People with Disabilities
Durham City, North Carolina

An Action-Oriented Community Diagnosis:
Findings and Next Steps of Action

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Acknowledgements

Executive Summary

An action-oriented community diagnosis (AOCD) is a process that brings together secondary data (such as newspaper articles, websites, and research studies), team observations, and community member and service provider interviews. This information is gathered and analyzed in order to create a comprehensive reference of the community's strengths and challenges in order to celebrate the positives of the community while addressing the community's concerns. During the 2006-2007 academic year, a team of six graduate students from the University of North Carolina at Chapel Hill School of Public Health (UNC) conducted an AOCD with people with disabilities in Durham, North Carolina. The information gathered by the student team was presented at a community forum in order for community members, service providers, and key stakeholders to work together to discuss the strengths and needs of the community.

The community forum was held on April 14, 2007 at Durham's Center for Senior Life. Over 60 community members and service providers attended the event. At the forum, participants had the opportunity to participate in small group discussions on the major themes identified through the process. During these discussions, the groups worked together to create and take responsibility for specific action steps. The themes discussed at the forum and their actions steps are as follows:

- Accessibility: There are many private and public entities in Durham which are not compliant with the Americans with Disabilities Act (ADA). Often physical barriers, such as unsafe sidewalks, prevent people with disabilities from adequately accessing the services they need.
  o Action steps:
    1. Speak to Services for the Blind about Braille menus.
    2. Direct restaurants to Alliance of Disability Advocates for Braille printing.
    3. Organize an Awareness Training through the Mayor's Committee.
    4. Provide input in the trainings required by the Department of Justice lawsuit.
    5. Contact the Durham ADA coordinator, regarding the trainings.
    6. Talk to the Mayor regarding businesses that are not up to code.

7. Invite an ADA liaison or a police official to attend a Mayor's Committee meeting.
8. File individual complaints regarding accessibility issues if calls to law enforcement are unsuccessful.

- Attitudes: People with disabilities want to live independent lives and have the same opportunities as everyone else.
  o Action steps:
    1. Be involved in the community. Participate like everyone else.
    2. Create an email listserv or publicity forum for people with disabilities to advertise events in the community.
    3. Attend the Asheville Disabilities Cultural Fest on 6/2/2007.
    4. Have more social parties for people with disabilities and the community at large.
    5. Influence schools to offer courses that address issues and attitudes towards people with disabilities.
    6. Plan a disability pride event or parade that would highlight the arts and educate people about issues facing people with disabilities.
    7. Have people with disabilities represented at the Women's Empowerment Conference in Durham.
    8. Attend the Self-Advocacy Convention in Winston Salem 3/14 -3/16/2008.
    9. Attend the dance sponsored by the Arc of Durham at Edison Johnson 4/21/2007.

- Housing: There is not enough affordable, accessible housing for people with disabilities to live in. People with disabilities then have to live in homes that make life harder for them or spend a lot of money to modify their homes.
  o Action steps:
    1. Work to pass Money Follows the Person.
    2. Sign the Money Follows the Person petition.
    3. Encourage friends and family to sign the petition by bringing it to events, churches, etc.
    4. Invite friends over to discuss housing.
    5. Encourage churches to discuss housing issues.
    6. Contact city government officials to learn who is accountable for housing.
    7. Contact the Mayor's Committee and Alliance of Disability Advocates / Centers for Independent Living regarding housing and advocacy training.

- Recreation: Recreational opportunities and activities for people with disabilities exist in Durham; however, opportunities and activities are limited in number and variety, and are not known about. This prevents people from being socially engaged with other people with disabilities and the community at large.
  o Action steps:
    1. Write a petition to the Director of Parks and Recreation asking for more recreational activities for people with disabilities.
    2. Advocate for people with disabilities at city council meetings.
    3. Contact TeleMed about creating a recorded recreation calendar.
    4. Discuss the need for more activities for people with disabilities with the director of Durham's Center for Senior Life.
    5. Ask Durham's Center for Senior Life to put an activity calendar on their phone.

6. Write a letter to the editor highlighting the need for funding for activities for people with disabilities.
7. Contact churches, civic clubs, and local community groups about volunteering to provide transportation for people with disabilities to and from activities.

- Transportation: DATA buses are accessible and are a great asset to the community. Unfortunately, bus stops are frequently not accessible, which can cause safety concerns. ACCESS is a useful service but requires planning ahead and is often too expensive for people on fixed incomes to afford. Without being able to get to a bus stop or use ACCESS services, people have struggled to get to and from work and participate in social activities.
  o Action steps:
    1. Lobby to improve collaboration and secure funding.
    2. Lobby to establish an organization that provides resources for regional transit.

Following the forum, the team reflected on the AOCD process and their experiences with the community. Summarized below are the team's final recommendations for the community as they continue working on the action steps:

- Make the forum an annual event hosted by either a service agency or a governmental organization, such as the Mayor's Committee for Persons with Disabilities.
- Make the Mayor's Committee for Persons with Disabilities the clearinghouse for resources and information for people with disabilities.
- Coordinate the efforts of organizations for people with cognitive disabilities with organizations for people with physical disabilities.
- Expand the paratransit service to include more drivers and vans or offer a second paratransit service option.
- Increase community members' impact on decisions made in Durham by having a person with a disability sit in on all applicable city meetings, such as city council, transportation, and parks and recreation meetings.

This document is a follow up to the community forum and the AOCD process, including detailed descriptions of each step of the process, information about each theme, and the nature of the small group discussions at the community forum. The team hopes that community members and service providers will use this report, the action steps, and the shared desire to improve the community to continue the work that was started during the AOCD. Ultimately, the team hopes that the initiatives started during this process will lead not only to future improvements in the quality of life for people with disabilities in Durham but in the lives of all residents of Durham

Introduction

  Durham City is home to an active, diverse population of people with disabilities. Six students in the Health Behavior and Health Education Master's Program at the University of North Carolina at Chapel Hill (UNC) conducted an action-oriented community diagnosis (AOCD) in order to understand the cultural, social, economic, and health experiences of people with disabilities in Durham. In this process, the student team, service providers, and community members worked together to identify the strengths and needs of the community in order to develop action steps to address community concerns.

  AOCD has a rich history that begins in 1945 at the Institute of Family and Community Health in South Africa, as described in Appendix A-1. Over the years AOCDs have been conducted to allow community members and service providers to share their thoughts about the community. This information is combined with information from newspaper articles, studies, government documents, and team observations in order to identify the strengths and challenges of a community. The strengths and challenges are summarized in theme statements that are meant to capture the main ideas expressed by community members, service providers, articles, and the student team. These theme statements are organized by topic and then presented at a community forum. At the community forum, attendees discuss the selected theme statements and write action steps to build on the strengths and address the challenges identified in the AOCD. This document presents this AOCD project in detail, the information students collected, the results of the community forum, the strengths and limitations of the process, and recommendations for the future.

Profile of Durham City

General History

The history of Durham dates back to when the area was inhabited by Native American tribes, including the Eno and Occaneechi.[1] European immigrants moved to the area in the 1700s and named the region the Carolinas after King Charles I.[1] Durham was incorporated in 1823, but was not actually named Durham until 1853 when it was named after Dr. Bartlett Durham.[1, 2] In the mid-1800s, slaves were brought from Africa to work on the large plantations in Durham and the surrounding area.[1] Durham was a place of infamy for the Confederacy during the Civil War when Confederate General Johnston surrendered to Union General Sherman at Bennett Place.[1] Yet even after the Civil War ended, the plantations continued to be home to the prominent industries of tobacco farming and textiles.[1]

As the area developed, business remained a central component of Durham's economy. The city is home to two of the United States' oldest African American owned businesses: North Carolina Mutual Life Insurance Company and M&F Bank.[1] Research Triangle Park (RTP) borders Durham and is home to many local and international businesses.[1] The companies in RTP employ over 45,000 people, many of whom live in Durham, Raleigh, and the surrounding cities.[1]

In addition to growing industry, Durham is home to two prestigious universities. Trinity College, now known as Duke University, moved to Durham in 1887.[1] A few years later, in 1910, North Carolina Central University became the first publicly funded liberal arts college for African Americans in the United States.[1]

Durham Today

Durham County is home to about 248,000 people and is approximately 299 square miles.[2] Much of the land area in Durham County is either forest (98,000 acres) or cropland (7,800 acres).[2] According to the 2000 United States Census, the city of Durham has a total population of over 187,000 people.[3] Most of the population, over 144,000 people, are over the age of 18 years, and more than 17,000 of these people are over the age of 65.[3] The racial and ethnic breakdown of Durham is 45 percent White, 43 percent Black or African American, 8 percent Hispanic or Latino (of any race), and 3 percent Asian.[3] About 58 percent of the almost 75,000 households in Durham are families, and 38 percent of those families include a married couple.[3] The average household size is 2.37 people, and the average family size is 3.01 people.[3]

The median household income in Durham in 2000 was $41,160, and the per capita income was $22,528.[3] There were 3,474 families in Durham with a household income below $10,000.[3] Fifteen percent of Durham residents had an income that fell below the poverty level.[3] Additionally, 3.8 percent of the civilian labor force in Durham was unemployed in 2000.[3]

The Community

For this project, the team was assigned to the community of people with disabilities living in Durham. In the 2005 American Community Survey, the Census Bureau defined disability as "a long-lasting sensory, physical, mental, or emotional condition."[4] According to this survey, about 10 percent of Durham County's population between the ages of 16 and 64 has a disability, and 40 percent of people aged 65 years or older have a disability.[4] This data does not include people living in institutions or other group residences, which may mean that the actual percentage of people with disabilities in Durham County is higher than the figures quoted above.

Despite the large number of people with disabilities living in Durham, they are not always considered a cohesive community because they do not all live in one neighborhood, attend the same churches, and are not the same race or ethnicity. However, a community can be defined as a group of people who come together around a common location, interest, culture, or activity.[5] Based on this definition people with disabilities in Durham should be considered a community because they come together for events, such as the Great Human Race, to advocate for their rights, celebrate their successes, and raise awareness of the issues they face as a community. People with disabilities are also invited to attend regular advocacy group meetings, such as the Durham Mayor's Committee for People with Disabilities (DMCPWD) and Common Ground.

During the AOCD, the team realized that people with cognitive or developmental disabilities face different challenges than adults with physical disabilities. In order to center everyone's efforts, the team focused on the community of adults with physical disabilities. People with physical disabilities may include people who require a wheelchair, have low or no vision, are deaf or hard of hearing, or need an assistive device like a walker or cane.

Overarching Strengths

Throughout the process, community members, service providers, and team members identified a number of overarching strengths during their interviews. Particularly, people noted that there is an abundance of church, friend, and family support for people with disabilities in Durham. One community member noted that:

> "People are supportive. As I was growing up with a disability, I had people to encourage me. I had great teachers, great principals, people that acknowledged I was trying to do something with my life and be supportive. They showed me how to get things done myself."

Support from family and friends allows people in Durham to share and learn from one another, because, as one service provider said, "We all have something to contribute to each other…"

During the interviews, people also mentioned the potential they see for downtown Durham. Though the renovations are causing a number of accessibility issues, many community members and service providers are looking forward to the completion of the downtown revitalization and the fulfillment of the city's potential. Both groups hope that the downtown will become a place where they can gather and socialize regularly. Plans for updated government buildings will hopefully improve accessibility in the long run.

Despite the issues caused by the renovation, the city government is making an effort to improve accessibility. Several government offices have installed teletype writing phones that allow people with hearing or speech disabilities to make phone calls. Additionally, community members are able to approach city officials about inaccessible locations. For example, one community member had difficulty entering a government building because the door was not automatic. She spoke to a city official, and the door was replaced with an automatic door the next week. City officials, community members, and service providers admit that there is a lot of work still to be done, but the city seems committed to making Durham accessible for everyone.

Finally, almost every person interviewed mentioned the outstanding medical care available in Durham. Many felt that despite its limitations, Durham would be a good place for a person with a disability to live simply because of the quality of medical care. Many community members feel fortunate to have access to a number of urgent care centers, primary care physicians, and specialty clinics. Several community members have moved to the area specifically for the medical care.

Overall, team members found Durham to be a welcoming, warm community. Community members were more than willing to take time out their day to share stories, answer the team's questions, and provide their unique perspectives on life in Durham. Service providers welcomed team members to their businesses and helped the team understand how their organizations are currently serving people with disabilities. Considering the friendliness of the community members and the helpfulness of the service providers, the team agrees with the first strength mentioned by a community member, "The best thing about Durham is the people."

Themes and Data Analysis

In order to analyze all of the information collected from secondary data, team observations, and interviews with service providers and community members, the team members developed codes, shown in Appendix D-1, to identify the themes found in these sources. Based on these sources, the team identified eleven themes from seven categories. This section will cover the five themes chosen by the Forum Planning Committee (FPC) to be discussed at the forum: accessibility, positive attitudes toward people with disabilities, housing, recreation, and transportation. For each category, background information, the theme statement, team observations, service provider and community member perspectives, and a summary of the small group discussion are described. Themes not presented at the forum – negative attitudes toward people with disabilities, employment, healthcare services, and social support – government / case management – are discussed in Appendix E-1.

Accessibility

This section will discuss the factors that help and hinder people's ability to access services. Accessibility was mentioned 41 times by services providers and 64 times by community members for a total of 105 times.

Background

The completion of daily activities can either be helped or hindered by the physical environment. Technological devices, such as automatic doors, and structural accommodations, like curb cuts, help to make facilities accessible to people with and without disabilities. The lack of such devices and accommodations creates environmental barriers for people with disabilities. These barriers can make daily activities difficult for many people with physical and/or mental disabilities[6] and can increase their social isolation.[7]

Durham, especially downtown Durham, has a number of environmental barriers, which has caused the city to be subject to a lawsuit from the United States Department of Justice, detailed in Appendix A-2. [8] The downtown renewal has caused streets and businesses to be inaccessible to people with disabilities. During this construction, people with disabilities have not had the same access to government, public, and private buildings as people without disabilities.

Theme Statement

There are many private and public entities in Durham which are not compliant with the Americans with Disabilities Act. Often physical barriers, such as unsafe sidewalks, prevent people with disabilities from adequately accessing the services they need.

Team Observation

"The overall sentiment was that the city has made some progress, but there is still a lot more work to be done so that [the city] is easier to access." ~ Team Member

The team members observed many barriers and assets to accessing public and private entities. Barriers included a lack of automatic doors, construction sites, inadequate curb cuts for wheelchairs, ill-kept crosswalks, limited accessible parking, and other safety issues. Safety concerns focused mainly on the quality of sidewalks (i.e. crumbling, uneven, narrow, or

incomplete) in and around the city. However, team members had many positive observations as well. It seemed that government buildings were often more accessible than private businesses.

Service Provider View

> "When people call us for help, we don't ask for documentation or an application to prove their disability, we just do what we can to address their problems."
> ~ Local Service Provider

Accessibility of private businesses was only mentioned five times in all interviews with service providers. Challenges related to the accessibility of public entities were identified nineteen times in service provider interviews. The issue of safety was raised ten times in service provider interviews, half of which identified sidewalks as common structural hazards for people with disabilities. Most comments involving accessibility were about the challenge of funding improvements to meet ADA standards to achieve accessibility.

Community Member View

> "There are many public places which are not compliant with the Americans with Disabilities Act, like some stores even downtown. You are not able to get in [the building], because there are still barriers to get there." ~ Community Member

Accessibility was mentioned by community members 64 times during interviews. Community members mentioned that both public and private entities expect people with disabilities to adapt to their services and facilities, rather than for the business owner to make adjustments to accommodate the needs of people with disabilities.

Comparison of Perspectives

As shown by the number of times accessibility was mentioned, service providers and community members agreed that accessibility issues that are affecting the community. Service providers noted that insufficient funding for improvements to meet ADA standards was one of the main causes of accessibility issues. However, funding issues were not repeatedly mentioned

by community members. Both groups believe that the condition and lack of sidewalks was a major factor affecting accessibility.

At the Forum

Two representatives from UNC and five community members, three of whom were also service providers, participated in the small group discussion on accessibility. Each small group discussion began with the facilitator giving an overview of the purpose of the small group, reviewing the discussion guidelines, and asking everyone to introduce themselves. The script for beginning the discussion is shown in Appendix E-2 and the discussion guidelines are in Appendix E-3. Then, a picture was used to spark discussion. Questions used to guide the discussion are shown in Appendix E-4 and the facilitation technique is described in Appendix E-9. The group identified barriers to accessibility and created action steps for each issue. The issues and the action steps are as follows:

1. Speak to Services for the Blind about Braille menus.
2. Direct restaurants to Alliance of Disability Advocates for Braille printing.
3. Organize an Awareness Training through the Mayor's Committee.
4. Provide input in the trainings required by the Department of Justice lawsuit.
5. Contact the Durham ADA coordinator, regarding the trainings.
6. Talk to the Mayor regarding businesses that are not up to code.
7. Invite an ADA liaison or a police official to attend a Mayor's Committee meeting.
8. File individual complaints regarding accessibility issues if calls to law enforcement are unsuccessful.

Action steps were not developed for three of the accessibility issues – the acceptance of guide dogs, the condition of the sidewalks, and the accessibility of store aisles – due to time constraints. However, one of the participants volunteered to present these issues to the DMCPWD and to work with the members of this group to develop action steps.

Attitudes toward People with Disabilities

      This section will discuss the attitudes toward people with disabilities as expressed by people with and without disabilities. Positive attitudes include supporting people with disabilities and advocating for their physical and emotional wellbeing. Negative attitudes include prejudice toward people with disabilities, as well as misperceptions about the abilities of people with disabilities. Team member, service provider, and community member perspectives on negative attitudes are included in Appendix E-1, since this theme was not discussed at the forum. Both service providers and community members commented on attitudes equally, 22 times each, for a total of 44 times.

Background

      Attitudes towards people with disabilities are learned and developed throughout life.[9] Likewise, an individual's attitude towards having a disability is constantly evolving. People are continually in the process of recreating their personal definition of disability.[10] Some people have a personal definition of disability that is similar to The American Heritage Dictionary's definition of disability, which is a "disadvantage of deficiency, especially a physical or mental impairment that … hinders or incapacitates."[11] However, there are people who define their disability as a "dis-ABILITY," an opportunity to "transcend cultural mythologies about the body."[12] The team observed that the majority of the community falls somewhere between these two definitions.

      The attitudes of people without disabilities towards those with disabilities affect the status and treatment of people with disabilities. Positive attitudes towards people with disabilities can lead to favorable attitudes towards hiring a person with a disability.[13-15] Positive attitudes can also increase opportunities for people with disabilities.[10] Negative attitudes have the opposite

effect and often lead to prejudices and misconceptions regarding the abilities of a person with a disability.[10]

People without disabilities are not the only people who contribute to the social status of those with disabilities. The attitudes of people with disabilities towards having a disability also impacts their level of community involvement and sense of accomplishment. During the development of a person's attitude toward having a disability, an individual can view the disability positively. One example is seeing the disability as a chance to find inner-strength. People with this viewpoint are more likely to be active in the community. However, perceiving a disability negatively can have the opposite effect. Negative attitudes about having a disability can result in low expectations for people with disabilities and can contribute to their isolation from mainstream of life.[10]

Positive Attitudes

Theme Statement

People with disabilities want to live independent lives and have the same opportunities as everyone else.

Team Observation

> "People with disabilities are no longer in the periphery of American society but are increasingly represented in the mainstream." ~ Team Member

Team members observed that people with disabilities are involved in many government and community activities, including advocating for their civil rights and raising the public's awareness of the contributions of people with disabilities. At several community events, team members noticed that people with disabilities have hope for future actions to give them the same opportunities as people without disabilities.

Service Provider View

> "Everyone has something to offer and deserves a chance to have a full, rich life."
> ~ Local Service Provider

Service providers spoke about their desire to create an inclusive community that allows everyone to be active participants in community life. Many service providers noted that as the population ages, more and more people will have disabilities, so it is important to make changes now to accommodate others in the future. Overall, service providers wanted to raise awareness of the abilities of people with disabilities and the contributions they make to the community.

Community Member View

> "I'm still doing what I want to do. They say you're disabled, you're not supposed to be able to do this. I guess I'm going to be a phenomenon."
> ~ Community Member

Community members expressed a desire to live their lives like everyone else, which according to the interviews, includes working, going to school, spending time with friends, and going out in the community. While community members expressed occasional frustration with the challenges they face, they also highlighted the personal strength they have gained by confronting these daily challenges. Many people said that they have accomplished more than others expected them to and found strength in their abilities rather than weakness in their disabilities.

Comparison of Perspectives

Community members and service providers both believe in the importance of having people with disabilities involved in the Durham community. Service providers want to achieve this by raising the general public's awareness of the abilities and contributions of people with disabilities through trainings and community events. On the other hand, community members

want to raise the public's awareness by being actively involved in the community and showing others their abilities rather than their disabilities.

At the Forum

Ten people participated in the attitudes small group discussion, all of whom were community members. The questions used to guide the discussion are shown in Appendix E-5, while the facilitation technique used is described in Appendix E-9. Throughout the discussion, participants shared personal experiences and their thoughts on the theme statement. One participant said, "People do things differently, but it doesn't make it a lesser experience." The preceding quote resonated with the group and further fueled the discussion. The majority of the participants agreed that the reason they selected the attitudes small group was because attitudes affects the availability of accessible and affordable housing, transportation, and equal employment for people with disabilities. Participants agreed that in order to change attitudes, people with disabilities need be visible and active in the community.

The group developed the following action steps to improve the public's attitudes by increasing people with disabilities' participation in community events:

1. Be involved in the community. Participate like everyone else.
2. Create an email listserv or publicity forum for people with disabilities to help spread the news of events in the community.
3. Attend the Asheville Disabilities Cultural Fest on 6/2/2007.
4. Have more social parties for people with disabilities and the community at large.
5. Influence schools to offer courses that address issues and attitudes towards people with disabilities.
6. Plan a disability pride event or parade that would highlight the arts and educate people about issues facing people with disabilities.
7. Have people with disabilities represented at the Women's Empowerment Conference in Durham.
8. Attend the Self-Advocacy Convention in Winston Salem 3/14 -3/16/2008.
9. Attend the dance sponsored by the Arc of Durham at Edison Johnson 4/21/2007.

