

CDC *Vital Signs* Town Hall Teleconference  
Q&A

Increasing Physical Activity Among Adults with Disabilities  
May 13, 2014  
2:00 pm EDT

Dr. Dan Baden: All right. Thank you very much. Thank you for the excellent presentations. At this point, I'd like to remind everyone that they can get in queue to ask questions, by pressing star 1, and just say your name when prompted and you'll be announced into the conference by the operator, when it's your turn to ask a question.

I encourage you to take advantage of this opportunity to ask questions, but also to share strategies, lessons learned, challenges, and success stories.

At this point, operator, do we have any questions in the queue?

Coordinator: Yes sir, we do. It looks like our first question is coming from Ms. Mary Parker. Ms. Parker your question is up at this time.

Mary Parker: Hello. Am I - do you hear me?

Dr. Dan Baden: Yes.

Mary Parker: Okay. I was on speaker. I'm a member of the Commission on Persons with Disabilities in Alexandria, Virginia and I'm also a certified arthritis instructor and a certified Stanford instructor.

And I'm curious if - how I might find anyone in the state of Virginia that might have implemented one or more of these program and how I might obtain the train-the-trainer program that could be offered to our public recreation people here?

Meghan Faulkner: This is Meghan in Michigan. And I think a great resource to start with, is at Senior Services in Seattle, they're the creators of the *EnhanceFitness* Program. If you're interested in that, they have a website that I know is available.

I think we had available in the publication that went along with the *Vital Signs*, but we can certainly make that available, but they are "Project Enhanced." If you just look that up, and get in touch with somebody there, because they know what's happening across the nation and they can definitely get in touch with somebody who's implementing in that state.

Mary Parker: Thank you.

Jevettra Devlin: And hi, this is Jevettra from South Carolina. For the Steps to Your Program, we actually do provide the training outside of South Carolina, but there is a nominal fee for the training and we ask that at least nine individuals are in the class for the train-the-trainer program.

So we do, do training outside of South Carolina for that.

Dr. Dan Baden: All right. Very good. Operator, another question if you have one?

Coordinator: Yes, it looks our next question is coming from Ms. Valerie Herskowitz. Your question is up at this time.

Valerie Herskowitz: Hi. I'm a healthcare professional in Florida and I'm working with disabilities and I'm also the mother of a 23 year old son with a disability.

And my question is what department would be the best department for me to contact in order to find and implement some sort of program like you have?

Right what I'm finding out, is that most of the programs for adults that do any kind of any physical exercise through the Department of Parks and Recreation in Florida, and I'm not sure that's exactly the right department.

It seems like that this would be more of a healthcare type of thing. I'm just wanting to know from the people out there, where should we start with something like this?

Candice Lee: This is Candice in Michigan. I see that I don't have Florida's information at hand, but if you Google "Florida Disability and Health," they have a state program very much like the one in South Carolina and the one here in Michigan, they might be able to point you in the right direction.

Valerie Herskowitz: Okay, because it's not really - if you want some feedback, it's not really filtering out into the community. So, I don't know exactly where, in other words, I'm involved in several counties of trying to implement physical activity programs for individuals with adults with disabilities, and nobody's really leading us in that direction.

It seems like we're - every community we have to start from scratch. Right now, I'm working in the city of Palm Beach. I'm working with the Department

of Parks and Recreation, but I'm just trying to figure out why is that not filtering in?

And we - what agency would be responsible in the individual counties or towns to implement these things? It's not - if they have a program here in Florida, it's not filtering out into the community.

Candice Lee: I'm afraid I'm not too aware of what is going on in Florida. Every state is very individual and not all states in the US even have disability health programs.

Valerie Herskowitz: Okay, and also my second question is about healthcare professionals. Is there any type of global program to educate - and when you talk about healthcare professionals, and you want it, I think the first statistic is very interesting that only 44% of individuals, adults with disabilities are involved in exercise because of their healthcare professional.

Are you talking about their primary care doctor? And if so, what programs are out there to educate the primary care doctor? I mean, we don't find that there's individual primary care doctors that are just relegated to individual for adults with developmental disabilities or any kind of disabilities.

So, I think they don't have the - they don't know anything. It's one thing for them to say, "Okay, you need to get more physical exercise, your blood, your cholesterol is up or you're overweight or this and that", but I don't know if they really have any resources.

So is there some sort of avenue that from a global prospective that is reaching out to these healthcare professionals to provide them with resources to send?

