

Universal Design and Community Health

Otto Rogers

To the Editor—I scanned the July/August issue on Promoting Healthy and Sustainable Communities and could not find anything in it on a subject near and dear to my heart: universal design. The simplest way to implement universal design is to build with handicapped users in mind. It is very inexpensive to build using universal design, whereas it can be very expensive to adapt an existing structure.

At least a part of community health promotion is keeping people in their homes when they become handicapped. As a retired emergency physician, I long ago lost count of the number of patients I took care of who could not return to their homes because of structural design flaws in their homes. Had they only considered simple changes when they built or purchased their home, they would have been able to stay there for many years after they became handicapped.

Then there is the problem of community space. Because my wife is in a wheelchair from childhood polio, I have also seen firsthand the large number of barriers that have not come down, or been removed, in spite of the Americans with Disabilities Act (ADA) having been in place for 20 years. Although individual buildings or developments may be ADA-compliant, my wife oftentimes must go from one com-

mercial development to another in a street full of cars. Try that in a wheelchair! Neighborhoods do not connect, most homes have no handicap access, large parking lots force those in wheelchairs to fend for themselves, and parks seem to be planned for cars.

The North Carolina State University School of Design has been a pioneer in universal design. They are a valuable resource. Please consider adding their expertise to community development. When the ADA was passed in the early 1990s, there were an estimated 40 million Americans with some kind of disability. As we age, our chances of becoming handicapped greatly increase. **NCMJ**

Otto Rogers, MD Cameron, North Carolina.

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Address correspondence to Dr. Otto Rogers, 318 N. Horse Carriage Lane, Cameron, NC 28326.

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