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Infusing disability sport into the sport management curriculum

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Abstract

Disability sport is growing around the world with momentum and is described as a “*movement*” (Bailey, 2008; DePauw & Gavron, 2005). While there are more similarities than differences with sport management for able-bodied athletes and those with disabilities, there are additional needs and considerations for persons with disabilities (DePauw & Gavron, 2005). The noticeable visibility of individuals with disabilities in society, including sport, raises concerns about the degree to which sport management academic programs have modified their curricula to ensure that individuals working in the sport management field are prepared to deal with the uniqueness of disability sport. This paper (a) discusses theoretical perspectives toward understanding and thinking about disability, (b) explores ways to enhance sport management curricula through infusion of disability sport, (c) reflects upon current social practices for curriculum integration of athletes with disabilities in sport, and (d) acknowledges infusion of disability sport businesses, organizations and events.

KEY WORDS: *Sport Management Curriculum, Teaching, Disability Sport, Infusion.*

People with disabilities are becoming more visible in our society than ever before (Bailey, 2008; DePauw & Gavron, 2005). At least 15% of the world's population or (roughly 1 billion people) live with some form of disability. Of this percentage 2-4% (approximately 200 million people) experience significant difficulties in functioning, and these numbers are steadily increasing (World Health Organization, 2011). Treatment of people with disabilities has changed around the world over the years, in part due to the recognition of disability as a human rights issue (United Nations, 2006; World Health Organization, 2011). This perspective has led to an increase in accessibility, availability and inclusion of programs and services for persons with a disability. Enhanced media coverage, educational opportunities and general information about disability also speak to the human rights issue (DePauw & Gavron, 2005). People with disabilities have become more accepted by society and in sport. Sport opportunities for and including people with disabilities will continue to increase. "Sport works to improve the inclusion and well-being of persons with disabilities in two ways – by changing what communities think and feel about persons with disabilities and by changing what persons with disabilities think and feel about themselves" (Right to Play, 2008, p. 171).

Inclusion, which is now being modeled in modern society, must be modeled throughout our education system (Prager, 2004). In order to assist in the further development of sport for and including individuals with disabilities it is important that professionals be knowledgeable about the complexity of sport and disability sport management. Sport management programs must ensure that future professionals are educated and adequately trained in issues relating to disability sport and the successful management of sport events for persons with disabilities.

Defining Disability

The International Classification of Functioning, Disability and Health (ICF) has advanced a new understanding of disability in which environmental factors are perceived to create disability (World Health Organization, 2011). This transition from an individual, medical perspective to a structural, social perspective has been described as the shift from a "medical model" to a "social model" in which people are viewed as being disabled by society rather than by their bodies (see Figure 1). The medical model, also known as the categorical or functional limitations model, views disability as a limitation of the individual. The medical model assumes the individual's deficiency is caused by a physiological or biological defect. Historically, individuals have been grouped by their shared disabling conditions or by a category with the primary focus on symptoms and characteristics (Kasser & Lytle, 2005). The medical model focuses on the individual's limitations without consideration to how the environment might affect a person's functional abilities. Programs and services

provided under this model focus on diagnosis, prescription, and rehabilitation. The historical treatment of individuals with disabilities under the medical model focused on human difference and was based on fear and superstition. This provided the basis for exclusion from society and sanctioned exclusion from sport (DePauw & Gavron, 2005).

