

**AHU Hope Clinic Central Florida Parkinson’s Access Initiative:
A Community-Based PT and OT Program for Uninsured and Underinsured Individuals
with Parkinson’s Disease**

Grant Proposal Request

I. Proposal Summary (Executive Summary)

The *Central Florida Parkinson’s Access Initiative* will expand access to free, community-based physical and occupational therapy services for uninsured and underinsured individuals living with Parkinson’s disease (PD) in Central Florida. Over two years, AdventHealth University (AHU) will deliver weekly individual and group physical therapy and occupational therapy (PT/OT) sessions, structured exercise and mobility classes, cardiopulmonary assessments with individualized exercise prescription, and caregiver education workshops to improve activities of daily living, functional mobility, independence, and quality of life. AHU seeks \$54,500 (\$27,250 per year) from the Parkinson’s Association of Central Florida (PACF) to launch and sustain the program,

II. Organization Description and History

Founded in 1992, **AdventHealth University (AHU)** is a private, faith-based health sciences institution located in Orlando, Florida, dedicated to developing skilled healthcare professionals who live the healing values of Christ. As part of the AdventHealth system, AHU offers fully accredited academic programs in physical therapy, occupational therapy, nursing, and allied health disciplines, including Physician Assistant and Imaging Sciences.

The **Departments of Physical Therapy and Occupational Therapy** share a long-standing history of interdisciplinary collaboration in service-learning, community engagement, and pro bono healthcare delivery. Faculty, licensed clinicians, and advanced students routinely serve underserved populations through rehabilitation clinics, community screenings, research initiatives, and outreach programs, including the AHU Hope Clinic. These efforts emphasize equitable access to care, evidence-based practice, and experiential learning that prepares students to serve diverse and medically underserved communities.

AHU’s robust academic and clinical infrastructure—including access to therapy facilities, simulation laboratories, cardiopulmonary monitoring equipment, neurologic rehabilitation specialists, and a highly motivated PT and OT student workforce—positions the university to successfully implement, evaluate, and sustain a community-centered Parkinson’s rehabilitation initiative. This infrastructure supports integrated neurologic and cardiopulmonary rehabilitation

services, ensuring high-quality, evidence-based care while advancing workforce training and community impact.

In addition to its clinical and educational capacity, AHU maintains strong partnerships across the Central Florida healthcare and nonprofit landscape, including relationships with healthcare providers, community-based organizations, and advocacy groups serving older adults and individuals with chronic neurological conditions. These partnerships support participant referral, community outreach, and continuity of care, while reinforcing AHU's role as a trusted provider of community-responsive health services. AHU's experience managing externally funded programs, supervising students in clinical service delivery, and tracking measurable outcomes further demonstrates the institution's readiness to serve as a responsible and effective grantee for Parkinson's Association of Central Florida support.

III. Statement of Need / Problem Statement

Parkinson's disease is one of the most disabling and rapidly growing neurological disorders worldwide. According to the Global Burden of Disease Study (2016), PD ranks among the top neurological conditions in terms of disability-adjusted life years. In the United States, incidence ranges from 47–77 per 100,000 adults aged 45 and older and 108–212 per 100,000 adults aged 65 and older (Willis et al., 2022).

Florida—home to the largest proportion of seniors in the nation—has an estimated 64,000+ residents living with PD (Parkinson's Foundation, 2023). With the state's growing older adult population, this number is projected to rise significantly in the coming decade.

Despite increasing need, access to rehabilitation is severely limited for those without insurance or adequate coverage:

- 10.7% of Floridians under age 65 are uninsured, with an even higher rate in some Central Florida counties (KFF, 2023).
- Uninsured individuals are less likely to receive timely medical care and more likely to delay or forego rehabilitation due to cost (CDC & Florida DOH).
- Even insured individuals often face therapy caps, limited visit authorizations, or high out-of-pocket costs.
- Even though physical therapy (PT) is widely recommended for PD mobility/ fall prevention, many patients do **not** receive it — utilization among Medicare-diagnosed PD patients remains low (~20 %). This data highlights a care-access gap not just in neurology but also in rehabilitative therapies (LeLaurin et al., 2025).

This leads to preventable functional decline, higher fall risk, caregiver burden, and early institutionalization. People with PD also frequently experience reduced aerobic capacity, dysautonomia, and cardiopulmonary abnormalities, further increasing the need for monitored

exercise and cardiopulmonary assessment (Griffith et al., 2025) services that uninsured individuals rarely receive.

Multi-professional, tailored, and goal-directed interventions are recommended, and physical therapy and occupational therapy professionals are required to be members of the Parkinson's care team. There are no free, PD-specific PT/OT programs in Central Florida that include neurologic intervention *and* cardiopulmonary assessment. The need is substantial and urgent, and it aligns with PACF funding priorities.

