



**BSc in Psychology**  
**Department of Psychology**

Discovering a New Way of Life After an  
Accident or Illness:  
Accessibility for Disabled Individuals in  
Icelandic Society

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## **Foreword**

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

This thesis was completed in the Spring of 2021 and may therefore have been significantly impacted by the COVID-19 pandemic. The thesis and its findings should be viewed in light of that.

### Abstract

The main goal of this study was to get a general overview of the status of accessibility for disabled people in an unfamiliar environment. This was done from the participants point of view. The focus of this qualitative study was to find out if there were any specific facilities and areas that were lacking in our society in regard to accessibility. Also, to get perspective from disabled people concerning potential solutions. Four of the participants in this study were disabled due to accidents. The other two participants were non-disabled individuals working in the field of constructing or designing environments for disabled people. Qualitative unstandardized interviews were conducted with each participant and analyzed afterwards. The results showed a general consensus between participants' views and experiences of their environment. Some facilities and areas were more problematic than others, and as for solutions, participants agreed on the fact that an increase in awareness, visibility, and general knowledge of disability could have a positive effect on their future in our society. By improving on those three factors, the hope was that acceptance and accessibility for disabled people would increase, resulting in a better quality of life for people with disability.

*Keywords:* disability, accessibility, environment

### Útdráttur

Aðalmarkmið rannsóknarinnar var að athuga stöðu aðgengis fyrir hreyfihamlað fólk í nýju umhverfi. Þetta var gert út frá sjónarhorni þátttakenda með eigindlegri rannsókn. Lögð var áhersla á að komast að því hvort það væru einhverjar sérstakar stofnanir eða svæði sem höfðu verra aðgengi en aðrar ásamt því að fá sjónarhorn hreyfihamlaða aðila um mögulegar lausnir á vandamálum tengd aðgengismálum. Þátttakendur í þessari rannsókn voru fjórir einstaklingar sem urðu hreyfihamlaðir eftir sly og tveir einstaklingar sem vinna við að hanna eða byggja umhverfi fyrir fatlað fólk. Óstöðluð viðtöl voru framkvæmd með hverjum og einum þátttakanda og greind eftir á. Niðurstöður leiddu í ljós samstöðu í framsögn þátttakanda hvað varðar skoðanir og reynslu þeirra á umhverfi sínu. Sumar stofnanir voru verr staddar en aðrar, og hvað varðar lausnir þá voru þátttakendur sammála um að aukning í sýnileika, skilning og vitundarvakningu gæti haft jákvæð áhrif á framtíð þeirra í okkar samfélagi. Með því að bæta þessa þrjá þætti gæti vaknað um von um að samþykki og aðgengi fyrir alla myndi skána með þeim afleiðingum að líf hreyfihamlaðra verði betra í heild sinni.

*Efnisorð:* hreyfihömlun, aðgengi, umhverfi

## **Discover a New Way of Life After an Accident or Illness: Accessibility for Disabled Individuals in Icelandic Society**

According to WHO (World Health Organization), there are one billion people around the world that have a disability (World health organization, n.d.-a). Disability is a concept that is used to describe a wide range of sensory, behavioral and mobility impairments (Lagu et al., 2013). Accurate and thorough research data on disabled people in Iceland can be difficult to find and the reason for that might be that Icelandic researchers have focused mainly on disability pensioners, instead of researching the general disabled public (Rice & Rannveig Traustadóttir, 2011). According to the traditional medical model of disability, being disabled means that one or more of your body functions are impaired in a way that it impedes with daily activities (Sharby et al., 2015; World health organization, n.d.-b). Disability is also individualized which adds to the complication of receiving the correct and appropriate diagnosis, treatment, and assistance. Factors such as employment, financial security, health care, accessibility, and education are easy to take for granted as a non-disabled person. A study has shown that people with disability do not have the same opportunities as non-disabled people when it comes receiving or reaching those factors (McColl, 2005). Rice & Traustadóttir (2011) found out in their research that disability pensioners had considerably lower income than the general public and many of their participants reported that they were struggling to make ends meet every single month. According to the Bureau of Labor Statistics in the U.S (2020), 14.7% of disabled people are unemployed even though they have expressed interest in being employed. Furthermore, 19% of those who are diagnosed with a severe disability live in poor financial environment and are considered to be the poorest, the least educated members of society (Rice & Rannveig Traustadóttir, 2011; Yee, 2021). Barriers such as a lack of wheelchair accessibility, stigma, prejudice and oppression in the environment are examples of barriers that enforce impairments that disabled people are

