



# BREAKING DOWN BARRIERS TO HEALTH PROMOTION THROUGH CREATIVE PARTNERSHIPS

A RURAL APPROACH

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# INTRODUCTIONS

Mindy Oxman Renfro, PT, PhD, DPT



Dr. Mindy Renfro is a research scientist for University of Montana's Rural Institute for Inclusive Communities where she works on initiatives related to healthy aging, fall prevention, aging-in-place, telehealth and assistive technology. Her current research interests are in dissemination of evidence-based fall prevention programs and validating current EBFPs for special populations including adults with IDD. She is currently facilitating the development of the AGPT's Balance & Falls Expert credentialing course as well as teaching online in gerontology.

# INTRODUCTIONS

## Molly Blair, CIFT



Molly Blair is the Program Coordinator for the New Directions Wellness Center. Mrs. Blair graduated from UM with her BS in Exercise Science. She has 13+ years of experience working with clients with physical limitations, chronic conditions, and other disabilities in an accessible fitness gym; this includes working with the PT staff to design and implement exercise & fitness programs.

She is certified through ACSM as an Inclusive Fitness Trainer and through ACE as a Clinical Exercise Specialist. Her current work with MTDH involves the program pilot and evaluation of the facilitated version of NCHPAD's physical activity and nutrition program "14-Weeks to a Healthier You". She is passionate and committed to improving the lives of people with disabilities and chronic diseases through exercise, adaptive recreation, and wellness.

# INTRODUCTIONS

Donna Bainbridge, PT, EdD



Dr. Donna Bainbridge is the Special Olympics Global Clinical Advisor for FUNfitness & Fitness Programming (since 2001), coordinating global development of fitness assessment and programming. She coordinates the Network for Intellectual and Developmental Disability in WCPT, and teaches Health Promotion online for University of Indianapolis. Current research interest is in balance in adults with IDD as they age.



## PURPOSE

- Recreation, often not inclusive for adults living with disabilities and/or aging, is key to physical activity and community participation.
- Many evidence-based programs promote healthy living and decrease risk of chronic disease, falls and/or social isolation but are not yet validated for special populations.
- Community coalitions are needed to solve the problem and open doors for both inclusive and exclusive programs.
- We will examine a multi-faceted approach to physical activity and health promotion for adults with disabilities and/or aging established in rural Montana as a result of creative win-win partnerships.

# IMPAIRMENTS, ACTIVITY LIMITATIONS AND PARTICIPATION RESTRICTIONS

- Treatment of an impairment or activity limitation improves the possibility of social engagement, but does not ensure participation. As health care providers, we must reach further.
- WHO's ICF model's categories include "Engaging in community, social and civic life" (See <http://www.who.int/classifications/icf/en/> )
- It is very important to improve the conditions in communities by providing accommodations that decrease or eliminate activity limitations and participation restrictions for people with disabilities, so they can participate in the roles and activities of everyday life.
- See <http://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>



# SUCCESSFUL PARTNERSHIPS – KEYS TO SUCCESS



- Shared Vision
- Skilled Leadership
- Process Orientation
- Cultural Diversity
- Participant-driven Agenda
- Multiple Sectors
- Accountability

*The Community Collaboration Manual* (1991). The National Assembly of National Voluntary Health And Social Welfare Organizations at <http://www.nassembly.org/Knowledge/documents/TheNewCommunityCollaborationManual.pdf>

# ADULTS WITH DISABILITIES & OLDER ADULTS WITH DISABLING CONDITIONS

- More than 21 million US adults 18 – 64 years of age have a disability
- These are adults with serious difficulty walking or climbing stairs; hearing; seeing; or concentrating, remembering, or making decisions.
- **Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.**
- Aerobic physical activity can help reduce the impact of these chronic diseases, yet nearly half of all adults with disabilities get no leisure time aerobic physical activity.
- Adults with disabilities were 82% more likely to be physically active if their doctor recommended it, than if they did not get a doctor recommendation. However, only 44% of adults with disabilities who visited a doctor in the past year received a physical activity recommendation from their doctor.
- Many adults with disabilities are aging into 65+ and many older adults experience limitations due to their aging.
- See <http://www.cdc.gov/ncbddd/disabilityandhealth/pa.html>





# YOUR LOCAL DATA & STATISTICS

CDC's Disability and Health Data System is available to download maps and data tables, state profiles and dual area profiles here

<http://dhds.cdc.gov/>

Data is available broken down by

- Income level
- Educational level
- Marital Status
- Employment Status

Data profiles given are from the BRFSS (phone survey) data collected.

## Montana's 2014 data:

21.4% of adults had any disability (cognitive, mobility, vision, self-care, or independent living disability) compared with 22.5% in the United States & Territories (U.S.)

10.4% of adults had a cognitive disability (serious difficulty concentrating, remembering, or making decisions) compared with 10.8% in the U.S.

11.9% of adults had a mobility disability (serious difficulty walking or climbing stairs) compared with 13.1% in the U.S.

4.0% of adults had a vision disability (serious difficulty seeing, even when wearing glasses) compared with 4.7% in the U.S.

3.1% of adults had a self-care disability (any difficulty dressing or bathing) compared with 3.6% in the U.S.

5.3% of adults had an independent living disability (any difficulty doing errands alone such as visiting a doctor's office or shopping) compared with 6.6% in the U.S.

