Community Action Guide
Access to Health Care
Version 3.0

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Appendixes

Appendix A: Bibliography ........................................................................................................ 24

Appendix B: Planning Materials ................................................................................................. 29
  CEI Planning Checklist ........................................................................................................ 39
  Demographics Survey ........................................................................................................ 44
  Sample Town Hall Agenda .................................................................................................... 48
  Definitions for Town Hall Meeting (backside of agenda) .................................................. 49
  Town Hall Facilitation Outline .............................................................................................. 50
  Satisfaction Survey ............................................................................................................... 61

Appendix D: Infrastructure Meeting Materials ......................................................................... 63
  Definition of Disability (backside of agenda) ........................................................................ 67
About the Oregon Office on Disability and Health (OODH)

The Oregon Office on Disability and Health is program in the Oregon Institute on Disability & Development at Oregon Health & Science University (OHSU). The mission of the OODH is to improve the health and wellness of people with disabilities through health promotion, training, surveillance, education, community engagement, dissemination, and policy development activities that address health disparities and secondary conditions.

The original version of the Community Action Guide¹ was developed with the assistance of the Oregon Office on Disability & Health’s Community Living Work Group and the Oregon Disabilities Commission (ODC) Local Concerns Task Force. The Local Concerns Task Force was established to develop strategies to increase accessibility in Oregon’s rural areas and to inform the ODC about rural concerns and issues through local Town Hall Meetings.

The 2nd edition, Community Action Guide 2.0, was a reiteration of the original guide with modification and edits that primarily reflected lessons learned during implementation. In addition, a chapter was added, “An Alternative Approach to CEI” that details the process of providing mini-grants to communities for access projects.

The third edition, Community Action Guide 3.0, was created in response to the CDC’s Disability and Health Branch’s change in funding priorities, from a broad all-encompassing community access focus, to a more specific focus that included only “access to health care” and its three related subtopic areas: transportation, physical access, and providers’ attitudes and communication. Beginning in 2012, OODH partnered with the NW ADA Center Region X on the implementation of the Community Engagement process and would like to acknowledge their invaluable contributions.

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**Recommended Citation:**
The concept of community has different meanings. Community may be a social unit of any size sharing common values, standards and experiences. The basis of community regards people living, working, and playing in that shared place.

For assembling programs to enhance health in a particular community, collaborators tap into the community’s expertise and willingness to help facilitate action. The ability to participate in a community happens at many different levels. It happens when a family goes shopping or to the movies. It happens when a person who is sick goes to see his doctor. It happens when a student gets on the city bus to take a class at the community college. It happens when a worker heads off to the office in the morning and home again in the evening, and it happens when a group of concerned citizens attend a neighborhood meeting to voice their concerns.

The ability to participate in their communities contributes to the physical, emotional, and spiritual well-being of the community members. However, among people with disabilities participation in community life is often a different experience. Due to various access issues, people with disabilities have fewer opportunities to participate in their communities. And when they do participate, they report less satisfaction in comparison to people without disabilities (Kinne, Patrick, & Doyle, 2004; US DHHS, 2001; NOD/Harris, 1994, 2000).

People with disabilities have less access in several key areas of community life. They may encounter barriers to a variety of public places, such as restaurants, stores, and movie theaters, transportation, employment, education, housing, recreation, and health care. Reduced access results in greater levels of social isolation (NOD/Harris, 2000, 2002, 2004; Diab &
The Community Action Guide: Access to Health Care (Version 3.0) was developed by the Oregon Office on Disability and Health (OODH) and describes a process to include people with disabilities in community planning as it relates to accessing health care. The process is called the “Community Engagement Initiative,” or CEI. CEI engages representatives of the disability community and members of the community infrastructure to work together to improve access to health care for people with disabilities.

**Community Participation:** A process that involves community members as active representatives in both the decision-making and policy development processes of their society. Participation promotes action, which may lead to change (CDC, 1997).
Inside this Guide
The guide was designed for use by a variety of different groups. Grassroots organizations, advocates, community leaders, health care professionals, and representatives of state or local agencies may all find effective strategies for improving access to health care for people with disabilities. The Community Action Guide outlines the principles underlying community engagement and strategies for successful engagement. It’s a practical, hands-on guide that includes step-by-step descriptions of the community engagement process, checklists for conducting successful events, tools for assessing the access of health care facilities / clinics, and examples of how the CEI process has been applied.

Benefits of CEI
Bringing together people from the disability community and community leaders provides opportunities for new relationships and ongoing dialogue. New working relationships can lead to changes that benefit everybody. This action guide offers strategies for working together to strengthen that shared community.

Community Engagement: The process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or similar situations with respect to issues affecting their well-being (CDC, 1997).
What is Community Engagement?

Overview
The community engagement process or CEI, described in this guide is a method to increase accessibility to health care for people with disabilities. The guide provides strategies and tools to aid people in identifying their community’s strengths and needs and to plan for action and change in order to solve issues of local concern. CEI may also serve as a general model that can be adapted to address other social issues important to a community. Individuals from grassroots organizations and leaders in the community may use this model to provide a structure for working together to promote change within their community.

Principles of Community Engagement
The Centers for Disease Control and Prevention (CDC) (1997) define community engagement as the process of working with groups of people related by location, interest, or similar issues that affect their well-being. Community engagement is also called community development and the CDC has offered guiding principles to those involved in the community engagement process.

The CDC explains that before a community engagement effort begins, organizers should do the following:

- Define the purposes or goals of the engagement effort and the populations and/or communities to be engaged.
- Become knowledgeable about the community where the engagement will occur.

Learn about the community’s economy, political structures, cultural influences, demographic trends, history, and experience with and perception of past engagement efforts.
The CDC identifies the important elements of a successful community engagement. Organizers should:

- Develop community support by building trust, establishing relationships, and gaining commitment to the engagement process.
- Respect the community’s right and responsibility to identify both the issues and the strategies for addressing the issues.

The CDC outlines principles to guide a successful community engagement. They include the following:

- A mutual and equal partnership with the community is necessary to create positive change.
- Community engagement in an environment of respect for diversity is more effective.
- Bringing together and using community assets and building capacity are important to sustaining effort.
- The individual or organization engaging the community must be flexible enough to meet the changing needs of the community and be prepared to give the community the power to determine the direction.
- Collaboration between the engaging organization and the community is a long-term commitment.
- Community engagement efforts should address multiple levels of the social environment, rather than only individual behaviors, to bring about desired changes.

Oregon Office on Disability and Health (OODH) incorporated these principles in developing the CEI process. They serve as a sound basis to meet the needs of diverse community members and to build healthier communities.

Collaboration: to cooperate or work together to remove the barriers to participation in the community.
The Three Phases of the Community Engagement Initiative

The community engagement method in this guide consists of three phases and their supporting activities. The phases may take place within a community as separate activities or may be integrated with one another.

