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Winning Poster: Campus Inclusivity: Student Experiences with Accessibility at FHSU

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Campus Inclusivity: Student Experiences with Accessibility at FHSU

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Literature Review

Students with disabilities, both documented and undisclosed, are increasingly enrolling in higher education.¹ Therefore, accessibility has become an important area of study. Previous research indicates that students associate accessibility and accommodations with discomfort disclosing to faculty, either due to stigma or fear of appearing unintelligent.² Experiences with accessibility also include spaces for diverse students to belong, resource and technological availability and finances, and responsibility.³ With college campuses continuing to become more diverse than ever before, we argue that understanding student experiences with accessibility is key in creating a more inclusive learning environment.

Methods

To conduct the Campus Inclusivity project (IRB #: 1530337-1), URE student researchers utilized qualitative methodology to examine undergraduate understandings of and experiences with accessibility at FHSU in their own words. Focus groups gave the students the freedom to talk with and ask questions of one another. Student researchers conducted five small focus group sessions during February 2020. Focus groups examined student explanations about their understandings and experiences on campus. We advertised through student daily email announcements, sidewalk chalking, campus signage, as well as word-of-mouth from FHSU faculty. Each focus group session was audio recorded, and student researchers took field notes and wrote post-session reflections. The researchers transcribed all audio recording and coded the transcriptions using Dedoose data analysis software.



Comfort

Comfort may seem like a broad term, but for our students, it encompasses the physical feelings and emotions of ease in learning. Students expressed discomfort disclosing their disabilities to faculty, friends, and peers. One participant expressed concern about potential recommendations for and acceptance into graduate school: “all these teachers are gonna be like, choosing that and I don't want to look stupid to them.” Students also need accessible classrooms. A participant described a friend's situation: “she had a problem reading the board and hearing the professor so she tried to get there early and sit in front of the classroom just so she could help herself,” explaining she felt embarrassed asking classmates to move if front row seating was occupied. Classroom comfort also included class size: “I had a class of almost 90 students and it's a lot harder to be able to focus in those types of classrooms. It was harder for me to get a little bit better understanding of things because you really don't have that one-on-one teacher.” Finally, students want to feel at ease with professors and classmates, able to ask for help, and feel heard: “it's kind of intimidating walking into a class that you don't feel comfortable in.” These elements combined make for a more accessible learning environment.

Resource Availability

Every focus group brought up the availability of resources as an imperative barrier to accessible learning. Students expressed importance of technological resources, mental and physical health resources, and finances. “There is [sic] times my roommate will forget to pay the internet bill... so we'll go 5 days or so without internet so, I have to go to the library...” Another participant believed financial difficulties could block people from having the resources they need: “my little sister, for example, she eventually got her financial aid return back and it was not at all what she wanted... she only has about half of her books she needs.” This financial barrier can affect more than supplies, as one participant expressed it can affect health, not only of individual students but of entire families. A student who recalled being worried about finances throughout his life and who relies on his chronically ill mother's insurance explained, “I try not to, like, go to doctor's appointments and stuff like that because I like to save her money. So that she can work on saving her own life.”

Findings

Diversity and Inclusion

Research supports the idea that racial and ethnic diversity enhances educational outcomes; this literature is generally separate from accessibility literature. When asked about accessibility, students who identified as minorities indicated that lacking spaces for belonging for diverse students affected their ability to learn. Students suggested that interaction at a multi-cultural center on campus could create an inclusive and peaceful experience for minorities, “somewhere that is like kind of like a safe place that's not like the library where you have to study or it's not at the dorms because there is quiet hours like it's somewhere everybody can come together and just have like talks with people, like different people um in our campus.” Another student agreed, “if they feel more at peace, it will be an easier learning environment.” Current models for accommodation do not adequately support this kind of inclusion, often focusing on labels and self-advocacy, leaving little attention directed toward the creation of inclusive spaces for all students to succeed. Students who did not identify as minority students did not address racial or ethnic inclusivity when discussing accessibility; we argue additional research needs to examine a more fully encompassing definition of accessibility.

Whose Responsibility?

Student expectations regarding self-advocacy, staff responsibility, and awareness of campus resources appear to be influenced by the Medical Model of Disability. Our data indicates that students overwhelmingly promote self-advocacy and assume most of the responsibility when it comes to accessible learning environments. One student said, “If someone is adamant that no one gets in their business, I mean, it's kind of on their head the results of it.” At the same time, students expect faculty and staff to undergo training in order to identify disabilities among their students, medically label them, and provide accommodations based on their individual requirements. Undergraduate students associate campus resource awareness with accessibility and are cognizant of many accommodation resources on campus, frequently mentioning services provided by the Kelly Center such as tutoring, counseling, and Title IX assistance. Students depend on FHSU to provide information about these resources, but at the same time, view accessibility as an individual issue and argue that FHSU cannot resolve every obstacle every individual may face.

Models of Disability

Much of the accessibility and accommodation literature relies on two models of disability, both of which relate to our research in a significant way. The Medical Model of Disability, also referred to as medical labeling, takes a biomedical approach to disability.⁴ It connects individuals to physical diagnoses and perceives and responds to disability as an individualized problem.⁵ In higher education, this model promotes student disclosure and self-advocacy, which allows for a response to the individual learner's needs. The Social Model of Disability is an alternative to focusing on individual impairments. This model identifies the systemic barriers that make it difficult for disabled students to succeed in their learning and strives to restructure educational environments so that all kinds of students can thrive in them. This idea promotes inclusion, not just disclosure and it brings attention to the need for collective political solutions. Matthews asserts that raising the awareness of key ideas of the disabled peoples' movement could lead to more inclusive higher education. We argue that exposing students to said ideas, such as the Social Model of Disability, would lift the burden of students' perceived responsibility to disclose and instead inspire them to look to institutional change as a more effective solution.

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