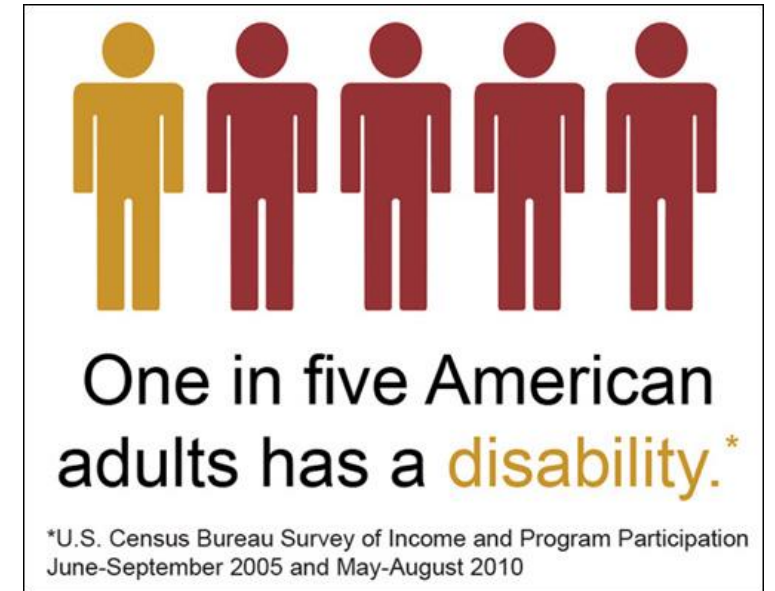
# INDIVIDUALS WITH DISABILITIES ARE INACTIVE



- Individuals with physical disabilities are among the **most inactive population in society**, arguably due to the lack of suitable environments to exercise. The gym is a space dedicated to improving physical fitness in a controlled environment with specialized equipment and qualified instructors.
- **Barriers** such as not aligning to cultural norms of the gym, psycho-emotional disablism, and a lack of representation in the gym were perceived to hinder exercise participation.
- Gyms should consider **funding instructors** to go on courses teaching them how to train an individual with a disability, and also consider employing instructors with a disability to mediate the socio-cultural barriers perceived to exist in the gym.
- Inclusive gyms on university campuses can both utilize and train students.
- See: Richardson, Smith, Papathomas. Disability and the gym: experiences, barriers and facilitators of gym use for individuals with physical disabilities. 2016 Sep 14:1-8. [Epub ahead of print]

# WHAT IS DISABILITY INCLUSION?

- Including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability is *disability inclusion*.
- This involves more than simply encouraging people; it requires making sure that adequate policies and practices are in effect in a community or organization.
- Inclusion should lead to increased participation in socially expected life roles and activities.
- Socially expected activities may also include engaging in social activities, using public resources such as transportation and libraries, moving about within communities.
- See <http://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html>

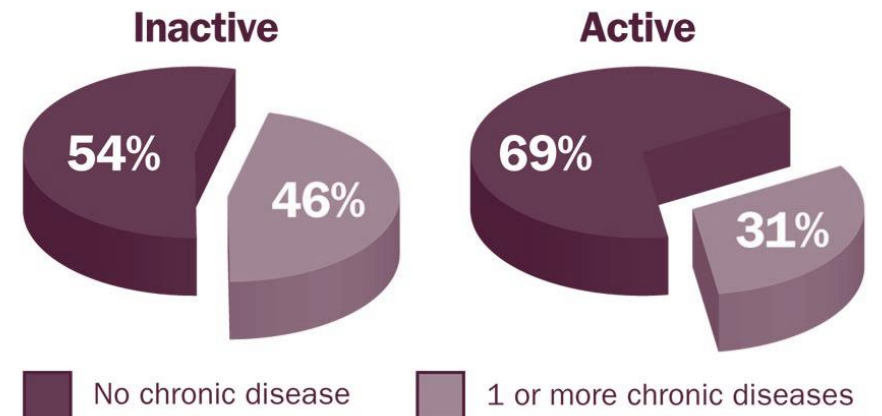


# NEED FOR PHYSICAL ACTIVITY IS GREAT

**Adults living with disabilities and/or aging are at far higher risk for chronic disease, falls and social isolation that can result in devastating loss of function and independence.**

- Adults with disabilities are 3 times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.
- Nearly half of all adults with disabilities get no aerobic physical activity, an important health behavior to help avoid these chronic diseases.
- Adults with mobility limitations (serious difficulty walking or climbing stairs) are the least likely to get any aerobic physical activity. Nearly 6 in 10 of them do not get any aerobic physical activity.
- See <http://www.cdc.gov/vitalsigns/disabilities/infographic.html#graphone>

Percentage of adults ages 18–64 with disabilities who have 1 or more chronic diseases, by aerobic physical activity level



SOURCE: CDC National Center for Health Statistics, National Health Interview Survey, 2009-2012.

# MEANING OF SELF-MANAGEMENT



- The trend of **decreasing length of stay in rehabilitation** facilities has led to individuals with spinal cord injury (SCI) entering the community with unmet needs and fewer self-care skills to prevent secondary complications.
- A greater understanding of the **meaning of self-management** may facilitate the development of a tailored self-management program in this population.
- **Interventions that are co-created** by users and health care professionals are associated with positive physical and mental health outcomes.
- See: Munce SE, Webster F, Fehlings MG, Straus SE, Jang E, Jaglal SB. Meaning of self-management from the perspective of individuals with traumatic spinal cord injury, their caregivers, and acute care and rehabilitation managers: an opportunity for improved care delivery. BMC Neurol. 2016 Jan 23;16:11. doi: 10.1186/s12883-016-0534-2.

# BARRIERS TO PARTICIPATION

- **Evidence-based health promotion programs** have been developed for community-dwelling, cognitively-intact and independently ambulatory older adults only
- Communities have very limited special-needs **transportation** especially in rural areas
- Recreation programs may require owning **equipment** that may be too costly when adapted
- Adaptive recreation programs run by parks and recreation departments or the local YMCA may not be successful in **attracting** the intended population
- Physical therapists and other primary care providers may be unable to find appropriate long-term **fitness facilities** for their disabled patients
- Fitness clubs may not have **staff trained** to assist disabled patrons
- **Financial limitations** oftentimes are key
- See: Layton NA, Steel EJ. "An Environment Built to Include Rather than Exclude Me": Creating Inclusive Environments for Human Well-Being. Int J Environ Res Public Health 2015 Sep 8;12(9):1146-62.