already dealing with (Iezzoni, 2011). It is therefore critical for the well-being of disabled people around the world to address those barriers. Society might be able to make disabled people feel more included by maximizing access and services for the disabled and decreasing negative attitudes by increasing the knowledge and understanding of the general public (Centers for Disease Control and Prevention, 2013).

### **Accessibility**

The term accessibility is defined by making something usable, reachable and understandable by as many people as possible (Cambridge Dictionary, n.d.). When designing and building a modern environment, accessibility is one of the most important element in order to be able to increase activity for disabled people (Eisenberg et al., 2017). Still, there are certain environments, such as facilities, gyms, and parks, designed in a way which makes them unusable to many people, especially disabled people. As a consequence, changes in environmental designing and building are desperately needed in order to increase the overall activity and health in the disabled population (Fox et al., 2014).

Being able to receive proper health care is one of the pillars of living a healthy, happy life (Rice & Rannveig Traustadóttir, 2011). That is why it is important to be able to depend on easy access to appropriate services and the expertise of health care workers regarding their patient's perhaps complex medical condition. Many people with disabilities have expressed their dissatisfaction with the general health care in the United States. They felt as they were not being listened to because of their disability and as a result some felt de-valued and disrespected by health care workers (Iezzoni, 2006). According to R. Traustadóttir & J. Ingólfssdóttir (2010), Icelandic parents of disabled children have reported that they needed to stand up to the health care system in Iceland in order to receive their lawful rights regarding the care of their children. However, studies abroad have shown that the main barrier in which

people with disabilities experience in health care is the lack of physical access and equipment (Morrison et al., 2008).

In a focus group study conducted by Morrison et al. (2008), they looked into the experience people with disabilities had both with provision of health care workers and when receiving general health care. Focus group members consisted of people with multiple disabilities and they agreed on three primary concerns in regards of receiving care which were lack of preventive care, financial barriers, and dissatisfaction with the care they received. Regarding provision of care, the main complaint was the physical accessibility, or the lack thereof. In addition, they also found that health care providers generally lacked training, resources, and equipment to properly treat their variety of medical conditions. When they asked the providers of care the same questions, they found very similar results as health care workers generally considered themselves not qualified enough to provide appropriate care for people with disabilities.

A study on the accessibility to health care was conducted on-site of health care institutions in California (Mudrick et al., 2012). The study revealed only few sites that were physically and structurally capable to provide access to people with disability. Wheelchair accessible equipment is crucial to be able to provide care to those who suffer from severe physical limitations. Nonetheless, the study reported that only 8.4% of the facilities had adjustable exam tables and only 3.6% had a wheelchair accessible scale (Mudrick et al., 2012). Facilities that do not have the appropriate equipment available might be considered discriminative against those who need the equipment and are therefore adding another stress-factor to the lives of disabled people who are already fighting against the odds.

### **Physical activity**

It has been known to mankind for some time that physical activity is a crucial factor for general well-being (Rimmer, 2005). According to Buffart et al. (2009), a higher quality of

life is one of the benefits of physical activity for disabled people. In this study, researchers submitted a questionnaire for 51 participants where 55% of them were in a wheelchair. The results of this study found that people with higher physical activity on a daily basis had less difficulties in taking part in all kinds of daily activities such as housekeeping, personal care and mobility.

