

Community Partners' Perspectives on Partnering with an Academic Research Team to Promote Disability-Inclusive Fitness Programming

Toni Liechty, Mina Woo, Laura A. Rice, Chung-Yi Chiu, Stacy Kirkpatrick, Kay Hankins, Elsie Hedgspeth, Ashley Nichols, Molly Smeltzer, Brynn Adamson

Toni Liechty, PhD, Department of Recreation, Sport, and Tourism, University of Illinois at Urbana-Champaign; orcid.org/0000-0003-0191-3648

Mina Woo, MS, Department of Recreation, Sport, and Tourism, University of Illinois at Urbana-Champaign; orcid.org/0000-0002-1183-9966

Laura A. Rice, PhD, Department of Kinesiology and Community Health, Center on Health, Aging, and Disability, University of Illinois at Urbana-Champaign, orcid.org/0000-0003-3902-1151

Chung-Yi Chiu, PhD, Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, orcid.org/0000-0002-6954-6832

Stacy Kirkpatrick, BS, Urbana Park District; Carle Health & Fitness Center

Kay Hankins, BSN, OCN, National MS Society Support Group

Elsie Hedgspeth, BS, Urbana Park District

Ashley Nichols, BS, Urbana Park District

Catherine Porter, MS, Carle Health & Fitness Center

Molly Smeltzer, MS, PT, Carle Health & Fitness Center

Brynn Adamson, PhD, Department of Health Sciences, University of Colorado Colorado Springs, orcid.org/0000-0002-1796-4047

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ABSTRACT:

Background: Community-based fitness programs can support public health by providing access to physical activity opportunities for a vulnerable population with significant barriers. Unfortunately, programs specifically designed for people with disabilities and staff training to promote inclusion for people with disabilities in general-population programs is limited. The current study aimed to review an on-going partnership that had formed to address this need.

Objectives: The purpose of this study was to assess community partners' experiences with a community-academic partnership designed to implement a fitness program for people with multiple sclerosis (MS) and also to promote inclusion for people with disabilities in community-based fitness programming.

Methods: Semi-structured interviews were conducted with six community partners who had been engaged in a formal partnership with the academic institution for 2 or more years to understand partners' experiences and perspectives about the partnership. Interviews were audio/video recorded, transcribed verbatim, and analyzed thematically.

Results: Participants described their experiences as falling into four main areas. *Pre-partnership experiences* (or lack thereof) shaped participants views on entering into academic partnerships. Communication and planning for mutual benefit were key to *getting the partnership started*. Partners identified challenges and factors for success while they were *in the thick of* partnership activities. Finally, *evaluation* allowed for assessment and improvement of the partnership itself and its ultimate goals.

Conclusions: Findings suggest that academic-community partnerships can be ideal for promoting inclusion for people with disabilities and highlight insights that can be used in the development of future partnerships.

KEYWORDS: Fitness Centers, disability, leisure-time physical activity, inclusion, exercise, recreation, MOVE MS

Introduction

Community-based fitness programs positively influence public health and lead to numerous benefits for community members.^{1,2} More specifically, people with disabilities (PwD) experience benefits, including physical and psychological health (e.g., decreased pain or fatigue, enhanced strength, confidence), enhanced quality of life (e.g., management of disability symptoms), social engagement (e.g., expanding or initiating social interactions), and empowerment through participation in community-based fitness programs.^{3,4,5} Despite the benefits, people with chronic conditions and other disabilities face diverse barriers to participation in such programs, including environmental barriers (e.g., lack of curb cuts, absence of elevators), limited adaptive equipment, psychological and emotional constraints (e.g., self-perception, fear of potential injury), perceptions of disability from others (e.g., concerns of liabilities for potential injuries, negative attitude toward participants with disabilities), and lack of policies and resources,^{6,7,8} which may lower their motivation for physical activity and lead to inactivity. Although the CDC and Healthy People 2020/2030 have long advocated for inclusive policies and approaches to promote the health and physical activity of people with disabilities⁹, the needed resources within communities are still lacking. One of the crucial barriers in many facilities that offer community-based fitness programs is a lack of disability-specific programming (e.g., a program tailored for participants with MS) and a lack of evidence-based training for employees to welcome and serve PwD in general-population programs.^{6,10}