Housing

This section will discuss the places where people with disabilities live, focusing on housing availability, attitudes toward private and assisted living, and housing costs. This section also includes the physical, mental, and emotional effects of housing on people with disabilities. Housing issues were mentioned a total of 44 times, 27 times by service providers and 17 times by community members.

Background

People with disabilities who receive monetary assistance from the government only get about $560 per month to cover all living expenses.[16] This is only 24 percent more than what most people living in Durham, Raleigh, and Chapel Hill pay for housing alone.[16] Since many people with disabilities do not have jobs, affordable and safe housing can be extremely difficult to find. In addition, many apartments and homes for rent or sale do not have accessible features, such as ramps at entrances and accessible bathrooms and kitchens. There are however a number of organizations that can help people locate housing in Durham, including Centers for Independent Living, The Durham Center, the ARC of Durham, and the Council for Senior Citizens.[17]

Despite these resources, many people with disabilities live in assisted living facilities or group homes. This is partially due to the fact that in North Carolina Medicaid will pay for "medically necessary nursing home care for patients in skilled or intermediate care nursing homes or in intermediate care facilities for the mentally retarded."[18] North Carolina is currently working towards passing legislation entitled Money Follows the Person, which would allow Medicaid funding to follow the person wherever they choose to live, whether it is in an assisted living facility or in a private home. Detailed information on Money Follows the Person is provided in Appendix A-3.

Theme Statement

There is not enough affordable, accessible housing for people with disabilities to live in. People with disabilities then have to live in homes that make life harder for them or spend a lot of money to modify their homes.

Team Observation

> "The [skilled nursing facility] looked fairly new, but I didn't see any way for people in wheelchairs to get outside of the facility. [It was] suggested that they were not meant to go outside the facility." ~ Team Member

During the team's first tour of Durham, team members noticed many houses with ramps but few apartment complexes that looked accessible to people with disabilities. Based on team notes, most of the housing available for people with disabilities is subsidized by the government and located in middle to lower income neighborhoods. When describing assisted living or skilled nursing facilities, team members noticed that there were very few facilities with accessible outdoor spaces. This gave the impression that residents were not encouraged to go outside the facility for recreation.

Service Provider View

> "Housing is a big concern for people living in Durham. One of the advantages of living in Durham is if you are fortunate enough to be a home owner, you may be able to modify the house for the needs related to aging or a medical related disability…But for those people unable to own a home, they do not have enough income to afford housing in that area. If this is the case, then finding accessible and affordable housing would be a problem." ~ Local Service Provider

Service providers did not agree regarding whether the availability of accessible private housing in Durham was a strength or a challenge. Those that described housing as a strength said that Durham's recent growth has increased the number of apartment complexes and given people more housing options. Service providers that described housing as a challenge said that both owned and rented housing are expensive, and places are difficult to find near a bus route. With regard to assisted living, service providers said that the Money Follows the Person Act, as

described in Appendix A-3, is the best way to correct many of the problems that occur when people with disabilities try to re-enter the community from a rehabilitation or nursing facility. This indicates that Money Follows the Person is a high priority for service providers concerned about housing for people with disabilities.

Community Member View

> "We need more housing that's accessible – we call it universal housing. . . In an apartment, I shouldn't have to worry about getting my chair in and out of an apartment. Not to say everything has to have a ramp, but at least have one entrance where it's flat, and I can get in without having to build a ramp."
> ~ Community Member

Community members are frustrated by the housing options available in Durham. Many are living on fixed incomes and can't afford to rent or buy new, accessible units. Instead, people may live in houses or apartments with rooms they cannot enter because the doorway is too narrow or with entrances they cannot use because there is no ramp. Several people noted that there are services available to help with small modifications, such as building handrails or installing ramps, but there is not enough money available to widen doorways, install accessible showers, or re-configure kitchens. Overall, not many community members talked about institutional living (such as skilled nursing facilities or assisted living facilities), but those that did said they were prepared to do anything to avoid living in a group home.

Comparison of Perspectives

Generally both community members are frustrated by the lack of housing options and the challenge of re-entering the community from a nursing facility. Community members rarely mentioned Money Follows the Person, even though service providers see this initiative as an excellent way to increase housing options for people with disabilities. Overall service providers

and community members believe that there needs to be either an increase in funding to make home modifications or an increase in available, accessible housing.

At the Forum

Five service providers, six people with disabilities, and three community members from Durham at large attended the housing small group discussion. Questions used to guide the discussion are shown in Appendix E-6, while the facilitation technique is described in Appendix E-9. A variety of different viewpoints were expressed in the discussion, due to the diverse make up of the small group. However, the group came together to create the following action steps:

1. Work to pass Money Follows the Person Act.
2. Sign the Money Follows the Person petition.
3. Encourage friends and family to sign the petition by bringing it to events, churches, etc.
4. Invite friends over to discuss housing.
5. Encourage churches to discuss housing issues.
6. Contact city government officials to learn who is accountable for housing.
7. Contact the Mayor's Committee and Alliance of Disability Advocates / Centers for Independent Living regarding housing and advocacy training.

Social Support

This section will cover the social support for people with disabilities, such as recreation, government support / case management, spirituality, and the impact of race / ethnicity. Under the larger category of social support several sub-categories arose from interviews. Social support is divided into two themes: recreation and government support / case management. Team, service provider, and community member perspectives regarding recreation will be covered in this section. Perspectives on government support / case management are included in Appendix E-1. In total, social supported was mentioned 108 times, 49 times by service providers and 59 times by community members.

Background

Most people enjoy socializing with friends and family and being involved in the community. However, some opportunities for socializing are not available to people with disabilities due to accessibility issues. Inconvenient public transportation and inaccessible public facilities cause many people with disabilities to miss out on the same social activities that people without disabilities enjoy. The inability to participate in social functions leads to the social isolation of many people with disabilities.

Durham offers many social and recreational options for people with disabilities. There are clubs, such as Common Ground, and recreational centers, such as Durham's Center for Senior Life, which provide opportunities for games, activities, and socializing with friends. The Durham Parks and Recreation Department offers recreational and leisure programs tailored to people with disabilities.[19] Churches also offer a location for socializing, which many people utilize.

Social Support- Recreation

Theme Statement

Recreational opportunities and activities for people with disabilities exist in Durham; however, opportunities and activities are limited in number and variety and are not known about. This prevents people from being socially engaged with other people with disabilities and the community at large.

Team Observation

"There are several recreation centers in Durham but none are really disability-friendly. They are not ADA compliant." ~ Team Member

Many team observations focused on the involvement of people with disabilities in recreational activities in the community. Team members noticed that there are some opportunities for recreation and socializing. However, these opportunities tend to be publicized

through flyers which are not accessible to everyone, such as people with visual disabilities, limited reading skills, and those who are homebound. Many recreation spaces, such as city parks, Duke Forest, and community centers do not appear to be physically accessible to everyone.

Service Provider View

> "Collectively and across disabilities there is a need to gather people together among different groups. Our office is now working on pulling people together across the different interests and efforts for disabilities." ~ Local Service Provider

Service providers noted that there is a need to increase awareness of recreational opportunities and decrease barriers to recreational spaces. Service providers also commented on the difficulty of designing recreational activities that are accessible to everyone. For example, service providers felt it was difficult to anticipate the needs of participants and adjust activities accordingly. In addition, service providers recognized the importance of having recreational opportunities for people with disabilities in order to avoid feelings of isolation and loneliness.

Community Member View

> "There's a lot to do in Durham, but people don't realize it. Lots of people here are lonely and don't like to get out. They only think about their disability."
> ~ Community Member

Community members acknowledge that recreational opportunities exist in Durham, but they think that there ought to be more. Also, recreational opportunities for people with disabilities are not well advertised in accessible ways, nor do people know whether or not places for recreation are accessible. People noted that it is difficult to get information about what activities are available because they are sometimes isolated. Community members highlighted several opportunities such as blind bowling and the Durham Bulls' games as successful recreational opportunities.

Comparison of Perspectives

Service providers and community members agreed that there are not a variety of accessible recreational opportunities for people with disabilities. While service providers focus on the accessibility of recreational activities, community members feel they do not know what activities are taking place, accessible or not. Both community members and service providers feel that recreational activities are important to prevent the isolation of people with disabilities.

At the Forum

Six community members and two service providers chose to discuss the availability of recreational activities at the community forum. The discussion revolved around factors that help and hinder the availability and awareness of recreational activities for people with disabilities, as shown in Appendix E-7. As in previous sections, the facilitation technique used is described in Appendix E-9. Participants used this list of factors to develop the following action steps:

1. Write a petition to the Director of Parks and Recreation asking for more recreational activities for people with disabilities.
2. Advocate for people with disabilities at city council meetings.
3. Contact TeleMed about creating a call option with a recorded recreation calendar.
4. Discuss the need for more activities for people with disabilities with the director of Durham's Center for Senior Life.
5. Ask Durham's Center for Senior Life to put an activity calendar on their phone.
6. Write a letter to the editor highlighting the need for funding more activities for people with disabilities.
7. Contact churches, civic clubs, and local community groups about volunteering to provide transportation to and from activities for people with disabilities.

Transportation

This section will discuss the public transportation in Durham, including the Durham Area Transit Authority (DATA) and the paratransit service, ACCESS, including the strengths and barriers associated with each. Transportation issues were mentioned 46 times by service providers and 45 times by community members for a total of 91 times.

Background

Transportation is a challenge for people with disabilities. Since many are unable to drive, they must rely either on private transportation; the public busing system, DATA; or the paratransit service, ACCESS.

DATA uses kneeling buses that are wheelchair-accessible to provide stop-to-stop transportation for people with and without disabilities. Its operating hours are Monday through Saturday 5:30 a.m. to 12:30 a.m., Sundays and holidays 6:30 a.m. to 7:30 p.m., and on Christmas Eve and New Years Eve service ends at 7:30 p.m. DATA is closed only on Christmas day.[20] The fee for riding a DATA bus is $1 each way, but seniors ride for free with identification. DATA bus routes can be viewed in Appendix A-4. Although DATA's bus routes seem to cover a large portion of Durham, many of the routes are concentrated in downtown and in the surrounding areas, thus providing with less complete access to the areas between the outlying stops.[21]

DATA is also responsible for ACCESS. ACCESS provides curb-to-curb transportation for eligible riders and has the same hours of operation as DATA.[22] The fee for ACCESS is $2 each way.[20] In order to use ACCESS, people must receive a medical recommendation and fill out an application in order to be approved by the Department of Social Services. Riders can schedule a pick-up from two weeks to 24-hours in advance.[23] DATA has 43 ACCESS vans and 57 ACCESS employees.[22]

DATA also operates a taxi cab program, which allows ACCESS riders to use taxis at half of the regular taxi rate. One benefit of this program is faster pick-up than with ACCESS vans. The restrictions of this program are riders must call for the cab within ACCESS's operating hours and passengers can only travel within the ACCESS service area.[20]

Another transportation option is the Triangle Transit Authority (TTA), which operates

buses in Durham and the Triangle area.[24] All of the buses and shuttles are equipped for

wheelchairs, and service animals are allowed on TTA buses.[24] TTA's fares are based on how far

the rider needs to travel with a usual rate of $1.50 to $2 per trip.[2] TTA also has a paratransit

system that is $4 per trip.[24] People with disabilities can bring an attendant for no additional fee.[24]

Durham Area Transit Authority

Theme Statement

DATA buses are accessible and are a great asset to the community. Unfortunately, bus stops are
frequently inaccessible because people feel unsafe at the stop, broken sidewalks lead to the stop,
there is not a curb cut near the stop, or the stop is located on the other side of a busy intersection.
Without access to a bus stop, people have struggled to get to and from work and participate in
social activities.

Team Observation

> "There was a bus stop, but people would have to go down the long driveway and
> the bumpy sidewalk to get there." ~ Team Member

Based on team observations, public transportation seems to be available, but it could be

improved. Team members were aware of problems with the frequency of bus arrivals and access

to bus stops. Team members noticed many bus stops; however, they noted that some stops were

not accessible because of their distance from housing complexes or the uneven sidewalks that

lead to the stop.

Service Provider View

> "Transportation is a huge problem. [Door-to-door] transportation is a huge
> problem. Curb-to-curb? There's some, but it's expensive. There is some free if
> you're in the Department of Social Services." ~ Local Service Provider

Overall, service providers recognize that transportation is a challenge for people with

disabilities. Service providers noted that DATA has limited services for people with disabilities.

Service providers mentioned that DATA does not travel to all city locations and does not operate

24 hours a day. This limits the ability of people with disabilities to get to and from work, to visit friends, and to attend community events. However, service providers did note that transportation in Durham is better than in many other North Carolina counties.

Community Member View

> "I love the accessible buses, but I can't use [them] because the closest bus stop is totally unsafe for me to get there." ~ Community Member

Community members are pleased that DATA buses are accessible, including the kneeling feature and a ramp that extends from the stairs. Unfortunately, many community members have had difficulties getting to a bus stop because sidewalks are broken or non-existent, intersections are difficult to cross, or they feel unsafe at certain bus stops. Many people with disabilities find that these factors make it unsafe for them to use the bus.

Comparison of Perspectives

Service providers and community members recognize that DATA provides an invaluable service to the people of Durham. Both service providers and community members agree that the DATA buses are accessible but there are improvements that could be made to bus stops and bus schedule.

ACCESS Paratransit

Theme Statement

ACCESS is a useful service but requires planning ahead and is often too expensive for people on fixed incomes to afford. This prevents people with disabilities from going to certain parts of the community or engaging in social activities.

Team Observation

> "The ACCESS bus service for persons with disabilities seemed to be a joke to those present at the meeting." ~ Team Member

ACCESS paratransit provides much needed transportation for people with disabilities. The vans provide transportation to any location in the transit area, but the service is most commonly used to go to doctors' appointments. Unfortunately, team members noted that ACCESS' late arrivals are a source of frustration among many community members. One comment that team members heard a community member make related to ACCESS is "Are they riding ACCESS? They'll get here tomorrow."

Service Provider View

> "It's not like you'd be stuck at home, because there are services like ACCESS that can assist with getting you where you need to go." ~ Local Service Provider

Some service providers viewed ACCESS as a positive service, noting that other cities do not have a service that will transport people door-to-door. Other service providers found ACCESS frustrating because consumers frequently arrive late for appointments because the ACCESS van is late. Though all service providers thought ACCESS was an important service, they were divided about whether ACCESS was performing at an acceptable level.

Community Member View

> "I had a problem yesterday with ACCESS. They were supposed to pick me up at 2:30 [p.m.], but they didn't get there until 4:00 [p.m.]. If it's at night and I'm sitting there, I'm going to panic." ~ Community Member

Community members are frustrated by the time and money it takes to use ACCESS. Though many find it difficult to pay for ACCESS, they are more frustrated that they pay for a service that runs late. Community members expressed a desire for more ACCESS vans and drivers to improve the problems with late arrivals.

Comparison of Perspectives

Both service providers and community members agree that ACCESS provides an invaluable service to the community. Although service providers may be split as to whether

ACCESS is performing well or not, community members almost entirely agree that serious improvements need to be made to ACCESS to provide a service that is worth the fee.

At the Forum

For the community forum, the DATA and ACCESS themes were combined into one statement based on the recommendations of the FPC. The theme statement presented at the forum was:

> DATA buses are accessible and are a great asset to the community. Unfortunately, bus stops are frequently not accessible, which can cause safety concerns. ACCESS is a useful service but requires planning ahead and is often too expensive for people on fixed incomes to afford. Without being able to get to a bus stop or use ACCESS services, people have struggled to get to and from work and participate in social activities.

Eight community members, two service providers, and one representative from UNC participated in the transportation small group discussion. The discussion was based on helping and hindering factors related to public transportation in Durham, as described in Appendix E-8. The technique used to facilitate the group is described in Appendix E-9. This discussion group struggled to identify small, achievable action steps despite a lively conversation. The final goal of the group was to network services and resources for consumers and policy-makers. The action steps are as follows:

1. Lobby to improve collaboration and secure funding.
2. Lobby to establish an organization that provides resources for regional transit.

Methodology

Becoming Acquainted with the Community

In order to appropriately assess the needs, challenges, and strengths of the community of people with disabilities in Durham, the team needed to gain a better understanding of the community. The team did this by gathering secondary data, conducting interviews and focus

groups, and interacting with community members to learn about the cultural, medical, political, social, and economic factors that influence the lives of people with disabilities in Durham.

The team's first step to becoming acquainted with the community was to understand the civil rights of people with disabilities. One of the team's preceptors, Rene Cummins of Alliance of Disability Advocates / Centers for Independent Living, conducted an ADA workshop to inform the team of the laws that protect people with disabilities from discrimination and unfair living conditions. Following the workshop, the team had an increased awareness of the injustices that many people with disabilities face in their daily lives.

After the ADA workshop, the team's other preceptor, Adonis Brown, president of EnVisioned Independent Living and chair of the Durham Mayor's Committee for People with Disabilities (DMCPWD), guided the team on the windshield tour of the city. The windshield tour was their first introduction to the community. Rene Cummins also accompanied the team on the tour and encouraged the students to attempt to view the city through the eyes of a person with a disability and take note of various aspects of the city which may not be in compliance with ADA law. During the windshield tour, the team saw various nursing homes, rehabilitation centers, apartment complexes, and medical facilities used by people with disabilities. The team also viewed the impact that construction had on transportation in downtown Durham. As they were touring the city, the team members wrote down their individual observations so that they could be compiled and coded for data analysis.

In addition to the windshield tour, the team attended events to acquire firsthand information about people with disabilities in Durham. Team members attended monthly meetings for the DMCPWD to learn about advocacy efforts to improve the quality of life for people with disabilities. Other community events, such as the DMCPWD's Annual Banquet,

Common Ground advocacy meetings for people with developmental disabilities, and the

Assistive Technology Expo in Raleigh allowed the team to enter the community. In order to have

contact with people with disabilities who are isolated and difficult to reach, the team members

volunteered weekly at a nursing home. Again, during these events team members wrote down

observations.

Collecting Background Information

While familiarizing themselves with the community, the team also collected secondary

data to learn about the history Durham and the social, physical, and cultural factors that influence

the daily lives of people with disabilities in Durham. The team reviewed newspaper articles in

the Durham Herald Sun, the Raleigh News & Observer, and The Independent, as well as

scholarly articles found in the online database PubMed. The information found in these sources

informed the questions included in the interview guides, shown in Appendices C-1, C-2, and

helped to identify reoccurring themes in the community.

Identifying a Target Population within the Community

Realizing that needs vary greatly between different types of disabilities, the team decided

to focus on a target population of adults with physical disabilities. The main reason for the

team's decision to focus on this group was the Department of Justice settlement, described in

Appendix A-2.[8] Both the team and the preceptors recognized that bringing the city into

compliance with ADA regulations was the most pressing and urgent issue facing the community

of people with disabilities, particularly people with physical disabilities.

The team chose to focus on people with physical disabilities instead of people with

cognitive or developmental disabilities for two reasons. First, many service providers

interviewed by the team provided services that addressed the needs of people with physical

disabilities, such as housing modifications, employment opportunities, and paratransit services. Secondly, ethical issues, such as understanding informed consent and working with "vulnerable" populations, surround contacting and interviewing people with cognitive or developmental disabilities. The team did not feel they had the necessary training to address these issues.

Although people with cognitive disabilities did not become the primary focus of the team's efforts, their issues and perspectives were considered in the process. The team interviewed a service provider who works primarily with people with developmental disabilities. The team also attended the meetings of Common Ground, an advocacy and social organization for people with cognitive disabilities, and interviewed a community member with a cognitive disability.

Preparing to Conduct Interviews

After identifying the target population within the community, the team prepared to collect data firsthand. The team began by developing consent procedures, consent forms, and fact sheets which followed the Institutional Review Board (IRB) requirements, as shown in Appendices B1-7 and C1-4. Since this project was associated with a class, the team was not obligated to submit any forms to the IRB. Next, the team developed separate interview guides for service providers and community members, which were informed by secondary data sources and questions from past AOCDs, shown in Appendices C-1 and C-2.

The next step was to test the community member and service provider interview guides. The team contacted Adonis Brown to pilot test the service provider interview. His wife, Clementine Brown, agreed to do the community member interview pilot test. After pilot testing the interviews, the team revised questions that were difficult to understand and modified the demographic questions, which are shown in Appendix C-4.

Conducting Interviews

After receiving approval for the consent forms, fact sheets, and interview guides from the teaching team, the team focused their efforts on identifying active and influential service providers and community members to interview. Both Adonis Brown and Rene Cummins assisted the team in this process by recommending personal and professional contacts. Using the preceptors' connections was useful when trying to reach isolated members of the community. The team also found people to interview by attending the meetings of the DMCPWD.

The interviewing process started by conducting interviews with the service providers recommended by Adonis. In order to branch out from the original service providers, the team asked the interviewees to recommend professionals at other public and private agencies who should be interviewed. Through these interviews, the team collected valuable information on the services that were available and began to identify the people who were leaders in the community both as service providers or community members. By the end of the interview process, the team interviewed 16 service providers from diverse professional backgrounds (see Appendix D-2).

After interviewing service providers, the team interviewed community members who were recommended by Adonis and Rene or who were members of the Mayor's Committee. Once the interviewees were contacted and the meeting time was finalized, most community members preferred to be interviewed in their homes as to avoid the difficulty of getting to another interview location. Just as with the service providers, interviewees identified other community members who should be interviewed and got permission for the team to contact the recommended community members. In the end, the team completed 14 individual interviews with community members.

A focus group question guide, shown in Appendix C-3, was developed so that the team could hear from several community members at the same time. With the help of a service provider at Durham Exchange Club Industries Inc. (DECI), the team scheduled a focus group with six employees who had physical disabilities. With the help of another community member, a focus group was also conducted with three residents at Preiss-Steele, an assisted living facility for seniors and adults with disabilities.

