

**How can our homes be more welcoming to people with disabilities?  
As we age what modifications will help us stay in our homes longer?  
What are some tips, both easy and not-so-easy?**

*Disclaimer: This is not meant to take the place of professional guidance. ATF's intent is not to cover all topics but to inspire awareness on the side of love.*

*“Full access is getting where you want to go and doing what you want to do.” – Bruce Barney*

## **RESOURCE GUIDE: HOW TO MAKE YOUR HOME ACCESSIBLE**

Access is a large and complicated topic and also very personal. You may want to make your home accessible for a resident, for visitors, or for emergency medical services folks.

### **SAFETY AND LIABILITY**

Because access involves public safety, there may be liability issues which prevent the Accessibility Task Force from making recommendations about specific brands for kitchen, bathroom, and bedroom adaptations. Liability can be a double-edged sword. It is a way to hold product manufacturers to a high standard of safety. It can also be a way for a few people to make a lot of money by suing manufacturers and retailers for what might seem like reasonable behavior. When specific brand names or guidelines are mentioned here, they are examples, not a recommendation.

### **ACCESS HISTORY**

People began thinking more about wheelchair access only fairly recently. Earlier, they didn't appear to have to. For example, in Victorian times, it was illegal for

people who were visibly disabled to be seen in public. The last so-called “ugly laws” in the US were repealed in only 1974. In the 1950s in America it became easier to leave the house in a wheelchair. But apparently, the temporarily able-bodied (TAB) public became alarmed.

Learning about access requires thinking in a new way. The basic rules are simple: 1) it must work, 2) it must be continuous, and 3) it must be safe.

For the purposes of this guide, the access path will be one for wheelchairs because it is the most commonly used. Crutches, knee scooters, canes, walkers, manual wheelchairs, powerchairs, etc. will have their own specific requirements.

## **ADA HISTORY**

In 1990, the Americans with Disabilities Act (ADA) was made law. There were other civil rights laws before that, but the ADA is the most comprehensive. It covered transportation, access to public buildings, workplaces, and education. Its adoption has been piecemeal and slow. In the past, people who needed access would often call ahead to restaurants to find out whether they were accessible. They might have been told the restaurant was accessible but then discover that there were a few steps in the pathway. While this was frustrating to everyone, the main problem was that access was a fairly new concept. Businesses that are open to the public whose current building existed before 1990 were not required to offer access. Businesses whose facility was built or significantly remodeled after 1990 are required to meet ADA standards. Once businesses realized they were preventing paying customers from getting in, many improved their access. NOTE: The Federal Fair Housing Act does require that landlords permit wheelchair access, but it does not require them to pay for modifications.

## HOME ACCESS

**Arriving at your home and getting inside** Your home access begins at the place you arrive. Hopefully your driveway or walkway is flat or nearly flat. Ramp building can be complicated and technical. Its configuration must follow constrained limits prescribed by your local building department. There are general contractors who specialize in designing and building ramps. They are experts. In Oregon for example, they are listed at the Oregon Construction Contractors Board ([www.oregon.gov/ccb](http://www.oregon.gov/ccb)) online.

People ramp their homes so they may receive wheeled visitors. We all want others in our life. A difficult part of a disability is feeling alone. Visitability makes that easier. Please tell potential visitors how wide your entry doorway is.

Together you can work with your ramp building contractor to find the best access to your home. This could be a long path to a door that is low to the ground, a ramp to the front door, or an electric lift (expensive).

Another choice may be to put the ramp inside your garage with a landing at the top by the door into your home. Ramps under cover or in a garage are helpful because they are out of the weather with easy entry, and a quick push of an electric garage door opener can get you under cover. You might consider a battery backup if the power goes out at your home. Please tell your home insurance agent if you are installing a ramp or a lift.

**Ramp Slope.** The ADA standards for manual wheelchairs is about five degrees off flat level. The technical designation for the slope is 1:12 (reads “one to twelve”). Making the slope steeper can endanger (especially inexperienced) manual chair riders because riders could fall backward onto the ramp and possibly hit their heads. It also means that ramps take up a lot of space. For every inch the ramp

goes up (rise) the ramp must go out twelve inches (run). These requirements are designed to keep everyone safe. Your ramp builder can give you options.