Dr. Dianna Carroll: Dianna Carroll from CDC. Yes, so there are organizations that are out - that are out there promoting that healthcare professionals have these discussions and have user guides and other resources for health professionals.

What we've done as part of the *Vital Signs*, is we have collected a number of sites that would be useful for healthcare providers and individuals as well, so I suggest that you go to that site. It's <http://www.cdc.gov/disabilities/PA>. And so we've collected from a variety of organizations that we work with, that we know of, who are working with healthcare providers to help increase the number of people who receive recommendations about PA.

You'll find a lot of those links in that one site.

Valerie Herskowitz: What does PA stands for?

Dr. Dianna Carroll: Physical Activity.

Valerie Herskowitz: Oh, Physical Activity. Okay. All right.

Dr. Dianna Carroll: That would be a great place to start. There's a lot of information on there, a lot of links to other sites, so I think you'll find that helpful.

Valerie Herskowitz: And I think your statistics are really important. I want to thank you for making this a very important, you know, problem and identifying. This is a very important problem. I don't think that enough people out there do.

They don't realize that individuals with disabilities are living longer lives and they need to lead healthier lives and I just think it's very important. I really, really appreciate this. I just want to express that as well.

Dr. Dianna Carroll: Thank you. Thank you so much.

Also, a colleague just passed me a note that says - about your previous question about Florida, that Florida Disability and Health Program is housed in the Office of Disability and Health at the University of Florida.

Valerie Herskowitz: Oh, interesting. Okay. Okay. I can find that.

Candice Lee: Fantastic. Thanks Florida.

Valerie Herskowitz: Thank you very much.

Dr. Dan Baden: All right. We go to the next question.

Coordinator: Our next question comes from Wendy Wintersgill. Your question is up at this time.

Wendy Wintersgill: Hi. Good afternoon. It's Wendy Wintersgill and I'm speaking - I believe to our friends from Michigan. I have a question about their program.

It - there's a program called Matter of Balance that is also well marketed to the CDC website. It's just their program sounds right - very similar to the Matter of Balance, and are there any significant differences?

And could it possibly be that we could integrate something more into existing Matter of Balance programs?

Meghan Faulkner: Thanks for that question. At the Arthritis Program, Matter of Balance is not actually an evidence-based program at this time, for people with arthritis. So it's not a program that we can spend a lot of time and energy supporting.

However, our Offices of Services to the Aging, here at the Michigan Department of Community Health, definitely works with Matter of Balance. They often implement that through the various area agencies on aging around the state.

I'm not certain about how much has been done in terms of working - targeting folks with disabilities, but they certainly have a robust program offered around the state of Michigan in various communities.

Coordinator: And our next question comes from Ms. Karen Heath. Ms. Heath your question is up at this time.

Karen Heath: Thanks. This is Karen Heath at the University of Alaska Anchorage, Center for Human Development. We're the local USAID.

My question is to Jevetra. We just finished a pilot, a 16 week pilot in collaboration with the Special Olympics for Adults with Developmental Disabilities using the Health Matters for People with Developmental Disabilities Program.

And we struggled a little bit with the tools that we use to measure behavior changes. So I was wondering, you mentioned that Jevettra, that you use some tools to measure behavior changes, and I was wondering which ones those were?

Jevettra Devlin: Okay. So for the - I'm going to have to actually send you that information personally. I don't have it pulled up right at this moment, with the actual documentation is for that - get your information and send that to you.

Karen Heath: That would be great.

And should I just give you my information now?

Jevettra Devlin: Yes, that'd be great.

Okay, I'll definitely send that over to you Karen. Thank you.

Karen Heath: Okay, thanks so much.

Dr. Dan Baden: And contact information for the presenters is available on our web site and should be on the slides as well.

Karen Heath: Okay. Thank you.

Dr. Dan Baden: Next question.

Coordinator: And it looks like our present question's coming from Ms. Cari Browning. Ms. Browning your question is up at this time.

Ms. Browning your question is up at this time. You have an open line.

Cari Browning: Oh hello. Hi, I'm sorry. I was talking on mute for a little bit there. Can you hear me now?

Dr. Dan Baden: Yes.

Cari Browning: Okay. Great. Yeah. My name is Cari Browning. I am the physical activity coordinator for the Texas Department of State Health Services.

In particular, I work in health promotion and chronic disease prevention. And I just want to thank you very much for this presentation. There is a large overlap between disability and chronic disease, in particular, my background has been working as a recreation therapist with people with disabilities and I'm looking forward to incorporating this work in Texas.

