



ALABAMA DEPARTMENT OF PUBLIC HEALTH

Inclusion of Young People with Intellectual Disabilities in School-Based Wellness and Physical Education

People with intellectual disabilities often face barriers to accessing public health promotion and protection activities, making them particularly vulnerable to preventable disease and injury. In turn, practicing inclusive health not only provides more equitable access to public health resources, but also leads to improved health outcomes and helps health departments meet and maintain a variety of public health accreditation standards. The Public Health Accreditation Board, with funding support and in partnership with Special Olympics International, presents this short case study for the purpose of exploring how the Alabama Department of Public Health leveraged their existing partnerships to advance best practices for adapted school-based physical education and expand health-promoting opportunities for young people with intellectual disabilities. The Alabama Department of Public Health is among a handful of state and local health departments across the nation who are advancing inclusive health for people with intellectual disabilities.

THE PROBLEM

Physical inactivity has been tapped as a major contributor to the nation's growing chronic disease burden and obesity rate. To get people moving, population-based efforts often target children and adolescents, with a goal of instilling lifelong healthy habits around active living and exercise. Still, research finds that children with intellectual disabilities may not be as fit as their peers without intellectual disabilities and can face a number of barriers to participating in school-based physical education.

BACKGROUND

For years, the Alabama Department of Public Health has been partnering with the Alabama State Department of Education to improve the quality of physical education for Alabama's school children. But in 2013, when the state health agency received funding from the Centers for Disease Control and Prevention to launch a Disability and Health Program, it was the perfect opportunity to begin new efforts to ensure that children with physical and intellectual disabilities could successfully participate in and benefit from school-based physical education.

"We know from looking at the data that many of our students, including students with intellectual disabilities, have higher rates of chronic disease and lower rates of physical activity," said Laurie Eldridge-Auffant, MPH, Director of the Alabama Disability and Health Program. "So it's really important to get students who need physical activity successfully participating in physical education programs."

Regardless of ability, the benefits of physical activity for children are universal. Research¹ shows that while children and adolescents with disabilities are often restricted in their participation, they still derive a

¹ Pediatrics: <http://pediatrics.aappublications.org/content/121/5/1057>

number of benefits² from taking part in physical activity, including improvements in aerobic capacity, improved gross motor function, and high levels of both participant and parent satisfaction. Sadly, however, children with intellectual disabilities often experience lower rates of physical activity and higher risks of obesity³ than their peers because the system is woefully unaccommodating to their needs.

SOLUTION

To help narrow those gaps and advance equitable access to physical education, Alabama health and education officials came together to help physical education teachers successfully adapt their programs to meet the needs of students with disabilities, eventually training hundreds of educators across the state.

In 2017, the Alabama Disability and Health Program and State Department of Education released “Alabama Adapted Physical Education Best Practices: Quick Reference Guide,” a practical roadmap for accommodating the needs of students with physical and intellectual disabilities. The guide’s overriding goal is to promote inclusion of children and young people with disabilities, with the concept of “inclusion” assuming that all children have the right to: be respected and appreciated as valuable members of the school community; fully participate in all school activities; and interact with peers of all ability levels.

Like many, if not most, public health efforts, the quick reference guide is a result of following the data. Previously, public health staff had been working with their education partners to survey and train physical educators on complying with federal nondiscrimination laws and individualized education plans (IEPs), which set educational goals for children with disabilities and direct how those goals can be met in the least restrictive environments. During that work, Eldridge-Auffant said staff noticed that physical education teachers were particularly unfamiliar with the IEP process and the teachers requested more training and hands-on skill building on how to adapt and modify for students with disabilities to participate successfully. The quick guide was created to help fill that gap.

“This book was designed to help them understand what inclusion looks like and how to more successfully do it,” she said.

Work began in early 2017 after the State Department of Education convened the Adapted Physical Education Best Practices Task Force, which Eldridge-Auffant said “really tapped into people out in the field who were doing a great job of advancing inclusion for all students.”

With assistance and funding support from the Disability and Health Program, the reference guide hit teachers’ desks before the next school year. The new resource educates physical education teachers on the principles of inclusion, provides best practices, and offers practical tips for making inclusion a reality for students. For example, the guide encourages physical education teachers to use descriptive verbal language, use paraeducators when necessary, and avoid loud and constant background noise. It also offers a long list of adaptation tips, such as increasing target sizes for novice players, using visually friendly objects to throw, or using marks to show a student where to stand or kick.

