Keeping It Moving:
Physical Activity and Exercise for People With Disabilities

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Learning Objectives

By the end of this session, you should be able to:

• Describe health inequities facing people with disabilities
• Recognize the role of social determinants of health in driving health inequities
• Describe barriers to physical activity affecting adults with mobility disabilities
• Understand what independent living centers can do to remove these barriers
Why is this important to the ILCs?

• People with disabilities experience barriers to achieving their goals, including fitness goals.
• Lack of physical activity can contribute to many other health issues, both immediate and long-term.
• Across Massachusetts, people with disabilities are concerned about their ability to exercise and how it affects their health.
• Helping people achieve goals and remove barriers is what ILCs do!
Why is this important for DPH?

It’s what we do, too.
VISION
Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery

MISSION
prevent illness, injury, and premature death; to ensure access to high quality public health and health care services—and promote wellness and health equity for all people in the Commonwealth.

DATA
We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS
We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

DISPARITIES
We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE
PASSION AND INNOVATION
INCLUSIVENESS AND COLLABORATION
UNEQUAL OPPORTUNITIES
FOR WELLNESS
What Are Inequities?

A health inequity (sometimes called a disparity) is:

“a particular type of health difference that is closely linked with social or economic disadvantage.”

Source: US Office of Minority Health
What Are Inequities?

“Health [inequities] adversely affect **groups of people who have systematically experienced greater social and/or economic obstacles to health** and/or a clean environment based on their

- racial or ethnic group;
- religion;
- socioeconomic status;
- gender;
- age;
- **mental health**;
- **cognitive, sensory, or physical disability**;
- sexual orientation;
- geographic location; or
- other characteristics historically linked to discrimination or exclusion.”

Source: US Office of Minority Health
What Are Inequities?

In other words, people with disabilities are less healthy in ways that are caused by discrimination, not a natural result of having a disability.
Difference vs. Inequity

- A person with Osteogenesis Imperfecta (OI) is more likely to have broken bones than someone without OI.
- *This is a normal difference in health, caused directly by the person’s disability. No amount of social change will stop this from being true.*
Difference vs. Inequity

• A person who is blind or has significant vision impairment is more than twice as likely to have arthritis than someone who doesn’t have a vision-related disability.
Difference vs. Inequity

- A person who is blind or has significant vision impairment is more than twice as likely to have arthritis than someone who doesn’t have a vision-related disability.
- *Vision impairment isn’t naturally related to joint problems!*
- *However, you’re more likely to develop arthritis if you don’t have an accessible place to exercise and good access to your doctor, and if you have a history of physical injuries.*

*If the environment were more accessible, the disparity in arthritis rates might decrease.*
Difference vs. Inequity

A person who uses a wheelchair or spends a lot of time lying down is much more likely to get pressure sores than someone who doesn’t: natural difference or health inequity?
Difference vs. Inequity

Disabilities can affect our minds and bodies in ways that make it harder to stay healthy, but barriers in society mean that people with disabilities are often sicker than we have to be.
UNEQUAL OUTCOMES FOR PEOPLE WITH DISABILITIES
Health Status Among People with Disabilities

Health Indicators in MA Adults, by disability (2017)

SOURCE: BRFSS 2017 (via dhds.cdc.gov)
MA Adults Meeting Healthy Activity Guidelines, by disability status (2017)

- Mets all guidelines: 13.8 (Any disability) vs. 24.6 (No disability)
- Aerobic only: 22.9 (Any disability) vs. 30.9 (No disability)
- Muscle-Strengthening only: 8.4 (Any disability) vs. 10 (No disability)
- Meets no guidelines: 54.8 (Any disability) vs. 34.5 (No disability)

SOURCE: BRFSS 2017 (via dhds.cdc.gov)
Health Status Among People with Disabilities

MA Adults Meeting Physical Activity Guidelines, by disability type (2013-2017)

- Meets all guidelines:
  - Mobility disability: 10
  - Other disability: 18.3
  - No disability: 24.5

- Aerobic only:
  - Mobility disability: 20.7
  - Other disability: 28.2
  - No disability: 32

- Muscle-strengthening only:
  - Mobility disability: 8.9
  - Other disability: 7.1
  - No disability: 9.9