The three phases are:

1. A Town Hall Meeting
2. A Community Infrastructure Meeting
3. Community Resource Mobilization

Each of the phases is described in greater detail below:

**Phase 1: Town Hall Meeting**
Engage people with disabilities, their family members, and advocates to elicit strengths and barriers in the community and prioritize issues with regards to accessing health care.

**Phase 2: Infrastructure Meeting**
Bring together representatives from the Town Hall Meeting with Infrastructure Meeting attendees to discuss strengths and barriers, identify resources, and foster concrete action to improve community access.

**Phase 3: Resource Mobilization**
Facilitate organizational strategies (i.e. task force, coalition, collaboration); provide technical assistance & support.
Phase 1: Town Hall Meetings

The first phase is conducting the Town Hall Meeting. The purpose of the Town Hall Meeting is to provide people with disabilities experiencing health care accessibility issues, their family members, advocates, disability service providers and others who support them, with an opportunity to:

- Identify their community’s strengths in accessing health care
- Identify the physical and attitudinal access barriers to health care that exist within their community
- Prioritize health care access issues to be addressed

Action Steps

The Town Hall Meeting begins with a brief introduction of the purpose of the meeting and a review of the agenda.

Through a facilitated discussion, the participants first identify community strengths and resources, then community needs and gaps regarding health care access issues in three key areas:

- Provider Knowledge, Communication and Attitude
- Transportation
- Facility Access and Services

After identifying the access issues within the three key areas, the participants then prioritize their top three issues within each topic area. Careful notes are taken throughout the process. Later, the nine prioritized issues are organized and presented for discussion during the second phase of CEI – the Community Infrastructure Meeting.

To ensure a local perspective, the Town Hall Meeting also offers an opportunity to identify representatives to attend the community Infrastructure Meeting and to participate in mobilization activities.
Suggested Strategies for Implementing a Successful Town Hall Meeting

Implementing a Town Hall Meeting involves a number of steps from identification and recruitment of participants, to facilitating the discussion. The following list includes key elements involved in planning a Town Hall Meeting.

- Carefully plan outreach efforts. Identify agencies and organizations that serve community members with disabilities. These may include centers for independent living (CILs), senior centers, parent groups, residential service providers, vocational providers, veterans’ programs, and assisted living facilities.
- Recruit participants by disseminating meeting notices or flyers to disability service organizations for posting, newsletters or list serves; contact local media (radio and/or television); and/or post flyers in locations frequented by persons with disabilities.
- Reimbursing participants for transportation costs may aid recruitment.
- Scheduling one Town Hall Meeting on Friday and one on Saturday bridges the gap between those who can attend as part of their jobs and those who can only attend when they are not working. Results from each meeting can be combined.
- Schedule meetings for four hours. Try to balance sufficient time for discussion while avoiding fatigue among participants.
- Provide refreshments along with lunch if you have the meeting over the lunch hour.
- Choose meeting locations for physical accessibility, central location, and proximity to public transportation.
- Choose facilitators who are comfortable with health care access issues for people with disabilities and who are familiar with the community engagement model.
- Ask questions to determine specifics of community assets and barriers, such as location, frequency, etc. Maps may be useful for plotting assets and barriers.
- Always start with identifying community assets.
• Ask probing questions to determine if the community has current or planned activities to address local health care barriers.
• Facilitators who have knowledge about available resources may help to build the capacity of the participants to address barriers.
• Prioritize the issues. What is most important to the community? What should be addressed first?
• Identify participants who can provide local perspective to serve as representatives in the Infrastructure Meeting.

**Phase 2: Community Infrastructure Meeting**

The purpose of the Community Infrastructure Meeting is to increase participants’ awareness of health care access barriers encountered by people with disabilities. It is also an opportunity for community leaders to confirm the issues or to provide more perspective on them. In developing a shared understanding of the barriers and discussing ways to address them, the community Infrastructure is better able to address them.

The Community Infrastructure Meeting is made up of elected officials, service providers, city planners, health care representatives and providers, public and private transportation representatives and others, including invited members from the Town Hall Meeting.

The three objectives of the meeting are:

1. Describe and discuss the barriers identified during the Town Hall Meeting.
2. Identify possible resources to improve access to health care for people with disabilities.
3. Promote action on identified barriers.
Action Steps

Recruit community leaders from private and public transportation, hospital and other health care facility or clinic representatives, coordinated care organization (CCO) representatives, city planners, disability service providers, and representatives from the educational institutions (high schools, colleges, etc.). Invite representatives from the Town Hall Meeting to share local perspective on the community’s strengths and barriers. The meeting should follow a standard format with sign-in, introductions, a brief description of the Community Engagement Initiative, review of the agenda, and a slideshow presentation.

The slideshow presentation serves to frame the discussion. It includes a disability community profile and the strengths and barriers identified at the Town Hall Meeting. An example of a slideshow presentation is available in Appendix B. During the meeting, the discussion is guided toward identifying possible community resources available to resolve the issues prioritized during the Town Hall Meeting. At the end of the meeting, participants are asked to form workgroups to address the issues. Workgroups may join existing networks, if available, or create new alliances, task forces, coalitions, or action committees.

The results of the Community Infrastructure Meeting are summarized and sent to anyone who is interested. The summary should include the following for each identified barrier:

1. Agreement that the barrier exists;
2. Refinement or modification of the barrier, if needed; and
3. Identification of community resources to resolve the issue or an agreement to resolve/solve the issue.
Suggested Strategies for Implementing a Successful Community Infrastructure Meeting

The following list includes suggestions for planning a Community Infrastructure Meeting:

- Conduct the meeting two to three weeks following the Town Hall Meeting, if possible. Otherwise, conducting the Community Infrastructure Meeting within one to three days after the Town Hall Meeting has worked out as well.
- A weekday meeting, which includes a catered working lunch, has proven successful.
- Allocate three or three-and-a-half hours for the meeting.
- Extend personal invitations to governmental and service change agent representatives and decision makers including mayors, city planners, transportation providers, and disability service providers. Prominently displaying sponsorship may increase participation.
- Use governmental and service directories and websites to obtain contact information.
- Incorporating current data on the disability prevalence, health status and health disparities including access to health care into the slideshow presentation helps build content. (See Appendix B.)
- Incorporating photographs and maps into the presentation lends a sense of reality to the issues.
- Physical access barriers are easier to represent visually in the presentation than policy and attitudinal barriers.
- For some Community Infrastructure members, the meeting is their first exposure to disability and related health care access issues.

The Community Infrastructure Meeting serves as a natural process for confirming, refuting or reframing issues and concerns. For example, it was common for one or more barriers, which were at first thought to be physical barriers to be reframed as a lack of communication about the available resource.
Phase 3: Community Resource Mobilization

The purpose of the community resource mobilization process is to bring together networks of community members to:

1. Develop solutions to address the identified barriers
2. Take action to remove or change those barriers.

Action Steps
Different organizational strategies may be used to address the issues identified during the Town Hall Meeting and Community Infrastructure Meeting. Examples of organizational strategies that a community may choose include forming alliances, task forces, or linking with existing institutions (See Table 3.1).

