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Reducing Barriers to Church Participation Among Older Adults: An Advocacy  
Plan at the Organizational Level

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.

Religious participation is an important occupation in the lives of many older adults. A national news poll found 60% of adults over age 65 report they attend church on a weekly basis (Sussman, 2002). Research literature documents a strong positive association between religious participation and quality of life and between religious participation and physical health among older adults. Occupational therapy promotes participation in important occupations to increase quality of life and physical health across the lifespan. The American Occupational Therapy Association (AOTA) recognizes religious observance as an instrumental activity of daily living (AOTA, 2008). Additionally, occupational therapy theory and practice highlights the role of the environment in occupational participation and seeks to reduce barriers in the built environment, communication systems, and psychosocial atmosphere.

Author Harold Kushner said, “The house of worship represents one place where the barriers fall and we all stand equal before God” (Rife & Thornburgh, 2001, p. 5). However, places of worship often contain barriers of architecture, communication, programming, and attitudes which can make full participation in church difficult for older adults. “Older adults with health limitations, people who could potentially benefit substantially from the fellowship and inspirational experiences that religious service attendance can provide, may find that their low functional status makes religious service attendance difficult” (Roff et al., 2006, p. 246). There is a demonstrated need for advocacy among religious organizations to create an environment that will welcome, minister to, and be led by people of all ages. Though this cause crosses religious and denominational lines, the advocacy plan is designed specifically to effect change in the Assemblies of God, an international Christian denomination.

### **Background**

According to the United States Census Bureau (2012), 13% of the population of the United States is age 65 and older. The Disability Characteristics portion of the 2010 American Community Survey estimates 36.7% of people age 65 and older have a disability (U. S. Census Bureau, 2007). The survey states among older adults, 23.8% have ambulatory difficulties, 15.1% have hearing difficulties,

and 9.5% have cognitive difficulties. Although an individual who is an older adult should not automatically be considered to have a disability, there is a relatively large percentage of older individuals reporting a disability. Others may have more subtle impairments, which, when combined with a challenging environment, can limit one's level of participation in spiritual occupations.

One way many individuals express their spirituality is through participation in a local church. According to the United States Census Bureau (2012), 47.4% of the United States' population in 2000 were identified as regular participants in a Christian Church. Attending church services is a particularly important occupation for many older adults. A national news poll found 60% of adults over age 65 report they attend church on a weekly basis (Sussman, 2002).

### **Benefits of Church Participation Among Older Adults**

Many research studies conducted in the fields of medicine, psychology, gerontology, social work, and mental health have found benefits to health and well-being among older adults who practice formal religion or spirituality. A few examples are discussed here. The *Journal of Religion and Health* from Springer U.S. Publishing is an additional source of relevant studies of the intersection of spiritual and physical health. In an often cited literature review, a strong association between religion and health is elucidated (Levin, 1994). The review found hundreds of studies documenting a positive relationship between religious participation and health. The studies covered a variety of religious denominations and a variety of health outcome measures including hypertension, cancer, tuberculosis, degenerative heart disease, and subjective health measures, among others. It is important to note the author is careful to avoid indicating a causal relationship. However, this non-systematic review does shed light on the phenomenon of a relationship between church attendance or other formal religious observances and positive health measures.

Regular church attendance has also been associated with reducing the emergence of depressive symptoms and with higher overall quality of life among older adults. A longitudinal study of 791 adults

over age 70 found that over the course of 8 years, participants who did not attend church regularly had a statistically higher rate of depressed mood than those who either consistently or inconsistently attended (Law & Sbarra, 2009). This study utilized self-reports of church attendance and the Center for Epidemiologic Studies Depression Scale. The authors write, "... shared spiritual activities contribute positively to mental health in old age by enhancing a sense of purpose in life that arises from being part of a religious community" (p. 817).

The World Health Organization (WHO) has also noted the importance of measuring spirituality, religion, and personal beliefs when measuring quality of life. Researchers with the WHO have studied 5087 individuals residing in 18 different countries to assess if spirituality, religion, and personal beliefs are correlated with quality of life. The study found a significant correlation between participation in spiritual practices and quality of life as measured by the World Health Organization's Quality of Life Measure across all individuals (WHOQOL SRPB Group, 2006).

In a study of 340 adults over age 60, involvement in formal religion and accessibility to religious resources were statistically significantly related to measures of wellbeing. The study also found "religiosity and spirituality contributed more significantly to the variance in wellbeing than did... traditional measures such as social resources, physical health, or negative life events" (Fry, 2000, p. 375). Fry suggests healthcare professionals should add religious and spiritual support services to their healthcare programming "not only to endow older adults' lives with meaning and purpose but to give them hope" (p. 384).

### **Present State of Accessibility in Churches**

According to the Institute for Human Centered Design (IHCD), the current climate of accessibility in the United States began in the 1950's when buildings first began to include adaptations for people with physical disabilities. A disability rights movement took place in the 1960's coinciding with the Civil Rights Movement. People with physical disabilities began to speak out about the physical barriers they

faced in the environment. In the 1970's the ideas of integration and accessible design were prominent, as evidenced by the 1973 Rehabilitation Act's Section 504. The 1990's brought the Americans with Disabilities Act (ADA) and several amendments and design standards (Institute for Human Centered Design, 2011b). As discovered through examination of the laws as well as personal interview with Ash Lemons, Director of Housing Resource Center and Director of Advocacy Services at the Ability Center of Greater Toledo, religious organizations are largely exempt from the ADA civil rights laws. However, they are not exempt from state and local building codes which often adopt the ADA code in its entirety. Existing religious buildings do not have to comply with the ADA or the local building codes if there are no major construction or modification projects occurring (personal communication, January 23, 2013). As a result, existing church structures have not followed the accessibility shift which took place throughout society at large. According to architect Jack Berry at Midwest Church Design and Construction, church leadership often view accessibility as a "necessary evil" during renovation projects because of the cost associated with bringing the entire building up to ADA Accessibility Guidelines (ADAAG) code. He has found pastors genuinely want to make positive changes in the physical environment, but find they have to compromise between the ideal environment versus what the changes will cost (personal communication, February 6, 2013).

A research study conducted to compare the number of accessibility barriers in buildings included an assessment of six churches (Crowe, Picchiarini, & Poffenroth, 2004). The church restrooms were found to be only 33% compliant with ADA standards, which the study indicated to be a limiting factor for individuals with physical disabilities' ability to participate in the church community. The authors implore occupational therapists to become community advocates for the cause of accessibility. They write, "It is extremely concerning that people with disabilities may not be able to independently worship in a church... due to inaccessible facilities" (p. 79). The authors state that occupational

therapists can reduce barriers by evaluating accessibility in their own communities, developing solutions, and educating the public about environmental solutions.

