

WALK WITH EASE



Disability Adaptation Guide

FOR PROGRAM LEADERS



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CONTENTS

Introduction and Purpose of This Guide	3
Health Status of People With Disabilities.....	4
Where to Start	5
Accessibility and Universal Design	7
Strategies for Inclusion — How to Make Adaptations	8
Five Inclusion Categories	9
Built Environment.....	9
Instruction	10
Services.....	10
Equipment and Technology	11
Policy.....	11
Inclusive Teaching Strategies for Program Leaders	12
For Deaf Participants or Those With Hearing Loss	12
For Those With Vision Loss or Blindness.....	12
For Those With Mobility Disability	13
For Those With Intellectual Disability	14
Inclusive Physical Activity & Stretching	15
Self-Assessments	16
Keep Going!	16
Additional Resources	17
References	18



Introduction and Purpose of This Guide

The purpose of this guide is to educate providers of the Arthritis Foundation Walk With Ease® program on tips and strategies to include people with physical, sensory, communication and intellectual disabilities in their program. It is important to note that the intent of this document is to equip instructors with the knowledge they need to include all individuals in their classes. It is not intended to create separate classes for those with a disability. While this guide provides a comprehensive perspective on disability inclusion, instructors will still need to find what works best for each participant. Be sure to include community partners and

individuals themselves when designing the inclusion elements of your class. It should also be noted that the evidence-base for the Walk with Ease program was designed without the inclusion of individuals with a disability and excluded individuals who use a wheelchair. Therefore, the parameters related to the evidence-based results of this program and participation will likely not apply to all participants with a disability, but it is presumed that people with disabilities can still participate in a Walk With Ease program with appropriate adaptations, reaping the benefits of increasing physical activity and movement.

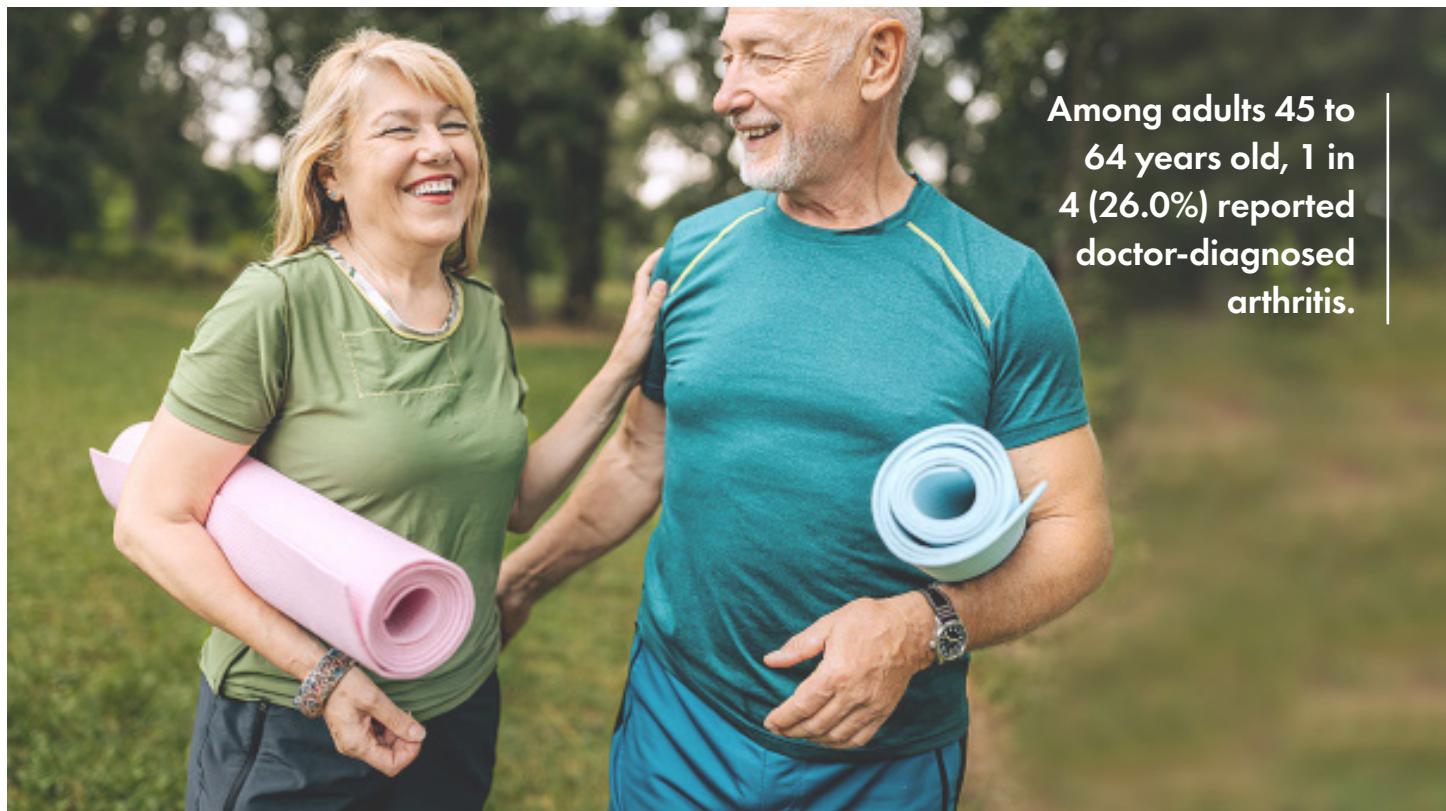
Health Status of People With Disabilities