**Thresholds** A raised threshold that helps seal the bottom of a door can be a problem for a wheelchair or walker. By ADA standards, a wheelchair path may have bumps no higher than ½ inch like the threshold of an entry door. Larger bumps may cause the front caster wheels to wobble unpredictably, causing the chair to veer to the side, scaring the driver and potentially damaging woodwork. It can also bounce a power chair rider's hand off the hand control with similar results. With planning, thresholds can be low and gradual, but still keep out the weather. The ADA guidelines are helpful even when they are not required by law.

Outdoor ramps must hold up to rain and snow and have a non-skid surface. Imbedding sand on the surface may bring sand into the house on the wheelchair's tires and damage floors. Using sandblasting nutshell crumbs instead avoids this problem.

**Portable ramps** of various types are available to rent or buy. Portable ramps with two separate tracks on each side can be dangerous because they can skitter sideways and dump the driver. If you must use them, drive slowly, and have someone ahead of the chair giving directions. Ramps must have raised edges at the sides.

**Keyless entry systems** can be placed in the space in your entry door currently occupied by your deadbolt. They use a keypad or cell phone to replace or complement your current keyed system. There can be many entry codes for emergency medical services and routine caregivers. All the codes can be changed.

## **ACCESS TO THE BATHROOM**

Once the rider is inside, the next big challenge is getting in the bathroom. It is usually down a hallway. The hallway should be wide enough for the wheelchair, elbows, etc. It should also be wide enough to allow for a turn into the bathroom door. Sometimes it's not. Unfortunately, widening a hallway is usually expensive.

Doorways should be at least 32 inches wide (ideally, 36 inches wide). If a doorway needs just a few inches (the thickness of the door – usually about 1-¾ inches) of extra width, offset hinges may be all that's needed. One brand is DuroMed Industries (DMI). They are sold in Durable Medical Equipment (DME) Stores and online (Amazon). They sell for around \$25 each.

If more width is needed, you may have to have a contractor/carpenter widen the doorway. Widening the hallway may typically be quite expensive or impossible. They will have to install a stronger board (a header) at the top of the door frame (jamb). You may also need a new door. A new header may not be needed if the door is not in what is called a weight-bearing wall. If you have a contractor come to your home for an estimate, they can explain. If widening the door is too expensive, a federal agency Community Development Block Grant (CDBG) may operate near you. They can help with the work and the expense. There is one in Eugene. See Resources

There is another aspect to this in Oregon. Your State is concerned about your lead paint exposure. Law requires Lead Abatement Procedures for any new construction in a residence built before 1978. Lead paint is presumed to have been used before that time. Cutting and sanding paint can produce potentially poisonous dust and debris. There are contractors who specialize in this work. Please be advised that it is quite complicated and expensive. You may be able to

get a very rough estimate or range of costs over the phone. These contractors may give in-home free estimates.

It may not be possible to widen the doorway because the bathroom is too narrow. You still have other choices. You can repurpose a first-floor room to be a bathroom and place a free-standing shower/commode chair [or bedside commode] there. Special cleaners and deodorizers will help with these. Because wheelchairs and hydraulic patient lifts require wide pathways, some furniture may have to be moved or removed.

Your health insurance (including Medicare) will probably pay for a visit from an occupational therapist (OT). They will tell you which equipment you need for transfers. They can also show you how you can use it. Often used in the bathroom: grab bars in the tub, grab poles, a roll-in shower, toilet rails, knee space under a shallow sink. The OT is the expert.

## **MORE ABOUT MOVING AROUND IN YOUR HOME**

**Smooth floors** Having firm, smooth flooring makes rolling easier for walkers, wheelchairs, and patient lifts. It's also easier for crutches and canes. Thick carpet is much more difficult because the rubber caps of canes catch on fibers, and wheels sink in.

**Doorway** widths and the need for wide-enough halls have been mentioned earlier.

**Bathroom floor area** Most wheelchairs have a roughly five foot turning circle. Most bathrooms do not have this so the wheelchair rider usually has to back out. Woodwork may need to be protected.

