.8cDkNUU7.dpuf>

UFIT

<http://www.justdofit.com/>



Annotated Bibliography

Adapted Physical Activity

Auger, J. (2015). Creating more inclusive exercise groups. *Well Spring*, 26(3).

A dichotomy exists between promoting physical exercise classes as inclusive and actually taking the steps to make them fully inclusive. The author describes from her own experience what is necessary to make group exercise classes inclusive to people with disabilities. She recommends that there be a community partnership, knowledgeable instructors, and the creation of a sense of community in the class in order for inclusive classes to work. She also describes tips for programs and facilities to launch inclusive exercise classes.

Emes, C., Longmuir, P., & Downs, P. (2002). An abilities-based approach to service delivery and professional preparation in adapted physical activity. *Adapted Physical Activity Quarterly*, 19(4), 403-419.

This article discusses an ability-based approach in the adapted physical activity (APA) service delivery, which focuses on the person's functional ability and not the symptoms or indicators a particular disability. The authors define the key principles of the ability-based approach, such as person-centeredness, openness, and compatibility, which emphasize partnering and/or a co-learner relationship between the learner and APA instructor instead of a teacher/learner relationship. The article includes sections on current practice of Adapted Physical Activity (APA), professional preparation in terms of skills and attitudes, and a program example.

Best Practices

Goodwin, D., L., & Rossow-Kimball, B. (2012). Thinking ethically about professional practice in adapted physical activity. *Adapted Physical Activity Quarterly*, 29, 295-309.

In the first half of the article, the authors provide an overview of the existing ethical theories such as, virtue ethics, ethics of care, and relational ethics. The second half of the article highlights ethical sensitivities, such as "disability as a subject" concept for APA student preparation curriculum, and "reflective instruction" concept for professional ADA practice. The authors suggest professionals and educators should consider multiple ethical perspectives for multiple situations for choosing the most appropriate ethical approach based on each individual's needs.

Miller, K. D., Schleien, S. J., & Lausier, J. (2009). Search For best practices in inclusive recreation: Programmatic findings. *Therapeutic Recreation Journal*, 43(1), 27–41.

This article discusses the results of a study that sought to identify the best practices at the administrative, programmatic, and consumer levels that results in inclusive and sustainable community recreation. Their findings indicate that there is no one “perfect” plan for every inclusive recreational program. Additionally, there are numerous barriers that must be overcome in order for a program to be successful. One of the biggest barriers is the fact there is a lack of good science, effective model building, or a comprehensive understanding of what inclusive recreation should be.

Miller, K. D., Schleien, S. J., & Bowens, F. (2010). Support staff as an essential component of inclusive recreation services. *Therapeutic Recreation Journal*, 44(1), 35–49.

This article discusses how inclusive service delivery is a best practice for recreational programs. The main barrier to achieving this practice is the lack of direct support staff who are trained on how to accommodate their programs to people of all abilities. In particular, programs achieve the most success when they have a disability specialist on staff who is able to collaborate with other staff in how to best design, implement, and evaluate recreation programs. This article explores the ways in which having an inclusion facilitator on staff can be beneficial to recreation programs.

Rimmer, J. H., Padalabalanarayanan, S., Malone, L. a., & Mehta, T. (2017). Fitness facilities still lack accessibility for people with disabilities. *Disability and Health Journal*, 10(2), 214–221. doi:10.1016/j.dhjo.2016.12.011

Research has shown that people with disabilities are at a great risk of chronic and secondary health conditions. This study examines the accessibility and usability of a number of U.S. fitness facilities to identify the greatest barriers in for people with disabilities in using the facilities. Facilities were assessed according to a framework of programs, services, policy, equipment, and the built environment using a modified version of the ADA fitness facility compliance instrument as well as a fitness professional disability awareness survey. Facilities that had the highest scores for accessibility mainly did well in programs and water fountains, still falling short in the other areas. The recommendations following this study are that fitness facilities need to make accessibility a high priority across all areas in the interests of removing barriers to a population that would really benefit from access to the facility.

Community Participation

Hall, S. (2009). The social inclusion of people with disabilities: A qualitative meta-analysis. *Journal of Ethnographic and Qualitative Research*, 3, 162-173.

