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Introduction

Homes are intimate and personal spaces which contribute to the development of our personal and cultural identities (Blunt & Varley 2004, Padgett 2007). These home spaces are often the nexus of our lives; we leave our homes to go out and engage in society and we return to them at the end of the day. In this context, homes are spaces away from the public world, spaces that allow for rest and rejuvenation (Mallett 2004). However, our lived experiences within our homes are more complex than these idealized concepts (Blunt & Varley 2004). This is particularly true for individuals with disabilities who often live in homes which are ill-suited to their needs and abilities. Imrie (2004) states, "disabled people [sic] often experience the home as a series of 'disembodied spaces', or places that are designed in way that are rarely attentive to their physiological and bodily needs and functions (pg. 748)". For many people with disabilities the home may not function as a haven; rather, homes may be sites of insecurity and confinement. However, little is known about the state of housing for people with disabilities across the United States.

The American Housing Survey (AHS).

A previous analysis of the AHS (Greiman and Ravesloot, 2015) explored the state of housing for people with disabilities, specifically households with individuals who report a mobility impairment and use some type of wheeled mobility device. The results of this study indicate that a very large proportion of households with individuals with mobility impairments are in homes that are not accessible. For this population, 54% of rental households have a step or stairs blocking entry to the home or apartment, this percentage drops only slightly for owners to 44%. Moreover, nearly a quarter (23.8%) of rental housing units are up a flight of stairs and do not have an elevator, indicating that individuals in these units must navigate a flight of stairs to enter or exit their home. Within the home, there are large numbers of households lacking critical access features (ie. 45% lack grab bars in their bathrooms).

Though this analysis of the American Housing survey sheds some light on the state of housing accessibility for people with disabilities, little is known about the experiences of people with disabilities within their homes. This poster will explore results from the Health and Home Survey to further explore the geography of home for people with disabilities in the United States.



The Health and Home Survey

Our analysis of the American Housing Survey (AHS) provides some insight into the descriptive state of housing accessibility for people with mobility impairments. However, the results tell us very little about the actual experiences of individuals living in those households. As part of a separate housing intervention study we worked with a team of researchers and local community advisors to develop the Health and Home Survey which asks a variety of questions about home characteristics, home experiences, basic health outcomes, and community participation.

Measures.

Measuring Disability. The definition of disability for this study is based on methodology in the American Community Survey (ACS). The ACS evaluates disability in terms of functional impairments and assumes that a person who reports having at least one of six impairments (hearing, vision, cognitive, mobility, self-care and independent living) has a disability. While impairment is not necessarily the best measure of "disability," we follow the model of the ACS and use it here as an indicator of the disability experience. The results of this study focus on individuals reporting a mobility impairment.

Measuring home experiences. Respondents rated experiences throughout the home across three domains: ease, satisfaction, and safety, on a likert-type scale from 1 (not at all) to 5 (very much). We found these measures to be highly correlated (.758/.823/.901) and therefore we created a summed, overall home experiences variable presented in the results. We also measured ratings of exertion. Exertion is rated using the BORG (1998) measure of perceived exertion on a scale from 0 (nothing at all) to 10 (very, very hard). Experience and exertion were measured relative to engaging in activities throughout the home. The results presented here focus on respondents' experiences engaging in eight different activities throughout the home:

1. Entering and exiting
2. Preparing a meal
3. Using the toilet
4. Using the shower/tub
5. Using the living room
6. Using storage spaces
7. Using the bedroom
8. Cleaning/tying up



Map 1. This map shows the contiguous United States indicating our three research sites (Fresno, CA and Indianapolis, IN) and the location of the University of Montana in Missoula.

Sample

Our sample is comprised of 173 respondents across three communities: Fresno, CA (n=58), Indianapolis, IN (n= 74) and Atlanta, GA (n=41). Respondents were recruited if they could answer "yes" to any of the ACS impairment questions. A majority of respondents indicated a mobility impairment (67%). In addition, a majority of the sample is white (62%), female (63%), and unemployed (82%), with an average age of 60 years old.

Results

Home Experiences. Similar to the AHS results we find differences between individuals who indicate a mobility impairment verse those who do not. All differences reported here are statistically significant. Across the board, respondents with mobility impairments had lower ratings of home experiences than those without impairment. Preparing food, bathing, using storage spaces and cleaning were the activities with the lowest home experience ratings. Chart 1. below shows these ratings by activity. The ratings presented are the average summed rating across ease, safety and satisfaction (for a highest possible rating of 15).