Previous research suggests that partnerships with external organisations (e.g., healthcare facilities, academic research teams) can help community-based fitness and recreation organizations address public health concerns.^{11,12} Partnerships can improve efficiency and effectiveness of public health initiatives through means such as evaluating

existing physical activity programs or policies, designing and implementing enhanced programs or initiatives by sharing resources, and joining efforts of different partners.^{13,14} In particular, academic-community partnerships contribute to sustainable and actionable change through the sharing of insight, collaborative efforts to create new knowledge and synergistic program development, delivery and evaluation.^{15,16,17} For instance, Arbour-Nicitopoulos and colleagues¹³ described a partnership in which the research team and community partners designed and implemented community exercise programs for youth with disabilities and identified several barriers (e.g., negative physical activity experience, recruitment issues), which may not have been recognized if not for the partnership. Community-academic partnerships can enhance community professionals' knowledge about people with disabilities, which may lower the barriers to participation and facilitate health promotion.^{13,16} However, there is limited research exploring the potential of partnerships to promote inclusion for PwD through facilitating programs targeted at individuals with specific disabilities or chronic conditions such as MS.

While some existing literature has considered clients (i.e., PwD) as partners to implement inclusive public health programs, there is less research considering diverse stakeholders such as facility administrators and staff as partners, although they play a significant role in improving inclusion in community-based fitness settings. Therefore, the purpose of the study was to assess community partners' experiences with a community-academic partnership designed to implement a disability-specific fitness program for people with MS and more broadly to promote inclusion for PwD, in all fitness programming through comprehensive staff training. The aim of this paper is to provide insight into the development and experience of the partnership itself. Community-based participatory research (CBPR) was appropriate for this study because it provides a collaborative approach for academic

researchers and community partners to share perspectives, co-create knowledge, and build commitment for action.^{18,19} Research questions included: What factors facilitated a successful partnership? How did partners define success of the partnership? What challenges did partners face in developing or managing the partnership?

Methods

The Partnership

Prior to initiating data collection, the research team obtained approval from their Institutional Review Board. The over-arching goal of the partnership was to promote inclusion for PwD in community-based fitness programs. This began through offering a targeted fitness program for people with MS and later evolved into the development and implementation of a general disability awareness training program for community-based group fitness instructors. This partnership involved university researchers, the Carle Health & Fitness Center (Carle; a hospital-affiliated fitness center), the Urbana Park District (UPD; a municipal parks and recreation agency), a National Multiple Sclerosis Society (NMSS) support group leader, and a community-based fitness instructor with MS (known as a peer-instructor due to having the same disability as those in the program). Initially, the primary investigator (PI) was contacted by the Carle partner about offering a targeted exercise program for their clients with MS. Several physicians affiliated with the fitness center had patients who wanted an MS-specific exercise program and could find none in the community. In collaboration with Carle staff, the PI developed a theory-based group fitness program called MOVE MS and recruited two peer instructors with MS to be involved with teaching as well as partnering with the NMSS support group leader to promote the program to community members with MS.

The original 6-session program involved educational behavior change components based on Social Cognitive Theory, social support building, and 6 unique exercise modalities – Pilates, Yoga, Zumba, resistance training, aerobic training and balance. After the first two cohorts completed the 6-session program, feedback was gathered from participants through a focus group and anonymous feedback forms. The partnership utilized the feedback to refine the MOVE MS program and turn it into an ongoing long-term program overseen by the Carle staff. The long-term program plan was refined until all program partners (PI, fitness center, peer instructor, support group leader and active participants) were satisfied. The refined program involved three components: first, Jumpstart is a 4-session educational program designed to help participants create community, learn principles of changing physical activity behavior and identify goals, barriers, sources of self-efficacy and facilitators. Each week of Jumpstart the participants try one type of exercise for 30 minutes. Next, the program shifts to Discover which involves 6-8 week sessions of different exercise modalities (e.g. 6-weeks of Pilates for 1 hour per week). The types of exercise change based on participant interest and have included: Yoga, Pilates, functional exercise, contemporary dance, Zumba, aquatics and Tai Chi. On the last session of each Discover module, there is a Boost session to revisit topics from the Jumpstart program, rekindle camaraderie, review how to continue the exercise modality at home and prepare for the next session. This program was initially held at the Carle Health & Fitness Center and then expanded to include a recreation center within the Urbana Park District (The Phillips Recreation Center).