Providing technical assistance and support to the emerging groups is important to sustaining the effort.

Suggested Strategies for Successful Resource Mobilization:
We provide these suggestions to mobilize community resources.

- Get commitments on the spot!
- Create a reasonable time frame to complete the overall goal.
- Identify existing resources and help community members connect with them.
- Break the goals into manageable parts.
- Identify a person responsible for each part. This helps sustain momentum.
- Determine where jurisdiction falls for each issue. For example, if there are physical access issues for people with disabilities accessing health care, understanding who has jurisdiction over funding, e.g. the city, county or state, will allow the appropriate agency to be involved.
- Establish new groups or committees within existing organizations to accomplish goals.
• Designate volunteer field coordinators, including representatives of both the Town Hall and Infrastructure Meetings, to help sustain momentum and encourage ongoing dialogue.
• Establish new grassroots organizations to accomplish goals.

Sharing information with the community contributes to a sense of individual empowerment and community competency, so identifying ways to keep community members informed throughout the process is valuable.

The strategies suggested here provide the basis for implementing the CEI process smoothly. Some may find that modifications are helpful, depending upon the particular community. With sufficient planning throughout each phase, organizers will find that the CEI method allows communities to plan for real action and change.
Tools
There are many tools available via the internet for use in the community engagement process.

The Oregon Office on Disability and Health has found the following tools to be helpful and beneficial when implementing the CEI process.

The tools include the following:

- Checklist of Practical Strategies for Implementation of the Community Engagement Initiative (covers the Town Hall Meeting and the community Infrastructure Meeting)
- Facilitators’ Guide for the Town Hall Meeting
- Facilitators’ Guide for the Community Infrastructure Meeting
- Organizational Strategies
- Use of the Slide Presentation
- ADA Tool to Measure Access

To Organize CEI
The Checklist of Practical Strategies is a handy tool planners may use to organize the phases of the Community Engagement Initiative (CEI). It is organized in chronological order to provide a framework of the tasks leading up to each meeting.

The Facilitators’ Guide for the Town Hall Meeting and the Facilitators’ Guide for the Community Infrastructure Meeting include general suggestions for ensuring successful meetings and suggestions for guiding the discussions.

Each of the tools is described in greater detail in this section.
Checklist of Practical Strategies for Implementation of CEI

This checklist is designed to assist with each phase when planning a community engagement event.

Three to Four Months Prior to Phases 1 and 2 of CEI

- Identify a rural community to implement CEI and a local disability organization that will be your collaborative partner. The disability partner should be:
  - Willing and committed to the CEI process. There should be buy-in from leadership as well as staff
  - Well known and connected with other community agencies
  - Well respected in the community
  - Well networked and linked into local issues
  - Willing to assist your agency with the following:
    - Recruit facilitators for both meetings
    - Set date and time for each event
    - Select and reserve accessible meeting sites close to public transportations; set up contract, if necessary
    - Identify catering services and obtain price quotes
    - Identify potential sign language interpreters, real time captioning (RTC) services, Braille services and providers of assisted listening devices
    - Create two invite lists: one for Town Hall Meeting attendees, and one for Infrastructure Meeting attendees.
PHASE 1: Town Hall Meeting

Two Months Prior to the Town Hall Meeting

- Post flyers announcing event and identifying procedures to RSVP and to request accommodations, if needed (e.g. alternate formats)
- Invite Town Hall participants and utilize listservs, emails and personal phone calls; include agenda for meeting
- Publicize meeting through local media and local disability organization listservs
- Meet with facilitators (orientation)
- Gather background information from community

One Month Prior to the Town Hall Meeting

- Arrange for note takers
- Prepare any maps and visuals that will be used
- Order food for event
- Arrange services for sign language interpreters and real time captioners, if needed
- Place orders for Braille or assisted listening devices, if needed
- Provide for other accommodations, if needed
- Develop the agenda
- Gather (purchase if necessary) two flip charts, two easels, and markers.

One to Two Weeks Prior to the Town Hall Meeting

- Call participants as a reminder (if applicable)
- Prepare registration table materials, agenda, and “1-2-3 flashcards”
- Meet with facilitators to prepare for meeting
- Confirm catering and provide final number of attendees

Meeting Day

- Set up registration table with sign-in sheet, pens, and name tags
- Provide laptop computers for one or two note takers
- Arrange room for meeting and lunch
- Place signs to direct participants to meeting room
- Set up flip charts and easels
PHASE 2: Community Infrastructure Meeting

Two Months Prior to the Community Infrastructure Meeting
- Send out flyer (Only to targeted invitees. Not to be posted randomly.)
- Create and mail (email and/or hardcopy) invite letter and include key partners’ logo and/or signatures
- Call invitees that have not yet RSVP’d

One Month Prior to the Community Infrastructure Meeting
- Begin creating template for slide presentation

One to Two Weeks Prior to the Community Infrastructure Meeting
- Confirm attendance with phone calls or emails
- Order lunch for meeting
- Arrange for note takers
- Meet with facilitators to prepare for meeting
- Summarize information from Town Hall Meeting
- Meet with facilitators to go over summaries
- Take photos of areas of need identified in the Town Hall Meeting
- Finalize accommodations

Meeting Day
- Set up registration table with sign-in sheet, pens, name tags
- Laptop computer for note takers (2), or tablets and pens
- Arrange room for meeting and lunch
- Place signs to direct participants to meeting room
- Set up two flip charts and two easels
FACILITATOR’S GUIDE: For Implementation of Phase 1: The Town Hall Meeting

General Suggestions to Ensure a Successful Town Hall Meeting:

• Before the event, participate in development of the agenda and questions needed to guide the discussion. Use the opportunity to determine ground rules, questions to be used to identify very specific barriers, and how barriers will be prioritized, e.g. simple majority vs. using stickers or flashcards numbered 1-3 to identify barriers important to each individual.

• During the event, encourage and maintain a supportive environment for participation by community members who may not be used to speaking in public settings. Look around the room and leave enough time for people who may be hesitant to speak up before moving on. Use reflective listening to help draw people out and to clarify the point they are trying to make if it seems unclear.

• Observe the representation or over-representation of people with particular types of disabilities. Encourage participation from all attendees to ensure a broad representation from all disability groups.

• Keep the discussion focused on local issues. Be prepared for people to bring up broader state and federal issues, and try to localize these to a level where the project can have more of an impact. For example, Medicaid reform is often discussed as a problem for people with disabilities. The facilitators could shift this discussion to inquiries about willingness of local physicians to accept Medicaid / reimbursement rate.

• If the discussion gets off topic, redirect to the topic at hand, or ask the person to hold onto that idea if it pertains to a later portion of the agenda.

• Be mindful of the time constraints and politely remind people of the need to move on when people get into too much detail, without diminishing the validity of the person’s contribution. You might say, “You seem to be really interested in [particular issue being discussed]. Would you be
willing to stick around a few minutes after the meeting to discuss this further? Let’s get some other input on [current issue] now.”

