ABSTRACT

THE AMERICANS WITH DISABILITIES ACT
AND ACCESSIBILITY STANDARDS FOR THE DISABLED POPULATION
IN THE LODGING INDUSTRY

By Krista Marie Sielschott

This study investigated the lodging industry and its accessibility for the disabled population, according to the Americans with Disabilities Act (ADA) guidelines. Surveys were sent to hotels, motels, and inns in the Cincinnati, Dayton, Indianapolis, and Lexington areas. Facilities were placed into three categories (economy, mid-scale, and upper-scale) based on their rate to stay. Data was analyzed to obtain an overall percentage score and a percentage score for each facility based on compliance. Correlation data was also used to analyze relationships. It was hypothesized that the majority of facilities will be compliant, and that upper-scale facilities would be more compliant than economy-priced facilities. Results show there was more accessibility for individuals with low vision and mobility impairments than for people who are hard of hearing. In addition, there was no substantial difference between compliance scores for the economy and upper-scale facilities. This paper also presents limitations of the study as well as suggestions for future research.
THE AMERICANS WITH DISABILITIES ACT
AND ACCESSIBILITY STANDARDS FOR THE DISABLED POPULATION
IN THE LODGING INDUSTRY

A Thesis

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In partial fulfillment of
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By
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Without the support I received from all of you throughout my graduate studies, none of this would have been possible. THANK YOU!
CHAPTER I
Introduction

The Americans with Disabilities Act

Approximately 43 million Americans have chronic health conditions or physical impairments that limit their access to public resources, as well as their ability to perform “major life activities” (Jasper, 1998). A major life activity is described as a function that can be performed by the average person with little or no difficulty. These functions include caring for oneself, performing manual tasks, as well as functions that are performed unconsciously such as walking, talking, breathing, seeing, and hearing, among others (Salmen, 1992). To be considered “disabled”, an individual must be limited in performing one or more major life activities due to a physical or mental impairment (United States Department of Justice [USDOJ], 2003). According to the Americans with Disabilities Act (ADA), impairment is defined as “any condition, disorder, disfigurement, or anatomical loss to any body system” (Williams, 2002, p.7). Some examples include hearing impairments, vision impairments, orthopedic impairments, speech impairments, and serious health impairments (Rothstein, 1984). The number of individuals with disabilities has increased since the passage of the ADA due in part to medical advances that have helped to save many more infants born with disabilities (Rothstein, 1992).

The Civil Rights Act of 1964 and the Rehabilitation Act of 1973 were utilized to establish a basis for the protection against discrimination. The Civil Rights Act was created with the intention of prohibiting discrimination against people of various gender, race, and ethnic backgrounds. All titles of the Civil Rights Act were amended in 1977 to incorporate prohibition of discrimination on the basis of an individual’s disability (Gostin & Beyer, 1993). In 1990, the ADA was passed with the intent to expand the protections formed by previous legislation by allowing equal access to public services, accommodations and employment. The ADA protects individuals with disabilities in the work environment (Title I), requires equal service provisions associated with the state and local government (Title II), equal access to public accommodations and certain public transportation services privately owned and/or operated (Title III). The ADA also provides protection by requiring telephone companies to make relay systems available for persons with hearing and/or speech impairments (Title IV), and by associating the ADA
with the Civil Rights Act of 1964 with miscellaneous legal and technical provisions (Title V) (United States Commission on Civil Rights [USCCR], 1998). Titles III and IV will be discussed in more detail in the following chapter, as they pertain more to the population chosen to be investigated.

In addition to the ADA and the Civil Rights Act, several other laws have passed with the purpose of providing service to individuals with disabilities. The Architectural Barriers Act (ABA) was passed in 1968 to ensure that individuals with various physical impairments would have accessibility to buildings and facilities that were designed, built, or modified using federal funds (Rothstein, 1984). The ABA provides coverage for any area of a building or facility including such elements as parking, doors, entrances, auxiliary devices, and restrooms (Rothstein, 1984).

In July of 1991, the Access Board produced a manual known as the Americans with Disabilities Act Accessibility Guidelines (ADAAG). The ADAAG is used to make certain that the guidelines set up by the ADA were being followed consistently when it came to building codes and other industry standards. The U.S. Department of Justice (DOJ) is responsible for the enforcement and regulation of the ADA for state and local governments and private entities under titles II and III (United States Architectural and Transportation Barriers Compliance Board [USATBCB], 1998). The ADAAG manual provides guidelines for construction or any alteration that may need to occur to any private or public facility (Zissman, 2001).

The ADA became the first federal law mandating that privately owned businesses make their existing buildings accessible for individuals with disabilities (Salmen, 1992). The requirements for places of public accommodation to provide accessibility are stated in the ADAAG. Although it is important for private entities and places of public accommodation to be in compliance with the ADA, it can be costly to remove barriers that may result in complaints from people who are disabled. An example would be if a facility did not have an accessible entrance for wheelchair users and they needed to install a ramp by the entrance. It may be costly to remove the “barrier”, but it can become an even greater cost to the facility if inexpensive modifications are ignored until more significant and expensive changes need to be made. Certain oversights may affect the accessibility and function of the facility or accommodation (Salmen, 1992). It is,
therefore, required by the ADA to make provisions for individuals with disabilities who are covered under the ADA (Williams, 2002). However, provisions that may require a physical change are only necessary as long as it does not cause a financial strain on the business (Williams, 2002). If a financial strain is anticipated, the ADA allows the facility to use other cost-effective means of providing accessibility, as long as they are achieving compliance with the ADA (USCCR, 1998). The ADA states that the cost of implementing accessible features in a newly constructed building is only 1% of the construction costs, which is a small price for society to pay to be in compliance with the ADA and ADAAG standards. Changes toward accessibility will in turn save the United States billions of dollars that is spent on dependency and lack of productivity from numerous individuals with disabilities (United States Equal Employment Opportunity Commission [USEEOC], 2003).