The community partners provided feedback to the research team that program was well-received and that participants with MS had described gaining confidence and desire to join other group fitness programs beyond MOVE MS after completing the program. Thus, over time partnership activities expanded to increase MOVE MS offerings, to promote

inclusion of people with MS in other fitness programs, and eventually to develop a staff training program that would help fitness instructors accommodate people with diverse disabilities in a variety of fitness programs. MOVE MS had been operating for two years when the partnership sought funding from the University of Illinois to develop a disability training program (Disability Awareness Training and Education; DATE) that would support the fitness facilities' missions to increase accessibility and inclusivity. To ensure that partners were involved in both programming efforts and research efforts, partners were invited to participate in various research team meetings (via video conferencing) to share their perspectives on both the partnership activities and the research process. Partners' feedback was vital in the design and format of the DATE program. Further, decisions such as scheduling, communication with participants, and data collection procedures were made in consultation with partners to best meet the needs of their instructors. The extended success of the partnership and the expansion of partnership activities provided an opportunity to explore the development and experience of the partnership itself through the eyes of the various stakeholders to provide insight for the creation of similar partnerships in the future.

>>> Insert Table 1: Partnership Details <<<

Participants

Study participants included the six community partners who worked on the collaboration with our academic research team. All participants had been engaged in a formal partnership (i.e., attending research team meetings, providing a partnership letter for grant applications, providing input on program decisions) with the University of Illinois for 24-36 months. Two

of the participants worked in a medical fitness facility which offered general fitness programs, two participants worked with fitness and wellness programming for a local park district, and two participants were MOVE MS program partners: a peer fitness instructor and an MS support group leader and ongoing MOVE MS participant. The community partners were all women with ages ranging from early-20s to mid-60s. Each had several years of previous experience in community-based fitness prior to joining the partnership.

Data Collection

Partners attended periodic research team meetings over the course of several months to discuss partnership activities and outcomes. However, to focus specifically on the partners' perspectives on the development and experience of the partnership itself, semi-structured individual interviews were performed with each of the six partners. Interviews were conducted in February 2021 using an online video chat program to accommodate COVID-19 social distancing requirements. For interview questions, see Table 1. Each participant provided written informed consent prior to engaging in the interviews, which lasted 45-75 minutes each. Further, because the academic team developed the interview guide, participants were offered multiple opportunities throughout the interview to broach topics they deemed important. The video and audio of the interviews were recorded with participants' permission, and the interviews transcribed, verbatim.

>>> Insert Table 2: Interview Questions <<<<

Data Analysis

Thematic analysis was performed to identify themes and subthemes.²⁰ First, three members of the academic research team open coded two of the six transcripts independently and then met to discuss codes. These coders included two tenure-track faculty members and a doctoral student, all who had previous training and experience with qualitative data analysis. After coming to agreement on labels and the scope of each code, the three researchers continued to code additional transcripts using and building onto this coding framework. We continued with an iterative process to reduce open codes into categories and then refine into overarching themes. To improve trustworthiness of the data analysis we used notetaking throughout the data collection process and memo-writing during the analysis process. Also, because participants were also co-authors on this manuscript, each was invited to read and provide feedback as a form of member-checking and we integrated their feedback into the final draft.

Results

From the data analysis we found four main themes. First, *pre-partnership experiences* (or lack thereof) shaped participants views on entering into academic partnerships. Second, participants described the importance of communication and planning for mutual benefit as they were *getting the partnership started*. Then they discussed challenges and key factors for success while they were *in the thick of* partnership activities. Finally, *evaluation* allowed for assessment and improvement of the partnership and its ultimate goals.