So South Carolina, I just want to say, when I was looking at your presentation, I think your data comparison with disabilities and obesity, physical activity that was a really great idea and we're probably going to be doing that here in Texas.

I do think that that makes a strong case of evidence to show the lack of mobility and how it affects people's weight. Physical Activity in particular, effective strategies to deal with that as well, as well as, preventing the secondary conditions.

And I have noticed that you also mentioned identifying organizations whose mission is similar in PA and a couple of questions came in, in relation to working with the recreation industry.

In Texas we have state certification for recreation therapists. I know this also exists in North Carolina. I think there's a few other states. I suggest maybe Googling the - there's national organizations that support recreational professionals who are trained in particular to work with people with disabilities entitled, "recreation therapists" or "therapeutic recreation specialists."

And so the National Certification Board is NCTRC and then there's two societies that support work for these recreational professionals and possible opportunities to work with disseminating training nationally, to help educate recreation professionals on that - your programs and what you're trying to do.

And so, that would be ATRA, which is the American Therapeutic Recreation Association, A-T-R-A. And then there is also the National Parks and Recreation Society, NPRF, they have a component that works with people with disabilities.

And I just think that I wanted to share that, 'cause I know I'm going to start to work that track in Texas and try to link those professional certific - you know, those organizations together with the health department, disability, chronic disease and I just felt that might be good information for all your hard work everybody's doing out there.

Jevettra Devlin: Thank you so much for that. I'll definitely look into it.

Karen Heath: And great presentation all of you. Thank you.

Dr. Dan Baden: Okay, I want to remind people if you have questions, please hit star 1 and announce your name.

While we're waiting for other questions, I have a couple myself and maybe I'll play the devil's advocate a little bit.

I guess the question is, aren't many adults with disabilities physically inactive because of their disabilities and is it really realistic to expect adults with disabilities to get two and a half hours per week of aerobic physical activity?

Meghan Faulkner: What a great question. I'm going to jump right in there. You know, a lot of people think that disability conflates with poor health. As we see by some of the data, it often does. It does not have to.

You might be already aware that the World Health Organization's definition of how, since 1948, has been a state of wellbeing emotional and physical and social.

It doesn't say anything about not having a disability. It doesn't say anything about now having a diagnosis. I think that the idea that chronic disease and poor health are equivalent and disability and poor health are equivalent, make people feel, once they have that diagnosis, as though they have failed at health.

And I would like to see us rebrand health as something everyone can have, because it is very much true, that despite the barriers, people with disabilities can be healthy within their own parameters.

They can find physical activity options that work for them. And I don't think any of us are ready to give up on that.

Thank you for that question. It was fantastic.

Dr. Dianna Carroll: Hi and this is Dianne Carroll as well, I'll piggyback on that. You know, in our studies, so we looked at adults 18 to 64 years of age, and while nearly half of them weren't getting any aerobic activity, about 31% were getting the recommended amount of physical activity and an additional 22% were getting some activity, just not quite the recommended amount.

So I think points to the fact that yes, people with disabilities can engage safely in aerobic physical activity for health.

Again in our study we couldn't determine their disability was - came before or after the inactivity level. We weren't able to key that out in the data that we have, but we did find that only about 5% of adults with disabilities in this age group, said that they were unable to do physical activity.

We excluded them from any future analysis that we did as part of the study, but so that's a low percentage and certainly leads us to think that, the vast majority of people with disabilities can engage in aerobic physical activity and it's finding the options that work for them and for people who aren't currently engaging in aerobic physical activity or doing bear to middle, it's certainly talking to a doctor about what options might be right for them.

Starting slowly, building over time. We also found that among adults in our study, who were inactive over half of them didn't have any of the four

chronic conditions that we included in the study, so they're missing an important opportunity to prevent acquiring a condition and both a chronic condition and among those who reported already having one, they're again, missing an opportunity to help manage that condition.

Dr. Dan Baden: Great. Thank you very much.

All right. Operator any more in queue?

Coordinator: Yes. It looks like we have a new question coming from Ms. Susan Redmon. Ms. Redmon your question is up at this time.

Susan Redmon: Hi. Thank you. My name is Susan Redmon and I'm the program manager for the Disability and Health Program in Florida.

And I want to respond to the caller who asked about the state of affairs in the State of Florida. I appreciate you giving her the Florida Office on Disability and Health at the University of Florida, because that'll help her connect with us.

We still contact with them, even though they received the grant during the last cycle.

So that's a good resource. And also in Florida, if you're interested, the Florida Disabled Outdoor Association does some great activities around the state to help persons with disabilities find recreational activities that they can engage in.

