

Inclusive Fitness



Working with individuals who have abilities different than your own

What is Inclusive Fitness

- Providing professional interventions that maximize a persons with/or without disabilities potential to engage and participate in essential activities of daily living including play, sports, and fitness activities

Definition developed from <https://www.inclusivesportsandfitness.org/>

Working with Special populations

Maintaining or implementing a fitness routine is difficult for many of us. Now add health concerns, mobility impairments, or other disabilities into the mix. This can create a very difficult set of barriers to get through to be focused on fitness. We as health and Fitness educators and professionals can reduce these barriers and increase access by understanding the needs, and strengths of these special populations.

We are trying to construct a more inclusive society. We are going to make a country in which no one is left out.

Franklin D. Roosevelt

Working with and engaging children

Bringing fitness and fun to youth

Why is focusing on Youth important

- More than 80% of adolescents do not do enough aerobic physical activity to meet the guidelines for youth.

<https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

Among children and adolescents, physical activity can:

- Improve bone health
- Improve cardiorespiratory and muscular fitness
- Decrease levels of body fat
- Reduce symptoms of depression
- Improve cognitive skills
- Improve ability to concentrate and pay attention

What stops children from getting the 60 minutes a day of physical activity?

- Gender
- Social pressure
- Family support
- Safety
- Access to side walks, parks, and other outdoor play space.

How can we make fitness kid friendly?

- Introduce new forms of physical activity
 - Add movement into daily activities like reading
 - Be a Role model! They watch us
 - Teach indoor play (fake jump roping, pretend to ski)
 - Use props and toys
 - Play age appropriate music
 - Don't forget make it fun!
- For more information on working with children and physical activity see the American Heart association:
- http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp#.WSWrEf6GPLY



Including Persons with Disabilities

**“ I like it Mrs. Dismuke
because I am eating
better and working out
at Goodwill”**
- Mr. Wyley Burroughs

Shared by a participant at our Goodwill location.

Why is it important to know about this population?

- People with physical disability make up the largest minority group of the US. In the US, about 74.6 million people have some type of physical disability.
- In the US, 25.6% of people with a disability are physically inactive during the week, compared to 12.8% of those without a disability.
- An estimated 4.6 million Americans have an intellectual or developmental disability(I/DD) (Larson, 2000). Prevalence studies may not identify all people with intellectual disability. Many school age children receive a diagnosis of learning disability, developmental delay, behavior disorder, or autism instead of intellectual disability.
- Developmental disabilities (DD) occur among all racial, ethnic, and socioeconomic groups. Recent estimates in the United States show that about one in six, or about 15%, of children aged 3 through 17 years have a one or more developmental disabilities

<http://www.cdc.gov/ncbdd/developmentaldisabilities/facts.html>

<http://www.thearc.org/what-we-do/resources/fact-sheets/introduction-to-intellectual-disability>

Why is inclusion so important?

- Research has shown Adults in the I/DD community are significantly less likely to have exercised in the last 90days then their non-I/DD peers.
- They lead a more sedentary life.
- They are more likely to have been diagnosed with a chronic health condition such as high blood pressure, diabetes, cardiovascular disease, and chronic pain

Havercamp, S. M., Scandlin, D., & Roth, M. (2004). Health disparities among adults with developmental disabilities, adults with other disabilities, and adults not reporting disability in North Carolina. *Public Health Reports*, 119(4), 418–426.
<http://doi.org/10.1016/j.phr.2004.05.006>



**"I like to exercise it helps
me with my weight"**
-Ms. Yarema Washington

Shared by a participant at our Goodwill
location.



Embracing Diversity

Cultural competency and inclusion

Why is diversity important?

Changing demographics:

By 2060, the U.S. population is projected to be:

- 43% non-Hispanic White;
- 31% Hispanic;
- 15% Black;
- 8.2% Asian American;
- .3% Native Hawaiian and Pacific Islander;
- 1.5% American Indian/Alaska Native.

