

**IFC Health and Fitness Facility Task Force
Conference Call
Tuesday, July 22, 2008
2:00 – 3:00 Eastern**

Agenda

Conference Call # -- Please Note
Dial the toll-free number: 877-807-5706
Enter the ID: 549690

Task Force Members or Interested Parties

- Cary Wing, EdD, Chair: Ex. Director, Medical Fitness Association
- Lauren N. Howard: Disability Consultant
- Larry Born: CEO, SciFit
- Tom Richards, JD, Senior Manager, Public Policy, IHRSA
- Pam DeGeorge, RN, Physical Behavior Healthcare Coordinator with APS Healthcare SWPA HCQU in North Huntingdon, PA
- Amy Rauworth, MS, RCEP: Associate Director, National Center on Physical Activity and Disability, University of Illinois at Chicago
- Kathleen Wood
- Gordon Heideman
- Chris Ballard

- Welcome -- Cary Wing
- Introductions
- **Determine Mission and Objective of Task Force**
Motivate owners and managers of health/fitness facilities to develop an environment that is inclusive providing accessibility to all. This may involve, but is not limited to, changes to equipment, facilities, programs, practices, staff training and marketing.
- Task Force Goal(s) -- see suggestions below for discussion purposes
- Develop plan to determine current Best Practice facilities
- Outline strategy for informing & enlisting centers
- Prepare inclusiveness toolkit for managers/owners
- Create & launch informational campaign targeting managers/owners
- Plan for launch/event of initiative
- Determine conferences/events 2008-2009 where materials can be disseminated.
- Next Meeting
- Adjourn

Suggested Goals/Priorities for Health & Fitness Center Task Force

Jim Whitehead

1. Increasing awareness among the health club industry about how to make facilities, equipment, staff, and programs more accessible and supportive for persons with disabilities.
2. Demonstrating that such shifts do not require fundamental, dramatic changes in anything.
3. Encouraging clubs to use internal audits or other means to improve accessibility, and to include within their business plans outreach and openness to the community of persons with disabilities.

Tom Richards

Priority Suggestions

1. Best practice - program suggestions
2. Best practice - "sensitivity" suggestions (i.e. How to make a person with a disability feel welcome at the facility)
3. Best practice – exercise equipment

Pam DeGeorge, RN

I got involved with the coalition for two reasons.

1) We monitor health care for people with developmental disabilities and find a large amount of people who are overweight and obese and with little physical activity.

2) I also got involved on a personal level. I have twin daughters who are 16 years old. They both have Down syndrome. We had a pretty easy time locating community based activities when they were younger. As they reached their teen years, sports were so competitive and it was extremely difficult to find community based activities for them to participate in. One of my daughters began putting on weight at that time. She is still overweight and we recently joined a local fitness center. The first time we were there the manager came up to me and asked if they were 14 (they do look younger than they are because they are short) and told me when I told them their age that they were OK as long as I stayed with them. I was taken aback to say the least and did not respond in a very effective manner. They had paid memberships and had never even once had an orientation to the fitness center by any of the staff there. My daughters have been taking a fitness class in school and are somewhat comfortable with the equipment. I am just amazed at the lack of support for people who may have a disability. We continue to go to the fitness center at this time. It is close to our house, but I have not been satisfied with their level of support for anyone with different abilities (they have a silver sneakers program for the elderly). They do not really assist them either.

Amy Rauworth

1. Short term-Create a consistent messaging point to our audience (what 1 thing do we want to affect in clubs such as knowledge and awareness this year) and collateral materials such as a brochure, fact sheet or specific talking points for the members on the task force.
2. Long term-work on health promotion reimbursement through Medicare & Medicaid or other major insurance agency, some work already being done, find out who, where, and join.
3. Short-term-have task force members speak at least 1-2 national conferences on IFC and the messaging point identified in number 1.

Cary Wing

I personally see the Health Club Task Force focusing on:

- user-friendly facilities

- user-friendly equipment
- Disseminating information to the public as to the improvements/updates to the environment and equipment for a productive and enjoyable workout
- properly trained staff.

In a nutshell: What tools or information can we provide to facilities **AND** to the public to encourage/market an inclusive environment?

Lauren Howard

1. Disseminate existing materials and tools (AIMFREE, Removing Barriers to Fitness Facilities, or other articles) within health club network as means of raising awareness of fitness needs of people with disabilities.
2. Make the “business case” to health clubs so that they seek out ways to make facilities and equipment more accessible for this growing population of customers.
3. Encourage purchase of accessible equipment.
4. Encourage greater access within facilities.

I know these priorities are very broad (especially #3 and #4), but if you can't use the equipment and can't access the facility then encouraging fitness among people with disabilities is useless, at least from my perspective. We would obviously have to bite off a very small part of this huge issue.