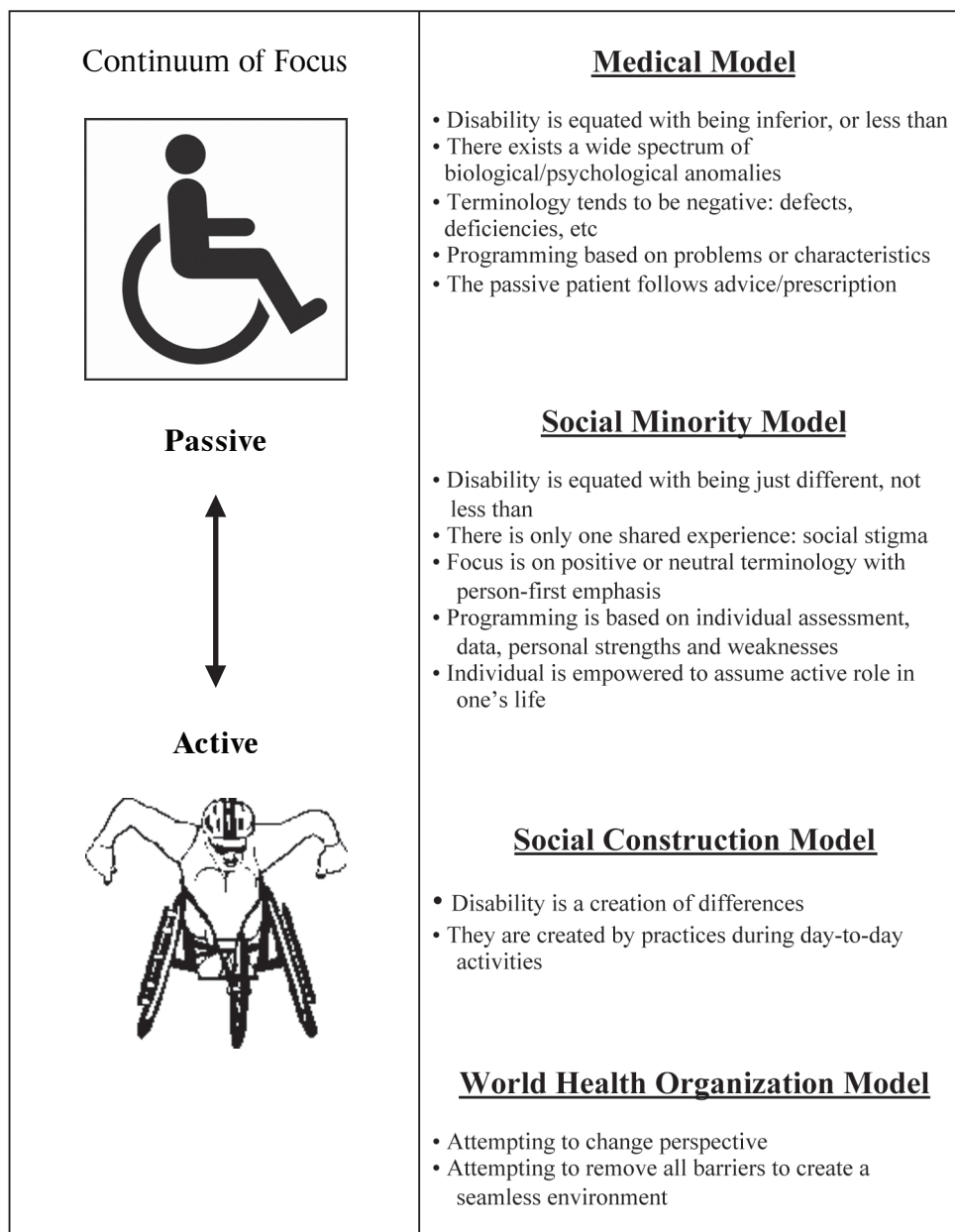


Figure 1: *Models guiding teaching practice.*

In the social minority model of disability (see Figure 1), individuals with disabilities are different from the majority and thus share a similar experience with those in other minority groups. The social minority model focuses on the social consequences of having minority status, which often is exhibited through such behaviors as prejudice, discrimination, and alienation. This perspective assumes that all people with disabilities share a common experience of being disabled (Kasser & Lytle, 2005).

As a social construction, disability is viewed from the perspective of societal conditions or restrictions (see Figure 1). The social construction model of disability is the most recent framework in which disability is perceived as the creation of differences between able and not-able. These differences are not natural, but rather created through reciprocal interactions and by the daily practices of an "able-bodied" society. Norms associated with ability are constructed by those without disabilities and stem fundamentally from the status of a person with a disability as members of a minority group. Once the "able-bodied" population creates differences, they are used to reinforce the status quo of disability. These socially formed and established views of disability serve to maintain beliefs and expectations about inability. Focusing attention on deconstructing past beliefs and stereotypes in order to liberate, empower, and foster personal development and achievement of all individuals emphasizes ability and inclusion rather than disability and segregation (Kasser & Lytle, 2005; Sherrill, 1997). The medical model and the social models are often presented as dichotomous, but disability should be viewed neither as purely medical nor as purely social. A balanced approach is needed, giving appropriate weight to the different aspects of disability.