IV. Target Population & Justification

This program targets **uninsured and underinsured adults with Parkinson's disease** living in Central Florida—individuals least likely to receive continuous, evidence-based rehabilitation.

They commonly experience:

- Interrupted or absent therapy due to insurance limitations
- Inability to afford co-pays, deductibles, or high out-of-pocket costs
- Limited access to PD-specialized therapists
- Lack of cardiopulmonary assessment or individualized exercise guidance
- Progressive decline in mobility, endurance, balance, and ADLs

By integrating neurologic rehabilitation with cardiopulmonary screening and individualized exercise prescription, the program ensures safe, comprehensive, and personalized care. This population has had no access to such services in the region, making this initiative directly aligned with AHU's mission and PACF's commitment to improving the quality of life for individuals with PD.

V. Proposed Solution (Program Description)

To address these disparities, AHU will implement a free, comprehensive, community-based PT and OT program for uninsured/underinsured individuals with PD at Hope Clinic.

The core services offered by weekly group physical and occupational therapy sessions will include:

- Exercise, gait, balance, and motor-cognitive training
- Activities of daily living/instrumental activities of daily living (ADL/IADL) retraining and functional skills practice
- Caregiver education workshops
- Referral and navigation to community PD resources

- Cardiopulmonary assessment and monitoring, including individualized exercise prescription based on safe intensity progression

Cardiopulmonary Assessment Component

Participants will receive:

- Baseline cardiovascular screening (BP, HR, SpO₂, cardiovascular risk factors)
- Orthostatic vital sign assessment
- Exercise tolerance evaluation
- Monitoring physiologic responses during sessions (HR, BP, RPE, symptoms)

Therapists will develop individualized exercise prescriptions using:

- FITT principles (Frequency, Intensity, Time, Type)
- Target heart rate zones
- Symptom-guided progression
- Aerobic and strengthening guidelines specific to PD

This ensures personalized, safe intervention for participants who are at risk of autonomic dysfunction, fatigue, or exercise intolerance.

Delivery Model

Services will be provided by:

- Licensed PT/OT clinicians
- AHU faculty specialists
- Supervised DPT and OT students

Interventions will follow:

- PD clinical practice guidelines
- WHO Package of Interventions for Rehabilitation (2023)
- ACSM principles for safe cardiopulmonary exercise

Program Benefits

- Consistent access to evidence-based PT/OT
- Improved mobility, ADLs, and functional independence
- Enhanced endurance, cardiovascular health, and exercise tolerance

- Reduced caregiver stress
- Training expansion for future clinicians
- Scalable partnerships for sustainability

VI. Program Rationale & Evidence Base

Research strongly supports PT and OT for improving:

- Gait and balance
- Aerobic capacity and endurance
- ADLs and IADLs
- Mobility and fall risk
- Motor–cognitive integration
- Quality of life

Cardiopulmonary rehabilitation is increasingly recognized as essential for individuals with PD, who often present with:

- Reduced VO₂ max and exercise capacity
- Autonomic dysfunction
- Orthostatic hypotension
- Fatigue and motor fluctuations

Leading guidelines—including those from WHO (2023), ACSM, and PD—recommend structured, individualized, and monitored exercise as a core component of PD care. Evidence also demonstrates that group exercise improves mobility and quality of life (Palm et al., 2024; Palm et al., 2025).

Uninsured individuals rarely receive such comprehensive services, making this program a timely, evidence-supported, and mission-aligned solution for PACF investment.

Goal 1: Increase Access to PD-Specific Rehabilitation for Uninsured and Underinsured Individuals

Activities:

To expand access to care, the program will enroll uninsured and underinsured adults with Parkinson's disease from across Central Florida through collaborative outreach with AdventHealth neurologists and primary care providers, Federally Qualified Health Centers, Parkinson's support groups, and the PACF network. AHU faculty and trained students will conduct screening sessions, confirm eligibility, and establish baseline assessments. Weekly group PT/OT sessions will be offered to ensure consistent, accessible programming that eliminates financial and transportation barriers.

Measurement Strategy:

Access will be measured through enrollment logs, referral tracking, attendance records, and demographic information to ensure equitable participation. Screening numbers, waitlist length, and participant retention will also be reviewed quarterly to evaluate whether the program is reaching the target population.

Success Criteria:

Success is defined as enrolling at least 30 uninsured or underinsured individuals per year, maintaining strong participation throughout the 12-week intervention cycles, and demonstrating increased referrals from community partners. Meeting or exceeding these benchmarks will indicate that the program is successfully reducing access barriers and reaching the community members most in need.

