

Access to Inclusion: Incorporating Family-Centered Beliefs in the Community



Donna Brinkman, Angel Ehrenschwender, BS, Carolyn Matthews, PsyM, Kim Rolf, PT, DPT, Meagan Scott, MEd, Kara Ayers, PhD, & Jen Smith, PsyD. BCBA-D

Background

- Public venues are required to meet accessibility standards under the Americans with Disabilities Act (ADA)
- Families and individuals with disabilities still struggle to physically and emotionally access many community settings
- A culture of inclusion will promote health equity
- The social model of disability identifies the environment as the barrier to access and inclusion, rather than an individual's physical state (1)
- Universal design ensures a space or environment is designed to be "accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability" (3)
- Gaining a family-centered perspective is essential in understanding perception through lived experience of accessibility or inaccessibility within various community settings
- Feedback from families can help determine key areas to focus on for access and inclusion. Often this perspective differs from that of healthcare professionals and other community stakeholders.
- By incorporating this evidence in our research, we can advocate with a family-centered perspective for improved accessibility in the community

Definitions

- Accessible** - When we say accessible, we mean how you get in, get what you need and get out.
- Inclusion** - When we say inclusion, we mean you can engage fully and belong. You feel valued, respected and supported.
- Accepted** - When we say accepted, we mean a feeling of being welcomed as part of the group.

Last Year's Progress

- Research on inclusion in Cincinnati and related legislation
- Created scorecard for businesses to assess multiple aspects of accessibility/inclusion

Purpose of the scorecard:

Physical	*Indicates access for people with limited mobility; an elevator is not accessible if the only path to it includes stairs* - Cultural Access Guide
Emerging	<ul style="list-style-type: none"> Have used the ADA physical accessibility checklist to assess your organization's areas for improvement with accessibility Organization (with physical space) has accessible entrance At least one bathroom is accessible Main point of business is accessible (table top at restaurant, cash register at shop) Public resources (phones, help buttons, fire alarms, etc.) are accessible Employee training has occurred on wheelchair etiquette, physical disabilities, accessibility vs inclusion OR company goals
Developing	<ul style="list-style-type: none"> Main entrance is accessible Flow of traffic is accessible Parking lot is fully accessible - more spots with increased space next to spot Equipment storage space Employee training has occurred on 2/4 of the following topics: wheelchair etiquette, physical disabilities, and accessibility vs inclusion or company goals.
Acquiring/Refining	<ul style="list-style-type: none"> Has completed score card assessment at least one time prior to this Employee training has been assessed and revised with input from individual(s) with physical disabilities
Proficient	<ul style="list-style-type: none"> Provides specialty equipment free of charge (ex. lift equipment, medical strollers, large changing tables) Universal design in mind when building or renovating space Employee training is accepting feedback from people with disabilities at regular intervals and is routinely implementing changes to curriculum to improve Participate/host community accessible/inclusive event (pigabilities)

- Organizations self-assess level of accessibility/inclusion in different areas
- Help guide plans for working towards full inclusion
- Scorecard for policy, physical, sensory and communication
- Self assessment determines emerging, developing, acquiring refining, or proficient categories

Project Aim

Our **Vision** is to transform our Greater Cincinnati area into the most accessible and inclusive region in the country for individuals with developmental disabilities and their families. We want to serve as a national model for accessibility and inclusion in community settings.

Survey Development

Asked for feedback from community members

- "What aspects of the community which feel inclusive? Not inclusive?"

Created qualitative & quantitative questions pertaining to inclusion in different settings

- Restaurants
- Places of worship
- Retail
- Entertainment

Focused on accessibility

- 7th grade reading level
- Completion time 20 min or less
- Person-first language

Redcap

- Put survey questions into Redcap

Family-Centered Focus

In alignment with the Maternal and Child Health Bureau, family-centered care should be structured so families of children with disabilities will partner in decision making at all levels, and will be satisfied with the services that they participate in or contribute to (2).

FAC Meeting: Presented project and goals of Access to Inclusion group to the FAC and gained feedback on their beliefs of inclusion in the community in order to guide the development of the informational survey.



Discussion

This experience allowed trainees to gain experience in creating a survey that included family and patient friendly language. Our goal was to address the differences between physical access and inclusion in our community with a focus on family-centered input. Our progress in the greater Cincinnati region could potentially then be modeled throughout the country.

Future Directions

We plan to submit our proposal to the IRB for approval by Fall 2022. We will then collect data from families regarding how they want community areas to be inclusive and accessible.

We plan for next year's SEBM group to:

- Analyze data collected through survey
- Incorporate findings into previously made scorecard to ensure family centered beliefs



References

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Acknowledgements

This project is funded by the Maternal and Child Health Bureau Grant T73MC00032