Prior-partnership Experience

Participants described their experiences with partnerships prior to engaging in the current partnership. Two of the participants reported no past partnership experiences and suggested that they had been generally open to the partnership when the opportunity arose. Other partners reported some hesitance about partnering with an academic institution due to past

partnership experiences that led to a feeling of imbalance. PP1 related that she and her staff “*get approached for partnering on research projects all the time ... most of them want to go through us to get to our participants and ... that’s all we ever really hear about it. Oftentimes we’re not even filled in on what the results are.*” Despite this wariness, participants did not report overwhelming negative past experiences. Other participants reported positive previous experiences and were motivated to engage in new partnerships. For example, PP6 explained, “*We definitely have [sought out partnerships] ... The biggest reason is that we’re not the experts in everything, and we ... simply don’t have time to facilitate everything ... so we’re a big fan of combining forces ... Some have been more successful than others, [but] ... fortunately never any super bad experiences.* She went on to describe a process of vetting potential partners through online sources and informal personal networks to confirm expertise in the program or exercise modality being offered, existence of aligned goals, and reputation of interpersonal teamwork skills prior to entering a partnership to ensure a good fit and set it up for success.

Getting the Partnership Started

Participants described the early stages of the partnership including how they initially became involved, what each partner was seeking from the partnership, and factors that set up a successful partnership experience. Participants mentioned the timing of the formation of the partnership is important and was often associated with meeting an unmet need for the researcher and/or the community partner. For instance, PP5 mentioned that they had been discussing adding a new program specifically for individuals with MS and one of the staff members mentioned being familiar with “*somebody who’s already doing research on MS ... it was a very happy coincidence.*” She then reached out to the lead researcher to begin conversations about partnering. While participants described the timing as a convenient

coincidence, they also suggested that they were able to take advantage of such opportunities because they were aware of resources through existing networks and relationships.

Participants reported both situations in which the researcher initiated the partnership and some when the community organization initiated. All community partners indicated they had a personal connection with the researcher, which helped to facilitate initial discussions and build trust between the two groups.

In addition to feeling comfortable with the individuals involved in the partnership, participants were motivated by the opportunity to provide needed services to their constituents. The idea of meeting an unmet need was discussed by all study participants, particularly related to providing physical activity programs for underserved members of their communities. Participants reported that having a mutual goal of meeting the need and motivation to fill the need were important aspects of initiating the partnership. For example, PP3 described being motivated to engage in the partnership because all partners agreed that, *“it’s not just for some research data, but just to really make a difference.”* With this common foundation, different partners could benefit from complementary strengths. For instance, the NMSS support group leader helped overcome the challenge of participant recruitment through her connections to the disability community, while administrators from the fitness centers provided facility space and registration infrastructure. Expanding current resources of the community partner were also noted, specifically as they sought to implement programs based on research and the expertise of the academic partners. Clear communication, both at the beginning and as the partnership progressed were noted as a critical component to success. Participants noted that having clear communication for planning was important in establishing clear goals and expectations for each partner. PP6 commented that a key factor to the success of the partnership was *“communicating as much as possible, laying those*

things out up front, what you expect, what the agreement is.” In addition, providing foundational education on the history of the project, individual experiences and intuitional policies was important to get the entire group on the same page.

In the Thick of it

Participants discussed key factors of keeping the partnership working after inception. The following themes emerged: clear communication, understanding of organizational differences, goal alignment, needing a champion, passion for the cause, having sufficient resources, and empathy. Clear communication was an ongoing theme discussed by all participants as important in all stages of the partnership. When asked what advice she would give to others entering into partnerships, PP4 commented, *“one of the key things is communication, it is in any relationship or partnership. So, my advice would be to always over communicate ... come into it with a positive attitude ... and listen to others.”* Participants emphasized the need to keep all partners informed throughout the process, making sure all partners had an opportunity to contribute and be heard, and having an understanding of the needs of the group as a whole.