The correlation between disability and physical activity has been researched vastly throughout the years. Firstly, 11.6% of U.S. citizens reported having a disability, in which 5.8% of those were mobility impairments (Patrick et al., 2009). Secondly, around half of those disabled adults were reportedly physically inactive (Centers for Disease Control and Prevention, 2007). In addition, adults that do not have any disabilities are less likely to be physically inactive in comparison to adults with disabilities (Fitzmaurice et al., 2011). Even with these results, where the importance of physical activity is greatly enhanced, inactivity and its prevalence remains at a high rate throughout the world and does not differ between the types of disabilities (Centers for Disease Control and Prevention, 2013). Furthermore, by increasing accessibility, we as a society might make it easier for disabled people to become more physically active (Centers for Disease Control and Prevention, 2014). With that in mind, the research question became: “What is the overall status of accessibility for disabled individuals in our society, which areas are worse off than others and what can we as a society do to fix it?”

## **Method**

### **Participants**

Disabled participants in this study were found using a snowball sampling method. The selection criteria for participants were physical disabilities due to an accident or illness that hindered them in one way or another in the environment in modern society in their own opinion. Non-disabled participants were chosen based on their experience, occupation, and

education on disability in Icelandic society, the criteria being that they were currently working in the field of improving accessibility for disabled people in one way or another. The age or gender of the participants was not a deciding factor in the choice of participants for this study. Age of participants ranged from 23-42 years ( $M = 33$ ) and the gender proportion was equal, with three female and three male participants. Interviews were conducted at a place of the participants choosing and were recorded on a voice recorder. Each disabled participant was asked at the end of the interview if they could recommend another person to be interviewed for this study. The names of the participants were altered in order to keep anonymity. Disabled participants were the following:

**Magnea Þórsdóttir**, a 30-year-old female in a wheelchair due to spinal cord injury as a result from an accident.

**Kristján Arason**, a 27-year-old male who lost his eyesight at the age of 20 due to genetic disease.

**Þórður Halldórsson**, a 40-year-old male in a wheelchair due to spinal cord injury as a result from an accident.

**Klara Karlsdóttir**, a 23-year-old female in a wheelchair due to spinal cord injury as a result from an accident.

Non-disabled participants were contacted via email after extensive research on their experience. Four individuals were contacted and two were able to participate in this study.

The participants were the following:

**Alma Björg Friðþjófsdóttir**, a 42-year-old head of a service center, disability support, and counseling department.

**Björn Gunnarsson**, a 38-year-old director of the planning department for the disabled for the city of Reykjavík

## **Materials**



Materials used in this study was an unstandardized frame of questions in a qualitative interview (see appendix A). As the interview frame was unstandardized, some questions might have not been asked, and other questions might have been added during the interviews in accordance with the participant's narrative. The questions in the interview frame were written down in January with the aim of giving participants freedom to choose what they want to discuss and reveal within the objective of this study. Data from the interviews was recorded on a voice recorder app on a mobile device. Participant's narrative was then written and interpreted.

### **Research design**

This study was qualitative. The conducted interviews were unstandardized, and the results are subjective, which means that variables cannot be numerically defined. The main objective was to learn more about the general status of accessibility for disabled people in our society; whether there were any specific facilities or areas worse than others regarding accessibility and if so, how can society make it better? As the study continued, discrimination, common knowledge about disability, and acceptance became important factors in this study.

### **Procedure**

Interviews were conducted between April and May 2021. The specific date and location of the interviews were chosen by the participants in agreement with the researcher. Some participants chose to carry out their interviews in their own home, some chose their workplace and others chose to answer questions through an online meeting. All interviews were anonymous and recorded on a mobile device. The length of the interviews varied between 25 and 52 minutes ( $M = 38$  minutes).

### **Data analysis**

All data was recorded and written down in a document following each interview. Relevant and important findings were specially marked and noted in the process of writing the data. As the number of interviews increased, the focus shifted onto findings that were similar between participants. During that process, three main themes emerged which are acceptance, discrimination, and accessibility. Based on those three themes, research questions regarding the lack of accessibility and probable solutions were answered and diagnosed with the following results.

## **Results**

**Acceptance and discrimination.** Acceptance and discrimination were topics all participants talked about. These topics seemed to go hand in hand, appearing in the interviews at the same time, while contrasting each other. All participants agreed that the first few years following their accidents they struggled with simple things such as getting out of the house and going to public places in fear of being judged. For example, Magnea stated that *“when accessibility is not up to par, I feel singled out and not welcomed”*. Þórður talked about the fact that even though he was 26 years old when the accident happened, and despite being a fully grown adult at the time, the worst part about being in a wheelchair was the feeling of being left out in public places. Even today Þórður still feels like he is being left out due to his disability, almost 20 years after his accident.