Since the passage of the ADA in 1990, awareness has continued to grow concerning the protections against discrimination. However, individual’s awareness seems to remain more limited and inadequate than the ADA would have anticipated (West, 1996). Accessibility is the law and a promise of equal enjoyment of goods and services for Americans. Accessibility may seem as if it is only for the disabled population, but it will eventually be beneficial to most individuals. As the natural aging process occurs, most individuals could benefit from the removal of barriers to accessibility, whether or not they are disabled (Slavitt & Pugh, 2000). As individuals age, their abilities may become more limited. They may find it difficult to move around obstacles or push open doors that once seemed simple. Removing barriers will help the individuals who are less agile due to age, as well as the disabled population. Therefore, accessibility is an important issue that is potentially beneficial to each individual at some point in his or her life. To increase general knowledge about the ADA, it is important to educate individuals and businesses as to their role in creating accessibility for the disabled population. The majority of this study will focus on Titles III and IV of the ADA, as they relate to the lodging industry and its compliance with the ADA. Knowledge about the degree of accessibility in the lodging industry will create more awareness for both the individuals covered under the ADA, as well as the individuals and facilities who must enforce the issue of accessibility. It is possible that the increased
accessibility that may result from awareness will increase revenue for the industry by meeting the needs of the disabled population. The lodging industry will benefit from profits, as the client benefits from improvements in lifestyle.

**Purpose of the Study**

The purpose of this study is to investigate compliance with the ADA, with respect to accessibility as reported by hotels, motels, and other places of lodging.

**Hypothesis**

It is hypothesized that the majority of the places of lodging will be in compliance with the requirements of the ADA as stated on the survey. Due to the passage of the ADA as a federal law, it is the assumption that facilities will follow the guidelines set up by the Americans with Disabilities Act Accessibility Guidelines (ADAAG) in order to be in compliance with the ADA.

It is further hypothesized that upper-scale (luxury) lodging facilities will be significantly more compliant, and hence more accessible, than the economy-priced facilities. This hypothesis is based on the assumption that upper-scale hotels are often more financially secure and stable, and can therefore afford to remove barriers to accessibility without causing as much of a financial drain as it may to the smaller, economy-priced facilities.
CHAPTER II
Literature Review
ADA and the Lodging Industry

A Growing Population

Approximately 1 in every 5 Americans is considered disabled. It is likely that number will increase as the number of older adults increases (United States Department of Commerce [USDC], 1997). As the disabled population continues to grow, so must society’s understanding of the need to become more accessible. When the Americans with Disabilities Act (ADA) was signed into law in 1990, one area of business greatly impacted by the legislation was the lodging industry. In a survey conducted on the spending patterns of travelers with disabilities, it was revealed that the lodging industry received almost $4.2 billion in revenues from guests who were disabled. Open Doors, Inc. (as cited in Needed: A Disability Market Survey, 2003) projected that individuals with disabilities spent almost $13.6 billion on trips in 2002. From these figures it can be seen that the lodging industry receives significant income from individuals with disabilities and it is predicted that these figures could double if the industry would take the appropriate measures to become more accessible to the disabled population (National Organization on Disability [NOD], 2003). Not only will individuals with disabilities benefit from the ADA’s requirements of easier accessibility in buildings and facilities, such as the lodging industry, but also the industry itself may increase their revenues by complying with the ADA and accommodating people with disabilities.

According to Kearney (1992), accessibility is defined as the “ability to move into, out of, and throughout a facility; the ability to manipulate objects and equipment within a space; and the ease of participation in activities throughout the space, including social activities” (p.83). It is important to remember that not all disabilities are observable. Therefore, the lodging industry should be accessible for a range of physical limitations (Kearney, 1992).

Titles III and IV of the ADA

To understand what is required to make a facility accessible under the law, it is necessary to review Titles III and IV of the Americans with Disabilities Act (ADA). Title III of the Americans with Disabilities Act (ADA) section 302 (a), provides coverage
for inns, hotels, motels or other places of public lodging. As cited in Gostin and Beyer (1993):

No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any person who owns, leases (or leases to), or operates a place of public accommodation (p. 35).

Title III of the ADA was designed to ensure that individuals with disabilities could participate and enjoy the goods and services, as well as access to public buildings and facilities. Public places include restaurants, theaters, banks, grocery stores, shopping malls, recreational facilities, as well as places of lodging. There are 12 categories of covered entities that fall into Title III of the ADA, and they are all prohibited from discriminating against an individual because of their disability. Facilities covered under Title III of the ADA are required to practice or provide any service or procedure that would benefit an individual with a disability to partake in the enjoyment of the services (Batavia, 1996). However, a service or procedure is not required to be made accessible if the alteration to the facility’s policy, or the physical alteration of the facility itself, would cause a financial or physical burden. If that were the case, the facility would then be required to create a different means of providing the goods or service that they provide to all of their customers. An example would include a lodging facility that is holding a conference in one of their meeting rooms. If an individual with a disability is attending the conference and the meeting room is not accessible for that individual, the facility would need to provide “program accessibility” and move the conference to an area that is considered to be accessible. This is a way in which the facility can provide a different means of accessibility so that the individual can enjoy the service that the facility has available. Title III covers all public-accommodating facilities regardless of the size of the company or numbers of employees.

Title IV of the ADA focuses primarily on individuals who are hard-of-hearing by improving the Communications Act of 1934. Businesses that provide telephone services to the public are required under Title IV of the ADA to provide telephone relay services. Hard-of-hearing individuals who may use a Telecommunication Device for the Deaf (TDD) can communicate through a relay operator so that the individual may speak to
someone who does not use a TDD. A national TDD hotline has recently been implemented and individuals can dial #711 and will be connected to a relay system. Title IV also states that any public service announcement presented by the government on television must be closed-captioned for the hard-of-hearing (Slavitt & Pugh, 2000).

