



Research paper

Fitness facilities still lack accessibility for people with disabilities



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ARTICLE INFO

Article history:

Received 8 December 2015

Received in revised form

5 December 2016

Accepted 23 December 2016

Keywords:

Accessibility

Disability

AIMFREE

Fitness

Recreation

ABSTRACT

Background: Fitness facilities have potential to serve as places of 'health enhancement' for many underserved populations, particularly among people with physical/mobility disabilities where walking outdoors to meet recommendations for regular physical activity is not an option due to mobility or safety issues.

Objective: To examine the accessibility and usability of fitness facilities across the U.S. from a broader framework of physical and program access.

Methods: A convenience sample of 227 fitness facilities in 10 states were assessed by trained evaluators using the Accessibility Instrument Measuring Fitness and Recreation Environments (AIMFREE) tool. Non-parametric tests were performed to determine whether AIMFREE section scores were different by geographic region (urban, suburban), business type (nonprofit, for-profit), facility affiliation (fitness center/health club, park district/community center, hospital/rehabilitation facility, university/college), and facility construction date (pre/post passage of the Americans with Disabilities Act, ADA). Raw scores were converted to scaled scores with higher scores indicating better accessibility based on a criterion-referenced approach.

Results: Section scale scores (11/13) were low (<70) with differences found across facility affiliation. While facilities built after passage of the ADA had higher accessibility scores compared to pre-ADA facilities, only programs and water fountains had scaled scores ≥ 70 regardless of facility construction date.

Conclusions: There exists a strong and urgent need to encourage owners and operators of fitness facilities to reach a higher level of accessibility. Until then, many people with physical/mobility disabilities will continue to have limited access to programs, equipment, and services offered at these facilities.

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People with disabilities have a greater risk of chronic and secondary health conditions compared to the general population.^{1–3} Furthermore, individuals with disabilities encounter substantial obstacles to participating in health-promoting activities due to physical and social environments that limit fitness and recreation opportunities, including inaccessible parks, trails, sidewalks, and fitness facilities.^{4–6}

People with physical/mobility disabilities are also more likely to miss opportunities to be physically active compared to adults without disabilities^{7–9} and have more difficulty engaging in

physical activity due to physical barriers in the built environment.^{10,11} Fitness facilities and other locations such as community parks, playgrounds, and ball fields used for competitive games and sports often lack accessibility (i.e., uneven terrain, grass or gravel surfaces),¹² thereby limiting opportunities for participation by individuals with physical/mobility disabilities. Beyond the built environment, programmatic and attitudinal barriers to physical activity exacerbate low participation rates.^{4,12,13} For instance, many staff of fitness facilities lack the knowledge or desire to development adaptations that could facilitate participation.^{14,15} Furthermore, costs associated with membership program fees and transportation to a fitness or recreation facility are other commonly reported barriers to physical activity engagement.⁸

Americans are increasingly turning to health clubs and fitness facilities as a way to improve or preserve their health.¹⁶ As of June 2016, the number of health clubs in the U.S. had risen to

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approximately 36,180, serving approximately 55.3 million members.¹⁶ These memberships have increased an average of 5% annually since 1987 and are expected to continue growing.¹⁶ Unfortunately, there are no data available on the number of people with disabilities who use or are members of fitness facilities. Evidence shows that health clubs are beneficial not only for achieving physical health benefits but also in creating and developing social relationships that support healthy behaviors.¹⁷ These trends are likely to continue in the U. S. as efforts are underway to better direct the nation's health care system toward health promotion and disease prevention through the Patient Protection and Affordable Care Act (PPACA), a United States federal statute signed into law in 2010.¹⁸ Most major provisions of the Act went into effect in 2014 with the aim of achieving better health outcomes, lowering healthcare costs, and improving distribution and accessibility of healthcare services.¹⁸

Fitness facilities represent a major avenue for people with disabilities to achieve the United States (U. S.) recommended physical activity guidelines for aerobic and muscle strengthening activities.¹⁹ Despite the number of facilities available, studies have cited their limited accessibility as a barrier to people with physical/mobility disabilities.^{20–24} In 1990, the Americans with Disabilities Act (ADA) became law to prohibit discrimination against individuals with disabilities by providing equal opportunity in employment, public accommodations (e.g., hotels, restaurants, movie theatres, fitness facilities), state and local government services, and telecommunications. Since the passage of the ADA, only a handful of small studies have examined the accessibility of fitness facilities for people with disabilities.^{25–28} Results of these studies indicated that none of the facilities examined were found to be in full compliance with the ADA guidelines. The areas of greatest concern were customer-service desks, restrooms/locker rooms, drinking fountains, and areas around the exercise equipment.^{25–28}