Disability in Sport

Social attitudes towards sport competition by individuals with disabilities have changed dramatically over the last 40 years. The 20th Century saw the convergence of sport and disability into disability sport (DePauw & Gavron, 2005). More and more individuals with physical and/or intellectual disabilities are participating in sport. The Special Olympics movement, for example, boasts programs in more than 150 countries with roughly 1.2 million athletes training and competing year round (Special Olympics, 2011). Almost 4,000 athletes from 146 countries competed in the Beijing Summer Paralympic Games in 2008, while just over 500 athletes from 44 countries competed in 5 sports in the 2010 Vancouver Winter Paralympic Games (International Paralympic Committee, 2011). The International Paralympic Committee projects that over 4,200 athletes from 50 countries will compete in the 2012 London Summer Paralympic Games. According to statistics generated by the United States Commerce Department, those parts of the population with a strong

affinity for the disability movement had a total income range of \$700 billion to \$1.2 trillion in discretionary buying power (Digh, 1998). In Sydney, Australia, \$112 million in revenue was raised to finance the 2000 Summer Paralympic Games. As more athletes with disabilities make their mark on sports events and make inroads into sports marketing endorsement and sponsorship contracts, events like the Paralympic Games will gain popularity and take center stage alongside other sports events (Cottingham, Phillips, Carroll, Drane, & Gearity, 2011; Pitts & Stotlar, 2007; Stergioulas & Tripolitsioti, 2007).

Disability Sport in Higher Education Curricula

Traditionally, university and college faculty have emphasized discipline-based research, teaching, and service. This is also true in the academic discipline of sport management. As such, disability issues are often considered the exclusive province of specialty fields for rehabilitation counselors or special education professionals, and sub disciplines such as adapted physical education. Including knowledge about individuals with disabilities in the curricula is important. However, infusing knowledge about disability throughout the curricula should be the goal (Rizzo et al., 1997). Ferguson (2006) provides eight reasons for infusing information about disabilities into the general curriculum:

1. People with disabilities are one of the largest and least understood minority groups in the United States.
2. Ignorance feeds discrimination and stereotypes.
3. To eliminate stereotypes, we first have to see them and challenge the assumptions behind them.
4. Familiarity breeds comfort, not contempt.
5. We should recognize the important contributions people with disabilities have made throughout history.
6. Disability is part of the diversity we should celebrate in society.
7. Our literature, art, and popular entertainment are full of imagery and portrayals of disabilities.
8. Race, gender, and disability are related throughout history (Ferguson, 2006).

These suggestions imply that infusing disability across the curriculum is valuable, and their over-arching principles are applicable to the sport management curriculum as well. While having dedicated courses on disability in sport has a place in the curriculum, it reinforces the notion that segregation (of knowledge about individuals with disabilities) is the norm. Emphasizing differences rather than similarities and assigning the responsibility for addressing issues related to disability has been the responsibility of select faculty members and suggests that specialists do this work, rather than all faculty assuming ownership of disability issues throughout their curricula (Rizzo et al.,

1997). The infusion approach does not require the elimination of all coursework in sport for people with disabilities; rather information about sport and individuals with disabilities would be infused throughout the curricula (Kowalski, 1995). The “infusion model” proposed by DePauw and Goc Karp (1994a) has been implemented by many (e.g., Craft, 1994; Doll-Tepper, 1996; Rizzo, Boradhead, & Kowalski, 1997) and provides an opportunity for sport management faculty to have a model approach to help prepare sport management professionals for the 21st Century. DePauw and Goc Karp (1994a) defined infusion as a systematic approach to integrate knowledge and understanding of disability and disability issues throughout the curriculum. Although the conceptual framework for infusion is not new, the works of DePauw and Goc Karp (1994a, 1994b), Kowalski (1995), and Rizzo et al. (1997), who have advocated for the infusion approach for physical education and kinesiology programs, can be modeled while focusing specific attention on the theoretical perspectives and specialized training of sport management professionals (DePauw & Doll-Tepper, 2000).