And if you go to <http://www.fdoa.org>, the Florida Disabled Outdoors Association, you can see their SPORTSABILITY events and I think that's really noteworthy. The Disability and Health Program is working on some projects related to physical activity and are partnering with the National Center on Health Physical Activity and Disability at the Lakeshore Foundation in Alabama.

So all I can say is, stay tuned. We will be working on things and I guess, we need to get the word out more that we exist.

Thank you so much. It's been a great presentation today.

Dr. Dianna Carroll: Thanks I hope you were on.

Susan Redmon: Yes, I didn't respond right away, but I'm here.

Dr. Dan Baden: Well that's one of the benefits of having these Town Halls. It's not supposed to be just us talking, the members are supposed to talk amongst themselves as well.

So let me throw another question out. This is one's to Jevettra. When I was practicing - I just remember really full schedules. And I'm amazed at your ability to get into primary care facilities.

Can you tell us a little bit more how you went about doing that, getting on the provider's schedules, getting their attention, getting them interested and what kind of incentives you used?

Jevettra Devlin: Oh, so for - getting access into the primary care clinics we actually did partner with the Best Chance Network through the health department and they actually make the first contact with the clinic, since they're already going there for the Best Chance Network duties.

And they speak to them about what our purposes and our goal is about we're really trying to just - we provide free accessibility assessment of the clinic and that, it's not reportable.

We also are very big on insuring that if there are things that are not accessible in their clinic, that they won't be reported and they won't - most clinics we find are very hesitant about allowing us to come in, because they feel like we're going to be very costly for us to come in.

So if we find something, so we're very upfront about, "This is not reportable. That they won't be reported on it," and that kind of opens up the door way just a tad but more for us to come in.

We're very flexible about the time schedule. We also let them know that it only takes up about 30 minutes to an hour of their time and we actually work more with the office manager when we go through, do the walk-through with the clinics of - so the physician doesn't have to be there when we do the walk-through, but we do also provide the clinic with the full recommendation list of everything that we find and put it in a priority level of what should be tackled first.

And then we also guide them over to the Office of Rural Health. There are some costly things, sometimes that has to be made to increase the accessibility of the clinic, and so the Office of Rural Health will actually

provide revolving - low interest rate revolving loans and so we will direct them to that agency, if they need funding for something.

So we try to be very open to their schedule and not - letting them know the very short time, so that we need to come in and that the assessment is not reported to a higher agency and they won't be fined in anything if there are some areas that are not as accessible.

Dr. Dan Baden: Okay. Very good. All right. And maybe a last question out to Meghan and Candice.

Going back to your golden rule for inclusion, what exactly did you mean with that? Is it like people can only participate as long as they don't create a disturbance or can you just talk a little more on that?

Meghan Faulkner: Sure, one example of that, was there was a class that was mostly people who had various forms of dementia. And one of the participants would wander. She would leave the room when the exercise class was going on.

And so, it was an unsafe situation and the instructor would have to leave the group class and go find this woman and try and bring her back to the classroom.

And that wasn't a safe situation and it wasn't fair to the larger group who were not getting the exercise that they were there for, as they were waiting for the instructor to come back.

In this particular situation, that was resolved by having a caregiver take the class with that particular participant. So, that they could meet the level of supervision that was required.

So in any case, not just disabilities, but you know, you need to balance the needs of the group against the individual and make sure that the group is getting what they came for and that the program is being delivered the way it should.

So that's what we mean by the golden rule of inclusion. You can participate as long as you don't disrupt the larger class.

Dr. Dan Baden: Okay. So both safety and fairness rationale.

Meghan Faulkner: That's right.

Dr. Dan Baden: Wonderful. All right. Well, we are nearly at the top of the hour, so I'm going to get ready to close this Town Hall call, but we always ask if you can give us feedback on how we can improve our processes here.

We want to make these calls as beneficial as possible to you. So if you can email your suggestions to us at [ostlsfeedback@cdc.gov](mailto:ostlsfeedback@cdc.gov). That's O-S-T-L-T-S feedback, all one word, at C-D-C dot G-O-V.

And we hope that you'll be able to join for next month's call which will be on June 10th and we'll focus on preventing neuro virus outbreaks from contaminated food.

I want to thank all our participants and all our presenters and everyone for attending the call.

And this will end our call for today. Good bye.

Coordinator: This concludes today's conference. You may disconnect all lines at this time with the exception of our leaders. Again this concludes today's conference; you may disconnect all lines at this time.

Thank you.