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Progress in Community Health Partnerships: Research, Education, and Action, Volume 12, Special Issue 2018, pp. 129-137 (Article)

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/cpr.2018.0028>

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Therapeutic Recreation in the Public Schools: A Community Partnership

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Submitted 27 June 2017, revised 02 February 2018, submitted 20 February 2018.

Abstract

Background: In 2002, the University of Southern Mississippi's Therapeutic Recreation Program and the Hattiesburg (MS) Public School District's Department of Exceptional Children and Health Services formed a partnership that has lasted (off and on) for 15 years.

Methods: The partnership was formed based on a shared mission of education and training, and grew in depth based on reciprocated respect and support.

Results: Early collaborative efforts included simple programming efforts that provided health and educational benefits for the students with disabilities in the public schools and training for the future professionals in therapeutic recreation at the

university. As the program progressed, more complex programs were designed to teach students with disabilities to build the capacity for pursuing and maintaining personal health.

Conclusions: Planned programming efforts for the near future focus on collecting data to support the development of an extracurricular athletic program for students with disabilities.

Keywords

Therapeutic recreation, southeastern United States, community-based participatory research, disabled persons

In 2012, the U.S. Census Bureau reported 56.7 million people (19% of the U.S. population) were living with some type of disability.¹ Even with this large population, there are limited opportunities for children and adolescents with disabilities to participate in fitness and leisure activities, and especially public school sports programs.^{2,3} In general, activity has been found to provide a wide variety of health benefits affecting physical, mental, and social health in children and adolescents. Physical benefits may include improvements in strength and endurance, building healthy bones and muscles, controlling weight, and controlling or normalizing blood pressure and cholesterol.⁴ Possible mental health and cognitive benefits of activity include reducing stress and anxiety, increased self-esteem, improving concentration and attentiveness, and improving overall academic achievement.^{4,5} Activity, especially in the form of sport, has been found to

be an integrative social force that can influence/increase participants' social skills.⁶

The lack of available leisure and athletic programs for students with disabilities is especially problematic because these students are more likely to experience a myriad of health problems, including having a greater risk for obesity and decreased cardiovascular fitness owing to decreased mobility.⁷ Sports and leisure participation has been found to provide numerous benefits for children and adolescents with disabilities.^{8,9} Research has shown that regular activity may help to slow the progression of chronic disease, improve muscular strength, control body weight, and improve overall physical fitness in children and adolescents with disabilities. There may also be a social benefit to participating in these activities by increasing the child or teen's social resiliency, self-confidence, and/or self-esteem.^{10,11} Additionally, students with

physical disabilities have shown improved executive function after sports participation.¹²

This brief narrative looks back at the development and existence of a productive community and university partnership, and projects forward to the potential for mutual growth and the pursuit of knowledge and innovation. In 2002, the University of Southern Mississippi's Therapeutic Recreation Program (USM-TRP) and the Hattiesburg Public School District's Department of Exceptional Children and Health Services (HPSD-DECHS) formed a partnership that has lasted intermittently for 15 years. The partnership presented the opportunity to support special education teachers in traditional and innovative ways by adding leisure and recreation to special education curriculum. Likewise, the USM-TRP was enhanced by the opportunity to train university students and provide opportunities for applied learning within Hattiesburg High School.

The partnership has become a symbiotic relationship that contributes to the health-related educational needs of students with disabilities in the public schools, while simultaneously contributing to the training of future health care workers in therapeutic recreation. Early collaborative efforts were initiated by HPSD-DECHS, because the school administration was seeking support for teachers in special education classrooms. Initial services provided by USM-TRP focused on support for students with disabilities in classroom activities. Later, programs became more complex and focused on building the capacity to explore a greater range of healthy leisure alternatives.

The purpose of this article is to describe the development of this long-term community and university partnership. The authors will first introduce the roles of the members of both the community and university partners. A series of collaborative and increasingly innovative programs are presented, and followed by a discussion of the benefits to each partner. Next, the authors describe the two partners, and include a brief description of therapeutic recreation as a health care profession. Finally, the authors discuss the potential for replication, the desire to address new problems with innovative answers, and plans to generate the data to move the program forward.