This study describes elements and experiences of social inclusion for people with disabilities. The following factors affect social inclusion for people with disabilities: involvement in activities, living accommodations, employment, and support systems. The author contends that social inclusion occurs in multiple contexts that cover all aspects of life. The results of the study identified personal relationships as a major indicator of social inclusion. The other influential factors of social inclusion include: involvement in recreation, leisure, faith-based/church activities, where a person lives, social opportunities in the workplace, and support from community members. The authors also found that certain factors, such as lack of access to information, greater use of community facilities, and absence of accommodations are barriers to inclusion.

Peterson-Besse, J. (2016). Advocating for quality, inclusive wellness opportunities in our communities. *Impact*, 29(1), 1, 34–35.

This article discusses the importance of having inclusive wellness programs in communities. Currently very few high quality wellness programs are truly inclusive to people with intellectual and developmental disabilities. The author encourages people to be advocates for change in their communities by becoming knowledgeable of the characteristics of quality wellness programs and knowing the laws and other barriers that need to be overcome in order for wellness programs to adapt to being inclusive.

Plough, A. L. (2015). Measuring what matters: Introducing a new action framework. Retrieved from http://www.rwjf.org/en/culture-of-health/2015/11/measuring_what_matte.html

This blog post introduces an action framework that focuses on giving every person an equal opportunity to live the healthiest life that they can. United States culture faces the problem of not valuing health equally across populations. The action framework introduced in this article is designed to improve population health, well-being, and equity through the following action areas: (1) making health a shared value, (2) fostering cross-sector collaboration to improve well-being, (3) creating healthier, more equitable communities, and (4) strengthening integration of health services and systems.

Determinants of Leisure and Physical Activity

Badia, M., Orgaz, M., Verdugo, M., & Ullan, A. (2013). Patterns and determinants of leisure participation of youth and adults with developmental disabilities. *Journal of Intellectual Disability Research*, 57 (4), 319-332.

This study, which was conducted in Spain, analyzed the participation in, preference for, and interest in leisure activities, which includes activities at home, within social activities, and physical activities. The researchers investigated how socio-demographic and disability-related factors affect the participation in those activities. The participants were interviewed using the Spanish version of the Leisure Assessment Inventory to identify the participation, preferences, and interests in leisure activities. The collected data were statistically analyzed with repeated measure ANOVAs and mixed ANOVAs. The most frequently reported disability was intellectual, followed by cerebral palsy. The participants' ages ranged between 17 and 64 years, including males and females. The study concluded that the highest level of participation was in social activities and recreation activities at home, which were mostly passive and solitary in nature; however, participants expressed interest in trying out more social and physical activities. The results also show that disability severity, the age of participant, and the type of education they received were key determinants of the leisure activity participation, preference, and interest. The researchers highlighted the importance of ongoing social support and family member support when promoting participation in leisure activities for individuals with developmental disabilities. The authors also indicated that inclusive education would facilitate participation in leisure activities and suggested that service providers should support the development of choice and self-determination abilities.

Howie, E. K., Barnes, T. L., McDermott, S., Mann, J. R., Clarkson, J., & Meriwether, R. a. (2012). Availability of physical activity resources in the environment for adults with intellectual disabilities. *Disability and Health Journal*, 5(1), 41–48. doi:10.1016/j.dhjo.2011.09.004

The purpose of this research study was to test whether lack of physical activity among people with intellectual disabilities was the result of a lack of physical activity resources in their home and work environments. Trained research staff administered the survey to individuals with intellectual disabilities that ascertained whether or not certain environmental characteristics were present in the individuals' home and/or work environments. The study found a lack of physical activity resources in the lives of adults with intellectual disabilities, which the researchers believe contributes to a lack of organized physical activity among individuals with intellectual disabilities. They believe that if there are more physical activity resources available to people with intellectual disabilities, they will be more likely to use them, though they recognize that there are additional barriers

that discourage many of these people that also need to be overcome.

Kodish, S., Hodges-Kulinna, P., Martin, J., Pangrazi, R., & Darst, P. (2006). Determinants of Physical Activity in an Inclusive Setting. *Adapted Physical Activity Quarterly*, (23), 390-409.

