



## Project Fact Sheet: Community Engagement Evaluation

### Our mission:

To increase and enhance the interdependence and full participation in the community of people with disabilities through the use of scientifically sound, theoretically driven sustainable interventions and measures that lead to effective community living solutions and policy change.



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### Background

Can grassroots action help improve community participation among people with disabilities? This purpose of this project is to determine if the use of community engagement methodologies can increase access to health care facilities for individuals with disabilities. It is based on the premise that a disability does not equal ill health.

The Community Engagement Initiative (CEI) brings together individuals with disabilities, people from local government, health care providers, and disability organizations and advocates to identify and solve problems. They collaborate to identify and prioritize barriers to health care access in their community, then develop and implement solutions.

The CEI process includes a town hall meeting, a community infrastructure meeting, and resource mobilization. There is also a one-year follow-up period with identified community partners. CEI projects will be conducted in nine cities – three each in Oregon, Kansas, and Missouri.

### What We've Accomplished So Far

The CEI process has been implemented in three Oregon cities and planning is underway in a Kansas community. Two of the Oregon communities have begun making measurable improvements in access to health care for people with disabilities and the third has prioritized barriers to care.

- In Bend, Oregon, seven out of eight prioritized barriers have been addressed, including:
  - The St. Charles Medical Center parking lots have been resurfaced and restriped – for more

### How This Research Will Improve Community Participation for People with Disabilities

In addition to increasing access to health care in specific communities, new working relationships among individuals with disabilities, health professionals and community leaders can lead to improved communication, promote common understanding and strengthen coordination, collaboration and partnership efforts in a community.



CEI teams document barriers to health care access in photos, such as these showing barriers to get to parking lots and inadequate temporary signage.

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## Translating research into enhanced community participation

than the legally required number of accessible parking spaces. The Facilities Director also reported that he had received funding to “do whatever it takes to make the medical center accessible.”

- The Medical Center’s main entrance revolving door has been replaced by automatic doors, and restroom doors will be monitored to ensure that it takes no more than five pounds of pressure to open them.
  - Two clinics were reevaluated to determine whether progress had been made to eliminate existing barriers, with technical assistance provided.
  - The city addressed the public misperception that accessible buses were being used as part of the regular fixed-route system.
  - This group is also working to reestablish some form of volunteer mobility training since the city cut that position for budgetary reasons.
- In Corvallis, Oregon, transportation and hospital accessibility are currently being addressed after completing the first two phases of the CEI.
    - The hospital system has improved accessibility of parking structures with additional accessible parking spots, new signage pointing to van accessible parking areas, and additional drop-off points for patients.
    - The Executive Director of Dial-a-Bus, the para-transit bus system, addressed call volume by adding seven new volunteers to take incoming calls and added three new bus routes to increase hospital accessibility.
    - The Arc of Benton County and Oregon State University’s Associate Dean for Nutrition and Health Science hosted a forum to discuss “Physical Activity and Recreation for People with Disabilities: A Need for Community Collaboration.” Attendees developed an action list.
    - The Arc of Benton County has coordinated letter writing efforts to the editor of the local paper. Individuals with disabilities have written letters praising the efforts of Good Samaritan’s willingness to improve accessibility and Dial-a-Bus’ work to improve services.

### A Tool to Improve Outpatient Access

As part of the CEI assessment, the research team developed an Outpatient Health Care Usability Profile (OHCUP) to help clinics improve their accessibility.

This simple, easy-to-use checklist measures how usable clinics are for people with three types of disabilities: physical, vision or hearing, and learning. It is less complex than the American with Disabilities Act Accessibility Guidelines and focuses on specific types of disabilities. Individuals with disabilities can give the OHCUP to their health providers to encourage them to become more accessible. To learn more, visit [www.healthwellness.org](http://www.healthwellness.org).

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