In the United States, millions of people live with some type of disability. These functional disability types include people with limitations in mobility, cognition, hearing, vision and mental illness. The health status of people with disabilities (PWD) is a significant public health concern because they experience greater incidence of poor health status due to societal barriers affecting access and inclusion. Lack of physical access, transportation, stigma and lack of inclusion knowledge contribute to 50% of PWD who get no aerobic physical activity. Regular physical activity can help prevent and ease the impact of secondary conditions, improve activities of daily living, advance physical, mental and social wellness, encourage independent living and positively impact overall quality of life. Many people with disabilities also live with secondary chronic conditions, such as diabetes, hypertension, arthritis and more. Having a disability and a chronic condition such as arthritis presents additional barriers to participating in health-promoting activities, but also has many benefits.

According to the Centers for Disease Control and Prevention (CDC), arthritis affects adults of all ages and prevalence of arthritis increases with age. From 2019 to 2021 in the United States (NHIS):

- 5.4% of adults 18 to 44 years old reported arthritis.
- Among adults 45 to 64 years old, 1 in 4 (26.0%) reported doctor-diagnosed arthritis.
- Among adults aged 65 years or older, almost half (47.3%) reported doctor-diagnosed arthritis.

Being physically active can help people with a disability manage other chronic conditions such as arthritis, diabetes, heart disease and obesity. It can prolong life while improving physical and mental health and wellness, decrease pain and prevent or prolong the onset of chronic conditions. Additionally, engaging in group or community activities provide social, emotional, mental and physical benefits while meeting physical activity needs.



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Where to Start

Preparing to host an inclusive Walk With Ease program includes a multitude of factors. Promoting equitable access to participate in your class, ensuring adaptations are in place for all participants and fostering an inclusive environment should all be of priority during the beginning phases and managed continually throughout your Walk With Ease program. Oftentimes, a good place to start is by identifying partners who can share resources, provide education and help you achieve your inclusion goals. Disability organizations, partners and resources can guide you as you build your capacity for inclusion. In addition, these partners may also be excellent resources for recruitment of people with disabilities to your program and ensuring that your outreach materials are inclusive. When beginning to plan your inclusive Walk With Ease program, think of disability partnerships in a variety of ways. One is people with disabilities themselves and their families; the other is people within your state or community who have disability expertise. You also might find individuals who fit both categories.

Always seek input and assistance from people with disabilities, as their lived experiences offer invaluable insights. Here are a few ideas to get you started:

1. Cross-disability organizations. These can include organizations like an Easter Seals Chapter, Chapters of the Arc of the USA, Centers for Independent Living (CIL) or your state's Assistive Technology (AT) program. Some of these organizations are found in every state based on federal requirements. Centers for Independent Living, or CILs, are strong partners because they are run by people with disabilities for people with disabilities. Their mission is to provide services so that people with disabilities can live in their communities as independently as possible. CILs offer extensive expertise in conducting accessibility assessments, facilitating communication with participants with disabilities and connecting them to various resources, including assistive technology programs.

2. Disability-specific organizations. These organizations focus on serving people with a specific condition. Examples could be local operations of the Arthritis Foundation, the Spina Bifida Association, the Multiple Sclerosis Society or the Autism Society, among others. Even with a concentration on a specific condition, these organizations can provide valuable insight on how to include participants in a program.

3. Hospitals and rehabilitation centers. These locations have allied health professionals such as occupational, physical or recreational therapists who assist patients with disabilities on adapting to and modifying their environments. These experts can provide input to guide you when adapting your program.

4. Local schools and parks and recreation

departments. A community's parks and rec program may have programs that are staffed by recreational therapists or others with adaptation experience. In some cases, programs such as Special Olympics are hosted by a parks and recreation department. Schools have personnel such as special education or adapted PE teachers who provide adaptations for their students.