The authors conducted a study of factors that predict intentions to exercise and exercise behaviors of children ages 10-13 in inclusive and non-inclusive General Physical Education (GPE) classes using concepts of the Theory of Planned Behavior. The participants in inclusive classes included children with autism. Intentions towards performing physical activity were analyzed based on the answers to a survey questionnaire. The level of exercise activity was measured via pedometers. The results of the research showed that the physical activity in inclusive classes would be successful for both children with and without disabilities with a comprehensive Dynamic Physical Education Curriculum that allows lesson plans to be developed with the student in mind. In regards to intentions to perform physical activities, the researchers found that the perceived social pressure, perceived expectations, and perceived presence or absence of required resources and opportunities are the key factors that influence physical activity decisions. This study provides helpful information for physical education teachers as well as for inclusion proponents.

Kunstler, R., Thompson, A., & Croke, E. (2013). Inclusive recreation for transition-age youth: Promoting self-sufficiency, community inclusion, and experiential learning. *Therapeutic Recreation Journal*, 47(2), 122–136.

The U.S. government's national health promotion agenda, Healthy People, has updated its objectives for 2020 to include, among other areas, an increase in the proportion of adolescents with disabilities who meet current federal physical activity guidelines for aerobic and muscle-strengthening activity. Studies have shown that many barriers exist that prevent young people with disabilities from engaging in physical activity, whether it be lack of opportunity, lack of accommodation, and lack of inclusion. It is important for people with disabilities to overcome these barriers because good health practices have been shown to have other benefits in their lives, including increased self-sufficiency. This paper presents a study whose program model sought to overcome some of the barriers to physical activity faced by youth with disabilities and create a replicable program model for colleges. The purpose of FreshenUp was to provide participants with information about accessible programs, enhance their self-confidence, and increase their skills to be able to participate in physical activities in their communities. The findings of the study suggest that the FreshenUp program was successful in teaching youth with disabilities fitness and social skills and in teaching college students the skills needed to make a suc-

cessful inclusive exercise program.

Moffatt, S., Steer, M., Lawson, S., Penn, L., & O'Brien, N. (2017). Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. *BMJ Open*, 7(7), e015203.

This article reports on a study that examined the effects of Link Workers in West Newcastle upon Tyne in England. The Link Workers practice social prescribing, where they refer various non-clinical services (e.g., exercise classes or group support programs) in the community to their clients, who, in this case, were individuals above the age of 40 with chronic health conditions. The Link Workers work with their clients over a period of time from initial assessment through help and support in accessing community services. The qualitative study included interviews with the clients, most of whom reported positive experiences with their Link Worker. The findings of this study suggest that social prescribing can be an effective way to improve health-related behaviors (physical and mental) in individuals with disabilities or long-term illnesses. Future research on a larger scale is recommended.

Smeltzer, S. (2010). Improving health and wellness of people with disabilities. *International Encyclopedia on Rehabilitation*. University of Buffalo, SUNY. Retrieved from <http://cirrie.buffalo.edu/encyclopedia/en/article/300/>

The article provides definitions of health, disability, and health promotion and identifies barriers to health promotion for people with disabilities. The authors suggest strategies to overcome the barriers.

Traci, M., & Seekins, T. (2016). The role of direct support professionals in promoting health and wellness. *Impact*, 29(1), 26–27.

This article examines the effect of the role of the direct support professionals (DSPs) on people with intellectual and developmental disabilities with regard to their health and wellness. DSPs are able to help people with disabilities to prioritize wellness in their daily routine in such ways as creating short-term goals and scheduling activities. One problem that the authors noticed was that high turnover rates among DSPs led to disruption in the lives of the people they support. Their proposed solution to this issue is to decrease the turnover rate for DSPs by focusing on their wellness as well. The authors would like to see service provider agencies create a culture of wellness for their employees, which will, in turn, enable them to help others maintain healthy lifestyles.

Wilhite, B., Martin, D., & Shank, J. (2016). Facilitating physical activity among adults with disabilities. *Therapeutic Recreation Journal*, 50(1), 33.