ROLES OF THE PARTNERS

The key players in this partnership have distinct and overlapping roles. The community partner is represented by

the executive director (ED) of HPSD-DECHS. The HPSD-DECHS ED was responsible for initiating this partnership 15 years ago, because she identified a need and formed the partnership with the USM-TRP. The initial identified need was for direct support for teachers in existing curriculum activities. Subsequent needs evolved through the course of program development. The HPSD-DECHS ED continues to maintain the lead role and administrative oversight in the partnership. All programs and services provided to the schools are subject to appropriate legislative regulations and school policy. The HPSD-DECHS ED has the responsibility of ensuring that these requirements are adhered to. The HPSD-DECHS ED also takes the lead in securing funding to maintain the services provided by the partnership members. Funding for the partnership comes to the schools from federal Individuals with Disabilities Education Act (IDEA) part B funds. These funds are for providing supplementary aids and services to children with disabilities ages 3 to 21 years. The funds are dispersed to the USM-TRP to provide related services (i.e., classroom support and adaptive physical education support), and transitional services (i.e., recreation and community-based leisure training and experiences). The HPSD-DECHS ED also takes the lead in identifying programmatic priorities. Through regular meetings with special education teachers, she identifies programmatic and classroom areas in need of support. Finally, she serves as the primary liaison between the public schools and USM.

The primary USM partner is a faculty member who is responsible for the undergraduate education and training of university students in therapeutic recreation. By university requirements, the faculty member is certified by the National Council for Therapeutic Recreation as a Certified Therapeutic Recreation Specialist. The faculty member serves as the university liaison between the school administration and the university. The roles and the responsibilities of the faculty member include providing administrative oversight for university students and staff involved in the program, serving as the fiscal officer for the funds received from the schools, recruiting, training, and supervising one part-time program coordinator and two student workers, securing additionally funding (if available), and guiding the development of new and innovative programs.

The part-time coordinator from the university serves as the liaison between the university program and the classroom

teachers. The coordinator meets regularly with teachers to discuss classroom needs. Based on these needs, the coordinator recruits university students in therapeutic recreation, trains them to provide needed services, and supervises their work in the classrooms. Many of the recruited university students receive class credit in exchange for volunteer service.

DESCRIPTION OF HPSD AND DECHS

The HPSD serves a small city in Mississippi and, like many public schools, the district often struggles with financial resources. The district has a large African American student population (roughly 94% of the student population)¹³ and all 1,052 students (100%) at Hattiesburg High School are eligible for a free and reduced lunch. However, the school's commitment to excellence reflects the stated mission of "educating all students to become productive citizens of a dynamic, global community."¹⁴

The HPSD-DECHS administers educational services for students with disabilities. The function of HPSD-DECHS with the school district is to provide, "a broad continuum of services to students with exceptional needs and talents through a comprehensive system of supports."¹⁵ Specifically, HPSD-DECHS

is responsible for support for special education, gifted education, and school health services. In the 2016–2017 academic year, 15% of all high school students ($n = 157$) in the district had a disability. Of these students with disabilities, 19% had disabilities with significant limitations (intellectual disabilities, multiple disabilities, and/or orthopedic impairments). These students with significant limitations represent 3% of all high school students at HPSD. According to Start Class, the median percentage of students with disabilities in other Mississippi high schools is 9%.¹³ Table 1 presents a summary of the number of students with disabilities in the HPSD by race and diagnostic categories.

The administrators and teachers of the HPSD-DECHS work closely within the guidelines of Section 504 of the Rehabilitation Act of 1973, and the IDEA. These legal requirements ensure that students with disabilities are afforded equal opportunities to "access education for children with disabilities,"¹⁶ including participation in extracurricular activities.² Additionally, the legislation also requires that students receive educational and other services in the least restrictive environment. This expectation of inclusion is reflected in a commitment by the HPSD across all services. All programs and