Creating An Equal Environment

The intention of the ADA was to create a society that is more inclusive and accepting of individuals with disabilities. One way to create a more inclusive environment is to begin by changing the physical accessibility of public accommodations, such as hotels, motels, and inns, to allow individuals with disabilities to have equal participation in society.

According to the American Hotel and Motel Association (as cited in Salmen, 1992), individuals with disabilities had difficulty using the hotel facilities due to structural barriers, and they felt that they were being discriminated against because of their individual physical and/or mental needs. Therefore, Title III of the ADA helped to set up guidelines for hotels and motels, in order to give individuals with disabilities the equal opportunity to participate in the goods and services that the lodging industry offers. If the hotel permit is certified and filed to be constructed after January 26, 1993, then it is required to comply with the ADA Accessibility Guidelines unless it is structurally incapable of being done (Salmen, 1992).

The ADA requires public accommodations to take significant steps toward making their facilities, and services more fully available to people with disabilities. However, the question still remains whether or not the appropriate steps are in fact being taken.

Section 302 (b) of the ADA specifically addresses auxiliary aids and services requiring;

…public accommodations to take such steps as may be necessary to ensure that no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services, unless the entity can demonstrate that taking such
steps would fundamentally alter the nature of the good, service, or facility (Gostin, 1993, p.293).

The following are auxiliary aids and services that places of public accommodations have a duty to provide specifically to individuals who are hard-of-hearing or have low vision: qualified interpreters, note takers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening devices, telephones compatible with hearing aids, television-captioning and decoders, telecommunication devices for deaf persons (TDDs), videotext displays, or other effective methods of making delivered materials available to individuals with low vision, such as readers, taped text, and large print or brailed materials (“Americans with Disabilities Act of 1990 & The Rehabilitation of 1973”, n.d.).

Past Litigation on the ADA and the Lodging Industry

According to Edmund (as cited in Russell, 1996), several surveys have been conducted since the implementation of the ADA in 1990 and indicate that many properties are not in full compliance with ADA requirements. The surveys found that approximately 20% of complaints that were brought to the attention of the U.S. Department of Justice (DOJ) involved hotels and restaurants. The Disabilities Rights Section (DRS) was able to compile a total number of complaints from individuals with disabilities who claimed that another party was in violation of the ADA. Between the fiscal years of 1992 and 1997, the DRS reported 10,065 complaints, which included titles I, II, and III. The highest percentage of complaints recorded by the DRS was reported by individuals who were considered to be deaf with 19.7 percent of the complaints (USCCR, 1998).

One such compliant was filed by a father of two deaf children in December of 1996 against a Hotel Bel-Air in Los Angeles, California. Shortly after the family checked into the hotel, the father contacted the hotel management to inform them that his daughters could not watch television because it was not equipped with a closed captioning device. After speaking to four different managers over the course of two days, the father recommended that the hotel contact the Greater Los Angeles Council of the Deaf (GLAD) to rent a decoder. The hotel did contact GLAD but informed the father
that they would not pay for the rental fees and therefore, never provided the decoder. Once the complaint was filed with the Department of Justice, the hotel was contacted and a settlement was agreed upon. The hotel purchased nine TDDs for guests and one TDD for the front desk. The hotel also installed flashing alarms for fire, smoke, and to alert a hard-of-hearing individual that someone is on the phone or at the door. Televisions with closed captioning decoders were provided, as well the requirement to obtain a TDD for a deaf or hard-of-hearing individual if all other TDDs are in use at the time (United States of America v. Kava Holdings, Inc., 1997).

Larger hotel chains and franchises have also been found to be in noncompliance with the ADA. A case was filed in 1994 with the DOJ stating that several Holiday Inn Crowne Plazas, including one in Georgia, another in New York, and another in Texas, were in violation of title III of the ADA by having “barriers to access” that infringed upon the law (United States of America v. Bass Hotels & Resorts, Inc., 1998). In Atlanta, Georgia, the U.S. DOJ found that none of the handicap accessible rooms fully complied with the ADAAG standards. Some of the problems included entry doors closing too fast, as well as improper maneuvering space for wheelchairs. The bathrooms were also inadequately designed for an individual with a disability. Doors swung into the clear space of the toilet, which also lacked sufficient knee and toe clearance, according to the standards. Bathtubs lacked seats for the individual to sit on, as well as grab bars that were improperly mounted and too short. The parking garage containing ramps to the garage elevator lobbies were considered too steep and lacked handrails. Inadequate use of signage was also brought to the attention of the Holiday Inn and appropriate measures were taken to make all of the necessary changes that the ADA requested. The other two Holiday Inn Crowne Plazas were also informed of similar “barriers to access” in their handicap accessible rooms including inadequate entrances to restrooms, no installation of grab bars, and the improper location and use of signage to inform of accessible areas. TDDs were also required to be provided in a certain number of public telephone banks. To address these issues and consistencies with noncompliance, the franchise owner of all Holiday Inns agreed to comply with the ADA and its standards and made the appropriate changes requested by the Department of Justice (United States of America v. Bass Hotels & Resorts, Inc., 1998).
An important step towards making the lodging industry more accessible to individuals with impairments not only concerns the building or facility, but also the staff that play a role in providing these individuals with the equal goods and services the hotel has to offer. As a result to the above mentioned court cases, the Holiday Inn Crowne Plazas have agreed to train all of their hotel employees, from the day they start work, on the ADA issues that will be relevant to their job duties. For example, the hotel’s front desk clerks, management personnel, and lobby staff will become familiarized with the use of TDDs and closed caption decoders, along with other auxiliary aids, and the distribution process that will occur in providing these to guests with various impairments. The Holiday Inn franchise states that this training will be done no less than twice a year (*United States of America v. Bass Hotels & Resorts, Inc.*, 1998).

