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Abstract

Fit-Pals (pseudonym) is a university-based, service-learning program with a mission to prepare adults with disabilities to engage in lifelong physical activity. We conducted a needs assessment to evaluate recent programmatic partnerships with community-based fitness organizations. We aimed to (1) evaluate organizational perceptions of Fit-Pals' partnership efforts, and (2) identify perceived organizational needs to improve inclusion practices. Representatives from each of our seven partner organizations participated in an online survey, follow-up interviews, and a stakeholder meeting. A thematic analysis of survey and interview responses highlighted areas for programmatic growth related to training in disability awareness and fitness accommodations, and improved communication across all partnership levels. Our stakeholder meeting further identified gaps between advocacy for disability inclusion and awareness of actionable steps to effectively enact this within organizations. Drawing from the literature, we discuss Fit-Pals' efforts to increase the capacity of our community partners to support members with disabilities.

Plain Language Summary

Fit-Pals is an exercise program for adults with disabilities. In our program, adults with disabilities go to activity classes with a college student "buddy." The two buddies go swimming or do yoga or other exercise together. In the past, fitness buddies exercised alone at the university recreation center. Now, fitness buddies go to activity classes with other people in their community. We want to know if this change was a good idea. So, we did a "Needs Assessment." We talked to people leading the community activity classes. We asked what they liked about Fit-Pals. We asked how we could help them make their classes better for adults with disabilities.

Our needs assessment had three parts. First, we asked people to answer questions in an online survey. Eight leaders from community activity programs did the survey. Second, we met for in-person interviews to ask more questions. We asked what they liked and disliked

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about Fit-Pals. We asked what they wanted to change. Third, we invited community leaders to lunch. Fitness buddies and Fit-Pals staff also came to lunch. We talked about what we learned from the survey and interviews. Together we planned how to make Fit-Pals better.

We learned everyone likes that we match fitness buddies together. Activity leaders said they do not always know how to help adults with disabilities but they want to learn. They also want everyone in Fit-Pals to talk more to each-other. Our plan is to help fitness buddies and activity leaders work together. Fitness buddies are going to teach activity leaders about adults with disabilities. They are going to be role models. We hope others learn from us. We hope others make programs like Fit-Pals. We want all activity programs in the community to include adults with disabilities.

There is a recognized need to promote life-long physical activity among adults with disabilities (AWD). In Oregon, approximately 1 in 4 AWD are not engaging in routine physical activity (Oregon Office on Disability and Health, 2012). Inactive AWD are 50% more likely to experience chronic health conditions, such as heart disease and diabetes, compared to physically active AWD (Carroll et al., 2014). In Oregon, AWD are more likely to experience obesity, and self-rate their health as poor, compared to peers without disabilities (Oregon Office on Disability and Health, 2012). Collective efforts are needed to empower AWD to adopt healthy, active lifestyles, and thereby offset these observed health disparities (UDHHS, 2005, 2018).

The present research reports on the redesign and evaluation of Fit-Pals, a university-community partnership towards increasing the inclusion of AWD in community-based physical activity programs (note: we are using a pseudonym for our program to protect confidentiality). Physical activity is characterized by routine participation in recreation and fitness programs fostering enjoyment, health, and wellness (Cooper et al., 1999; U.S. Department of Health and Human Services [UDHHS], 2005, 2018). AWD engaging in routine physical activity can experience improved cardiovascular fitness, muscular strength, balance, and self-rated quality of life (Bartlo & Klein, 2011). Yet, fitness facilities in Oregon are largely inaccessible when evaluated against the Americans with Disabilities Act (ADA) guidelines (Cardinal & Spaziani, 2003). Furthermore, AWD self-report substantial social and structural barriers to physical activity opportunities within their communities (Rimmer et al., 2004; 2005). Barriers reported by AWD include a lack of social support and community acceptance within fitness organizations (Buffart et al., 2009). Additionally, fitness organizations often have limited policies and promotional efforts targeting AWD, and staff report limited knowledge or awareness of inclusive fitness practices (Bodde & Seo, 2009; Cardinal & Spaziani, 2003; Temple, 2007). In the present study, we sought to identify barriers and create an action plan for improved inclusion of AWD within our own Fit-Pals program.

Program Overview

Based in Oregon, Fit-Pals is a university-based service-learning program with a mission to prepare AWD to engage in lifelong, community-based physical activity. Fit-Pals serves 20-25 AWD each academic semester. Undergraduate student volunteers are paired with an AWD participant

as an “exercise buddy” and provide instructional support during weekly activity sessions.

In 2017, a Fit-Pals board member, and parent of an AWD participant, raised concern that our Fit-Pals’ program structure did not align with its stated mission. At that time, participant and volunteer pairs were meeting one-on-one, twice per week, at the university student recreation center. The student recreation center is not open to the public and did not enable nonstudent AWD participants to access the facility outside scheduled session times. This raised concerns that AWD were not being prepared with knowledge, familiarity of community-based resources, and support systems that would lead to sustainable physical activity habits. Additionally, the Fit-Pals program model positioned undergraduate student volunteers as “experts or fitness trainers” responsible for developing and leading exercise programs without knowledge translation or input from the AWD participants. The high dependence on student volunteers further restricted program capacity to the availability of student volunteers for one-on-one pairing. As a result, AWD participants experienced extended periods of inactivity during academic breaks.