In addition to the need to address physical barriers, psychosocial barriers are of significant concern. According to authors of *Disability and the Gospel*, “When asked specifically why disabled people don’t attend church, the most common answer was accessibility—sometimes physical, but more often social and spiritual” (Beates, 2012, p. 135). In an article published by the Veteran’s Administration about barriers present in churches, one interviewee said, “Beyond architectural barriers, there are attitudinal and communication barriers you have to address to be fully accessible” (McCallister, 2011, p. 33). According to the article, addressing accessibility needs is much more than addressing the physical environment. The authors state, “It depends on whether you define the church as a building or as a community of people who use a building that might be architecturally accessible.” The church building provides the accessible location for services while the church people provide the welcome and inclusion.

There is a risk in local churches of older adults feeling excluded from the life of the church. “While ageism is seldom a conscious choice in a church, a look at the budget, programming, and the priorities of many congregations reflects the fact that it is often the senior adults who get the ‘short end of the stick’” (Arn, 2003, p. 78). According to Pastor Joshua Plaisance of the Dwelling Place in Holland, Ohio, the majority of his local church’s operating budget funds the in-house ministries, with the vast majority used for the Children’s ministry and the Youth Group ministry (personal communication, March 28, 2013). Ruth Cuning, a hospice chaplain in her 70’s, said many times the elderly, sick, or dying feel neglected when their church leaders are not present in a time of personal spiritual need. Other times, older adults actively involved in the church feel they have to fight for a place for themselves in ministry and ‘tackle’ the pastor to get him or her to involve the older generations in the work of the church (personal communication, January 29, 2013).

### **Role of Occupational Therapy**

According to the American Occupational Therapy Association's (AOTA) Occupational Therapy Practice Framework, spirituality is an important client factor which occupational therapists should address in therapy as needed. Additionally, religious observance is considered to be an instrumental activity of daily living (AOTA, 2008). Spirituality is not a new addition to occupational therapy theories. George Barton, an important founder in the profession of occupational therapy, "described occupational therapy as the process of making a person stronger physically, mentally, and spiritually" (Taylor, Mitchell, Kenan, & Tacker, 2000, p. 422). Therapists do not want to incite feelings described by one patient who stated, "It distresses me that the field of rehabilitation has so completely ignored the most essential aspect of my being—my spirituality" (Rife & Thornburgh, 2001, p. 10). At the national level, participation in spiritual and community activities is considered to be an important health objective. One national health objective of the United States Department of Health and Human Services' Healthy People 2020 is to, "Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community, and civic activities to the degree that they wish" (U.S. Department of HHS, Healthy People 2020, 2011, p. 51). Occupational therapist Sarah Pruett of Universal Design Partners, LLC found through personal interactions with patients that the number one occupation older adults in inpatient rehabilitation planned to engage in after discharge was church attendance. She found it important to consider the physical requirements of church attendance and address this meaningful occupation during therapy (personal communication, January 17, 2013).

In occupational therapy literature, social supports and physical environments are highlighted as health determinants. "Health can be improved for older adults through improvements to the social and physical environment in cultural and religious organizations in which they participate" (Letts, Rigby, & Stewart, 2003, p. 169). Occupational therapists are experts in assessing and modifying the environment to fit the specific needs of the individuals utilizing the environment. The AOTA's explanation of the profession includes the statement, "Occupational therapy practitioners have a holistic perspective, in



which the focus is on adapting the environment to fit the person” (AOTA, 2011). In addition to the wide knowledge base concerning the relationship between environmental factors and life participation, many of today’s occupational therapists are knowledgeable in Universal Design (UD) and accessibility standards. Occupational therapist Margaret Christenson proposed the profession should increase its impact on people living in the community by using UD and accessibility concepts to consult with contractors and architects to eliminate specific barriers in new and existing buildings (Christenson, 1999). In the AOTA’s Guide to Promotion and Advocacy, AOTA President Florence Clark writes “The realms of community reintegration, engagement in life, and doing the things that make life worth living are the focus of occupational therapy” (Clark, 2012). Similarly, the AOTA’s “Societal Statement on Livable Communities” states, “Occupational therapy practitioners advocate for universal design and environmental modifications that remove barriers in homes and communities to ensure access to supportive community services... and to facilitate engagement in social and civic activities” (Fagan & Cabrera, 2008). Advocating for removal of barriers in architecture, communication, programming, and attitudes in order to enhance religious participation for older adults aligns with the theoretical basis and current practices of occupational therapy.

### **Need for Advocacy**

The need within the Assemblies of God organization is for advocacy to reduce barriers of architecture, communication, programming, and attitudes which can limit church participation among older adults.

The population of the United States is aging, with thousands of the Baby Boomer generation becoming 65-years-old every day. In an *Ethics & Religion Newsweekly* interview, author Mark Pinsky states, “The churches that are ready for that wave demographically are going to be the ones that fill the pews” (Severson, 2012). Older adults are a varied group. The differences between a 65-year-old and an 85-year-old are wide. The assumption is not that every older adult is the same, has a disability, or feels

there are barriers to participation in church. Rather, there are documented barriers which may make church attendance more difficult as aging progresses. As stated by the National Organization on Disability, "If we don't have limiting conditions now, we surely may before we die" (Davie & Thornburgh, 1994, p. 6). Even among older adults who do not have diagnosed limiting conditions, general weakness has been associated with age. Muscle weakness is associated with an increase in falls risk among older adults who walk without the use of any assistive devices (Soares et al., 2012). These findings indicate the need to remove barriers that may increase falls risk, even among older adults who ambulate independently. A summary statement from the study indicates, "It is important to stress that due to the loss of muscle strength, all ergonomic hazards and architectural barriers must be removed so that older adults can perform their tasks more easily, with comfort and safety" (p.374). Other changes occur among older adults including increased spiritual awareness of the issues of personal significance, legacy, and mortality. "Confronting mortality is a relatively unique phenomenon among older adults, versus the 'immortality syndrome' often seen in younger adults" (Arn, 2003, p. 58). Older adults are a growing cohort facing physical and spiritual age-related changes. Local churches must be ready for the growth and changes in order to continue to minister to the spiritual and social needs of this group.

Older adults bring many positive contributions to churches. The need is not just for the older adults to be able to increase participation, but also for local churches to fully access the resources older adults bring to the groups in which they participate. According to an American Association of Retired Persons (AARP) report, "Nearly half of adults age 50 and older volunteered time in a religious organization, such as a church, temple, or mosque in the last 12 months" (AARP, 2005, p. 34). Additionally, the average older adult church member has been found to participate 8 hours per week at church, as compared to other church members who participate an average of just 2.5 hours per week (Arn, 2003). Older adults also frequently contribute financial resources to the church in which they participate. The AARP reports 74% of older adults contribute money to places of worship and the

median yearly amount donated is \$588 (AARP, 2005, p. 38). Older adults can also provide ministry in the church by sharing their religious and spiritual experiences with younger generations through teaching, training, and prayer. There is a need for advocacy to educate younger church leadership to recognize and value the many benefits of retaining older adult members. As one author stated, “Insensitivity to these considerations has resulted in a silent exodus of senior adults from many congregations. With them go their volunteer services, their prayer ministry, and their financial resources. The wise pastor sees the folly of unnecessarily sacrificing these resources” (Dobbins, 2002).