This article explores the lifestyles of people with disabilities who do lead physically active lives in an attempt to determine what attributes are the best determiners for physical activity. The hope was that studying individuals with disabilities who lead active lives would inform methods for increasing physical activity among the greater numbers of more sedentary people with disabilities. For this study, the authors interviewed 14 people with disabilities who were active enough to meet the inclusion criteria for the study. They found that ten themes emerged in regard to motivations for participation in physical activity such as intrapersonal facilitators, recognizing benefits of physical activity, inclination towards physical activity, and positive community attitudes. The authors feel that this study and further research in this area can help inform motivations to get people with disabilities to be more active.

Health Benefits of Exercise and Diet

Bandini, L., Curtin, C., Fleming, R., Maslin, M., & Scampini, R. (2013). Health U: A nutrition curriculum for teenagers with intellectual and developmental disabilities. CreateSpace Independent Publishing Platform. Developed by researchers and clinicians at UMass Medical School/E.K. Shriver Center.

The Health U. curriculum is designed to be taught by registered dietitians or educators who have had college-level courses in nutrition. It contains age-appropriate nutrition education materials for adolescents and young adults with mild to moderate intellectual disabilities. The goal of the Health U. program is to encourage a healthy lifestyle and includes 10 lessons, each of which provides a short discussion where new concepts are introduced, an activity that provides hands-on learning, time to engage in movement/physical activity, and a “taste test” that encourages expansion of students’ food repertoires.

Dodge, J. (2016). Study finds troubling new evidence of teens’ lack of physical activity. Retrieved from <http://source.colostate.edu/study-finds-troubling-new-evidence-of-teens-lack-of-physical-activity/>

This article reports on a study conducted by researchers at Colorado State University’s Department of Health and Exercise Science and the Colorado School of Public Health. The study finds that there is a troubling trend of lack of exercise among teenagers. While daily exercise of 60 minutes or more is important as a preventer of future health prob-

lems, 91 percent of teenagers participating in the study were not getting an hour a day. This is especially true for teenagers who have left school and home to attend college or work. The study suggests that the problem is that when physical activity is not built in as part of a daily schedule, then it does not happen. The researchers suggest teaching teenagers better time management skills and that society needs to do a better job of instilling the culture of health and exercise into children so that they will continue as they become adults.

Erb, R. (2015). Study: Head Start good for bodies as well as minds. Detroit Free Press. Retrieved from <http://www.freep.com/story/news/health/2015/01/12/study-finds-bmi-better-among-head-start-students/21645287/>

The author reports on a study of pre-school-aged children in the Head Start program as compared to children of the same age in the general population. The study found that children in the Head Start program was much more likely to be closer to a healthy body mass index by kindergarten age than their counterparts not in the program. The results indicate that Head Start provides more nutritious meals than children might otherwise get at home and more opportunities to be physically active with their peers.

Janicas, K. (2014). Commentary: Exercise as a treatment in intellectual and developmental disability. Journal on Developmental Disabilities, Ontario Association on Developmental Disabilities, 20 (1), 122-128.

The author reviews existing literature on benefits of exercise for people with disabilities. The first part of the article contains sections on the physical benefits of exercise and the neurological and circulatory benefits of exercise. The second part of the article provides an overview of the benefits of exercise for people with intellectual and developmental disabilities. The author suggests implementing an individualized exercise regimen as a part of medical intervention since there is evidence of mental and psychiatric benefits of exercise in the research literature. The author also contends that exercises can reduce side effects of psychotropic medications and polypharmacy. Concluding her review, the author suggests several strategies for implementing exercise interventions, which should be structured in secure and supportive environment.

Singh, J. (2012). Health and wellness needs of individuals with developmental disabilities. Tallahassee, FL.

This report examines that fact that although the lifespans of people with developmental disabilities have been increasing, there are still many health and wellness concerns

that need to be addressed. It further describes a project conducted by the author and others to investigate the health and wellness needs of individuals with developmental disabilities with specific studies focusing on caregivers, the individuals with developmental disabilities, health and wellness entities, such as gyms, that offer different types of physical activities, and on the community. The findings of the project were that there are many ways the community can support people with developmental disabilities and their caretakers in order to promote healthier living habits.