Indeed, sport management scholars have argued that “a body of knowledge is supposed to reflect and define a field” (Fielding, Pitts, & Miller, 1991, p.1) and that the “textbook can be far-reaching because the information is used in the classroom, field, and research” (Pitts & Danylchuk, 2007, p. 41). Some sport management textbooks are including content specific to disability sport. The Hums and MacLean (2008) textbook on governance and policy in sport organizations has a chapter on Paralympic sport. Similarly Ammon, Southall and Blair in their 2004 sport facility management text dedicate a chapter to ADA requirements. Most issues covered tend to include legal, social, and educational mandates such as the Rehabilitation Act, Americans with Disabilities Act (ADA), and the Individuals with Disabilities Education Act (Rizzo et al., 1997). The 2011 text *Critical Essays in Sport Management* by Gillentine, Baker, and Cuneen includes a chapter addressing disability in sport by Hums and Hancock (2012). While these authors have specific chapters relating to disability and sport, the sport management research literature in journals includes very little. According to studies analyzing the content of some sport management journals, research about disability sport is only minimally present (Pedersen & Pitts, 2001; Pitts, 2002; Pitts & Danylchuk, 2007; Pitts & Pedersen, 2005).

Levels for Systematic Infusion

The infusion-based curricula model is one in which theoretical constructs or content are systematically interwoven throughout the curricula (Rizzo, et al., 1997). Curriculum infusion encourages students and faculty to reflect upon the origins, purposes, and consequences of their actions related to individuals with disabilities as well as on the materials and ideological constraints embedded in the social contexts in which they work. Knowledge from an **in-**

fusion perspective should be broad, allowing for the examination of practical and theoretical knowledge as well as invoking moral and ethical reasoning (Rizzo et al., 1997). Three levels (see Table 1) have been identified in systematically infusing knowledge of disability throughout the curricula: (a) additive, (b) inclusion, and (c) infusion (DePauw & Goc Karp, 1994a, 1994b).

Table 1. *Level and Approach to Systematic Infusion of Knowledge Level.*

Level	Approach	Content Level	Participant Commitment	Learning Experiences	Value Level
I	Additive	Comprehension	Limited Or none	Single Isolated Unrelated Passive	Exposure Initial awareness
II	Inclusion	Application Analysis	Partial	Related Multiple Reflective	Enrichment Partial understanding
III	Infusion	Analysis Synthesis Evaluation	Strong	Integral Integrated Active	Enrichment Ownership Understanding

From: DePauw & Goc Karp (1994a). Integrating knowledge of disability throughout the physical education curricula: An infusion approach. *Adapted Physical Activity Quarterly*, 11, 3-13.

Level 1 - Additive

At level 1, specific topic information about individuals with disabilities is added to a course as an isolated, single exposure using learning experiences unrelated to other courses in the curricula. The commitment of the faculty and student is minimal. At this first stage, value is added to the curricula in terms of initial awareness and exposure to knowledge about individuals with disabilities (DePauw & Goc Karp, 1994a, 1994b). Strategies to infuse knowledge about disability include traditional lectures in which sport for people with disabilities is mentioned, guest speakers on disability and sport by athletes or directors of disability sport organizations such as Special Olympics, an assignment to review a videotape or attend a disability sport event, or an assignment to evaluate the accessibility of sport facilities. Examples of content that could be infused at this level include: (a) lecture on people with disabilities as an industry segment in an Introduction to Sport Management course; (b) sport governance in which Paralympic structures, mission, financials and current issues

