

Ethnic Minorities with Disabilities Creating Changes in Their Communities

Background: When the Americans with Disabilities Act (ADA) was passed 10 years ago, people with disabilities expected increased opportunities to fully and equally participate in all aspects of mainstream culture. Under Title III of this law, they were ensured the full and equal enjoyment of goods and services offered by private businesses and places of public accommodations. Barriers that once excluded them from shopping, banking, or enjoying a movie were to be removed. However, Title III lacks strong enforcement procedures, particularly for existing establishments that were built before its passage in 1990. For existing establishments, ADA enforcement typically requires consumers to initiate private lawsuits or file formal complaints with the Department of Justice.

Furthermore, although there have been national and local efforts to provide ADA information to businesses, to what extent these efforts are resulting in actual accessibility improvements is relatively unknown. Also, research on assessing and promoting physical accessibility in places of public accommodations is sparse. Moreover, there appears to be a particular need to educate and promote ADA compliance among minority-owned businesses.

Intervention studies designed to promote compliance with the ADA are limited. Results have indicated the usefulness of face-to-face feedback and prior contact with people with disabilities in efforts to increase the physical accessibility of public accommodations.

Purpose and anticipated benefits: This social-action research project, "Taking It to the Streets," was aimed to help blacks and Hispanics with disabilities make their own communities accessible and become more empowered in the process. If provided with education, tools, and support, ethnic minorities with disabilities can improve the accessibility of their communities and be in a better position to more fully participate in society. Centers for independent living can play a central role in this effort by providing ADA workshops and supporting consumers to encourage business accessibility. By improving ADA compliance with Title III, society benefits as a whole.



Who: With the assistance of Christopher Keys, Ph.D., Brigida Hernandez, Ph.D. and Fabricio Balcazar, Ph.D., an associate professor in the Department of Disability and Human Development at the College of Associated Health Professions and an associate professor in the Department of Psychology at the University of Illinois at Chicago (as viewed in photograph to left), worked with 17 blacks and Hispanics with disabilities from two Chicago collaborating sites (Schwab Rehabilitation Hospital and Progress Center for Independent Living) to determine accessibility in their communities.

When: 2001-2003

Method: Participants attended a one-day ADA workshop, where they were provided with an overview of the ADA with a particular focus on Title III, viewed the “Open for Business” documentary, learned how to conduct an accessibility survey that was modified from the ADA Checklist for Readily Achievable Barrier Removal, and participated in a hands-

on “mock” assessment, using the modified checklist. The 96 establishments assessed included: food and drink (39); sales/rental (e.g., grocery stores, bakeries)(36); services (e.g., physician offices, banks); (16), education (2); social service (2); and lodging (1). Participatory action research was used throughout this study. One key way was the enlistment of ethnic minorities with disabilities to learn about Title III ADA accessibility regulations and survey their communities. By doing this, consumers not only educated themselves, but they educated business owners and service providers about the law and created social change.

ADA Category	
Establishments serving food and drink (restaurants, bars)	39
Sales/rental establishments (retail shops, grocery stores, bakeries)	36
Services establishments (banks, doctors' offices)	16
Places of education (colleges)	2
Social service center establishments (senior centers)	2
Places of lodging (hotel)	1
Total=96	

54

Results: In the 96 Chicago establishments investigated, participants found 74 accessible entrances, 71 accessible goods and services inside, and 18 accessible restrooms. Six months after being told of their accessibility deficits, 37% of the establishments had made improvements. The most common improvements were the least costly and included moving merchandise to widen aisles and providing assistance to customers with disabilities. Other improvements noted were adding grab bars to restrooms, purchasing portable ramps, making dressing room accessible, and installing automatic door openers. Specifically, these improvements occurred: entrance improved (10), posts blocking entrance removed (2), cement ramp (1), portable ramp (1), automatic door installed (1), bell installed at entrance (1), aisle widening (9). Six sites improved their restroom by installing grab bars (2), and lowering hand dispensers (1). Two sites provided materials in alternate format by offering Braille menus (1) and having a reader available for changing menu (1). Chain stores were more likely to make accommodations costing money than smaller businesses. Having a prior relationship with the manager, too, increased changes made. Reasons given for not making changes were lack of time, cost, resistance to the law, lost information, and management change.

Recommendations: Ramps (permanent and portable), curbside service (bell), and home delivery can be solutions for inaccessible entrances. Written materials, too, can be provided in Braille and tape recordings or offered by readers for people with visual impairments. Inaccessible pathways can be more accessible by increasing aisle width, rearranging displays, removing obstacles, and providing assistance as needed.

Policy implications: Possible implications of this research project include: 1) increasing ADA knowledge among minority individuals with disabilities and minority-owned businesses; 2) providing ADA information in a culturally-competent manner; 3) providing tailored and face-to-face feedback to business owners regarding the accessibility of their establishments; and 4) involving people with disabilities in this feedback process to work collaboratively with business owners.

Project output: The Advocacy and Empowerment for Minorities with Disabilities Program at the University of Illinois at Chicago continues to use this research that also was replicated by a center for independent living in South Florida and another in Washington, DC. Also, survey participants were instructed on how to file formal complaints with local and/or federal authorities, if necessary. Brigida Hernandez and Fabricio Balcazar, too, presented "Taking it to the Streets: Ethnic Minorities Seeking Community Inclusion" at the Society for Disability Studies 17th Annual Meeting Program in St. Louis, Mo., (June 3-6, 2004). Publications include:

- Hernandez, B., Keys, C., & Balcazar, F. (2003). The Americans with Disabilities Act Knowledge Survey: Strong psychometrics and weak knowledge. *Rehabilitation Psychology, 48*, 93-99.
- Kaplan, D.L., Hernandez, B., Balcazar, F.E., Keys, C.B., & McCullough, S. (2001). Assessing and improving accessibility of public accommodations in an urban Latino community. *Journal of Disability Policy Studies, 12*, 55-62.
- Hernandez, B., Keys, C., & Balcazar, F. (2004). Disability rights: Attitudes of private and public sector representatives. *Journal of Rehabilitation, 70*, 28-37.
- Balcazar, F. (2001). Developing the capacity of minority communities to promote the implementation of the Americans with Disabilities Act (ADA). *Research Exchange 6*, (2).