Older adults who regularly participate in local churches in the Toledo, Ohio area were interviewed in order to gain primary perspectives of the barriers in local churches. Many interviewees were in Assemblies of God churches. One need identified through interviews is the need for accessible buildings. One older adult stated the door of her church was too heavy, but she was pleased there was a greeter present to open the door for her. Another older adult stated she had considered visiting a local church which had recently relocated into a former movie theater. The individual stated, “I’ve been there when it was a theater and I know it would be too far for me to walk now that my foot is giving me trouble, so I changed my mind about checking it out.”

An audit of accessibility was conducted at the Dwelling Place in Holland, Ohio. The audit utilized the New England ADA Center’s *ADA Checklist for Readily Achievable Barrier Removal* (Institute for Human Centered Design, 2011a). The church is accessible in most respects and serves as a polling location in Lucas County, Ohio. However, an audit of barriers showed even this no-step entrance church had certain architectural barriers. For example, the main entrance doorway required 29.7 pounds per square inch of force to open from the outside. There is one room upstairs which is utilized mainly for storage at this time. In prior years, the youth group met in this upstairs room, which would have presented a barrier for older adults with mobility impairments from leading or working with the youth group. The accessible water fountain was found to be across from a mobile piece of furniture which

significantly narrowed the passageway and decreased the clear floor space in front of the water fountain. While the amount of space still exceeds the recommended minimum of 48 inches, during busy times this passageway becomes crowded as it is both the only passage from the foyer to the fellowship hall and the location of the complimentary coffee. In both restrooms, the placement of countertop soap dispensers was inaccessible. Additionally in the women's restroom, the placement of garbage cans underneath the paper towel dispenser limited its accessibility. In the sanctuary, the stage area is accessed by means of three tiered steps, without handrails. Two of the church office spaces which are used for individual pastoral counseling and volunteers connecting with church staff, among other uses, were found with cluttered floor space which would limit accessibility for individuals with mobility impairments. Finally, as suggested in an accessibility audit produced by a cooperative effort of the United Methodist Church and the Unitarian Universalist Association, it is important to consider the locations used for events outside of the church grounds (Shephard & Greenstein, 2010). The Dwelling Place holds formal and informal gatherings in local members' homes, which do not always have an accessible entrance or a bathroom on the ground level.

One local church, Calvin United Church of Christ in Toledo, Ohio, dramatically increased accessibility in their church by installing an elevator several years ago. Previously, two male congregants would carry guest wheelchair users up the front steps, which allowed access into the sanctuary, but not to any other level of the four-story building (C. Fett, personal communication, March 6, 2013). Another local congregation, Central Park Congregational Church in Sylvania, Ohio, has had many members who have stopped attending due to the lack of an accessible entrance or bathroom. One member stopped attending after a knee replacement surgery temporarily made steps impossible, and did not return after her physical recovery. The church leadership has considered renovations, but found the estimated cost of \$80,000 unobtainable for their regular attendance of 30 people. One member stated, "Our church

building is keeping us out, but it is all we have. Our parents built this church with their own hands. They never expected we would all get too old to use it.” (personal communications, February 26, 2013).

Another need identified through interviews is to reduce communication barriers. One older adult stated her husband often leaves the church service because of the loudness of the music, which when amplified by his hearing aids is physically painful to his ears. Another older adult reported difficulty reading the bulletin and the weekly announcements because the print is too small. She stated she never thought to ask if she could obtain a large print copy. Several older adults also identified limited confidence in the use of technology for communication. According to one older adult, “If you’re not part of the electronic world, you feel shut out of your church.” Pastor Joshua Plaisance stated, “Unfortunately, we have surpassed some of our folks in technology use. We have to remember they might not text or use Facebook, so we have to reach out in other ways” (personal communication, January 9, 2013).

One individual with total blindness stated she has experienced certain barriers in the rituals of the church. First, during the collection of the offering, the offering plate is passed throughout the pews. She said she experiences anxiety prior to every offering as she never knows whether the plate will be passed from her right or her left. Another barrier for her has been with taking communion, because in her local church the congregants retrieve the bread portion by tearing a small piece off of a loaf. She has now requested assistance with receiving communion (E. Sammons, personal communication, April 15, 2013). Communion rituals are also highlighted as a barrier for individuals with mobility impairments in the chapter “Serving Communion” in the book *Amazing Gifts: Stories of Faith, Disability, and Inclusion* (Pinsky, 2012).

In response to a survey question regarding factors related to choosing a church, 70% of older adults stated the facilities were either important or very important while 72% stated programming was very important or important (Arn, 2003). The need for increased programming in which older adults feel

welcome also surfaced during interviews. One older adult expressed her desire for more relevant spiritual programming and stated, “I really do not need another social group, where we go to lunch once a month and all of that. Where are the Bible study groups?” Another older woman expressed the need for programs designed for outreach to older adults who do not currently participate in the church. She spoke about the lack of evangelism among older adults. Evangelism can be described as leading people to convert to Christianity. She stated, “It is much easier to bring a child into the kingdom because adults have spiritual callouses from living life. Entering the kingdom later in life is not going to bring instant gratification.” Additionally, she pointed out the role of older adults should be teaching younger adults. Biblical scriptures state, “Likewise, teach the older women to be reverent in the way they live... Then they can urge the younger women to love their husbands and children, to be self-controlled and pure, to be busy at home, and to be kind...” (Titus 2: 3-5, New International Version). Many older adults spoke about the desire to help the congregation by fulfilling a meaningful role in the church. One 75-year-old woman who is a primary caregiver for her son who became physically and cognitively disabled during a motor vehicle accident stated, “If we don’t keep busy and have God’s work to do, then what is the point of living?” One man in his 70’s stated, “Elderly people always say they are bored. Why don’t they volunteer more? There is work to do here.” Another older woman stated she needs to keep active in ministry within the church because, “I would rather wear out than rest out.”

Finally, several older adults expressed a sense of feeling unwelcome in church participation because of age. In a personal letter one individual explained, “Much of society tosses us away and discards our words of wisdom and years of experience” (R. Cunning, personal communication, March 3, 2013). During a Bible study with older adults, one older gentleman stated, “Other people may reject me now, but He (Jesus) doesn’t. He said he wasn’t done with me yet and he has work for me to do.” Another individual stated, “You reach a certain age, with a certain look, and they don’t want you in the

front anymore. They find a job for you in the back. I feel put in a corner with how they want me to help in the church, but I will still do it.”