Society for Research in Child Development. (2014). Why does physical activity during childhood matter? What parents, teachers, and lawmakers need to know about physical activity, brain health, cognition, and scholastic achievement. Retrieved from http://www.eurekalert.org/pub_releases/2014-12/sfri-wdp120214.php

This article explains how the decreased emphasis on physical fitness and activity in schools is having a detrimental effect on children. Studies show that physically active children tend to outperform their inactive peers in the classroom and on tests of achievement. Physically active children also have increased concentration and enhanced attention spans when compared to their less active peers. The article encourages state governments and school administrators to consider this evidence and promote physical activity in schools.

Thorpe, D. (2009). The role of fitness in health and disease: Status of adults with cerebral palsy. *Developmental Medicine and Child Neurology*, 51 (4), 52-58

This study provides information about the role of fitness-related activities in health-related quality of life for with cerebral palsy. The author suggests that fitness activities such as aquatic-based strengthening exercises and interval training consisting of a combination of aerobic and interval strength activities are the most beneficial for people with cerebral palsy. The author also stresses that there are barriers to expanding research in physical activity and fitness. Barriers include a lack of valid and reliable measurement tools for strength, flexibility, physical activity, and participation.

Levels and Patterns of Physical Activity

Finlayson, J., Turner, A., & Granat, M., H. (2011). Measuring the actual level and patterns of physical activity/inactivity of adults with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 24, 508-517.

The Scottish researchers conducted a study about the levels and patterns of activity of adults with mild and moderate learning disabilities and concluded that the levels of physical activity among the participants was low. The researchers used an activity monitor to measure habitual physical activity (walking) and inactivity (sedentary behavior) over the 7-day assessment period. They collected data on patterns of activities through interviews. The results of this study indicate that such factors as community presence may increase physical activity levels. The lower level of activity was recorded for those who were overweight and public transit users. Significant gender differences were noted between the patterns of physical activity; women were more likely to be sedentary overall. The researchers noted, however, that the sample population was small and not representative.

Motivations for Physical Activity

Dixon-Ibarra, A., & Driver, S. (2013). The role of self-efficacy in physical activity participation or persons with disabilities. *Palaestra*, 27 (4), 31. Retrieved from http://go.galegroup.com/ps/i.do?id=GALE%7CA356906394&v=2.1&u=nysl_ca_dmvacces&it=r&p=AONE&sw=w

The authors of this article contend that self-efficacy plays a significant role in physical activity behavior among youth and adults with disabilities. The article identifies the following sources of efficacy: performance attainments, vicarious experiences, verbal persuasion, social influence, and psychological states. The authors conclude that some sources of efficacy are more or less meaningful depending on the type of disability. The authors also report that it is important to identify which of the self-efficacy sources most affect decisions to participate in physical activity when developing strategies to increase physical activity for people with disabilities.

Ipsen, C., Ruggiero, C., Rigles, B., Campbell, D., & Arnold, N. (2014). Evaluation of an online health promotion program for vocational rehabilitation consumers. *Rehabilitation Psychology*, 59(2), 125–135.

This article describes the randomized study performed to determine the comparative effectiveness of three variations of an online-based health promotion program for vocational rehabilitation consumers. The idea was that if effective, this program would be a low-cost method of increasing the health of people with disabilities, who, therefore, would be more likely to experience more success in the workplace as a result of fewer health issues. The study disproved the hypothesis that the Health Program to Employment (HPE) website and the HPE plus MI (motivational interviewer) group would per-

form better than the group that only received a Factsheet. The findings showed instead that participants in all three groups had improvements in health, behavior, and quality of life. There was no control group in this study. The conclusions drawn from this study are that the HPE applications are an effective, low-cost way to improve the health and workplace success for people with disabilities.

Yan, Z., Finn, K., & Corcoran, M. (2015). Using peer education to promote balance, fitness, and physical activity among individuals with intellectual disabilities. *American Journal of Health Studies*, 30(4), 180–186.

This article focuses on the positive effect of a peer education program in improving physical fitness levels of individuals with intellectual disabilities. The quasi-experimental design involved matching adults in their twenties with intellectual disabilities with college students who were majoring in health sciences. The students designed individualized physical activity workout plans for their partners. After meeting twice a week for six weeks, it was found that the individuals with intellectual disabilities had great improvements from the pre-test scores, especially in hours spent doing physical activity, fitness levels, and balance. The conclusion is that exercising with peers is a promising way to promote healthier lifestyles for this population of people who tend to be inactive and suffer from associated health problems.

