

Success Story:

CHEC Assessments Measure Usability in Health Care Settings



Disability and Health Program
kansans with disabilities can be healthy

Summary

The Community Health Environment Checklist (CHEC) is a tool for measuring how usable public spaces are for people with disabilities, including health care and fitness facilities. This information can then be shared with people in the community. The CHEC was developed by disability researchers at Washington University in St. Louis.

The Kansas Disability and Health Program (DHP) worked with five centers for independent living (CILs) in the state to complete 10 CHEC assessments of health care and fitness facilities. The CIL staff members who conducted the assessments discussed the results with their site contact person, and in several cases the assessment prompted the health care providers to make environmental changes.

CHEC assessments include a set of measurable features that people with disabilities identified as important. In some cases, these are the same as accessibility guidelines established by the Americans with Disabilities Act (ADA), but in other cases the CHEC focuses on how usable a space is, which can differ from standard accessibility.

Challenge

Although most public buildings constructed since the passage of the ADA in 1990 include the mandated accessibility features, not all meet the letter or the spirit of the law. For example, a wheelchair user may visit her doctor and find that she can't reach the towels in the restroom because the dispenser is mounted too high to comply with the ADA.

In many medical offices, wheelchair users find that there is no accessible exam table – i.e., either



CHEC assessor Bob Mikesic demonstrates the accessible exam table and scale at the Internal Medicine Group in Lawrence, KS.



CHEC assessor Bob Mikesic (*center*) presents a certificate of appreciation to Dr. Gregory Schnose (*left*) of the Internal Medicine Group and Ellen Herman, IMG Director.

an adjustable-height or fixed table that is no more than 18 inches high. This means people are either examined in their wheelchairs, which makes a complete exam difficult, or must be helped onto the exam table by someone who may not be properly trained.

In addition, some health care facilities don't have accessible scales, which means wheelchair users or people with other mobility limitations are asked to estimate their current weight. This lack of accurate weight information can compromise care in terms of prescribing medications and understanding other elements of a person's health.

Solution

The Kansas DHP contracted with the Kansas Association of Centers for Independent Living to recruit interested CILs to conduct a total of 10 health care-related CHEC assessments. The assessment process presented CIL staff with an opportunity to discuss accessibility and usability with health care providers in their communities. The assessments also presented an opportunity for health care providers to improve issues that were identified in their facilities, equipment or staff training.

Results

Representatives from five of the CILs completed and passed the online training to conduct a CHEC

assessment for mobility. (The CHEC includes items related to low vision and hard-of-hearing, but those items were not assessed in this project.)

The following CILs conducted assessments in both urban and rural areas of Kansas:

- Independence, Inc., Lawrence
- Independent Living Resource Center, Wichita
- Prairie Independent Living Resource Center, Hutchinson
- Resource Center for Independent Living, Osage City
- Three Rivers, Inc., Wamego

Each CIL representative conducted two assessments. These included:

- Seven medical clinics
- One vision clinic
- One dental clinic
- One fitness center

Each site received scores based on an optimal total of 100 points. The two items mentioned above – lack of an accessible exam table and lack of an accessible scale – were common reasons for a deduction in points.

When provided with their scores, several of the medical practice representatives told the CIL assessors that they plan to make changes to improve access. Highlights include:

- Two of the medical clinics that belong to the same large, regional parent organization installed lower reception counters after the counter height was identified as a problem at one of the clinics. The parent organization decided on its own to modify the counter at the second clinic before that assessment had even been conducted.
- The vision clinic will widen and repave its one accessible parking space, which is not currently 16 feet wide and does not provide a sufficient curb cut.

- Two of the assessors are working with a medical and dental clinic to train their staff on how to assist with safe transfers.
- All of the CIL assessors provided resources for using tax credits to offset the costs of accessible scales and exam tables.

Just as importantly, the CHEC assessors interacted with providers who are influencing their colleagues.

- The dentist who owned the dental practice attended the CHEC evaluation and connected the assessor with a colleague who was starting construction on a new dental building. The dentist understood that having this type of assessment done during the construction process would be very beneficial. The assessor is currently working with staff from the other dental office.
- The assessor in Wichita is working with a large medical organization that is building new medical

facilities to ensure they are accessible and usable from the construction stage. The CHEC has been an entry point for the assessor’s CIL to re-establish and strengthen their partnership with that community organization.

- One assessor presented a medical group with a certificate recognizing their commitment to accessibility. A story about this ceremony was featured in the CIL’s newsletter and provided to the local newspaper, raising awareness of the positive work being done to ensure medical offices are as accessible as possible.

Sustaining Success

This first round of CHEC assessments resulted in increased awareness among facility staff of disability access issues and new relationships between CILs and medical providers in their communities.

Another round of CHEC assessments will be conducted in the new year of the Kansas DHP, and veterinary clinics will be added to sites assessed. Some new assessors will be trained to take the information into other communities, and the experienced assessors will continue reaching out to local health care providers, building new relationships and enhancing community awareness of disability.



CHEC assessor Bob Mikesic demonstrates the accessible exam “lane” that Lawrence Family Vision clinic created so that patients who use wheelchairs or scooters don’t need to transfer to the standard exam chair.

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This success story was supported by Grant/Cooperative Agreement Number DD000006 from CDC, National Center on Birth Defects and Developmental Disabilities, Disability and Health Branch. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC, NCBDDD, Disability and Health Branch.