**Correct Accessibility and the ADA Standards**

The ADA is like any other law that has been proposed and passed. There are guidelines and standards that must be followed to be in compliance with the law. The ADAAG created guidelines for the ADA making it easier for businesses and other buildings and facilities to understand and follow the standards for accessible design. The ADAAG manual consists of minimum and maximum standard requirements from “space allowances and reach ranges” to “shower stalls” to “accessible transient lodging”. However, if a minimum or maximum dimension is not stated, the dimension that is noted in the manual is considered absolute and must be used as the set dimension (USATBCB, 1998).

For some individuals with mobility impairments, the first task is getting through the door. Several criteria produced by the ADAAG manual states that the handles on the doors should be easily accessed with one hand and should not require any twisting or turning of the hands or wrists. A recommendation is to use U-shaped or lever handles on the doors, or even a push bar mechanism that can allow other body parts to open it as well. The ADAAG also recommends leaving a clear width of the door opening of 36 inches when the door is open 90 degrees (Ohio Rehabilitation Services Commission [ORSC], 2001). The size of the door opening allows the individual to have enough room to open the door and facilitate easy movement with a wheelchair. At least one door at
each entrance, one door at each accessible space within the building, and each door that is used as an accessible route or way to get out of the facility must be handicap accessible (USATBCB, 1998).

Objects that protrude into the walkway can also cause inaccessibility or even pose a danger to any person with mobility impairment, but more importantly for an individual who is blind. Since many of these individuals rely on guide dogs or canes to help them stay away from edges of walkways, the ADA restricts any object or overhang that protrudes more than 4 inches into the walkway or hall, or any accessible route associated with the facility (American Foundation for the Blind [AFB], 1992). Objects within the sweep of the individual’s cane cannot protrude more than 4 inches into the aisle ways if it measures between 27 and 80 inches from the ground. However, if the height of the object is 27 inches or shorter when measured from the ground, it may protrude as far out as necessary (USATBCB, 1998). The standards for protruding objects are based on the cane techniques that individuals with low vision are trained to use.

Door width and clearance room, appropriate door handles, and protruding objects, are not the only standards required to make a building or facility, such as a hotel, more accessible. The room that the individual with a disability stays in is equally important. Sections 9.1.2 and 9.1.3 of the ADAAG manual specifically discuss the requirements of accessible transient lodging such as hotels, motels, and other places of sleeping accommodations. The number of rooms that are required to be accessible depends on the number of rooms provided at the place of lodging. Tables 1 and 2 display the required number of rooms with visual devices and the number of rooms with mobility access that are required by the ADA based on the number of rooms that the facility contains.
Table 1

Required Number of Accessible Rooms For Hearing and Mobility Impairments

<table>
<thead>
<tr>
<th>No. of rooms in hotel</th>
<th>No. of accessible rooms- individuals w/disabilities</th>
<th>No. of rooms with roll-in or transfer showers</th>
<th>No. of rooms for hearing impaired individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-25</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26-50</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>51-75</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>76-100</td>
<td>4</td>
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<td>101-150</td>
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<td>301-400</td>
<td>8</td>
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<td>8</td>
</tr>
<tr>
<td>401-500</td>
<td>9</td>
<td>4 and an additional room for each 100 rooms over 400</td>
<td>9</td>
</tr>
<tr>
<td>501-1000</td>
<td>2% of the total number of rooms</td>
<td>2% of total number of rooms</td>
<td>2% of total number of rooms</td>
</tr>
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</table>

*Note.* Adapted From *Accommodating all guests: The Americans with disabilities act and the lodging industry* (p. 54), by J.P. Salmen, Silver Spring, MD: Universal Designers and Consultants, Inc. Copyright 1992 by The American Hotel & Motel Association.

Table 2

<table>
<thead>
<tr>
<th>No. of rooms in hotel</th>
<th>No. of rooms for individuals with low vision</th>
<th>No. of rooms for individuals with vision and mobility impairments</th>
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<tbody>
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<td>1 – 25</td>
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<td>1</td>
</tr>
<tr>
<td>26 – 50</td>
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<td>2</td>
</tr>
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<td>51 - 75</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>76 – 100</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>101 – 150</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>151 - 200</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>201 – 300</td>
<td>7</td>
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<tr>
<td>301 – 400</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>401 - 500</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>501 - 1000</td>
<td>2% of total</td>
<td>2% of total</td>
</tr>
</tbody>
</table>


In addition, a certain number of guest rooms must be accommodating to individuals who are hard of hearing, including all of the rooms that are already accessible for individuals with mobility impairments. For example, a lodging facility must provide six accessible rooms for every 151 to 200-guest rooms, which includes at least two of the rooms containing a roll-in/transfer shower. In addition, at least six of the rooms must be accessible for hearing-impaired people and are not required to be wheelchair accessible (Salmen, 1992).

There are relatively easy ways to make a facility or building, such as a place of lodging, accessible and in compliance with the ADA by removing barriers. These accommodations may include (a) designating the handicap accessible parking spaces as close to the accessible entrance as possible, (b) rearranging the furniture in the appropriate accessible rooms and lobbies so that the individual has a clear path of travel of at least 36 inches with a 5-foot diameter space to make 360-degree turns in the wheelchair, (c) anchoring carpets and mats to floor surfaces, making it easier for the individual who is in a wheelchair to move about, and (d) replacing doorknobs with
appropriate push bars, lever or loop handles, and replace a revolving door with accessible manual or automatic doors (National Center for Access Unlimited, 1991). In addition, install grab bars and handles inside showers and make sure the lavatory is within an appropriate height of at least 27 inches high from the ground and at least eight inches deep (USATBCB, 1998). Installing amplifiers on telephones in the guest rooms and providing flashing lights for warning signals is also beneficial to those who are hard-of-hearing. These are examples of the many changes that can be made to accommodate individuals with handicap in a place of lodging. However, it is important to remember that a change is only required as long as it does not cause an “undue burden” on the business. If the removal of a barrier is considered to cause a financial or “undue burden” on the facility, the business is required to make an accommodation in another way, as long as it was considered appropriate for the individual. For example, if a facility were unable to provide an amplifier on the telephone, or a flashing light inside the room of a hearing impaired guest to indicate an emergency, the facility would be required to provide a portable amplifier or flashing light that could be plugged in by the guest themselves.