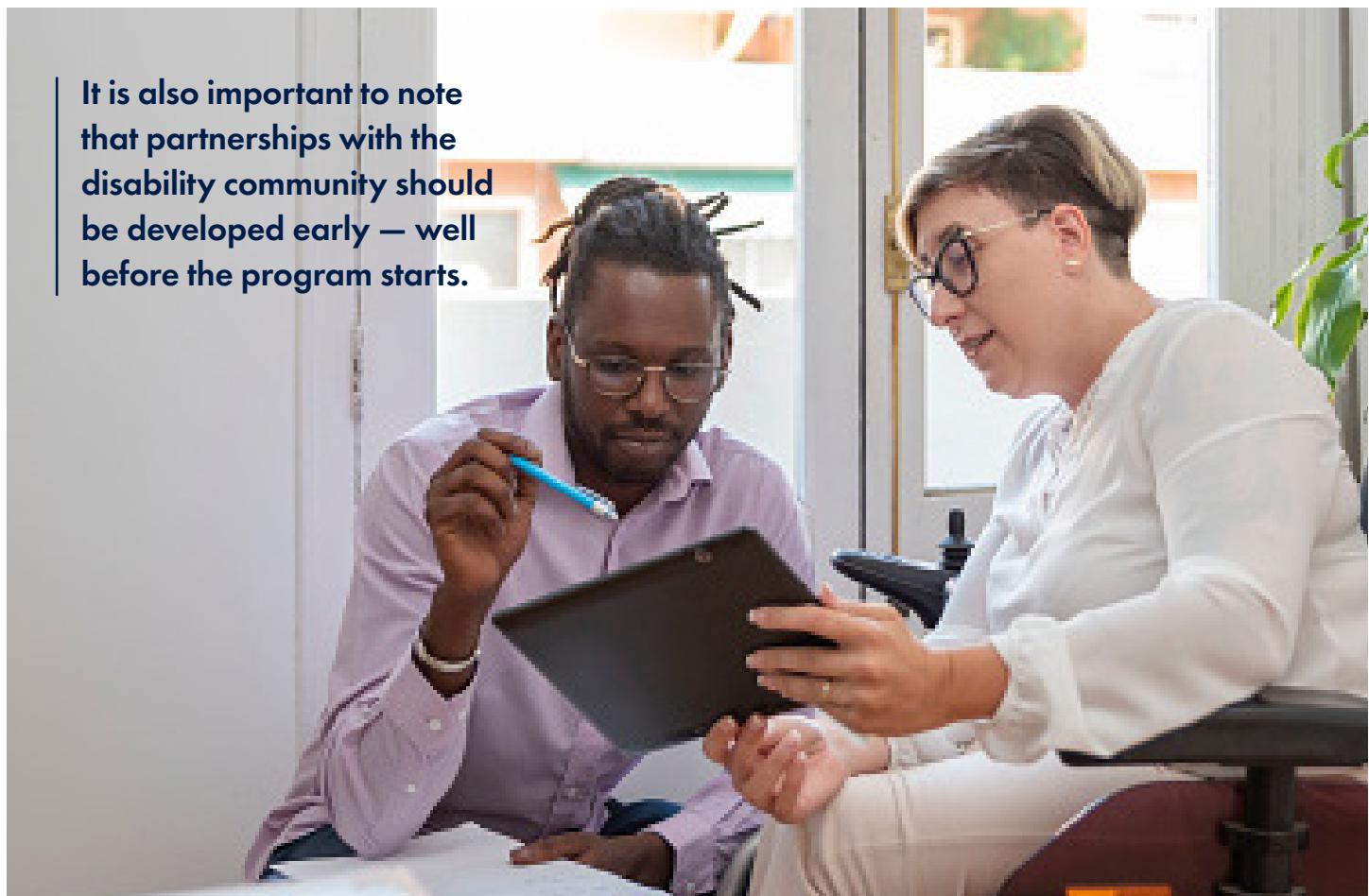
5. Other local and state agencies.

There are also state and sometimes local agencies that provide services to people with disabilities. While these entities may not be the place to find individuals to partner with, they are part of the disability service system and can serve as resources. For example, a state program for the deaf can tell you where to find sign language interpreters. A

state agency for the blind can direct you to make Braille versions of participant materials. Agencies providing vocational rehabilitation services (responsible for providing employment services to people with disabilities) could be a way to recruit specific populations of people with disabilities, particularly those with intellectual and developmental disabilities.

It is also important to note that partnerships with the disability community should be developed early — well before the program starts. While programs may not purposefully exclude people with disabilities, they often do not include them either. Gaining support from the disability community and partnering is a mutually beneficial activity that can yield many benefits and open your program to more community members, including individuals with a disability.