Participants also highlighted the need to understand organizational differences, such as payment structures, scheduling, and reporting requirements. PP1 mentioned, *“it has been a little difficult at times to fit university rules and regulations and parameters into our own ... combining those has been pretty difficult at times ... the lead researcher has been a great buffer. Because, if I would have ... been the one dealing directly with the university on things such as billing and invoicing, I probably would have ripped my hair out by now.”* In general, a need exists to make the partnership as easy as possible for everyone by being flexible and considering the needs of the partner. PP1 commented, *“We definitely have to strategize about things and be flexible in terms of – well here’s what time and day and space I can give you.”*

Participants also reported a need to assure that all partners' goals continued to be in alignment. PP2 explained that for partners to work together, *"They have to understand your mission ... your passions have to align."*

Furthermore, participants indicated having empathy for others is important to understanding their challenges and what barriers they face in accomplishing the shared goal. This empathy was viewed as important both for others in a formal partnership as well as communities being served. PP4 explained that as a member of the partnership and a member of the community being served, she recognized the importance of empathy in both contexts. *"Empathy. Empathy. I feel like that is so important ... in their communication and in their teaching, to be able to teach in a way that the participant, just feels ... they empathize with specifics about disabilities. And I don't think they can relate to participants as well without some sort of background."*

Participants often explained that success was facilitated by a key individual and described the need for a leader, or *"champion"* to take charge of the partnership, mediate challenges between the various groups and make the partnership run as smoothly as possible. PP6 mentioned, *"I feel it was successful because [the lead researcher] was very organized, she knew where to go when things needed to happen, she was always ahead of the game and letting us know... stay in communication the entire time."* Participants also discussed a need to have passion for the cause. All partners should be committed to the program in question, have enthusiasm to work towards successful implementation and see value in successful implementation and the partnership itself. PP3 explained, *"To walk away from this program now would be difficult, because I have put a lot into it ... there is a positive energy when we are communicating and ... that enthusiasm comes across ... [the lead researcher] is good with that as well, like the enthusiasm in her emails. You want to be in her inner circle."*

Having sufficient resources was also emphasized as an important component of a successful partnership. The partnership must have sufficient facilities, expertise, and connection to the community to be able to accomplish their goals. Partners often described their interest in the partnership stemming from the need to coordinate resources (e.g., one partner had facilities, another had connections to the population, and another had expertise).

Partnership Evaluation

Participants discussed the idea of evaluating the newly developed programming and sustainability of the partnership. As most participants entered the partnership seeking to provide increased physical activity programming for people with disabilities, many defined success by attendance or participation in the programs. PP4 explained, *“Bottom line, if, if people aren't attending the program, it is not going to be successful. The reason behind them attending is because it's filling a need for them. That's, to me, what is so important.”* PP6 echoed this sentiment, saying: *“that's what we turn in when we do reports and we do evaluations on what our season has looked like, I just pull numbers based on the registered participants for that season. And that is our success-failure rate there.”*

In addition, participants discussed using multiple metrics to evaluate success. While participants discussed examining program attendance, they simultaneously emphasized the need to measure quality of the program in the form of participant enjoyment, social interaction among participants, amount of returning participants, or participants' levels of confidence with exercise. For instance, PP1 mentioned the importance of *“confidence building, social interaction, and just camaraderie. It's all of those things why it's been successful ... two participants loved the [MOVE MS] Zumba module so much that they ended up registering for our just regular Zumba class. I almost cried that made me so happy ... another goal is, has their participation in this program equipped them with the comfort level*

and the knowledge to go out there and engage safely and exercise beyond this.” Some participants were cautious of placing a high emphasis on attendance alone as the beneficiaries of the program have a variety of factors influencing their ability to participate on a consistent basis, such as the impact of fatigue or an exacerbation of their health condition. PP4 mentioned, *“and with our specific disability, many of them have fatigue factor ... so it's hard to tell. Sometimes, if someone's not coming, you know if it's because they're having pain or too much fatigue, that type of thing. I think it's pretty easy to tell the success of a program like this based on those things.”* As a result, examining other metrics, such as satisfaction, were important.