- Facilitators who are skilled at helping participants classify barriers as structural, attitudinal or policy barriers contribute to the understanding of the complexity of some barriers. An attitudinal barrier may be more difficult to address than a structural barrier, such as lack of a curb ramp from the parking lot to the sidewalk.

**Suggestions for Guiding the Discussion:**

- Introduce the facilitators, participants and purpose of the meeting.
- Communicate logistics including location of the restrooms, scheduled breaks, lunch or refreshments or other pertinent information.
- Introduce the ground rules for the discussion.
- Frame the discussion. Talk about what participants at other Town Hall Meetings have identified, and share statistics. Post and describe the three key areas of improving access to health care, e.g. transportation, facility access, and attitudes and communication.
- Guide the discussion to identify the best things about the community.
- A substantive list of positives from the community may be the tone for a positive and constructive meeting. Here are examples of questions that may be used to get information about the community in relation to health care access.
  - What do you like about your community?
  - What works in your community?
  - What are the best things about accessing health care in your community?
- Guide the discussion to identify specific barriers in each of the three access domains. See facilitation guide:
  - Do you have any difficulties getting into and around your doctor’s office or other health care facilities?
  - Do you have any difficulties with accessibility of examination tables or other health care equipment?
  - Have you had any problems with policies and/or communicating with your health care provider?
o Have you found that the level of accessibility varies in different types of health care services you access: routine, chronic, or emergency care?

- Guide the prioritization of the barriers.
- Community engagement is most effective when facilitators are able to shift the focus from state or national concerns to issues of local concern.
- There may be over-representation of one or more type of disability that appears to experience a large number of barriers to health care. Facilitators who encourage participation from people experiencing less-represented disabilities may obtain valuable information about a community's strengths and barriers.
- Facilitators who encourage participation by community members not used to speaking in public settings increase the effectiveness of the community engagement effort.
- Facilitators who can promote a sense of empowerment are effective in engaging participants.
- Summarize the meeting: “This is what you told us.” Identify solutions to the barriers. Here are some examples:
  - What ideas do you have for ways to work with health care providers?
  - What responsibility does the patient have?
  - What responsibility does the provider have?
- Share closing remarks, including next steps, announcements, or other opportunities to share information or get involved.
FACILITATOR’S GUIDE:  
For Implementation of Phase 2: Community Infrastructure Meeting

General Suggestions for a Successful Community Infrastructure Meeting:
Framing the discussion around a slide presentation, which has been prepared ahead of time, provides structure to the meeting. For more information about the content of the slide presentation, see slide presentation tool in this section.

Suggestions for Guiding the Discussion:
- Introduce facilitators, participants, representatives of the Town Hall Meeting, purpose of meeting, and hopes for accomplishments.
- Communicate logistics including location of restrooms, scheduled breaks, availability of refreshments and other pertinent information.
- Present demographic information.
- Present the best aspects of health care accessibility in the community as identified by the participants of the Town Hall Meeting.
- Present identified barriers in each of the three topic areas.
- Provide opportunity for the community Infrastructure to provide more information on the existence of barriers.
- Ask probing questions to get more information about perceived barriers. Examples include:
  - Are you currently addressing the identified barrier? Are there resources already in place? If yes, who is the contact?
  - Are there plans to address the barrier? Has it been budgeted?
  - If there are no plans to address the barrier, why not?
  - Are there opportunities to form or join work groups or committees?
  - Where does a citizen bring concerns regarding this issue? How does a citizen get involved in the process of change?
- Summarize the meeting.
- Discuss next steps.
Use of the Slide Presentation

A slide presentation is a valuable tool for use during the community Infrastructure Meeting. It can provide context on community issues and presents the information synthesized from the Town Hall Meeting in a concise and organized manner. It also serves to focus the discussion around identified strengths and barriers in a specific community.

The presentation may also be helpful in presenting a snapshot of the community members with disabilities including the prevalence of disability, education and employment rates, as well as information on relevant health status.

Including direct quotes from Town Hall attendees, which capture the core of both the strengths and barriers is very powerful strategy and may be added as bullet points under each of the key topic areas.

Find a sample slide show presentation in Appendix B.

The slide presentation should capture the core of a community’s strengths and barriers.

ADA Tool to Measure Access

The Accessibility Checklist for Medical Clinics and Facilities in Oregon

The Checklist was developed by the NW ADA Center at the University of Washington. The tool is designed to be convenient and user friendly tool for identifying architectural and communication barriers that may be encountered by people with disabilities in public and private buildings. The checklist was created using the 2010 ADA Standards for Accessible Design: Oregon State Building Code and allows one to access the path of travel from the parking lot, through the building, to the exam room.

The checklist is not a substitute for federal accessibility standards or the appropriate state and local building codes.
Conclusion

The purpose of the Community Action Guide is to share information that can help communities use a community engagement process themselves. The goal is to provide a blueprint for communities to empower themselves for change.

We have found the Guide to be an effective tool for facilitating networking and encouraging action around health care access issues in Oregon. Some of the outcomes of the community engagement process to date include:

1. Expanded public transportation routes into more rural areas to ensure access to medical appointment for those living outside the original bus routes.
2. Development of a training for hospital staff on appropriate disability communication and etiquette and accessibility issues to be incorporated into their new employee orientation.
3. Restriping of hospital parking lots to include appropriate number of van accessible parking spots.

These are simply a few examples of ways in which communities have responded to the needs raised in Town Hall Meetings and applied the resources identified through Community Infrastructure Meetings.

Oregon communities have a long-standing tradition of responding to issues and allocating resources on a local basis. Historically, these processes have sometimes overlooked the needs of Oregonians with disabilities. The overall goals of the community engagement process described in the Community Action Guide are to increase awareness in Oregon communities about disability issues and facilitate local action that increases the accessibility of health care in Oregon communities.

We believe communities must work locally to meet the needs of all citizens. The difficulty in realizing that vision increases the challenge; it should not cause us to close our eyes to where we need to go.
Appendix A: Bibliography


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What is community participation?
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Appendix B: Planning Materials

Sample PowerPoint Presentation .......................................................... 32
CEI Planning Checklist ........................................................................ 43
Welcome and Introductions

- HASL, Center for Independent Living
- NW ADA Center
- Oregon Office on Disability and Health, OHSU
- AllCare
- Primary Health of Josephine County

Meeting Objectives

- Increase Knowledge of Disability Prevalence and Health Status
- Review Results from Grants Pass Town Hall Meeting on Health Care Access
- Identify Ways to Increase Health Care Access
- Create Partnerships with the Disability Community

Meeting Materials

- Meeting Agenda
- Definitions of Disability
- Disability Demographics
- Workbook
- Satisfaction Survey

Disability Demographics:
Grants Pass & Beyond

Local Demographics

Snapshot of Jackson County, Oregon

- Total population 5+ yrs old: 192,383
- Median Age: 41.6
- People 5+ yrs. old w/ Disability: 33,121
- Percent 5+ yrs old w/ Disability: 17.22%

Self-Reported Health Status

Health Status by Disability

- Excellent/Very Good/Good
- Fair/Poor

Health status is significantly different between people with and without disabilities in Oregon (p<0.001).