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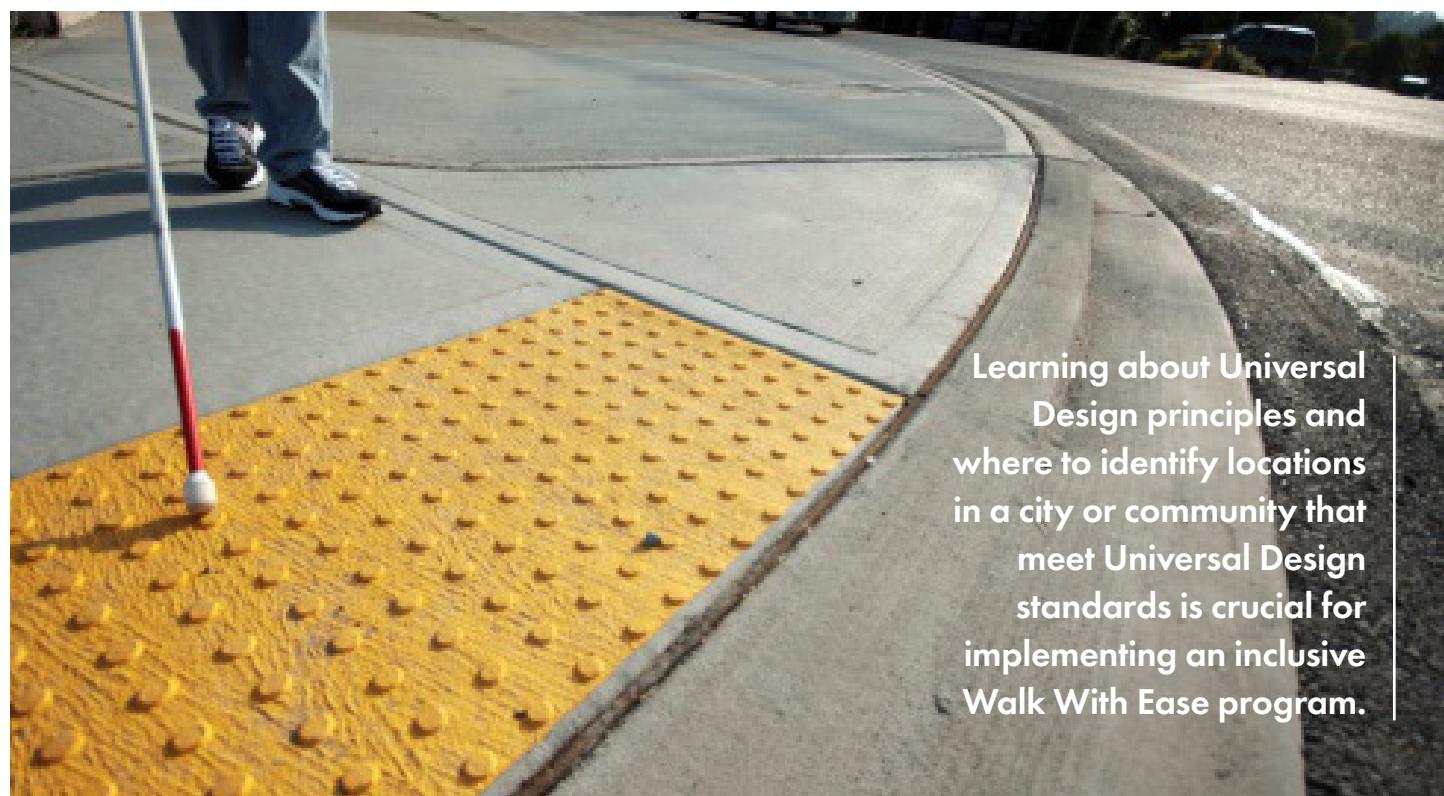


Accessibility and Universal Design

Understanding two key concepts, accessibility and universal design, is crucial for effectively including people with disabilities. Accessibility focuses on initial access to programs or services. In the United States, standards set by the Americans with Disabilities Act (ADA) mandate public accommodations and design standards for government programs. The ADA is a civil rights law that prohibits discrimination against, or segregation of, persons with disabilities in all activities, programs or services. Programs like Walk With Ease are affected when communities and cities are not meeting ADA requirements. Examples include sidewalks with curb cuts (ramps), detectable warnings for those with vision loss and at least three feet wide with passing spaces of five feet or more.

Accessibility is about getting “in the door.” It is the starting point for including people with disabilities in any program

or service. Universal Design, on the other hand, aims for environments and products to be usable by everyone, minimizing the need for adaptation or specialized design. It surpasses ADA requirements, striving for safety and ease of use by individuals with diverse needs. For example, under universal design, sidewalks would consistently be five feet wide and feature audible and visual crosswalks, clear wayfinding signage, excellent lighting and connectivity to transit stops and businesses. This approach ensures inclusivity beyond legal mandates, enhancing accessibility for all. Learning about Universal Design principles and where to identify locations in a city or community that meet Universal Design standards is crucial for implementing an inclusive Walk With Ease program. As a program leader, you can explore these routes with a group and/or help self-guided participants with mapping out inclusive walking locations in your community.



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Strategies for Inclusion — How to Make Adaptations

While maintaining the integrity of the program, you can develop adaptations to increase participation and ensure that everyone, including participants with disabilities, can successfully participate in all activities. Goal-oriented adaptations will ensure inclusivity for all participants. It is important that you, as the program leader, do not over-adapt the activity to where it does not provide enjoyment and benefits to the individual(s) involved. Adaptations should never change the original intent of the program.

Modifications are changes to the content and skills participants are expected to learn. There are times when modification is not needed, and simple accommodation is sufficient for an individual to participate. Adaptations are changes made to the environment, equipment or how tasks are completed by the participant with a disability during the activity. For example, a participant can use their wheelchair or a pair of walking poles during walking activities. This adaptation ensures that the individual can participate in the activity with their peers based on his or her own comfort and independence, thus promoting inclusivity within the program.