Finally, participants emphasized the need to develop long-term plans to assure the MOVE MS program could continue to expand and would be sustainable over time particularly if/when the academic partner moved on. PP1 commented, *“I do have a desire for the program to grow with new ideas and new offerings I think that'd be really cool. I was, I was really excited at the prospect of welcoming these participants into another feature.”* Also, PP6 mentioned, *“I do think it's sustainable. I think if both parties still have the desire to work together and still the time to commit to it, whatever that time is.”*

Discussion

Summary of Findings and Practical Implications

Overall, the findings support research which suggests that academic-community partnerships provide a valuable vehicle for promoting inclusion for people with disabilities in fitness and recreation settings.¹⁵ In the current partnership, the combination of expertise from the academic partner with first-hand insight and existing infrastructure from the community partners ultimately facilitated needed service delivery at the community level.²¹ The findings

also provide insight into how community-based partnerships can be developed to address a community health concern. In the current partnership, stakeholders were able to take advantage of the partnering opportunity due to previously established networks. It is important for academic research teams to keep in mind that positive relationships with community organizations can facilitate or hinder future opportunities. The findings suggest that building relationships of trust through clear communication is key to initiating and maintaining partnerships.^{12,22} In particular, partners need to establish understanding of the mutual benefit and common goals that will be addressed through the partnership. Furthermore, partnerships benefit from an enthusiastic leader to champion the cause and maintain project momentum through logistical hurdles.¹²

Additionally, it is important to consider how outcomes of the project and success of the partnership itself will be evaluated.²³ Literature demonstrates a lack of consensus as to how to evaluate the success of partnerships.²⁴ The current study suggests that this might have to do with diverse goals and definitions of success among various partners and that, perhaps, a more salient form of evaluation is whether partners' goals were well-aligned, clearly communicated, and accomplished as planned. Having well-aligned goals and clear understanding of evaluation is important to the long-term sustainability of the partnership. Similar partnerships can also benefit from including people with disabilities throughout the process and from conducting process evaluations of on-going partnerships to assess its effectiveness at serving the target population²⁵. These strategies for partnership development can help ensure success for other communities seeking to establish community-academic partnerships.

Limitations and Directions for Future Research

The current study provided valuable insights into the process of partnership. However, much research remains to be done in this area. The current study was done among a limited number of partners in a mid-sized midwestern city. Additional research is needed from communities with varying levels of available resources. Furthermore, this study represents an assessment of the partnership approximately three years from its initial conceptualization with each partner. One challenge to academic-community partnerships highlighted through this study was the challenge of sustainability. During the course of this partnership, the primary investigator relocated to another university, at times the research funding was uncertain as grant application decisions were awaited, and the university calendar rarely matched with community partners' seasonal calendars. All these factors present challenges to long-term sustainability of these types of partnerships and additional research is needed to explore these over time. Another challenge was presented by the COVID-19 pandemic, which required community partners to allocate additional resources toward maintaining day-to-day operations. Considering this situation, the partnership was shifted to a lower priority and the research team had to be flexible in terms of extending timelines, re-allocating funds, and recruiting additional team members to accommodate the workload. Finally, the current study explores a partnership designed to promote inclusion for people with disabilities specifically in organized fitness programs. Given that PwD face barriers to community-based physical activity, future research is needed to better understand how partnerships can address these barriers in a more comprehensive and sustainable way.

References

1. Bock C, Jarczok MN, Litaker, D. Community-based efforts to promote physical activity: a systematic review of interventions considering mode of delivery, study quality and population subgroups. *J Sci Med Sport*. 2014;17(3):276-82.
2. Rajotte E, Yi JC, Baker KS, Gregerson L, Leiserowitz A, Syrjala KL. Community-based exercise program effectiveness and safety for cancer survivors. *J Cancer Surviv*. 2012;6(2):219-28.
3. Jackson J, Williams TL, McEachern BM, Latimer-Cheung AE, Tomasone JR. Fostering quality experiences: Qualitative perspectives from program members and providers in a community-based exercise program for adults with physical disabilities. *Disabil Health J*. 2019;12(2):296-301.
4. Rimmer JH, Chen MD, McCubbin JA, Drum C, Peterson J. Exercise intervention research on persons with disabilities: what we know and where we need to go. *Am J Phys Med*. 2010;89(3):249-63.
5. Zabriskie RB, Lundberg NR, Groff DG. Quality of life and identity: the benefits of community-based therapeutic recreation and adaptive sports program. *Ther Recreation J*. 2005;39(3):176.
6. Martin Ginis KA, Ma JK, Latimer-Cheung AE, Rimmer JH. A systematic review of review articles addressing factors related to physical activity participation among children and adults with physical disabilities. *Health Psychol Rev*. 2016;10(4):478-94.
7. Martin JJ. Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective. *Disabil Rehabil*. 2013;35(24):2030-7.
8. Rolfe DE, Yoshida K, Renwick R, Bailey C. Balancing safety and autonomy: structural and social barriers affecting the exercise participation of women with disabilities in community recreation and fitness facilities. *Qual Res Sport Exerc Health*. 2012;4(2):265-83.
9. Centers for Disease Control and Prevention. Disability Inclusion. Available from: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html#:~:text=Disability%20inclusion%20means%20understanding%20the,o f%20their%20abilities%20and%20desires>; 2020.
10. Rimmer JH, Riley B, Wang E, Rauworth A, Jurkowski J. Physical activity participation among persons with disabilities: barriers and facilitators. *Am J Prev Med*. 2004;26(5):419-25.
11. Keith N, de Groot M, Mi D, Alexander K, Kaiser S. PARCS: a safety net community-based fitness center for low-income adults. *Prog Community Health Partnersh*. 2016;10(2):185.

