

Examining ADA Accessibility Compliance in CDD Design: Challenges and Solutions for Inclusive Spaces

Haley Sharp, BS, Master of Healthcare Administration Student

Kaitlyn Fuerst, BA, Master of Healthcare Administration Student

Research Mentor and other collaborators:

Karen Hammar, MHA, MOT, OTR/L, FACHE

Objective:

Throughout this research journey, it was important for us to assess and provide recommendations for the accessibility of the University of Iowa Health Care's Center for Disabilities and Development's CDD facility and evaluate how it compares to compliance with the Americans with Disabilities Act (ADA) to enhance patient experiences and healthcare outcomes. This was done by identifying structural and technological barriers within the CDD. The project aimed to create a more inclusive environment for patients with mobility, sensory, and cognitive impairments, as well as for any individual entering the facility. The ultimate goal is to provide actionable recommendations to improve ADA compliance and universal design principles in the CDD building, ensuring better access for all patients.

Method:

A literature review was conducted to gather all relevant information on ADA accessibility compliance in healthcare facilities. This review focused on best practices, universal design principles, and necessary structural modifications to improve accessibility. Databases such as PubMed, Google Scholar, CDC, the U.S. Access Board, and the ADA website were used to identify recent studies and guidelines. Key search terms included "ADA compliance in healthcare," "accessible patient rooms and bathrooms," and "improving patient experience with ADA compliance."

Inclusion criteria focused on finding helpful toolkits, guides, checklists, and articles published within the last 10-15 years to ensure the relevance and reliability of the findings. A review matrix was used to track and categorize articles based on their relevance to accessibility improvements in healthcare environments.

The findings from the literature review were applied to conduct a facility audit of the CDD building. This audit focused on evaluating the physical environment—entrances, patient rooms, restrooms, elevators, and waiting areas—while also reviewing what could be utilized for digital accessibility features like patient portals and communication systems. The audit aimed to

identify key accessibility needs for the current CDD building and highlight where improvements need to be made to make this building accessible for everyone.

Results/Conclusion:

The findings highlight several key recommendations to enhance accessibility within the CDD building for UI Health Care. Automatic door openers should be installed at all primary entrances, with push plates positioned at accessible heights to improve entry for individuals with mobility impairments. At least one restroom per floor should feature an adult-sized changing table, ensuring privacy and sufficient space for maneuverability. To reduce sensory overstimulation, facilities should incorporate noise-absorbing materials such as acoustic panels and ceiling tiles while maximizing the use of natural light. Additionally, high-contrast visual elements, including large fonts and color schemes like white on black or yellow, are essential to improve readability for all visitors. Finally, a designated accessibility front desk at the main entrance is recommended to provide wheelchairs, interpreter services, and navigation assistance, further supporting an inclusive environment.

References:

BraunAbility. (n.d.). ADA compliance in schools and education. BraunAbility. Retrieved April 10, 2025, from <https://www.braunability.com/us/en/blog/disability-rights/ada-compliance-schools-education.html>

Centers for Disease Control and Prevention. (n.d.). Resources for facilitating inclusion and overcoming barriers. CDC. Retrieved April 10, 2025, from <https://www.cdc.gov/disability-inclusion/resources/index.html>

Centers for Medicare & Medicaid Services. (2023). Modernizing healthcare to improve physical accessibility: A primer for providers. Retrieved April 10, 2025, from <https://www.cms.gov/files/document/cmsmodernizinghealthcare.pdf>

DisabilityHelp.org. (n.d.). 10 best practices for accessibility in healthcare facilities. DisabilityHelp.org. Retrieved April 10, 2025, from <https://www.disabilityhelp.org/10-best-practices-for-accessibility-in-healthcare-facilities/>

Facility design starter kit. (2023). Squarespace. Retrieved April 10, 2025, from https://static1.squarespace.com/static/5d79d3afbc2a705c96c5d2e5/t/651ad23a27dde672bfe3e097/1696256573117/Facility+design+starter+kit_vOct2023.pdf

Infrastructurist. (n.d.). Healthcare facilities: Building for accessibility and efficiency.

Infrastructurist. Retrieved April 10, 2025, from <https://infrastructurist.com/healthcare-facilities-building-for-accessibility-and-efficiency/>

Know the ADA. (n.d.). Implementing ADA standards in healthcare facilities and hospitals. Know the ADA. Retrieved April 10, 2025, from <https://know-the-ada.com/implementing-ada-standards-in-healthcare-facilities-and-hospitals/>

U.S. Access Board. (2002). ADA accessibility guidelines (ADAAG) 1991-2002. Retrieved April 10, 2025, from <https://www.access-board.gov/adaag-1991-2002.html>

U.S. Department of Justice. (n.d.). ADA regulations and guidance. ADA.gov. Retrieved April 10, 2025, from <https://www.ada.gov/law-and-regs/ada/>