Web Resources

American Association on Health and Disability. Disability Etiquette. Retrieved from <http://www.aahd.us/2011/08/disability-etiquette/>

This resource provides guidelines on how to interact with people with disabilities and provides web links to other informational resources related to this topic.

National Center on Health, Physical Activity and Disability (NCHPAD). Adoption of the Revised ADA Standards for Accessible Design What it Means to Recreation Facilities. Retrieved from <http://www.nchpad.org/875/4980/Adoption~of~the~Revised~ADA~Standards~for~Accessible~Design~What~it~Means~to~Recreation~Facilities>

The webpage contains information about standards for accessible design including exercise machines, equipment, and swimming pools.

National Center on Health, Physical Activity and Disability (NCHPAD). Get the Facts. Retrieved from <http://www.nchpad.org/Get~the~Facts/files/inc/b9f958ffcb.pdf>

This facts sheet contains details on the general exercise guidelines and choosing a fitness center.

National Center on Health, Physical Activity and Disability (NCHPAD). Inclusive Programming through Policy. Retrieved from <http://www.nchpad.org/1229/5882/Inclusive~Programming~through~Policy>

This web link provides information to assist programs incorporate inclusive strategies. NCHPAD and an expert panel, created a set of Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Programs and Policies.

HealthyAmericans.org. Examples of Successful Community-Based Public Health Interventions (State-by-State). Retrieved from <http://healthyamericans.org/assets/files/Examplesby-State.pdf>

This resource provides examples of successful States' community-based interventions aimed to increase physical activity, improve nutrition, and prevent smoking and tobacco use. The programs are funded by the U.S. Centers for Disease Control and Prevention under Health Communities program initiative.

American Association on Health and Disability. Health promotion and wellness for people with disabilities. Retrieved from <http://www.aahd.us/2011/04/health-promotion-and-wellness-for-people-with-disabilities/>

This fact sheet on health promotion and wellness provides guidance about what health professionals should consider in health and wellness promotion for people with disabilities including using a combination of educational, organizational, economic, and environmental supports.

Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities. (2014). Family leisure toolkit. Retrieved from <http://tucollaborative.org/wp-content/uploads/2014/12/Family-Leisure-Toolkit.pdf>

This toolkit promotes family leisure as a way to revive, strengthen, and/or maintain family health. Family Leisure is divided into two groups: core and balance. Core activities are common, everyday, low-cost activities such as family dinners, playing outside, or board games. Balance activities are more out-of-the-ordinary experiences such as family vacations, attending performances, and other outings. This toolkit has a sections

on different wellness activities, including physical health. Making physical activity a priority and encouraging good habits within the family unit is important and can help family members develop the skills they need to continue being active throughout their lifetime. The toolkit contains suggested activities as well as pre- and post- activity planning.

Eunice Kennedy Shriver Center. (n.d.). Health U -- weight loss study for teens with intellectual disability. Retrieved from <http://shriver.umassmed.edu/research/health-promotion/health-u-weight-loss-study-teens-intellectual-disability>

Health U. is an NIH-funded weight loss research study for overweight teens and young adults ages 15-22 who have an intellectual disability (ID). The program includes weekly to biweekly group and individual sessions focusing on losing weight through healthy eating and increasing physical activity in ways that are fun and achievable. Parents receive training on supportive behavioral techniques to encourage their son/daughter to meet nutrition and physical activity goals.

Archived Webinars

The ARC. Recorded Sessions. Retrieved from <https://thearc.webex.com/mw03071/mywebex/default.do?siteurl=thearc&service=7>

Annotated Bibliography Resource Johnson, C., C. (2007). Health and Wellness for Individuals with Disabilities. An Annotated Bibliography of On-line Resources. Georgetown University, Washington, DC. Retrieved from <http://www.gucchdgeorgetown.net/ucedd/documents/Connie%20Johnson's%20Annotated%20Bib%203-07.pdf>

Inclusive Fitness Facility Guide

North Carolina Office on Disability and Health. (2008). Removing barriers to health clubs and fitness facilities. Chapel Hill, NC. FPG Child Development Institute.