“It really was designed to be a quick reference guide because teachers don’t have time to pick up a big book,” Eldridge-Auffant said. “So many (physical education) teachers think they don’t have the budget to purchase adaptive equipment for their classes, so we wanted to get teachers thinking in more creative ways about how to use low-cost solutions to include all students in their programs.”

² American Journal of Health Promotion: <http://journals.sagepub.com/doi/10.4278/ajhp.070930103>

³ Centers for Disease Control and Prevention: www.cdc.gov/ncbddd/disabilityandhealth/obesity.html

To date, organizers have distributed thousands of copies of the guide and conducted trainings with local school systems and professional physical activity associations throughout the state. She said the guide has received positive feedback and she expects trainings will continue for several more years.

The quick reference guide isn't the health department's only recent effort to advance inclusion in school physical activity programs. Also in 2017, the Alabama Disability and Health Program, in collaboration with the National Center on Health, Physical Activity and Disability, released "Discover Inclusive School Wellness," which adapts CDC's Comprehensive School Physical Activity Program to make it all-inclusive of youth with disabilities. In particular, the wellness guide helps schools implement inclusive models that get kids moving throughout the school day.

Leveraging key partnerships, the Disability and Health Program distributed the wellness guide to staff at dozens of schools through Alabama Champions for Healthy Active Schools, a collaborative project to improve the health of students and school personnel.

"Schools have a lot of different people trying to get in with a new project, so it really helps having partners who already have the buy-in and trust of the school system," Eldridge-Auffant added. "Our end goal is to have better inclusion for students with disabilities, and certainly students with intellectual disabilities, in physical activity opportunities. There's a lot of room for improvement in building a culture where all students are included as equals."

CHALLENGES

As is the case with designing and implementing any community health program, there are challenges to overcome, such as:

- **An unaccommodating system.** Children with intellectual disabilities often experience lower rates of physical activity and higher risks of obesity than their peers because the system is woefully unaccommodating to their needs.
- **Lack of familiarity.** Physical education teachers are particularly unfamiliar with the IEP process and their responsibilities in upholding disability civil rights protections.
- **Attitudinal barriers.** Attitudinal barriers can be on the part of the student, such as in "I can't do this," as well as on the part of teachers and other kids due to lack of understanding, fear or ignorance.

LESSONS LEARNED

Best practices for adapting school-based physical education to children with intellectual disabilities include:

- **Establish partnerships.** Taking advantage of partnerships and coalitions is key to maximizing your audience reach and helping the health department reach particular communities. "Partnering with the Department of Education and other organizations already in the schools has been essential — it's really opened doors," Eldridge-Auffant said.
- **Build a task force.** Bringing experts together will build strength by tapping into people in the field who are doing a great job of advancing inclusion for all students.
- **Follow the data.** Surveys highlighted training and skills gaps and drove the development of the quick reference guide.

- **Don't break the bank.** Offer practical, low-cost solutions that make inclusive health the easy choice. Many physical education teachers think they don't have the budget to adapt their classes to kids with disabilities. It is important to get teachers thinking in more creative ways about how to use low-cost solutions to include all students in their programs.
- **Adapt existing standards and models to advance inclusion locally.** It's not always necessary to start from scratch.
- **Be brief.** Reference guides should be kept short and sweet so as to provide information quickly and easily. "Teachers don't have time to pick up a big book," Eldridge-Auffant said.
- **Take your time.** Improvement doesn't happen in a day. "Our end goal is to have better inclusion for students with disabilities, and certainly students with intellectual disabilities, in physical activity opportunities," Eldridge-Auffant added. "There's a lot of room for improvement in building a culture where all students are included as equals."

ADDITIONAL RESOURCES

Alabama Disability and Health Program
Alabama Department of Public Health
www.alabamapublichealth.gov/disability/index.html

Alabama Champions for Healthy Active Schools
Alabama Department of Public Health
www.alabamapublichealth.gov/npa/alabama-champions-schools.html

Discover Inclusive School Wellness
National Center on Health, Physical Activity and Disability
www.nchpad.org/1505/6461/Discover~Inclusive~School~Wellness

Special Olympics Unified Physical Education Resources
https://resources.specialolympics.org/News/Resources_Updates/New_Unified_PE_Resources_for_Educators.aspx

"Definition of inclusion." Inclusion Means. National Center on Health, Physical Activity and Disability.
<https://ncphad.org/1456/6380/Definition~of~Inclusion>

QUESTIONS?

If you are interested in learning more about this program or how you can apply some lessons learned to your own organization, please contact Carrie Allison at (334) 206-5229 or via email at Carrie.Allison@adph.state.al.us.