Providers must recognize when accommodations are sufficient and modifications are not needed. Participants are often the best resource when creating adaptations, and it is OK to brainstorm with a participant about what may work best for them and their participation. Involve the participant during the process and ask questions as they will have a better idea of what they are comfortable doing independently. This is also good practice to allow them to fully participate in their own learning experiences. Adaptations are often simple and require critical thinking skills. It is a best practice to include a budget for accommodations in your program so that there is not an added cost-burden on a participant with a disability wanting to participate. Examples of accommodations the Walk With Ease program might provide that requires a budget include an interpreter, Braille versions of print materials, a megaphone if instruction is done during a walk, safety vests for group walks and more.

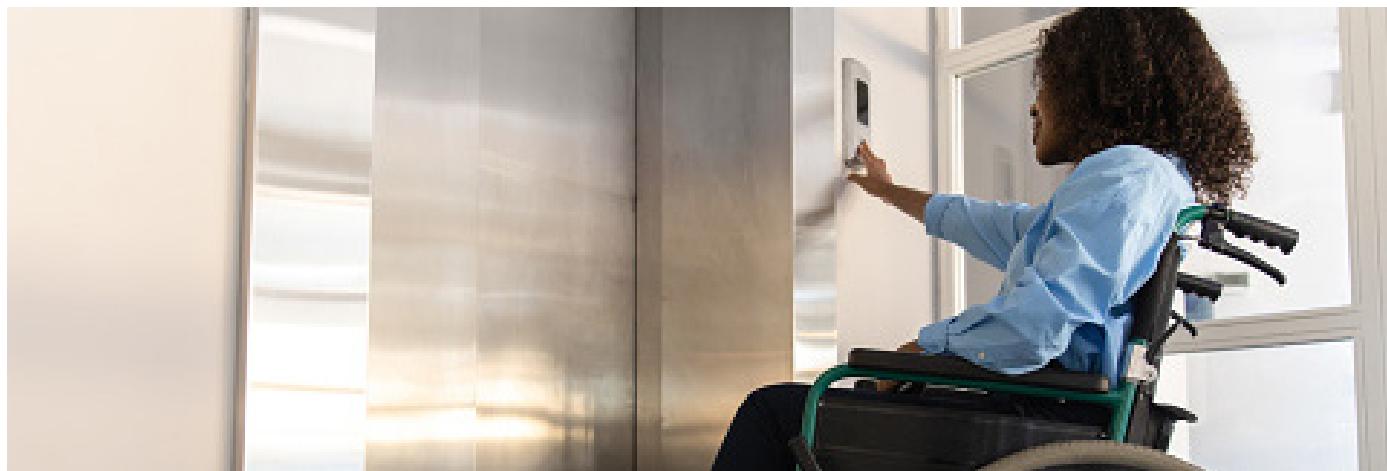


In addition, use inclusive language when teaching and discussing ways to do the activity or leading a lesson. This will create a positive experience for all. Not all people with a disability will associate with the term "walking." A more inclusive term to use with your program is "move." An example within the Walk With Ease program is adjusting the "walking diary," to a more inclusive term like "movement diary." This simple change creates a positive approach to include everyone's type of activity and recording minutes, whether they are walking, pushing a wheelchair or using a scooter or powered wheelchair. Furthermore, the movement diary may be a task that you instruct the participant to complete with the help of a family member or caregiver. Lastly, you may instruct a participant to record their activity minutes for their movement diary using a note in their phone or audio recording as opposed to filling out a paper handout.

Five Inclusion Categories

When you are building your Walk With Ease program to increase participation of people with disabilities, it is helpful to look at five different program areas and address general barriers in each. The areas of inclusion are the program's built environment, instruction, services, equipment and technology,

and policies. As a Walk With Ease program leader, you are responsible for reviewing these areas in your program and identifying barriers and solutions to increase participation. Always plan ahead when addressing these five areas of inclusion listed below.



BUILT ENVIRONMENT

The space in which you plan to meet or host the program must be accessible for someone to join. This may mean the building and classroom that you choose to meet in, and it can mean the path your group chooses to move and become active together. Some key questions to ask are:

- Are ramps or elevators available to get into the room or activity space?
- Are accessible wayfinding signs available?
- Are there accessible restrooms available?
- Is there accessible parking available?
- Does public transportation drop off at an accessible location nearby or at the designated location to meet?
- Is the path that you have identified for the Walk With Ease program accessible? Ensure that there are no tripping hazards and that the route is wide enough (minimum of three feet turning radius) for someone using a wheelchair.
- If the path is outside, are there sidewalks? Is the route paved and free of obstructing objects?