An online survey was distributed to approximately twenty pastors of Assemblies of God churches in Northwest Ohio in a monthly online newsletter. The survey was introduced by Pastor Joshua Plaisance, who is Secretary of the Northwest Ohio Area. This area encompasses 18 counties in Ohio. Unfortunately, there were only two respondents to the online format. He redistributed the survey in a paper format to thirty additional pastors and church leadership officials in Northwest Ohio, from a variety of Christian denominations during a meeting on April 16, 2013 (see Appendix A for survey). At this time there has been one additional respondent. The three respondents were each able to identify barriers in their respective churches, most notably communication barriers including sound level and the availability of large print resources. One pastor identified dim lighting during worship as an atmosphere that may be difficult for older adults, although the lighting is dimmed intentionally. All indicated their church ministers to older adults who are associated with the church but are unable to physically attend. This response indicates a demonstrated need among older adults for pastoral care services which provide spiritual support in their homes.

The need for advocacy is both in the local churches as described by the older adult interviewees and local pastors and at the national level of the Assemblies of God. The Assemblies of God (AG) began in 1914. Today there are over 3 million regular attendees associated with the Assemblies of God in the United States, and over 64 million worldwide. Nationwide, 9.6% of the total number of regular attendees is over the age of 65. In Ohio, there are just over 6,000 attendees over the age of 65, making up 10.1% of the Ohio congregation (Assemblies of God, 2010b). In contrast, 39% of AG regular attendees are age 25 or younger (Wood, 2009). One of the core values of the AG is “Strategically invest in the next generation” (Assemblies of God, 2010a). The General Superintendent of AG, George O. Wood, described the need to focus ministry among the youth and young adults. He implored, “Let’s

listen to them, welcome their gifts, and help them reach their fullest potential” (Wood, 2008).

Unfortunately, this core value has at times been translated into a youth-oriented culture within AG. A former member of an Assemblies of God congregation in the state of Kentucky stated she recalls a time when older ministers were encouraged to step down from lead pastor positions in order to promote younger leadership (Anonymous, personal communication, March 21, 2013). The intention of this core value, rather, is that the older generations actively participate and actively invest in the younger generation. In further clarification of this core value, Wood stated, “My generation must be intentional in passing the torch and our faith to our great army of youth” (Wood, 2009). There is a need to highlight the intergenerational intent of this core value or to modify it in order to decrease misinterpretation.

The AG adopts position papers as needed to disseminate the stance of the denomination on key societal issues. A position paper regarding ministry to people with disabilities states, “The church’s compassion may cost money to modify physical facilities. Federal, state, and local governments have standards that allow the physically handicapped access to public facilities. Such requirements should be considered minimal. Our responsibility, as representatives of the kingdom of God, is to include those with disabilities in church functions and worship” (Assemblies of God, 2000). It is a positive that this position paper advocates for the reduction of architectural barriers for individuals with disabilities. However, endorsement of the active reduction of barriers of architecture, communication, programming, and attitudes for all types of individuals is lacking. There is a need for a position statement which highlights the responsibility of local churches to actively improve the church environment.

AG has a Senior Adult Ministry at the national level. The department is currently undergoing major changes in order to increase meaningful participation of older adults. In a personal interview Wes Bartel, Director of the AG National Discipleship Ministries Agency, highlighted the positive changes that are occurring at the current time within the Assemblies of God for older adults. He described the goals



of the Senior Adult Ministry are shifting away from a social, 'consumer-driven' group into one with meaningful networking and discipleship. He described 'consumer driven' groups as those in which people come to get their own needs met. He stated, "In the past Senior Adult Ministry was viewed as ministry for their specific needs. I don't see this as a group that needs special ministry; they need to be able to see they are valuable contributors" (W. Bartel, personal communication, March 20, 2013). The mission of the Senior Adult Ministries was updated in March 2013 to read, "To encourage those in our Fellowship who are 50 and over to participate in activities that foster spiritual growth and health, age-level educational pursuits, evangelistic outreach, and wholesome fellowship events" (Assemblies of God, 2013). This updated mission statement reflects many of the current needs of older adults. There is a need for the updated mission of the Senior Adult Ministries to take effect throughout the Assemblies of God organization and the local churches nationwide.

Wes Bartel stated another goal of the new department is to provide guidelines for churches to assist seniors with disabilities to continue to access their church buildings. On a personal note, he pointed out he had not always been aware of the need for increased accessibility until he experienced a broken foot and quickly realized the national AG headquarters was not ideally accessible to him during his temporary disability. Regarding other age-related changes, he stated, "I like to hike and I am very active. I'm not too concerned for myself right now, but I know in reality I am part of this age group. We need to be more prepared" (personal communication, March 20, 2013). He stated there is a need for strong resources for pastors to refer to during accessibility changes. As a result, he would like to create a training event regarding accessibility, which would be made available online. There is a need for the development of quality training material regarding accessibility of architecture and communication.

No active opposition to decreased barriers of participation for older adults has been found within the Assemblies of God. Rather, opposition occurs through the naturally limiting factors of financial and personnel resources. Reduction of barriers requires actively interested personnel to

advocate within their level of influence, whether local, state, or national. These individuals are often involved in several aspects of church participation and ministry, meaning they may not have time to dedicate to programming for older adults or to educating themselves on ways to reduce barriers. Financial resources were identified by pastors and architects as the main limiting factor in reducing barriers of architecture and communication. John Rutz, pastor of Shepherd of the Valley Lutheran Church in Perrysburg, Ohio stated, “Unfortunately in many cases the money will make the decision” (personal communication, March 5, 2013). His congregation delayed starting the process of accessibility renovations for four years because the remodeling process could not be the financial priority when it was first considered in 2003. The final accessible building was unveiled in 2011. Pastor Rutz stated the end result meets many of the desires of the congregation, but is a scaled down version of what they had originally intended. Architects from Midwest Church Design and Construction agree that creating a ‘utopia’ costs more money than church groups first think it will. They described helping church leadership teams find the difficult balance between the desires of the congregation and the financial reality.

### **Advocacy Partners and Players**

AG is a national denomination which is led by the Executive Presbytery and the General Presbytery at the national level and by state district leadership teams. Each individual congregation, also called the local church, acts as its own governing body. Local churches accept direction from the AG national and state leadership teams as desired. “Each church is sovereign in the choice of pastor, owning and holding property, maintaining membership rolls, management of all local business or activities, and voluntary participation in denominational programs” (Assemblies of God, 2009). The local church is most often the organization individual members identify themselves with. As a result, effective advocacy must reach both the national denomination as a whole and the individual local

church leadership teams in order to have the greatest opportunity to promote organization-wide changes.

Key advocacy partners can be found at every level within the Assemblies of God organization. A loosely hierarchical relationship exists between the national organization, the districts, and the local churches. There are 61 districts, most of which are divided by state lines and others which are designated language districts (Assemblies of God, 2009). An efficient way to effect changes in the many districts will be to create partnerships at the national level for a top-down approach. One potential key partner will be General Superintendent George O. Wood. Insuring the older generations are intentionally investing in the younger generations is one of his core values. He has an understanding of the need for intergenerational demographics within the local churches. Additionally, as the leader of the Executive Presbytery, which is the Board of Directors, he is the main visionary of the entire organization. The General Presbytery is the policy making body of the Assemblies of God and meets on an annual basis. As a result, partnerships within this group will be essential to the adoption of a policy encouraging the active reduction of barriers. A key partnership for change at the national level will be with Wes Bartel of the Senior Adult Ministries. As described earlier, he is currently in the process of updating the national Senior Adult Ministries objectives to meet the spiritual needs of the older generation. As he is already making progress toward reduction of barriers, he is open to input from the occupational therapy perspective.

