

**IFC Strategy Meeting**  
**Wednesday, October 15, 2008**  
**8am-11:30 am CT**

McCormick Place (Rm W195)  
2301 S. Lake Shore Drive  
Chicago, Illinois 60616

**Dial-In Number:** (888) 296-1938

**Pass code:** 6811565#

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**8:00 – 8:30 am**      **Welcome and Introductions**      *Jim Rimmer and Amy Rauworth, NCPAD*

- Welcome & Introductions
- Overview and Goals for the Meeting

Jim Rimmer states that this is a historic meeting. Inclusive fitness is finally making its way into mainstream and we must work together as a coalition to get the word out in this arena.

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**8:30 – 9:00 am**      **Background and Significance**      *Jim Rimmer, NCPAD*

- Why an IFC?
- Health Disparities among People with Disabilities
  - Jim Rimmer: Main goal of IFC should be to improve the number of people with disabilities who are able to participate in physical activity – how can IFC work to eliminate barriers in this area??
  - Mitch Carr (RIC): Question about barriers to physical activity from PEP study- On the Barriers to Physical Activity slide, what was the population?
  - Jim Rimmer: 2003-2006 urban setting
  - Meg Traci: Montana rural setting results align with those results; we have found that pain is the number one barrier to health promotion.
  - Jim Rimmer: Many types of physical activity can alleviate pain. Pain can be reduced through physical activity.
- June Isaacson Kailes: Question about playgrounds – Is there current research showing the positive effect of accessible playgrounds, specifically surfacing? What type of surfacing is best? Is there any data on the benefits of inclusion?
  - Jessica Madrigal: studies show an increase in safety; qualitative research shows that people feel isolated without accessible play areas and once they are made inclusive they are able to make more social connections, etc
    - Jessica Madrigal will follow up via email with resources.
- Meg Traci: What is the impact of inclusive play areas for all children?
  - Jessica Madrigal: Literature shows a positive impact for everyone regardless of age or ability level.
- ACSM/NCPAD Partnership

9:00 – 9:15 am      **BREAK**

- IFC Launch January 2007

9:15 – 9:45 am

**Priorities for IFC**

**Jim Whitehead, ACSM**

- Bring the *Call to Action*...To Action
- **Jim Whitehead: In order to make an impact in your area, you need to look at all aspects of society.**
- Engage the Power of Business...Create Industry Partnerships
- An Excellent Prescription.....Work with the Medical, Fitness and Disability Community
- Make Multi-faceted Progress...from Science to Technology and Policy
- Recognize and Assist Champions...Empower Collective Success

9:45 – 10:30 am

**IFC Workgroup Updates and Progress      Amy Rauworth, NCPAD**

*Need: Volunteers to Chair and/or serve on IFC Workgroups*

- Inclusive Play (Amy Jaffee Barzach, Chair)
  - **Amy Rauworth: Inclusive play must bridge from personal to private in order to impact our society**
  - **Jim Whitehead: “play for health”- inclusive play group needs to make sure it addresses this issue; this is a major piece of legislation we should look at.**
- Health Clubs (Cary Wing, Chair)
  - **Sue Catton: IFI has created regulations that go above and beyond simple standards. In UK 7% of health club visits are by people with disabilities and greater than 11% of new members are people with disabilities. People with disabilities average 2.1 visits/week. Accessible fitness equipment in the UK is mainstream, affordable and available.**
- Veterans and Rehabilitation (Rhonda Jarvis Ray, Chair Elect)
- **Ronda Jarvis-Ray: There are greater than 30,000 veterans with disabilities from Iraq and Afghanistan alone.**
- **Dan Ferreira: Would like to see the addition of a family bike ride for the 2009 Chicago Veteran’s Adapted Activities Day.**
- **Mitch Carr: State by state, the department of Veteran’s Affairs is different. For instance, the Tampa, FL VA system has great in-house recreation. To get VA departments and the people they serve on board we would need to focus on early intervention. The first step toward making progress in this area is to have adapted activity/awareness days.**
- **James Laskin: There was a pilot program, Project Move, that focused on health, wellness and weight management for veterans with disabilities who were at risk for diabetes and heart disease. The program aimed at preventing secondary and chronic conditions in this population.**
- **Ronda Jarvis-Ray: There are 24.9 million veterans in the United States. 10 million are over the age of 65.**
- **Meg Traci: What do we know about vans? Are most vans inaccessible?**
- **Ronda Jarvis-Ray: Wounded Warrior think tank can look into policy on vans and get back to us with that information.**

- Policy (Chair Needed)
  - Possible future endeavor in this area could be advocacy and policy research.
  - How should Policy move forward?
  - June Isaacson Kailes: We need to prepare briefs in this area. Prepare and disseminate briefs on access to medical care, accessible equipment. We need to figure out what are the low cost/no cost fixes and share that information.