Beyond racial/ethnic diversity:

- Non-Christian faiths have grown almost 2% in recent years
- Approximately 7% of the U.S. population identify as LGBTQ in 2013
- Recent estimates in the United States show that about one in six, or about 15%, of children aged 3 through 17 years have a one or more developmental disabilities

<https://www.thinkculturalhealth.hhs.gov/index.asp> for more information

Tips for being Culturally Competent

- Be sensitive to culturally appropriate behavior norms
- Recognize special events and holidays
- Acknowledge cultural differences
- Acquire cultural knowledge for the communities you are in

Take an honest look at yourself.

Cultural competence begins with an understanding of how your own culture has shaped you, and how your attitudes and understandings of other cultures impact your behavior toward individuals from outside your cultural experience. Being honest with yourself is a crucial step.

It's not just about race.

Culturally driven attitudes can arise from shared thoughts, beliefs, and customs that may be less about race, and more about ties to ethnic, religious, social, or even age-related groups. Just because your patient or client looks and talks like you doesn't mean you can relax your attentiveness to potential cultural differences.

Inclusive practices to improve your outreach

Any efforts to be more inclusive can be an opportunity to expand your reach, engage new people and communities, and impact those in greater need.

“People with disabilities are – first and foremost – people who have individual abilities, interests and needs. They are moms, dads, sons, daughters, sisters, brothers, friends, neighbors, coworkers, students and teachers.” <https://www.thearc.org/who-we-are/media-center/people-first-language>

Person First Language



Person First Language

- The language we use to refer to person with a disability shapes our beliefs and ideas about them.
- Old, inaccurate, and inappropriate descriptors perpetuate negative stereotypes and attitudinal barriers. When we describe people by their labels of medical diagnoses, we devalue and disrespect them as individuals.
- In contrast, using thoughtful terminology can foster positive attitudes about persons with disabilities.
- One of the major improvements in communicating with and about people with disabilities is “Person-First Language.”
- Person-First Language emphasizes the person, not the disability.
- Person-First Language is an objective way of acknowledging, communicating, and reporting on disabilities. It eliminates generalizations and stereotypes, by focusing on the person rather than the disability.

Paraphrased from <https://www.thearc.org/who-we-are/media-center/people-first-language>

How to use Person First Language

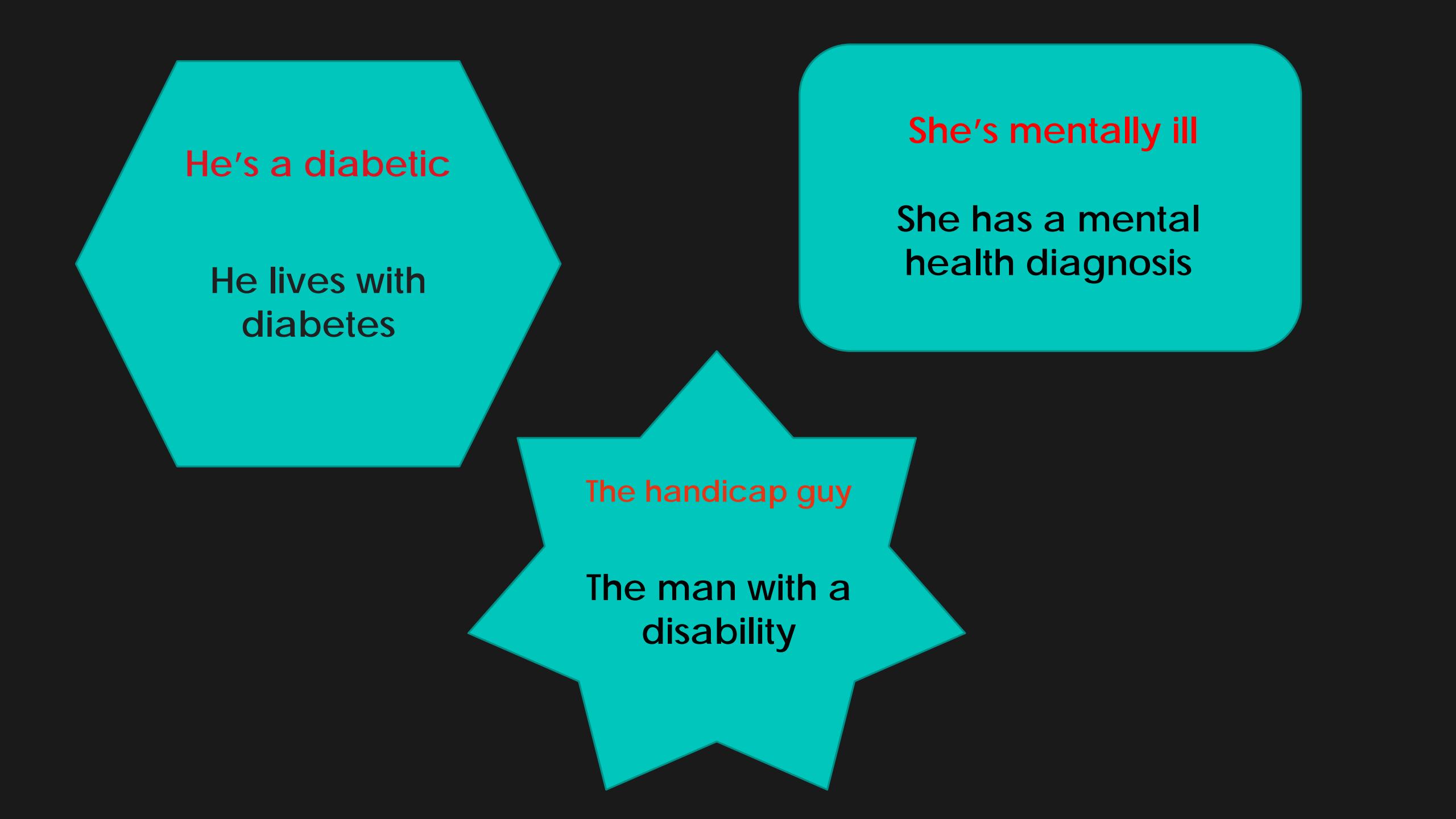
Say this:

- She has autism (or a diagnosis of...).
- He has a mental health condition/diagnosis.
- person diagnosed with a cognitive disability or with an intellectual and developmental disability
- She does not have a disability

Instead of:

- She's autistic.
- He's emotionally disturbed/mentally ill.
- mentally retarded, retarded, slow, idiot, moron
- She is normal

Lets practice using person first
language



He's a diabetic

She's mentally ill

She has a mental health diagnosis

He lives with diabetes

The handicap guy

The man with a disability

Person Centered Thinking

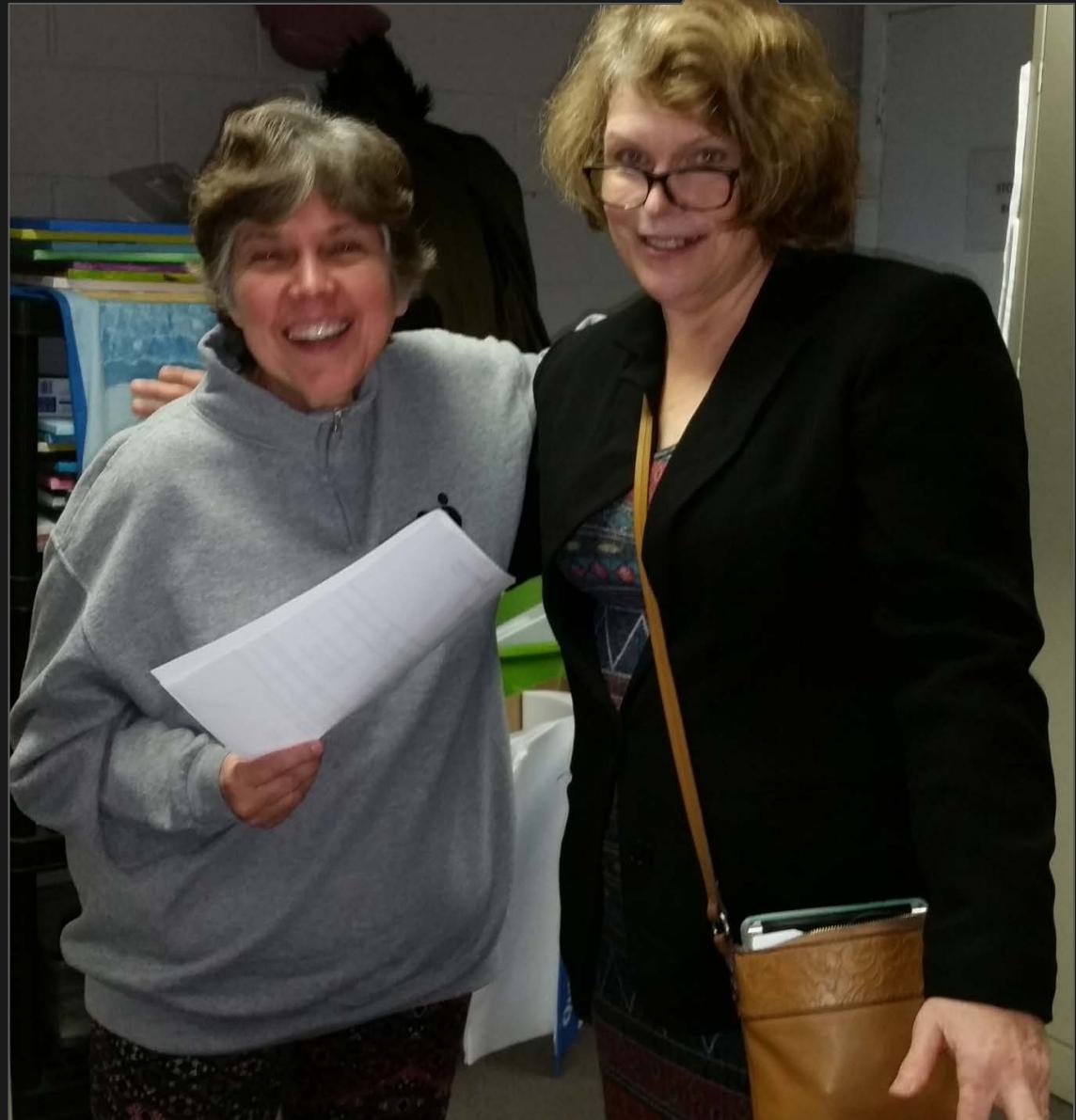
“There is no greater disability in society, than the inability to see a person as more.”

-Robert M. Hensel

"Shifting thinking about people with developmental disabilities from their deficits to appreciating what they have is at the core of person-centered thinking"

http://www.socialworktoday.com/archive/exc_011909.shtml

In a person-centered approach, we see someone as a person first, not someone who is defined by their disability. By understanding who this person is, we see the person in terms of the person's capacities; we appreciate the person for what the person can do, for the gifts the person has, and how the person can contribute to others.



To be person-centered means the following:

- treating individuals with dignity and respect
- helping individuals become empowered to set and reach their personal health goals
- recognizing the right of individuals to make choices, and take responsibility for those choices
- building on the strengths, gifts, talents, skills, and contributions of the individual
- promising to listen and act on what the individual communicates
- seeking to understand individuals in the context of their age, gender, culture, ethnicity, belief system, social and income status, education, family, and any other factors that make them unique

Questions?



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Additional resources

- <https://www.inclusivesportsandfitness.org/>
- <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>
- http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/ActivitiesforKids/The-AHAs-Recommendations-for-Physical-Activity-in-Children_UCM_304053_Article.jsp#.WSWrEf6GPLY
- <https://www.healthychildren.org/English/healthy-living/fitness/Pages/Encouraging-Your-Child-to-be-Physically-Active.aspx>
- <http://www.cdc.gov/ncbdd/developmentaldisabilities/facts.html>
- <http://www.thearc.org/what-we-do/resources/fact-sheets/introduction-to-intellectual-disability>
- <https://www.thinkculturalhealth.hhs.gov/index.asp>
- <https://www.thearc.org/who-we-are/media-center/people-first-language>
- <http://www.nchpad.org/>
- <http://mihealthyprograms.org/>