An important national partnership will be established within AG Financial Solutions. AG Financial Solutions offers loans to local AG churches for construction and renovation. They state, "Our perspective is different. When we look at your organization, we see it through the lens of ministry. We understand churches and how they are structured" (AG Financial Solutions, 2013). Because funding is often the biggest barrier to architectural barrier removal, the presence and knowledge of AG Financial Solutions staff will be important to the success of this advocacy. Pastor John Rutz of Shepherd of the

Valley Lutheran Church highlighted the important partnership his church established with the Lutheran Church Extension Fund of the Lutheran Church Missouri Synod. His congregation designed a capital campaign to raise the majority of funds for building renovations, but was able to seek lending assistance from the national denomination to cover the remainder of the costs (J. Rutz, personal communication, March 5, 2013).

Advocacy efforts must also occur at the local level. Pastor Joshua Plaisance of the Dwelling Place is a partner in the advocacy effort. He is well connected with all AG pastors throughout Ohio through his position as the Secretary of the Northwest Ohio Area. He has agreed to disseminate information to local AG pastors as appropriate. Additional local AG pastors have expressed interest in understanding and addressing the barriers in their church environments. Building relationships with many local pastors will create the largest impact.

Another approach to advocacy within the Assemblies of God organization will be a more grassroots approach which encourages older adults to make changes within their own congregations. Changes often occur within groups when a member of the group, an 'insider,' expresses the need for change. Older adults will be encouraged to become self-advocates. Self-advocacy is a term often applied to children or young adults with disabilities. However, encouraging older adults to disclose their own needs to the church leadership helps to shift the advocacy effort from a hypothetical need to reduce barriers to a specific need for a specific invested member of the congregation. Older adults can be encouraged through individual personal communication or through the AG Senior Adult Ministries resources.

Supporters and allies for this advocacy effort have been identified in groups that support disability rights in general. Although older adults as a cohort have different needs and perspectives than members of the disability community, many types of barriers can make church participation difficult for both groups. Several administrative members of the Ability Center of Greater Toledo including Tim

Harrington, Executive Director, Ash Lemons, Director of Housing Resource Center and Advocacy Services Director, and Dale Abell, Director of Program Development, are essential partners. As an organization with experience effecting changes for people with all types of disabilities, this partnership has provided resources for practicing effective advocacy strategies. Ginny Thornburgh, Director of the Interfaith Initiative at the American Association of People with Disabilities, is a well-known disability rights advocate and has been advocating specifically to faith-based organizations for over twenty years. Her work in advocacy is established and respected, so she will be a meaningful partner. These partnerships, expertise, and written resources within the general disability community are essential in developing appropriate advocacy for people with a variety of inclusion concerns.

### **Advocacy Methods**

As defined by Ginny Thornburgh, “Advocacy is the fine art of nudging people forward on a path they may not have considered” (Beates, 2012, p. 119). There are several useful methods for educating the leadership within the Assemblies of God of the importance of reducing barriers to church participation among older adults.

Through my partnership with the Ability Center of Greater Toledo, several advocacy strategies were practiced in preparation a May 2013 interfaith workshop to promote inclusive worship. The workshop is for, “Community faith leaders of all denominations and those interested in creating accessible and welcoming worship opportunities for followers with disabilities” (Ability Center of Greater Toledo, 2013). One advocacy method was to develop a database of the contact information of local faith leaders from all denominations in order to market the workshop. I canvassed local coffee shops and religious bookstores with a marketing flyer. Additionally, a local newspaper, The Toledo Blade, was contacted in order to promote the event. In preparation for the workshop, I contacted Ginny Thornburgh for her expert opinion regarding how to structure and market the workshop. Additionally, she was approached for access to three essential resources she co-authored and edited: *That All May*

*Worship, From Barriers to Bridges, and Loving Justice: The ADA and the Religious Community.* I

developed a one-page handout for use at the workshop, which provides attendees with references to relevant online resources (see Appendix B for handout). Mark Pinsky, author of *Amazing Gifts: Stories of Faith, Disability, and Inclusion* (2012) will be the keynote presenter at the workshop. In order to assist in making his presentation relevant to the expected audience of diverse faith backgrounds, I assisted in selecting eight vignettes from the book for discussion. These eight selections were chosen to reflect a variety of faiths as well as a variety of disability types. I met with Dale Abell, Director of Programming and David Yonke, panel discussion moderator and editor of the regional Religion News LLC website entitled *Toledo Faith and Values* to assist with selecting relevant local panel members. Finally, I assisted in developing discussion questions to ask the interfaith panel. These questions were written to reflect common concerns of clergy and faith leaders when considering inclusion of people with disabilities.

A second advocacy event provided additional practice in advocating regarding reduction of barriers in churches. The Ohio State University ADA Coordinator's Office hosts an annual conference called *Multiple Perspectives on Access, Inclusion, and Disability*. I presented my poster entitled "Welcome to Worship: Advocacy for the Reduction of Worship Barriers" during the Ethel Louise Armstrong Student Perspectives Poster Presentation Competition. My presentation informed listeners of the common barriers, the benefits of inclusion of people with all levels of abilities, short-term solutions to implement, and long-term goals to adopt. I also distributed a two-page resource to encourage my audience to investigate additional resources (see Appendix C for handout). My purpose was to inspire the many professionals at the conference to become advocates within their own religious organizations. I am honored to have won first place in the poster category in which I presented. During the conference I had many opportunities to hold dialogues with people who are professionally invested in issues of access, inclusion, and disability. I also enjoyed many conversations with individuals with disabilities who shared some of their personal experiences with barriers in religious institutions. A

construction management instructor from Ohio State University became interested in pursuing research on the impact of religious architecture on people with disabilities and requested I share my additional resources with her for that aim. Overall, I experienced an excitement and positive response from the presentation audience, my lunch tablemates, and fellow session attendees, which demonstrated the topic of barrier reduction in churches resonates with access and inclusion professionals.

Implementing these advocacy strategies among local audiences interested in inclusion of people with disabilities helped me develop the more focused advocacy effort for the reduction of barriers for older adults within the Assemblies of God. Advocacy occurred at the local level among the older adults and leadership of the Dwelling Place. Ongoing meetings were held with Pastor Joshua Plaisance regarding effective advocacy strategies. I attended a business meeting in which I introduced the advocacy topic to the members of the congregation. Additionally, I attended Board meetings, which led to a greater understanding of the local church government process and the operations of the local church. I attended a weekly Bible study group which is led by an older adult and is regularly comprised of approximately 80% of the attendees over age 50. These weekly interactions provided me the opportunity to observe and participate in a group which addresses the need for spiritual and social participation among older adults. Additionally, I volunteered at the bimonthly free community meal known as the DP Diner. As I worked alongside two retired men to prepare the meals, I had the opportunity to discuss accessibility and encourage self-advocacy. Both individuals provided ongoing support and primary perspectives regarding inclusion in the local church. DP Diner also feeds many older adults in the local community who do not regularly attend the Dwelling Place. I took the opportunity to meet groups of older adults and inquire about perceived barriers to church attendance. The personal interactions, interviews, and survey questionnaires among older adults and AG pastors served the dual purpose of assessing the perceived needs and introducing the topic of barrier reduction.