# PRO'S & CON'S OF INCLUSIVE VS. EXCLUSIVE RECREATION

## Inclusive

- Families and friends of people with disabilities can recreate/engage together.
- All community members engage together to recreate, socialize and play.
- Modifying existing programs is more cost-effective than establishing new programs, facilities, staffs, etc.
- Society learns to integrate and support all members.
- Community funded events should be accessible for ALL community members.
- See: Hall SA. Community Involvement of Young Adults with Intellectual Disabilities: Their Experiences and Perspectives on Inclusion. J Appl Res Intellect Disabil 2016 Jul 25.

## Exclusive

- Some people with disabilities require one-to-one support in order to join in recreational activities which can be difficult in a heterogeneous group.
- Occasionally, people with disabilities are more comfortable with others with similar limitations/challenges; especially when communication or behavior is an issue.
- Use of wheeled mobility along with walkers/runners can at times create a risk or be viewed as “unequal” competition.
- In competition, it is appropriate to have homogeneous groups such as spinal cord injury level in Paralympic sports.



# INCLUSIVE FITNESS

## England

- The Inclusive Fitness Initiative (IFI) has been established for over 10 years, supporting leisure centres to become more welcoming and accessible environments to disabled people. Facilities across the country have been awarded the 'IFI Mark' accreditation. It helps leisure facilities to get more disabled people physically active. You can find an accredited facility (in England) below.
- Visit <http://www.efds.co.uk/get-active/inclusive-gyms>

## United States

- The Inclusive Fitness Coalition is an expanded group of organizations and individuals representing a cross-section of the disability rights, sports, health/fitness and civil rights communities.
- It is estimated that 56 million people report some type of disability. This significant portion of the population faces some of the greatest health risks associated with sedentary lifestyles.
- The Inclusive Fitness Coalition developed out of the need to address these health issues and create a unified effort to increase access to and participation in physical activity for youth, adults and seniors with physical, cognitive and sensory disabilities.
- Visit <http://incfit.org/node/176>





# SUCCESSFUL PARTNERSHIPS

RECIPES FOR POSITIVE OUTCOMES



# IT TAKES A VILLAGE: ELEMENTS OF COLLABORATION

- **An appetite for change and cooperation**
- **A willingness to take risks**
- **Involving the community in co-design**
- **Focusing on what works**
- **Being patient and flexible and listening**
- **Strong governance with a focus on outcomes**
- **Influential champions & leaders**
- **Future proofing your collaboration**
- See <http://www.socialventures.com.au/blog/critical-elements-for-successful-collaboration/>



# HABITS OF SUCCESSFUL COALITIONS

- **Habit #1: Empowering Leadership**
- **Habit #2: Shared Decision-Making**
- **Habit #3: Value-Added Collaboration: Find the Win-Win**
- **Habit #4: Dedicated Staff**
- **Habit #5: Diversified Funding**

**Habit #6: Effective Communication**

**Habit #7: Clear Roles and Accountability**

**Habit #8: Flexible Structure**

**Habit #9: Priority Work Plans**

See

<https://researchtoareality.cancer.gov/cyber-seminars>



# INVITE INVESTED STAKEHOLDERS TO THE TABLE



- Who are the consumers and service providers who are impacted by the problem or need?
- **Always engage the people you intend to serve. First!**
- Which groups have the greatest potential benefit in a successful solution? Each group must be motivated by a valued positive outcome.
- Which providers are located in a convenient, user-friendly location?
- What can you offer each potential participant to engage them in the process?

# FALLPAIDD: FALL PREVENTION FOR ADULTS WITH IDD

- **NEED:** Fall prevention for adults with IDD
- **BARRIERS:** EBFPs not validated for population and therefore not funded
- **STAKEHOLDERS:** Consumers, caregivers, employers, advocates, fall prevention coalition
  - Consumers & families: Falls cause injuries and pain
  - Educators/ Employers/ Case managers: Fall injuries create great cost to medical system, loss of work time, decreased independence, increased liability,
  - Fall prevention advocates/researchers: EBFPs need to be validated for adults with IDD and other special populations
- **OUTCOMES:** Demonstrated significant decrease in fall risk using EBFP with IDD



# SOLUTION FOR FALLPAIDD IN OUR HOMETOWN



- Opportunities Resources, Inc. (ORI) a local employer and DD provider became an invested partner:
  - Access to consumers and case managers
  - Space for program
  - Promotion of program
  - ORI's motivation? Falls are costly, dangerous and impact functional independence.
- Researchers in fall prevention volunteered time to develop and deliver program.
- University programs allowed professional students to participate for their community service and research hours (nursing, PT, public health).
- Consumers recognized need and participated with support of caregivers, case managers and friends.
- Translate an EBFP validated for cognitively intact older adults to adults aging with IDD.