Primary Health Risk Factors

- Obesity
- Smoking
- Anxiety & Depression
- Cardiovascular Events

Obesity

Obesity and Disability

- Overweight
- Obese

Obesity categories are statistically significantly different between people with and without disabilities in Oregon (p<0.001).


Cardiovascular Events

- Heart attack
- Coronary heart disease
- Stroke

People with disabilities
People without disabilities

Source: 2011 Oregon BRFSS

But...

- This doesn’t mean that people with disability should be considered sick or ill
- People with disabilities can be healthy
- Disability itself is not necessarily the cause of health disparities but environmental and social factors.

Improving Access to Health Care

Community Engagement Initiative

Step 1. Town Hall Meetings
Step 2. Infrastructure Meetings
Step 3. Mobilization
Step 4. Follow Up
Grants Pass Town Hall Meeting

- Held yesterday - Thursday
- Approximately 12 attendees
- Included people with cognitive, sensory, mental and mobility impairments, parents/personal care attendants, and service providers
- Not intended to be a representative sample

Facilitated Process with Active Participation:
- Focus on local issues
- Identified Best Things in Health Care in Grants Pass
- Identified Barriers
- Prioritized Barriers
- Discussed Potential Solutions

Best Health Care Practices

- Dentist offices that work with Voc Rehab clients work well with the clients and ensuring they have a positive experience.
- Josephine Community Transit listens to their customers and makes improvements.

- ER staff at the Three Rivers Hospital are overall very respectful and take the time to get to know their patients.

“Once the people at the hospital knew me they didn’t try and put me in a wheelchair. I have worked really hard to get out of a wheelchair.”

Best Health Care Practices

- Most service counters in both clinics and hospitals were accommodating for people who use wheelchairs, etc.
- Some PT and OT providers meet the individual needs of their clients, and they are well respected. One PT has an adjustable table. (easy transfers)
Best Health Care Practices

• Good detailed explanations from pharmacy staff and some providers.

“The doctors explained everything to me and didn’t use a lot of medical language that I couldn’t understand.”

Barriers to Accessing Health Care

1. Transportation
2. Facility access and services/policies
3. Provider attitudes, communication and disability knowledge

Prioritized Barriers to Transportation

Communication between bus drivers and disability community:
• People first language – basic respect

One bus driver has repeated said, “Why do I have to always help you just because you are retarded.”

Prioritized Barriers to Transportation

• Medical durable equipment
  – HASL has a DME loan program
    • Fills the gap between the time it is prescribed and received
    • Recently donated 15 power chairs to the community (fund raiser with local businesses)

Prioritized Barriers to Transportation

• Grants Pass Transit
  – Communication with riders/customers
  – Limited hours and days
• Bus stops
• Crosswalks and curb cuts

Prioritized Barriers to Transportation

Bus stops
• Not convenient to medical site (Siskiyou and Three Rivers Hospital)
• Not all shelters are not wheelchair friendly
Prioritized Barriers to Transportation

- "When I get off the bus [at Three Rivers Hospital] there are no signs to show me how to get to the entrance (of the hospital). There's just no signs."
Prioritized Barriers to Transportation

Cross Walks and Curb Cuts

- Bus stop on opposite side of the street from the clinic and there is no cross walk.
- On some side walk routes there are not curb cuts.

Prioritized Barriers to Transportation

Cross Walks

- The timing of the traffic lights does not give enough time to cross the street.
- For someone who is blind there are no audio cues that indicate it is ok to cross.

Town Hall Solutions

- Disability and Etiquette Training for drivers.
- Develop partnerships within the community to identify transportation needs. “Listen to the community.”
- Consider prioritizing sidewalk routes from bus stops to health care facilities/clinics.

Transportation Solutions

Exams rooms:

- Exam tables too high, difficult to transfer
- Lack of accessible scales

“I haven’t been weighted in like two year because I can’t get on the scale. There’s nothing to hold on to.”
Prioritized Barriers in Facility Access & Services

Waiting areas:
- Path of travel is obstructed and it is too crowded… no consideration for a person who uses wheelchair.

General information:
- Asking for help, directions, bus info.

“Sometimes they (doctors’ offices) don’t know where the closest bus stop and they can’t give me instructions on how to get to there.”

Physical access:
- Pharmacy and other building difficult to get into:
  - No ramps
  - Heavy doors
  - Narrow doorways
Prioritized Barriers in Facility Access & Services

Parking Areas:
- Accessible parking at Three Rivers Hospital is not completely correct.
- Not enough spaces (always full)
- Incline grade too steep

Town Hall Solutions

- Designated accessible exam rooms that have the adjustable tables
- Accessible scales
- Additional disabled parking spaces to meet demand not just ADA requirement
Prioritized Barriers to Communication & Attitudes

Disability awareness and responsibility:
- Providing necessary accommodations
  - American Sign Language Interpreters
  - Lack of understanding of rights and obligations

Town Hall Solutions

- Disability awareness training for medical and front end staff
- Educational materials (1 page fact sheets: Effectively serving patients with disabilities
- Accessibility surveys to highlight barriers

Solutions: Barriers to Communication & Attitudes

Next Steps

- HASL will maintain monthly contact with infrastructure key leaders and work groups
- NW ADA Center will provide technical assistance and requested supports

Thanks for coming!
## Community Engagement [Your town here]: [Date of event here]

### Planning Checklist

[Month(s)] [Year]

<table>
<thead>
<tr>
<th>Activity</th>
<th>meeting Type</th>
<th>Date to be completed</th>
<th>Person responsible</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Set a date &amp; time for each event</td>
<td>“Town Hall or Infrastructure”</td>
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<tr>
<td>Identify &amp; reserve accessible location for meetings</td>
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<tr>
<td>Identify partners</td>
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<tr>
<td>Meet with facilitators</td>
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<tr>
<td>Gather background information from community</td>
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<tr>
<td>Identify Disability Agencies / Organizations (spreadsheets)</td>
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<tr>
<td>Identify Infrastructure Attendees (spreadsheets)</td>
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<td>Publicize meeting through local media and local disability organization listserv</td>
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<tr>
<td>Post flyers announcing event and identifying procedure for requesting accommodations</td>
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<tr>
<td>Order food for event</td>
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<tr>
<td>Activity</td>
<td>meeting Type</td>
<td>Date to be completed</td>
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<tr>
<td>Arrange services of sign language interpreters, if needed</td>
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<tr>
<td>Place orders for Braille or assisted listening devices, if needed</td>
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<tr>
<td>Order meeting Materials (Folders, Nametags, Flipcharts)</td>
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<td>Arrange for note takers (Real Time Captioning)</td>
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<tr>
<td>Invite representatives: local and county government, service providers and service organizations; utilize list serves, email + personal phone calls - include agenda</td>
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<tr>
<td>Confirm attendance with phone calls</td>
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</table>
### Tasks prior and after the meetings