At the national level of the Assemblies of God I will advocate largely through print materials. The *Enrichment Journal* is the AG's quarterly print journal for pastors and church leadership. It is also available and searchable online, with many of the articles accessible to the general public. The contributions and needs of older adults in the local church will be discussed in a journal article submission for potential publication. I spoke with Rick Knoth, editor-in-chief of the *Enrichment Journal* to discuss the topic and he has invited an article submission. Another major location for advocacy materials will be the AG Senior Adult Ministries website. Through conversations with Wes Bartel I have begun a partnership with the head of the national AG ministry for older adults. I corresponded directly with him to submit links to outside resources for use in the development of training materials for churches considering accessibility changes. I have also been invited to submit short topic articles for the updated website. The key advocacy relationships have been formed, with the plan in place for disseminating materials. Pastor Josh Plaisance has also agreed to continue working with me in reducing barriers for older adults at the local and national level. I plan to pursue further advocacy through these routes.

David Yonke, editor of the website *Toledo Faith and Values* has asked me to become a monthly columnist for the site regarding the intersection of faith and disability. I have accepted and will use this platform to advocate for the reduction of barriers in churches to a broad audience interested in religion news topics.

Whether advocating among audiences interested in general disabilities, among older adults and local church leaders, or among the national Assemblies of God leadership team, certain skills have been useful in advocating for the reduction of barriers in churches. First, developing personal relationships has been essential. Attending a Bible study and cooking meals alongside older adults has brought me into the 'inner circle,' demonstrating my interest in their wellbeing within the church. When working remotely with individuals at the Assemblies of God national offices, personal phone calls were used to



make myself and the advocacy topic known. Secondly, assertiveness has been an important skill to implement. Advocacy involves making people who are in a position to effect change more aware of the need for change. Although I am aware of the needs of older adults in local churches, the topic may not be in the mindset of key individuals. Assertiveness allows me to confidently state the needs of older adults in an attempt to increase the priority level of addressing their needs. Assertiveness also allows me to ask advocacy partners for the resources I need to accomplish my goals. A third advocacy skill has been to adopt an attitude of collaboration. The AG leadership teams and the local church leaders are more open to a collaborative style than to an instructional style. As educated and experienced spiritual leaders, these individuals have a greater understanding of the entire plan and balance of priorities required to operate the organization or the local church. A collaborative style allows me to work with the AG leadership to refine my recommendations to insure they fit within the overall goals and operations. Collaboration also gives the other party a sense of ownership and personal responsibility in reducing barriers to participation so I am not the only interested and invested party. Finally an understanding of the need for compromise has led to advocating for small, achievable changes. I have avoided strongly advocating for ideal environments because any reduction of barriers is a success. As recommended in the booklet *That All May Worship*, “Start with things that can be accomplished relatively easily... What is needed are visible signs of change, not just lengthy committee meetings and hand-wringing” (Davie & Thornburgh, 1994, p. 46). Compromise empowers people to accomplish measurable changes whereas strict adherence to the ideally accessible environment and top-notch programming for older adults could lead to delays or rejection.

### **Outcomes and Implications**

At the local level, the Dwelling Place leadership has implemented several recommended barrier reduction strategies. First, the greeters are now opening the center entrance door for all individuals on Sunday mornings due to the assessment that it requires approximately 30 pounds of force to open. Prior

to Easter Sunday, there were several volunteer workdays at the church for general annual cleaning and maintenance projects. During one workday, volunteers added overhead signage for the location of restrooms and the Children's Ministry wing, which increases the ease of orienting all guests. The restroom signs were updated to include overhead signs perpendicular to the restroom doors, which further increases the visibility of restroom locations. A system for offering large-print bulletins will be explored. A wall-mounted paper cup dispenser by the water fountain has also been discussed and will be explored. Pastor Josh Plaisance has requested I counsel the leadership of the church to develop a plan for other recommended changes. For example, he is considering the addition of automatic door openers at the entrances. Increased accessibility in attitudes and programming has also been observed. The Investors, a group of adults age 55 and over, met for a social luncheon in March. While the group has existed at the Dwelling Place in the past, it had been approximately six months since their last gathering. Additionally, the Men's Ministry is under new intergenerational leadership. The newly appointed leader of the Men's Ministry has partnered with an older male member in planning group events. Finally, through working with Care Pastors John and Ila Mae Heil regarding older adults who are caregivers for family members, a caregivers' community resource file has been established.

Through an occupational therapy based approach to advocacy within the community at large, there are many potential impacts on the profession of occupational therapy. First, on an individual basis I spoke with older adults, pastors, national leaders of the Assemblies of God, and architects regarding the well-established role of occupational therapy in creating an optimal fit between the person and his or her environment. This prompted many conversations regarding the profession of occupational therapy as a whole. I also promoted community-based occupational therapy ideals by applying these person and environment skills to older adults within an important community environment.

Practicing occupational therapists, occupational therapy educators, and students can utilize this advocacy effort as a demonstration of a way to address occupational needs at the community level.

Similarly, the topic demonstrates a practical way to address spiritual occupations by educating patients and about barriers in their churches and providing self-advocacy materials and techniques for reducing barriers. The advocacy effort highlights the health benefits of regular church attendance and religious participation for older adults, which are useful in promoting overall health and wellbeing. I encourage occupational therapy practitioners to explore the occupational performance and spiritual occupation needs in the community around them. They will find many opportunities for advocacy ranging from speaking as a concerned party to their own religious leaders or writing as an occupational therapist to their national denominational leaders. I encourage practitioners to apply their occupational therapy mindset to better the community at large. Much improvement could be made if occupational therapists develop a greater sense of obligation to use their skills and knowledge to promote increased accessibility or increased success in occupational performance for everyone around them. Even if the advocacy is unpaid, the benefits of altruistic use of occupational therapy skills and knowledge will be outstanding wages for the time spent.