in sport industry segments such as scholastic sport, campus recreation, recreational sport, intercollegiate athletics, professional sport, the Olympic and Paralympic Games are studied; (c) sport marketing and promotion where sponsorship for athletes with disabilities, corporate involvement and Paralympic licensed products are addressed, and in which media coverage or growth of attendance at disability sporting events at the local, regional, national, and international levels is discussed; (d) legal issues in sport where applications of the ADA are examined; (e) current trends in which doping policies and procedures and integration of athletes with and without disabilities in the same competitions are debated; (f) sport facilities management in which modified or specially designed facilities for persons with a disability or sharing of Olympic/Paralympic venues are discussed (Hums, Moorman & Fay, 2003; Hums, Moorman & Wolff, 2007). Information about individuals with disabilities can be infused into discussions of technology and sport products development and apparel for diverse markets with regard to wheelchair technology or technology in prosthetic design. A discussion of sports products such as universal weight training machines plays a critical role in marketing fitness clubs to persons with disabilities. Discussions regarding the ethics of competing with modern technology can ensue, including the issues of competitive advantage or opportunities for athletes in developing nations to access and/or afford such technology. In the economics of sport, when discussing professional teams or sport associations, include discussions of the National Wheelchair Basketball Association, United States Quad Rugby Association, Dwarf Athletic Association, or National Disability Sport Alliance. In their sport marketing textbook, Mullin, Hardy and Sutton (2007) outline a model for understanding what they label as the sport product core elements (e.g., product, price, place, promotion, and public relations). Such a model can be directly applied to learning about the sport product core elements associated with the Paralympic Games, other world disability sport competitions such as the World Fencing Competition or Deaflympics as well as grassroots sports organizations such as local Special Olympics basketball tournaments.

Some ideas for consideration could include the following examples. When staging an integrated or segregated event for individuals with disabilities, particular areas of emphasis include (a) physical accessibility to housing, sport or activity venues, eating establishments, and transportation; (b) medical support needs to address the effects of weather, the nature of a particular disability and the effects of training; and (c) venue management for classification and confirmation of technical delegates trained in classification. Discussion about women with disabilities in sport merits review given the world-class performances in recent Paralympic Games as well as in events such as the Boston and New York Marathons and Ironman competitions (Broadhead & Kowalski, 1997; Challenged Athletes Foundation, 2010; Rizzo et al., 1997).

Level 2-Inclusion

At the inclusion level multiple inter-related learning experiences occur within a given class or across the curricula. Student and faculty commitment to the acquisition of knowledge is increased and enriched by multiple exposures and related learning experiences (DePauw & Goc Karp, 1994a, 1994b). While there is no guarantee that professors are covering disability material included in a textbook into their curriculum, its very presence encourages professors to add it into their lectures, discussions and presentations.

Sample inclusion activities include two or more lectures on disability topics pertinent to the selected course, volunteer experiences incorporating journal writing in which students record ways in which they perceive and think about individuals with disabilities in relation to the work context, or lectures on disability topics followed by class assignments, and coverage during examinations. Level 2 inclusion in a sport marketing class would be demonstrated by having students compare Olympic and Paralympic Games marketing, or construct strategic marketing plans for disabled sport organizations to attract and retain volunteers to work those events. In a sport media class a unit of several lectures could address broadcast and print media coverage of disability sport (e.g., Paralympic Games, Special Olympics World Games), and the growth in disability sport and media and information distribution (Hums, Moorman & Wolff, 2007). Similarly, in an information technology sport class, a unit could address internet coverage of disability sport (Hums, Moorman & Fay, 2003), including information on ParalympicSport.tv. In a legal issues in sport course, inclusive topics could consist of advocating on legal issues for athletes with disabilities, and/or the study of pivotal court cases (E.g., Casey Martin or Tatyana McFadden), and arbitration situations affecting youth, intercollegiate and/or professional sports for athletes with and without disabilities. A facility management class, the instructor could go beyond discussing the legal requirements of the ADA to introducing the concept of universal design. According to the Institute for Human Centered Design (2011, para. 1), "Universal Design is a framework for the design of places, things, information, communication, and policy to be usable by the widest range of people operating in the widest range of situations without special or separate design. Most simply, Universal Design is human centered design of everything with everyone in mind." Table 2 illustrates the inclusion of disability material into some sections of a traditional sport marketing course syllabus. The left side of the table is a traditional syllabus content topic without mention of disability. The right side of the table provides examples of disability sport content that can be included without taking time away from covering the traditional content, thus enhancing the course.