Table 1. Hattiesburg School District Race of Enrolled Students with Disabilities

Disability	Asian	Black	Hispanic	Native American	Pacific Islander	White	Total
Autism	0	11	0	0	0	1	12
Deaf-blind	0	0	0	0	0	0	0
Developmentally delayed	0	0	0	0	0	0	0
Emotional disability	0	24	0	0	0	0	24
Hearing impaired	0	1	0	0	0	0	1
Intellectual disability	0	22	1	1	0	0	24
Language/SPEECH Impaired	0	8	0	0	0	0	8
Multiple Disabilities	0	5	0	0	0	1	6
Not applicable	0	0	0	0	0	0	0
Orthopedic impairment	0	0	0	0	0	0	0
Other health impairment	1	45	0	1	0	2	49
Physical disability	0	0	0	0	0	0	0
Severely/profoundly mentally retarded	0	0	0	0	0	0	0
Specific learning disability	0	31	1	0	0	0	32
Traumatic brain injury	0	1	0	0	0	0	1
Visually impaired	0	0	0	0	0	0	0
Total	1	148	2	2	0	0	157

services collaboratively provided by the partnership between HPSD-DECHS and the USM-TRP are equally committed to providing students in the school system (specifically the high school) with educational experiences alongside their nondisabled peers. Benefits of inclusion of students with disabilities in school activities include decreased obesity rates, favorable socialization, decreased depression, and increased cognitive functioning.¹⁷ This finding is important in light of statistics that show that individuals with disabilities have higher levels of obesity and lower levels of endurance and cardiovascular fitness.¹⁰

The HPSD-DECHS's commitment to excellence and inclusion makes the program an attractive partner for a university therapeutic recreation program intent on training future professionals in the delivery of contemporary practices. Therapeutic recreation is identified by IDEA as a related service, a professional service considered to be beneficial to the educational development of students eligible for special education services. The role of therapeutic recreation in the schools is to help prepare students to function effectively while in school as well as to assist students in developing the skills needed for making the transition from school settings to the community.¹⁸ This range of services forms the basis for the partnership described in this article between special education programs in the schools and the undergraduate program in therapeutic recreation at the university. The strength of the partnership is partially based on a mutual understanding of therapeutic recreation as a related service, and the potential contributions of therapeutic recreation services in education and health care.

DESCRIPTION OF THERAPEUTIC RECREATION

Therapeutic recreation is a health care profession that uses play and other activities to improve the health, well-being, and quality of life of individuals, most notably individuals with limitations.¹⁹ In essence, therapeutic recreation is the purposeful use of leisure and recreation designed to improve health, well-being, and overall quality of life. As a health care profession, therapeutic recreation has the potential to contribute to improving health and well-being for many individuals, including students with disabilities attending public schools. As an educational component (related service) of the high

school curriculum, therapeutic recreation services can prepare students to develop healthy leisure habits as part of an overall commitment to health. Therapeutic recreation services, then, are provided across a continuum designed to assist individuals in developing healthy leisure lifestyles.

The therapeutic recreation continuum of services was first proposed by Peterson and Gunn²⁰ as a model to describe therapeutic recreation services. According to this model, three types or levels of therapeutic recreation services are offered.²¹ On one level (recreation participation), planning and leading activities that are modified for accessibility are considered important roles in therapeutic recreation services. These planned activities are designed to allow individuals to actively practice skills. The activities may also contribute to health-related goals. On another level (functional intervention), therapeutic recreation can be used to target deficits in functioning and alleviate the deficits through systematically selected, planned, and implemented recreation programs. For example, an individual who is recovering from an injury and lacks the upper body strength to perform the necessary activities of daily living could, after assessment, be introduced to wheelchair basketball to build up strength. On a final level (leisure education), therapeutic recreation is delivered as an educational program, designed to prepare individuals with the knowledge, skills, and awareness needed to build the capacity to develop and maintain a healthy leisure lifestyle. This application of therapeutic recreation as an educational program has the potential to offer the greatest recreation-related contribution to the health and educational growth of students with disabilities in the schools.

PROGRAMS OFFERED COLLABORATIVELY BY THE HPSD-DECHS AND THE USM-TRP

These programs were designed to provide equitable benefits to both the HPSD-DECHS and the USM-TRP, and have evolved since the first programs were offered in 2002. All of the programs have been supported by funding from the HPSD-DECHS. Additional supportive funding was provided over a period of 6 years by the Mississippi Council on Developmental Disabilities (MCDD) to provide administrative support for initiating innovative programs.