Interviews with community members and service providers ranged from 25 to 60 minutes each. The focus groups lasted around 60 minutes. For the majority of interviews, two team members attended the interview. One person was the interviewer, and the other team member was the notetaker. After receiving consent from the interviewees, the team used a digital recorder and handwritten notes to capture the important points of each interview. Following the interviews, the notetakers typed out their notes and then listened to the recorded interviews to ensure that all of the key points had been documented. The team decided to summarize the answers to each question instead of transcribing the responses word for word. Overall, the team spoke to 39 community members and service providers, who are described in Appendix D-2, about their experiences in Durham.

Analyzing the Data

Once the responses from the interviews were transcribed, the data was then coded. Coding is a process whereby statements are labeled with a domain and sub-domain. For example, a statement regarding the inaccessibility of a private business was coded with the domain of Accessibility and the sub-domain of Private Entities. A complete listing of the codes is provided can be found in the coding dictionary in Appendix D-1.

The first step in coding data is developing a coding system by creating domains (or categories) based upon keywords mentioned consistently throughout the interviews. Each domain was then assigned a color with which the coders highlighted all phrases that linked to the domain. After creating the domains, the coders created sub-domains that linked to each domain. Sub-domains were assigned letters and numbers. The team created a coding dictionary to ensure each team member coded statements similarly.

Limitations in Data Collection

Despite the best efforts of the team, there are several limitations to the data collection process. The team members chose the questions asked in interviews and focus groups which impacted the kind of information returned by community members and service providers. Another limitation was that there were limited secondary data sources related to people with disabilities in Durham which meant the team had to extrapolate from information about other locations. Finally, secondary data analysis revealed a large amount of general information so the team had to limit number of sources used to inform the interview questions. Despite these limitations, team participation and observation supplemented data not collected from secondary sources or in interviews.

The Community Forum

The Forum Planning Committee

The team felt that having a Forum Planning Committee (FPC) was integral to the success of the community forum. The purpose of the FPC was to encourage community buy-in and to advise the team as they planned the forum. This was also a great way for the community to develop a sense of ownership in the AOCD process and to empower them to complete the action steps developed in the small group discussions. The team asked community members during

their interviews if they would like to serve on the FPC. When inviting community members to join the FPC, the three forum chairs explained the purpose of the FPC and offered an overview of what the team hoped the FPC would accomplish.

Four community members, the two preceptors, and the three forum chairs from the student team comprised the FPC. The FPC was diverse in gender, race, and type of physical disability which reflected the demographics of the community members interviewed. The team chose not to invite service providers to the FPC because community members and preceptors expressed concern that community members may be more guarded with their suggestions if service providers joined the FPC.

Planning the Community Forum

The FPC met three time times during the month prior to the community forum. A fourth meeting would have been helpful, but the busy schedules of the forum chairs and the FPC members prevented this from happening. The first meeting began with a review of the AOCD process. It described work that had been done up to that point and explained the goals of the community forum. During this meeting, the forum chairs sought feedback on the day, time, and location of the forum and on the specific businesses the team should approach for donations. The team used a donation request letter (see Appendix E-10) to solicit food and door prizes.

During the second meeting, the FPC and the forum chairs voted on the themes to be discussed in the small groups, reviewed a draft of the forum program, gave an update on the forum planning process, and shared other forum details. The entire student team attended this meeting to present the 11 themes. Unfortunately, only one community member and one preceptor attended this meeting. Despite the poor attendance, the FPC still discussed the theme statements and voted on each based on their importance and changeability. In order to provide

information on each theme's importance to the community, the team presented the number of times each theme was mentioned in interviews and focus groups, as listed in Appendix D-3. Changeability was defined as how easy or difficult it would be to create and achievable action steps for the theme. Since choosing the themes was one of the main responsibilities of the FPC, the team wanted to receive input from all of the members of the committee, including those members not present at the meeting. The following day, the forum chairs called the committee members who did not attend the meeting so that they could vote on the themes. The FPC selected five themes related to accessibility, positive attitudes toward people with disabilities, housing, recreation, and transportation.

During the final FPC meeting, the forum chairs presented the final themes, shared the facilitation strategies, shown in Appendix E-9, and showed the conversation starters to be used in the small group discussions. The committee also developed strategies for a final push for advertising the forum, with the event flyer shown in Appendix E-11 and the press release shown in Appendix E-12.

All of the community members and service providers interviewed by the team received information regarding the community forum in the mail. Community members received invitations, and service providers received letters, shown in Appendices E-13 and E-14, respectively. The team made sure to mail the invitations to the community members in enough time so that they could meet the scheduling deadline for ACCESS, which is at least two weeks prior to when the ride is needed.

The Community Forum

On Saturday April 14, 2007 from 2:00 p.m. to 5:00 p.m. approximately 60 community members and service providers attended the community forum entitled "Speak Up! Speak Out!"

at Durham's Center for Senior Life. The forum's purpose was to bring community members, service providers, caregivers, and other allies together to discuss the strengths and challenges facing people with disabilities in Durham. Not only did the forum provide an opportunity to discuss community issues, it also served as a platform for empowering community members and service providers to collaborate and to begin working to improve the quality of life for people with disabilities in Durham.

As shown in the program in Appendix E-15, the forum began with attendees enjoying light refreshments and visiting an information table with resources ranging from transportation information to a Money Follows the Person petition. Following the brief reception, Rene gave an overview of the AOCD process, the reason for selecting the community of people with disabilities in Durham, and introduced the student team. Next, the keynote speaker, City Councilmember Mike Woodard, spoke of the role people with disabilities play in the community and his dedication to addressing the issues brought forth at the forum. Following the keynote speech, team members further explained the AOCD process, how the data was gathered, and how the information from the interviews and focus groups was analyzed. Then, the team presented the strengths of the community and the five themes. After presenting the themes, the attendees divided into small discussion groups led by the team members. Following the discussions, people ate while music and a slide show played in the background. Once people finished eating, representatives from each small group shared the action steps. The forum closed with a short speech by Angela Langley, former chair of the DMCPWD.

Before leaving the forum, the attendees were asked to complete an evaluation form, shown in Appendix E-16. Attendees expressed that they left the forum with a better understanding of the strengths and challenges of Durham for people with disabilities, as well as

feeling empowered to actively improve the quality of life for people with disabilities; detailed

results are found in Appendix E-17.

Community Forum Debrief

A week after the forum, the team members held a community forum debriefing meeting

with the FPC. The purpose of this meeting was to discuss the strengths and weaknesses of the

forum, to distribute the contact list and action steps of the small group discussions, and to share

any updates related to the AOCD process. At this meeting, the team shared their plans for

disseminating the data to Durham's City Council and other service providers who expressed

interest in using the data to improve their businesses and services. This meeting gave the team

the opportunity to express their gratitude by giving small gifts to the preceptors and the FPC for

helping to introduce the team to the community, participating in the forum planning process,

taking ownership of the action steps, and personalizing the AOCD process.

The debriefing meeting signified the end of the team's AOCD-related involvement with

the community. The team decided that this was an ideal way to exit the community, because it

ensured that the action steps were given to community members who demonstrated their

commitment to the community.

Limitations of the Project

Though it is important to celebrate the strengths of this project, it is just as important to

identify the weaknesses. There are several limitations to this AOCD process. First, the student

team was unable to interview any members of the deaf community. This is likely because

interview participants were chosen based on recommendations from other interviewees who are

not connected to the deaf community. Another limitation is that team members did not interview

enough caregivers. These types of service providers are intimately involved with the community

members and provide a unique perspective on the daily lives of people with disabilities. At the forum, the caregivers for community members were among the most vocal participants in the small group discussions and readily signed up for action steps. The team did not recognize the unique perspective that caregivers have until the community forum. The team would have liked to include more of that perspective when developing the themes.

A third limitation of the process was the sometimes narrow focus of the interviews. Because the team chose to focus on people with physical disabilities there were no specific interview questions to address possible mental health concerns. While interviewing and conducting focus groups, team members began to suspect that there may be a need for mental health services in the community of people with disabilities. Neither community members nor service providers raised this as a concern, so it was not a topic for discussion in this document or at the forum. However, this unacknowledged need may affect the ability of some community members to fully participate in the AOCD.

Finally, based on the data, public transportation is often unreliable and expensive, making it difficult for community members to attend the interviews, focus groups, FPC meetings and the forum. Anticipating this difficulty when planning the forum, team members contacted transportation providers in advance to prepare them. The team also secured free DATA day passes for forum attendees to defray the costs. Unfortunately, the team was not able to negotiate free ACCESS passes. It is possible transportation challenges prevented some community members from attending AOCD events.

Recommendations

As the community members and the service providers work together, the team has some recommendations for the future. The recommendations are:

- Hold annual events similar to the forum, hosted by either a service agency or governmental organization, such as the DMCPWD, as suggested by several community members and service providers. Though it may not be necessary to repeat the AOCD process year after year, the same level of commitment to understanding community member and service provider perspectives should be incorporated.
- Establish the DMCPWD as a resource information center for people with disabilities. Though the DMCPWD has a resource center, many people are not aware this service, therefore we recommend an increase effort to publicize this center.
- Increase collaboration between organizations for people with cognitive disabilities and people with physical disabilities. More specifically, increase representation from both groups on the DMCPWD.
- Advocate for expanded paratransit services, including more drivers, more vans, and a better scheduling system.
- Increase community member representation on government councils, such as City Council, DATA board, and Parks and Recreation meetings.

Strengths and Conclusion

Although there is a great deal of work still to be done, this does not outweigh the strengths of this AOCD or of the community. This AOCD process was community centered and focused the strengths and needs identified by community members and service providers. One of the greatest strengths of this process is that it respects the power of the community to act on the issues they feel are most important, rather than forcing an outsider's opinion onto a community. For example, at the community forum, attendees built upon the work of the student team, discussed the impact these issues have on their lives, and then developed action steps to address these concerns. Community members readily created these action steps and then volunteered to see them through. In this way, the community is empowered to move forward after the student team exits the community.

Another strength of the process is that it brings key service providers and community members together to solve problems and celebrate successes. For example, some service providers were not aware of the issues that community members faced when trying to access their services. At the community forum, attendees discussed their issues and raised awareness of

their concerns. Additionally, service providers can take this information back to their

organizations to use when evaluating their services or creating new ones. For example, the

representative from ACCESS paratransit was interested in including information from the forum

in future trainings for ACCESS drivers.

In conclusion, though service providers and community members often had different

approaches to address the needs in the community, they raised the same issues the team found

through secondary data analysis and observation. The action steps developed in the small group

discussions also show their desire achieve the same goals and work together. This alignment

bodes well for future collaboration between community members and service providers. The

team hopes that both the forum and this document will serve as a means to promote future work

that will improve the quality of life of people with disabilities in Durham.

Appendix A-1. History and Features of AOCD

Action-oriented community diagnosis (AOCD) originated with the work of researchers from the Institute of Family and Community Health in South Africa from 1945 through 1959.[25] The researchers found that by involving groups of people in a mutual exchange of discussion and decisions, they were able to achieve the desired health outcomes while increasing their own understanding of the social and cultural aspects of the lives of the individuals with whom they were working.[25] This group of researchers considered blending the insider's view with an outsider's view to be the institute's most important work.[25] When apartheid policy was applied to medical professionals, their work ended, and the researchers dispersed to Israel, Kenya, and the United States.[26]

From 1970 to 1984, Guy Steuart, one of the original researchers, chaired the Department of Health Education at the University of North Carolina at Chapel Hill School of Public Health. Here, he refined the community assessment procedure and called it an action-oriented community diagnosis. This name indicates that "when public health professionals engage communities in assessing their own strengths and problems, they are ethically bound to take action to address the problems, as physicians are ethically bound to ensure medical treatment for patients they diagnose with an illness of disability."[26]

One defining characteristic of an AOCD is the combination of insider and outsider perspectives. An insider's view, such as that of a person with a disability, is "privileged knowledge that is born through membership [or socialization] in a particular group, culture, and society…"[26] An outsider's view, such as that of a service provider or team member, comes from a person who works with or studies a community that is different from themselves.[26] This view is considered objective, since it is not complicated by membership or socialization with the community being studied.[26] The second defining characteristic of an AOCD is that it uses a

broad definition of health. This definition includes all of the usual factors associated with health, as well as the social determinants of health, such as poverty and discrimination.[26] This inclusion of social determinants in the definition of health has been acknowledged as the fundamental work of the twentieth century in social epidemiology.[27]

Appendix A-2. Department of Justice Settlement

Recently, the city of Durham received national attention for its failure to comply with the Americans with Disabilities Act of 1990 (ADA).[28] A citizen complaint filed with the Department of Justice (DOJ) in 2002 spurred an investigation into the city of Durham's compliance with the ADA. The investigation focused on Title II of the ADA, which requires that people with disabilities have equal access to government buildings, activities, services, and recreation facilities.[28, 29] When the DOJ investigation began in 2003, Durham officials denied that the city was not in compliance with the ADA.[29]

This type of investigation happens periodically throughout the country.[29] At the time of the 2003 Durham investigation, the DOJ was investigating 15 other cities.[30] However, Durham was the only North Carolina city under investigation at the time.[30] Communities are selected for investigation by the DOJ based on citizen complaints and other factors.[31, 32] The standard procedure for coming to a settlement with the DOJ on ADA issues typically begins with working out a detailed agreement, which can take up to a year.[33] Under the terms of the settlement, the city must comply with the agreement within two years or receive a substantial fine.[33]

DOJ investigators evaluated more than 50 city-owned public facilities in Durham.[30, 32] After completing the investigation, the report, which was released in 2004, stated that the city of Durham was in violation of the ADA.[34, 35] The DOJ report included a list of over 500 improvements needed in order for the city to be in compliance with the ADA.[32, 35] The settlement required that Durham make improvements to public facilities such as adding ramps and automatic doors, and lowering sinks in restrooms.[30] The most common physical problems discovered during the DOJ investigation were problems with doorway width and location, restrooms, ramps, and parking.[30] The investigation also noted problems with the city's ability to

communicate with people with visual and auditory disabilities by providing Braille translations and interpreters when needed.[34] In addition to the required physical changes, the city is also required to offer training programs for staff and to purchase adaptive equipment for use at public meetings.[35] The cost of the needed repairs and renovations, trainings, and equipment will probably reach into the millions.[35]

Appendix A-3. Money Follows the Person

Presently, one of the hot advocacy efforts for housing for people with disabilities in Durham is the Money Follows the Person Act. This legislation, also known as S 1394, was introduced to Congress in 2003 by Senators Tom Harkin (D, Iowa) and Gordon Smith (R, Oregon).[36] This bill is an attempt to allow people to continue to use money from federal programs if they move out of nursing homes and into the community.[36] The current Medicaid system favors paying for support services in nursing homes rather than in personal homes in the community.[36] This does not allow people who need these supports to choose where they would like to live.[36]

This legislation is an attempt to not only allow people to live where they choose without having to give up their federal funding, but also to save the state and federal governments money.[36, 37] Supporting people with disabilities in the community costs one-third less money than providing that same support in a nursing facility.[37, 38] Another reason behind the legislation is to make it easier for states to fulfill the terms of the ADA and the Olmstead decision.[37] With the Olmstead decision, the United States Supreme Court ruled that "needless institutionalization was discrimination under the Americans with Disabilities Act."[37]

Since the passage of Money Follows the Person, states are able to apply to the Centers for Medicare and Medicaid Services (CMS) to access the funding for Money Follows the Person.[38] In January 2007, CMS announced the first round of seventeen states to be granted Money Follows the Person Demonstration awards.[39] Unfortunately, North Carolina was not included in this first tier of awards.[39] Currently, North Carolina's application is being reconsidered during the second round.[39]
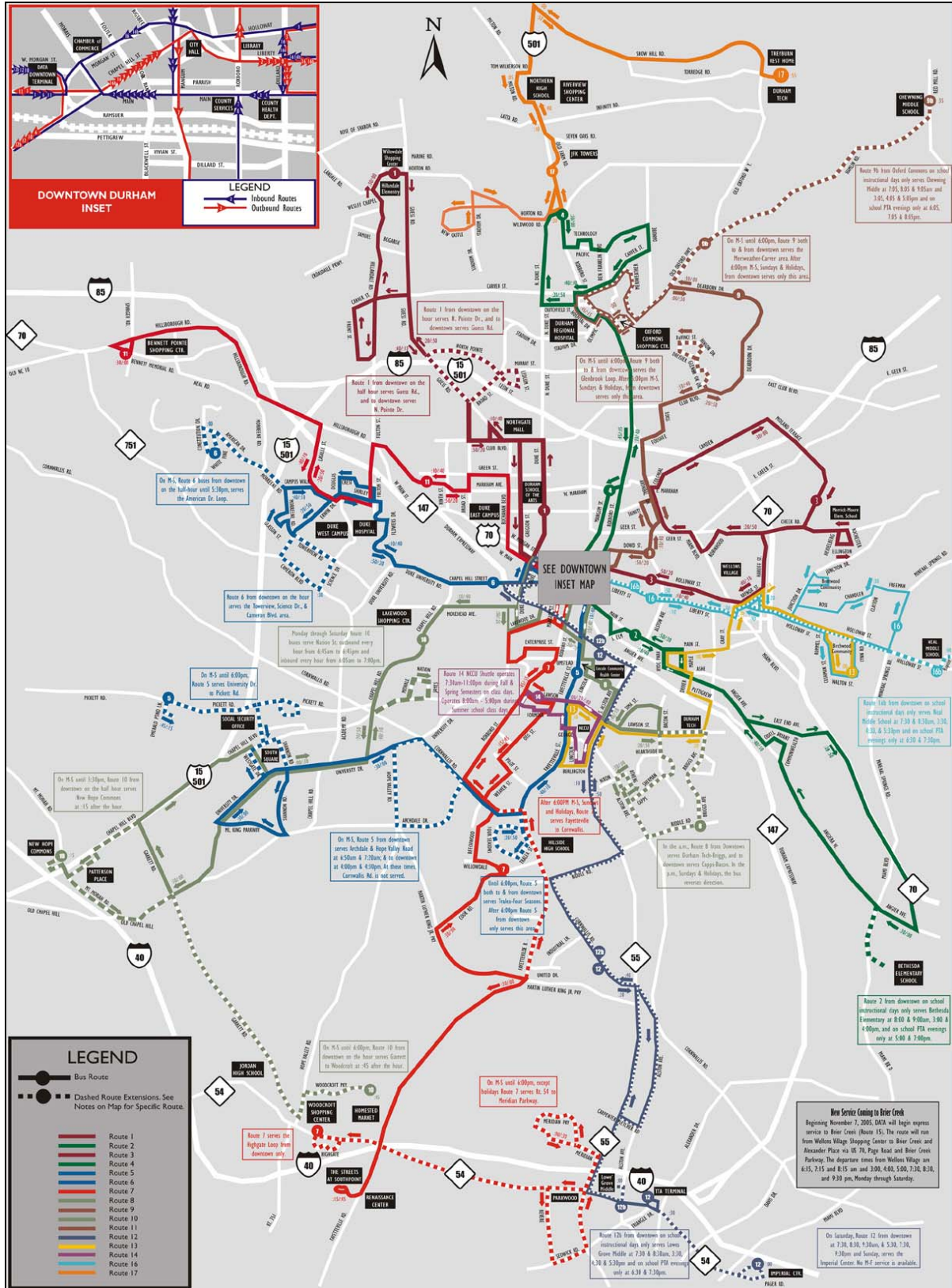
Appendix A-5. North Carolina Maps

http://wwp.greenwichmeantime.com/time-zone/usa/north-carolina/map.htm

http://www.city-data.com/forum/north-carolina/65541-maps-county.html
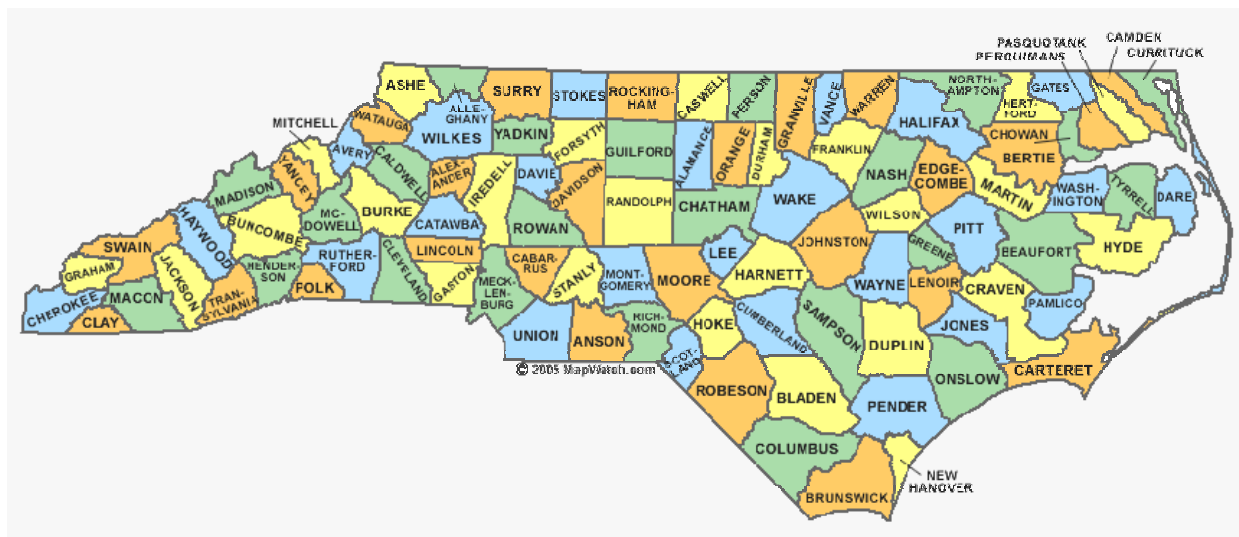
Appendix A-6. Durham County Map

