Campus Inclusivity: Student Experiences of Accessibility at FHSU

Rachel Moravek  
*Fort Hays State University*, rgmoravek@mail.fhsu.edu

Christy Craig  
*Fort Hays State University*, cmcraig2@fhsu.edu

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Campus Inclusivity: Student Experiences with Accessibility at FHSU
Rachel Moravek, Shelby Wiesner
Faculty Supervisor: Dr. Christy Craig

Literature Review
Students with disabilities, both documented and undisclosed, are increasingly enrolling in higher education. 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. Experiences with accessibility also include spaces for diverse students to belong, resource and technological availability and finances, and responsibility. 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), URE student researchers utilized qualitative methodology to examine undergraduate understandings of accessibility 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 chalkings, 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
Every focus group brought up the availability of resources as an imperative barrier to accessible learning. Students emphasized the importance of both physical and mental health resources, and finances. “There is [sic] times my roommate won’t 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 back return 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 their stress levels. “Not only is it financially taxing on their families. A student who recalled being worried about finances throughout his life and who relies on his chronically ill mother’s insurance.” 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.

Resource Availability
Finding
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. It connects individuals to pathological diagnoses and perceptions and responds to disability as an individualized problem. 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. The Social Model promotes inclusion, not just disclosure and it brings attention to the need for collective political solutions. Matthews argues that raising the awareness of key ideas of the disabled peoples’ movement could lead to more collective 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.

Works Cited

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