# FALLPAIDD OUTCOMES POSITIVE: OTAGO EXERCISE PROGRAM

- This pilot project demonstrated that the utilization of the Otago Exercise Program (OEP) in adults with IDD produced test results that were similar to results to older adults with no cognitive impairments.
- The positive trends toward improved strength (30-second Chair Stand), balance (4-Stage Balance Test), and aerobic ability (2-Minute Walk Test) over the course of the program occurred as noted in participants with no impairments in cognition.
- These results indicate that the OEP has potential as a successful programmatic way to decrease the risk of falls among adults with IDD.
- Please visit <http://www.med.unc.edu/aging/cgec/exercise-program>



# WHEELS ACROSS MONTANA

- **NEED:** Community inclusion in recreation for adults with disabilities in Montana in small city, rural and frontier communities. Montanans love to bike and hike. Many miles of bike trails have been created in many communities.
- **BARRIERS:** Adaptive trikes are not available in communities to include people with disabilities.
  - Cost of each adaptive trike varies from \$800 up through \$6,000/bike.
  - Transporting adaptive trikes may require a truck.
  - Storing adaptive trikes can be difficult
  - Each community's needs differ from others
  - Identifying and engaging consumers in the program
- **STAKEHOLDERS:** Consumers, recreation program providers, caregivers, public health, insurers, etc.
- SEE: <http://montech.ruralinstitute.umt.edu/programs/wheels-across-montana-program/>





# SOLUTION: WHEELS ACROSS MONTANA (WAM)



- **Find funding** for program: Dana & Christopher Reeve foundation. See
- **Find oversight** for the program: UM's Rural Institute
- **Create local partnerships** in each community to identify and meet their own needs.
  - Include a **recreation** program organization to provide programs, storage and equipment management
  - Include a **health care provider** to identify the population and drive them to the programs
  - Include a **DME/Equipment provider** to help move and maintain equipment

See [http://missoulia.com/lifestyles/health-med-fit/statewide-adaptive-bike-initiative-wheels-into-missoula/article\\_6609c638-8900-5a3b-bb51-0090a5bee40f.html](http://missoulia.com/lifestyles/health-med-fit/statewide-adaptive-bike-initiative-wheels-into-missoula/article_6609c638-8900-5a3b-bb51-0090a5bee40f.html)



# UM'S NEW DIRECTIONS WELLNESS CENTER

MOLLY BLAIR, CIFT



# NEW DIRECTIONS WELLNESS CENTER

## **The New Directions Wellness Center's**

mission is to provide a high quality, interdisciplinary health promotion program that serves as a state and national model for individuals with physical limitations and chronic illnesses.



# NDWC MEMBER DEMOGRAPHICS

## NWDC Member Demographics

- 138 different individuals (18-99 years old) 2013 - present
- Average of 50 participants using the gym per month
- Average of 206 visits per month
- Pharmacy consults (Year 2000-present, 6-10 a year)
- Health Screening Fair (started 2015, 38 participants)

<http://health.umt.edu/physicaltherapy/Contact%20Us/new%20directions%20contact.php>



# NEW DIRECTIONS WELLNESS CENTER: EXERCISE FOR EVERYBODY

**New Directions Wellness Center (NDWC)** is an integral part of the **University of Montana** and is located on the **Missoula campus**.

NDWC is a site where:

- Students apply academic and clinical knowledge in real life situations in physical therapy, pharmacy, social work, health and human performance and business
- Members with physical and intellectual disabilities improve quality of life through exercise, peer support, and community engagement.

**NDWC serves people with a vast array of physical disabilities and/or functional limitations** including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophies, stroke, traumatic brain injury, spinal cord injury, amputations, pain syndromes, cardiovascular disease, Guillain barre syndrome, other autoimmune disorders, cancer, diabetes, fall/balance issues, arthritis and psychosocial issues.





# NEW DIRECTIONS WELLNESS CENTER: STUDENT LEARNING

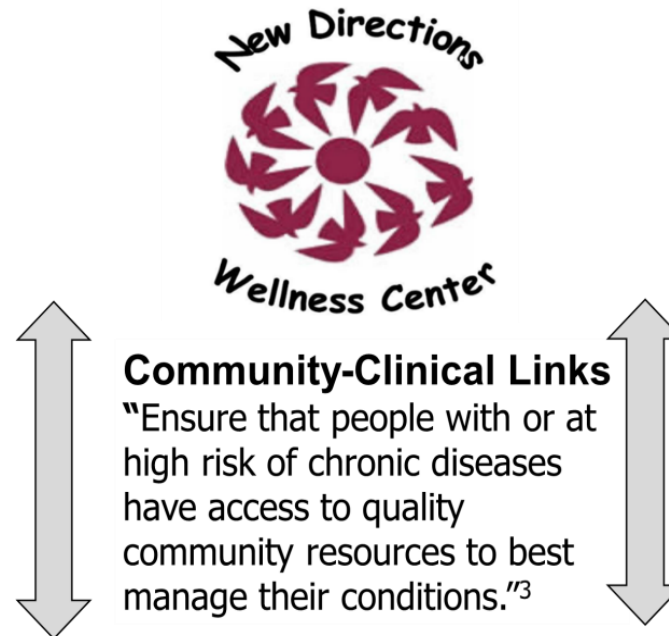
## Students Engage With Members to:

- Translate evidence into clinical practice:
- Activity Based Locomotor Training
- Functional Electrical Stimulation
- Body Weight Supported Training:
- Inclusive Fitness Programs
- Adaptive Recreation & Sport
- Actical™ Assessments: Daily activity monitoring
- Metabolic Testing
- Research

See: Hayer E, Jahnsen R, Stanghelle JK, Strand LI. Body weight supported treadmill training versus traditional training in patients dependent on walking assistance after stroke: a randomized controlled trial. Disabil Rehabil. 2012;34(3):210-9. doi: 10.3109/09638288.2011.593681



# NDWC: COMMUNITY CLINICAL LINKS



# COMMUNITY PARTICIPATION AND PARTNERSHIPS

## Community Participation and Partnerships

- Partner in community activities: Bicycling trips, downhill skiing, triathlons, tennis, running races,
- Missoula Parks and Recreation on inclusive programming community events– e.g., Bike Walk Bus Week, Sunday Streets
- Join hospitals on adaptive recreation clinics
- Co-trainers for student interns and community partner workshops.
- Fall risk and health screening events




<http://www.disabledsportsusa.org/sport/cycling/>



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## NDWC is a:

- Unique University based cross disability program serving the wellness needs of clients and learning needs of students
  - A semi-rural environment means serving people with a wide variety of physical limitations (wide variety of causes of functional limitations) rather than people with specific diagnosis (e.g., MS)
  - Intergenerational, mutually beneficial interactions between members & students
- 

# Taking Wellness One Step Further



Increased Physical Ability  
Increased Health & Wellness  
Increased Independence!

