

Research In Focus: A Weekly Digest of New Research from the NIDILRR Community

Organizational partnerships may improve access to independent living services for people with disabilities

A study funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR).

For people with disabilities, access to services supporting their ability to live independently at home and in the community positively affects their quality of life. Centers for Independent Living (CILs) play a key role in providing people with disabilities access to these supportive services. CIL services can include information and referral services to housing and social support, assistance with home modifications, independent living skills training, disability advocacy, and benefits counseling. However, not all communities have easy access to a CIL and its services, particularly those in rural locations. Adding to the difficulty, prior research has shown that people in rural areas tend to have higher rates of disability and to age into disability faster than those in urban areas.

Lack of access to reliable, affordable transportation can be a significant barrier for people with disabilities to access needed services, and transportation options may be severely limited in rural communities. While some past research looked at how geography and access to transportation have impacted health outcomes, there has been very little research on how geography and access to transportation might impact independent living and use of CILs for people with disabilities.

A recent NIDILRR-funded study sought to fill this gap. Researchers used a type of geographic study called transportation network analysis to look at accessibility to CILs throughout the US and in specific states with large rural populations. A transportation network analysis is a method that looks how people or things move using infrastructure like roadways. The researchers wanted to see how travel distance affected access to CILs and their services and how many people might be impacted by lack of services. They also wanted to see whether access to other organizations in the community might improve access to services of, and offer opportunities for partnerships with, CILs.

Researchers from the [Rehabilitation Research and Training Center for Place-Based Solutions for Rural Community Living, Health, and Employment \(RTC: Rural\)](#) conducted a national transportation network analysis that included the mainland 48 states, with additional detailed analyses on Arkansas and Montana--states with significant rural areas. Researchers identified 643 CIL locations and used these locations as the points of origin for the study. Using networks of primary and secondary roads (i.e. interstates, state highways, and other major roads), researchers created travel bands, which are maps encompassing an area within which a person would have to drive up to 65 miles (50 miles with a 15-mile buffer to account for local roads) to reach the nearest CIL. They looked at how many centers were located in each region, and how many people were living within 65 miles of a center.

For Arkansas and Montana, based on input from key stakeholders, the researchers increased the travel band distance to 100 miles. Next, they looked at population density and rates of disability within these travel bands, using travel distances in 25-mile increments (i.e. <1-25 miles; 26-50 miles; 51-75 miles; 76-100 miles). In addition to analyzing access to the CIL, they also analyzed access to Area Agencies on Aging (AAA) in Arkansas and Montana. These agencies provide similar services to support older adults and people with disabilities.

Nationally, researchers found that the eastern region of the US generally had more people with disabilities living within the 65-mile range from a CIL than the western region. The people in the western region located within the 65-mile range tended to live in urban areas.

When they looked at results for the two rural states, they found that there were higher rates of disability in the areas where people had to travel longer to get to a CIL. When they looked at areas that also had an AAA, they found that more people lived within 100 miles of the AAA.

For Arkansas, the researchers found that:

- Within 25 miles of a CIL, the disability rate was 14.52%.
- Within 50 miles of a CIL, the disability rate was 16.75%.
- Within 75 miles of a CIL, the disability rate was 18.26%.
- Within 100 miles of a CIL, the disability rate was 21.20%.
- When adding AAA, there was a 30% increase in service access for people within 100 miles.
- When adding AAA, the number of people who lived more than 100 miles from the nearest IL service provider dropped from 116,074 to 3,279.

For Montana, the researchers found that:

- Within 25 miles of a CIL, the disability rate was 12.52%.
- Within 50 miles of a CIL, the disability rate was 14.48%.
- Within 75 miles of a CIL, the disability rate was 14.56%.
- Within 100 miles of a CIL, the disability rate was 15.84%.
- When adding AAA, there was a 10% increase in service access for people within 100 miles.
- When adding AAA, the number of people who lived more than 100 miles from the nearest IL service provider dropped from 17,357 to 4,889.

When reflecting on the results, the authors noted that the disability rate generally increases when the distance from services increases. This is despite a decrease in the overall population as the distance from services increases. People with disabilities who live 50, 100, or more miles from a CIL may not have full access to important services, if they only rely on services from CIL. Findings from this study suggest that having an AAA in a rural area may improve access to these services, indicating that cross-organizational collaboration between CILs and AAAs may be beneficial for increasing access to services for people with disabilities. The authors noted that lack of access to transportation remains a significant barrier for people with disabilities in rural communities who need these important services. They suggested that increased funding for rural transportation programs could support collaborations between CILs and AAAs to provide in-home services or develop innovative volunteer networks or voucher travel programs to improve access. While they acknowledged that not every person with disabilities will want or use CIL services, they suggested that this study offers insight into promising solutions for increasing access to crucial services to help people with disabilities maximize their ability to live independently in the community.

[To Learn More](#)

The RTC: Rural offers many resources for advocates in rural communities to help improve access to employment, community services, transportation, and accessible housing. Explore the [Rural Disability Resources Library](#).

Learn more about the geography of disability with these [maps and infographics](#) from the RTC: Rural.

People with disabilities can find services through their nearest [Center for Independent Living](#) and/or [Area Agency on Aging](#).

To Learn More About this Study

Johnson, K.B., Greiman, L., VonReichert, C., and Altom, B. (2021) [Exploring access to independent living services for people with disabilities through a transportation network analysis](#). Journal of Disability Policy Studies, 2021. This article is available from the NARIC collection under Accession Number J86936.

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