Program: Phase One

The initial collaborative efforts of the partnership centered on the school's need for support personnel in special education classes and USM's need for real-time contact between university students in training and public school students with disabilities. The school annually identified several special education classes that would benefit from support. The university program coordinator recruited, trained, and supervised between 8 and 15 university students each semester, all of whom received 1 hour of credit for contributing 40 hours (total) of supervised volunteer work. The benefit for the teachers in the schools included more direct care for students with the greatest need and assistance with modification of activities for participants. As a result of the partnership, the university students facilitated, and continue to facilitate participation and inclusion in activity classes, particularly PE, music, and Spanish by providing one-on-one support, and by teaching the foundational skills required for participation in peer group activities. University students also provided recommendations for modifications as needed. In all, the USM students provide support in as many as four schools within the district for students in predominantly community-based classrooms.²²

USM's benefits included training opportunities for practicing professional skills identified by the NCTRC as entry-level professional job tasks.²³ USM students received training in establishing working relationships, maintaining safe environments, and participating in training exercises. These tasks are presented in Table 2 along with the corresponding task number as presented by NCTRC.

Program: Phase Two

As the program evolved, therapeutic recreation students began to plan and implement programs for students with disabilities. The programs, with a focus on inclusion, were intended to enhance the educational experience by giving the high school students with disabilities an opportunity to practice skills learned in class, express creativity, and/or assimilate into the culture of the school. These programs included a series of cooperative/challenge games for approximately 80 middle school students that consisted of an inclusive mix of students with and without disabilities. The purpose of the games was

Table 2. NCTRC Entry-Level Job Tasks

Task #	Task	Level
1	Establish effective working relationships	1
2	Maintain a safe therapeutic recreation environment	1
4	Participate in in-service training and staff development	1
21	Develop/select interventions/approaches	2
24	Select adaptations/modifications	2
26	Implement individual/group sessions	2
27	Use leadership/facilitation/adaptation techniques	2
28	Monitor/address safety	2
14	Select/develop assessment methods	3
15	Establish therapeutic relationship	3
16	Conduct assessments	3
17	Analyze/interpret results	3
18	Integrate/record results	3
19	Discuss results of assessments	3

to challenge the students to think creatively, work together with peers to achieve goals, and practice problem-solving skills. Additionally, a day long Very Special Arts program was offered annually, serving 600 children with and without disabilities from private and public schools in the city.²⁴ For the university students, the cooperative/challenge games and the Very Special Arts programs provided the opportunity to practice additional entry-level job tasks, including developing interventions, selecting adaptations and modifications, implementing group sessions, using leadership and facilitation techniques, and monitoring safety.

Program: Phase Three

The following collaborative program was initiated with additional support from the MCDD. In 2014, the MCDD funded a project to develop an innovative capacity building system for adolescents and adults with developmental disabilities to independently monitor and promote personal health by identifying health and fitness-related goals and using person-centered recreation and leisure education activities. In other words, the MCDD was not seeking fitness programs, but rather programs that would teach individuals

with developmental disabilities to take ownership of their fitness goals and initiatives. As a result, the partnership developed a program whereby the university students, working with the special education teachers, conducted fitness and leisure assessments of students with disabilities in the schools who were nearing transition. During these assessments, they assessed the students with disabilities' general fitness levels, leisure interests, social networks, locus of control, and personal goals. Additionally, the university students prepared assessment reports, discussed the reports with the teachers and students, and prepared individualized plans for pursuing healthy leisure pursuits after transitioning. The focus of the program was on leisure education or teaching students the benefits of developing a healthy leisure lifestyle.

University students continue to provide support to teachers in the classroom. Over the past 10 years, university students have provided therapeutic interventions including horticulture therapy (gardening), life skills training (e.g., developing healthy snacks and meals), and facilitating participation in school-wide events such as pep rallies, homecoming, prom, athletic events, and talent shows and competitions. In addition, university students have served as coaches and officials for Unified Sports programs, and assisted students with participation in self-advocacy events such as the annual "Spread the Word to End the Word" campaign (to stop the use of the word "retard").²² In the 2015–2016 academic year, 14 university students provided 560 hours of direct service to the students with disabilities in the high school. University students received training in up to 14 (of 69) entry-level job tasks identified by the NCTRC as necessary for successful practice.