Several outcomes have occurred for me personally during this advocacy effort. I carried out a reflective journaling process through an online weblog format. My personal blog *Adventures in Advocacy: To Six-Hundred Forty and Beyond* may be helpful to others interesting in advocacy efforts of their choice. It can be found at <http://advocacyadventures.wordpress.com>. I have grown tremendously through this advocacy effort in understanding my habits during major projects, my future career in occupational therapy, and my personal growth. Through the process of independently managing my Capstone Semester hours, I have found out more about some of my weaknesses and strategies for improvement. One weakness has been maintaining momentum for the duration of the project. I found myself working in sprints and crawls; One week I felt I was changing the world and the next I was spinning my wheels. A strategy I used to combat that was to schedule meetings with people who demonstrate enthusiasm. Being around others with great ideas helped moved me forward. Another

difficult area I grew to understand during this project was my discomfort with phone calls. I preferred email contact in most cases, but many times email is a slow, impersonal route for information and networking. I found many of my best conversations were over the phone. I found if I just made the necessary call without spending time feeling intimidated I felt more successful afterwards. A final weakness I experienced was my perfectionism, which can at times cause me to not act for fear of not completing an advocacy task perfectly. In advocacy, sharing a single, infallible message is not necessarily the goal. Rather, the goal is to reach the right people and hold a conversation that nudges them along toward change. There are not necessarily perfect words. I am more aware of my weakness during a major project and more equipped to strategically combat them. I am also more confident in my strengths and excited to continue cultivating them. I am successful with addressing small details while maintaining a big picture approach. This is essential in a major project. I also feel I am a successful advocate and educator through written materials. I plan to continue to effect changes through written media throughout my life.

I have also grown in terms of my occupational therapy career and approaches toward environments and older adults. I have a greater understanding of the needs of older adults in the community, specifically from their viewpoints. I have learned more from speaking with older adults than from any reading or gerontology coursework I have completed. I found myself becoming increasingly more comfortable with older adults, although I had already considered myself comfortable before. I have a much more hands-on understanding of the impact of the physical environment on occupational performance. I have a much better understanding of the barriers in public environments and some increased understanding of solutions. I found both older adults and environments to be of interest and I would like to pursue these occupational therapy practice interests during my career.

Finally, I have grown in my personal life through this advocacy effort. Through reading and conversations I have developed a greater theological understanding of disability and of aging. I had

never considered the complicated implications of belief in God as both a perfect creator and a supernatural healer. I had never considered the lack of evangelism among older adults, who in terms of theology would be the most important people to convert to Christianity. I have grown spiritually through my interactions with some of the older adults who constantly support and encourage me. The Capstone Semester has caused me to view occupational therapy more as a vocational calling than simply a vocation. I have been humbled both by how many people thank me for advocating for this topic and how much work there is to be done to increase overall accessibility in churches. I am so grateful for the opportunities I have had this semester and encourage all occupational therapists to pursue the personal meaning and purpose in their own career development.

### **Recommendations for the Future**

The reduction of barriers in churches needs to be an ongoing topic of advocacy. The current advocacy plan was limited to the needs of older adults within the Assemblies of God. Every religious organization has its own governing body, many of which may not understand or fully address the needs of older adults. A similar advocacy plan could be developed for each denomination with adjustments for differences such as organizational structures, core values, effective dissemination media, and theological considerations. Another approach to widening the audience is to advocate to interfaith or multi-denominational groups. The Ability Center of Greater Toledo took this approach in the planning of the interfaith workshop discussed previously.

There are several organizations related to advocacy for eliminating barriers in religious groups to people with disabilities. Advocacy for people with disabilities regardless of age may be a more appropriate route to advocating for removal of architectural and communication barriers in churches. The assumption of the current advocacy project has been that many older adults often experience disabilities through interfacing with the physical environment, which makes the current population nearly identical to the population of people with disabilities. However, the barriers to programming and

attitudes are not the same between the two groups. At times it was difficult to maintain the integrity of the population of interest. There is much more material and organized support available when advocating for people with disabilities in general. Aligning individual advocacy efforts with one or more of these disability advocacy groups would increase the credibility of the cause.

I recommend future advocates on this topic focus on only one category of barrier because making recommendations for architecture, communication, programming, and attitudes required me to develop and disseminate an expansive and unwieldy amount of information. Other future advocacy efforts could specifically promote accessible design or Universal Design principles in religious institution design and remodeling. Universal Design principles promote optimal use of the environment for all people, regardless of age or ability. Similarly focused efforts could seek to defeat ageism in the allocation of resources and leadership positions or they could promote programming to address age-specific spiritual concerns.

Finally, I recommend occupational therapy practitioners interested in this advocacy topic promote practical ways to address spiritual concerns and spiritual occupations during therapy. People have physical, intellectual, and spiritual components. As holistic health professionals, occupational therapists are in an excellent position to enhance the health and wellbeing of patients through participation in their desired, meaningful spiritual occupations.

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Appendix A

Perceived Needs Survey of Pastors

April 16, 2013

Hello friend,

I need your help! Thank you for taking a few minutes today to tell me about older adults and your local church.

For the purpose of this survey, "older adults" will be defined as people age 60 and over. Please note I do not assume every older adult to have the same thoughts, feelings, or level of health. I also do not assume everyone over age 60 will identify themselves with the category of "older adult."

Hopefully you will find some of the questions thought provoking as you consider both the positive and negative features of the architecture, communication systems, programming, and values of your local church. If you would like to exchange more information regarding intergenerational ministry or accessibility/inclusion for people of all ages with disabilities, please feel free to contact me by email at [graceweybrecht@gmail.com](mailto:graceweybrecht@gmail.com).

Thank you,

A. Grace Weybrecht

*Member, The Dwelling Place*  
*Occupational Therapy Doctorate Student, The University of Toledo*

**1 Which category below includes your own age?**

- \_\_\_\_\_ 20- 29  
 \_\_\_\_\_ 30- 39  
 \_\_\_\_\_ 40- 49  
 \_\_\_\_\_ 50- 59  
 \_\_\_\_\_ 60- 69  
 \_\_\_\_\_ 70+

- 2) What is your position at your church?** (e.g., attendee, member, board member, staff member, pastor)
- 3) Approximately how many older adults attend your church regularly, at least two services per month?**
- 4) What is the estimated average weekly attendance at your church?**
- 5) Approximately how many older adults are associated with your church who do not attend regularly?** (e.g., receives pastoral visitations, fellowship event participant, or charitable donor)
- 6) What ministry roles do older adults fill in your church?** Check all that apply.
- Pastor/ Minister
  - Board Member
  - Lay speaker/ Announcements/ Readings
  - Pastoral Care/ Visitation Ministry
  - Office Administration
  - Children's Sunday School/ Children's Church Teacher
  - Youth (Teens13+) Leader/ Volunteer
  - Adult Bible Study/ Small Group Leader
  - Music Director/ Choir Director
  - Worship Team

*Note: Additional choices of ministry roles on following page*

- Choir
- Greeters/ Hospitality
- Maintenance/ Grounds
- Formal Discipleship
- Informal Discipleship
- Financial Contributor
- General Volunteer

Other:

**7) Which of these accessible architectural features are present on your church grounds?** Check all that apply.

- Marked handicap parking
- Ramped or no-step building entrance
- Handrails on both sides of entryway steps or ramp
- Handrails on both sides of indoor steps
- Handicap accessible bathroom stall with grab bars
- Ramp to stage area/ Choir area
- Wheelchair seating in the sanctuary
- Single-level building
- Elevator
- Lift

Please list additional positive architectural features in your church:

**8) What specific architectural barriers are present in your church which could negatively impact individuals with mobility impairments?** Mobility impairments may include high risk of falls, use of a cane, walker, or wheelchair for mobility, or low endurance for standing/walking, among others.