Walk audits are a great tool to determine how moveable your community is. These can help you identify inclusive moving paths for your group and areas to suggest that people go in a self-guided program. Walk audits provide significant details about sidewalk conditions, intersection accessibility and safety, areas to rest and overall surrounding use. As a program leader, you can complete your own walk audits and suggest safe and accessible paths to participants in your class, including those who may use a wheelchair, are blind or use other assistive devices. As a best practice, a walk audit is best done with a diverse group of individuals, including those with a disability, who can comment on the route and their experience. Learn more about how to conduct an inclusive walk audit in the resources at the end of this document.



2 INSTRUCTION

Instruction includes any technique used when leading a class. Walk With Ease program leaders should consider using a variety of communication formats and teaching techniques that can be fully understood by all. This could be instruction that includes pictures, videos, handouts, demonstrations and more. For example, a participant with a hearing impairment could benefit from visual reinforcement while a blind participant would benefit from verbal or guided instructions. In addition, a participant with a cognitive impairment could benefit from the assistance provided by site staff or a handout that includes minimal text and more pictures. Know that inclusive instruction takes practice, and you will learn along with your participants on what works best to engage their participation.



3 SERVICES

Services include person-to-person assistance and other assistance that increases participation. Examples include accessible transportation to the location of the group class or to a site that is safe to walk as well as peer assistance during the activity. Services can also include activities that would improve access to support, such as educational materials/handouts, program advertisements and inclusive communication. Assistance like a phone call or one-to-one support may also be needed with program registration and access to the materials for those doing a self-guided program at home or through a hybrid format. The program registration process is also the best place to ask about accommodations needed to participate in the program. An example of how you can ask this question is below:

"We strive to host inclusive, accessible programs that enable all individuals to engage and participate fully. To request an accommodation or for inquiries about accessibility, please contact [name, email, telephone]."

You can also include a checklist of common accommodations and ask individuals to select what accommodations are needed for them to fully participate in the program.



4 EQUIPMENT AND TECHNOLOGY

Equipment and technology include any adapted equipment, products, materials and assistive technology devices or systems that a participant may need to participate in the program in person, hybrid or virtually. Examples include walkers, wheelchairs, walking poles, balance-related equipment, bus lifts and audible pedestrian crosswalks.

It can also include aspects of recruitment and retention. It is important to think about people of all abilities when you are using technology like websites or social media. If you use a website for recruitment, make sure that your website is compliant either with the standards set forth in Section 508 of the Rehabilitation Act (for federal web sites) or the latest version of the Web Content Accessibility Guidelines created by the World Wide Web Consortium on Accessibility (W3C). That information is housed within an organization called [Web Accessibility in Mind, or WebAIM](#).

5 POLICY

Policy refers to laws, regulations, rules, protocols and procedures designed to guide or influence behavior. Policies can be legislative or organizational. Any Walk With Ease program should follow the Standards for Accessible Design set forth in the Americans with Disabilities Act of 1990. Organizationally, programs should look to adopt policies and procedures that go beyond basic accessibility rules and laws. These can include requiring regular staff training on disability education, conducting an accessibility review of any program space (e.g., sidewalks, parking or indoor areas where you might be running the program) and ensuring that all web, print and digital materials meet accessibility standards before being published or distributed.

Inclusive Teaching Strategies for Program Leaders

Ensuring that Walk With Ease is inclusive of people with disabilities not only means that your class space and materials are accessible, but also that you instruct using techniques that can be fully understood by all. A good first place to start is by being prepared to address the accessibility needs of program participants. Part of your preparation includes referring to any accommodations listed in the program registration process. The program leader would then follow up with each participant who requested accommodations to welcome them to the

program and engage them in the accommodation process. Example accommodations that might be requested related to the Walk With Ease program include large print, Braille handouts, accessible digital documents, assistive listening devices, inclusive exercise equipment like wrist weights, a safety vest for group walks, bringing a family member or caregiver and a map of the walking route. Below are general inclusive teaching strategies for different types of disabilities.

For Deaf Participants or Those With Hearing Loss

According to the CDC, 5.7 percent of adults in the US have some level of hearing difficulty. As with anyone, familiarity with the walking route is beneficial for participants with hearing loss or deafness. Since a Deaf participant would be unable to hear traffic, it would be important to teach your participant to make themselves visible to vehicles for example by wearing a bright colored safety vest. If the person has a hearing aid, wearing that could create a safer walking or moving experience. Below are examples of general inclusion strategies for deaf participants or those with hearing loss:

- During the registration process, ask individuals if they need accommodations to participate. Remember that you are responsible for providing effective communication. Set aside funds for accommodations. This could include interpreter services or assistive listening devices.
- Gain attention, face the person and speak clearly in a normal tone of voice. If you are a fast talker, make an effort to slow down. Keep your hands away from your face and place yourself in a well-lit area.
- Eliminate distracting noise as much as possible.
- Present all instructions using non-verbal formats, which can include written or picture form, sign language interpretation or a video with closed captioning.
- Arrange seats in a horseshoe or circle shape for group conversations. This makes lip reading easier and allows the sign language interpreters to sit where the deaf participant can see them.
- Identify yourself when speaking.
- Speak directly to the participant and not the interpreter.