<table>
<thead>
<tr>
<th>Activity</th>
<th>meeting Type</th>
<th>Date to be completed</th>
<th>Person responsible</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Take photos of areas of need identified in the Town Hall Meeting</td>
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<tr>
<td>Develop slide presentation for meeting using summary and photos</td>
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<tr>
<td>Meet with facilitators to go over presentations and materials</td>
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<td>[Add your own]</td>
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### Tasks 1 Week Before meeting

<table>
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<tr>
<th>Activity</th>
<th>meeting Type</th>
<th>Date to be completed</th>
<th>Person Responsible</th>
<th>Notes</th>
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<tbody>
<tr>
<td>[Add your own]</td>
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<td>[Add your own]</td>
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Appendix C: Town Hall Materials

Demographics Survey ................................................................. 44
Sample Town Hall Agenda .......................................................... 48
Definitions for Town Hall Meeting (backside of agenda) .............. 49
Town Hall Facilitation Outline ............................................... 50
Satisfaction Survey ................................................................. 61
Demographics Survey

1. What is your age? ______

2. What is your gender?  ☐ Male  ☐ Female

3. What is your race/ethnicity?  (Check all that apply.)
  ☐ American Indian/Alaska Native
  ☐ Asian
  ☐ Black/African American
  ☐ Native Hawaiian/Other Pacific Islander
  ☐ White
  ☐ Other (specify) ________________________________

4. Are you of Hispanic or Latino origin?  ☐ Yes  ☐ No

5. What is the highest grade or year of school you have completed?
  ☐ Never attended school or only kindergarten
  ☐ Grades 1 through 11
  ☐ Grade 12 or GED (high school graduate)
  ☐ College 1 year to 3 years (including trade school)
  ☐ College 4 years or more (college graduate)

6. Do you live with others?  ☐ Yes  ☐ No

Please turn the page!
7. Do you represent:

- Residential program
- Vocational services program
- Brokerage
- A Person with a Disability
- County or State employee
- Transportation Industry
- Health Care Representative

- Other (please specify): ___________________________________________

8. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? (Check all that apply)

- Your employer
- Someone else’s employer
- A plan that you or someone else buys on your own
- Medicaid or Medical Assistance [or substitute state program name]
- Medicare
- The military, CHAMPUS, or the VA [or CHAMP-VA]
- The Indian Health Service [or the Alaska Native Health Service]
- Some other source
- No health insurance coverage

Thank you!
Do You Have a Disability?
Share Your Experiences in Accessing Health Care Services in [Your town]

Town Hall Meeting
[Day of week]
[Month] [Day], [Year]
[Time]
[Location]
[Address]

- Discuss access barriers to health care
- Explore perceptions of health care professionals
- Examine city Infrastructure and transportation needs

Please RSVP if you plan to attend!
Call [local community group] at 888-888-8888 or email ________

Lunch will be provided

Accommodations provided with 1 week advance notice

Sponsored by: [Your List of Sponsors Here]
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone</th>
<th>Email</th>
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<td>1.</td>
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<td>(          )__<strong><strong>-</strong></strong>____</td>
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<td>7.</td>
<td>(          )__<strong><strong>-</strong></strong>____</td>
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Health Care Community Engagement
[Your town here] Town Hall Agenda
[Month] [Day], [Year] – [Time]

Welcome and Introductions: .......................................................... 11:30am-12:00pm

Working Lunch

- Meeting Overview ................................................................. 12:00-12:30pm
- Best things about health care? ............................................. 12:30-1:15pm

BREAK .................................................................................... 1:15-1:30pm

Identifying Barriers to Accessing Health Care ......................... 1:30-2:30pm

- Physical Access
  - Signage
  - Communication (written materials)

- Transportation

- Health Care Providers’ Attitudes

Review and Prioritize Barriers .................................................. 2:30-2:50pm

Brainstorm Solutions ............................................................... 2:50-3:15pm

Evaluation Forms .................................................................... 3:15-3:30pm
Definitions

**Accessibility** can refer to the ease in which something is available to you, your ability to easily move around in a place, or ability to participate in an activity (e.g., the doorway being wide enough for your wheelchair).

**Accommodation** can refer to modifications or adjustments made to meet someone’s needs.

**Barriers** are things that inhibit or prevent you from getting what you need. For example, stairs can be a barrier for someone using a mobility device.

**Emergency care** means you are seriously injured or extremely sick and need medical care right away.

**Routine care** includes preventive and chronic care. By routine care we mean the type of care you get when you visit your health care provider on a regular basis during which you may receive preventive screenings, exams, and lab/blood tests. During routine visits your health care provider may help you manage any ongoing health care conditions (e.g., diabetes, high blood pressure) you may have.

**Urgent care** means needing to see a doctor right away because you are injured or sick.
Town Hall Facilitation Outline

I. Welcome
   A. Introductions of facilitators
   B. This meeting is part of Community Engagement Initiative - a process developed by OODH at OHSU and made possible to do in [Your town here] through funding provided by [List funder(s) here]
   C. Give a special call out to our community partner(s) - [List community partner(s) here]
   D. Provide History and Experience Here - (Example: We have partnered with over 20 communities throughout Oregon)
      1. To identify the health care access concerns of the disability community
      2. & to mobilize the community to address issues and improve health care access and quality of life for individuals w/ disabilities.
   E. CEI has four parts
      1. Town Hall
         a) We are here to hear from you
         b) What is working well in your community (access to health care)
         c) Barriers to health care (prioritize them)
         d) Begin to gather solutions
      2. Community Infrastructure Meeting tomorrow
         a) Meet with health care providers / administrators
         b) Community leaders and Service Providers
         c) Discuss barriers
         d) Strategize about solutions
      3. Community Mobilization
         a) Working together with community leaders to address change, remove barriers, and make things better for community members like yourself who face barriers to accessing health care.
            *Some of these changes will occur quickly while others make take more time and effort.
      4. Follow Up
a) NW ADA Center will be touching base and will provide TA as needed for the next _____ months. [Your community organization here] is also a valuable resource.

II. Meeting Overview
A. Logistics – bathrooms – Agenda break \approx 1:15PM– feel free to get up if you need to.
B. Ground rules:
   1. Raise hands
   2. One person speaks at a time (so we can all hear from you)
   3. Say your name when you speak
   4. Limit time so everyone can speak/get through the agenda
   5. Parking lot
   6. Don’t debate or criticize others/Everyone’s views are valid
   7. Write it down if you don’t feel comfortable saying it

III. Introduction of discussion
A. We used a variety of resources to prepare for this meeting which include:
   1. Issues brought up at previous Town Hall Meetings
   2. Results of related surveys conducted with disability communities
   3. Reviewed articles by researchers on health care access –

What we have found is - Overall people with disabilities:
   a) Experience poorer health than the general population (and it is mainly due to environmental and social factors – not necessarily the disability itself)
   b) Have more unmet health care needs and receive fewer preventative services (cancer screenings / dental checkups) than general Population

All this info brings us to our meeting goal today, which is to identify barriers contributing to your ability to access health care/services in your community:

B. Today we will be discussing how you access healthcare in the following ways:
   1. Transportation getting to health care
2. Facility access and services / policies of health care settings
   (Doorways, examine tables, parking, signage, printed
   materials/forms as well as accessibility of services; those being
   interpreter services, assistance filling out forms, large print, etc.)
3. Provider knowledge, attitude & communication
4. We know national issues are important /financial (hot issue)
5. Focus on local issues where we can make a difference

IV. The best things about health care in [Your town here]:
   A. Before we start talking about barriers, let's talk about what works.
   B. What do you think are some of the best things about accessing health
      care in your community?
   C. What do health providers do that make it easy?