In 2018, Fit-Pals was redesigned to integrate AWD participants into community-based physical activity and group exercise programs, reducing university-influenced dependence. Fit-Pals partnered with local community-based fitness and recreation programs to promote inclusive environments within existing programs for swimming, strength and conditioning, aerobics, and yoga. Fit-Pals’ staff, including undergraduate student volunteers, were repositioned as direct supports for implementation of inclusive practices through education, resource sharing, advocacy, and research.

Research Aims

The present study aimed to evaluate Fit-Pals’ programmatic changes and identify priority areas for continued growth via a community needs assessment. In 2019, we conducted a needs assessment guided by the Riley et al. (2008) three-step framework for supporting community fitness and recreation centers’ adoption of disability-inclusive practices: (Step 1) *assess* facility inclusion and identify readily achievable barriers for removal within Fit-Pals partner organizations; (Step 2) *review* the inclusion report with a stakeholder committee and identify top priorities for programmatic and structural change; and (Step 3) develop *action steps* for removing barriers, increasing accessibility, and fostering inclusive cultures within community organizations (Riley et al., 2008). In this report we detail our evaluation process and share lessons learned. We intend for this transparency to support similar programs’ applications and extensions of related efforts within their own communities.

Methods

Participants

Our community needs assessment sought to engage one to two respondents at each of Fit-Pals’ seven partner organizations. These seven organizations included community pools and fitness centers, as well as studios that specialize in yoga, dance, and strength training. We

contacted a community partner representative (CPR) at each organization with whom we already had established relationships and trust (Riley et al., 2008). These CPRs were recruited to participate in an online survey, a follow-up interview, and a stakeholder meeting. CPRs were asked to identify additional stakeholders from their organization to provide a more robust perspective of the organization—those identified were invited to participate. All CPR respondents were informed that participation was for program evaluation and optional. Table 1 reports general descriptions of CPRs and their level of participation.

Table 1

General Description of Community Partner Representatives (CPR) Who Participated in Survey and/or Interview and Who Attended the Post-Assessment Stakeholder Workshop

Type of organization	Partnership agreement	CPR's job position	Survey	Interview	Stakeholder workshop
Fitness programs	Existing classes designed for AWD	A. Program director		✓	✓
		B. Instructor	✓	✓	✓
Fitness program	Open fitness with coaching staff support	A. Program director	✓	✓	✓
Fitness program	All classes open	A. Program director		✓	
		B. Instructor	✓		
Fitness program	New class designed for Fit-Pals' participants only	A. Owner instructor	✓		
		B. Instructor*			✓
Aquatics program	All classes open	A. Program director	✓	✓	
		B. Instructor	✓	✓	✓
Fitness program	All classes open	A. Program director	✓	✓	
		B. Instructor			✓
Yoga program	All classes open	A. Owner/instructor	✓	✓	

* Affiliated with Fit-Pals (Note: *Fit-Pals is a pseudonym to protect anonymity*)

✓ = participated

CPRs were incentivized to participate with customized, adaptive fitness resources including Fit-Pals merchandise, a bound copy of *Guidelines for Disability Inclusion in Physical Activity, Nutrition, & Obesity Programs and Policies: Implementation Manual* (Kraus & Jans, 2014), and the chance to win a raffle prize. The raffle prize was the choice of enrollment in ACSM/NCHPAD Certified Inclusive Fitness Trainer webinar series or an inclusive fitness/aquatics equipment basket. The funding for incentives was provided, in part, by a Community Engagement Grant from the local University Center for Excellence in Developmental Disabilities (UCEDD).

This study was approved by the University Institutional Review Board (IRB) for the protection of human subjects.

Design

Step 1: Inclusion assessment

Figure 1 illustrates the three-step approach (Riley et al., 2008) taken to evaluate Fit-Pals. In *Step 1* we assessed CPRs' perceptions of Fit-pals partnership, inclusion strategies, and current/anticipated needs to further support the participation of AWD within their programs. A mixed-method approach was taken. CPRs were first invited to complete an online survey (Qualtrics CoreXM Survey Software; Version 01/19/2019, Provo, UT). The development of multiple-choice and Likert-scale survey items was informed by existing survey mechanisms (e.g., Accessibility Instruments Measuring Fitness and Recreation Environments [AIMFREE], Rimmer & Riley, 2004), and prior literature (Casey et al., 2010; Riley et al., 2008). Additionally, the authors' drew on their experience running Fit-Pals as a guided estimation of what topics would be relevant to CPRs (Maxwell, 2012). Invitations to participate in the survey were distributed through direct emails from the Fit-Pals coordinator (first author).

As an extension of Step 1, CPRs were invited to participate in follow-up interviews. Efforts were made to recruit at least one CPR from each partner organization to reach saturation of perspectives (Yeo et al., 2003). Preliminary survey results informed the development of a semi-structured interview guide. When applicable, open-ended prompts, alongside reference to survey responses from CPRs, were used to facilitate in-depth discussion of key topics. Interviews were conducted in-person by the first author, who had a prior relationship with participants as Fit-Pals' program coordinator (Riley et al., 2008), along with at least one note-taker. Interviews were recorded and transcribed using Spext 4.0 software (Spext Labs Inc., Berkeley, CA).