Many of the standards and codes mentioned in the ADA are required to be available, in some manner, for the disabled population. However, the requirements are not only beneficial to individuals with disabilities. Widening doors, changing door handles, and/or repositioning or moving furniture to accommodate an individual with a wheelchair can also be beneficial to able-bodied guests as well. An example is an able-bodied individual carrying large luggage or numerous bags, trying to maneuver through a rotating door or attempting to rotate a doorknob to enter the facility. The able-bodied individual may not present any true mobility impairments, but their access to the facility may be just as difficult as an individual who is physically impaired. This example makes it a point of how accessibility is beneficial to all individuals, with or without disabilities.

A Team Effort

When determining what changes need to be made in a place of lodging it is in the hotel’s best interest to incorporate a team of individuals who can help to ensure that all requirements for individuals with disabilities under the ADA have been met. The
American Hotel and Motel Association recommend using at least a team of three individuals. The team would include a general manager who has an idea about the layout of the building and how the facility operates. It is also important to have someone who is familiar with the ADA, and all of the technical requirements involved, to make certain that the hotel is able to cover each requirement that must be met. Most important is to include an individual who can represent the needs and concerns of the disabled population, and who will be requiring the goods and services that the place of lodging provides. In order to address the needs of the disabled population, it is best to listen to the advice of an individual experiencing disability first-hand (Salmen, 1992).

**Addressing the Complaints**

There are over 43 million Americans with disabilities and the ADA is responsible for protecting those individual’s rights. There are several departments or agencies that are responsible for handling the cases that are filed under the ADA and its titles. The departments include the U.S. Departments of Agriculture, Education, Health and Human Services, Housing and Urban Development, Interior, Labor, Transportation, and the Department of Justice. Each complaint that is filed is given to the appropriate department. If more than one department can handle the complaint, the DOJ will decide which agency will receive the complaint. For complaints that are being filed specifically against a hotel, motel, inn, or any other place of lodging, the DOJ has the control to make the decision as to what the next step is in the matter. A settlement can be agreed upon between the parties. However, if an agreement cannot be made, the DOJ can proceed by filing a lawsuit in a federal district court (USCCR, 1998).

**Implementation and Effectiveness of the ADA**

When the ADA was signed into law in 1990, it was considered to be the most extensive piece of legislation in U.S. history for people with disabilities (Harrison, 2002). Yet, after many changes to the ADA over several years, why do many individuals with disabilities still feel that they have not benefited the way they expected they would, and why do they still feel discriminated against?

A study conducted in 1998 by the National Organization for Disabilities/ Harris Survey questioned individuals with disabilities and their perceptions of the ADA and its
effectiveness. Findings revealed only 48.1% of individuals felt that the ADA created improvement for individuals in the past 10 years. The same individuals were also asked if they felt that the ADA had made a difference in their own lives. Roughly 33% felt that they noticed no difference, and only 17% felt that it had made their lives much better. They did feel that the public attitude, in general, has gotten better in the past four years with 62.6% agreeing with that statement and only 13.2% felt that it has changed for the worse. Of the population sampled, 20% of the hearing impaired individuals felt that significant improvements were made under Title IV of the ADA, which covers telecommunication for hearing and/or speech impaired persons (Harrison, 2002). Since the enactment of the ADA, considerable changes have been made and some groups in society have “shifted their views and have attempted to enact change without mediation” (Harrison, 2002, p.344). The changes and improvements that have been made have permitted individuals with disabilities to become more active in the public and the economy, allowing them to share in the goods and services that businesses and industry provides. The more society is aware that they can make simple changes to be more accessible, the more effective the ADA will become for the disabled population, increasing their quality of life.

Little research has been conducted on the implementation and effectiveness of the ADA since it was passed in 1990. Most of the research has been conducted with questionnaires and surveys on individual’s perceptions and feelings. One study chose to focus on gathering information from individuals with disabilities themselves, which is the population that should be benefiting most from the ADA. Forty-seven percent of individuals with disabilities who participated in the study felt that Title II (public sector) had shown more improvement than Title III (31.8%), but neither were considered to be better in regards to the effectiveness of the ADA. Title IV (telecommunications), however, was rated the highest throughout the entire study with Title III (private sector) indicating the smallest amount of improvement since the enactment of the ADA. Bear in mind that the research conducted seemed to be purely subjective and therefore, unreliable when trying to focus on the effectiveness of the ADA. Several factors were taken into consideration, such as the type of disability, age of onset of the disability, the membership a person may have had in a disability organization, and the individual’s
employment status. Each factor played a role in affecting the individual’s perception of the effectiveness of the ADA (Hinton, 2003). Individuals felt that the perceived inefficiency was primarily from the enforcement of the ADA that doesn’t always seem to occur.

In 1995, research was conducted by Upchurch and Seo (1996) concerning the Americans with Disabilities Act, and the level of compliance by operators in the lodging industry. The purpose of the study was three-fold. Researchers were interested in measuring the operator’s current level of physical compliance with the ADA, the plans in meeting or exceeding the standards required by the ADA, and the identifiable issues and barriers that were causing or leading to non-compliance for the facility (Upchurch & Seo, 1996). Participants were from the Minneapolis metropolitan area. The close proximity of lodgings made data collection more convenient. The lodging facilities represented categories of full-service, limited service, and economy properties, and a questionnaire was obtained from each facility based on questions regarding specific requirements from the ADA. The results indicated that 100% of the facilities and their operations were not in compliance with the ADA. A contributing factor to the non-compliance included financial burdens on the facility. Upchurch and Seo (1996) stated that the operator’s were aware of their obligation to comply with the ADA’s requirements, but financial matters caused difficulty for barriers to be removed. It is, however, reassuring to know that 67.6 percent of the facilities that chose to participate in the study stated that they had made some type of modification to their facility since the passage of the ADA (Upchurch & Seo, 1996).

