

FACILITATORS OF AND BARRIERS TO TRAVEL FOR  
PEOPLE WITH SPINAL CORD INJURY

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## Facilitators of and Barriers to Travel for People with Spinal Cord Injury

**Objective:** There has been increasing research on understanding the facilitators of and barriers to participation of individuals living with spinal cord injury (SCI) since 2001 when International Classification of Functioning, Disability and Health was endorsed by the World Health Organization<sup>1-3</sup>. However, facilitators and barriers that are specific to travel have never been systematically studied. Since travel is often necessary for work, school, personal business, and family vacations, understanding facilitators of and barriers to travel is pivotal to community reintegration after SCI. This study attempts to empirically examine the magnitude of travel facilitators and barriers to people living with SCI.

**Design/Method:** The study has two phases of data collection: qualitative interviews that have generated a list of 14 facilitators and 19 barriers, and quantitative data collection through telephone surveys. Results reported in this presentation is from quantitative data collected to date from 130 people enrolled in the Rocky Mountain Regional Spinal Injury System. The barriers were measured on a 4-point scale where 0="no problem at all" to 3="a big program", while the facilitators were measured on a 5-point Likert type scale where 1="no help at all" to 5="helps very much."

**Results:** Results show the top five travel barriers are (in order): 1. "*people who can walk occupying handicap parking space*" (M=1.6, SD=1.2); 2. "*bathroom that is too tight for maneuvering a wheelchair*" (M=1.5, SD=1.1); 3. "*finding out a place is inaccessible while you were told it was accessible*" (M=1.33, SD=1.1); 4. "*indoor places you go to being crowded with furniture or people*" (M=1.24, SD=1.0), and 5. "*inadequate curb cuts/ramps/elevators where you travel*" (M=1.12, SD=1.0). The top five factors that facilitate an individual's travel experience are (in order): 1. "*having your own vehicle*" (M=4.61, SD=.99); 2. "*your ability to problem solve during travel*" (M=4.55, SD=.84), and "*friendly people who are respectful and willing to help*" (M=4.55, SD=.80); 3. "*having a well-planned trip beforehand*" (M=4.43, SD=1.0), and 4. "*having people to travel with you*" (M=4.42, SD=.99).

Respondents who traveled 50+ miles away from home and stayed overnight in the past 2 years (88%) are grouped into frequent travelers (those who traveled 5 or more times=41%) and infrequent travelers (traveled <5 times=59%). Results show there is no significant difference between the two groups in terms of perceived travel barriers. However, frequent travelers thought "*ability to problem solve during travel*" and "*Smartphone*" were significantly more helpful than infrequent travelers did.

**Conclusion:** The study confirms the importance of accessibility to people living with SCI in their participation in travel-related activities. More importantly, results empirically demonstrate the magnitude of the barriers of public's ignorance about accessibility and disability rights. Furthermore, the barriers are the same to frequent and infrequent travelers. However, while respondents think many factors can facilitate their travel experiences, ability to problem solve and smartphones are found to be more helpful by frequent travelers. Clinicians should focus more on problem-solving skill training to people with SCI.

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## References

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Objective: There's been increasing research on studying the facilitators of and barriers to participation of individuals living with spinal cord injury (SCI) since 2001 when International Classification of Functioning, Disability and Health was endorsed by the World Health Organization (1-3). However, facilitators and barriers that are specific to travel have never been systematically studied. Since travel is often necessary for work, school, personal business, and family vacations, understanding facilitators of and barriers to travel is pivotal to community reintegration after SCI. This study attempts to empirically examine the magnitude of travel facilitators and barriers to people living with SCI.

Method: The study has 2 phases of data collection-qualitative interviews that have generated a list of 14 facilitators and 19 barriers, and quantitative data collection through telephone surveys. Results reported here is from quantitative data collected to date from 130 people enrolled in the Rocky Mountain Regional Spinal Injury System. The barriers were measured on a 4-point scale with 0="no problem at all" to 3="a big program", while the facilitators were measured on a 5-point Likert-type scale with 1="no help at all" to 5="helps very much."

Results: The top 5 travel barriers are (in order): 1. "people who can walk occupying handicap parking space" (M=1.6, SD=1.2); 2. "bathroom that is too tight for maneuvering a wheelchair" (M=1.5, SD=1.1); 3. "finding out a place is inaccessible while you were told it was accessible" (M=1.3, SD=1.1); 4. "indoor places you go to being crowded with furniture or people" (M=1.24, SD=1.0), and 5. "inadequate curb cuts/ramps/elevators where you travel" (M=1.1, SD=1.0). The top 5 factors that facilitate an individual's travel experience are (in order): 1. "having your own vehicle" (M=4.6, SD=.99); 2. "your ability to problem solve during travel" (M=4.6, SD=.84), and "friendly people who are respectful and willing to help" (M=4.6, SD=.80); 3. "having a well-planned trip beforehand" (M=4.4, SD=1.0), and 4. "having people to travel with you" (M=4.4, SD=.99). Respondents who traveled 50+ miles away from home and stayed overnight in the past 2 years (88%) are grouped into frequent travelers (traveled 5 or more times=41%) and infrequent travelers (traveled <5 times=59%). Results show there is no significant difference between the two groups in terms of perceived travel barriers. However, frequent travelers thought "ability to

problem solve during travel” and “Smartphone” were significantly more helpful than infrequent travelers did.

Conclusion: The study confirms the importance of accessibility to people living with SCI in their participation in travel-related activities. More importantly, results empirically demonstrate the magnitude of the barriers of public’s ignorance about accessibility and disability rights. While barriers are the same to frequent and infrequent travelers, ability to problem solve and smartphones are found to be more helpful by frequent travelers. Clinicians should focus more on problem-solving skill training to people with SCI.