Planned analysis for Step 1. First, a descriptive analysis of the online survey data was planned. The 10-member research team examined frequency counts across survey items to identify response patterns. Second, an inductive qualitative analysis of interview transcripts was planned. As such, no *a priori* hypothesis or themes were generated. Researchers developed codes in a three-step process: (1) initial code generation, (2) group consensus and synthesis of initial codes into a code book, and (3) transcription analysis using the generated code book. Coding was organized using ATLAS.ti 8.3 Mac software (Scientific Software Development GmbH, 2019). This reiterate approach, including revisiting survey results, was taken to ensure a robust understanding (Silverman, 2015) of the data was reached. Discussion continued until a group consensus was met on the convergent themes within the data. Table 2 illustrates example themes generated from survey and interview data.

To improve the trustworthiness of data interpretations, member checking was conducted at the end of Step 1. CPRs were invited to review transcript excerpts deemed relevant for our analyses and provide feedback. Care was taken to clearly communicate with CPR participants that they were being invited to edit their responses or add additional comments to improve the representativeness of the data (Carlson, 2018; Koelsch, 2013). Participants could return feedback electronically or via hard copy. Nonresponsive participants received a follow-up email and were offered the additional option of providing verbal feedback over the phone (Carlson, 2018). All participants approved transcripts without any changes.