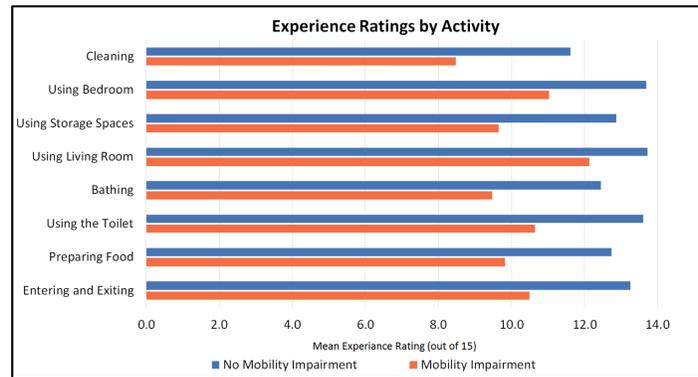


Chart 1. Average experience ratings (out of 15) by activity comparing individuals with no mobility impairment with individuals with mobility impairment.

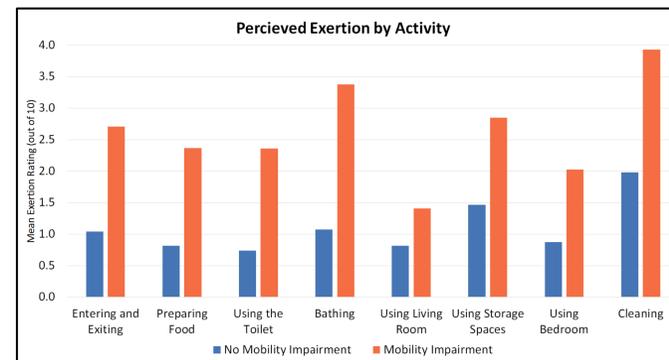


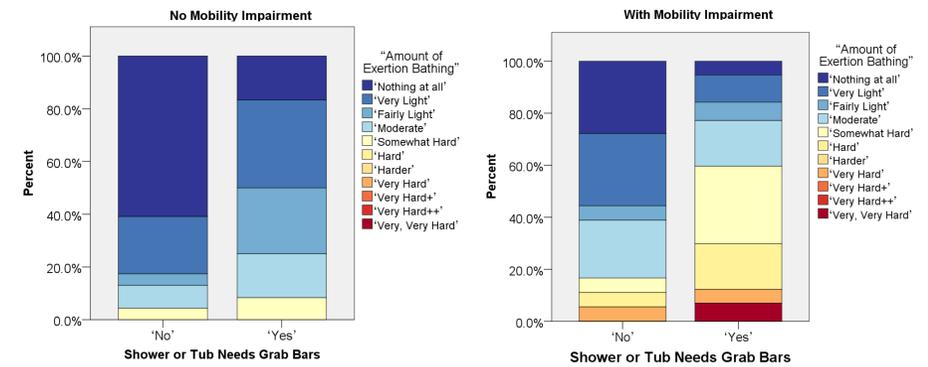
Chart 2. Average exertion ratings (of 10) by activity comparing individuals with no mobility impairment with individuals with mobility impairment.

Exertion. Beyond home experiences we found that exertion levels throughout the home were higher for entering/exiting the home, bathing, using storage areas, and cleaning. These results are presented in Chart 2 above. Exertion may be an important factor in understanding home experiences. Results suggest that exertion is negatively correlated with the ease, safety, and satisfaction of important activities such as entering and exiting the home (-.538), cleaning (-.580), and bathing (-.536). The more people exert themselves in their home, the more negatively they rate their home experience.



Bathing and Grab Bars. Bathing, in particular, emerges as an activity of high exertion and low rated experience for individuals reporting and mobility impairment. This may not be surprising given the results from the AHS which indicate that 45% of these households lack grab bars in the bathroom, a key accessibility feature. Not having, but needing, grab bars in the bathroom could be one explanation for these higher rates of exertion by individuals with mobility impairment. The stacked bar charts below reveal the relationship between the need for grab bars and rates of perceived exertion while bathing. The two charts compare results for individuals without mobility impairment vs. individuals with mobility impairment. This comparison reveals that individuals with mobility impairments who need grab bars in their bathrooms have much higher rates of exertion relative to those without mobility impairments.

Stacked Bar Charts: Exertion while bathing and grab bars



Stacked Bar Chart 1. Ratings of exertion for individuals with no mobility impairment who need vs. do not need grab bars in their bathroom.

Stacked Bar Chart 2. Ratings of exertion for individuals with mobility impairment who need vs. do not need grab bars in their bathroom.

Discussion

The results presented in this poster highlight that people with mobility impairments report lower ratings of home experiences and higher ratings of exertion within the home relative to those without mobility impairments. These results raise further questions about how these home experiences may impact other aspects of daily life. How do interactions within these home spaces influence our behavior? For example, does experiencing increased exertion within the home impact participation and activities outside the home (e.g. employment, social/civic engagement, recreation)? In addition, these results have implications for policy and practice as simple home modifications, such as installing a grab bar, could have beneficial effects beyond just safety. However, though there is much more to learn it's clear that people with disabilities are living in homes which do not meet their needs.

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