Table 2. Section of Syllabus and Lecture Notes from a Sport Marketing Course Without and With Infusion of Material on Disability Sport

Topic: Consumer Analysis; Segmentation; Consumer Behavior; Targeting; and Positioning			
Curriculum Taught <i>without</i> Infusion of Disability Material		Curriculum Taught <i>with</i> Infusion of Disability Material	
Content	Examples	Content	Examples
1. Importance of Consumer Analysis and Segmentation (who are consumers; participation sport vs spectator sport consumers; business consumers.	Throughout these topic areas, use examples of parks and recreation sports, examples of professional sports such as WNBA & NBA; examples of B2B consumers examples of NIKE.	1. Importance of Consumer Analysis and Segmentation (who are consumers; participation sport vs spectator sport consumers; business consumers)	Use examples of parks and recreation sports <u>and national disability sports events</u> , examples of professional sports such as WNBA, NBA <u>and Paralympics</u> ; examples of B2B consumers examples of NIKE <u>and sport wheelchair companies</u> .
2. Market Segmentation Criteria		2. Market Segmentation Criteria	
3. Bases for Segmentation and the Segmentation Process		3. Bases for Segmentation and the Segmentation Process	4. Use examples of Disability.
4. Demographic Segmentation: Age, Gender, Race, Income, Occupation, Education, Sexual Orientation		4. Demographic Segmentation: Age, Gender, Race, Income, Occupation, Education, Sexual Orientation, disabilities	5. Physical needs (remember to include disability needs)
5. Psychographic Segmentation: Lifestyle, Attitude, Personality, Physical Needs, Motivation		5. Psychographic Segmentation: Lifestyle, Attitude, Personality, Physical Needs, Motivation	6. Add examples of accessibility and modification of sports for people with disabilities.
6. Geographic Segmentation		6. Geographic Segmentation	7. Discuss purchase decision-making process unique to disability sport athletes and participants.
7. Purchase Behavior: consumer decision-making strategies		7. Purchase Behavior: consumer decision-making strategies	8. Include examples of disability sport markets; disability sport businesses.
8. Targeting: Selection of Target Markets		8. Targeting: Selection of Target Markets	9. Include positioning strategies for disability sport.
9. Positioning and the Positioning Process and Strategies		9. Positioning and the Positioning Process and Strategies	10. Include disability sport industry segments: Special Olympics, Paralympics, etc.
10. Industry Segmentation		10. Industry Segmentation	

Level 3-Infusion

At the third level, infusion, disability topics and issues are interwoven throughout the curricula, becoming an integral and natural component of each course. Knowledge, application, and synthesis are required within each class as well as throughout the curricula. Ownership, understanding, and appreciation of disability issues evolve during and after the infusion of knowledge (DePauw & Goc Karp, 1994a; 1994b). Faculty and students attitudes will change following infusion. Examples of infusion include practicum experiences, including internship opportunities with disability sport organizations. While highly competitive in nature, students should be encouraged to apply to the internship program offered by the International Paralympic Committee in Bonn, Germany as well as to their Local Special Olympics office. When all the parts of an infusion approach can be utilized, sport management students receive a rich combination of theoretical and practical information about the disability sport and physical activity movement (Hums, Moorman & Fay, 2003).

Implementing an Infusion Based Curricula Model

Initially it is important to secure the commitment of the faculty to the infusion of knowledge about disability throughout the sport management curricula. This requires not only the recognition of disability sport topics and issues but also the desire and willingness to educate students about them. The entire university faculty should be responsible for developing an accurate frame of reference to guide students in selecting and using content knowledge for diverse populations (Kowalski, 1995). Awareness and understanding of the importance and value of disability education are key (DePauw & Goc Karp, 1994a; 1994b). In addition to internal support, external support such as grants, partnerships and cooperative agreements with agencies servicing persons with disabilities (i.e., Special Olympics, US Association of Blind Athletes) can be added incentives for departments. In-service training for faculty is another key element necessary for success and may vary depending on the faculty member's commitment to diversity and understanding of disability and disability issues. When resistance to infusion results from a lack of knowledge or confidence to present knowledge, course-specific material could be developed to assist faculty members in preparing course outlines, lectures, and other class materials. When resistance comes from those who believe there is no time to include additional information, a conversation among colleagues is warranted regarding strategies for adding content to class discussions rather than as an additional unit (DePauw & Goc Karp, 1994b). Changing a class example to talk about a disability sport event rather than, or in addition to, the traditional sport examples, takes very little time (see Table 2).