http://www.durhamearthday.org/directions.html
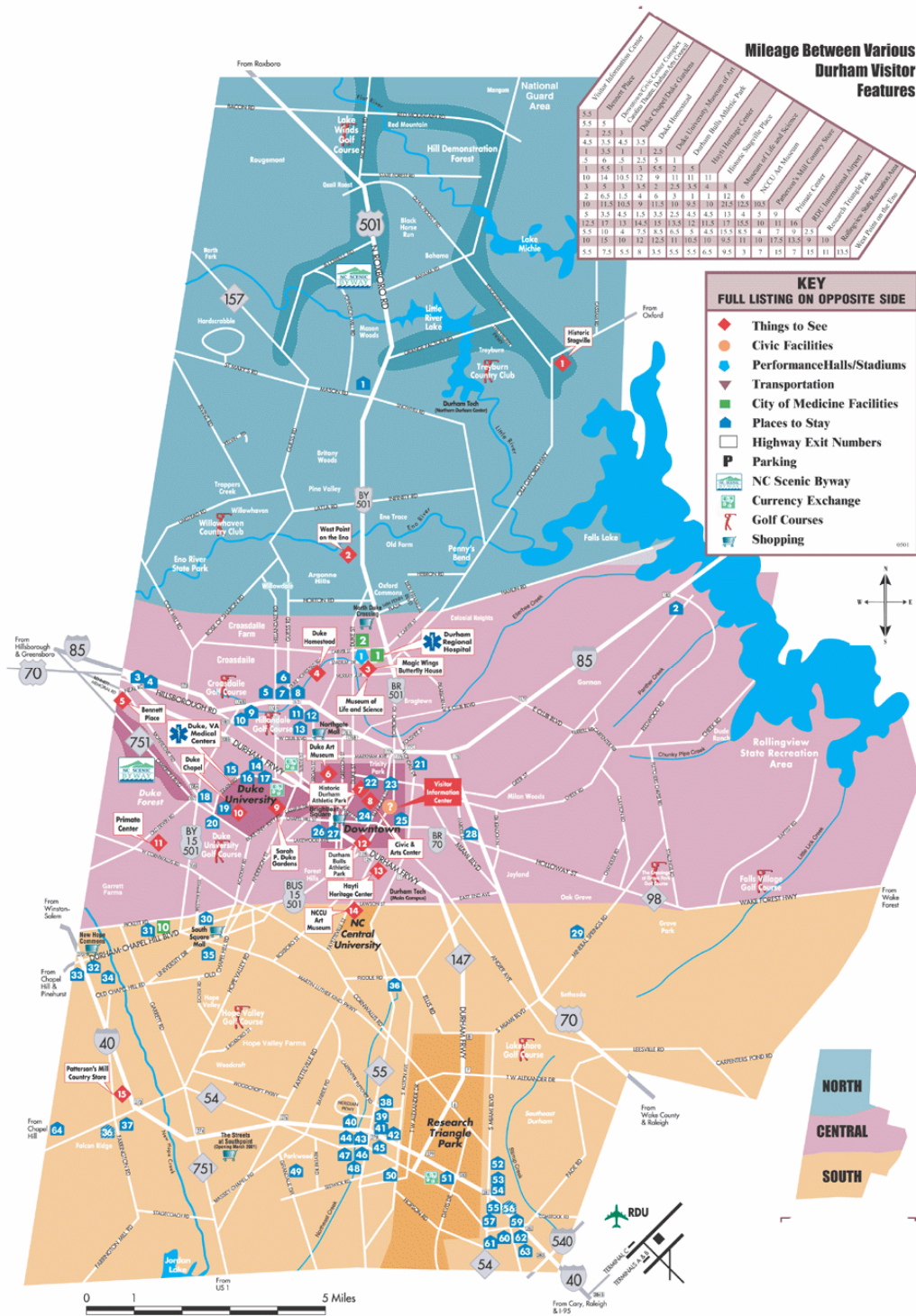
Appendix B-1. Consent Procedures

For consent purposes, different forms will be employed before beginning an interview. A fact sheet will be used which includes answers to frequently asked questions about the AOCD process. The fact sheet will be given to each participant and will also include the contact information of the team and Dr. Eng. In addition to the fact sheet, two types of the consent forms will be available: written and oral. Different consent forms will be created for service providers and community members.

At each interview, the interviewer will read the fact sheet to the participant and allow the participant to ask questions. Participants will have the freedom to accept or refuse consent of the interview. After questions are answered, the interviewer will leave a copy of the fact sheet with the participant if they should have any questions or concerns in the future and would like to contact the team. To give consent, the participant must sign and date the form, which will then be verified by a signature of a team member. Additionally, oral consent will be considered if a person has vision impairment, limited use of their hands or arms, or prefers to give consent in this manner. In cases that oral consent is necessary, the interviewer will read the fact sheet and consent form to the participant. The participant will be asked to agree with a statement read aloud by the interviewer, and the interviewer will verify the answer of the community member by signing and dating the oral consent form. After interview consent is given, the participant will be asked to consent to the recording of the interview, which they have the option of accepting or declining. Each interview will be numbered and identifiable only by the corresponding demographic half-sheet, ensuring that interview content will not be able to be traced back to any individual participant.

Durham City Persons with Disabilities Additional Procedures

Recruitment

Participants will be recruited through referrals by other participants. The initial participants will

be volunteers from the Durham Mayor's Committee and community members who have asked to

be interviewed when we attended community events.

Confidentiality

As previously mentioned, hard copies of consent forms and demographic information will be

stored in the team's locked AOCD cabinet. Interviews will be recorded using digital recorders

and uploaded to the interviewer's password protected UNC account. Other electronic documents

with identifying information will reside on team member's password protected h-drive.

Electronic documents without identifying information (for example, transcripts, interview

schedules, or analysis files) will be stored on the team's password protected yahoo.com group

page. CD copies of identifiable files (used for transcription or transport of files to a home

machine) will be stored in the locked cabinet or destroyed.

Summary of Forms: Form title and use

- Community Member Consent Form: Used to obtain consent from community members who can sign their names.
- Community Member Oral Consent Form: Used to obtain consent from community members who cannot sign their names.
- Service Provider Consent Form: Used to obtain consent from service providers who can sign their names.
- Service Provider Oral Consent Form: Used to obtain consent from service providers who cannot sign their names.
- Community Member Recruitment Script: Used to provide information about the project and recruit community members over the telephone.
- Community Member Interview Guide: Used in the community member interviews.
- Service Provider Interview Guide: Used in the service provider interviews.
- Durham City Persons with Disabilities Fact Sheet: For distribution at community events or use when approaching potential participants in person.

Appendix B-2. Recruitment Consent Form

UNC
SCHOOL OF PUBLIC HEALTH

Recruitment Consent Form

Purpose of this form:
This guide will be given to anyone who might recruit participants for the Durham City Persons with Disabilities Community Diagnosis research project. This form has guidelines for people to get permission to release names and contact information of people who might want to be interviewed or be in focus groups. The contact information will only be given to the Community Diagnosis research team. The people who will use this form include service providers, community members (with or without disabilities), and family members or legal guardians of persons with disabilities. If a person agrees to be contacted by the research team, the team will give them more information about the study and the person can decide if he or she wants to be part of it. The person who gave the team the person's name will not find out what the person decides. The research team will make sure that people contacted through service providers know that services they may use will not be changed in any way. This script will be given or read to possible study participants.

Script:
A team of students from the UNC School of Public Health is doing a project to learn more about the strengths and needs of the community of people with disabilities in Durham City. They are interested in contacting you to participate in an interview or focus group for their project. If you agree to be contacted by the team, you will be given more information about the project and will have the opportunity to decide if you wish to participate in it or not. I will not know whether you decide to participate or not. Regardless of your decision, any services you may use will not be affected in any way. If you have any questions about the study, you can contact Juliana Hammer, a member of the project team, or the faculty advisor Eugenia Eng, DrPH.

Juliana Hammer, Graduate Student
UNC School of Public Health
Dept. of Health Behavior and Health Education
Campus Box 7440
Chapel Hill, NC 27599-7440
Phone: 919-966-3919
Toll-free: 1-866-610-8273
Email: DurhamPWD@gmail.com

Eugenia Eng, DrPH
UNC School of Public Health
Dept. of Health Behavior and Health Education
Campus Box 7440
Chapel Hill, NC 27599-7440
Phone: 919-966-3909
Email: Eugenia_Eng@unc.edu

May I have permission to give your name and contact information to them?

Appendix B-3. Service Provider Consent Brochure

Would you like to participate in an AOCD of persons with disabilities in Durham?

Consent Form for Service Providers

UNC
SCHOOL OF PUBLIC HEALTH

If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

Agreement Statement:
By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

_____
(Your name, please print)

_____
(Your signature and date)

_____
(Team member signature and date)

Thank you!

---

your name or any identifying information to your responses and comments.
All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?
Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interviews at any time. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?
If you have any questions, please feel free to contact us by emailing us at DurhamPWD@gmail.com or by calling 919-966-3919 or toll-free at 1-866-610-8272.

We are completing this project as a class assignment under the supervision of our faculty advisor, Dr. Eugenia Eng. You can call Dr. Eng, collect if you wish, at her office at the UNC – School of Public Health at 919-966-3909.

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WHAT IS AOCD?

AOCD means Action-Oriented Community Diagnosis. The purpose of an AOCD is to learn more about the strengths and needs of the Persons with Disabilities in Durham City. We hope to do this by talking to you and other people about the experiences of members of your community.

WHY ARE YOU PARTICIPATING IN AOCD?

Someone in your community identified you as a person who can talk about the services being provided to persons with disabilities. We want to hear your thoughts and opinions about what life is like for members of the Persons with Disabilities community in Durham City.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. We will ask you questions about life in the Persons with Disabilities community. For example, we will ask, "What steps do you take to facilitate access to your agency's services?" There are no wrong answers or bad ideas, just different opinions.

The interview will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure we do not miss anything. Only members of our team will listen to the tapes. The tapes will be erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the Durham City Persons with Disabilities community. We hope that the information we learn will be used to improve services for you and members of your community. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?

The risk to you for taking part in this project is small, as we will be asking you general questions about life for members of the Durham City Persons with Disabilities community. Some questions, such as those about problems or needs in your community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.

The only cost for you is the time it will take to complete this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report which will be made available to members of your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

You do not have to participate in this project. You also do not have to answer any of the questions asked during the interview. You are free to stop participating in the project at any time, for any reason.

Any information that you provide will remain confidential. Your name will not be linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study, and only members of our team or our faculty advisors will have access to the information you and others provide. However, there is no guarantee that the information cannot be gotten by legal process or court order.

To ensure confidentiality, you can pick a made up name, if you wish, to use during the project so that nobody could see your real name connected with the project.

Information such as age and sex may be gathered during the interview. We will only use this information to help summarize our findings. We may use quotes when we present our findings, but we will not link

Appendix B-4. Service Provider Oral Consent Brochure

Would you like to participate in an AOCD of persons with disabilities in Durham?

Oral Consent for Service Providers

UNC
SCHOOL OF PUBLIC HEALTH

If you are interested in participating in an interview, **please listen to the following agreement statement very carefully.** The interviewer will then ask if you are willing to be interviewed for this project.

Note: Turn on tape recorder

Agreement Statement:
I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

Do you agree with the previous statement and are willing to participate in individual interview?

YES   NO

_____
(Interviewee's name)

_____
(Team member signature and date)

Thank you!

---

your name or any identifying information to your responses and comments.
All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?
Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interviews at any time. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?
If you have any questions, please feel free to contact us by emailing us at DurhamPWD@gmail.com or by calling 919-966-3919 or toll-free at 1-866-610-8272.

We are completing this project as a class assignment under the supervision of our faculty advisor, Dr. Eugenia Eng. You can call Dr. Eng, collect if you wish, at her office at the UNC – School of Public Health at 919-966-3909.

WHAT IS AOCD?

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WHY ARE YOU PARTICIPATING IN AOCD?

Someone in your community identified you as a person who can talk about the services being provided to persons with disabilities. We want to hear your thoughts and opinions about what life is like for members of the Persons with Disabilities community in Durham City.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. We will ask you questions about life in the Persons with Disabilities community. For example, we will ask, "What steps do you take to facilitate access to your agency's services?" There are no wrong answers or bad ideas, just different opinions.

The interview will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure we do not miss anything. Only members of our team will listen to the tapes. The tapes will be

erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the Durham City Persons with Disabilities community. We hope that the information we learn will be used to improve services for you and members of your community. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?

The risk to you for taking part in this project is small, as we will be asking you general questions about life for members of the Durham City Persons with Disabilities community. Some questions, such as those about problems or needs in your community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.

The only cost for you is the time it will take to complete this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report which will be

made available to members of your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

You do not have to participate in this project. You also do not have to answer any of the questions asked during the interview. You are free to stop participating in the project at any time, for any reason.

Any information that you provide will remain confidential. Your name will not be linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study, and only members of our team or our faculty advisors will have access to the information you and others provide. However, there is no guarantee that the information cannot be gotten by legal process or court order.

To ensure confidentiality, you can pick a made up name, if you wish, to use during the project so that nobody could see your real name connected with the project.

Information such as age and sex may be gathered during the interview. We will only use this information to help summarize our findings. We may use quotes when we present our findings, but we will not link

Appendix B-5. Community Member Consent Brochure

Would you like to participate in an AOCD of persons with disabilities in Durham?

Consent Form for Community Members

UNC
SCHOOL OF PUBLIC HEALTH

If you are interested in participating in an interview, **please read the following agreement statement very carefully.** Then please sign and date this form and give it to one of the interviewers. You will get a copy of the form for your own records.

Agreement Statement:
By signing this consent form, I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

_____
(Your name, please print)

_____
(Your signature and date)

_____
(Team member signature and date)

Thank you!

---

your name or any identifying information to your responses and comments.

All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?
Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interviews at any time. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.

WHO IS IN CHARGE OF THIS PROJECT? HOW CAN I CALL THEM?
If you have any questions, please feel free to contact us by emailing us at DurhamPWD@gmail.com or by calling 919-966-3919 or toll-free at 1-866-610-8272.

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WHY ARE YOU PARTICIPATING IN AOCD?

Someone in your community identified you as a person who can talk about the views of the Persons with Disabilities community as a whole. We want to hear your thoughts and opinions about what life is like for members of the Persons with Disabilities community in Durham City.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. We will ask you questions about life in the Persons with Disabilities community. For example, we will ask, "How would you describe life for people with disabilities living in Durham?" There are no wrong answers or bad ideas, just different opinions.

The interview will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure we do not miss anything. Only members of our team will listen to the tapes. The tapes will be erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the Durham City Persons with Disabilities community. We hope that the information we learn will be used to improve services for you and members of your community. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?

The risk to you for taking part in this project is small, as we will be asking you general questions about life for members of the Durham City Persons with Disabilities community. Some questions, such as those about problems or needs in your community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.

The only cost for you is the time it will take to complete this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report which will be made available to members of your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

You do not have to participate in this project. You also do not have to answer any of the questions asked during the interview. You are free to stop participating in the project at any time, for any reason.

Any information that you provide will remain confidential. Your name will not be linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study, and only members of our team or our faculty advisors will have access to the information you and others provide. However, there is no guarantee that the information cannot be gotten by legal process or court order.

To ensure confidentiality, you can pick a made up name, if you wish, to use during the project so that nobody could see your real name connected with the project.

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Appendix B-6. Community Member Oral Consent Brochure

Would you like to participate in an AOCD of persons with disabilities in Durham?

Oral Consent Form for Community Members

UNC
SCHOOL OF
PUBLIC HEALTH

If you are interested in participating in an interview, please listen to the following agreement statement very carefully. The interviewer will then ask if you are willing to be interviewed for this project.

Note: Turn on tape recorder

Agreement Statement:
I give permission to the University of North Carolina at Chapel Hill to use my interview information for the Action-Oriented Community Diagnosis.

Do you agree with the previous statement and are willing to participate in individual interview?

YES   NO

_____
(Interviewee's name)

_____
(Team member signature and date)

Thank you!

---

your name or any identifying information to your responses and comments.
All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?
Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interviews at any time. During the interview you may ask that the recording be stopped at any time.

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Someone in your community identified you as a person who can talk about the views of the Persons with Disabilities community as a whole. We want to hear your thoughts and opinions about what life is like for members of the Persons with Disabilities community in Durham City.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in an individual interview with two team members from the UNC School of Public Health. We will ask you questions about life in the Persons with Disabilities community. For example, we will ask, "How would you describe life for people with disabilities living in Durham?" There are no wrong answers or bad ideas, just different opinions.

The interview will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure we do not miss anything. Only members of our team will listen to the tapes. The tapes will be erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the Durham City Persons with Disabilities community. We hope that the information we learn will be used to improve services for you and members of your community. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?

The risk to you for taking part in this project is small, as we will be asking you general questions about life for members of the Durham City Persons with Disabilities community. Some questions, such as those about problems or needs in your community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.

The only cost for you is the time it will take to complete this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report which will be made available to members of your community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

You do not have to participate in this project. You also do not have to answer any of the questions asked during the interview. You are free to stop participating in the project at any time, for any reason.

Any information that you provide will remain confidential. Your name will not be linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to attend the community forum.

To protect your privacy, all of the information you provide will be stored only with an identification number, not with your name. Every effort will be taken to protect the identity of the participants in this study, and only members of our team or our faculty advisors will have access to the information you and others provide. However, there is no guarantee that the information cannot be gotten by legal process or court order.

To ensure confidentiality, you can pick a made up name, if you wish, to use during the project so that nobody could see your real name connected with the project.

Information such as age and sex may be gathered during the interview. We will only use this information to help summarize our findings. We may use quotes when we present our findings, but we will not link

Appendix B-7. AOCD Fact Sheet

UNC and Durham City Persons with Disabilities
Action Oriented Community Diagnosis (AOCD)

What are some general things you should know about projects like this?

You are being asked to take part in a community diagnosis. Your participation in this study is voluntary and you can withdraw from the project at any time, without penalty. This project is designed to obtain new information that may help people in the future. You may not receive any direct benefits from participating in this project. There also may be risk for being in this project.

Details about this project are discussed below. It is important that you understand this information so that you can make an informed choice about being in this study. You will be given a copy of this fact sheet. Please feel free to ask us questions at any time.

What is the purpose of this project?

The purpose of this study is to understand the cultural, social, economic, and health experiences of people with disabilities and their families living in Durham City. The information gathered will be used to identify community strengths and needs, as well as future directions that will enable the broader Durham City community and persons with disabilities within the community to gain competency that leads to improved health status for persons with disabilities. Service providers, community leaders, community members with and without disabilities, and family members of people with disabilities will be interviewed individually or asked to participate in a focus group. Results of the interviews and focus groups will then be summarized and made available to services providers and community members. We will remove any identifying information from the summary before sharing it with others so your thoughts will remain confidential.

What is AOCD?

AOCD means Action-Oriented Community Diagnosis. The purpose of an AOCD is to learn more about the strengths and needs of people with disabilities in Durham City. We hope to do this by talking to you and other people about the experiences of members of your community.

How many people will take part in this study?

If you decide to be in this project, you will be one of approximately 50 people in this project.

How long will your part in this study last?

Individual interviews will take approximately 60 minutes and focus groups will take approximately 90 minutes. You can choose to stop the interview or withdraw from the focus group at any time. We will also inform you of a community forum at the end of the AOCD process, and ask if you'd like an invitation to the community forum or if you'd like to participate in the community forum planning committee.

What will happen if you take part in the study?

You will be asked to participate in a 60 minute interview or a 90 minute focus group conducted by us, students at the UNC School of Public Health. There are no wrong answers, bad ideas, just different ideas. If you do not feel comfortable answering a question or don't have opinion, just let us know. We are interested in your perspective as service provider or community member in Durham.

If you agree to participate in the interview or focus group we will record your comments on paper. Also, with your permission, we would like to tape record the discussion to make sure we don't miss

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Action Oriented Community Diagnosis (AOCD)

anything. Only members of our student team will listen to the tapes. The tapes will be erased after the project over. You can ask us to turn off the tape recorder at any time. If you decide to participate you will agree to sign or verbally agree to an "informed consent" form. By giving verbal agreement or signing the "informed consent," means you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time.

What are the possible benefits from being in this study?
This project is designed to benefit persons with disabilities in Durham City by gaining new knowledge. Your participation is important to help us understand the way of life of persons with disabilities in Durham City, but you may not benefit personally from being in this research study.

What are the possible risks or discomforts involved from being in this study?
We do not think you will experience any discomfort or risk from the interview or focus group.

Will you receive anything for being in this study?
You will not be paid for your participation, however refreshments will be provided during the interview or focus group.

Will it cost you anything to be in this study?
The only costs to you are travel time and the time it takes for the interview or focus group.

How will your privacy be protected?
If you agree to participate in the interview we will record your comments on a piece of paper. Also, with your permission, we would like to tape record the discussion to make sure we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at any time. If you decide to participate in this interview, you will be asked to sign an "informed consent" form. Signing the form means that you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time.

What if you have questions about this project?
You have the right to ask, and have answered, any questions you may have about this project. This is a student project being conducted under the supervision of our faculty advisor, Eugenia Eng. If you have any questions about this project and/or you wish to withdraw at any time, you may contact us, the AOCD Team, or Eugenia Eng. The contact information follows:

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Appendix C-1. Community Member Interview Guide

Durham City Persons with Disabilities AOCD Team
Community Member Interview Guide

Introduction: Hello, my name is _____. I'm going to be leading our discussion today. This is _____, who will be taking notes and helping me during our discussion. We will be here for about 60 minutes to talk to you about living in Durham City and your opinions concerning the strengths and the challenges for people with disabilities in Durham. We are especially interested in learning about the experiences of people with disabilities living in Durham. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. There are no right or wrong answers. All of your responses and information will remain confidential.

First I am going to ask you a few questions about Durham City in general, and then I have some questions about life in Durham specifically for people with disabilities.

GOAL: Understand life in Durham
To start off, I'd like to ask you a few questions about life in Durham.

