

## Guidelines, Recommendations, Adaptations, Including Disability

The Guidelines, Recommendations, Adaptations, Including Disability, or GRAIDs, were developed as a method to adapt evidence-based programs to be inclusive of individuals with disabilities. The Centers for Disease Control's 24 evidence-based obesity prevention strategies from the published report, 'Recommended Community Strategies and Measurements to Prevent Obesity in the United States, Implementation and Measurement Guide'<sup>1</sup> were selected to test out this method. The result was (1) 14 nutrition, physical activity, and coalition GRAIDs, and (2) the GRAIDs Domains Framework.

*"Adapting evidenced-based strategies/programs established on people without disabilities for people with disabilities holds strong potential for accelerating use of existing and new evidence-based findings in this underrepresented population."*<sup>2</sup>

These two items can be used as tools to make an existing or new evidence-based program inclusive of individuals with disabilities. The GRAIDs can be used as a tool in two different ways.

The first way is to use the *existing* 14 GRAIDs to make a community nutrition, physical activity, and health coalition inclusive of individuals with disabilities. Each of the 14 GRAIDs includes recommendations and adaptations categorized by the five domains (i.e., built environment, services, instruction, equipment and technology, and policy). The recommendations and adaptations can be thought of as strategies that can be used to make inclusive changes.

Programs and organizations that have conducted assessments or received feedback from their end users and know what inclusive/accessible changes to the program, policy, system or environment need to be made, but might not exactly what and how to change them, can search the GRAID recommendations and adaptations to find the right strategy to use to address their inclusion problem. The GRAID recommendations and/or adaptations chosen should then be implemented to make the inclusion change.

### **Example 1**

The local fitness center conducts a Silver Sneakers class that is on the second level of their facility. An elderly man in a wheelchair wanted to take the class, but there was no elevator. This raised two issues for the fitness center. First, the obvious: the physical access to the class is lacking. Without an elevator, the participant wasn't able to get up to the second level. Remodeling and adding an elevator was not feasible at this time.

The second problem: even though the class is designed for the older population, there really aren't many adaptations for someone who cannot use their lower limbs well.

To address these problems, the staff along with her administrator looked up the GRAIDs website to search for solutions. They first looked under GRAID 13: *Communities Should Increase Opportunities for Extracurricular Physical Activity that are Inclusive of People with Disabilities*. They looked under the Built Environment domain and found an adaptation about compliance with the Americans with Disabilities Act. A resource provided demonstrated that they could move the class to a gym on the first floor. While making the second floor accessible became a long-term goal, they had funds to make some immediate and quick renovations to their bathroom/locker rooms accessible for participants.

Next, they looked at the services, instruction, and equipment domains to identify strategies on how to adapt the program to be inclusive of participants with a variety of abilities. One of the strategies that they were going to immediately put into action was to adapt the activities so that they could be done in a seated position. They used the examples shown in a NCHPAD video provided under the GRAID adaptation.

The second way to use the GRAIDs as a tool is to use the *GRAID Domains Framework* to adapt an existing or new program. The framework is made up of the five domains: built environment, services, instruction, equipment and technology, and policy. The five domains should be applied to a program or service to ensure all applicable domains are covered in order to adapt the program, policy, system or environment to be inclusive of individuals with disabilities.

### **Example 2**

Using the same example from above, the local fitness center, instead of using the existing GRAIDs chose to develop their own solutions. To help guide their work, they decided to use the GRAID Domains Framework.

They started with the built environment since that was the most obvious and immediate problem. Again, since renovating the facility was not in the current budget, adding an elevator was not an option. They did have some space in a gym on the first floor where they could move the class. They looked further into the physical access problem to ensure that the first floor gym and bathroom/locker room was accessible. They asked the participant to join them as they audited the facility. They found that the door way to the gym was narrow due to equipment blocking the entrance. This was a simple fix, as they could just clean up the gym by moving equipment. When they got to the bathroom, there were only two toilet stalls, none of which were ADA compliant. Furthermore, there wasn't enough room in the paths between some of the rows of lockers and the benches. With the participant, they found two areas where lockers could be moved to make room. They could easily add the universal accessibility symbol to the accessible lockers to ensure that they were saved for anyone who has a mobility device. To address the bathroom issue, the administrator realized the importance of having an accessible bathroom, so she was able to find enough money in the budget to do the renovation.

When the staff applied the services domain to the program, they realized that only one person had been trained and certified in inclusive fitness training (CIFT). Some of the staff had an adapted physical activity class in college, but hadn't practiced using it since then. They have training built into their budget, so they made the request to get the CIFT.

The staff was very quick to identify an easy policy change. The participant that was joining the Silver Sneakers class had a caregiver. The first time he attended the fitness center, they charged the caregiver a guest fee. He was not happy about this because his caregiver wasn't participating- he was just there to help the participant. The staff brought this to the attention of the director who then changed the policy so that caregivers of participants with disabilities could attend for free as long as they were just there to help the participant.

The staff, with the input from both the participant and their director and administrator, also examined and made adaptations to their program in the instruction and equipment domains.

### References:

1. Centers for Disease Control and Prevention: Recommended community strategies and measurements to prevent obesity in the United States. MMWR. 2009, 58 (RR-7): p. 1-p. 30.
2. Rimmer, J. H., Vanderbom, K. A., Bandini, L. G., Drum, C. E., Luken, K., Suarez-Balcazar, Y., & Graham, I. D. (2014). GRAIDs: a framework for closing the gap in the availability of health promotion programs and interventions for people with disabilities. *Implementation Science*, 9(1), 100. doi: 10.1186/s13012-014-0100-5