According to Hinton (2003), it is important that research continue in order to observe the factors that cause accessibility limitations. These factors may include architectural barriers associated with the facility, the presence of auxiliary aids, as well as whether or not the facility provides interpreters or assistants that are trained to be able to help individuals receive the services available to them. Hinton feels that by identifying the issues and conducting further research, the problems can be addressed and corrected to make the ADA more effective.
Summary

The ADA is an extensive law providing protection for the disabled population. Due to the large percentage of revenue provided to the travel industry by the disabled population, the lodging industry seems to be an appropriate area on which to focus. In addition, previous research seems to indicate a significant lack of compliance in some areas of accessibility. This study will research hotels, motels, and inns, to find out how accessible they are in comparison to requirements imposed by the ADA. Research will assist in making the industry more aware of its barriers and the changes that may need to be completed to their facilities. The research findings will also be of assistance by providing staff and managers with a better understanding of the ADA and how they can be in compliance to benefit themselves and the disabled population. As cited in Colker (2000), Title III of the ADA “was a significant and important step in improving the lives of individuals with disabilities. It is now time to ask, however, whether we can do a better job in creating an effective enforcement scheme to achieve those aspirations” (p. 311). Compiling information on compliance in the lodging industry is the first step in promoting positive change.
CHAPTER III

Methods

Participants

Lodging facilities located in and around Cincinnati, OH, Dayton, OH, Indianapolis, IN, and Lexington, KY were selected for inclusion. Each city was chosen based on its representation of a large metropolitan area throughout the three states, which would provide a reasonable profile of compliance in each state. A list of hotels from each city was chosen from the information provided by each city’s chamber of commerce website. The facilities were then chosen based on the following inclusion criteria: a) the lodging facility must be located within one of the three cities indicated, and b) the facility must be able to be categorized into economy, mid-scale, or upper-scale (luxury) hotels. The appropriate category was chosen on the basis of the facility’s cost of a standard room for one night of stay. The categorizations used were obtained from the Chain Scale which is utilized by the Smith Travel Research, Inc., an independent research firm that tracks the performance of the hotel industry (J.F. Freitag, personal communication, September 11, 2003). A total of two hundred and six surveys were sent to lodging facilities in the three states. The surveys contained forty-two questions regarding the facility, as well as the standards and requirements, which are mandatory, according to the Americans with Disabilities Act Accessibility Guidelines.

Informed Consent and Confidentiality

All facilities were sent a cover letter attached to their survey (Appendix A) indicating the procedures and benefits of the study. The participants were also informed that the answers they provided would remain completely confidential and would not be used to identify them or their business. Completion of the survey represented their consent to participate. A tracking number was initially placed at the bottom of the survey to identify who returned the survey and who did not. Once the survey was returned, the tracking number was destroyed, as were all other identifiers. The only identifying information used was the lodging facility category. The data obtained from the participants was locked up in a cabinet and was only accessible by the student researcher and research supervisor.
Procedures

Each participant was asked to fill out the survey (Appendix B) and return it to the researcher. The surveys were sent to each facility and given approximately three weeks to respond. Once the three-week time period had lapsed, a second mailing of the questionnaires was sent to the remaining facilities that had not yet responded. The total number of questionnaires returned was calculated after another three-week time period had occurred. The tracking number was then destroyed so that no information could identify any one specific facility.

The individual surveys contained forty-two questions regarding the individual filling out the survey and the accessibility provided by the facilities for the disabled population. The first question of the survey requested that individual facilities place themselves into the appropriate category based on their price of a standard room rate for one night. The categorization was used not only to eliminate any identifying information to the facilities, but to also compare the different lodging facilities and the impact that the size of a facility has on its accessibility. Besides the background information about the facility and the individual filling out the survey, the facilities were questioned in regards to specific standards that the Americans with Disabilities Act (ADA) state in the Americans with Disability Act Accessibility Guidelines (ADAAG) manual (USATBCB, 1998). The individual categories of questions on the survey included information on parking and exterior pathways, entrances and doors, signage throughout the hotel, counter height at the front desk, information about the guestrooms, safety procedures and equipment, and operating issues. Not all of the information asked in the survey was required by the ADA, but the questions provided a general knowledge of the accessibility that should be offered to individuals with physical impairments to provide them with the goods and services of the facility.

Data Analysis

Thirty-one questions from the survey, which inquired about the facility, were analyzed to see what areas of accessibility the facilities were considered to be ADA compliant. Data was analyzed relative to each individual question, as well as obtaining an average compliance score overall. Analyzing each individual question, initially, helped to present the number of facilities who were compliant in that area of
accessibility, as well as the number of facilities considered non-compliant. Each
individual facility was also given a percentage score indicating the number of items
considered to be compliant, divided by the total number of items that were analyzed
(thirty-one). To obtain the overall compliance percentage for all the facilities, each
facility’s number of items considered to be compliant was added together and the sum
was divided by the number of facilities that participated (thirty-four). Frequency
measures were obtained to find the range of compliance percentages. The results
indicated a mean, median, and mode. Obtaining each category’s overall score assisted in
proving or disproving the hypothesis that upper-scale lodging facilities would be more
accessible to the disabled population than the economy-priced facilities.