1. What part of Durham do you live in?

2. How long have you lived in Durham?

3. Could you please describe life in Durham?
   - *Housing, employment, transportation / travel time, schools, recreation activities, religion, healthcare*

4. How do you feel about the recent renovations / development in Downtown Durham?

5. What do you think are some of the best things about Durham?

6. What do you think are some of the challenges facing Durham?

7. How do people support one another in Durham?
   - *Housing, employment, transportation / travel time, schools, recreation activities, healthcare*

GOAL: Understand strengths and challenges of living in Durham for people with disabilities
I'd like to change gears and talk more specifically about people with disabilities living in Durham.

8. How would you describe life for people with disabilities living in Durham?
   ⇒ *Probe: Strengths, resources in the community. How does the experience differ from people without disabilities?*

9. What are some of the best things about Durham for people with disabilities?
   ▪ *Accessibility, services, discrimination*

10. What are the challenges facing people with disabilities in Durham?
    ⇒ *Probe: If you were in charge, what would you change?*

11. If someone were to ask you if Durham is a good place to live for people with disabilities, how would you respond?

12. What concerns, if any, do you have about living with a disability in Durham?
    ⇒ *Probe: safety, costs, community attitudes, accessibility*

13. How do you think Durham could better serve people with disabilities?
    ⇒ *Probe: Durham as a community, city governance, service providers, etc.*

GOAL: What services and businesses do people with disabilities use? What is their experience with those services?
Given your thoughts about ways that Durham could better serve people with disabilities, I'd like to ask you about the services that you use.

14. What kinds of programs / services are offered to people with disabilities in Durham City?
    ⇒ *Probe: Education, recreation, health services, etc…*
    ⇒ *Probe 2: What costs are associated with these?*

15. What services and businesses do you use most frequently in the community?
    ▪ *Services include: social services, medical, police, DMV, government offices, etc…*
    ▪ *Do those services come to you, or do you go to them? How far?*

16. Can you describe your experience with service providers in the community?
    ⇒ *Probe: Attitude, behavior, how do they help you? Meet your needs?*

17. What services and business do you avoid using in the community?
    ⇒ *To clarify: Too far? Heard bad things? Inaccessible? Why don't you use these services?*

GOAL: Identify other individuals to interview
Thank you for sharing those thoughts with me, we really appreciate you taking the time to meet with us today.

18. Is there anyone else in the community who you think it is important for us to talk to about these issues?
    ⇒ *Probe: Service providers, residents*
    ▪ *Describe the specific personal organization*
    ▪ *Why do you think their opinions and views would be helpful for us to hear?*
    ▪ *Are you willing to get permission for us to contact them?*

GOAL: Get recommendations for community forum

We are going to be conducting a community forum in the late spring where we will share the information we have gathered with the community. The forum is designed to bring people in Durham City together to talk about issues for people with disabilities. We will be sharing some of the things we have learned from our interviews and hope this will be an opportunity for community members, family members, people with disabilities, and service providers to come together, pool resources, and brainstorm possible solutions.

We are specifically looking for individuals who would be willing to serve on a community advisory board. The purpose of the board will be to plan a forum that community members will want to attend and to follow up on potential ideas and suggestions that are generated as a result of the forum. We anticipate that we will probably have 3-4 planning meetings in the spring, prior to the actual event.

19. Would you be interested in being involved with this event either as a member of the advisory board or as a participant at the forum?

20. Do you have any ideas regarding how to encourage people to attend?
    ⇒ *Probe: Time, place, publicity, door prizes, special activities that would attract people to this meeting*

21. What are some convenient, accessible locations that might be good sites for the forum?

22. Who else do you think should help us coordinate this forum?

Additional Information

Thank you again for your time. Before we turn off the recorder …

23.   Is there anything else you want to tell us about the Durham City Community?

24.   Is there anything you would like to ask us?

25.   {NOTETAKER}, do you have any questions?

26.   We have a brief survey that we would like you to fill out that asks questions about your age and things like that. It won't have your name on it and it won't be connected to any of the thoughts you've just given us.

   If the person has low vision or cannot write USE THIS VERSION OF 26:
   - *We have a few additional questions to ask you about your age and things like that. If you don't mind, I will ask the question and record your answer on a separate piece of paper. This paper won't have your name on it and won't be connected to the thoughts you have given us today.*

Thank you again for your participation!

Appendix C-2. Service Provider Interview Guide

Durham City Persons with Disabilities AOCD Team
Service Provider Interview Guide

Introduction: Hello, my name is _____. I'm going to be leading our discussion today. This is _____, who will be taking notes and helping me during the discussion. We will be here for about 60 minutes to talk to you about living in Durham City and your opinions concerning the strengths and the challenges for people with disabilities in Durham. We are especially interested in learning about the experiences of persons with disabilities living in Durham. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. There are no right or wrong answers. All of your responses and information will remain confidential.

First I'm going to ask you some questions about Durham in general, and then I have some questions about life in Durham specifically for persons with disabilities.

GOAL: Description of service provider and agency
To start off, I'd like to understand a little bit more about what you do.

1. Please tell me about your work.
   - *What agency?*
   - *Where is it located?*
   - *What is your role?*
   ⇒ *Probe: job title*

2. How long have you worked at this agency? Why did you choose to work here?

3. Tell us about your agency in general?

4. Describe the most frequent users of your services.
   ⇒ *Probe: geographical information, SES, ethnicity, persons with disabilities*

5. What barriers do people face when trying to access your agency's services? Why?

6. Are there groups that tend to be difficult for your agency to reach?
   ⇒ *Probe: geographic, transportation, cultural, language*

GOAL: Roles and responsibilities of service providers

7. What steps do you take to facilitate access to your agency's services?
   ⇒ *Probe: What is your agency doing currently to reach out to these groups and reduce barriers?*

8. If someone has questions about services for persons with disabilities, whom can they talk to at your agency?

- *Is that person your ADA Coordinator / do you have an ADA coordinator?*
- *If yes, how would I contact that person?*

9. What other agencies provide services to the residents of the communities you serve?
- *What kinds of services do they provide?*

GOAL: What assets are found in the community?
Thank you for sharing that information about your agency. I'd like to switch gears and ask you more about life in Durham.

10. How would you describe Durham (city)?
⇒ *Probe: Would you define it as a community?*

11. How would you describe the community for persons with disabilities?
⇒ *Probe: is it identifiable, distinct? Do persons with disabilities identify with this community?*

12. What do you think are some of the best things about Durham for persons with disabilities?

13. What do you think are the major challenges facing persons with disabilities in your community?
⇒ *Probe: healthcare, accessibility, services, discrimination, construction in Downtown area, employment, transportation, education, recreation activities*

14. What challenges do you feel are the most important to address?
⇒ *Probe: Why?*

15. If you or someone in your family had/has a disability how would/do you feel about living in Durham?

16. If you had the power to change things for persons with disabilities in Durham, what would you change?
⇒ *Probe: What services would you offer? What programs would you modify or cancel? Who would you collaborate with?*

GOAL: Identify other individuals to interview
Thank you for that insight. You've had such great comments today …

17. Is there someone else you can recommend for us to interview? (*i.e. service providers, residents)*
- *Describe the specific person or organization*
- *Why do you think their opinions and views would be valuable for us to hear?*
- *Are you willing to get permission for us to contact them?*

GOAL: Get recommendations for community forum

We are going to be conducting a community forum in the late spring where we will share the information we have gathered with the community. The forum is designed to bring people in Durham City together to talk about issues for people with disabilities. We will be sharing some of the things we have learned from our interviews and hope this will be an opportunity for community members, family members, people with disabilities, and service providers to come together, pool resources, and brainstorm possible solutions.

We are specifically looking for individuals who would be willing to serve on a community advisory board. The purpose of the board will be to plan a forum that community members will want to attend and to follow up on potential ideas and suggestions that are generated as a result of the forum. We anticipate that we will probably have 3-4 planning meetings in the spring, prior to the actual event.

18. Would you be interested in being involved with this event either as a member of the advisory board or as a participant at the forum?

19. Do you have any ideas regarding how to encourage people to attend?
    ⇒ *Probe: Time, place, publicity, door prizes, special activities that would attract people to this meeting*

20. What are some convenient, accessible locations that might be good sites for the forum?

21. Who else do you think should help us coordinate this forum?

Additional Information

22. Is there anything else you'd like to share about the Durham community?

23. Is there anything you would like to ask us?

24. Questions from the note-taker?

Thank you for your participation!

Appendix C-3. Community Member Focus Group Script

Introduction: Hello, my name is _____ I'm going to be leading our focus group today. This is _____, who will be taking notes and helping me during our discussion. We will be here about 90 minutes to talk to you about living in Durham and your opinions concerning the strengths of Durham and the challenges it faces. We are especially interested in learning about your experiences of people with disabilities and their families in Durham. Your insights and opinions on this subject are important, so please say what's on your mind and what you think. We ask that you do not discuss what you have heard in this room after the focus group is over. Please remember that you do not have to answer any questions that you are uncomfortable with and that there are no right or wrong answers. At this time, we will hand out a focus group confidentiality statement. If you agree with the statement, please sign the form.

Introductions
We'd like to start with introductions. As we go around the table, please say your name, or you can use a made-up name if you prefer, and share one of your favorite things about living in Durham.

People with Disabilities: Strengths and Challenges
1. What is life like for you and your family?
    - *Housing, employment, schools, transportation / travel time, recreation activities, healthcare, religion*

2. What do you think are some of the best things about life in Durham for people with disabilities and their families?

3. What do you think are the challenges facing people with disabilities in Durham and their families?
    Probe: healthcare, accessibility, services, discriminatio
    Follow up: How have these challenges affected you and your family?

4. What strengths / resources / services does Durham have to help you deal with these challenges?
    Probe: Is there a support system for people with disabilities?
    Probe: How do you feel about the services and resources that are available?

5. If someone were to ask you if Durham is a good place to live for people with disabilities and their families, how would you respond?

Recommendations for Community Forum
6. We are going to be conducting a community forum in April where we will share the information we have gathered with the community. The forum is designed to bring people in Durham together to talk about issues for people with disabilities. We will be sharing some of the things we have learned from our interviews and hope this will be an opportunity for community members, family members, people with disabilities, and service providers to come together, pool resources, and brainstorm possible solutions.

Would you be interested in being involved with this event?
    a. If you are interested, would you mind staying for a few minutes after the focus group so that we can find out more information?

7. Do you have any ideas regarding how to get people to attend? *Probe: time, place, publicity, door prizes, special activities that would attract people to this meeting*

Additional Information
8. Is there anything else you'd like to tell us about your experiences as a person living with disabilities in Durham?

9. Questions from the note-taker?

Recommended Individuals to Interview
10. Is there anyone else in the community who you think it is important for us to talk to about these issues? If you have someone in mind, would you mind staying for a few minutes after the focus group so that we can find out more information?

Appendix C-4. Demographic Sheet

1. What year were you born? _____

2. Are you male or female?

    ❑ Male   ❑ Female

3. How would you describe your race or ethnicity?

Appendix D-1. Coding Dictionary

Accessibility: Includes barriers that inhibit or assets that facilitate mobility, access, and independence in both public and private entities.
1) **Private Entities**: Includes comments about accessibility in businesses, churches, and homes.
2) **Public Entities**: Includes comments about accessibility in and around government / city buildings and areas.
   a. **Parking**: Pertains to the barriers and assets of accessible parking and (un)loading zones.
   b. **Structural barriers**: Includes interior and exterior barriers in and around buildings such as doorways, restrooms, elevators, and curb-cuts.
   c. **Funding**: Pertaining to issues of government controlling resources that impact accessibility.
3) **Safety**: Includes comments about situations that may pose a threat to one's personal health or accessibility of services, or resources.
   a. **Infrastructure**: Includes comments regarding the hazards associated with construction, sidewalks, and crosswalks.
   b. **Services**: Pertains to any services, desired or existing that seek to limit threats to safety.
   c. **Situations**: Comments about positive and negative experiences of individuals with personal safety. For example, crime, safety on or waiting for a bus, or encounters that impact safety.

Attitudes: Includes comments describing or revealing attitudes toward people with disabilities or attitudes people with disabilities perceive others have about them.
1) **Negative**: Expressions of attitudes that are perceived as negative or hurtful. This may include comments about the amount of help people with disabilities need or the ability of people with disabilities to do something.
   a. **Prejudice**: Expressions that people with disabilities are lesser in some way than people without disabilities overall or in a particular situation.
   b. **Misconceptions about independence**: Expressions about the (in)ability of people with disabilities to care for themselves physically or emotionally. This may include comments about need for help, people insisting on providing help when it is not needed, or the ability of people with disabilities to live outside a skilled nursing facility (SNF).
2) **Positive**: Expressions of attitudes that are perceived as positive or affirming made by people with disabilities or about people with disabilities.
   a. **Awareness**: Includes comments about ways to support (politically, emotionally, or physically) people with disabilities through education, resource provision, community outreach, etc.
   b. **Advocacy**: Includes comments on ways to improve emotional or physical well-being for people with disabilities by speaking out for needed change. This may include comments about service provider or community member actions to improve ADA compliance or address issues around transportation.

Employment: Affect having a disability has on the workplace or the ability to get work. Including availability of employment and modifications required to make jobs accessible.

1) **Work place modifications**: Comments about employer's willingness to make reasonable accommodations required to make it possible for a person with a disability to do a certain job. May also include costs associated with reasonable modifications.
2) **Challenges**: Difficulties and barriers faced when seeking employment or doing a job.
3) **Benefits**: Positive expressions about having a job or a certain workplace.
4) **Resources**: Including comments about existing or desired services and information to help people find employment or prepare people with disabilities for the workforce.

Healthcare Services: Includes comments about present or desired healthcare resources and services.

1) **Availability**: Includes comments about the presence or absence of a needed or desired medical service.
2) **Costs**: Includes comments about barriers to accessing or providing medical services.
3) **Benefits**: Includes comments about existing or potential positives of a medical service.
4) **Resources**: Includes comments about the presence or absence of resources to help finance, navigate, identify, or advocate for medical services.

Housing: Includes references to places that people with disabilities live, including, but not limited to, attitudes toward, cost of, and availability of housing. Also includes physical, mental and emotional effects of housing on a person with disabilities.

1) **Private Home**: Includes apartments or houses.
    a. **Availability**: Access to apartments or houses with appropriate modifications to accommodate people with disabilities.
    b. **Cost:** Pricing, barriers and benefits associated with appropriate housing. This may include (in)ability to use insurance funds for home modifications, benefits of independent living, Money Follows the Person, and other government financial assistance for independent living.
    c. **Resources**: Availability of, awareness of, or existence of services or service providers that can assist with housing issues specifically for people with disabilities.
2) **Assisted Living**: Includes group homes, rehabilitation facilities, and skilled nursing facilities (SNF).
    a. **Rehabilitation**: Attitudes toward, perceptions of, or comments about assisted living of SNF centers that provide rehabilitation services so residents can transition back to independent living.
    b. **Permanent facilities**: Attitudes toward, perceptions of, or comments about facilities meant for permanent or extended care.
    c. **Cost**: Pricing, insurance, barriers, and benefits associated with using assisted living services. For example, expense of care, long-term care insurance, Medicaid / Medicare for housing.

Social: Includes comments pertaining to the social circumstances of persons with disabilities, including the strengths and weakness of support, activities, and opportunities offered (or not offered).

1) **Support**: Includes physical, emotional, and technical support offered by different entities.
   a. **Family**: Pertains to the type, frequency, and quality of support offered by family members.
   b. **Community**: Includes comments about the accessibility of, barriers to, and benefits of community support.
   c. **Case Management**: Includes comments about the strengths and weaknesses of having a personal case worker for support. Also pertains to the availability of or access to case management.
2) **Recreation**: Includes comments regarding the recreational lives of community members.
   a. **Extra-curricular Activities**: Pertains to the availability and type of activities available and patterns of use.
   b. **Access**: Includes comments about barriers and benefits that make recreation more or less usable.
3) **Spirituality / Religious Involvement**: Includes comments about the level of importance of church, religion, or spirituality in the community.
4) **Issues surrounding race or ethnicity**: Includes comments about the influence of race or ethnicity on living with a disability in Durham.

Transportation: Includes all methods that people with disabilities use to get from place to place.

1) **Public**: Includes methods of transportation that are run or subsidized by the government.
   a. **DATA Bus / ACCESS**: Includes comments about transportation that pertain to the city bus and paratransit system.
   b. **Cost**: Includes barriers and benefits of using a given method of transportation. Costs for public transportation may include bus tickets, time waiting for ACCESS, etc.
2) **Private**: Includes methods of transportation outside the provenance of the government. Some examples include personal vans or accessible vehicles or church or community group.
   a. **Cost**: Includes barriers and benefits of using a given method of transportation. Costs for private transportation may include vehicle modification, prosthetic or wheelchair costs, etc.

Appendix D-2. Demographics of Interviewees

Community Members
Number of Community Members interviewed: 23

Average Age: 51

Race / Ethnicity:
36.4% African American
36.4% Caucasian
27.3% Did not respond

Gender:
50% Male
50% Female

Count	Type of Disability / Assistive Device
13	Wheelchair
5	Low vision / blind
2	Cane / walker
1	Cognitive
3	Hard of hearing
1	Prosthesis
1	Rehabilitation Center
3	Assisted Living
3	Unspecified
Total Community Members Interviewed: 23	

Service Providers

<u>Number of Service Providers interviewed</u>: 16

<u>Race / Ethnicity</u>:
37.5% African American
43.8% Caucasian
6.25% Hispanic
12.5% Did not respond

<u>Gender</u>:
68.8% Female
31.2% Male

Count	Business / Service
1	Food Stamps Manager
1	Adult Services
1	NC Division of Vocational Services
1	Senior PharmAssist
1	ACCESS Paratransit
1	First in Families
1	DATA
1	NC Tash / Governor's Advocacy Council for Persons with Disabilities
1	Alliance of Disability Advocates
1	Durham Area Corp
1	Durham One Call
1	Durham ADA Coordinator
1	Human Relations Department
2	Center for Independent Living
Total Service Providers Interviewed: 16	

Appendix D-3. Theme Choice

The following table shows the number of times a particular topic was mentioned by community members and service providers and the combined total.

Theme	Number of Times Mentioned by Community Members	Number of Times Mentioned by Service Providers	Total Number of Times Mentioned
Accessibility	64	41	105
Attitudes	22	22	44
Employment	19	16	35
Healthcare	15	17	32
Housing	17	27	44
Social	59	49	108
Transportation	45	46	91

Appendix D-4. Attendance at Community Events

Event Date	Event Name	Number of Team Members in Attendance
10/10/2006	Durham City Mayor's Committee Meeting	3
10/12/2006	ADA workshop	6
10/12/2006	Windshield Tour	6
10/25/2006	Mayor's Committee Banquet	4
11/7/2006	Durham City Mayor's Committee Meeting	3
11/30/2006	Assistive Technology Expo (Raleigh)	2
12/12/2006	Durham City Mayor's Committee Meeting	4
1/9/2007	Durham City Mayor's Committee Meeting	3
01/2007-03/2007	Service Provider Interviews (16)	6
02/2007-03/2007	Community Member Interviews / Focus Groups (23)	6
2/13/2007	Durham City Mayor's Committee Meeting	3
2/23/2007	Common Ground Pizza and Game Night	3
2/26/2007	Common Ground Meeting	2
3/26/2007	Common Ground Meeting	2
4/10/2007	Durham City Mayor's Committee Meeting	6
Mondays 1/2007-4/2007	Volunteer at Hillcrest Nursing Home	2

Appendix E-1. Themes Not Covered at the Community Forum

Attitudes toward People with Disabilities – Negative Attitudes

This section will discuss the negative attitudes and prejudices that people without disabilities have against people with disabilities.

Theme Statement

People with disabilities feel overlooked or over-helped by people without disabilities.

Team Observation

> "People without disabilities may look at her as 'defenseless' because she is in a wheelchair, but to those in the community, she is strong." ~ Team Member

Team members noticed the frustration that people with disabilities expressed about being overlooked or feeling like the "forgotten community" (community member comment from team observation). Team members observed the frustrations about the availability of accessible parking, the insensitivity of construction workers downtown, and the feeling that the needs of people with disabilities come last to some service providers.

Service Provider View

> "One challenge is for people with disabilities to be understood. There's a lack of understanding… [People] should not discriminate. The mind can be strong even if a person may only be able to use one hand." ~ Local Service Provider

Service providers recognized that barriers in attitudes are difficult to address and are a source of discrimination against people with disabilities. Many service providers talked about the need to educate business owners and employers to improve their relationships with people with disabilities. Service providers said that people with disabilities are frequently pitied and viewed as unable to care for themselves. This tends to have a negative impact on the quality of life for people with disabilities.

Community Member View

"[People without disabilities] are very condescending to disabled people. Before, dealing just with my visual problems, people would try to offer me help instead of asking if I need help. They force help on you." ~ Community Member

Community members often feel that people without disabilities look down on them or pity them. Several interviewees said that this either means people try to pretend a person with a disability is not there or treat the person with a disability as if they are incapable of doing things for themselves. During the interviews, community members expressed that they felt they were capable and wanted others to see that as well. Overall, community members want to be viewed as people, not just people with disabilities.

Comparison of Perspectives

Service providers and community members agree that people without disabilities often pity people with disabilities and view them as incapable of doing many activities. Both groups acknowledged that there is a need to educate all people about the capabilities of people with disabilities.

Employment

This section will examine the effect that having a disability has on employment, including the availability of employment and providing the modifications required to make jobs accessible. This section will also cover the challenges associated with finding and keeping a job, the benefits of having a job, and the employment resources available specifically for people with disabilities. Of the 35 times employment was mentioned, 16 times were from service providers and 19 times were from community members.

Background

Title I of the ADA prohibits private employers, state and local governments, employment agencies, and labor unions from discriminating against qualified individuals with disabilities

during any point of the hiring and employment process.[1] Yet, almost 10 percent of working

adults with disabilities in the United States have faced job discrimination.[2] This figure does not

include those individuals with disabilities who have never received a job due to discrimination in

the hiring process.