The infusion process begins with identifying the knowledge and understanding that all students should acquire in sport management. In the field of sport management, this can begin with an examination of the curriculum guidelines in the field. The original and current governing bodies for sport management curriculum and content guidelines stipulate that sport management education include specific content areas of the field (COSMA, 2006; NASPE-NASSM, 2000). Although the original NASPE-NASSM curriculum guidelines were replaced with the COSMA guidelines, both outline the key content areas of sport management including; Legal Aspects of Sport, Sport Finance, Sport Marketing, Sport Governance, Sport Communication, Social-Cultural Aspects of Sport, and Internships. In the original curriculum standards set by NASPE - NASSM, each content area was described and the standards included required content on disability sport for the undergraduate degree programs in sport management (NASPE-NASSM, 2000). The current COSMA document gives no description of an area titled “Social, psychological and international foundations of sport” nor does it describe topics of content that should be covered. At the master’s degree level, neither the NASPE-NASSM guidelines nor the COSMA guidelines give in-depth descriptions about the socio-cultural content area. However, there were broad statements in the NASPE - NASSM guidelines of “The socio-cultural environment in which sport exists” and “Sport as a microcosm of society” for which information about people with disabilities should be included. From these sport management curriculum guidelines it can be surmised that sport management faculty should be including disability sport in coursework.

Once the knowledge and understanding are identified they could be matched with existing course content. An examination of course outlines and textbooks used as well as discussions with course instructors would help match knowledge with course content. During the matching process, faculty expertise related to disability topics and issues should be determined. The implementation level (additive, inclusion, infusion) depends on the knowledge to be imparted and the skills and abilities of faculty to provide learning experiences about disability topics (DePauw & Goc Karp, 1994a).

Selected strategies can be individualized to the class and the faculty member, and even perhaps the students. After the appropriate implementation level has been selected and strategies identified, specific learning tasks and activities are developed and implemented and the program evaluated for its effectiveness in terms of acquisition of knowledge and understanding by students and faculty, as well as changes in behavior and attitudes. Assessment of knowledge may include the use of classroom assessment techniques such as content knowledge probes, minute papers or diagnostic learning logs (Angelo & Cross, 1993), Attitudinal changes may be assessed using pre-post attitude surveys or student/faculty self-assessments of behavioral change.

Changes in teaching and/or learning strategies might also be assessed through the use of selected classroom assessment techniques (Angelo & Cross, 1993; DePauw & Goc Karp, 1994a).

Effects of Infusion

Favorable attitudes are the starting point for working successfully with diverse populations, including individuals with disabilities (Rizzo, Broadhead & Kowalski, 1997). According to the National Center on Physical Activity and Disability (NCPAD) (2011, p.1), "When everyone adopts a positive attitude, an environment is created and opportunities are taken, limits are removed, and potential is increased." In evaluating the effects of an infusion approach, Kowalski and Rizzo (1996) assessed the relationship among selected attributes including gender, level in the program, program emphasis, number of infusion courses, and perceived competence of students and their attitudes towards working with individuals with disabilities. Kowalski and Rizzo (1996) reported perceived competence and the number of infusion-based courses to be significantly related to attitudes. The more infusion-based courses taken resulted in more positive attitudes towards working with individuals with disabilities (Rizzo, Broadhead & Kowalski, 1997). An infusion approach, where topics and issues about individuals with disabilities are systematically interwoven throughout the entire curricula, resulted in positive attitudes toward working with individuals with disabilities (Rizzo, Broadhead, & Kowalski, 1997).