- For a classroom setting, use close captioning speak-to-text apps and assistive listening devices to enhance a participant's learning experience.
- Use a notepad or white board to write down tasks that you want participants to accomplish and post at the front of class.
- Do not cover your mouth or chew gum when speaking.

For Those With Vision Loss or Blindness

Currently, vision loss or total blindness affects nearly 12 million people over the age of 40 in the United States, and that number is projected to double in the next 25 years. Use the following strategies as examples and adaptations for including participants with vision loss or blindness:

- Have alternate formats of materials readily available. This may be formats that are electronic for screen readers, large print, audio or Braille.
- Maintain a consistent classroom setting and/or activity path with limited obstacles so that the participant has an opportunity to become use to the space.
- Offer assistive devices to increase participation. Walking guide canes and screen readers are examples of devices that may be useful. Also, remember that, per the ADA, service animals are allowed to accompany the individual and provide guidance.



- If you are a sighted person, being a sighted guide could be useful in providing assistance to someone who is blind or has low vision. Offer your elbow for the participant to hold onto.

For Those With Mobility Disability

Mobility is the most common disability among older people in the U.S. According to the U.S. Census Bureau, 40 percent of people aged 65 and older have at least one disability. Of those, 15.7 million people, or two-thirds, reported having difficulty walking. The use of mobility devices, such as walkers, wheelchairs, power chairs and canes can assist individuals to move independently and to participate in physical activity. Here are some considerations for including people with a mobility disability:



- Choose a location that provides access to all aspects of the program. Think of your built environment in the classroom, parking, entryways, bathrooms and activity path. Program space should have at least three-feet wide pathways to allow individuals who use a mobility device to move freely.
- Never touch or move a mobility device or assistive equipment without asking. This may be items like the individual's wheelchair, a prosthetic leg, walking poles and more.

- Be considerate of the extra time it may take someone. If you are in a group, you may need to slow down your pace.
- A person with a mobility disability may want to have a partner or caregiver join them in the program. They may be able to move independently for some of the distance and then may want assistance for the rest in case of fatigue. These are scenarios that you can learn more about by engaging with the participant during the program registration process.
- Never assume that an individual needs your assistance. It is always polite to offer, but once you have offered, wait for a reply before acting. If your participant accepts your offer, wait to be directed on how best to help.
- Provide adaptations for physical activity. Allow participants to travel the distance however they choose to move and want to be active.



In the U.S., approximately 10.9 percent of adults have an intellectual disability, or ID.

For Those With Intellectual Disability

In the U.S., approximately 10.9 percent of adults have an intellectual disability, or ID. Intellectual disability "is a term used when there are limits to a person's ability to learn at an expected level and function in daily life." A person with an intellectual disability may have varying levels of difficulty solving problems or remembering things. He or she may also have limitations in daily living skills, such as using money or transportation, self-care skills, adhering to a daily schedule or keeping track of activities. Literacy skills may also be affected. Adults with ID may rely on support from personal care assistants or family members. Depending on the individual, involving others for support in a Walk With Ease program may be an excellent way to support success. It is important that an individual and their support system understand the different components of Walk With Ease so that any participation barriers can be identified and accommodations can be provided. The following are tips that may help when including participants with an intellectual disability:

- Break down instructions into smaller steps. Repeat information as needed, and if necessary, allow extra time for your participant to respond or understand.
- Provide alternate formats of materials to enhance learning, such as handouts with minimal text and more pictures.
- Include caregivers and support persons in the program to assist with communication and activity needs.
- Consider teaching about the use of technology, such as a smart phone to assist with tracking activity, setting reminders, making lists about what to wear and walking or moving in a familiar area (that includes familiar landmarks and good signage for easy wayfinding).

The goal is to make stretching accessible and beneficial for everyone, promoting flexibility, relaxation and overall well-being.



Inclusive Physical Activity & Stretching

Inclusive physical activity and stretching exercises should be offered to all participants in your Walk With Ease program, ensuring that everyone can participate comfortably and safely. The core principle lies in adapting exercises and stretches to accommodate different needs, whether it is modifying movements (again, allowing participants to push in a wheelchair or use another personal device), providing adapted equipment or adjusting the pace in which the group moves together. In addition, remember to educate your participants on pacing themselves as they develop their own walking or movement plan.

When leading stretches or teaching about them, remember that not all participants may be able to stand and perform the suggested lower body stretches, such as hamstrings, quads and calves. Incorporate variations of seated stretches, use of assistive devices for support, or modifications to traditional stretches to accommodate individual needs. The goal is to make stretching accessible and beneficial for everyone, promoting flexibility, relaxation and overall well-being. There are more detailed resources and videos at the end of this document to give you ideas for inclusive exercises and stretching.

