Evaluating the Feasibility for Community Partners to Implement an Adapted Physical Activity Toolkit for Individuals with Disabilities

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Background

- Half of adults with disabilities get no aerobic physical activity despite the fact that most are able to participate in some form of physical activity.¹
- Only 44% of individuals with disabilities received the recommendation from their provider to engage in physical activity.²
- Relatedly, individuals with disabilities are 3 times more likely to have heart disease, stroke, diabetes, or cancer than those without disabilities.¹
- Adapted physical activity programs are limited in number particularly for rural individuals and varied in focus and outcome.³

Objectives

• The purpose of this study was to test the feasibility of an adapted physical activity program designed to increase aerobic capacity and strength across varied settings.

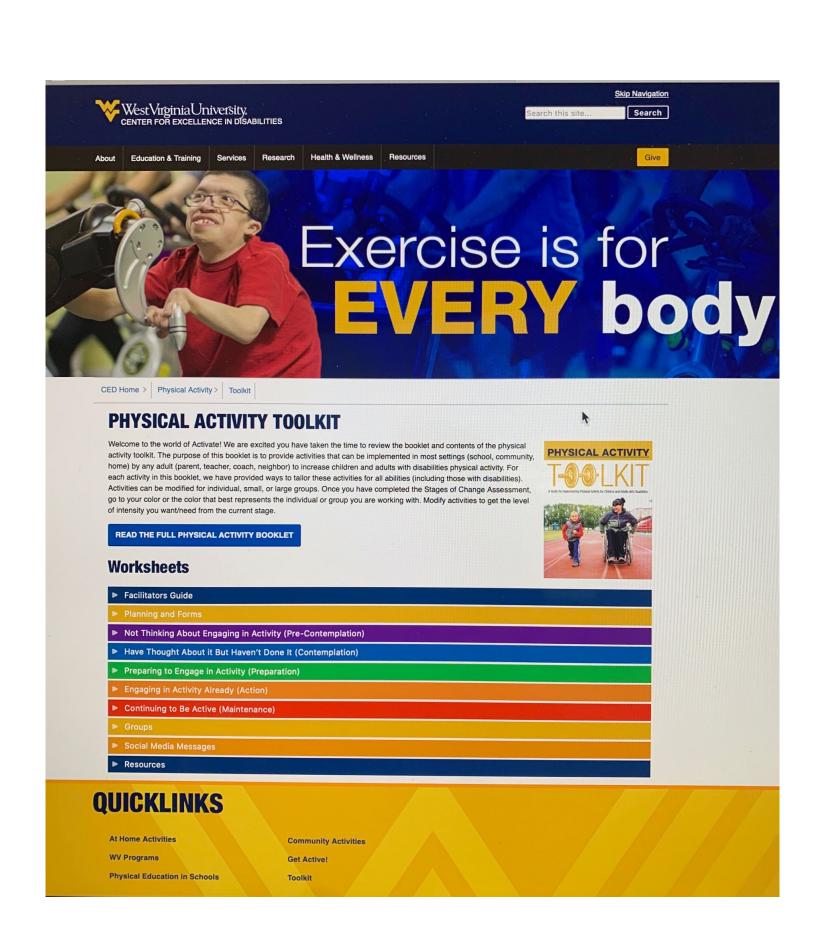
Methods

- We identified facilitators throughout a rural state in the Mid-Atlantic region
- Facilitators were defined as any individual who is interested in implementing a physical activity curriculum with at least one individual with a disability over the course of the program.
- Facilitators completed a survey before they were trained on how to implement the program and received the adaptive toolkit.
 - Survey responses assessed facilitator intent and reasons for implementing the program; goals; previous experience working with someone on physical activity goals.
- Facilitators were also sent a survey in late 2020 to assess if they
 had implemented the program, information about that
 implementation event (# of individuals, # sessions), and
 experience with using the toolkit.
- How much does toolkit influence activity for the individuals?
- What is the most useful item in the toolkit; least useful?
- What challenges or barriers have you experienced?
- Do you plan to use it again?
- Have you partnered with anyone to use the toolkit?

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Description of Program

- Activate! Project is an evidence-based physical activity intervention
- Based on Stages of Change Theory
- Modified activities for varied abilities
- Materials include:
- Facilitators guide
- Planning and forms
- Activities and materials/ level
- Tailoring for groups
- Social media messages
- Other resources
- Available on-line
- Toolkit includes (examples):
 - Duffle bag
 - Sand bags
 - Balls of various sizes
 - Jumping ropes
 - Strength bands
 - Activity booklets
 - Water bottles
- Fitbits



Facilitators

- 14 facilitators throughout the state were identified and confirmed interest
- 11 represented companies already providing services to individuals with disabilities
- 2 represented community services (Family Resource Networks)
- 1 represented local school system
- On average, facilitators engaged in 60-90 minutes of daily activity themselves
- Majority requested Fitbit option for the toolkit to use with their groups
- Most (n=9) intended to use the toolkit with a small group or large classroom
- Instructors wanted to:
- Increase physical activity with clients
- Aid clients in having a more active life
- Set up some activities for self-contained classrooms
- Previous experience with physical activity (1 very little to 4 a lot): x = 2.75
 (SD= 1.48)
- 6 facilitators used the toolkit at least once between November 2019-Present; 25 individuals with disabilities received the materials
- 3 facilitators used the toolkit more than 4 times

Feasibility of Toolkit

- 4 of the 6 facilitators who had used the toolkit reported positive changes in the physical activity of those who received the toolkit (facilitator report)
- On a scale of 1-10 (1=no influence and 10=very influential, facilitators thought the toolkit was influential X = 6.25 (SD = 0.83)
- The most influential items were:
 - Books for different activities in class
 - Fitbit
 - Instruction booklets for various abilities
- The least influential items were:
- The exercise guide for select populations (facilitators did not work with this population)
- Facilitators felt the activities were enjoyable to their groups X 2.50 (SD = 0.87); range 1-4.
- Barriers included:
 - COVID

Conclusions

- Despite limited face-to-face options during COVID, about half of the facilitators who originally trained on the program completed at least one group.
- Challenges for implementing the activities were limited if not reported.
- Certain elements of the toolkit were preferred including the tailored activities and everyday materials for those activities.
- Despite having a varied background with physical activity, facilitators felt confident in using the materials and implementing the program.
- Some of the more tailored items may not go into the toolkit but be available upon demand.
- Next steps would be to continue to assess feasibility as we begin to interact in the public setting more.

References

¹ Centers for Disease Control and Prevention. MMWR. Vital signs: Disability and physical activity – United States, 2009-2012. Accessed at:

https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6318a5.htm?s_cid=mm6318a5_w

² Centers for Disease Control and Prevention. Inactivity related to chronic disease in adults with disabilities. Accessed on: https://www.cdc.gov/nccdphp/dnpao/division-information/media-tools/dpk/vs-disability-activity/index.html#.

³ Case, L., Schram, B., Jung, J., Leung, W. and Yun, J., 2020. A meta-analysis of the effect of adapted physical activity service-learning programs on college student attitudes toward people with disabilities. *Disability and rehabilitation*, pp.1-13.

This poster is a product of a collaborative effort between the West Virginia University Center for Excellence in Disabilities and the WV Prevention Research Center. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.