Figure 1

Fit-Pals' Need Assessment Approach

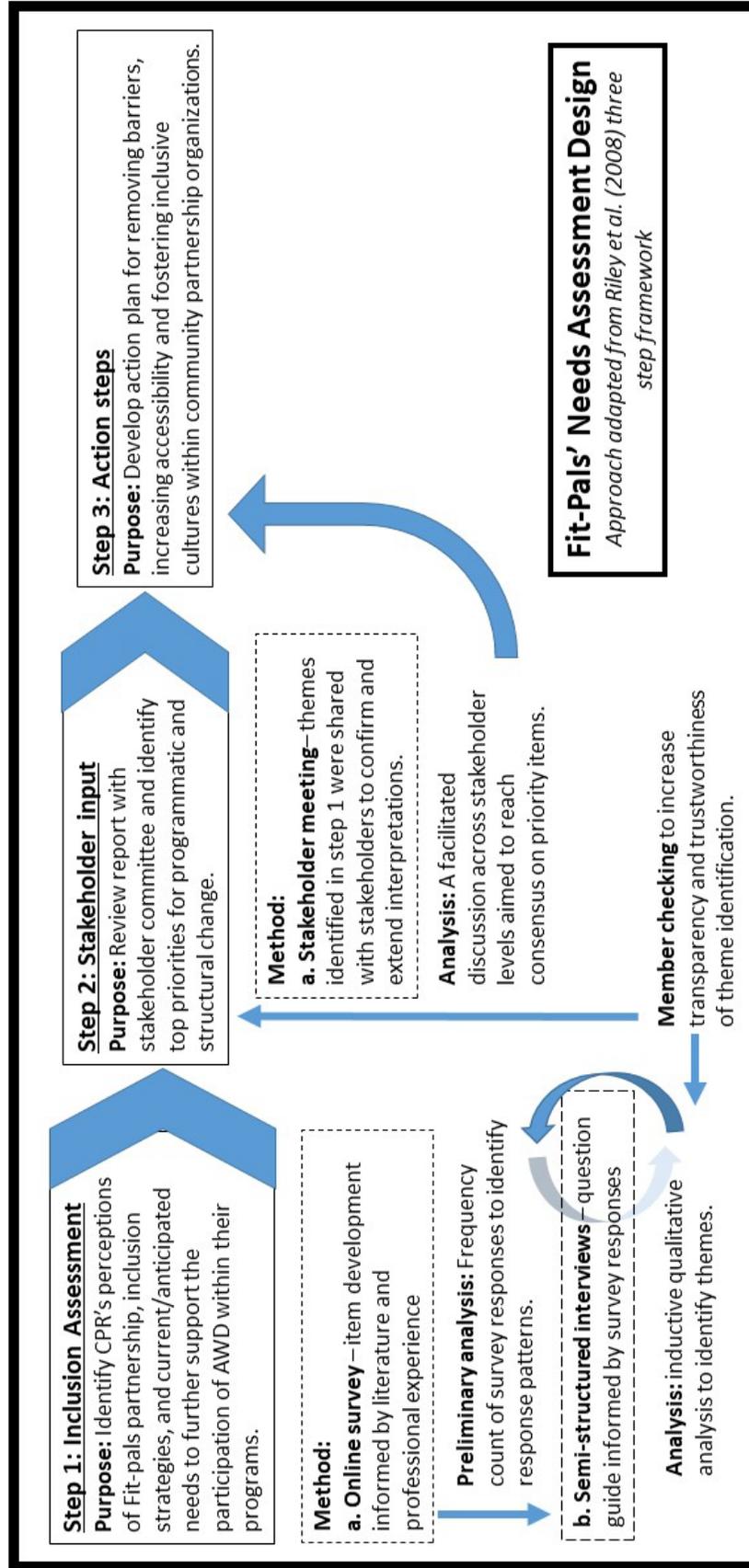


Table 2
Example of Theme Generation from Survey and Interview Questions

General topic	Survey question examples	Interview question examples	Sample from interview transcript	Generated theme
Satisfaction with partnership	<p>Indicate how satisfied your organization has been with the supports [Fit-Pals], has provided for each of the following.</p> <ul style="list-style-type: none"> (a) Recruited participants with disabilities (b) Provided disability awareness training (c) Provided one-on-one support staff/volunteer (d) Assisted in creating plans for individual modifications and accommodations (e) ... <p>Response options: [1] very dissatisfied to [5] very satisfied; [6] didn't expect support; [7] don't know</p>	<p>How does your organization view the partnership now? Did the partnership not meet, meet, or exceed expectations?</p> <p>Did anything surprise you about what Fit-Pals programming offers?</p>	<p>[15] "We are unsure about the range of accommodations we are responsible for. We are unsure what we are legally required to provide or the extent of accommodations that are feasible and needed"</p>	5 Communication
Facilitators & barriers	<p>How have the following factors impacted the abilities of people with disabilities to engage in activities at your organization?</p> <ul style="list-style-type: none"> (a) Attitudes of community members (b) Attitudes of staff (c) Knowledge of staff about disability (d) staff/instructor training (e) ... <p>Response options: [1] not helpful to [5] very helpful; [6] not needed; [7] don't know</p>	<p>What challenges to inclusion has your organization faced during this partnership?</p> <p>[follow-up] The survey mentioned barriers of ... Can you share more about these barriers?</p>	<p>[7] "I think it is important that if we are building an inclusive community, we need to include people with disabilities. We want to build relationships and help facilitate community. [Fit-Pals] adds to our community."</p>	2 Benefits of partnership
Needs	<p>Indicate the extent to which your organization would find the following helpful to promoting the inclusion of people with disabilities:</p> <ul style="list-style-type: none"> (a) Staff/instructor training (b) Disability awareness campaigns (c) Equipment sponsorship or recommendations (d) Liaison with disability groups (e) ... <p>Response options: [1] not helpful to [5] very helpful; [6] not needed; [7] don't know</p>	<p>After talking with our stakeholders about the future of our program and based on their feedback, our goal is to eventually offer [Fit-Pals] as a transitional program for PWD to be less dependent on us, as a program, and more independent in navigating their own goals towards health and fitness.</p> <p>What tools and/or resources are necessary to support the above and your organization's goals of inclusion?</p>	<p>[19] "Obviously, there are me and other staff members to help facilitate workouts and give ideas too. But we are definitely limited in staff and [management] is very reluctant to keep adding staff [due to] financial issues going on right now, as I'm sure you can appreciate."</p>	8 Partnership sustainability

Step 2: Stakeholder input

For Step 2, we sought stakeholder input on themes generated from Step 1. We held a post-assessment stakeholder workshop to identify priorities for programmatic changes. Stakeholders included CPRs, AWD participants, Fit-Pals' board members, and Fit-Pals' staff and student volunteers. Assigned seating at the workshop was planned to facilitate cross-stakeholder conversation. The incoming program coordinator (third author) facilitated a large group discussion to reach consensus on the accuracy of themes presented, as well as a consensus of which themes should be prioritized in the upcoming year.

Step 3: Action steps

In Step 3, a plan for programmatic changes was developed. The priority themes identified by stakeholders in the stakeholder workshop (Step 2) were used to develop short and long-term action steps that would further support the improved inclusion practices within Fit-Pals community partnerships.

Results

Step 1: Inclusion assessment

A total of 10 CPRs participated in Steps 1 & 2 (survey only = 2; interview only = 2; survey and interview = 6), with at least one representative from each of Fit-Pals' seven partners (see Table 1). The research team identified seven descriptive themes through reflection and reiterative discussion of surveys and interviews (see Table 2). We expand on these seven themes below, integrating evidence from the surveys and interviews. Fit-Pals staff's knowledge of the partnerships helped to contextualize, and further explore, CPRs perspectives on organizational levels needs for supporting inclusion.

Theme 1: Awareness and knowledge of Fit-Pals

All survey respondents ($n = 8$) agreed that Fit-Pals' overall mission to "Build and support inclusive practices at community-based physical activity, fitness, and sport facilities" was clearly communicated. However, some CPRs reported Fit-Pals' specific program objectives, such as supporting AWD's engagement in lifelong physical activity within an inclusive community, were only somewhat communicated to the organization ($n = 3$).

During interviews, CPRs further acknowledged general awareness of the Fit-Pals' mission and affiliation with the University. They further identified Fit-Pals' provision of volunteers, helpers, or assistants as a core component of the program's services.

[1] "[Fit-Pals is] a program that supports people with disabilities in community classes. [Volunteer assistants] are a great asset to [activity] instructors."

In the survey, six of the eight CPRs indicated that a core value of their organization was the “promotion of inclusive climates.” Their survey responses further indicated that CPRs believe upholding this value is a joint responsibility shared with Fit-Pals’ staff. Four of the eight CPRs expressed satisfaction with “Fit-Pals’ development and implementation of specific adapted fitness classes.” One CPR indicated that their organization was “not expecting this service as part of the Fit-Pals partnership.”

Theme 2: Benefits of partnership

In interviews, CPRs expanded on the perceived benefits of the partnership for AWD and the community:

[2] *“[Fit-Pals] is a really good opportunity for people who need a bit more help in getting involved in more public activities, getting them out of the house to be more active.”*

[3] *“It’s really fun with one [participant] who’s been there from day one to see his progress. I mean, that is fun for everyone, but it’s so cool. Like, exactly, it is inclusivity! These individuals are getting better just like you and I.”*

CPRs indicated in the survey that their organization was very satisfied with the support provided by undergraduate student volunteers ($n = 6$). The appreciation for volunteers was emphasized during interviews, for example:

[4] *“I have one young man in my class. He’s kind of difficult to work with and [the university student volunteer] is just so good. She keeps encouraging him. She was having him do things I hadn’t thought of, neither had anyone else.”*

Additionally, CPRs shared in interviews that the partnership benefited their organizational staff, commenting on how the opportunity to work with AWD and undergraduate student volunteers improved their organization’s capacity and staff comfort with teaching diverse groups of individuals.