Benefits of Infusion

Benefits of infusion apply to faculty, students, individuals with disabilities, and society in general. Specific benefits of infusion include (a) increased knowledge and understanding of disability, individuals with disabilities, and issues of equity; (b) increased commitment to disability issues and concerns of individuals with disabilities; (c) increased collaboration among colleagues; (d) acquisition of new skills by higher education faculty; and (e) increased ownership and commitment to disability and elimination of stigma (Rizzo, Broadhead, & Kowalski, 1997; DePauw & Goc Karp, 1994a). Research indicates that the brain organizes information by seeking to perceive and create meaningful patterns and conversely, resists developing patterns from information which is isolated and unrelated. For maximum teaching effectiveness, a student should have the opportunity to create meaningful and personally relevant patterns within an integrated and experience-based curriculum (Kowalski, 1995).

Faculty members and university students will be the initial recipients of increased knowledge and understanding of disability. Attitude changes will result

from an integrated educational approach that fosters inclusive thinking and attention to significant social and ethical issues, most notably equity and valuing diversity. Those trained through an infusion approach will carry their enhanced knowledge, understanding, and acceptance of individuals with disabilities into their workplaces. The most obvious beneficiaries of an infusion approach are individuals with disabilities. One of the single greatest benefits of an infusion approach is the creation of an affirming environment and inclusive society.

With increased inclusion and infusion of disability sport throughout the curriculum, students and faculty may be encouraged to increase their scholarship of people with disabilities and sport, the disability sport market, governance of disability sport organizations, and organizing successful events that include athletes with disabilities. This work would then enhance the sport management literature, which, in turn, could be used in classrooms bringing the application and theory full circle.

Limitations

The infusion model is not new information and is based largely on assumptions grounded in physical education and human movement programs. The focus of the present paper was not to provide new pedagogical information per se, but rather to stimulate discussion among faculty within sport management programs toward infusing disability sport content throughout the curriculum. Moreover, as previously reported, the literature in sport management is heavily focused on college and professional sports. This paper might stimulate thought toward enhancing the literature with position papers about disability sport, which in turn can then be used as content material for classes.

Directions for Future Research

Future research can examine the degree to which sport management faculty members teaching in different countries infuse disability sport into their curricula. This could be accomplished through a qualitative analysis of faculty syllabi and interviews with faculty regarding their knowledge, interest and attitudes towards disability sport. Similarly, differences in the topics and degree to which disability sport topics are infused into the sport management curricula could be examined based on where sport management programs are housed within their respective universities. For example, are there differences in the type of content and/or amount of disability content infused when programs are housed in schools of business compared to those in schools of education and to those few programs that are now self-housed?

It would also be interesting to see how sport for people with disabilities is being infused into the curriculum compared to how issues of gender and race

are infused. Some sport management programs offer students the opportunity to take a Women and Gender in Sport class as an elective, but how is gender and sport infused into the curriculum? Students will learn about Title IX, but beyond the legal area, what information is being shared? The same question could be asked about race and sport and also religion and sport. An interesting study would compare and contrast how sport management programs infuse information across the curriculum on all diversity issues, and to see if there are any best practices which could be garnered from that information. According to Gillentine (2012), one area for future research in sport management is diversity, which can help encourage innovative thinking, and potentially influence professors who direct dissertation work in this area. This in turn, would produce new faculty members who are use to dialogue about diversity (Kelly, 2007).

Additionally, future research that would add significantly to this discussion would include position papers and/or studies that produce models for the infusion of disability sport throughout sport management curriculum and its curriculum standards. Disability sport is a viable career for sport management students and, as such, deserves to be fully incorporated into the curriculum.

Conclusion & Implications for Sport Management

Our students are the future professional and leaders in the sport industry. As such, they must know and understand disability sport in order to be successful in their chosen area within the sport industry and to enhance the delivery of sport programs/services/supports to people with disabilities. By infusing information and concepts about sport for people with disabilities into the sport management curricula new opportunities and jobs can be realized in this growing industry. The need and call for sport management programs to evaluate, re-conceptualize, and modify aspects of the curricula might affect most sport management curricula in higher education. Colleges and universities as well as individual departments will choose to develop and interpret an infusion-based curricula model to meet their own respective mission. Successful infusion is based on the principle that colleges and universities will make students think and behave differently about working with individuals with disabilities (DePauw & Goc Karp, 1994).

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