Historically, attitudinal discrimination, for example prejudicial beliefs, by employers has

been one of the main barriers to employment for people with disabilities.[3] Other barriers include

a lack of workplace accommodations and inadequate job training.[3] The ADA prohibits

discrimination and withholding workplace modifications.[1] Durham-based advocacy

organizations, such as the Durham Center, work to ensure that employers follow the provisions

of the ADA. Entities like the Division of Vocational Rehabilitation and the Durham Area Corp.

offer classes and resources to make sure their consumers have adequate job training.

Despite all of the efforts to minimize the barriers to employment, unemployment for

people with disabilities is still a significant problem. According to the 2000 U.S. Government

Census, there were 27,732 non-institutionalized people with a disability aged 21 and older living

in Durham.[4] This is equivalent to 14.8 percent of the total population. Of those people aged 21 to

64 who have a disability, only 58.9 percent of them were employed.[5] This is significantly lower

than the 78.3 percent employment rate for people without disabilities.

Theme Statement

Many people with disabilities have had a difficult time finding a job because of their disabilities.

Team Observation

After the team's workshop on the ADA, team members noted that the ADA has a section

specifically devoted to employment opportunities for people with disabilities. Team members

agreed that it was good the employment had been included in this legislation. Beyond

discussions of the ADA section, team members had few observations about employment for people with disabilities.

Service Provider View

> "[One of the] challenges [is not] getting people the interviews, but actually getting them hired. It's scary for [employers]. Sometimes you have to commit extra dollars to buy different types of assistive equipment, and people are hesitant to do that, but if you can get them placed, people who are disabled stay in jobs longer."
> ~ Local Service Provider

Service providers noted that people with physical disabilities are as capable as everyone else. However, people with disabilities are often overlooked for jobs because employers do not know how to modify the workspace to make it accessible. Service providers cited the Division of Vocational Rehabilitation (DVR) as a useful resource both for employers and people with disabilities. DVR helps people with disabilities get training and attend classes to prepare them for the workforce. DVR also helps employers make accommodations for employees with disabilities.

Community Member View

> "There are not necessarily people who are willing to hire or make necessary accommodations for people with disabilities." ~ Community Member

Overall, community members expressed disappointment and concern about the job market for people with disabilities. Some community members have spent as long as six years looking for a job, even though many have college or graduate degrees. Several people said that minor modifications would make it possible for them to do a variety of jobs, but they felt that employers were unwilling to make the necessary changes. One positive aspect of employment that community members highlighted was the availability of technical jobs in Research Triangle Park and the surrounding areas. Many noted that if you have the right skills, it is possible to get a job working for one of the computer companies.

Comparison of Perspectives

Service providers and community members agree that there jobs available. However, it is difficult for people with disabilities to be hired for these positions. Both groups think this is due to combination of accessibility barriers and prejudicial beliefs. Community members did not offer many suggestions for correcting this problem, but service providers suggested skills training for people with disabilities who are entering the workforce and awareness training for employers.

Healthcare Services

This section will discuss existing or desired healthcare resources and services for people with disabilities, including service resources and their availability, cost, and benefits. Healthcare services were mentioned 17 times by service providers and 15 times by community members for a total of 32 times.

Background

Durham is known as the City of Medicine because of its large number of medical companies and hospitals.[6] In fact, almost one in every three people in Durham is employed in a health related field.[6] There are over 300 health related companies in Durham.[6] Also, with over 2,000 physicians in Durham, the ratio of people to doctors is 109 people for every 1 doctor compared to 420 people for every 1 doctor in the United States as a whole. There are also many medical practices and programs that are specifically for people with disabilities including adult day cares, special clinics, and home health care.[7]

The Department of Health and Human Services oversees the licensing of long term care housing in North Carolina. In Durham, there are 20 family care homes, each with less than seven beds, housing a total of 105 people. In addition, there are 14 adult care homes, each with seven

or more beds, housing a total of 953 people. In total, there are 34 long term care facilities in

Durham with a total capacity of 1,058 beds.[8]

Theme Statement

Healthcare in Durham is good, but prescriptions and doctor visits are expensive, which sometimes prevents people with disabilities from getting the care they need.

Team Observation

> "…Two women and both in powered wheelchairs started sharing the prices of their wheelchairs and the state of the art technology that comes with the price. [One community member] stated that her wheelchair cost $5,000, and its special feature allows her to elevate the seat of her chair so that she can see when sitting at tables that are high. [The other community member] then said that her wheelchair costs $20,000, and [her wheelchair] doesn't have any special features." ~ Team Member

Team members observed that most discussions about healthcare or health needs were about cost, particularly the cost of equipment such as wheelchairs or prostheses. The team also observed that most people living in skilled nursing facilities seemed to be on Medicare or Medicaid.

Service Provider View

> "There are a lot of phone calls from people who don't know how to access the Medicare system. So we provide counseling informally to have people know the process of Medicare." ~ Local Service Provider

Most service providers noted that the healthcare system, including Medicare and Medicaid, is confusing and difficult to navigate. Service providers said that many health services are available, but people do not know how to get Medicare or Medicaid to pay for them. Many service providers were specifically concerned about the cost of prescription medication for people with disabilities.

Community Member View

> "If your disability necessitates medical treatment, it's here."

~ Community Member

Community members have positive feelings about healthcare in Durham. They talked about the number of hospitals and care centers in the area and felt that there was no better place to be if you needed medical care. The main difficulties community members have are with prescription drugs and insurance. Many find it difficult to pay for their prescriptions every month and are concerned about the impact that has on their health. Some community members have been unable to get insurance to cover some of the prostheses and assistive devices they need to function with their disabilities.

Comparison of Perspectives

Service providers and community members agree that the availability of medical care is an asset to the community. Both groups expressed concern about the expense of healthcare and prescription drugs. Community members were especially concerned since many do not currently have jobs. Based upon the interviews, there appears to be confusion regarding who qualifies for Medicare and Medicaid and the services that it will cover.

Social Support – Government Support / Case Management

This section will cover the financial and informational support available to people with disabilities, as well as the emotional and social support offered to people with disabilities from the government and case managers.

Theme Statement

People with disabilities receive emotional, financial, and informational support from their families and churches. Such kinds of support are not frequently provided from the government and case workers, which can leave people with disabilities feeling isolated, frustrated, devalued, and helpless.

Team Observation

"People with disabilities need to lend a helping hand to those without disabilities because we can all learn from one another." ~ Team Member

Observations from team experiences, primarily with the Durham Mayor's Committee for Persons with Disabilities, revealed a moderate level of support within the disabilities community for one another. Other observations included support provided by service providers, case managers, and the assistants of people with disabilities.

Service Provider View

"Durham City is not as far along as other communities when it comes to strong support systems for people with disabilities. People in the community want to do stuff, but there isn't support or venues and agencies that would allow people to get involved." ~ Local Service Provider

Various types of support were mentioned 40 times among the service provider interviews. Family, community, and case managers were identified as the main sources of support. However, the main concern expressed was the lack of support from the greater Durham community for people with disabilities. The lack of awareness of support groups or organizations for people with disabilities is also a concern.

Community Member View

"It seems like everyone has to do it own their own. There are some organizations here, and you can get referrals. But you might not get help from one unless you get another referral from another organization first." ~ Community Member

Organizational support was mentioned 43 times by community members in interviews. There were mixed opinions about the support available for people with disabilities in Durham. Some of the positive aspects are the support that comes from family members and the advocacy groups that exist in Durham for people with disabilities. However, many community members feel there is a lack of knowledge about resources such as services and support groups.

Comparison of Perspectives

Service providers and community members agree that there are services and support groups available. The problem is many community members are not aware that the services and support groups exist. Both groups believe that in order for people with disabilities to get adequate support they must rely on support from service and governmental organizations, as well as family, friends, and churches.

Appendix E-2. Script for Beginning the Small Group Discussions

Hello and welcome to the _____ small group discussion. My name is _____ and I'll help guide our discussion today. This is _____, she will be taking notes during the discussion and helping me lead our small group discussion. The theme for our small group is _____ (read theme statement and say that it is posted on the post-it sheet and in the programs).

SHOWED / ORID ~

    During our discussion we will start the by answering questions and sharing our experiences concerning _____. The open discussion about your experiences and feelings will hopefully make us aware of issues that you can work on to improve _____ in the community. The discussion will close by creating action steps that you can work on together to create change regarding _____. While developing these action steps, it would be helpful to have people volunteer to be the contact person for a particular action step. After we identify action steps, our group representatives will help us present those action steps to all participants at the forum.

Force Field ~

    During our discussion we will start by coming up with helping factors and barriers that make _____ a challenge in Durham city for people with disabilities. Once we have created a list of the barriers and helping factors, it will help identify ways in which you can improve _____ and help you achieve the goal. The discussion will close by creating action steps that you can work on together to create change regarding _____. While developing these action steps, it would be helpful to have people volunteer to be the contact person for a particular action step. After we identify action steps, our group representatives will help us present those action steps to all participants in the forum.

Before we start our discussion, I just want to let you know that I'm here to help move our discussion along and help you develop action steps. It is up to you as community members and service providers to take ownership of the action steps to strengthen the community of people with disabilities in Durham City.

Appendix E-3. Discussion Guidelines

These guidelines will help us have a productive discussion.

1. Listen actively and don't talk or interrupt while someone else is talking (no side conversations).
2. Respect one another's differences, and don't make assumptions about one another.
3. Own your comments, use "I" statements (no sweeping comments).
4. Be encouraging and supportive of one another.
5. Be honest.
6. Be flexible and patient with yourself and others.

Appendix E-4. Accessibility Discussion Group Trigger and Questions

*Show the picture.

O: Objective – what: getting the facts; see, hear, touch, smell, taste

- Can somebody explain the details of this picture? Literally, what is this a picture of?
- Where could this sign have been located?

R: Reflective – gut: emotions, feelings, associations, emotional responses
- What was your first response to this sign?
- (Depending on if the 'first responses' are more mental or emotional) What did this sign make you think/feel?

I: Interpretive – so what?: values, meanings, purpose; significance people attach to the subject
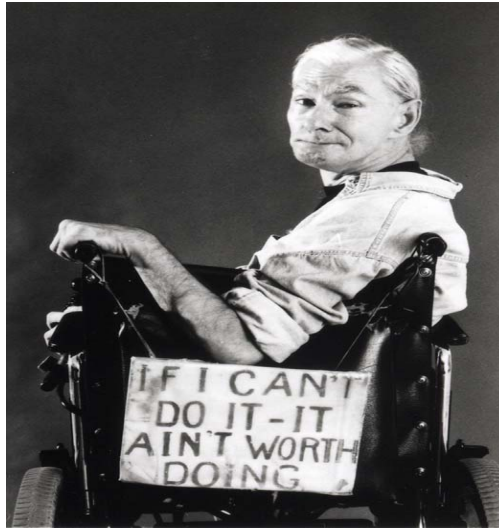- What issues does this sign bring up for you?
- Why is the issue of accessibility important?

D: Decisional – now what?: future resolves and action steps
- What changes are needed?
- What actions can you take towards making these changes?
- Which should be the first step?

Appendix E-5. Attitudes Discussion Group Trigger and Questions

*Show the picture; ask if someone in the group can describe the picture.

O: Objective – what: getting the facts; see, hear, touch, smell, taste

- What stands out to you in this photo (or what stood out when you heard the description of the photo)?
- What do you see in this photo (what do you imagine when you hear the description of this photo)?

R: Reflective – gut: emotions, feelings, associations, emotional responses

- How did you feel when you first saw this photo (or heard the description of the photo)?
- What is your first response to this photo (or the description of the photo)?

I: Interpretive – so what?: values, meanings, purpose; significance people attach to the subject

- What is the photo (or description of the photo) about?
- What issues (surrounding people with disabilities desire to live independent lives) does this photo (or photo description) bring up for you?

D: Decisional – now what?: future resolves and action steps

- What actions can we take?
- What should be our first step in resolving these issues (surrounding the theme statement)?

Appendix E-6. Housing Discussion Group Trigger and Questions

Choices and Freedom Are Sweeter Than Candy!
(Excerpt from news release on www.adapt.org)

> All too often people with disabilities of all ages, from children to adults and on up
> to seniors, wind up having to go to a nursing home or other institution because
> they either do not hear about community based support services, or the waiting
> lists are far too long. People with all kinds of disabilities, regardless of age and all
> degrees of disability, live well in the community. What is the key factor for
> success? The right services and supports.

* Read the trigger to the group: "Choices and Freedom are Sweeter than Candy!"

S: See – literally, what are you hearing?
- What do you hear in this excerpt?
- What words and/or phrases stuck out to you?

H: Happening – what's happening?
- What is being described in this excerpt?
- What is happening to people with disabilities in this excerpt?

O: Our – how does this relate to our lives?
- What housing experiences have you had similar to this situation?
- Or do you know other people in the community who have experienced this?

W: Why – why does this happen?
- What problems are related to this situation?
- What are the causes?
- How does it impact our lives? our community?

E: Evaluation / Empowerment – how can we become empowered?
- What are some reasons we let this situation continue to exist?
- How are we a part of the problem?
- What change is needed?
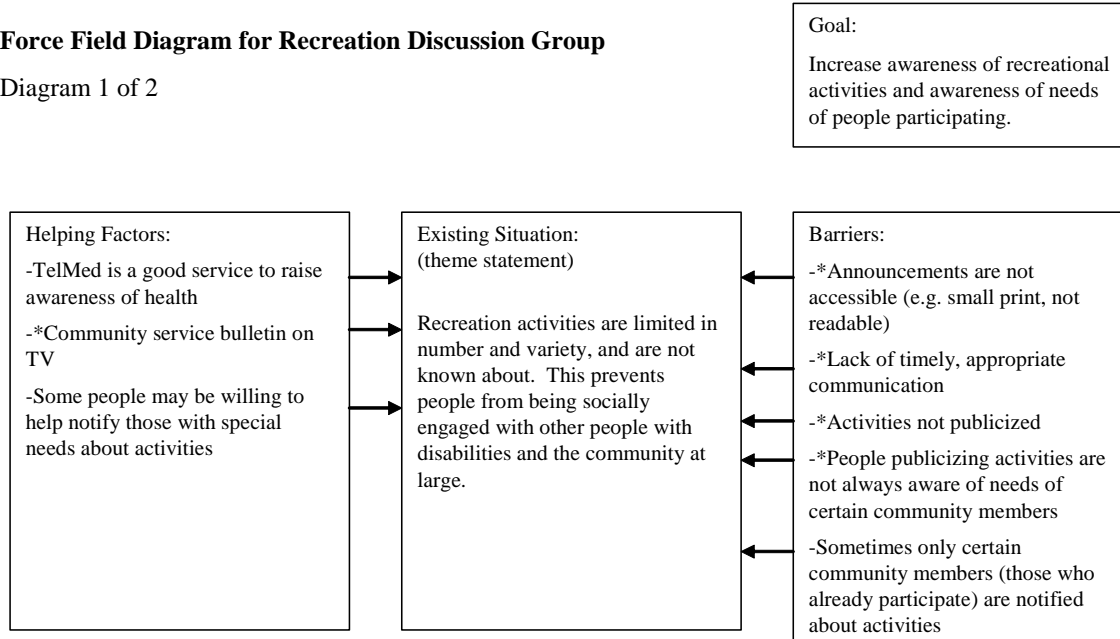- How can we be a part of the solution?

D: Do – what can we do about these problems?
- What are some specific and achievable actions we can take toward changing the
  situation?

Appendix E-7. Recreation Discussion Group Force Field Diagrams

Force Field Diagram for Recreation Discussion Group

Diagram 1 of 2

Goal:
Increase awareness of recreational activities and awareness of needs of people participating.

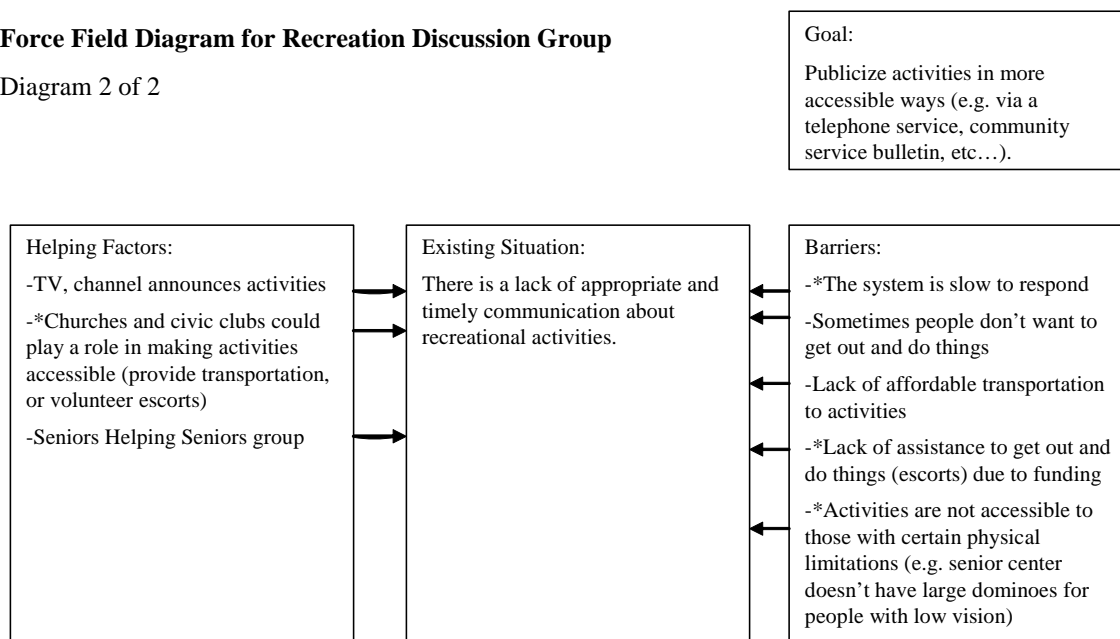| Helping Factors:	Existing Situation: (theme statement)	Barriers:
-TelMed is a good service to raise awareness of health -*Community service bulletin on TV -Some people may be willing to help notify those with special needs about activities	Recreation activities are limited in number and variety, and are not known about. This prevents people from being socially engaged with other people with disabilities and the community at large.	-*Announcements are not accessible (e.g. small print, not readable) -*Lack of timely, appropriate communication -*Activities not publicized -*People publicizing activities are not always aware of needs of certain community members -Sometimes only certain community members (those who already participate) are notified about activities

* Prioritized helping factor or barrier

Prioritized factors were summarized in a new statement: "There is a lack of appropriate and timely communication about recreational activities."

Force Field Diagram for Recreation Discussion Group

Diagram 2 of 2

Goal:
Publicize activities in more accessible ways (e.g. via a telephone service, community service bulletin, etc…).

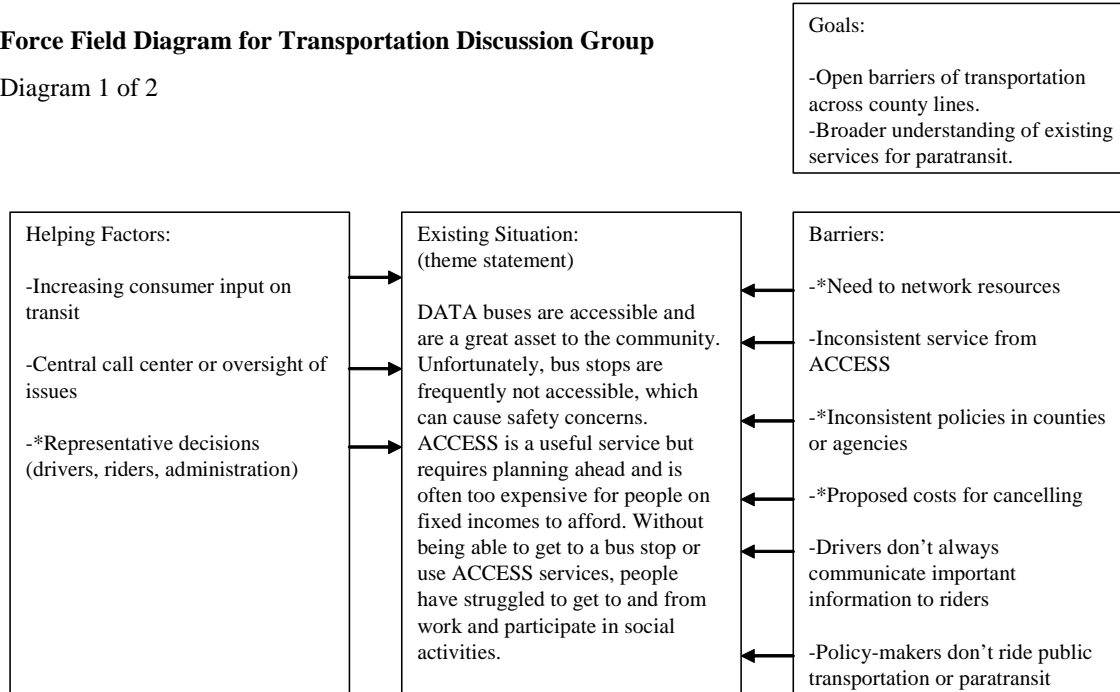| Helping Factors:	Existing Situation:	Barriers:
-TV, channel announces activities -*Churches and civic clubs could play a role in making activities accessible (provide transportation, or volunteer escorts) -Seniors Helping Seniors group	There is a lack of appropriate and timely communication about recreational activities.	-*The system is slow to respond -Sometimes people don't want to get out and do things -Lack of affordable transportation to activities -*Lack of assistance to get out and do things (escorts) due to funding -*Activities are not accessible to those with certain physical limitations (e.g. senior center doesn't have large dominoes for people with low vision)

* Prioritized helping factors and barriers used to make action steps

Appendix E-8. Transportation Discussion Group Force Field Diagrams

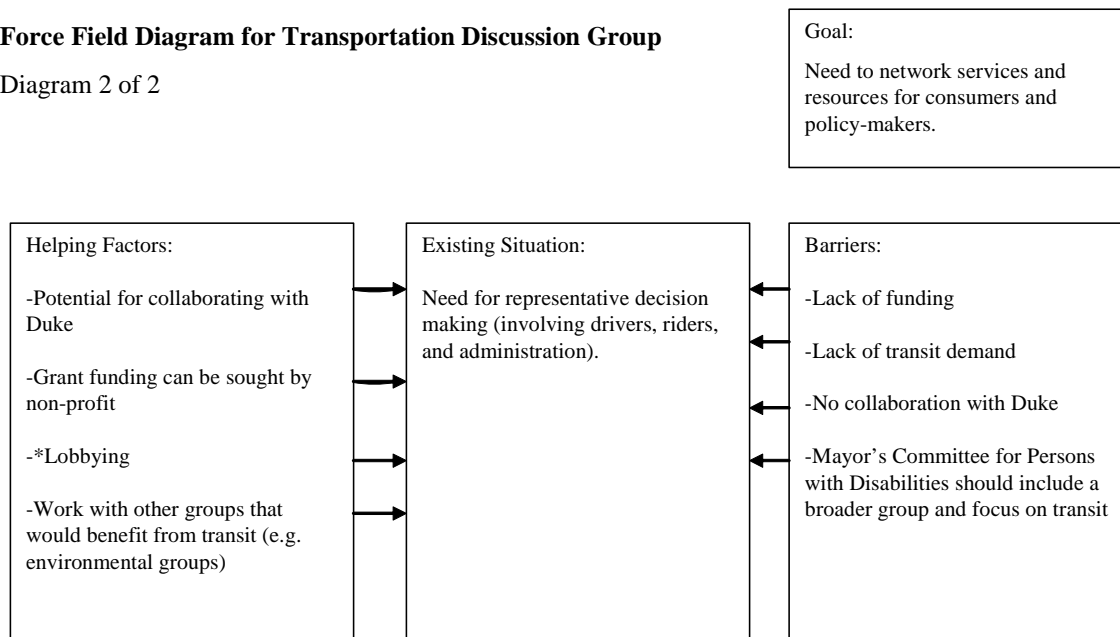**Force Field Diagram for Transportation Discussion Group**

Diagram 1 of 2

Goals:
-Open barriers of transportation across county lines. -Broader understanding of existing services for paratransit.