**10:30 – 11:30 am**

**Review of IFC Actions and Next Steps** *Jim Whitehead, ACSM*

Goals for 2009:

- Amy Rauworth: There is an upcoming ASTM meeting in St. Louis for the development of equipment standards. The ASTM standards meeting is November 20-22, 2008. There is a fee, but it is open to the public, and the standards will be open to public comment. (Is this accurate??) We need more people to be in on the voting rights for standards.
- June Isaacson Kailes: We need to work on briefs and get them posted.
- Lauren Howard: We need opportunities for members to push agenda forward. Information needs to get to members for response and reaction in an efficient way; we don't all have access to all of the information at this point; possibly use listservs or webpage. Make sure all members are aware of action steps so they can work on them.
- Sue Catton: IFI devoted 6 years to work on standards. If U.S. and U.K. don't align we will lose support in terms of fitness standards. The standards must be limited otherwise we will lose industry support. At this point LifeFitness is selling their accessible equipment in the U.K. only; IFI is not being accessed by United States. We should take the IFI standards to ASTM.
- IHRSA: IHRSA has briefing papers and legal tips available. Gyms do not want to change and keeping the fear factor in mind when working with gyms proves to be effective in causing change. Know your audience and speak in their terms!
- Cary Wing: Medical fitness standards try to remove the fear factor in setting facility standards. We are looking for facilities that understand these setting and are good for everyone.
- Jim Whitehead: National Science Foundation partnership between non-profit and for-profit organizations.
- David Geslak: We have policies, but we need to find a way to enforce them.
- June Isaacson Kailes: Change can happen based on both agreement and legal actions, but well-placed legal action seems to truly get the big bang. Many organizations aren't even aware of ADA policies that are already in place. There is a legal row in the policy issue- well place lawsuits by the Department of Justice and disability advocates send clear messages on what needs to be done.
  - For policy can we create a toolkit of legal actions for people to use? Can we review the information and compile it on the IFC site?
- Mitch Carr: We must focus on education and social perception for change in the long term. Policy must be at the forefront of our long-term goals. Many people don't feel that they belong in the community; our society has the notion that people are sick and they don't want sick people in their health clubs. We need to reverse these attitudes.
- David Geslak: We have to begin with education. Parents need to understand the benefits of physical activity for children with special healthcare needs.
- Meg Traci: We need to review the literature to understand the nuances of this population.

- James Laskin: Perceptions of this population need to be addressed.
- Dan Ferreira: We should develop a model for looking at people with disabilities and their commonalities with others.
- Suzanne Gray: Look at people not the disability. Look for alternative resources; what can you do with \$5 ribbons and \$10 bands if you can't afford a \$2000 treadmill. We do need physician buy-in. Doctors need to promote health.
- Jaclyn Jones: Emphasize broader audience (to reach out to the 50 million older adults who don't identify as having a disability). Facilities may not want to work with a specific population because of fear of lawsuits, we need to change perceptions.
- Chris Mackey: Focus on awareness and educational opportunities using non-traditional modes. We need to make resources easily accessible and partner with non-traditional partners such as Bank of America.
- Larry Born: How can we get some financial teeth into the process? Subsidy from the government or penalties for businesses that do not comply could be a good source. We can learn from the example of the UK.
- Sue Catton: IFI received 10 million pounds of funding to create the toolkits/test the facilities and refine the standards. Now that the industry has embraced IFI in the UK they no longer need a funding source. The market sustains IFI's efforts.
- James Laskin: Efforts need to focus on evidence-based practice. We have to show that inclusive fitness can work to improve health and wellness. Centers for Disease Control (CDC), National Institute on Disability and Rehabilitation Research (NIDRR), National Institute of Health (NIH) all fund evidence-based research. We should focus on a policy of consolidating the literature to make it more accessible to people in the fitness industry.
- Faye Weinstein: We can use the ICF (International Classification of Functioning, Disability and Health) model from the World Health Organization instead of looking to make a new model.
- Lauren Howard: Requests that minutes and participant list be sent via list-serve.

(Disconnect from teleconference)

- Dan Ferreira: How is London preparing to host the 2012 Paralympic games?
- Sue Catton: All venues for Paralympic competitors will meet IFI standards so that people can train and prepare. There will be around 20 facilities for Paralympic use.

Wrapping Up:

- Meg Traci: We need to do more to invite/recruit disability rights organizations to join IFC.
- Kester Edwards: At the Special Olympics we hope to create a program for "unified sports" that partners people with and without disabilities.
- Amy Rauworth: Do we have any suggestions for Policy Chairs? Or Co-Chairs?
- Amy Rauworth: In closing, IFC is unfunded, we are building on human capital.

**Adjournment**