More recently, 16 fitness facilities in rural western Wisconsin were assessed using a modified version of the ADA fitness facility compliance instrument.²⁸ As in the other studies, researchers reported that none of the facilities were 100% ADA compliant. A fitness professional disability awareness survey, which evaluated professional knowledge, education, training, and facility policy, was also administered. Areas in which facilities received low ratings included training in wheelchair transfer techniques (offered by 0% of facilities), annual continuing education opportunities to prepare employees for adapted programming (7%), and training employees in providing services to individuals with disabilities (8%). The results confirmed inaccessibility of typical fitness facilities and revealed that the facility itself may not be the only barrier to utilization by people with disabilities.

A recent qualitative study examined the meaning of dignity and its importance to exercise participation for persons with disabilities.²⁹ Participants (n = 21) were all patrons at a specialized urban university-based fitness center that offered a variety of physical activity and exercise programs for people with disabilities. Four themes emerged from the thematic analysis describing the participants' experiences of dignity in the exercise facility: the comfort of feeling welcome, perceptions of otherness, negotiating public spaces, and lost autonomy. This is one of the first studies to emphasize the importance of a facility being assessed not only for the structural/built elements required by law, but perhaps even more importantly is the need to assess a facility's level of accessibility from the standpoint of attitudes and policies toward people with disabilities that go beyond ADA regulations.

Furthermore, the *usability* of a facility is now being recognized as the next important area of measurement.³⁰ Usability suggests that people with physical/mobility disabilities should be able to access all features of the facility and fully engage in activities in

those environments.³¹ According to the International Standardization Organization (ISO),³² usability involves three essential criteria: *efficiency*, *effectiveness*, and *satisfaction*. Efficiency relates to the time element required to engage in the activity or program (time consuming activities or needing assistance getting on and off a piece of equipment will be less desirable to participants); effectiveness involves the user achieving an equivalent health benefit as other users; and satisfaction relates to the user perception that the time required to perform the exercise routine was worthwhile and beneficial.

While studies to date have indicated that fitness and recreation facilities are not fully accessible for individuals who have physical/mobility disabilities, there are no large-scale national studies that have examined accessibility across a broader group of fitness facilities using an expanded concept of accessibility, which considers barriers beyond the built environment such as program design and staff knowledge. Moreover, to the best of our knowledge, there are no data regarding the level of fitness center accessibility by geographic region, business type, or facility affiliation. An examination of accessibility by these factors can provide greater insight into whether organizational structure and/or location may relate to level of accessibility. Such information can be used to better pinpoint where the accessibility issues lie, determine if issues vary by location and/or type of organization, and then develop appropriate strategies to make changes.

The purpose of this exploratory and descriptive study was to conduct an evaluation of the accessibility of fitness facilities across the U.S. More specifically, the aim was to compare accessibility by geographic region (urban, suburban), facility affiliation (fitness center/health club, park district/community center, hospital/rehabilitation facility, university/college), business type (for-profit, nonprofit), and construction date (pre-ADA, post-ADA).

Methods

Facility type

Data on facilities were collected during 2007–2010. Facilities were classified as being located in an urban or suburban setting based on U.S. Census guidelines. Urban facilities were those located in a city with a population of 50,000 or more. Suburban facilities (called “urban clusters” by the census bureau) were those located in cities with a population between 2500 and 49,999. A park district/community center were those fitness facilities managed by the local city parks and recreation board to provide outdoor leisure opportunities and recreational facilities for its citizens.

Accessibility Instrument Measuring Fitness and Recreation Environments (AIMFREE)

AIMFREE³³ Professional version is a comprehensive tool that integrates assessment of the built environment with six other domains of accessibility: (1) equipment, (2) information, (3) programs, (4) policies, (5) professional behavior, and (6) professional support and training. The instrument was developed partially from the ADA guidelines for the built environment, and the remaining sections were developed from extensive national focus groups⁵ involving individuals with disabilities, fitness and recreation professionals, architects, engineers, and city and park district managers. The instrument was designed for fitness and recreation facility owners and managers to allow them to perform a self-evaluation of their facility.³³ A detailed discussion of the instrument's development, reliability and validity was published in a previous paper.³⁴ The AIMFREE was used in a recent study²² and found to have good interrater agreement ranging from 83.3% to

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