V. Identifying barriers to accessing health care:
   A. Please hold solutions until we have identified all the barriers
   B. After we identify the barriers we will then vote and prioritize
   C. The last part of the meeting we will discuss possible solutions
      1. Specific barriers
      2. Names of specific hospitals or clinics where there have been
         access issues
      3. Not too deep into personal stories so that everyone has enough
         time

D. Transportation:
   1. Do you have trouble getting to your doctor’s office or other places
      where you get health care, specialty therapy services, fill your
      prescriptions, etc? What makes it difficult?

E. Facility Access & Services(hallways, parking, signage, exam
   tables, brochures):
   1. Do you have any difficulties getting into and around your
      doctor’s office or other health care facilities? (Think about your
      path of travel; what do you need to access quality care?)
   2. Have you had any problems with the procedures of your health
      care providers? [service animals]
3. Is it hard to obtain the reasonable accommodations you need to access health care services? (Assistance with transferring, communicating, etc.)
4. How easy or hard is it to communicate with doctors or health care office staff and or get information (prescriptions, health information, etc)?

F. Provider knowledge, attitude and communication
5. What has your experience been with trying to find providers who understand your disability?
6. Have you had any problems with negative attitudes or lack of respect from your doctors or other health care providers and support staff?
7. How easy or hard is it to communicate with doctors or health care office staff?
8. Has your doctor provided you with health information materials about your medical conditions or other health and wellness issues? Have these materials been provided in accessible and understandable formats?

VI. BREAK
VII. Review and Prioritize Barriers
A. Use your numbered Voting Cards to vote for your top three barriers you think are most important
B. Read list of barriers
C. Count cards
D. Each person gets three votes per topic (transportation, access, attitudes)
E. “Vote on what you think are the 3 most important issues or priorities.”
F. “Vote for the top 3 issues that you also think are most likely to change.”

VIII. Brainstorm Solutions
A. Read top three barriers for each topic
B. Brainstorm solutions for these prioritized issues
C. Tie to local resources
D. Resource table
IX. Closing Remarks
   A. Explain next steps – Infrastructure Meeting
   B. Also looking for a few volunteers who would be willing to represent
      the attendees at today’s meeting tomorrow - Friday
   C. Sign in sheet – so we can contact you
   D. Have people sign photo release forms

X. Evaluation Forms
COMMUNITY ENGAGEMENT: TOWN HALL
SATISFACTION SURVEY

Your feedback is very helpful to us. Please answer the following questions:

Which of the following best reflects your overall level of satisfaction with the Community Engagement Town Hall Meeting?

☐ Highly satisfied
☐ Satisfied
☐ Satisfied somewhat
☐ Not at all satisfied

How would you rate your satisfaction with how the meeting was conducted?

☐ Highly satisfied
☐ Satisfied
☐ Satisfied somewhat
☐ Not at all satisfied

How would you rate the usefulness of the meeting?

☐ Highly useful
☐ Useful
☐ Somewhat Useful
☐ Not at all useful

What was your level of participation?

☐ Very High
☐ High
☐ Neither High nor Low
☐ Low
☐ Very Low

Do you have other comments on this meeting? Please write them here:

Today’s Date: _______________________ Location: [Your town here]

THANK YOU!!
Appendix D: Infrastructure Meeting Materials

Appendix D: Infrastructure Meeting Materials ........................................... 63

Definition of Disability (backside of agenda) .................................................. 67
Infrastructure Invite Letter

[Letterhead of your organization]

[Date]

Dear ______,

We would like to invite representation from your organization to attend a Community Infrastructure Meeting in [Your town here] focusing on healthcare access issues for people with disabilities. The meeting is being sponsored by [name of your agency here and any other key sponsors] and [other sponsors]. The meeting will be held on [Day of week], [Month] [Day] at [Your address here] from [Time here]. Lunch will be provided.

The primary objective of this Community Infrastructure Meeting is to bring together community leaders from [Your town here] to discuss healthcare access barriers facing people with disabilities. These barriers will have been identified by people with disabilities during a Town Hall Meeting we’re also hosting in [Your town here] on [Day of week] [Month] [Day].

The second objective of the Community Infrastructure Meeting is to facilitate the identification of resources and supports in [Your town here] and the surrounding communities to help improve access and remove barriers. Our office, along with the other sponsors of this event, will also provide technical assistance regarding the implantation of solutions that are related to our agencies’ overall areas of expertise.

We hope you, or a representative from your organization will be able to join us for this important meeting, as your participation can help facilitate change for improved community access.

Additionally, we will be providing a limited number of accessibility assessments for healthcare facilities. If you are affiliated with a clinic or healthcare facility, and would like us to conduct an assessment of your facility’s usability for people with mobility, sensory, and/or cognitive disabilities, please let us know. We will be happy to schedule an assessment with you. Results and recommendations will be provided.

Sign language interpreters, individual listening devices and materials in alternative format will be provided with one week’s advance notice. We look forward to seeing you and ask that you please RSVP by [Day of week] [Month] [Day], to [your agency] at (888) 888-8888 or at [email address]. Also, please feel free to contact [our agency] if you have any further questions or need additional assistance.

Sincerely,

[Your name]

On behalf of all the sponsors:

[List sponsors here; include logos if appropriate]
[Your town here] Community Leaders Meeting to Discuss Health Care Access for People with Disabilities

[Day of week] [Month] [Day], [Year]

[Time]

[Location]

[Address]

• Discuss access barriers to health care
• Explore perceptions of health care professionals
• Examine city Infrastructure and transportation needs

Please RSVP if you plan to attend!

Call [your agency] at 888-888-8888 or email _____________

Lunch will be provided

Accommodations provided with 1 week advance notice

Sponsored by: [Your Sponsors Here]
Health Care Access
Community Engagement Initiative
[Your city here] Community Infrastructure Meeting Agenda

[Date] & [Time]

Welcome & Introductions .................................. 11:30am-12:00pm

Working Lunch

• Meeting Objectives ........................................ 12:00-12:15pm
• Disability Demographics & Data ...................... 12:15-12:30pm
• Best Things about Health Care ....................... 12:30-1:00pm

BREAK ....................................................................... 1:00-1:15pm

Increasing Health Care Access in [Your city here] ...... 1:15-2:15pm

Next Steps................................................................. 2:15-2:40pm

Closing Remarks & Evaluation............................ 2:40-3:00pm

We all thank you for your participation!