**Members wanted to take their wellness outside!**

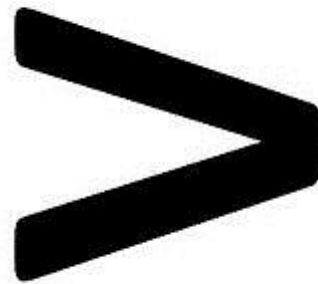
# BARRIERS



- Funding
- Space
- Staff
- Transportation
- Weather
- Distances/Access
- Equipment purchase, repair, maintenance
- Lack of partners/support- too many organizations went at it alone in their silos

# MONTANA= RURAL AND LARGE

More Elk



Than People





## COLLABORATION & PARTNERS



HOSPITALS



PARKS & RECREATION



DD PROVIDERS



HCBS CASE MANAGEMENT



ILC

# SUCCESS: SKI PROGRAM



## **Collaboration with Multiple Partners around the state of Montana ensures success:**

- Discovery Ski Area provides ski area
- Butte Silver Bow DD program- offers equipment and volunteers
- Missoula Parks and Recreation- brings in insurance, transportation, staff, and equipment
- See <http://www.adaptivesports.org/>



# SUCCESS: INCLUSIVE BIKE PROGRAMS



Increased participation in programs in ALL organizations. Families and friends able to participate in recreation opportunities in a community based inclusive fashion:

Resulting in:

1. Increased physical activity
2. Decreased chronic disease risk
3. Decreased fall risk
4. Increased social inclusion
5. Improved mental health

See

<http://www.friendshipcircle.org/blog/2013/05/07/7-adaptive-bike-companies-you-should-know-about/>



# EXPANDING REACH THROUGH INCLUSION

INCREASED COMMUNITY PARTICIPATION AND  
INCLUSION IN ALREADY RUNNING EVENTS – RACES,  
FUNDRAISERS



# INTERGENERATIONAL INCLUSIVE EVENT

Intergenerational, inter-disability programming with reduced strain on any one organization and amazing outcomes!

Other similar programs to learn about:

1. [http://events.r20.constantcontact.com/register/event;jsessionid=FC4CFD0D112E6A72C4188FE8473D1AA3.worker\\_registrant?llr=tyej8dab&oeidk=a07e9pqykg8e8a24f2](http://events.r20.constantcontact.com/register/event;jsessionid=FC4CFD0D112E6A72C4188FE8473D1AA3.worker_registrant?llr=tyej8dab&oeidk=a07e9pqykg8e8a24f2)

2. [http://friendshipvillage.org/news\\_events/community\\_news/fostering\\_intergenerational\\_inclusive\\_volunteer\\_engagement](http://friendshipvillage.org/news_events/community_news/fostering_intergenerational_inclusive_volunteer_engagement)

3. [http://www.dppc.gov.et/downloadable/reports/Early\\_warning/DRR%20DAY-2013/Enhancing%20the%20Inclusion%20of%20Older%20People%20and%20Other%20Socially%20Vulnerable%20Groups\\_Feleke%20Tadele%20.pdf](http://www.dppc.gov.et/downloadable/reports/Early_warning/DRR%20DAY-2013/Enhancing%20the%20Inclusion%20of%20Older%20People%20and%20Other%20Socially%20Vulnerable%20Groups_Feleke%20Tadele%20.pdf)



[http://missoulain.com/news/local/inclusive-in-missoula-organizers-learn-to-make-kids-camps-fun/article\\_b34206bc-3735-58cd-95b4-9a63eee29975.html](http://missoulain.com/news/local/inclusive-in-missoula-organizers-learn-to-make-kids-camps-fun/article_b34206bc-3735-58cd-95b4-9a63eee29975.html)

# COMMUNITY INCLUSION!



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



# FUN!



<http://www.ci.missoula.mt.us/1727/All-Abilities-Inclusive-Programming>



# SPECIAL OLYMPICS AND THE MONTANA DISABILITY AND HEALTH PROGRAM

DONNA BAINBRIDGE, PT, EDD



# SPECIAL OLYMPICS HEALTH

## Healthy Athletes



[http://www.specialolympics.org/healthy\\_athletes.aspx](http://www.specialolympics.org/healthy_athletes.aspx)

## Healthy Communities



<http://ksso.org/healthy-communities/>

# SPECIAL OLYMPICS HEALTHY ATHLETES

## WHAT ARE THE GOALS ?

- Mission: to improve athletes' ability to train and compete in sports and life.
- Objectives:
  - Improve access to healthcare
  - Make local referrals as needed
  - Train healthcare professionals
  - Collect and disseminate data on health status of those with IDD
  - Advocate for improved health policies and programs for people with IDD

## WHAT IS HEALTHY ATHLETES ?

A series of free health screenings by appropriate health care professionals offered in a welcoming, fun environment

- Educates athletes, coaches, and families on healthy lifestyle choices and ways to improve performance.
- Identifies health problems that need addressing and follow-up.
- Assists athletes with procuring health services in their local environment



# SPECIAL OLYMPICS HEALTHY ATHLETES

## WHAT ARE THE COMPONENTS ?

- FUNfitness – physical therapy fitness assessment
- Fit Feet – podiatric assessment of ankles, feet
- Health Promotion – healthy eating/hydration, BMI, bone density, skin protection, tobacco cessation
- Healthy Hearing – audiology assessment
- MedFest – medical exam for participation clearance
- Opening Eyes – vision examination
- Special Smiles – oral examination
- Strong Minds – assess and strengthen coping skills