**9) Which of these accessible communication features are available at your church? Check all that apply.**

- FM Assisted Listening
- Audio induction loop
- Sign language interpretation (regularly or upon request)
- Projected lyrics during worship
- Projected points during sermon
- Projected points during announcements
- Printed bulletins/ announcements
- Large print bulletins, regularly
- Large print bulletins, upon request
- Large print Bibles/hymnals
- Printed sermon notes
- Quiet areas for discussion/counseling
- Consistent level of sound amplification

Please list additional positive communication features in your church:

**10) What specific communication barriers are present in your church which could negatively impact individuals with communication impairments? Communication impairments include low vision, deafness, hard of hearing, attention deficit/ cognitive disorders, among others.**

**11) What are the biggest barriers to ministering to older adults in your church (e.g., architecture, finances, transportation, attitudes, youthful culture)?**

**12) Please rate your agreement with the following statements.**

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Our members equally represent different generations.					
Our leadership team equally represents different generations.					
We equip older adults to serve/ volunteer in our church.					
We equip older adults to teach in our church.					
We equip older adults to lead ministries in our church.					
We include traditional music styles.					
We include modern music styles.					
We offer a fellowship group for older adults.					
We offer a Bible study or small group for older adults.					
We offer a Bible study or small group open to all adults.					
We offer a Bible study or small group for young adults.					
We are prepared to welcome an individual who uses a wheelchair.					
We are prepared to welcome an individual with low vision or blindness.					
We are prepared to welcome an individual with difficulty hearing or deafness.					
We provide transportation to our services for individuals who cannot drive.					
We have evangelism efforts directed toward people under age 25.					
We have evangelism efforts directed toward people over age 60.					
<b>Additional comments regarding the statements:</b>					

**13) What are the main ways your church currently connects with older adults and values their contributions?**

Feel free to include additional comments here or get in touch with the survey author at [graceweybrecht@gmail.com](mailto:graceweybrecht@gmail.com)



Appendix B  
Ability Center Workshop Participant Handout

*“Outside the door of every congregation, there are those who cannot enter, or once in, do not feel welcome. Through your outreach, you will be fulfilling God’s mandate to make the House of God fully inclusive for ALL the people of God.”*

*– Rev. Harold H. Wilke*

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## Advocacy Groups

- American Association of People with Disabilities: Interfaith Initiative  
[www.aapd.com/what-we-do/interfaith/interfaith-initiative.html](http://www.aapd.com/what-we-do/interfaith/interfaith-initiative.html) or **(202) 521-4311**
  - “Opportunities for religious leaders to understand and support... full participation of people with disabilities at the local, state, national and international levels.”
  - “Problem solving assistance for congregations and seminaries that have questions about program and building access.”
  - COMING SOON: Look for free online version of *That All May Worship: An Interfaith Welcome to People with Disabilities*
- Joni and Friends International Disability Center  
[www.joniandfriends.org](http://www.joniandfriends.org)

## Understanding ADA Guidelines

- ADA Accessibility Guidelines 2010  
[www.access-board.gov/ada-aba/ada-standards-doj.cfm](http://www.access-board.gov/ada-aba/ada-standards-doj.cfm)
- ADA Title III Technical Assistance Manual  
[www.ada.gov/taman3.html](http://www.ada.gov/taman3.html)
- The Great Lakes ADA Center  
[www.adagreatlakes.org](http://www.adagreatlakes.org) or **1-800-949-4232**
  - Offers ADA Technical Assistance Center

## Accessibility Surveys

- New England ADA Center *ADA Checklist for Readily Achievable Barrier Removal*  
[www.adachecklist.org](http://www.adachecklist.org)
- *Accessibility Information for Unitarian Universalist Churches*  
[www.uua.org/documents/idbm/accessibility/manual.pdf](http://www.uua.org/documents/idbm/accessibility/manual.pdf)
  - See Chapter 2. Includes ADA-based checklist with additional considerations for religious organizations

## Basic Funding Ideas

- *Money and Ideas: Creative Approaches to Congregational Access*  
[www.bunkertownchurch.org/docs/money-and-ideas.pdf](http://www.bunkertownchurch.org/docs/money-and-ideas.pdf)

Appendix C

Ohio State University ADA Conference Handout

## Welcome to Worship: Advocacy for the Reduction of Worship Barriers

A. Grace Weybrecht, April 2013

### Advocacy

#### Learn

- ADA Accessibility Guidelines 2010
  - <http://www.access-board.gov/ada-aba/ada-standards-doj.cfm>
- Religious exemption from ADA
  - ADA Title III Technical Assistance Manual <http://www.ada.gov/taman3.html>
    - *III-1.5000 Religious entities.* Religious entities are exempt from the requirements of title III of the ADA. A religious entity, however, would be subject to the employment obligations of title I if it has enough employees to meet the requirements for coverage.
    - *III-1.5100 Definition.* A religious entity is a religious organization or an entity controlled by a religious organization, including a place of worship.
    - *III-1.5200 Scope of exemption.* The exemption covers all of the activities of a religious entity, whether religious or secular.
- Ohio building codes largely do not exempt religious entities
  - <http://codes.ohio.gov/oac/4101%3A1-11>
- Theologies of disability and inclusion
  - Religious holy books such as the Bible
  - *Disability and the Gospel: How God Uses Our Brokenness to Display His Grace* by Michael Beates
  - *Making a World of Difference: Christian Reflections on Disability* by Roy McCloughry
  - *The Disabled God: Toward a Liberatory Theology of Disability* by Nancy Eisland
- Statistics
  - U. S. Census Bureau American Fact Finder <http://www.factfinder2.census.gov>
    - Advanced search “disability”
- Religion and disability advocacy groups
  - Joni and Friends International Disability Center <http://www.joniandfriends.org/>
  - American Association of People with Disabilities Interfaith Initiative <http://www.aapd.com/what-we-do/interfaith/interfaith-initiative.html>
  - Search for resources from your religious organization

#### Speak

#### Demonstrate

## Solutions for Today

### Needs assessment

- Audit of barriers
  - New England ADA Center *ADA Checklist for Readily Achievable Barrier Removal*  
<http://www.adachecklist.org/>
  - *Accessibility Information for Unitarian Universalist Churches*, see Chapter 2  
<http://www.uua.org/documents/idbm/accessibility/manual.pdf>

## Solutions to Pursue

### Funding

- *ADA Compliance Pricing Guide* by R.S. Means Group
- *Money and Ideas: Creative Approaches to Congregational Access*  
<http://www.bunkertownchurch.org/docs/money-and-ideas.pdf>