[List of Sponsors; consider adding logos]
Definitions of Disability

**BRFSS**

*People are considered to have a disability if they answer “yes” to one or both of the following questions:*

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
2. Do you now have any health problem that requires you to use specific equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

**US Census**

a. Does this person have a physical, mental, or other health condition that has lasted for 6 or more months and which -
   i. a. Limits the kind or amount of work this person can do at a job?
   ii. b. Prevents this person from working at a job?

b. Because of a health condition that has lasted for 6 or more months, does this person have any difficulty -
   i. a. Going outside the home alone, for example, to shop or visit a doctor's office?
   ii. b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?

c. Does this person have any of the following long-lasting conditions:
   i. a. Blindness, Deafness, or severe vision or hearing impairments?
   ii. b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

d. Because of a physical, mental or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
   i. a. Learning, remembering, or concentrating?
   ii. b. Dressing, bathing, or getting around inside the home?

**American Community Survey**

- **Sensory Disability** - Conditions that include blindness, deafness, or a severe vision or hearing impairment.
- **Physical Disability** - Conditions that substantially limit one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying
- **Mental Disability** - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty learning, remembering or concentrating.
- **Self-care Disability** - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty dressing, bathing, or getting around inside the home.
- **Go-outside-home Disability** - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty going outside the home alone to shop or visit a doctor's office.
- **Employment Disability** - Because of a physical, mental, or emotional condition lasting 6 months or more, the person has difficulty working at a job or business.
Infrastructure Facilitation Outline

I) Welcome

1) Introductions of facilitators and everyone attending

*Slide*

2) This meeting is part of Community Engagement Initiative - a process developed by OODH at OHSU and made possible to do in [Your town here] thru funding by the NW ADA Center and by the Centers of Disease control and prevention that funds our office, OODH.

3) Since 1999 - Our office has partnered with over 20 communities throughout Oregon (Pendleton/Corvallis / Bend most recent)

   1. To identify the concerns of the disability community
   2. Worked together to address issues and improve community accessibility and quality of life

II) Meeting Overview

(a) Logistics, bathroom/breaks

(b) Ground Rules:

1. Raising hands
2. One person speaks at a time
3. Say your name when you speak
4. Big agenda: Limit time so everyone can speak/get through the agenda
5. Parking lot
6. You are here to work together as a group so we are not here to debate, criticize or point fingers. Everyone’s views are valid.
7. Evaluation forms feel free to leave additional comments. Write it down if you do not feel comfortable saying it.
III) Introduction of Discussion

A) Variety of sources to prepare for this meeting:
   1. Issues brought up at other Town Hall Meetings
   2. Surveys we have conducted
   3. Articles by researchers on health care access

2) People report having more unmet health care needs

3) Receive fewer preventative services such as cancer screenings/dental services
   1. c.) We asked people with disabilities about their experiences

Slide

B) Meeting Objectives

1. Looking at disability demographics in [list relevant counties here]
2. Review Town Hall Meeting results
3. Start to identify ways to increase and improve disability access to health services

Slide

C) Meeting Materials

1. Meeting Agenda
2. Definitions of Disability
3. Disability Demographics
4. Workbook
5. Satisfaction Survey

Slide

IV) Present Community Demographic Information

A) Demographics

1. Disability prevalence
2. Newport 19.1% of total pop. Is disabled
3. Lincoln Co – 24.6%
4. Oregon 16.4%
5. US – 14.9%

B) Health status of people with disabilities
   
   (i) Higher rates of obesity, smoking, anxiety and depression, cardiovascular events.

   Slide

V) Community Engagement Initiative

A) CEI has four parts:

   1. Town Hall
   2) We are here to hear from you
   3) What is working well in your community (access to health care)
   4) Barriers to health care (prioritize them)
   5) Begin to gather solutions

   1. Community Infrastructure Meeting tomorrow

   6) Meet with health care providers / administrators
   7) Community leaders and Service Providers
   8) Discuss barriers
   9) Strategize about solutions

VI) Community Mobilization

1) Working together with community leaders to address change, remove barriers, and make things better for community members like yourself who face barriers to accessing health care.
   
   1. *Some of these changes will occur quickly while other may take more time and effort.
   
   2. Follow up

   Slide

VII) [Your town here] Town Hall Meeting

A) Transportation getting to health care
B) Accessibility of health care settings
C) Provider knowledge, attitude & communication
D) We know national issues are important / financial / insurance reimbursement, but today we are only looking at issues you can control as a community

E) Lastly, we will begin to identify ways to increase accessibility

VIII) The best things about health care in [Your town here]

A) Before we start talking about barriers, let’s talk about what works.

B) Present best things about health care access from Town hall

C) Do you have anything to add?

IX) Present Barriers to Accessing Health Care

A) Let’s talk about barriers that people with disabilities have experienced when accessing health care.

B) Read top three barriers in each area

C) We asked people with disabilities questions in each of these areas; Transportation / Physical Access / Health Provider Attitudes

D) Transportation

1. Do you have trouble getting to your doctor’s office or other places where you get health care? What makes it difficult?

E) Physical Accessibility

1) Do you have any difficulties getting into and around your doctor’s office or other health care facilities?

2) Have you had any problems with the procedures of your health care providers? [service animals]

3) Is it hard to obtain the reasonable accommodations you need to access health care services?

F) Provider knowledge, attitude, and communication

(a) What has your experience been like with trying to find providers who understand your disability?

(b) Have you had any problems with negative attitudes or lack of respect from your doctors or other health care providers and support staff?

(c) How easy or hard is it to communicate with doctors or health care office staff?
(d) Has your doctor provided you with health information materials about your medical conditions or other health and wellness issues? Have these materials been provided in accessible and understandable formats?

X) Break

XI) Closing Remarks
   A) Explain next steps
   B) Extend invitations for further participation on workgroups
   C) Sign-in sheet

XII) Evaluation Form
COMMUNITY ENGAGEMENT: INFRASTRUCTURE MEETING
SATISFACTION SURVEY

Your feedback is very helpful to us. Please answer the following questions:

Which of the following best reflects your overall level of satisfaction with the Community Engagement Infrastructure Meeting?

☐ Highly satisfied
☐ Satisfied
☐ Satisfied somewhat
☐ Not at all satisfied

How would you rate your satisfaction with how the meeting was conducted?

☐ Highly satisfied
☐ Satisfied
☐ Satisfied somewhat
☐ Not at all satisfied

How would you rate the usefulness of the meeting?

☐ Highly useful
☐ Useful
☐ Somewhat Useful
☐ Not at all useful

What was your level of participation?

☐ Very High
☐ High
☐ Neither High nor Low
☐ Low
☐ Very Low

Do you have other comments on this meeting? Please write them here:

Today’s Date: _________________________ Location: [Your town here]

THANK YOU!