Correlation data was also used throughout the data analysis. Several relationships
were analyzed including relationships between the year the facility was built and the
percentage of compliance, as well as the familiarity with accessibility and the occupation
of the individual. Correlation between the compliance percentages for the facilities and
the three categories of lodging facilities: a) economy-priced, b) mid-scale, and c) upper-
scale (luxury) was also obtained.
CHAPTER IV
Results

Two hundred and six surveys were sent to the lodging facilities. A total of thirty-four were returned after two mailings. The total number received generated a return rate of 16.5 percent, creating a sample from each lodging facility category. Figure 1 displays the number of surveys obtained from each category. The majority of responses (71%) were received from the mid-scale lodging facilities with twenty-four surveys returned. The economy-priced facilities displayed the lowest return rate (9%) with only three surveys returned.

Figure 1. Facilities that participated divided into each individual lodging category.

Hotel Pricing Category

Upper-Scale (Luxury) 20.6%
Economy-Priced 8.8%
Mid-Scale 70.6%

Several factors were taken into consideration when the survey was created. Factors included the year the facility was scheduled to be built, questions regarding ADA standards that researchers felt would provide pertinent information about compliance, as well as the occupation and experience of the individual filling out the survey. Figures 2, 3, and 4 display the frequency analysis of the time frame the facilities were constructed, the occupations of the individuals filling out the forms, and their familiarity of accessibility.
Figure 2. Year facilities were constructed.

Figure 3. Occupation of participants.
Figure 4. Familiarity of accessibility of individual filling out the survey.

The year the facilities were built helped in identifying if modifications for accessibility were required at the time of construction, or whether or not the barriers should have been removed after the ADA was passed. Twenty of the facilities (59%) were scheduled to be constructed before the ADA was enacted and are, therefore, required to remove the barriers to accessibility as other improvements are made. The fourteen facilities (41%) built after the ADA was enacted were required to be built without any barriers to accessibility. Figure 5 shows a scatterplot displaying the correlation analysis for the year the facility was built and the percentage of compliance. Results indicate an overlap in the correlation showing that there has not been much increase in the compliance percentage since the implementation of the ADA.
Individual questions were also analyzed to obtain information on how accessible and compliant the lodging facilities were, as well as what areas were considered to be non-compliant. Table 3 shows the list of data that was requested on the questionnaire to the individual facilities, and gives a rating of 0, 1, or 2 (0=data could not be determined, 1=compliant, 2=non-compliant). Results indicate that the facilities failed to be in compliance in eleven out of thirty-one (35%) of the surveyed items.
Table 3.

Compliance and Non-compliance Results For Each Individual Item

<table>
<thead>
<tr>
<th>Data Requested</th>
<th>Compliant (1)</th>
<th>Non-Compliant (2)</th>
<th>Could Not Be Determined (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking Spaces</td>
<td>24</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td><strong>Van Accessibility</strong></td>
<td>6</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>Handrails</td>
<td>28</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Accessible Entrances</td>
<td>26</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td><strong>Signs for Accessible Entrances</strong></td>
<td>12</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Hardware on Doors</td>
<td>30</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Location of Signage</td>
<td>26</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Braille Signage</td>
<td>26</td>
<td>N/A</td>
<td>8</td>
</tr>
<tr>
<td>Elevators</td>
<td>33</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Indicator for Vis. Imp. Elevators</td>
<td>26</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td><strong>Indicator for H.I. in Elevators</strong></td>
<td>16</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Braille Floor #s in Elevators</td>
<td>22</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Wheelchair Accessible Guestrooms</td>
<td>23</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Roll-In Showers</td>
<td>17</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Seat in Bathtub/Shower</td>
<td>28</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Guestrooms for Hearing Impaired</strong></td>
<td>13</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Fire Alarm for Hearing Impaired</td>
<td>28</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Fire Alarm for Visually Impaired</td>
<td>27</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Telephone Ring Indicator for HI</td>
<td>21</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>TTY</td>
<td>22</td>
<td>12</td>
<td>--</td>
</tr>
<tr>
<td><strong>Door Indicator for Hearing Impaired</strong></td>
<td>11</td>
<td>1</td>
<td>22</td>
</tr>
<tr>
<td>Closed Captioned TV</td>
<td>27</td>
<td>7</td>
<td>--</td>
</tr>
<tr>
<td>**Large Print Brochures and Hotel Info</td>
<td>11</td>
<td>23</td>
<td>--</td>
</tr>
<tr>
<td>Visual Smoke Alarm</td>
<td>28</td>
<td>6</td>
<td>--</td>
</tr>
<tr>
<td><strong>Door Knock Indicator</strong></td>
<td>15</td>
<td>19</td>
<td>--</td>
</tr>
<tr>
<td><strong>Telephone w/Amplifier</strong></td>
<td>13</td>
<td>21</td>
<td>--</td>
</tr>
<tr>
<td><strong>Hearing Aid Batteries</strong></td>
<td>2</td>
<td>32</td>
<td>--</td>
</tr>
<tr>
<td>**Alarm Clock Vibrator or Notification Device</td>
<td>13</td>
<td>21</td>
<td>--</td>
</tr>
<tr>
<td>Grab Bars Alongside Toilet</td>
<td>30</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Rate to Stay One Night</td>
<td>32</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Height of Counter</strong></td>
<td>6</td>
<td>25</td>
<td>3</td>
</tr>
</tbody>
</table>

** Denotes more facilities in non-compliance than compliance.
Categories considered being non-compliant included van accessibility, signage to indicate accessible entrances, providing large print brochures and hotel information for the visually impaired, alarm clock vibrator or notification device, enough guestrooms for hearing impaired individuals, and appropriate counter height. The issue of whether or not hearing aid batteries were provided at the facilities was not a requirement of the ADA, but merely a question to see if some facilities were going above and beyond what is required to provide service to their hearing impaired customers. However, only two of the thirty-four facilities indicated that they provided hearing aid batteries for customers. As for the other categories that were significantly non-compliant, there does not seem to be any reason as to why these particular accessibility requirements were not met by more facilities than the other requirements. Two categorical questions were asked twice throughout the survey, regarding the provision of a TTY device and a door knock indicator. Twenty-six percent of the facilities had different responses in regards to the door knock indicator. The first time the question was asked, it was in conjunction with the question regarding the provision for a hearing impaired individual when the phone rings. Although only 26% of the facilities indicated that they provided a door knock indicator for someone who is hard-of-hearing, 65% of the facilities did not specify either way. Only one facility did not respond with the same answer to the question regarding the provision of a TTY.