Helping Factors:	Existing Situation: (theme statement)	Barriers:
-Increasing consumer input on transit -Central call center or oversight of issues -*Representative decisions (drivers, riders, administration)	DATA buses are accessible and are a great asset to the community. Unfortunately, bus stops are frequently not accessible, which can cause safety concerns. ACCESS is a useful service but requires planning ahead and is often too expensive for people on fixed incomes to afford. Without being able to get to a bus stop or use ACCESS services, people have struggled to get to and from work and participate in social activities.	-*Need to network resources -Inconsistent service from ACCESS -*Inconsistent policies in counties or agencies -*Proposed costs for cancelling -Drivers don't always communicate important information to riders -Policy-makers don't ride public transportation or paratransit

* Prioritized helping factor or barrier

Prioritized factors were summarized in a new statement: "Need for representative decision making (involving drivers, riders, and administration)."

Force Field Diagram for Transportation Discussion Group

Diagram 2 of 2

Goal:
Need to network services and resources for consumers and policy-makers.

Helping Factors:	Existing Situation:	Barriers:
-Potential for collaborating with Duke -Grant funding can be sought by non-profit -*Lobbying -Work with other groups that would benefit from transit (e.g. environmental groups)	Need for representative decision making (involving drivers, riders, and administration).	-Lack of funding -Lack of transit demand -No collaboration with Duke -Mayor's Committee for Persons with Disabilities should include a broader group and focus on transit

* Prioritized helping factors and barriers used to make action steps

Appendix E-9. Description of Force Field, ORID, and SHOWED facilitation techniques

Force Field Analysis:

Force Field Analysis is a technique used to list and discuss the factors that help and hinder a group's ability to achieve a goal. To begin, the group examines the current situation and identifies a goal that will bring about change to the current situation. The group then brainstorms barriers and helping factors to bringing about this change. Based on this list, the group prioritizes the most important and changeable factor. This factor becomes the current situation and the process is repeated. After the process has been repeated two or three times, the group chooses a final goal and brainstorms action steps to help achieve this goal. Participants then sign up to complete each action step. This technique was used for the Recreation and Transportation small group discussions.

Objective, Reflective, Interpretive, Decisional (ORID):

ORID begins with the selection of a conversation starter, or trigger, which may be a quote, image, skit, video, or something else, that facilitates a discussion of the underlying factors of the issue the group wants to address. The objective questions get the facts concerning the situation shown by the trigger. The reflective questions are asked next and aim to gather emotions and feelings people may have to the situation reflected by the trigger. The third set of questions, interpretive, asks participants to apply the trigger to their own experience and express their personal feelings about the situation. The final questions, decisional, lead participants to ask what they can do to solve the problem and should result in action steps. This facilitation technique was used in the Accessibility and Attitudes small group discussions.

See, Happening, Our, Why, Evaluation / Empowerment, Do (SHOWED):

SHOWED, like ORID, uses a trigger to facilitate discussion. The first set of questions (see, happening) ask participants to describe what's going in the trigger. The second set of questions (our, why) explores how the situation relates to the lives of the participants and asks why the situation exists. The third set of questions (evaluation / empowerment) moves the conversation toward action by asking the participants how they are part of the problem and how they can be part of the solution. The final set of questions (do) asks participants for specific action steps to change the situation and find a solution. The "do" questions result in action steps that participants volunteer to see through. SHOWED was used for the Housing small group discussion.

Appendix E-10. Donation Request Letter

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL   T 919.966.3761
CAMPUS BOX 7440   F 919.966.2921
CHAPEL HILL, NC 27599-7440   www.sph.unc.edu/hbhe

March 2007

Dear Durham City Business Owner,

We are writing on behalf of a team of six University of North Carolina at Chapel Hill (UNC-CH) graduate students. As part of an academic course we have been working with a community member, Adonis Brown, and a service provider, Rene Cummins, to explore the issues surrounding transportation, accessibility, housing, and attitudes facing persons with disabilities in Durham City.

Over the course of the last seven months, we have had the privilege of attending community events and volunteering at a local nursing home as well as interviewing over 30 local residents and service providers to better understand the strengths, needs, and challenges for persons with disabilities. Through our interviews and time in the community, the people with whom we have interacted have spoken about the local businesses and their contribution to the community with a great deal of pride.

On Saturday, April 14, 2007, we will be presenting the results of our research at a community forum entitled "Speak Up, Speak Out" to an expected audience of 50 to 75 community members and agencies. This event will be held from 2:00-5:00pm at Durham's Center for Senior Life and it is our hope that your business will be represented at the forum. To that end, we are requesting a food donation, monetary donation, or door prizes for 50 people from your business. We will formally recognize all donors through a listing in our program as well as a verbal acknowledgement at the conclusion of the forum. We believe that your participation in this important community event will undoubtedly generate even more goodwill in the community and publicity for your business.

Since we are affiliated with UNC-CH, your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-CH is 56-600-1393. Should you have any questions, please do not hesitate to contact the team by phone (919) 966-3919 or toll-free at (866) 610-8272.

Thank you for your consideration of this request, and we look forward to speaking with you soon!

Warm regards,

Kate Barr, Yuli Chang, Juliana Hammer, Rachel Kuliani, Kate Nelson, and Ciara Zachary
Durham City Persons with Disabilities Graduate Student Team
DurhamPWD@gmail.com

Appendix E-11. Forum Flyer

People with Disabilities in Durham City

Speak Up! Speak Out!

Free Food, Entertainment, & Prizes!

What: Community Forum

When: Saturday, April 14, 2007
2:00 to 5:00 P.M.

Where: Durham's Center for Senior Life
406 Rigsbee Avenue

Who: People with disabilities, their families and friends, service providers, and interested citizens are all invited to attend.

Why: The purpose of this forum is to discuss the strengths and challenges for people with disabilities living in Durham City, connect the community with resources, and develop action steps for the future.

If you need special assistance or accommodations please RSVP by April 7 by calling toll free 1-866-610-8272 or emailing DurhamPWD@gmail.com

UNC
SCHOOL OF PUBLIC HEALTH

Appendix E-12. Press Release

"Speak Up, Speak Out!": Durham City People with Disabilities

Durham, NC – The University of North Carolina – Chapel Hill School of Public Health has assigned a team of six graduate students to conduct a community assessment of life for persons with disabilities in Durham City. Since October 2006 the team has attended monthly Durham Mayor's Committee for Persons with Disabilities (DMCPD) meetings to gain a better understanding of the advocacy efforts for persons with disabilities.

The DMCPD has welcomed the team of students in their meetings and has given them firsthand knowledge of the strengths and challenges of this community. One of the DMCPD co-chairs, Adonis Brown, is serving as one of the teams preceptors. As preceptor Mr. Brown gives the team guidance and advice on the current strengths and needs of persons with disabilities in Durham City.

The student team has interviewed over 30 service providers and community members (many of whom are DMCPD members) to gain a better understanding of this community. Through collecting primary data, the team has discovered common themes and concerns such as transportation, housing, and accessibility that community members and service providers would like Durham City to address in order to improve the quality of life for persons with disabilities.

The DMCPD is very impressed by the students' dedication in helping to identify the strengths and challenges of persons with disabilities in Durham City. On Saturday April 14, 2007 from 2:00 - 5:00 p.m. the students will host a community forum at Durham's Center for Senior Life (located at 406 Rigsbee Avenue), "Speak Up, Speak Out," so that service providers and community members can work together to address the concerns in the community. The DMCPD is very proud to be a part of this project and believes that the forum is an important step in increasing advocacy for persons with disabilities in Durham City.

Appendix E-13. Forum Invitation

Speak Up! Speak Out!

You are invited to a Community Forum
for People with Disabilities living in Durham

Saturday, April 14, 2007 from 2:00 to 5:00 PM
At Durham's Center for Senior Life
406 Rigsbee Avenue

People with disabilities, their families and friends, service
providers, and interested citizens are all invited to attend!

Appendix E-14. Invitation Letter

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

SCHOOL OF PUBLIC HEALTH

DEPARTMENT OF HEALTH BEHAVIOR
AND HEALTH EDUCATION

302 ROSENAU HALL   T 919.966.3761
CAMPUS BOX 7440   F 919.966.2921
CHAPEL HILL, NC 27599-7440   www.sph.unc.edu/hbhe

You are invited to the *Speak Up! Speak Out!* Community Forum

The Action Oriented Community Diagnosis (AOCD) team of six students from the University of North Carolina – Chapel Hill School of Public Health invites you to a community forum. The "Speak Up! Speak Out!" Community Forum aims to address the concerns and issues that you, the community members and service providers in Durham City, have told us about in interviews and focus groups. Interviewing you, volunteering at a nursing home, and attending Mayor's Committee and Common Ground meetings has helped us to better understand the strengths and challenges for persons with disabilities in Durham City. The purpose of "Speak Up! Speak Out!" is to develop action steps so that you, advocates for persons with disabilities, can improve the quality of life for persons with disabilities concerning transportation, accessibility, housing, and employment. So Speak Up, Speak Out! Come join us on Saturday April 14th from 2:00 – 5:00 p.m. at Durham's Center for Senior Life located at 406 Rigsbee Avenue! If you need special assistance or accommodations, please RSVP by April 7th by calling or emailing the Student Team using the contact information at the end of this letter.

What if you have questions about the community forum? You have the right to ask, and have answered, any questions you may have about this project. This is a student project being conducted under the supervision of our faculty advisor, Eugenia Eng. If you have any questions about this project you may contact us, the AOCD Team, or Eugenia Eng. The contact information follows:

Durham City Persons with Disabilities Student Team
UNC School of Public Health
Phone: 919-966-3919
Toll-free: 1-866-610-8273
Email: DurhamPWD@gmail.com

Eugenia Eng, DrPH
UNC School of Public Health
Dept. of Health Behavior and Health Education
Campus Box 7440
Chapel Hill, NC 27599-7440
Phone: 919-966-3909
Email: Eugenia_Eng@unc.edu

We hope to see you there!

Appendix E-15. Forum Program

Speak Up! Speak Out!

Durham City People with Disabilities
Community Forum

Saturday, April 14, 2007
2:00 – 5:00 p.m.

Durham's Center for Senior Life

Forum Program

2:00 – 2:15	Welcome from Rene Cummins: What is Action Oriented Community Diagnosis?
2:15 – 2:30	Greeting from Durham City Council member Mike Woodard (invited)
2:30 – 2:50	Student Team presents results and introduces themes
2:50 – 4:00	Small Group Discussions
4:00 – 4:30	Refreshments
4:30 – 4:55	Small groups present action steps
4:55 – 5:00	Closing from Adonis Brown

3

Strengths of People with Disabilities in Durham City

Community Support

"There are a lot of resources available here. There is a lot of support for people with disabilities…"

"All of us have something to contribute to each other."

Development of Downtown Durham

"I love it because I have a business right in the heart of Downtown. They're going to put a few things downtown to bring life back downtown. It's a slow process, but I can see where it's going to happen one day."

Medical Services

"If your disability necessitates medical treatment it's here."

"There is good health care, which has been a blessing."

City Government Makes an Effort

"I like that the city government is pretty open. You can go to City Council meetings and air your grievances."

4

Themes

Accessibility: There are many private and public entities in Durham which are not compliant with the Americans with Disabilities Act. Often physical barriers, such as unsafe sidewalks, prevent people with disabilities from adequately accessing the services they need.

Attitudes: People with disabilities want to live independent lives and have the same opportunities as everyone else.

Housing: There is not enough affordable, accessible housing for people with disabilities to live in. People with disabilities then have to live in homes that make life harder for them or spend a lot of money to modify their homes.

Recreation: Recreational opportunities and activities for people with disabilities exist in Durham; however, opportunities and activities are limited in number and variety, and are not known about. This prevents people from being socially engaged with other people with disabilities and the community at large.

Transportation: DATA buses are accessible and are a great asset to the community. Unfortunately, bus stops are frequently inaccessible for safety reasons. ACCESS is a useful service but requires planning ahead and is often too expensive for people on fixed incomes to afford. Without access to a bus stop or ACCESS services, people have struggled to get to and from work and participate in social activities.

5

Accessibility

There are many private and public entities in Durham which are not compliant with the Americans with Disabilities Act. Often physical barriers, such as unsafe sidewalks, prevent people with disabilities from adequately accessing the services they need.

Quotes from the community about accessibility:

"There are many public places which are not compliant with the Americans with Disabilities Act, like some stores even downtown. You are not able to get in (the building) because there are still barriers to get there."

"For instance, sometimes I walk to Subway to get lunch and the sidewalk is torn up and there's no way for me to know that until I'm on the torn up sidewalk. They could do better about blocking off areas where the sidewalk is broken like that."

6

Attitudes

People with disabilities want to live independent lives and have the same opportunities as everyone else.

Quotes from the community about attitudes:

"They say you're disabled, you're not supposed to be able to do this. I guess I'm going to be a phenomenon."

"As long as the community is not trying to hold people with disabilities back, then we're fine. As long as they abide by the laws that are on the books, that's pretty much all they need to do."

7

Housing

There is not enough affordable, accessible housing for people with disabilities to live in. People with disabilities then have to live in homes that make life harder for them or spend a lot of money to modify their homes.

Quotes from the community about housing:

"[There is] a resource office for the Durham Mayor's Committee. Three out of four calls are people looking for low income or accessible housing. We don't know what to say."

"I have to budget to make ends meet… You have to know how to squeeze everything out of each penny you have. I have to make sure I have everything in place for example… a ramp in my house, doors widened to help me move around because my house is about 48-50 years old so it needs several things changed in the house for my safety before I can actually move back."

Recreation

Recreational opportunities and activities for people with disabilities exist in Durham; however, opportunities and activities are limited in number and variety, and are not known about. This prevents people from being socially engaged with other people with disabilities and the community at large.

Quotes from the community about recreation:

"There's a lot to do in Durham, but people don't realize it. Lots of people here are lonely and don't like to get out, they only think about their disability."

"People with disabilities are isolated because they don't know what to do or where to go. They can't go many places because they don't know if it's accessible."

Transportation

DATA buses are accessible and are a great asset to the community. Unfortunately, bus stops are frequently inaccessible for safety reasons. ACCESS is a useful service but requires planning ahead and is often too expensive for people on fixed incomes to afford. Without access to a bus stop or ACCESS services, people have struggled to get to and from work and participate in social activities.

Quotes from the community about transportation:

"I love the accessible buses but I can't use it because the closest bus stop is totally unsafe for me to get there."

"I think most people with disabilities want to be independent. But we are not able to be independent because we don't have the transportation and the streets we can travel on."

"I don't use Access much. It's $2 there and $2 back. I'm still trying to figure out how I can get my medication today."

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Other Themes

Attitudes: People with disabilities often feel either overlooked or "overhelped" by people without disabilities. This makes many feel disrespected.

> "I think [people without disabilities] would rather not deal with [people with disabilities] if they don't have to."

Employment: Many people with disabilities have had a difficult time finding a job because of their disabilities.

> "There are not necessarily people who are willing to hire or make necessary accommodations for people with disabilities."

Healthcare Services: Healthcare in Durham is good, but prescriptions and doctor visits are expensive, which sometimes prevents people with disabilities from getting the care they need.

> "Drug stores don't do anything to assist. But I need money to pay for my drugs."

Social Support: People with disabilities receive emotional, financial, and information support from their families and churches. Such kinds of support are not frequently provided from the government, case workers, and the community at large, which can leave one feeling isolated, frustrated, devalued, and helpless.

> "I haven't had anyone to just reach out and say how are you doing, do you need anything?"

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Resources for People with Disabilities

Advocacy

Alliance of Disability Advocates, Center for Independent Living
401 Oberlin Rd., Suite 103
Raleigh, NC 27605
Phone: (919) 833-1117 (V/TTY)
E-mail: alliance@alliancecil.org
Website: www.alliancecil.org

Association of Self Advocates of NC
3801 Lake Boone Trail, Suite 260
Raleigh, NC 27607
Phone: (919) 420-7995
E-mail: kmoyestallings@nc.rr.com
Website: www.asa-nc.org

Council for Senior Citizens
406 Rigsbee Ave., Suite 202
Durham, NC 27701
Phone: (919) 688-8247
Website: www.councilseniorcitizens.org

The Durham Mayor's Committee for Persons with Disabilities
101 City Hall Plaza
Durham, NC 27701
Phone: (919) 560-1270
E-mail: durhamdisability@aol.com
Website: www.durhamnc.gov/mayor/disability.cfm

EnVisioned Independent Living
401 Archdale Dr.
Durham, NC 27707
Phone: (919) 321-2986
E-mail: adonistbrown@verizon.net
Website: www.envisionedil.com

Governor's Advocacy Council for Persons with Disabilities
1314 Mail Service Center
Raleigh, NC 27699
Phone: 1 (800) 821-6922 or 1 (888) 268-5535 (TTY)
E-mail: GACPD@ncmail.net
Website: www.gacpd.com

NC TASH
905A N. New Hope Dr.
Gastonia, NC 28054
E-mail: nctashboard@nctash.com
Website: www.nctash.com

North Carolina Council on Developmental Disabilities
3801 Lake Boone Trail, Suite 250
Raleigh, NC 27607
Phone: (919) 420-7901 (TDD)
Website: www.nccdd.org

Disability Resources

Disabled Peoples' International
Website: http://v1.dpi.org/lang-en/index

Durham County Social Services
200 E. Main St.
Durham, NC 27701
Website: www.co.durham.nc.us/departments/dssv

Durham County Substance Abuse Referral Directory
Website: dukehealth1.org/community_relations/DUMCSubAbuseDirectory06.pdf

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Durham One Call
Phone: (919) 560-1200
Website: www.durhamnc.gov/
departments/onecall

International Center for Disability Information
Website: www.icdi.wvu.edu/Others.htm

Meals on Wheels
106 City Hall Plaza
Durham, NC 27701
Phone: (919) 667-9424
Website: www.mowdurham.org

Services for the Deaf and Hard of Hearing
2301 Mail Service Center
Raleigh, NC 27699
Phone: (919) 874-2212
Phone: (919) 874-2214 (TTY)
Website: http://dsdhh.dhhs.state.nc.us/

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Durham County Board of Commissioners
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Chairman
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Durham, NC 27705
Phone: (919) 383-3883
E-mail: ereckhow@aol.com

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Vice Chairman
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bmheron@durhamcountync.gov

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5105 Copper Ridge Drive, #308
Durham, NC 27707
Phone: (919) 419-3303
E-mail: lcheek@durhamcountync.gov

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509 Wellington Drive
Durham, NC 27713
Phone: (919) 683-1379
E-mail: prcousin@earthlink.net

Michael D. Page
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Durham, NC 27713
Phone: (919) 530-5263
E-mail: mpage@durhamcountync.gov

Durham City Mayor
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Office of the Mayor
101 City Hall Plaza
Durham, NC 27701
Phone: (919) 560-4333
E-mail: bbell@ci.durham.nc.us

North Carolina Governor
Governor Michael F. Easley
Office of the Governor
20301 Mail Service Center
Raleigh, NC 27699-0301
Phone: 1 (800) 662-7952

North Carolina Representative
David E. Price
411 W. Chapel Hill Street
NC Mutual Building, 6th Floor
Durham, NC 27701
Phone: (919) 688-3004

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North Carolina Senators
Elizabeth Dole
United States Senate
B34 Dirksen Office Bldg.
Washington, DC 20510
Phone: (202) 224-6342

Richard Burr
217 Russell Senate Office Building
Washington, DC 20510
Phone: (202) 224-3154

State Representatives
Larry D. Hall
NC House of Representatives
300 N. Salisbury Street, Room 417B
Raleigh, NC 27603-5925
Phone: (919) 733-5872

Paul Luebke
NC House of Representatives
300 N. Salisbury Street, Room 529
Raleigh, NC 27603-5925
Phone: (919) 733-7663