12. Liechty T Mowen AJ Payne LL Henderson KA Bocarro JN Bruton C Godbey GC. Public park and recreation managers' experiences with health partnerships. *J Park Recreat Admi.* 2014;32(2):11-27.
13. Arbour-Nicitopoulos KP Boross-Harmer A Leo J Allison A Bremner R Taverna F et al. Igniting Fitness Possibilities: a case study of an inclusive community-based physical literacy program for children and youth. *Leisure.* 2018;42(1):69-92.
14. Collins K Layne K Schooley M Chase L Faradj-Bakht S. Fitness in the Park: An Interprofessional Community-Based Partnership for Older Adults. *Top Geriatr Rehabil.* 2021;37(3):186-90.
15. Braza DW Iverson M Lee K Hennessy C Nelson D. Promoting Physical Activity by Creating Awareness of Adaptive Sports and Recreation Opportunities: An Academic–Community Partnership Perspective. *Prog Community Health Partnersh.* 2018;12(2):165-72.
16. Kahn LS Pastore PA Rodriguez EM Tumiel-Berhalter L Kelley M Bartlett DP et al. A Community–Academic Partnership to Adapt a Curriculum for People With Serious Mental Illnesses and Diabetes. *Prog Community Health Partnersh.* 2012;6(4):443-50.
17. Magasi S Reis JP Wilson T Rosen A Ferlin A VanPuymbrouck L. ScreenABLE: Breast cancer screening among women with disabilities from community identified challenges to community-based programs. *Prog Community Health Partnersh.* 2019;13(5):61-9.
18. Grieb SD Smith KC Calhoun K Tandon D. Qualitative research and community-based participatory research: Considerations for effective dissemination in the peer-reviewed literature. *Prog Community Health Partnersh.* 2015;9(2):275-82.
19. Israel BA, Eng E, Schulz AJ, Parker EA. Introduction to methods in community-based participatory research for health. In: Israel BA, Eng E, Schulz AJ, Parker EA, editors. *Methods in community-based participatory research for health.* San Francisco: Jossey-Bass; 2005.
20. Braun V Clarke V. Thematic analysis. In H. Cooper (ed.). *APA Handbook of Research Methods in Psychology, Vol 2.* 2012.
21. Zgibor JC Schlenk EA Vater L Kola S Vander Bilt J Woody S et al. Partnership building and implementation of an integrated healthy-aging program. *Prog Community Health Partnersh.* 2016;10(1):123.
22. Hanza MM Reese AL Abbenyi A Formea C Njeru JW Nigon JA et al. Outcomes of a Community-Based Participatory Research Partnership Self-Evaluation: The Rochester Healthy Community Partnership Experience. *Prog Community Health Partnersh.* 2021;15(2):161-75.

23. Mowen AJ Payne LL Orsega-Smith E Godbey GC. Assessing the Health Partnership Practices of Park and Recreation Agencies: Findings and Implications from a National Survey. *J Park Recreat Admi.* 2009;27(3):116-131.
24. Brush BL Mentz G Jensen M Jacobs B Saylor KM Rowe Z et al. Success in long-standing community-based participatory research (CBPR) partnerships: A scoping literature review. *Health Educ Behav.* 2020;47(4):556-68.
25. Drum, Charles E., Jana J. Peterson, Carla Culley, Gloria Krahn, Tamar Heller, Tory Kimpton, Jeff McCubbin et al. "Guidelines and criteria for the implementation of community-based health promotion programs for individuals with disabilities." *American Journal of Health Promotion* 24, no. 2 (2009): 93-101.