# SPECIAL OLYMPICS HEALTHY ATHLETES

- **NEEDS** – equitable and knowledgeable health care for all people with IDD in all communities.
- **BARRIERS** – in many communities around the globe, significant disparities exist in access to and payment for health services.
  - Lack of knowledge of best practices to work with those with IDD
  - Lack of awareness of the health issues to those with IDD
  - Amplification of these problems in rural areas
- **STAKEHOLDERS** – healthcare professionals, health systems, universities, families



# HEALTHY ATHLETES IN MONTANA

## ■ Healthy Athletes **Screenings** at State Summer Games and Fall Basketball Tournament

it	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
<b>Special Smiles</b>	165	235	290	159	0	155	188	174	111	0	<b>1477</b>
<b>Fit Feet</b>	100	153	112	130	158	111	62	111	45	0	<b>982</b>
<b>FUNfitness</b>	85	176	105	116	0	100	91	133	146	0	<b>952</b>
<b>Opening Eyes</b>	0	3	0	14	0	171	185	90	180	0	<b>643</b>
<b>Healthy Hearing</b>	66	91	0	120	0	112	0	42	39	0	<b>470</b>
<b>Health Promotion</b>	49	296	224	269	90	117	116	88	0	0	<b>1249</b>
<b>Total</b>	465	954	731	808	248	766	642	638	521	0	<b>5773</b>

# HEALTHY ATHLETES IN MONTANA

- Healthy Education at State Summer Games –
  - Fun exhibits, games and prizes at the Carnival
  - Stretching, hydration and sun screen clinics on the athletic fields

<b>Number of Athletes Registered:</b>	<b>1200</b>	<b>TOTAL ATHLETES ENGAGEMENTS:</b>	<b>2148</b>
<b>Health and Wellness Education Topics:</b>	HH – ear wax assessment-instructions on how to clean ears Feet – measure shoe size, advise on shoes/socks FF – educate about fitness and stretching HP – educate about hydration, skin protection, healthy eating, and hydration SS – educate about tooth brushing		
<b>Health/Wellness Handouts and/or Activity</b>	HP – healthy plate building, sugar content. Give sunscreen samples and instructions, chap stick and water. FF – stretching clinics with gift of stretching straps, fitness games SS – free toothbrushes Feet – new insoles and free elastic shoelaces ALL provided colored bracelets		
<b>Number of Health/Wellness Volunteers</b>	FF – 7 PTs, 7 PT student HP – 1 RN, 4 RD, 4 students FEET – 1 podiatrist SS – 2 Dentists, 3 dental hygienists, 2 dental assts. Hearing – 2 audiologists, 3 audiology tech		

# SPECIAL OLYMPICS HEALTHY COMMUNITIES

## WHAT ARE HEALTHY COMMUNITIES?

- A health care delivery approach that focuses on the whole person with IDD
- A model to provide integrated health care, health promotion and wellness services to people with IDD in their communities
- A flexible model that can be tailored to the specific needs of each community.
- A partnership model that encourages local resources and organizations to engage with Special Olympics.

## WHAT ARE THE GOALS?

- To extend the principles of HA to a steady presence in the lives of those with IDD
- To build healthy inclusive communities
- To develop and foster accessible follow-up care
- To develop health promotion and wellness education and opportunities for those with IDD
- To engage partnerships and collaborations for these programs



# SPECIAL OLYMPICS HEALTHY COMMUNITIES

**NEED-** People with IDD need inclusive, accessible health services and health promotion and wellness programs available where they live and work.

**BARRIERS** – Health services and programs are not available for a variety of reasons:

- Lack of transportation
- Environment not accessible
- Financial cost
- Materials not literacy accessible
- Practitioners not knowledgeable

**STAKEHOLDERS** - community leaders and groups, health care systems, families, Unified partners



# HEALTHY COMMUNITIES IN MONTANA



- **TEAM WELLNESS**
- **GOAL:** build lifelong healthy choices and habits
  - A Unified community program with nutrition and fitness components
  - Trained Wellness Coaches follow a Handbook
  - Pre and post testing to define outcomes
  - Group activities to reinforce health ideas
  - Incentives for goal achievement

**Being pilot tested in one area of Montana**

**Results will be assessed**

**Will be upscaled to several other areas**

**Program can be tailored for suburban, rural or frontier areas.**





# HEALTHY COMMUNITIES IN MONTANA

- **14 Weeks to a Healthier You!**
  - Developed by NCHPAD for people with ID
  - Pre and post assessment for outcomes
  - Weekly sessions to address:

## Physical Activity:

- PA versus Aerobics
- Breathing
- Strength and Balance
- Stretching
- Yoga
- Strong Bones

## Nutrition:

- Hydration
- Food labels
- Meal planning
- Portion control
- Types of food
- Healthy snacks



# HEALTHY COMMUNITIES IN MONTANA

## 14 Weeks to a Healthier You!

- University of Montana's Disability and Health Program (MTDH) piloted the '14 Week program' in one DD area
- MTDH partnered with Special Olympics Montana (SOMT) in its core grant
- The partnership will further modify 14 Steps and disseminate the program to people with ID through the SOMT Area programs over the next 5 years as another HC offering.