[5] *“To be honest, it helps educate myself and our staff. It’s easy to train athletes, it gets harder to train people with limitations and then people with disabilities. Training [Fit-Pals participants] makes us better coaches. [After a year of partnership], we now know what works well for them. We are [developing] our drop-down list in our minds, ‘okay, let’s try this, let’s try that.’ More experience has given us the ability to act on our feet.”*

CPRs further identified in the interviews how the inclusion of AWD in their classes raised disability awareness among community members and helped to build an inclusive climate within their organizations. Many CPRs identified Fit-Pals’ mission to integrate AWD into community fitness programs as aligning with their organization’s philosophy for inclusion, as exemplified by the following quotes.

[6] *“[Fit-Pals] shows people that [AWD] are able to participate and it gets people to see [AWD] out being part of the community as well, not just sequestered to a particular niche.”*

[7] *“I think it is important that if we are building an inclusive community, we need to include people with disabilities. We want to build relationships and help facilitate community. [Fit-Pals] adds to our community.”*

Theme 3: “Best Fit” for participant and instructor

In interviews, many CPRs emphasized the need for collaboration between Fit-Pals, community partner organizations, and AWD participants when identifying “best fit” program options for AWD participants. CPRs further commented on the logistical challenges with implementing inclusive practices. CPRs characterized best fit program matches for AWD as those meeting the physical-ability level and expectations of the participant. This term was also used to reference the environment and AWD preferences for activity classes based on speed of instruction, noise level, culture, crowdedness, and/or time of day it is offered.

[8] *“But if somebody has a physical limitation then maybe a boot camp class might not be as appropriate [for them]. Given the type of class, [we] can talk about what’s appropriate and what’s not appropriate. But our philosophy is that anybody that walks into our classes knowing what’s supposed to be happening in class should be able to participate and be successful with it.”*

[9] *“Everyone has their own journey that they go through during a yoga class, and I could see how if somebody wasn’t able to follow that culture how that could be disruptive to other participants. But there is wiggle room within that, [and] maybe a faster flow class might be more appropriate for [Fit-Pals participant], as opposed to a therapeutic [class]. But we will have to see it on an individual basis.”*

During interviews, CPRs further discussed “best fit” in terms of specific instructors who were perceived to be more comfortable or had more experience working with AWD. Consistent with points later discussed in relation to theme 5, CPRs called for Fit-Pals to improve or more formally facilitate discussion between AWD, Fit-Pals’ staff and program instructors to evaluate fit and accommodation needs.

[10] *“[One of our instructors] was a former occupational therapist. She’s great and [teaches a class] geared towards strength training and not necessarily just cardio.”*

[11] *“I think some [instructors] are quite comfortable [working with individuals with disabilities], and others maybe not so much. That’s probably a lot [to do with] individual experience and background.”*

Theme 4: Request for disability awareness and inclusive fitness training

In the surveys, all eight CPRs reported that organizational staff were somewhat to very knowledgeable and comfortable working with AWD in fitness settings. However, five CPRs indicated that their organization would find disability awareness and inclusive fitness trainings very helpful, such as adopting and designing physical activities for individuals with disabilities and communication techniques. Six of the eight CPRs indicated that Fit-Pals should provide the training as part of the program’s service. Only one survey respondent reported that their

organization had provided additional disability awareness training to their staff in response to partnering with Fit-Pals.

During interviews, CPRs were enthusiastic about opportunities for trainings and had several ideas to share.

[12] *"Maybe something like a manual, or something like that, for facility owners with more general information about what typically works [for people with disabilities in fitness settings]."*

[13] *"[We'd like to learn more about] adapted certifications. We don't even know if those [certifications] exist, where they are located and how much they cost."*

[14] *"I would love to have an afternoon symposium with everyone getting together and just talking about [adaptive strategies].... We don't know where to start, to be totally honest with you [in terms of education], so just having access to people who are experts [would be helpful]. We are more than willing to learn and ready to learn."*

Theme 5: Communication

CPRs indicated in the survey that there was a high level of uncertainty around the roles and responsibilities of those involved in the partnership, as there was no concise agreement among the CPRs on the services provided by Fit-Pals. CPRs expanded on this theme in interviews, highlighting that Fit-Pals' expectations of organizational staff in implementing inclusive strategies were vague.

[15] *"We are unsure about the range of accommodations we are responsible for. We are unsure what we are legally required to provide or the extent of accommodations that are feasible and needed."*

[16] *"[It would be helpful] if [a] representative from [Fit-Pals] came to [a] staff meeting and explained a little bit more about what the objectives are. I think [the facility staff] want to be helpful, but maybe aren't always sure [how] to be helpful. I'm not sure what their role should be in terms of providing direction or that sort of thing."*

In interviews, CPRs also raised concern about the high variability in the preparedness and knowledge of Fit-Pals' undergraduate student volunteers who accompanied AWD participants.