Henry M. Michaux, Jr.
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16 W. Jones Street, Room 1227
Raleigh, NC 27601-1096
Phone: (919) 715-2528

W.A. Wilkins
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16 W. Jones Street, Room 1301
Raleigh, NC 27601-1096
Phone: (919) 715-0850

State Senator
Bob Atwater
NC Senate
300 N. Salisbury Street, Room 522
Raleigh, NC 27603-5925
Phone: (919) 715-3036

Employment
Durham Area Corp
411 West Chapel Hill St., Suite 603
Durham, NC 27701
Phone: (919) 683-3006
E-mail: info@dacinc.org
Website: www.dacinc.org

Durham Exchange Club Industries (DECI)
1717 Lawson St.
Durham, NC 27703
Phone: (919) 596-1341
Website: www.deci.org

Vocational Rehabilitation
PO Box 15670
Durham, NC 27704
Phone: (919) 560-6810

Home Care and Hospice
Bayada Nurses
One Crosspointe Plaza
5505 Creedmoor Rd.
Raleigh, NC 27612
Phone: (919) 785-2900
Website: www.bayada.com

Liberty Home Care
2334 South 41st St.
Wilmington, NC 28403
Phone: 1 (800) 438-1115
Website: www.libertyhomecare.com

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Maxim Healthcare
7227 Lee Deforest Dr.
Columbia, MD 21046
Phone: 1 (800) 79-MAXIM
Website: www.maximhealthcare.com

Shipman Family Home Care, Inc.
401 East Lakewood Ave.
Durham, NC 27707
Phone: (919) 956-9160

Housing
Durham Affordable Housing Coalition (DAHC)
331 West Main St., Suite 408
Durham, NC 27701
Phone: (919) 683-1185
E-mail: info@dahc.org
Website: www.dahc.org

Durham Housing Authority
330 E. Main St.
Durham, NC 27701
Website: http://durhamhousingauthority.org/new_site/index.html

North Carolina Division of Vocational Rehabilitation – Independent Living Services
Website: http://dvr.dhhs.state.nc.us/DVR/IL/ilhome.htm

Mental Health
The Arc of Durham County
3500 Westgate Dr., Suite 303
Durham, NC 27707
Phone: (919) 493-8141
Website: www.thearcofdurham.org

Common Ground
3011 Academy St.
Durham, NC
Phone: (919) 493-8141
Website: www.thearcofdurham.org/Common%20Ground/commonground.htm

The Durham Center
501 Willard St.
Durham, NC 27701
Phone: 1 (800) 510-9132
Website: www.durhamcenter.org

Non-Profits
Community Partnership, Inc.
3522 Haworth Dr.
Raleigh, NC 27609
Phone: (919)781-3616

Easter Seals UCP of North Carolina
1804 MLK Jr. Pkwy., Suite 112
Durham, NC 27707
Phone: (919) 783-8898
Website: www.nc.eastersealsucp.com

First in Families of North Carolina
PO Box 1665
Durham, NC 27702
Phone: (919) 781-3616 ext. 223
E-mail: fifnc@fifnc.org
Website: www.fifnc.org

National Multiple Sclerosis Society
Central North Carolina Chapter
2211 West Meadowview Rd., Ste. 30
Greensboro, NC 27407
Phone: 1 (800) FIGHT-MS
E-mail: ncc@nmss.org
Website: www.nationalmssociety.org/site/PageServer?pagename=NCC_homepage

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Senior PHARMAssist
406 Rigsbee Avenue, Suite 201
Durham, NC 27701
Phone: (919) 688-4772
Website: www.seniorpharmassist.org

Physical Therapy
ElderFit
1101 Bartlett Circle
Hillsborough, NC 27278
Phone: (919) 614-1923
E-mail: info@elderfitpt.com
Website: www.elderfitpt.com

Recreation
Durham Parks and Recreation
101 City Hall Plaza
Durham, NC 27701
Phone: (919) 560-4355
Website: www.durhamnc.gov/
departments/parks/

Senior Centers and Day Facilities
Durham's Center for Senior Living
406 Rigsbee Ave.
Durham, NC 27701

Rainbow "66" Storehouse
706 Rigsbee Ave.
Durham, NC 27701
Phone: (919) 688-0165

Transportation
2U Transit
Phone: (919) 479-0929
E-mail: office@2utransit.com
Website: www.2utransit.com

DATA Admin. and Operations Facility
1907 Fay St.
Durham, NC 27704
Phone: (919) 560-3282
For questions about ACCESS: (919) 560-1551 ext. 303
For questions about a DATA ID: (919) 560-1535 ext. 217
E-mail: data@durhamnc.gov

North Carolina Dept. of Transportation
2622 Wells Ave.
Raleigh, NC 27608
Phone: (877) DOT-4YOU
Website: www.ncdot.org

Regional Transit Information and Trip Planning Assistance
Phone: (919) 485-RIDE (7433)
Website: www.gotriangle.org

Triangle Transit Authority
68 TW Alexander Dr.
Research Triangle Park, NC 27709
Phone: (919) 549-9999
Website: www.ridetta.org

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Action Oriented Community Diagnosis
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Center for Independent Living
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Fax: 919.833.1171
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Website: www.alliancecil.org

Teaching Team Representative:
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Professor, UNC School of Public Health
Department of Health Behavior and Health Education
318 Rosenau Hall
Campus Box 7440
Chapel Hill, NC 27599-7440
Phone: 919.966.3909
Fax: 919.966.2921
Email: eugenia_eng@unc.edu

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Acknowledgements

The people of the city of Durham

Community Members and Service Providers who were interviewed

Adonis Brown and Rene Cummins

The Durham Mayor's Committee for Persons with Disabilities

Gail Souare and Malik Mohammed at Durham's Center for Senior Life

Common Ground

The teaching team at the UNC School of Public Health

Our forum volunteers

Thanks also to the following local businesses for their donations:

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<u>Notes</u>

Appendix E-16. Community Forum Evaluation Form

We are interested in your opinions regarding the community forum. Please circle your responses.

1. I feel the forum appropriately presented the issues facing people with disabilities.

    Strongly Agree Agree   Disagree   Strongly Disagree

2. At the community forum, I developed personal and professional connections with other service providers and community members.

    Strongly Agree Agree   Disagree   Strongly Disagree

3. After the community forum, I am more aware of the resources available to people with disabilities.

    Strongly Agree Agree   Disagree   Strongly Disagree

4. After the community forum, I have a better understanding of the strengths and challenges of Durham for people with disabilities.

   Strongly Agree Agree   Disagree   Strongly Disagree

5. After the community forum, I feel empowered to actively improve the quality of life of people with disabilities.

    Strongly Agree Agree   Disagree   Strongly Disagree

Other comments: _____
_____
_____

Appendix E-17. The Results of the Forum Evaluation

Below are the questions from the evaluation form distributed at the conclusion of the community forum. Twenty-six people completed evaluation forms. Listed in red next to the response options is the number of people who selected each response option.

1. I feel the forum appropriately presented the issues facing people with disabilities.

    Strongly Agree 18   Agree 7   Disagree 0   Strongly Disagree 0

2. At the community forum, I developed personal and professional connections with other service providers and community members.

    Strongly Agree 10   Agree 13   Disagree 3   Strongly Disagree 0

3. After the community forum, I am more aware of the resources available to people with disabilities.

    Strongly Agree 13   Agree 12   Disagree 1   Strongly Disagree 0

4. After the community forum, I have a better understanding of the strengths and challenges of Durham for people with disabilities.

    Strongly Agree 13   Agree 13   Disagree 0   Strongly Disagree 0

5. After the community forum, I feel empowered to actively improve the quality of life of people with disabilities.

    Strongly Agree 9   Agree 14   Disagree 2   Strongly Disagree 0

The above questions were evaluated on a scale from 1-4 (4 being "strongly agree" and 1 being "strongly disagree") to obtain average scores:

Question	Average
1. Appropriate issues	3.72
2. Connections	3.27
3. Resources	3.46
4. Understanding	3.5
5. Empowerment	3.28

Below is a graph, visually representing the results from the community forum evaluations.

Community Forum Evaluation

Legend:
- Connections
- Empowerment
- Resources
- Understanding
- Appropriate issues

Average Score

3   3.2   3.4   3.6   3.8
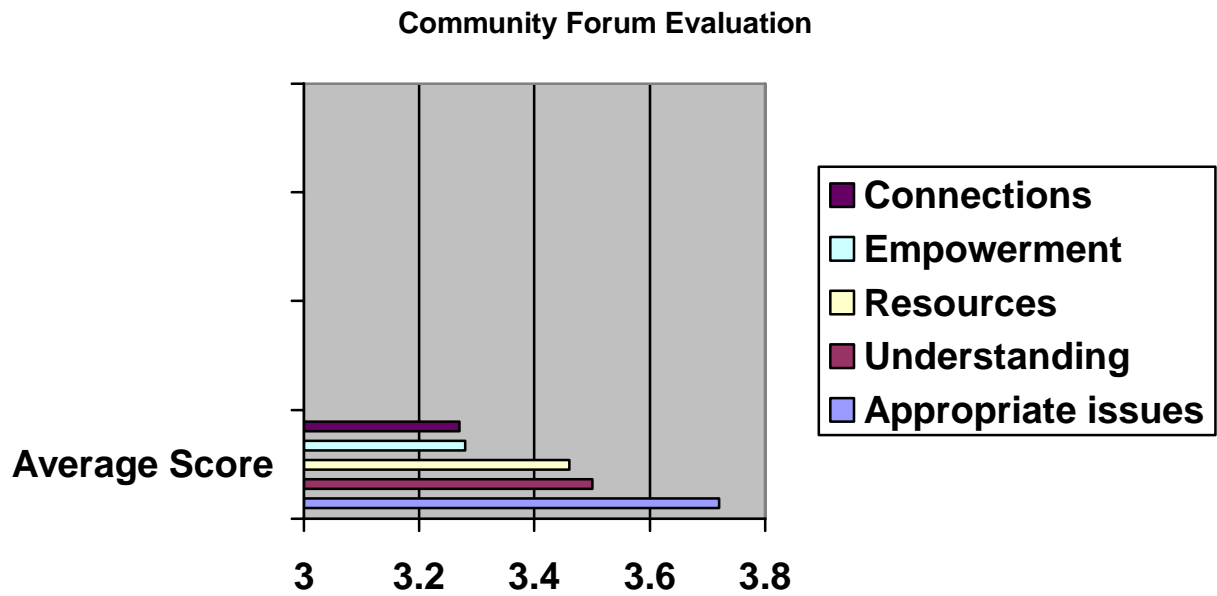
Appendix E-18. Community Forum on the Durham City Government Website

City Jobs   Sea

Home   About Durham   Doing Business   Residents   City Services   Inside City Hall
Resource Links

Latest News

- Latest News
- 2007:
  - April
  - March
  - February
  - January
- 2006:
  - December
  - November
  - October
  - September
  - August
  - July
  - June
  - May
  - April
  - March
  - February
  - January
- 2005:
  - December
  - November
  - October
  - September
  - August
  - July
  - June
  - May
  - April
  - March
  - February
  - January

Monday, April 09, 2007

Community Forum to Address Needs of Persons with Disabilities
Speak Up, Speak Out! to be held on April 14

The Durham Mayor's Committee for Persons With Disabilities (DMCPD) is partnering with a team of six graduate students from the School of Public Health at the University of North Carolina-Chapel Hill to host a community forum aimed at better addressing the needs of persons with disabilities in the City of Durham.

Speak Up, Speak Out! will give service providers and community members the opportunity to look at what services are currently being offered to persons with disabilities, whether those services are effective, and whether additional or different services need to be considered. The forum will be held on Saturday, April 14, 2007 from 2 p.m. to 5 p.m. at Durham's Center for Senior Life, located at 406 Rigsbee Avenue.

This forum is the result of months of work by the team of graduate students as part of an assignment given by the School of Public Health. The team was asked to conduct a community assessment of life for persons with disabilities in the City of Durham.

Since October 2006, the team has attended monthly meetings of the Durham Mayor's Committee for Persons With Disabilities to gain a better understanding of the advocacy efforts for this community. It also interviewed over 30 service providers and community members (many of whom are DMCPD members). Through collecting data, the team has discovered common themes and concerns such as transportation, housing and accessibility which community members and service providers would like the City of Durham to address in order to improve the quality of life for persons with disabilities.

DMCPD Co-Chair Adonis Brown is serving as one of the team's preceptors. He says the community forum will be a good way to make sure that the views and concerns of persons with disabilities are heard and considered. "The Durham Mayor's Committee for Persons With Disabilities is very proud to be a part of this project," Brown said. "We believe the forum is an important step in increasing advocacy for persons with disabilities in the City of Durham."

For information about the community forum or the Durham Mayor's Committee for Persons With Disabilities, call (919) 560-1270, e-mail DurhamDisability@aol.com or visit the City's Web site.

# # #

Appendix F. Resources for People with Disabilities (from Community Forum Program Booklet)

Advocacy

Alliance of Disability Advocates, Center for Independent Living
401 Oberlin Rd., Suite 103, Raleigh, NC 27605
Phone: (919) 833-1117 (V/TTY)
E-mail: alliance@alliancecil.org
Website: www.alliancecil.org

Association of Self Advocates of NC
3801 Lake Boone Trail, Suite 260, Raleigh, NC 27607
Phone: (919) 420-7995
E-mail: kmoyestallings@nc.rr.com
Website: www.asa-nc.org

Council for Senior Citizens
406 Rigsbee Ave., Suite 202, Durham, NC 27701
Phone: (919) 688-8247
Website: www.councilseniorcitizens.org

The Durham Mayor's Committee for Persons with Disabilities
101 City Hall Plaza, Durham, NC 27701
Phone: (919) 560-1270
E-mail: durhamdisability@aol.com
Website: www.durhamnc.gov/mayor/disability.cfm

EnVisioned Independent Living
401 Archdale Dr., Durham, NC 27707
Phone: (919) 321-2986
E-mail: adonistbrown@verizon.net
Website: www.envisionedil.com

Governor's Advocacy Council for Persons with Disabilities
1314 Mail Service Center, Raleigh, NC 27699
Phone: 1 (800) 821-6922 or 1 (888) 268-5535 (TTY)
E-mail: GACPD@ncmail.net
Website: www.gacpd.com

NC TASH
905A N. New Hope Dr., Gastonia, NC 28054
E-mail: nctashboard@nctash.com
Website: www.nctash.com

North Carolina Council on Developmental Disabilities
3801 Lake Boone Trail, Suite 250, Raleigh, NC 27607

Phone: (919) 420-7901 (TDD)
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Disability Resources
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Website: http://v1.dpi.org/lang-en/index

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Website: www.co.durham.nc.us/departments/dssv

Durham County Substance Abuse Referral Directory
Website: dukehealth1.org/community_relations/DUMCSubAbuseDirectory06.pdf

Durham One Call
Phone: (919) 560-1200
Website: www.durhamnc.gov/departments/onecall

International Center for Disability Information
Website: www.icdi.wvu.edu/Others.htm

Meals on Wheels
106 City Hall Plaza, Durham, NC 27701
Phone: (919) 667-9424
Website: www.mowdurham.org

Services for the Deaf and Hard of Hearing
2301 Mail Service Center, Raleigh, NC 27699
Phone: (919) 874-2212 or (919) 874-2214 (TTY)
Website: http://dsdhh.dhhs.state.nc.us/

Elected Officials
Durham County Board of Commissioners
Ellen W. Reckhow, Chairperson
11 Pine Top Place, Durham, NC 27705
Phone: (919) 383-3883
E-mail: ereckhow@aol.com

Becky M. Heron, Vice Chairperson
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Lewis A. Cheek
5105 Copper Ridge Drive, #308, Durham, NC 27707
Phone: (919) 419-3303

E-mail: lcheek@durhamcountync.gov

Philip R. Cousin, Jr.
509 Wellington Drive, Durham, NC 27713
Phone: (919) 683-1379
E-mail: prcousin@earthlink.net

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702 Basil Drive, Durham, NC 27713
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E-mail: mpage@durhamcountync.gov

Durham City Mayor
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Phone: (919) 560-4333
E-mail: bbell@ci.durham.nc.us

North Carolina Governor
Governor Michael F. Easley
Office of the Governor, 20301 Mail Service Center, Raleigh, NC 27699-0301
Phone: 1 (800) 662-7952

North Carolina Representative
David E. Price
411 W. Chapel Hill Street, NC Mutual Building, 6th Floor, Durham, NC 27701
Phone: (919) 688-3004

North Carolina Senators
Elizabeth Dole
United States Senate, B34 Dirksen Office Bldg., Washington, DC 20510
Phone: (202) 224-6342

Richard Burr
217 Russell Senate Office Building, Washington, DC 20510
Phone: (202) 224-3154

State Representatives
Larry D. Hall
NC House of Representatives, 300 N. Salisbury Street, Room 417B, Raleigh, NC 27603-5925
Phone: (919) 733-5872

Paul Luebke
NC House of Representatives, 300 N. Salisbury Street, Room 529, Raleigh, NC 27603-5925
Phone: (919) 733-7663

Henry M. Michaux, Jr.
NC House of Representatives, 16 W. Jones Street, Room 1227, Raleigh, NC 27601-1096
Phone: (919) 715-2528

W.A. Wilkins
NC House of Representatives, 16 W. Jones Street, Room 1301, Raleigh, NC 27601-1096
Phone: (919) 715-0850

State Senator
Bob Atwater
NC Senate, 300 N. Salisbury Street, Room 522, Raleigh, NC 27603-5925
Phone: (919) 715-3036

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Durham Area Corp.
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Phone: (919) 683-3006
E-mail: info@dacinc.org
Website: www.dacinc.org

Durham Exchange Club Industries (DECI)
1717 Lawson St., Durham, NC 27703
Phone: (919) 596-1341
Website: www.deci.org

Vocational Rehabilitation
PO Box 15670, Durham, NC 27704
Phone: (919) 560-6810

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Bayada Nurses
One Crosspointe Plaza, 5505 Creedmoor Rd., Raleigh, NC 27612
Phone: (919) 785-2900
Website: www.bayada.com

Liberty Home Care
2334 South 41st St., Wilmington, NC 28403
Phone: 1 (800) 438-1115
Website: www.libertyhomecare.com

Maxim Healthcare
7227 Lee Deforest Dr., Columbia, MD 21046
Phone: 1 (800) 79-MAXIM
Website: www.maximhealthcare.com

Shipman Family Home Care, Inc.

401 East Lakewood Ave., Durham, NC 27707
Phone: (919) 956-9160

Housing
Durham Affordable Housing Coalition (DAHC)
331 West Main St., Suite 408, Durham, NC 27701
Phone: (919) 683-1185
E-mail: info@dahc.org
Website: www.dahc.org

Durham Housing Authority
330 E. Main St., Durham, NC 27701
Website: http://durhamhousingauthority.org/new_site/index.html

North Carolina Division of Vocational Rehabilitation – Independent Living Services
Website: http://dvr.dhhs.state.nc.us/DVR/IL/ilhome.htm

Mental Health
The Arc of Durham County
3500 Westgate Dr., Suite 303, Durham, NC 27707
Phone: (919) 493-8141
Website: www.thearcofdurham.org

Common Ground
3011 Academy St., Durham, NC
Phone: (919) 493-8141
Website: www.thearcofdurham.org/Common%20Ground/commonground.htm

The Durham Center
501 Willard St., Durham, NC 27701
Phone: 1 (800) 510-9132
Website: www.durhamcenter.org

Non-Profits
Community Partnership, Inc.
3522 Haworth Dr., Raleigh, NC 27609
Phone: (919)781-3616

Easter Seals UCP of North Carolina
1804 MLK Jr. Pkwy., Suite 112, Durham, NC 27707
Phone: (919) 783-8898
Website: www.nc.eastersealsucp.com

First in Families of North Carolina
PO Box 1665, Durham, NC 27702
Phone: (919) 781-3616 ext. 223

E-mail: fifnc@fifnc.org
Website: www.fifnc.org

National Multiple Sclerosis Society
Central North Carolina Chapter, 2211 West Meadowview Rd., Ste. 30, Greensboro, NC 27407
Phone: 1 (800) FIGHT-MS
E-mail: ncc@nmss.org
Website: www.nationalmssociety.org/site/PageServer?pagename=NCC_homepage

Senior PHARM*Assist*
406 Rigsbee Avenue, Suite 201, Durham, NC 27701
Phone: (919) 688-4772
Website: www.seniorpharmassist.org

Physical Therapy
ElderFit
1101 Bartlett Circle, Hillsborough, NC 27278
Phone: (919) 614-1923
E-mail: info@elderfitpt.com
Website: www.elderfitpt.com

Recreation
Durham Parks and Recreation
101 City Hall Plaza, Durham, NC 27701
Phone: (919) 560-4355
Website: www.durhamnc.gov/departments/parks/

Senior Centers and Day Facilities
Durham's Center for Senior Living
406 Rigsbee Ave., Durham, NC 27701
Phone: (919) 688-8247
Website: http://www.councilseniorcitizens.org/

Rainbow "66" Storehouse
706 Rigsbee Ave., Durham, NC 27701
Phone: (919) 688-0165

Transportation
2U Transit
Phone: (919) 479-0929
E-mail: office@2utransit.com
Website: www.2utransit.com

DATA Administration and Operations Facility
1907 Fay St., Durham, NC 27704
Phone: (919) 560-3282

For questions about ACCESS: (919) 560-1551 ext. 303
For questions about a DATA ID: (919) 560-1535 ext. 217
E-mail: data@durhamnc.gov

North Carolina Dept. of Transportation
2622 Wells Ave., Raleigh, NC 27608
Phone: (877) DOT-4YOU
Website: www.ncdot.org

Regional Transit Information and Trip Planning Assistance
Phone: (919) 485-RIDE (7433)
Website: www.gotriangle.org

Triangle Transit Authority
68 TW Alexander Dr., Research Triangle Park, NC 27709
Phone: (919) 549-9999
Website: www.ridetta.org

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