Table 1: Partnership Details

Participant/ Partnering organization	Role in partnership activities	Goals and/or desired community impact	Timeline of participation
Peer instructor	<ul style="list-style-type: none"> -Providing feedback on suitability of programming -Describing access needs to include in the disability training -Providing perspective teaching adaptive exercise to participants with varying disabilities 	<ul style="list-style-type: none"> -Connection with MS community -Providing accessible exercise for MS community -Increased accessibility of centers where MOVE MS was held 	<ul style="list-style-type: none"> -Inception of MOVE MS partnership -Recurring instruction throughout MOVE MS -Recurring meetings to discuss needs for the DATE training
National MS Society Support Group leader	<ul style="list-style-type: none"> -Communicating needs and perspectives from MS community -Promoting programs to the MS community -Describing access needs which would be included in the disability training 	<ul style="list-style-type: none"> -Provision of resources and wellness programs for support group constituents -Increasing awareness of MS and disability in fitness centers 	<ul style="list-style-type: none"> -Inception of MOVE MS partnership -Recurring participation throughout MOVE MS -Recurring meetings to discuss needs for the DATE training
Urbana Park District (N=2)	<ul style="list-style-type: none"> -Incorporate MOVE MS into center programming -Describe training needs of their staff -Promote DATE program among staff 	<ul style="list-style-type: none"> -Reach center Mission – increase accessibility of park district programs 	<ul style="list-style-type: none"> -Began offering MOVE MS one year after inception -Ongoing MOVE MS offerings -Inception of DATE partnership and ongoing development
Carle Health and Fitness Center (N=2)	<ul style="list-style-type: none"> -Initiate partnership -Incorporate MOVE MS into center programming -Describe training needs of their staff -Promote DATE program among staff 	<ul style="list-style-type: none"> -Support clinics and patients affiliated with the fitness center -Outreach to the MS and disability communities -Provide disability training to staff 	<ul style="list-style-type: none"> -Inception of MOVE MS partnership -Ongoing MOVE MS offerings -After pilot DATE training, joined team to offer DATE to staff

Table 2: Interview Questions

<p>1. First, tell me a little bit about how you got involved in this partnership. How did it come about? What stage are you at now with developing the partnership?</p>
<p>2. Prior to this collaboration, what experience did you have partnering with outside organizations?</p>
<p>3. What are some of the things that encouraged your organization to become involved in this partnership? In other words, what circumstances or needs led you to be interested in partnering? Prompt questions: How does this partnership fit within the broader goals of your organization? What are your perceptions of the most important goals of this partnership?</p>
<p>4. How would you describe each partner’s contribution to the project? Prompt questions: In what ways did the contributions and/or partnership match your expectations or not match expectations? What resources were allocated? What activities were implemented?</p>
<p>5. How successful would you say this partnership was? Prompt questions: Which of the things were really important to making this collaboration or partnership successful? On what basis did you define success? Have the goals of the partnership been well described? How did you measure this level of success? Are partnership meetings/communication successful (i.e. productive, focused, and effective)?</p>
<p>6. What are/were some of the difficulties or challenges that your organization faced in this partnership? What strategies did you use to overcome these challenges? If you were to do this again, what (if anything) would you do differently? Prompt questions: Is there adequate program staff support for the partnership? Are there others that have been peripherally involved and that you would like to see more involved? If so, who are they and what have they done?</p>
<p>7. What advice would you have for other professionals considering entering into similar partnerships? Prompt questions: What type of caution would you give other professionals considering entering into similar partnerships? What training do partners need to actively and productively participate in partnership activities?</p>
<p>8. What impact do you feel the partnership has on the well-being of your consumers? What benefits or outcomes did you expect from this partnership and to what extent did this happen? How did you measure these benefits?</p>
<p>9. Do you feel the partnership is sustainable in the long term? Why of why not?</p>