Based on these results, this kind of rejection disabled people experience daily seems to have been evident for a long time. Alma stated in her interview that *“while progress in regard to attitude towards disability is seemingly improving, society still has a lot to improve on and learn from. Especially when the term “rejection” is considered to be the antonym of the term “acceptance”*”. On top of that, Björn mentioned the psychological effects of experiencing constant rejection, and that they can have a significant impact on an already fragile group of people, especially on their mental health. Þórður stated that even though he

considers himself as a well-established and mentally tough person, the constant rejection he has experienced for the last 20 years has had a serious impact on his mental well-being, and is still affecting him today. According to these statements, acceptance is an important factor in people's well-being in public.

The discrimination that came forward in most of the interviews was more hidden behind the fact that participants did not feel accepted by their peers and therefore, felt discriminated against. None of the participants mentioned experiencing any direct discriminatory expressions. However, some of their statements and past experiences can be interpreted as discriminatory, especially when participants used terms as “disrespected”, “pitied” and “humiliated” to describe their feelings during some situations. For example, Kristján stated that he did not want to use a cane to assist him on his daily activities in public places because people tended to vocalize their pity for him and assume that he can do less because he is blind, and offering him assistance when he clearly did not need it. All four disabled participants mentioned having experienced increased pity from people as a result from their accident or illness. Based on the participants' experiences, pity seems to be a common way for non-disabled people to use for communication, perhaps unconsciously, and without realizing that they might be disrespecting or humiliating the person they are talking to. In addition, participants agreed on the fact that people and society had much lower demands for their overall actions in life after their accident, in comparison to their life before. One stated that she gets constantly complemented for doing basic things, such as going to the grocery store, and as a consequence, she feels disrespected and humiliated. On top of that, Þórður emphasized on the fact that in reality, not having appropriate accessibility for everyone is very disrespectful and dismissive, and therefore discriminatory.

These terms might be considered to be aggressive. However, Alma stated that *“we as a society need to be prepared to face the consequences of our actions, consciously or not, in*

*order to be able to learn from our mistakes and improve*". Her statement is a testament of a healthy outlook that many people might need to adapt to, so as to achieve a better, more acceptable society for everyone in the future.

**Accessibility.** The main focus of this study was to find out the status of accessibility in Iceland. Based on the participants' experiences, the status of accessibility for disabled people in Iceland is insufficient in many ways. Some progress has been made for the last decade or so, however, it seems like there is a lot of work that needs to be done in for everyone to be properly included in our society. For example, swimming pools in Reykjavík received the most negative comments. Participants pointed out that most of the swimming pool institutions were missing overall accessibility for disabled people regarding assistive equipment such as lifts, wheelchair accessibility and aquatic wheelchairs.

Klara stated that one of the reasons for this shortfall of accessibility is that non-disabled people design the environment without having first-hand experience of what needs to be done for disabled people. She gave an example of buildings that claim they have wheelchair accessibility without realizing that for instance the threshold into the elevator is too high for some wheelchairs to cross. In fact, all participants mentioned such thresholds in their interviews. They are generally too high for people in wheelchair to be able to cross without help. When asked about the main obstacles disabled people experience in our society today, Þórður answered that large thresholds and steps into the first floor are currently the main man-made obstacles that exist. Björn's statement about building regulations confirms that. According to building regulations in Reykjavík, thresholds for emergency exits should not be higher than 2,5cm. However, when participants hear this, they get disappointed and confused, since this threshold criteria is considerably high, especially in the case of emergency. Furthermore, the regulations do not mention the preferred height for thresholds for non-emergency exits. That gives contractors space to design and build their project the

way they see fit, without having to take proper wheelchair accessibility into consideration, either consciously or unconsciously. That might be one of the reasons for the lack of accessibility that currently lingers in our society.