# HEALTH ACTIVITIES IN OTHER RURAL SETTINGS

## ■ SO Kenya

- Held a training at a Special School in remote county
- Trained health professionals and community carers in working with people with ID
- Will promote health and wellness with family education about clean water, sanitation, and hand washing.
- Will initiate an inclusive walking club



## ■ SO Senegal

- Held its first HA screening
- Distributed treated mosquito nets to reduce risk of malaria
- Translated health books to improve access to follow-up care





# ‘UNIFIED’ – THE FOCUS ON INCLUSION

## Play Unified, Live Unified

### Unified Sports®

- To bring together athletes with and without IDD of similar age and athletic ability for training and competition
- To promote the personal development of athletes with IDD and partners
- To create positive bonds between athlete and partner
- To generate positive perceptions AND build alliances within the community
- See: <http://www.playunified.org/>



# ‘UNIFIED’ – THE FOCUS ON INCLUSION

## Play Unified, Live Unified

Unified Sports®



- 89% of unified partners said they are more comfortable talking to people with IDD
- People with ID reported:
  - 83% had more friends without IDD
  - 94% felt healthier, 91% increased sports skills

# ‘UNIFIED’ – THE FOCUS ON INCLUSION

## Unified Strategy for Schools

- A multifaceted, education-based project
- Uses sports AND education programs to activate young people of all ages
- Goal is to develop school communities where ALL youth are agents of change.
- Equip youth with tools and training to reduce bullying and combat stereotypes
- Engage and educate youth to promote healthy interactions and pro-social positive activities.

## Programs

- Play Unified, Live Unified – inclusive sports programs
- Leaders of Today – opportunities to become leaders of equality and acceptance in their schools and communities
- Student engagement in social inclusion through programs such
  - **Spread the Word to End the Word** – a global campaign to build awareness and stop use of the r-word
  - **Get into It** – a K-12 service learning curriculum to empower young people to be agents of change
  - **SO College** – an official campus club that connects students with people with ID for friendship and social justice

# ‘UNIFIED’ – THE FOCUS ON INCLUSION

## Outcomes



- Unified participants
  - 79% talked to student with ID during free time compared to 57% of non-participants
  - 41% ate lunch with student with ID, compared to 19% of non-participants.
  - 78% believed person with ID contributed to class, compared to 65% of non-participants.
- Students – 81% believed that Strategy is changing the school for the better.
- Administrators
  - 63% believe the Strategy creates a more inclusive environment
  - 58% believe Strategy has reduces bullying and teasing
- Families
  - 65% parents feel that participation had raised their expectations
  - 57% siblings in US felt participation had brought family closer together



# 2015 REACH REPORT SUMMARY



**ATHLETES**  
**4,697,934**

UNIFIED PARTNERS

**657,311**

TOTAL

**5,355,245**



**TOTAL** IN MILLIONS

2015

**ATHLETES 4.7**

UNIFIED PARTNERS **0.6**

2010

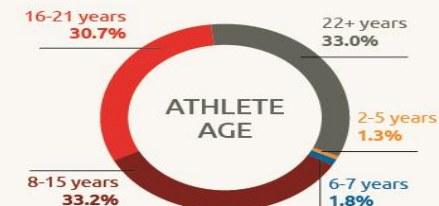
**3.7**

**0.3**

2005

**2.3**

**0.04**



**COMPETITIONS**  
**108,388**

UNIFIED  
**12,864**



**297 COMPETITIONS / DAY**  
**12 COMPETITIONS / HOUR**

**ATHLETE LEADERSHIP**

ATHLETE LEADERS

**44,668**

2014-2015  
CHANGE

**+12.7%**

**+5,025**



**UNIFIED SPORTS**

TOTAL TEAMMATES

**1,276,565**

ATHLETES

**619,254**

UNIFIED PARTNERS

**657,311**

2014-2015 CHANGE  
**+49.5%**

**TOTAL YOUTH TEAMMATES**  
AGE 12-25

**253,629**

ATHLETES

**132,430**

UNIFIED PARTNERS

**121,199**

2014-2015 CHANGE  
**+19.9%**



**VOLUNTEERS**  
**1,147,292**

COACHES  
**424,922**

YOUTH  
**315,205**

LAW ENFORCEMENT  
**97,000**

HEALTH  
**19,119**

OTHER  
**291,046**



**YOUTH LEADERSHIP**

YOUTH LEADERS (AGE 12-25)