This guidebook is intended to assist the fitness professionals to make the fitness facilities accommodating and welcoming for all members, including people with disabilities and older adults. The guidebook describes the universal design features and practices that go beyond the Americans with Disabilities Act. Specifically, it provides recommendations on how to create accessible spaces in fitness facilities, how to select exercise equipment that can be used by people with different levels of physical ability, and how to assist and interact with people with disabilities. The guidebook concludes with a list

of physical activity and disability resources.

Kraus, L. E., Jans, L., Jones, E. C., Garrett, J., Adkins, D., Carlin, R., ... Rauworth, A. (2014). Implementation manual for guidelines for disability inclusion in physical activity, nutrition, and obesity programs and policies. Oakland, CA: Center on Disability at the Public Health Institute. Retrieved from http://www.centerondisability.org/docs/Guidelines_Disability_Inclusion_Implementation_Manual.pdf

The guidelines were written to assist in the updating of community health programs and policies to be inclusive of the needs of people with disabilities and are intended to be used by any organization that creates, implements, or oversees program initiatives in the areas of physical activity, nutrition, and obesity. There are 9 guidelines in all and each guideline is split into three sections: Why do this? How to do this (with an example), and Resources.

References

- Brault, M. W. (2012, November). Disability data @ census: Recent and upcoming work. Paper presented at the Annual Disability Statistics Compendium, Washington D.C. Retrieved from [https://disabilitycompendium.org/sites/default/files/user-uploads/Archives/PreviousPresentationsandAdditionalResources/2012/Matthew Brault%2C Survey Researcher - USDOC%2C Census Bureau.pdf](https://disabilitycompendium.org/sites/default/files/user-uploads/Archives/PreviousPresentationsandAdditionalResources/2012/Matthew%20Brault%2C%20Survey%20Researcher%20-%20USDOC%20Census%20Bureau.pdf)
- Centers for Disease Control and Prevention. (2011). *Physical inactivity and people with disabilities: A tip sheet for public health professionals*. Retrieved from https://www.cdc.gov/ncbddd/disabilityandhealth/documents/physical-inactivity-tip-sheet_ppha_1.pdf
- Center on Disability at Public Health Institute. (2014). *Guidelines for disability inclusion in physical activity, nutrition, & obesity programs and policies implementation manual*. Oakland, CA. Retrieved from [http://www.centerondisability.org/docs/Guidelines Disability Inclusion Implementation Manual.pdf](http://www.centerondisability.org/docs/Guidelines_Disability_Inclusion_Implementation_Manual.pdf)
- Erickson, W., Lee, C., & von Schrader, S. (2017). *Disability statistics from the American Community Survey (ACS)*. Ithaca, NY: Cornell University Yang-Tan Institute. Retrieved from www.disabilitystatistics.org
- Fox, M. H., Witten, M. H., & Lullo, C. (2014). Reducing obesity among people with disabilities. *Journal of Disability Policy Studies*, 25(3), 175–185.
- National Center on Birth Defects and Developmental Disabilities. (2017). Communicating with and about people with disabilities. Retrieved from https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/disabilityposter_photos.pdf
- National organization on disability; NOD president challenges “Fortune 500” CEOs to resolve to hire more people with disabilities in 2013. (2013, January). *Economics Week*. Retrieved from <https://search.proquest.com/docview/1266069604?accountid=10267>
- Rimmer, J. H., Padalabalanarayanan, S., Malone, L. A., & Mehta, T. (2017). Fitness facilities still lack accessibility for people with disabilities. *Disability and Health Journal*, 10(2), 214–221.
- Rimmer, J. H., Riley, B., Wang, E., Rauworth, A., & Jurkowski, J. (2004). Physical activity participation among persons with disabilities: Barriers and facilitators. *American Journal of Preventive Medicine*, 26(5), 419–425.

Yang-Tan Institute on Employment and Disability
ILR School, Cornell University
201 Dolgen Hall
Ithaca, NY 14853

607-255-7727
ilr_yti@cornell.edu
www.yti.cornell.edu