Additionally, according to Þórður's statement about building regulations, all buildings that have been built since the year of 1979 should be wheelchair accessible. Þórður claimed that he and his organization for people with spinal cord injuries, called *SEM*, have sued buildings that have been in breach of those regulations. However, those charges have not been successful yet. He also pointed out the fact that the people who oversee that buildings are following these regulations are independent contractors. In order for regulations to be followed correctly, Þórður feels that a neutral third party should conduct those inspections. In addition, he feels that consequences for not having acceptable accessibility are not serious enough, taking the example that restaurants cannot be open for business if their fire alarm system is not set up correctly. However, they are allowed to open up for business even though their wheelchair accessibility is poor or even non-existent. He feels as though if the consequences were more severe, more businesses such as restaurants and shops would be forced to upgrade their housing and make their buildings more accessible. Magnea talked about this subject as well. She expressed her frustration dealing with restaurants and shops in Reykjavík. She had been in a few situations where she called businesses to check if they had accessibility for everyone and they claimed that they do, without realizing that they in fact, did not. They either had steps or heavy doors that are easy for non-disabled people to use, but impossible for people in wheelchair to maneuver around.

Þórður made an interesting point regarding this matter. He has traveled a lot in the United States and claims that people in wheelchairs get tremendous amount of respect from non-disabled people there and would therefore not have to deal with the lack of trust towards institutions. According to him, the reason for that is the military service. Many non-disabled

Americans automatically assume that disabled people are in a wheelchair as a result of serving their country. Because of this, accessibility, respect and understanding towards people in wheelchairs are considerably more evolved in the United States than in Iceland. Þórður made this statement whilst he pointed out the fact that Iceland does not have a specific military service. That might be one of many reasons for the lack of knowledge, understanding and overall ability to improve the lives of disabled people in Iceland. For instance, Magnea expressed in her interview that the best part about living in an apartment building is the fact that children in her neighborhood are growing up around a person in a wheelchair. Those children have been come accustomed to the sight of a person in a wheelchair and will therefore most likely be more understanding and helpful towards disabled people in their future. That is a prime example of what increased visibility can do for our society and generations to come.

Magnea made a powerful statement regarding that she never knew how bad accessibility for everyone really is in our society until she was in a wheelchair herself. Alma also touched on this subject, stating that “*it is hard to realize how important proper accessibility really is without having experienced it yourself*”. Various questions regarding accessibility awakened while reading their statement. Questions like; would accessibility be greater if disabled people had participated in the design of the environments and buildings mentioned earlier in this study? Do we really need to experience disability ourselves or through a loved one for improvements to be made in the future? The Icelandic society needs to face the reality. The fact is that we are not as advanced as we claim to be regarding accessibility for everyone.

### **Discussion**

The results of this study showed that participants had similar views and experiences regarding accessibility in Iceland. The general conclusion was that accessibility is somewhat

lacking, especially in comparison to other countries such as the United States. Participants pointed out different institutions such as health care facilities, fitness centers, restaurants, and bars in downtown Reykjavík.

The main objective and results of this study revolved around accessibility, the well-being and general acceptance of disabled people in our society. Accessibility is only a small part of what those terms stand for. Disabled people already have many disadvantages handed to them in life. It is therefore extremely important that everyone contributes to the goal of making their life easier and more equal to us who are not disabled in any way we can.

Based on previous studies and participants' experiences in this study, most people want to make everyone feel welcomed and safe but might lack the skills and knowledge to be able to achieve that (Rice & Rannveig Traustadóttir, 2011). The consequences for not achieving equality for everyone can result in some disabled people hiding inside their comfort zone, not wanting to experience new things, being afraid to visit new places, and socially constraining themselves, to name a few. In this study, interviews were conducted with three participants in a wheelchair and one participant who had gone blind. Even though they had different disabilities, they agreed that they chose to stay at home rather than risking going to unfamiliar situations. What's worse, is that three out of four disabled participants talked about the lack of trust they have towards organizations in Reykjavík. Like results suggest, there are some restaurants and shops for example that claim that they have accessibility for everyone when in fact, they do not. The consequence of that kind of disparity results in an overall lack of trust towards unfamiliar institutions that claim they have proper accessibility.