**45,255**

2014-2015  
CHANGE

**+51.9%**

**+15,472**



**HEALTHY ATHLETES**

CLINICS

**899**

ATHLETE EXAMS

**133,593**

CLINICAL VOLUNTEERS

**19,119**

COUNTRIES  
**57**



**NATIONAL & STATE  
PROGRAMS**

**220**

COUNTRIES

**169**



**FAMILY LEADERSHIP**

FAMILY LEADERS

**22,678**

2014-2015 CHANGE

**+32.3%**

**+5,540**

REGISTERED FAMILY  
MEMBERS

**552,490**



**PROGRAM LEADERS**

% OF COUNTRIES WITH  
PAID LEADERS

**53%**



WORLDWIDE

**SUPPORT**

**\$467,748,380**

CASH

**\$339,712,478**

IN-KIND

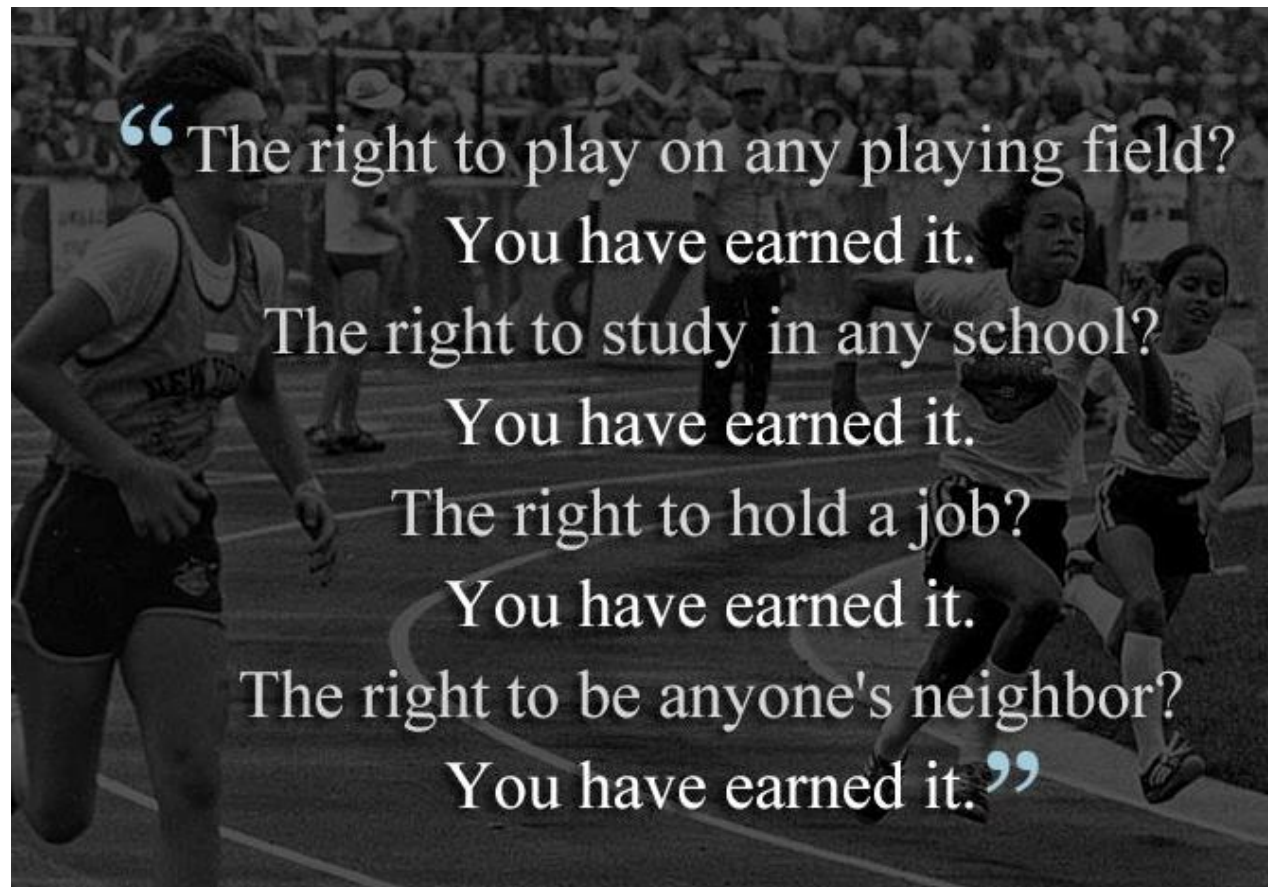
**\$128,035,902**

(Based on 2014 Financial Data)

# INCLUSIVE COMMUNITIES ARE THE GOAL



<http://gupress.gallaudet.edu/excerpts/HIUSthree2.html>



# QUESTIONS/COMMENTS FOR THE PANEL?



## REFERENCE WEBSITES

- Statewide adaptive bike initiative wheels into Missoula [http://missoulian.com/lifestyles/health-med-fit/statewide-adaptive-bike-initiative-wheels-into-missoula/article\\_6609c638-8900-5a3b-bb51-0090a5bee40f.html](http://missoulian.com/lifestyles/health-med-fit/statewide-adaptive-bike-initiative-wheels-into-missoula/article_6609c638-8900-5a3b-bb51-0090a5bee40f.html)
- Adaptive tricycle program rolls out in Billings [http://billingsgazette.com/news/local/adaptive-tricycle-program-rolls-out-in-billings/article\\_20d053c3-7f4e-59f7-971d-dfca28b712f7.html](http://billingsgazette.com/news/local/adaptive-tricycle-program-rolls-out-in-billings/article_20d053c3-7f4e-59f7-971d-dfca28b712f7.html)
- Riding forward: Riding the Hiawatha on handcycles [http://missoulian.com/lifestyles/territory/rolling-forward-riding-the-hiawatha-on-handcycles/article\\_175aacf0-d185-5043-b8e9-5d5fbdddfdb7.html](http://missoulian.com/lifestyles/territory/rolling-forward-riding-the-hiawatha-on-handcycles/article_175aacf0-d185-5043-b8e9-5d5fbdddfdb7.html)
- New Directions Facebook page <https://www.facebook.com/newdirections.gym>
- Special Olympics Health [http://specialolympics.org/Sections/What\\_We\\_Do/Healthy\\_Athletes/Health\\_Programs.aspx](http://specialolympics.org/Sections/What_We_Do/Healthy_Athletes/Health_Programs.aspx)
- Special Olympics Montana <http://somt.org/>, <https://www.facebook.com/specialolympicsmontana>
- Dana & Christopher Reeve Foundation grants <https://www.christopherreeve.org/get-support/grants-for-non-profits/program-overview>
- Grants for adaptive sports equipment [http://pvamag.com/pn/article/4543/grants\\_for\\_adaptive\\_sports\\_equipment](http://pvamag.com/pn/article/4543/grants_for_adaptive_sports_equipment)
- Disabled Sports USA <http://www.disabledsportsusa.org/>
- Otago Exercise Program training online at <http://www.med.unc.edu/aging/cgec/exercise-program>
- Montana Disability and Health Program <http://mtdh.ruralinstitute.umn.edu/>
- National Center on Health, Physical Activity and Disability <http://www.nchpad.org/>



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- BMC Neurol. 2016 Jan 23;16:11. doi: 10.1186/s12883-016-0534-2. Meaning of self-management from the perspective of individuals with traumatic spinal cord injury, their caregivers, and acute care and rehabilitation managers: an opportunity for improved care delivery. Munce SE1, Webster F2, Fehlings MG3, Straus SE4, Jang E5, Jaglal SB
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