## **THE KITCHEN**

If the wheelchair user is going to be doing the cooking, the kitchen will have to be adapted. Different people will need different adaptations. Your OT can make recommendations and your contractor can do the work. Your OT cannot recommend a contractor because of liability concerns. Some changes may be in counter height, knee space under a cooktop or sink, placement of knobs or controls, providing safety from fire and hot liquids. Your contractor can mount a bracket and track system on your kitchen wall. A molded countertop can be fastened securely to it for counter space, cooktop and sink to all be height-adjustable.

While it is an expensive alternative, it can be very useful to have a seat elevator or standing feature for power wheelchairs to access kitchens. Most insurances will not pay for these features.

While it is expensive and not usually covered by insurance, a residential elevator or a stair lift can be very helpful, giving access to floors above the main floor (also called the first floor).

### **NOTE: IF SOMEONE WITH LIMITED MOBILITY FALLS IN YOUR HOME**

People with disabilities can have standing and walking difficulties. If someone falls, quickly evaluate them (a strong flashlight can help). If you are sure that the person who fell is not injured, call the non-emergency situation EMS phone number. In Eugene, that is 541-682-5111. There may be help like this in other locations. The EMS (Emergency Medical Services) workers will come to your home to help get the person who fell into bed or a chair. A hydraulic patient lift can also be used. If you're not sure if the person who fell is injured, call 911.

Turn on the home's porch light if it is nighttime. Open the door that is ramped. Clear a path for their gurney/stretchers to where the person who fell is. (If needed, the attendants can carry the person with a soft sling to get around tight corners.) Find out where they are taking the person and meet them there.

*Material originated by Bruce Barney with editing and modifications from others.*

## **ADDITIONAL RESOURCES**

**CDBG (COMMUNITY DEVELOPMENT BLOCK GRANT)** – 541-682-5445 (in Eugene, OR). Community Planning and Design. May offer help with construction funding and with funding repairs.

**EUGENE BUILDING DEPT. (PLANNING AND DEVELOPMENT)** – 541-682-5086, 12-4pm, M-F

**LILA (LANE INDEPENDENT LIVING ALLIANCE)** – 541-607-7020, [lila@lilaoregon.org](mailto:lila@lilaoregon.org); [www.lilaoregon.org](http://www.lilaoregon.org). 20 E 13<sup>th</sup> Ave., Eugene, OR 97401. M-Th 9-4. Information and Referral, Advocacy, Peer Counseling, Skills Training, Transitioning to independent living.

**NON-INJURY PHONE FOR EMERGENCY MEDICAL SERVICES** – 541-682-5111 (in Eugene-Springfield, OR). They can get people up who have fallen.

**OREGON CONSTRUCTION CONTRACTORS BOARD** – 503-378-4621 main phone, 9-5, M-F. Fax: 503-373-2007. Email: [ccb.info@ccb.oregon.gov](mailto:ccb.info@ccb.oregon.gov)

**ONLINE: HomeServe blog:** “How to Make Your Home Accessible to People with Disabilities”

<https://www.homeserve.com/en-us/blog/how-to/disabled-accessible-homes/>

**GOOGLE Search**, e.g., “Wheelchair Ramp Rentals in \_\_\_\_\_ [insert your location]”

## **YOUR LOCAL PUBLIC LIBRARY**

“The Accessible Home: Designing for All Ages and Abilities,” Deborah Pierce, AIA, 2012. Taunton Press. (for inspiration)

“The Accessible Home: Updating Your Home for Changing Physical Needs,” 2003. Creative Publishing International. (Ideas for modifications and examples of how to do them. Detailed DIY information.)

“Home Accessibility: 300 Tips for Making Life Easier,” Shelley Peterman Schwarz, 2012. Demos Health. (Practical tips at a range of price points.)



*Above is a resource guide published by the Accessibility Task Force of the Unitarian Universalist Church in Eugene Community. We very much appreciate Bruce Barney (pictured on left), who originated this information based on his own personal experience and individual perspective. Also, thanks much to the editors, especially Sylvia Young.*

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