[17] *"A challenge is the [student] volunteer[s] themselves. We've had some who come in and [say] 'I got this.' [So we think] 'Okay cool, go for it.' Then others, they[ve] got the deer in the headlights look."*

[18] *"If the [student volunteer] could maybe have a meeting with [the AWD participants'] family/ caregiver...if there's somehow [a] way you could get a little information [on the participant it could help the student volunteer be successful]."*

Theme 7: Partnership sustainability

The final theme reflected CPRs concerns around the logistics and feasibility of maintaining

support for AWD during summer months without Fit-Pals. In the survey, only one CPR reported their organization provided one-on-one support for AWD, separate from the services provided by Fit-Pals. When prompted in interviews to identify what was needed to support AWD outside of Fit-Pals, and without university volunteers (e.g., during summer months or academic breaks), CPRs deferred the responsibility of inclusive programming to Fit-Pals volunteers, interpreting their organization's role as [19] *"mostly just providing a space...[and] a nice safe environment"* CPRs also noted staffing as a primary limiting factor to sustaining Fit-Pals-related programming over summer months.

[20] *"Obviously, there are me and other staff members to help facilitate workouts and give ideas too. But we are definitely limited in staff and [management] is very reluctant to keep adding staff [due to] financial issues going on right now, as I'm sure you can appreciate."*

During interviews, CPRs reiterated that individual fit and needs were important when considering the feasibility of AWD participants attending their programs during the summer, unaccompanied by university volunteers.

[21] *"It just depends, the ability of people to be independent doing it because we are not really in position to provide more resources."*

Step 2: Stakeholder input

The seven themes described above were shared with our stakeholders during a 2-hour workshop meeting at a local community center. A total of 38 stakeholders attended the workshop, including CPRs representing Fit-Pals' seven partnerships, AWD participants and their caregivers, Fit-Pals' board members, and Fit-Pals' program staff members and volunteers.

The facilitated group discussions led to a consensus among stakeholders that the seven themes and interpretations shared above were representative of Fit-Pals' programming and partnership needs. Stakeholders at the workshop further identified two themes as priorities for continued program development: (1) education/training to create enabling environments within community fitness programs (i.e., theme 4); and (2) improved communication between AWD participants, CPRs, and Fit-Pals' program staff to ensure equitable collaboration (i.e., theme 5). Stakeholders further emphasized the need to empower AWD participants to contribute to decisions around program logistics, determining best fit program options, and inclusive solutions for instructors.

Step 3: Action steps

In response to the stakeholder workshop, Fit-Pals' leadership implemented an action plan to improve (1) cross-stakeholder communication and (2) disability training for student volunteers and organization staff. Two undergraduate intern positions were created to oversee communication and the development of new volunteer training materials. To improve transparency and communication, training materials for volunteers included introduction guides and communication protocols, program expectations, and step-by-step instructions for

participation at each organization. Additionally, CPRs received resources on fitness tools and common considerations when developing fitness plans for AWD. Based on stakeholder feedback, Fit-Pals also prioritized self-advocacy development among AWD participants, facilitating opportunities for individuals with disabilities, and their families, to conduct accessibility assessments at the facilities they utilize and provide consultation for programmatic changes. Fit-Pals has maintained open lines of communication with CPRs to further identify opportunities for support and training.

Discussion

Overall, stakeholders expressed positive responses to their organization's partnership with Fit-Pals, and to Fit-Pals' efforts to integrate AWD into existing community physical activity programs. Our findings indicate that CPRs are committed to disability inclusion and value Fit-Pals' impact on their program culture and their instructors' professional development. However, most CPRs acknowledged limited organizational capacity to implement disability inclusion strategies. CPRs expressed hesitation and concern for programming logistics when pressed during interviews about expanding their inclusive practices. This tension highlighted a disconnect between advocacy for inclusion and adoption or implementation of inclusive practices.

CPRs appear to be cognizant of the gap between advocacy and practice, given one of the priority themes identified by stakeholders was need for more training and information sharing. Encouragingly, addressing these priorities will target instructor knowledge, community acceptance, and social support barriers, that are frequently reported by AWD within the literature (Bodde & Seo, 2009; Buffart et al., 2009; Rimmer et al., 2004; Rimmer et al., 2005; Temple, 2007). Moreover, buy-in from CPRs was evident and suggests high community engagement towards improving the health of AWDs in our community. Community engagement has been shown to reduce health disparities among disadvantaged populations, such as AWD (O'Mara-Eves et al., 2015; Wallerstein & Duran, 2006) and is an important outcome from this study.

We designed our needs assessment to first focus on community partners, but our stakeholders stressed the need to simultaneously empower AWD participants. Rimmer and Rowland's (2008) dyad model illustrates how "creating enabling environments" and "empowering individuals" jointly support the adoption of healthy lifestyles among AWD. One of Fit-Pals' AWD participants stepped forward as a leader in our stakeholder workshop. His voice became valuable in the evaluation and development process, attending and presenting our needs assessment outcomes at the *Association of University Centers on Disability* annual conference as a self-advocate (Ross et al., 2019). Moving forward, we recommend including self-advocates as decision makers at all stages of program development, implementation, and evaluation.

Lessons Learned and Implications

Several outcomes and lessons learned from our needs assessment can inform others' efforts towards building partnerships for inclusive community-based fitness. First,

communication with stakeholders, and a shared investment in the mission, is critical. Fit-Pals' programmatic growth depended on our capacity to talk with our stakeholders. It was a Fit-Pals' board member, and parent of an AWD participant, who first raised concern that Fit-Pals lacked community integration. Then, it was "champions" at each Fit-Pals' partnership facility that fueled program growth and opportunities for inclusive programming. These champions raised concerns about communication that may have hindered Fit-Pals' effectiveness. We found that our open and repeated dialogue during the needs assessment (survey, interview, stakeholder workshop) increased CRPs willingness to collaborate and learn about sustainable programming for AWD.