Self-Assessments

The information obtained from starting a self- or pre-assessment, midway point check-in and ending self-test can be helpful for participants to measure their fitness-related improvements from participating in the Walk With Ease program. This information is also valuable for the program leader. Self assessments by individuals with disabilities or with support from a caregiver or program leader need to be to be relatable to the individual's level of function and learning ability.

The assessments in the Walk With Ease program will need to be adapted for most people with a disability. Examples include language around climbing stairs, big hills or other daily tasks, such as carrying groceries. Many participants with a disability may not be able to complete some of these tasks and either require assistance or a completely different activity for an assessment. Update self assessment questions to include options that would be tailored directly for a participant. This is best done in partnership with a participant, so that you can learn what form of assessment best meets their needs and goals. The purpose of the assessment is to track their progress in the Walk With Ease program, so selecting activities that would be a positive health outcome of this program would be beneficial.

Here are some other considerations when conducting assessments:

- If possible, perform the assessment or questions under similar conditions (i.e., same time of the day). Keep records on conditions that can affect the results, such as temperature, hours of sleep, last meal eaten, medications and fatigue.
- It is best to not do an assessment if there has been a recent change in medication. Give the participant time to adjust to a new medication and learn how it may affect their participation in the program.
- Give participants enough time to become familiar with the assessment and questions.
- If you are unsure how to adapt the assessment, ask the participant how they would adapt it. If there is no normative comparison data, utilize pre- (baseline) and post- (progress) data for a comparison.
- Utilize the information collected during the assessments to help a participant establish an individualized walking or movement plan.
- Utilize the RPE (Rating of Perceived Exertion) scale to assess the participant's exertion level at any time of assessment and during the program activity.



Keep Going!

In conclusion, this guide serves as a vital blueprint for fostering inclusivity within the Walk With Ease program. By prioritizing accessibility, embracing diverse needs and implementing adaptations, you can ensure that individuals of all abilities can comfortably and confidently engage in the program.

Remember that practicing inclusivity and creating adaptations is a continual learning process. Use your disability partners to help you achieve inclusive participation and build the best capacity for including people with disabilities in your Walk With Ease program. Through the incorporation of inclusive practices, such as providing necessary accommodations, using inclusive language and creating an environment welcoming to diverse needs, the Walk With Ease program will empower individuals with disabilities to fully participate and benefit from the program.

Additional Resources

The following resources may support you as a Walk With Ease program leader when preparing your program for your participants with a disability.

Inclusive Fitness Resources

- [Fitness Assessments for Individuals who use a Wheelchair: Toolkit for the Fitness Professional](#)
- [Wheelchair Fitness Testing](#)
- [Fitness Center Walkability](#)
- [Discover Inclusive Active Aging Video Series](#)
- [Life On Wheels](#)

Disability Education and Partnership Resources

- [How to Connect and Engage with Disability Advocates and Communities Inclusive Communities](#)
- [Five Steps for Inclusive Communication: Engaging People with Disabilities](#)
- [Health and Disability 101 Training](#)

Inclusive Walk Audit Resources

- [Walkable Communities](#)
- [Conducting an Inclusive Walk Audit](#)
- [AARP Walk Audit Tool Kit](#)

Other Assessment Tools

- [NCHPAD Community Health Inclusion Index Assessment Tools](#)
- [Principles of Universal Design](#)
- [Accessible YMCAs Toolkit](#)

Disability-Related Organizations

- Lakeshore Foundation <https://www.lakeshore.org>
- National Center on Health, Physical Activity and Disability www.nchpad.org
- Special Olympics Center for Inclusive Health <https://inclusivehealth.specialolympics.org>
- CDC Disability and Health <https://www.cdc.gov/ncbddd/disabilityandhealth/index.html>
- NACCHO Disability and Health <https://www.naccho.org/programs/community-health/disability>
- National Association of Chronic Disease Directors <https://chronicdisease.org>
- American Association on Health and Disability <https://aahd.us>
- AUCD's National Center on Disability and Public Health <https://nationalcenterdph.org>

This Guide was created by Lakeshore Foundation and supported in part by the National Center on Health, Physical Activity and Disability (NCHPAD) Grant/Cooperative Agreement Number NU27DD000022 from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC. For questions about this Guide or more information on disability inclusion, please contact us at communityhealth@lakeshore.org or call 1-800-900-8086.

References

Centers for Disease Control and Prevention. [Disability and Health Data System Explore by Indicator | NCBDDD | CDC](#)

Carmeli, E., Patish, H., & Coleman, R. (2003). The aging hand. *The Journals of Gerontology Series A: Biological Sciences and Medical Sciences*, 58(2), M146-M152

US Census Bureau. (2014, December 8). Mobility is Most Common Disability Among Older American Retrieved from <https://www.census.gov/newsroom/pressreleases/2014/cb14-218.html>

Fallon EA, Boring MA, Foster AL, et al. Prevalence of diagnosed arthritis—United States, 2019–2021. *MMWR Morb Mortal Wkly Rep* 2023;72:1101-1107. doi: <http://dx.doi.org/10.15585/mmwr.mm7241a1>