

Physical Activity for People with Disabilities: How Do We Reach Those with the Greatest Need?

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The 25th anniversary of the *Americans with Disabilities Act* (ADA) this year is an opportune time for researchers, practitioners, and policy makers to begin thinking about addressing the high rates of physical inactivity among people with disabilities. Recent national estimates on rates of physical activity among Americans (2009-2012) found that more than 50 percent of adults with disability are not meeting the U.S. exercise guidelines of 150 minutes per week.¹ Achieving the U.S. recommended guidelines is far more challenging for many people with disabilities, particularly among those who have difficulty walking, are unable to walk due to some form of paralysis (e.g., spinal cord injury), or cannot walk for long periods due to pain and/or balance impairments (e.g., multiple sclerosis, stroke, rheumatoid arthritis, etc.). In general, people with physical disability are more likely to undertake less physical activity during any given day because of high rates of unemployment or underemployment.² They may be unable to walk outdoors (the most common form of physical activity in the general population) due to difficult terrain or safety issues. They may be unable to walk for periods long enough to accrue health benefits (i.e., 30 or more minutes).³ Transportation to and from community fitness facilities, parks, and recreation areas is often difficult to obtain, unavailable, or unaffordable,⁴ and many fitness facilities do not have accessible

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equipment, classes, and programs or trained staff who understand how to adapt programs and services for people with disabilities.⁵⁻⁸ These barriers are often difficult to overcome for many people with disabilities and, when considered in the aggregate (i.e., most people report several barriers), pose substantial challenges to promoting higher rates of physical activity in this underserved population.

Reaching the Hardest to Reach

There is an urgent need to establish new models that integrate children and adults with a disability into the corpus of evidence-based programs and emerging new programs in physical activity.⁹ For long-term sustainable health improvements to occur, communities should provide people with disabilities with the necessary supports (e.g., transportation, trained staff, accessible information and facilities, universally designed exercise equipment, socially engaging physical activity environments) that will allow them to engage in self-managed physical activity with other community members.

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Within this framework, six concurrent steps are recommended. First, from a research perspective, adapted versus reinvented (which is much costlier and less generalizable) evidence-based physical activity strategies and programs established on the general population must be adapted and tested on people with disabilities in real-world settings. Second, disability and non-disability service providers must work together to form inclusive health coalitions that represent the physical activity needs of community members with disabilities. Third, programs that successfully promote inclusion in physical activity across policies, systems, and environments must be captured, translated, and disseminated to other organizations and communities using technology to readily and effectively connect to key stakeholders. Fourth, policies must be established that require staff training in physical activity inclusion for people with disabilities in all sectors (e.g., schools, workplaces, health care facilities, fitness centers). Fifth, health care providers must be trained and encouraged to counsel people with disabilities on appropriate and effective strategies for increasing physical activity. Sixth, university-based exercise science programs must add additional content across the curriculum in disability and physical activity and recommend to students that they obtain an entry-level certification sponsored by the American College of Sports Medicine (Certified Inclusive Fitness Trainer) that will increase their knowledge in accommodating people with disabilities in their programs.

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