We also learned that our stakeholders shared a value for inclusion, but voiced uncertainty around how to put that into action. This sentiment is echoed in research, where developing a concrete action plan focused on physical, financial, and societal barriers to an inclusive environment is a recognized step to building organizations' capacity for effective inclusion (Riley et al., 2008; Stinson et al., 2020). This needs assessment allowed our team to connect with our stakeholders by providing them a voice in the reconstruction of the Fit-Pals' program. Their voice not only improved their investment in the program and in inclusion, but also allowed us to understand and adapt the program to their true needs. The buy-in from CPRs was instrumental in executing Fit-Pals' action plan from Step 3. We recommend elevating the voices of stakeholders in planning through stakeholder or advisory board meetings.

The community organizations that participated in our needs assessment perceived their partnership with Fit-Pals as adding to their organizations' communities and as having a positive impact on the well-being of AWD participants. These positive attitudes, however, did not always translate into effective practice within partner organizations. This is consistent with prior research wherein fitness centers low in physical and social accessibility compliance often self-identified as "accessible" (Arbour-Nicitopoulos & Ginis, 2011). In other words, there is a disconnect between an organizations' intention to be inclusive and accessible, and the impact on AWD experiences. The CPRs supported inclusion in their organizations; however, they communicated that they innately deferred the responsibility of inclusive programming to Fit-Pals and the volunteers. We learned that they interpreted their organization's role as the "host" for Fit-Pals' programming and participants. The stakeholder meeting was an important first step to fostering a shared ownership of inclusion and inclusive fitness programming. Future research needs to identify ways to support full adoption of inclusion in community fitness programs. The field would also benefit from interventions that teach and support community fitness centers in incorporating inclusive practice in their existing and new programming, as opposed to only offering segregated programs or only viewing inclusion as the responsibility of outside organizations.

Limitations

The interpretation of our needs assessment was considered with potential limitations in mind. First, there is risk of social desirability bias because CPRs were recruited based on pre-existing partnerships and professional relationships with the first author as program coordinator. CPRs may have expressed positive perspectives in an effort to protect the existing partnership or

program reputation. Second, Fit-pals staffs' dual role of participant-researchers lends potential for confirmation bias, wherein we self-identified positive perspectives on the partnership to affirm our program decisions. Several triangulation methods were used to improve the trustworthiness of our data interpretation, including iterative discussions with Fit-Pals' staff and volunteers to contextualize CPRs shared perspectives, member checking, and inviting feedback at the stakeholder meeting. Notably, CPRs participating in this study represented varying levels of organizational leadership, including program directors, activity class instructors, and business owners, ensuring that multi-perspectives were considered in identifying partnership needs and priority growth areas.

Conclusion

By detailing our three-step evaluation process, we hope our needs assessments can serve as a model for other organizations looking to examine their current community partnerships. Our needs assessment, guided by Riley et al. (2008), (1) assessed inclusion in partner community programs and their perceptions of Fit-Pals' role, (2) followed up with stakeholders to ensure results were interpreted correctly and the most important themes were identified, and (3) designed and implemented actions steps for program improvement. Utilizing this model allowed researchers to pinpoint specific opportunities to increase or add programmatic support. Stakeholder buy-in remains critical to the success of our community partnerships moving forward. Similarly buy-in from community partners allowed them to start viewing their organization as the one responsible for implementing inclusive practices. Fit-Pals has planned ongoing assessments to continue monitoring community partner needs and plans to adjust program supports as needed.

References

- Arbour-Nicitopoulos, K. P., & Ginis, K. A. M. (2011). Universal accessibility of "accessible" fitness and recreational facilities for persons with mobility disabilities. *Adapted Physical Activity Quarterly*, 28(1), 1-15. [Doi: 10.1123/apaq.28.1.1](https://doi.org/10.1123/apaq.28.1.1)
- Bartlo, P., & Klein, P. J. (2011). Physical activity benefits and needs in adults with intellectual disabilities: Systematic review of the literature. *American Journal of Intellectual and Developmental Disabilities*, 116(3): 220-232. [Doi: 10.1352/1944-7558-116.3.220](https://doi.org/10.1352/1944-7558-116.3.220)
- Bodde, A. E., & Seo, D.-C. (2009). A review of social and environmental barriers to physical activity for adults with intellectual disabilities. *Disability and Health Journal*, 2(2), 57-66. [Doi: 10.1016/j.dhjo.2008.11.004](https://doi.org/10.1016/j.dhjo.2008.11.004)
- Buffart, L. M., Westendorp, T., van den Berg-Emons, R. J., Stam, H. J., & Roebroek, M. E. (2009). Perceived barriers to and facilitators of physical activity in young adults with childhood-onset physical disabilities. *Journal of Rehabilitation Medicine*, 41(11): 881-885. [Doi: 10.2340/16501977-0420](https://doi.org/10.2340/16501977-0420)
- Cardinal, B. J., & Spaziani, M. D. (2003). ADA compliance and the accessibility of physical activity facilities in western Oregon. *American Journal of Health Promotion*, 17(3), 197-201. [Doi: 10.4278/0890-1171-17.3.197](https://doi.org/10.4278/0890-1171-17.3.197)