PERSONNEL, POPULATION, AND CHALLENGES

A CU partnership that lasts for 15 years requires a commitment by the primary partners as well as the support of many colleagues. This is especially true when a shared program adjusts to changes and challenges as it continues to develop over a lengthy period. Over the past 15 years, the Hattiesburg Public School District student population has remained constant, and the faculty body has experienced minimal changes. These factors have had an impact on the program shared by the partnership, but may have resulted in program growth through a stronger partnership. There has been a significant

number of high-level administrative changes, and the school district has faced their fair share of financial hurdles. However, the partnership and the associated programs have endured, owing primarily to the consistency of persons who have helped to make this program work.

Since the conception of the program in 2002, the numbers of students who are receiving special education services in the school district have remained fairly constant. Currently, there are 617 students in the district with a disability, as compared with 556 when the partnership began in 2002. The types of disabilities fluctuates, but has remained fairly constant as well. This consistency allows the partners to take a long-range view of the program direction. Unfortunately, unpredictability in funding and regular turnover in university students often restricts long-range program to annual review and retraining of students. This deficit, however, is offset by consistency in the special education faculty body. On average, the HPSD loses two or three (3%–5% of) special education teachers each year, primarily to relocation or retirement. Additionally, three special education faculty positions have been filled by individuals who have served in the position of coordinator from the USM-therapeutic recreation program. Thus, changes to the student population and the HPSD special education faculty have had minimal negative effects on the partnership, and can more likely be considered a unifying factor.

The turnover of upper administrators who have supported the program has occurred at a greater rate. Since the project began, the HPSD has had five individuals serve in the role of the superintendent or interim superintendent. Fortunately, all upper administrators have been supportive of the program, as has been the school board. Additionally fortunate is the consistency and support of key persons who have worked with and supported the partnership. The current ED of the HPSD-DECHS has been in her current position since 2004. Likewise, the faculty member from the USM therapeutic recreation program who serves as the university partner has been at the university since 1991 and has been involved in the partnership since its conception. Additional individuals who have contributed to the success of the program include the special education case manager/resource educator of the HPSD district-wide elementary schools, the HPSD district case manager, and the district athletics director, all of whom have been in their positions since the program began. Finally,

the primary partners especially recognize the contribution of two high school special education teachers. One teacher served the district for approximately 30 years before retirement and was influential in accepting new ideas in the classroom. The second teacher replaced her in the classroom after serving as the coordinator from the USM therapeutic recreation program.

Although the support, consistency, and quality of the supporting personnel have enhanced the development of the partnership, there have been several hurdles that have slowed the progress. The funding for the program was discontinued in 2008 after 6 years of growth. During the spring of each year, stakeholder/parent meetings are held to identify priorities for the upcoming school year. If certain federal/state indicators are not met, districts were required to take 15% off the top of their IDEA part B and preschool budgets to fund coordinated early intervening services for identified nondisabled at-risk students. Thus, beginning in 2008, approximate \$480,000 was used over a 6-year period to fund coordinated early intervening services activities, negatively impacting program funds for students with disabilities. Funding for the partnership resumed 6 years later. During this time, the USM therapeutic recreation coordinator position was suspended, restricting growth and innovation. In response, additional external funding was sought and volunteer and program opportunities were moved into university course requirements as service learning opportunities.

Finally, during the 2014–2015 school year, the HPSD faced a significant financial hurdle owing to an almost depleted fund balance. Budget cuts negatively impacted funding for the entire district, including funding for special education services. As a result, the HPSD-DECHS experienced an unusually high reduction in force, as five teacher units were eliminated, and an additional three or four teachers resigned owing to the uncertainty of funding. At this time, three special education teacher positions remain unfilled.

FUTURE DIRECTION: PHASE FOUR

Section 504 of the Rehabilitation Act of 1973 (Section 504) specifically requires public schools to deliver equal opportunities to participate in extracurricular athletics for students with disabilities.²⁵ In contrast with these statements, a 2010 report by the U.S. Government Accountability Office listed

only four states offering some type of adapted athletics for their students with disabilities through their state high school association (Georgia, Minnesota, Ohio, and Vermont).² In an attempt to address this lack of availability, the Government Accountability Office has determined extracurricular athletic activities should be provided for all students.²

In a 2013 statement addressing Section 504 and school systems' legal responsibilities,²⁶ the Acting Assistant Secretary of Civil Rights stated:

Students with disabilities who cannot participate in the school district's existing extracurricular athletics program, even with reasonable modifications or aids and services, should still have an equal opportunity to receive the benefits of extracurricular athletics. When the interests and abilities of some students with disabilities cannot be as fully and effectively met by the school district's existing extracurricular athletic program, the school district should create additional opportunities for those students with disabilities.²⁶

The overall future aim of phase 4 of this project is to enact a systems change in program delivery by exploring issues regarding students with disabilities' access to and participation in extracurricular activities with the local school systems. The first stage of the project will be to understand the needs of the community to align better to the project. The goal will be to try to understand and describe the disparity between the expectation of equal participation in extracurricular athletic activities as required by Section 504 of the Rehabilitation Act of 1973 and actual participation by students with disabilities in public schools. To accomplish this, the community partnership has received a grant to collaborate with students with disabilities, parents of secondary school students with and/or without disabilities, secondary school teachers and athletic staff members, and school administrators. We will attempt to explore barriers and solutions to multiple program options for including students with disabilities into extracurricular athletic programs that meet the Section 504 requirements for equal opportunities for participation as recommended by the U.S. Department of Education Office of Civil Rights. By exploring this issue in the local school systems, we hope to provide a framework to establish a program that meets the needs of the community

while also providing a structure other school systems can follow in the future.

LESSONS LEARNED AND SUMMARY

The programs described herein were the result of a partnership between two entities that shared the mission of and commitment to working together to improve education for multiple groups within the community. The partnership was conceived by the public school system owing to a need for classroom support for special education teachers in the public school system. The university therapeutic recreation program responded to this need as a result of needs of their own (i.e., opportunities to provide students with relevant service learning opportunities). By mutually recognizing the inherent strengths of each other, the partnership was formed and continues to evolve into a relationship that works to develop innovative approaches to shared problems. This long-term development of a program based on shared respect that has the potential to continue to provide educational opportunities for two interrelated programs has not been flawless, yet the lessons learned have strengthened the relationship and can provide valuable information to similar programs interested in starting similar programs.

There were many lessons learned. These include the following.

1. The relationship is strengthened by realistically understanding the needs of one's partner, as well as the strengths and assets provided by each. Special education classroom teachers need and appreciate the support. Early efforts by the university to provide a workforce in training allowed teachers to expand the reach of their instruction. Likewise, later contributions by the university allowed the teachers to provide related services while maintaining their efforts on curriculum instruction. Likewise, the need by the university to students to practice skills learned in the college classroom in applied settings is also real. The NCTRC Job Analysis identifies students graduating from a therapeutic recreation program are expected to be able to interact effectively with all people and to master the NCTRC entry-level job tasks.
2. Each member of the partnership involves multiple levels of stakeholders, requiring coordinated efforts to communicate effectively. At the schools, the direct line of communication begins with the ED, who coordinates the communication among teachers, parents, students and

the faculty member at the university. At the university, the lead faculty member hires and supervises the program coordinator who communicates with teachers and who supervises the college students who provide direct service, through teachers, to the students.

3. There is a need to take steps to bring this program to the next level. These steps include establishing outcomes and documenting evidence of program effectiveness, documenting, as program protocol, the procedural steps taken to achieve desired outcomes, creating training manuals, and conducting series of training workshops for school systems and interested stakeholders.
4. The future intent of the partnership is to enable the replication of this program in other school special education programs. Although this program is not unique, it has elements that would be of value to both public schools and community partners (e.g., a university program). Communities of all sizes have public school systems. School systems in communities with a college or university recognize the value of a motivated workforce and the availability of the professional expertise that universities can provide. These communities have the opportunity to establish similar relationships as described. However, not all communities have this resource. Thus, replication may become difficult, but not impossible.

Many communities have a potential workforce that would be motivated to work with the public schools. These individuals may include high school service learning classes and civic groups. However, the onus of responsibility for providing the expertise necessary to enable civic groups to replicate a similar program in a community with fewer resources falls on partnerships such as the one described herein. Thus, the focus of our continued work is on developing the mechanisms and resources to share our work and provide community training. This responsibility provides direction for the continuation of the work started.

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The project described was supported in part by Award Number U54MD008602 for the Gulf States Collaborative Center for Health Policy Research (Gulf States-HPC) from the National Institute on Minority Health and Health Disparities of the National Institutes of Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Minority Health and Health Disparities or the National Institutes of Health.