Goal 2: Improve Mobility, Activities of daily living/Instrumental activities of daily living (ADLs/IADL), Endurance, Balance, Gait, and Quality of Life Activities

Activities:

- Provide evidence-based, individual and in group PT/OT interventions addressing gait, balance, endurance training, ADL/IADL skills, motor-cognitive activity, and functional mobility.
- Implement individualized exercise prescriptions using FITT principles, target HR zones, and symptom-guided intensity adjustments.
- Conduct mid-program and end-of-program reassessments.

Measurement Strategy:

Using PD-specific Minimal Clinically Important Difference (MCID) and Minimal Detectable Changes (MDC) values:

- **Canadian Occupational Performance Measure (COPM):** MCID \geq 2-point increase

- **Timed up and Go (TUG):** MDC \approx 3.5 seconds
- **FGA:** MDC \approx 4-5 points/MCID \geq 4 points
- **Parkinson's Disease Questionnaire (PDQ-39):** MCID \approx 4.72 points
- **Vital sign response and Borg Scale (RPE) progression tracking during cardiopulmonary training**
- **6 Minutes Walking Test (6MWT):** Because there is no validated PD-specific MCID for the 6MWT, we will adopt a **conservative program benchmark:** improvements \geq 82 meters will be interpreted as clinically meaningful functional gains beyond measurement error. Additionally, relative improvements (\sim 15–20%) or absolute gains \geq 50 meters, especially when accompanied by improvements in gait safety, endurance, or patient-reported function, will be considered as indicators of clinically relevant change within the context of our multi-modal rehabilitation program.

Success Criteria

- \geq **70%** of participants maintain or improve tests performance according to MCID/MDC values
- \geq **80%** demonstrate safe tolerance to individualized exercise parameters

Goal 3: Enhance Caregiver Knowledge, Confidence, and Support

Activities

- Deliver biannual caregiver education workshops focused on activities of daily living (ADL) support, home modifications, fall prevention, cardiopulmonary safety, and community resources.
- Provide hands-on demonstrations and take-home materials.

Measurement Strategy

- Caregiver satisfaction surveys
- Attendance records

Success Criteria

- \geq **75%** of caregiver satisfaction

Goal 4: Strengthen Program Sustainability and Community Partnerships

Activities

- Integrate the program into AHU PT/OT curricula as an ongoing service-learning opportunity.
- Launch a community donations campaign and increase in-kind support.
- Apply for grants from Parkinson's Foundation, Davis Phinney Foundation, HRSA, Florida Blue Foundation, NextFifty Initiative, and others.
- Establish referral partnerships with neurologists, FQHCs, and community organizations.

Measurement Strategy

- Tracking donor contributions and in-kind support
- Documenting grant submissions and partnerships
- Annual sustainability review

Success Criteria

- ≥ 1 potential new funding source or major partner secured by Year 2
 - Program fully integrated into PT/OT curriculum
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Goal 5: Enhance PT/OT Student Education and Workforce Preparedness

Activities

- Train students in PD-specific rehabilitation, cardiopulmonary assessment, outcome measurement, and group intervention facilitation.
- Supervise students in administering screening, therapy sessions, and caregiver workshops.

Measurement Strategy

- Student competency checklists (supervisor evaluations using the APTA Clinical Performance Instrument (CPI) or AOTA Fieldwork Performance Evaluation (FWPE)).
- Student reflection assignments (Self-assessment surveys)

Success Criteria

- ≥ 10 students participate annually

- **90%** meet competency benchmarks
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VIII. Project Timeline

Chronological Timeline (Aligned with PACF Guidelines)

Q1 2026

- Recruit PT/OT faculty, clinicians, and student volunteers – FUNDS NEEDED TO RECRUIT CLINICIANS
- Training staff – FUNDS NEEDED for training
- Finalize cardiopulmonary screening protocol and outcome measure training
- Prepare marketing materials and referral packets – FUNDS NEEDED for marketing

Q2 2026

- Begin participant enrollment and baseline neurologic + cardiopulmonary assessments– funds needed for equipment and therapeutic materials
- Launch weekly PT/OT sessions
- Record initial vital sign responses and individualized exercise prescriptions

Q2–Q4 2026

- Continue group sessions weekly
- Conduct first caregiver workshop (Q4)
- Quarterly review of functional outcomes, cardiopulmonary progression, and attendance
- Submit PACF mid-year report

Q1–Q3 2027

- Continue therapy cycles with new and returning participants – funds needed for materials/equipment, clinicians, marketing.
- Conduct second caregiver workshop (Q2)
- Strengthening partnerships with neurologists, FQHCs, and community organizations
- Launch community donations campaign

Q2–Q3 2027

- Submit external grant proposals (Davis Phinney, Parkinson’s Foundation, HRSA, Florida Blue)

Q4 2027

- Complete final assessments (neurologic + cardiopulmonary)
- Disseminate data at community PD events
- Submit final report to PACF