- Carlson, J. A. (2018). Avoiding traps in member checking. *The Qualitative Report*, 15(5), 1102-1113. <https://nsuworks.nova.edu/tqr/vol15/iss5/4>
- Carroll, D. D., Courtney-Long, E. A., Stevens, A. C., Sloan, M. L., Lullo, C., Visser, S. N., Fox, M. H., Armour, B. S., Campbell, V. A., Brown, D. R., Dorn, J. M., & Centers of Disease Control and Prevention. (2014). Vital Signs: Disability and physical activity—United States, 2009-2012. *MMWR Morbidity and Mortality Weekly Report*, 63 (18), 405-413. <http://www.cdc.gov/mmwr>
- Casey, M. M., Payne, W. R., & Eime, R. M. (2010). Organizational readiness and capacity building strategies for sporting organizations to promote health. *Sport Management Review*, 15, 109-104. <https://d10.1016/j.smr.2011.01.001>
- Cooper, R. A., Quatrano, L. A., Axelson, P. W., Harlan, W., Stineman, M., Franklin, B., Krause, S., Bach, J., Chambers, H., Chao, E. Y. S., Alexander, M., & Painter, P. (1999). Research on physical activity and health among people with disabilities: A consensus statement. *Journal of Rehabilitation Research and Development*, 36(2), 142-152.
- Koelsch, L. E. (2013). Reconceptualizing the member check interview. *International Journal of Qualitative Methods*, 12(1), 168-179. <https://doi.org/10.1177/160940691301200105>
- Kraus, L. E., & Jans, L. (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. http://committoinclusion.org/wp-content/uploads/2014/10/Guidelines-Implementations-Manual_final_8MB.pdf
- Maxwell, J. A. (2012). *Qualitative Research Design: An Interactive Approach*. SAGE Publications.
- O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F., & Thomas, J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: A meta-analysis. *BMC Public Health*, 15(129), 1-23. Doi: [10.1186/s12889-015-1352-y](https://doi.org/10.1186/s12889-015-1352-y)
- Oregon Office on Disability and Health. (2012). *Disability in Oregon: 2012 annual report on the health of Oregonians with disabilities*. Portland, OR: Institute on Development & Disability, Oregon Health & Science University.
- Riley, B. B., Rimmer, J. H., Wang, E., & Schiller, W. J. (2008). A conceptual framework for improving the accessibility of fitness and recreation facilities for people with disabilities. *Journal of Physical Activity and Health*, 5(1), 158-168. DOI: [10.1123/jpah.5.1.158](https://doi.org/10.1123/jpah.5.1.158)
- Rimmer, J. H., & Riley, B. (2004). *Accessibility instruments measuring fitness and recreation environments: Fitness center accessibility [AIMFREE: Consumer version]*. Chicago, IL: RERC RecTech. <https://publichealth.buffalo.edu/content/dam/sphhp/cat/kt4tt/pdf/ckp-aimfree/kt-intervention-study-tools-broker-version-series-b1.pdf>
- Rimmer, J. H., Riley, B., Wang, E., & Rauworth, A. (2005). Accessibility of health clubs for people with mobility and visual impairments. *American Journal of Public Health*, 95(11), 2022-2028. DOI: [10.2105/AJPH.2004.051870](https://doi.org/10.2105/AJPH.2004.051870)
- 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. DOI: [10.1016/j.amepre.2004.02.002](https://doi.org/10.1016/j.amepre.2004.02.002)

- Rimmer, J. H., & Rowland, J. L. (2008). Health promotion for people with disabilities: Implications for empowering the person and promoting disability-friendly environments. *American Journal of Lifestyle Medicine*, 2(5), 409–420. doi: [10.1177/1559827608317397](https://doi.org/10.1177/1559827608317397)
- Ross, S. M., Schram, B., McCarty, K., & Beamer, J. (2019, November 15-21). *Supporting inclusive fitness practices in our community: A needs assessment* [panel discussion]. Association of University Centers on Disability (AUCD) 2019 Conference, Washington, DC.
- Scientific Software Development GmbH. (2019). *ATLAS.ti* (version 8.3 for Mac) [Computer software]. Available from atlasti.com
- Silverman, D. (2015). *Interpreting qualitative data* (6th edition). SAGE Publishing Ltd.
- Stinson, J., McCarty, K., & MacDonald, M. (2020). Steps for community fitness organizations seeking to engage in inclusive practices. *ACSM's Health & Fitness Journal*, 24(2), 16-21. Doi: 10.1249/FIT.0000000000000555
- Temple, V. A. (2007). Barriers, enjoyment, and preference for physical activity among adults with intellectual disability. *International Journal of Rehabilitation Research*, 30(4), 281-287. Doi: [10.1097/MRR.0b013e3282f144fb](https://doi.org/10.1097/MRR.0b013e3282f144fb)
- U.S. Department of Health and Human Services. (2005). *The Surgeon General's call to action to improve the health and wellness of persons with disabilities*. U.S. Department of Health and Human Services, Office of the Surgeon General. <https://www.ncbi.nlm.nih.gov/books/NBK44667/>
- U.S. Department of Health and Human Services. (2018). *Physical activity guidelines for Americans* (2nd ed.). Washington, DC: Author. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf
- Wallerstein, N. B., & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312-323. Doi: [10.1177/1524839906289376](https://doi.org/10.1177/1524839906289376)
- Yeo, A., Legard, R., Keegan, J., Ward, K., Nicholls, C. M., & Lewis, J. (2003). In-depth Interviews. In J. Ritchie, J., Lewis, C. M. Nichollas, & R. Ormston (Eds.) *Qualitative research practice: A guide for social science students and researchers* (pp. 177-208). SAGE Publishing Ltd.