When asked about solutions, participants were somewhat in agreement in relation to what can be done in our society to improve accessibility, knowledge and, understanding about the needs of disabled individuals. First, building regulations are under constant re-

evaluation and for accessibility to improve drastically, all new buildings and neighborhoods that are currently under construction should follow up-to-date guidelines concerning disability accessibility such as ramps, thresholds etc. Those who do not follow these guidelines in any way should face consequences and those consequences need to be significant enough to be taken seriously, in which they are currently not, according to the results of this study. Reassessments and follow-ups on these guidelines and buildings should also be administered on a regular basis. This proves that there is definitely room for improvement in our society when it comes to accessibility.

Second, all four participants mentioned a lack of knowledge in our society concerning disability. Their suggestion for a solution for this problem was simple: increase education and awareness among people of all ages. Increase the number of public speakers in primary, middle and high schools, in workplaces and in the media. By doing so, knowledge about things such as the need for proper accessibility might increase and discrimination, rejection and ignorance, might decrease with time. In addition, participants pointed out that even if you are non-disabled today, there is no guarantee that you will continue to live that way. Something can always come up along the way, and if there were anything to happen to you or your family member, you would prefer society to be ready to welcome you, no matter what kind of state you are in.

Currently, some people in our society suffer from ignorance and lack of farsightedness regarding accessibility and the future development of accessibility. Those people might think that they are saving money by not investing in proper accessibility when in reality, having poor accessibility is more expensive in the long term. Being proactive in the early stages of construction regarding accessibility, and by investing in proper accessibility as soon as possible would be beneficial for everyone in society. Reacting to complaints afterwards and having to make changes in the environment once construction is finished



could cost more than simply having proper accessibility a part of the original construction plan.

Finally, one of the most obvious solution that participants suggested is increasing visibility for disability. They consider that to be an easy first step in the process of raising awareness, knowledge and understanding and by increasing visibility, disability might become more of a “normal” part of our society in the future.

By focusing on those three main solutions participants mentioned; re-evaluation of building regulations, increase in knowledge and visibility, accessibility might improve overall in our society. One positive side of conducting studies like these, is that we get an insight of what it is like to live as a disabled person in our society. We might not get the same results from using standardized questionnaires and analyzing data. Studies like these provide us with such imperative information that is extremely important for future growth and improvements. The limitations of performing a qualitative research such as this study, is that the sample size is small, and thus the results can be unilateral. However, this study revealed a unique perspective on accessibility in Iceland, and is something that has not been published in a extensive amount so far. If research regarding this matter lead to a better society for everyone in any manner, most people would consider it to be worth it. It would be interesting to conduct a quantitative research similar to this study and compare the results. It is therefore hoped that future generations will conduct more studies on the matter with relevant improvements following.

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## Appendices

## Appendix A – Interview frame

1. Viltu byrja á því að segja mér aðeins frá þér og þínu lífi? (viltu segja mér aðeins frá þér?)
2. Hvernig upplifir þú viðmót samfélagsins við þinni fötlun?
3. Upplifir þú einhverjar hindranir í samfélaginu? (er eitthvað sem stoppar þig)
4. Hver er helsta (algengasta) hindrun fatlaðs fólks í samfélagi okkar í dag?
5. Eru einhverjar ákveðnar stofnanir sem eru betur eða verr settar hvað varðar aðgengi? (td menntunarsvið, heilbrigðisssvið, samgöngusvið og fl.)
6. Ef svo er, getur þú útskýrt nánar hvað þú hefur upplifað eða hversvegna þér finnst það?
7. Kannast þú við hugtakið „ableismi“ eða „ableism“? ef svo er, getur þú útskýrt það fyrir mér?
8. Hvað er jákvætt og/eða neikvætt í samfélaginu okkar í dag varðandi aðgengi fyrir fatlaða?
9. Að þínu mati, hvað væri hægt að gera til þess að bæta almennt aðgengi fatlaðra?
10. Fyrir utan aðgengi, er eitthvað annað í okkar samfélagi sem gæti verið að stuðla að mismunun eða fordómum gegn fötluðu fólki? (spyrja almennt út í líf fatlað fólks í ófötluðu samfélagi)
11. Er eitthvað annað sem þú vilt bæta við?