IX. Budget

Category	Total Cost	PACF Request	Description
Physical Therapist (5 hrs./week × 52 weeks × 2 yrs)	\$22,500	\$22,500	Direct patient services, cardiopulmonary monitoring
Occupational Therapist or OTA (5 hrs./week × 52 weeks × 2 yrs)	\$22,500	\$22,500	ADL/IADL retraining, caregiver training
Sanitizing Supplies	\$600	\$600	Cleaning and infection control
Equipment & Therapy Materials	\$3,400	\$3,400	Gait/balance tools, ADL materials, HR monitors, BP cuffs, pulse oximeters
Training/Certification	\$4500	\$4500	Training on COPM, MDS-UPDRS, TUG, PDQ-39, cardiopulmonary screening = \$1000 LVST Training and Certification for (6) Staff = \$2870 Parkinsons Group Therapy Leader Certification for (6) Staff = \$588
Marketing	\$1000	1000.00	Flyers and other marketing tools to promote the program
Total Budget	\$54,500	\$54,500	

X. Evaluation and Success Measurement

The program will be evaluated using a **Composite Success Index** weighed across four domains:

- **Access (25%)**
- **Function (25%)**
- **Satisfaction (25%)**
- **Sustainability (25%)**

Clinical Measures

- COPM (MCID ≥ 2 points)
- TUG (MDC ≈ 3.5 seconds)
- MDS-UPDRS III (MCID 3–5 points)
- PDQ-39 (MCID ≈ 4.72 points)
- Vital signs and RPE progression for cardiopulmonary tolerance

Operational Measures

- Attendance $\geq 80\%$
- 30 participants served annually
- Delivery of 2 caregiver workshops per year

Satisfaction Measures

- Participant and caregiver rated satisfaction $\geq 75\%$

Sustainability Measures

- One potential new partner or funder by Year 2
- Program embedded in curriculum

Interpretation Thresholds

- $\geq 75\%$ = Successful implementation
- **50–74%** = Partial success; adjust program
- $< 50\%$ = Unsuccessful; redesign required

Quarterly reports will be submitted to PACF, with a final report presented at local Parkinson's community events.

XI. Sustainability Plan

AdventHealth University is committed to sustaining the initiative well beyond the grant period.

1. Curricular Integration

- Program embedded into PT and OT service-learning
- Ongoing involvement of students and faculty ensures long-term staffing
- Incorporation into neurological rehab, cardiopulmonary rehab, and community health courses

2. Community Donations

AHU will launch sustained outreach via:

- Annual “Support Parkinson’s Wellness” giving campaign
- Targeted donor outreach to philanthropic individuals
- In-kind donations (exercise equipment, supplies, wellness items)
- Corporate matching contributions
- Community events with optional donations

3. Ongoing Grant Opportunities

The program will pursue funding from:

- Parkinson’s Foundation Community Grants
- Davis Phinney Foundation
- Michael J. Fox Foundation (select community impact cycles)
- Florida Blue Foundation (health equity initiatives)
- NextFifty Initiative (aging services)
- HRSA Workforce Training Grants
- AHU internal Faculty Development and Community Impact grants

4. Clinical & Community Partnerships

- Local neurologists
- Parkinson’s support groups

- Federally Qualified Health Centers
- AdventHealth outpatient therapy centers

These partners will support client referrals, ongoing collaboration, and expansion of program capacity.

XII. Conclusion / Final Statement

The *Central Florida Parkinson's Access Initiative* represents a timely, evidence-based, and mission-aligned response to one of the most pressing gaps in care for individuals living with Parkinson's disease in our region. By providing free, high-quality physical and occupational therapy, individualized cardiopulmonary exercise guidance, and caregiver education, this program will directly address the unmet needs of uninsured and underinsured community members who currently lack access to essential rehabilitation services. Through comprehensive assessment, targeted interventions, and validated PD-specific outcome measures, the proposed initiative is designed to produce measurable improvements in mobility, endurance, ADLs, balance, quality of life, and caregiver confidence.

With its strong interdisciplinary team, experienced faculty, clinical infrastructure, and engaged student workforce, AdventHealth University is uniquely positioned to deliver a program that is not only clinically impactful but also sustainable. Integration into PT/OT curricula, development of community partnerships, pursuit of additional funding sources, and a structured donations strategy will ensure the program's continuity well beyond the two-year grant period.

Funding from the Parkinson's Association of Central Florida will enable AHU to launch and maintain a much-needed community resource that aligns directly with PACF's mission to improve care, enhance quality of life, and expand access to meaningful services for people with Parkinson's disease. By supporting this initiative, PACF will help establish the first free, comprehensive PD-specific PT/OT and cardiopulmonary rehabilitation program in Central Florida—one that will transform participants' lives, empower caregivers, and prepare future clinicians to serve this growing population with excellence and compassion.

We respectfully request PACF's partnership in making this program a reality for the Central Florida Parkinson's community.

XIII. References

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