

Community Engagement Initiative: A Process for Improved Community Accessibility & Health

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Who We Are

Oregon Office on Disability & Health Funded by

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities



Presentation Objectives

 Describe our method (Community Engagement Initiative or CEI) to reduce environmental access barriers

Review CEI implementation & results in Oregon



Community Engagement (CE)

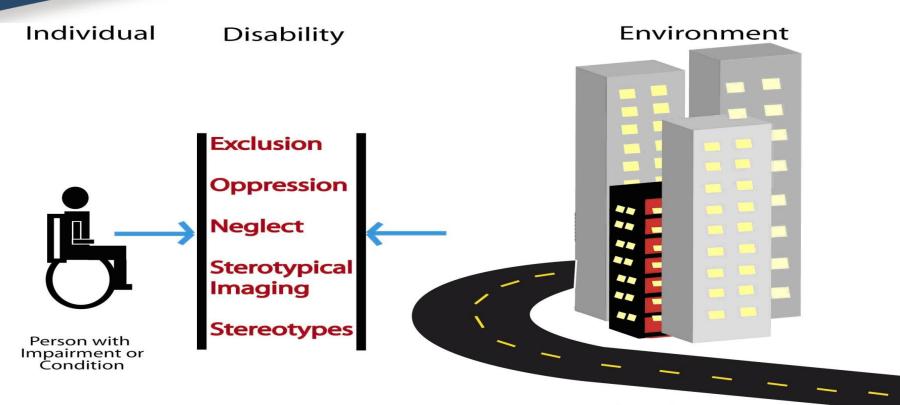
- Geographic proximity
- Special interests
- Similar situations

 Common issues affecting their well-being.





Underlying Idea of CE



Social Model of Disability

Source: Drum, Kahn, & Bersani, 2009

Physical Social Economic Political



Purpose of Community Engagement

The purpose is to:

- Help PWDs and families identify local barriers and facilitators to accessing different environments; and
- Encourage local responses to the identified barriers



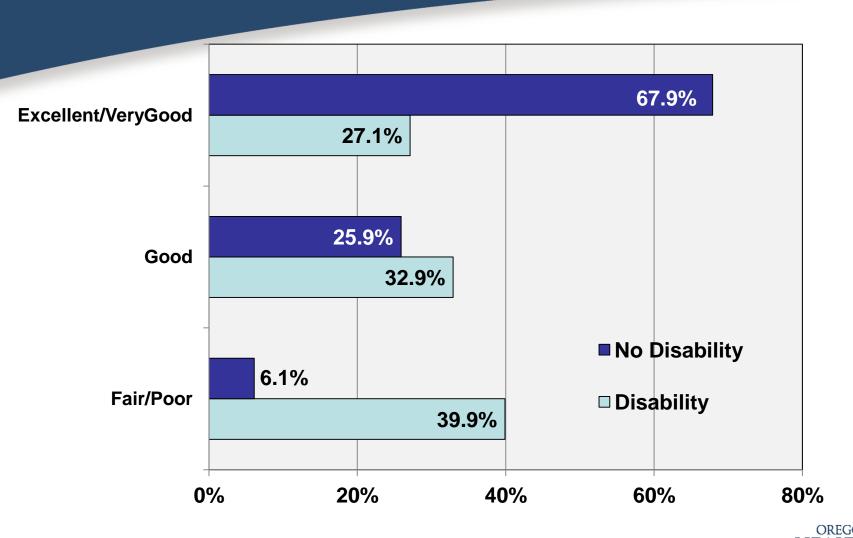
Types of Barriers Addressed by CE

Access to:

Education, Employment, Housing, Public Places, Recreation, Transportation, and Health Care



Health Status of People With and Without Disabilities



The Social Model at Work

Local barriers to accessing health care:

- Transportation
- Facility access & services
- Provider attitudes and communication



CEI Methodology

Step 1. Town Hall Meeting

Step 2. Community Infrastructure Meeting

Step 3. Resource Mobilization

Step 4. Follow-up



CEI Town Hall Meeting

Purpose: To bring together PWD to discuss accessing health care

 Identify Local Community Partner (recruitment, facilitation, follow-up)

Identify Community Assets

Identify Barriers



Step 1: CE Town Hall Meeting

- Prioritize barriers
- Discuss possible solutions
- •ID disability reps for next phase



Step 2: Community Infrastructure Meeting

Purpose: Bring together Health Care providers, local government and transportation planners to:

 Review assets identified during town hall meetings



Step 3: Resource Mobilization

Purpose: Obtain community commitment during the infrastructure meeting to remove identified barriers:

Facilitated discussion of barriers and potential solutions



Step 4: Follow-Up

Purpose: To document change within the community:

- Local liaison designated to record decisions and steps taken to resolve access barriers
- OHSU serves as ongoing resource (technical assistance)



CEI Locations: Oregon

- Bend
- Corvallis
- Pendleton
- Medford

- Newport
- Roseburg
- Coos Bay
- Klamath
 Falls



Prioritized Barriers

Transportation

- Coordination of transportation and appointments
- Limited city bus service & bus stop location



Facility Access & Services

- Accessibility of hospital parking
- Accessible exam tables



Prioritized Barriers

Provider Attitudes & Communication

 Lack of understanding among health care providers/front desk staff regarding disability issues

 Lack of health promotion materials in alternative formats (Braille, large print, reading level)

Progress to Date

 (Corvallis & Pendleton) Hospital improved parking, more spaces, drop-off point, better signage, shuttle service

 (Newport) added bus routes to increase access to hospital services for outlier communities and travel trainer program



Progress to Date

 (Medford) Increased disability representation on local health/medical coalitions and transportation work groups

 (Coos Bay) Development of patient advocate tip sheets and clinic health information specialist



Progress to Date

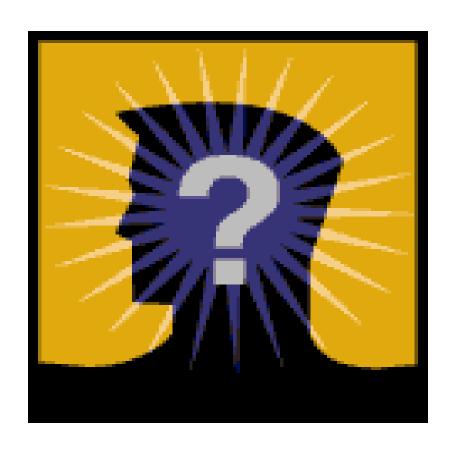
- (Roseburg) Disability Sensitivity & Awareness Trainings
 - Area Health Education Center of SW Oregon
 - Umpqua Valley DisAbilities Network,
 - Umpqua Community College Nursing Program
 - Brain Injury Association
 - Commission for the Blind



Nursing Students in Training



Questions & Discussion





Thank You!

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