SOURCE: BRFSS 2013-2017
Are these **normal differences**, or **inequities**?
Top 10 Health Concerns of People With Disabilities in MA

1. Affordable housing (77%)
2. Adequate dental care (64%)
3. Adequate mental health services (62%)
4. Finding a doctor who is sensitive to disability issues (55%)
5. Transportation to medical appointments (54%)
6. Communication supports (large print, Braille, CART readers) (52%)
7. Managing chronic conditions (50%)
8. Paying for prescription meds (48%)
9. Finding a doctor who accepts public health insurance (48%)
10. Access to gyms/places to exercise (45%)

SOURCE: 2013, HEALTH NEEDS ASSESSMENT OF PEOPLE WITH DISABILITIES IN MA
Health Status Among People with Disabilities

- People with disabilities experience higher rates of social isolation, poverty, unemployment, food insecurity, difficulty accessing medical care, and other social factors that interfere with health and wellness.

- People with disabilities are disproportionately affected by preventable chronic conditions and other health problems.

This is health inequity in action.
TAKING ACTION

HOW ILCS CAN HELP
Information & Referral

• Be aware of any gyms in your area that might be accessible for your consumers.
• Connect consumers to resources like the “How to Choose a Fitness Center” tutorial from the National Center for Health, Disability, and Physical Activity (NCHPAD):

https://youtu.be/a4lLrZm6xyk
• Similarly, be aware of accessible outdoor recreation opportunities.
  ○ The Department of Conservation and Recreation’s Universal Access Program is a great place to start:

https://www.mass.gov/orgs/universal-access-program
Skills Training - Individual

• Consider exercise and recreation when helping consumers set goals.

• Reasons to exercise:
  ○ Make ADLs and IADLS easier;
  ○ Reduce pain/stiffness;
  ○ Improve sleep and energy levels;
  ○ Increase social connections by joining a team or class;
  ○ Spite. (Proving people wrong is very satisfying!)
Skills Training - Individual

- If consumers don’t have access to a gym or safe outdoor exercise space, work with them to figure out other options.

- NCHPAD has a series of “exercise at home” videos featuring everyday objects: try balance training with a regular chair, or water-bottle weightlifting! (www.nchpad.org/videos)
Skills Training - Group

• Does your center have access to a large meeting space? Consider hosting adaptive-fitness classes for groups of consumers!

• Host an inclusive “fun run” - it’s good exercise and a good fundraiser if people sponsor participants!
Advocacy

• Help PCA consumers think about ways to get help with exercise (including passive range of motion) and how to describe their needs during assessments.

• Campaign for more safe, accessible streets and parks so your consumers can get exercise as a normal part of their day.
Transition to Adulthood

• Talk to youth about ways to get exercise once they no longer have the structure of PE class.

• If they’re moving as part of their transition, discuss making neighborhood walkability a factor in their housing search.
Nursing-Home Transition

- Talk to your consumers about their options for exercise while they’re still in the facility:
  - Does the facility offer classes/recreational groups? (Could they start one?)
  - Is the consumer getting the right amount of assistance with exercising, stretching, or just getting out of bed? (Can you advocate for more?)

- Consider opportunities for activity as part of the discharge plan:
  - Will the consumer have ongoing PT/OT after transition?
  - Can you help them get a gym membership?
  - Is there DME that will improve their ability to exercise, and will nursing-home staff help ensure that they get it?
WHERE TO GET MORE HELP
For more ideas and suggestions:

• The National Center for Health, Physical Activity, and Disability (NCHPAD):
  ○ [www.nchpad.org](http://www.nchpad.org)

• The Department of Conservation and Recreation’s Universal Access Program:
  ○ [www.mass.gov/orgs/universal-access-program](http://www.mass.gov/orgs/universal-access-program)

• Special Olympics Center for Inclusive Health:
  ○ [inclusivehealth.specialolympics.org](http://inclusivehealth.specialolympics.org)

• Mass In Motion (a DPH program promoting equitable access to physical activity and healthy nutrition):
  ○ [www.mass.gov/about-mass-in-motion](http://www.mass.gov/about-mass-in-motion)
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Thank You!

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