The occupation and familiarity of accessibility of the individual filling out the survey is an important factor to consider when determining the overall compliance of each facility. The importance of knowing the background of the individual filling out the survey demonstrates their familiarity of their facility’s accessibility, which will in turn affect the way the questions on the survey are answered. Twenty-five of the thirty-four individuals (74%) filling out the survey held administration positions which included regional directors, general managers, assistant managers, and owners. The second largest group (12%) was the operations position category that included front desk managers and associates, event coordinators, and guest service managers. The correlation analysis did not indicate a strong correlation or linear relationship (.134) between individual’s occupation and their familiarity of accessibility in the lodging industry. A frequency analysis indicated the mean for the number of years working in the lodging industry was
12.63 years with 4.31 years being the mean for the length of time working at the current facility. Experience was a critical factor when looking at who filled out the survey. An individual who has little experience in the industry or at their respective facility, may not be familiar with the requirements of the lodging industry in regards to ADA accessibility.

The overall analysis of compliance for the facilities indicates that the majority of the places of lodging that represented the industry were in compliance with the requirements of the ADA as stated in the survey. Results show 61% of the ADA requirements are being full-filled at the facilities and 39% of the ADA requirements listed on the survey were not being met. Obtaining an average from each lodging category indicated that the upper-scale (luxury) facilities full-filled ADA requirements 56% of the time compared to 55% of the time for economy priced facilities. It is, however, essential to remember that only 7 upper-scale facilities and 3 economy facilities participated in the study. A correlation analysis was obtained to look at the three categories based on the price of a room for a night and their percentage of compliance. The results did not indicate a strong correlation between the two. Therefore, there was not an increase in compliance percentages as the increase for the rate of stay increased.

Figures 6, 7, and 8 display the results of study indicating the compliance percentages for the categories of impairments including mobility, low vision, and/or hard of hearing.
Figure 6. Compliance percentages for areas of accessibility for mobility impairments.

Accessibility Categories

Figure 7. Compliance percentages for areas of accessibility for visual impairments.
An overall percentage was obtained for each of the three areas of impairments (mobility, low vision, and hard-of-hearing) and is displayed in Figure 9. The category for mobility impairments indicated that 64% of the items surveyed were compliant. Sixty-seven percent of the items were compliant for individuals with low vision and 56% of the items surveyed in regards to individuals who are hard-of-hearing were considered to be compliant.
Figure 9. Areas of accessibility for mobility, low vision, or hard-of-hearing.
CHAPTER V
Discussion

Individuals with disabilities make up a considerable proportion of the population today, and therefore contribute a considerable amount of income to the lodging industry. Knowledge of the required areas of accessibility will create more awareness for businesses so they can increase revenue by becoming more accessible. The result will also benefit the customer. It is important for facilities to understand that they can increase profit by making their goods and services easily accessible to all individuals.

Research on the issue of compliance in the lodging industry can help to create awareness about the ADA and the protection it provides for the disabled population.

Before reviewing the areas found to be non-compliant, and the barriers that need to be removed, it would be fair to discuss the areas in the lodging industry that were compliant and accessible. The study provided information on whether or not the facilities that were surveyed in the tri-state area were in compliance according to the Americans with Disabilities Act Accessibility Guidelines (ADAAG), as well as if they had barriers that would be required to be removed. It was also important to obtain information regarding the issue of upper-scale facilities being in compliance significantly more than economy-priced facilities.

The results from the study indicated an overall average compliance percentage of 61% for the three categories of facilities in the lodging industry that participated in the study. Compliance scores ranged from the highest score of 87% obtained from a mid-scale facility to a score of 6% from an upper-scale facility. A score of 61% does not seem to be a high percentage of compliance by the facilities considering the questions on the survey reflected accessibility items required by federal law.

Areas of high compliance percentages for the lodging industry included the following for individuals with mobility impairments: appropriate number of parking spaces for the disabled population (71%), handrails on both sides of staircases (82%), the appropriate number of accessible entrances (76%), easy to manipulate hardware on doors (88%), appropriate number of elevators in the facility (97%), an appropriate number of wheelchair accessible guestrooms (68%), available seats in the shower/bathtub (82%), and grab bars along the toilets (88%). Areas of compliance for individuals with low
vision included Braille signage located in the proper locations (76%), signage located adjacent to the doors (76%), fire alarm indicators (79%), indicators in elevators for individuals with low vision (76%), and Braille floor number indicators in elevators (65%). Areas of compliance for people who are hard-of-hearing included an indicator that the phone is ringing (62%), visual smoke alarm (82%), closed caption on televisions (79%), provision of a TTY (65%), as well as an appropriate fire alarm indicator for hearing impaired (82%) individuals.

Several areas of accessibility under the ADA, which affect individuals with mobility, low vision, or who are hard-of-hearing, were considered to be non-compliant. Seventy-one percent of the facilities provided enough accessible parking spaces at their facilities, but only 18% provided the appropriate number of van accessible spaces. The height of the front desk counter was also an issue of non-compliance for mobility-impaired individuals. Only 18% of the facilities had a counter height of less than 36”, making it difficult for individuals who use wheelchairs to receive service at the front desk. For persons who are hard-of-hearing, only 47% of the facilities provided indicators in elevators for these individuals. The percentage of hotels that had the appropriate number of rooms equipped for hard-of-hearing individuals was only 38%. Not only were there not enough rooms available, only 41% of the facilities offered a telephone with an amplifier, and 38% supplied an alarm clock vibrator or alarm indicator. Individuals with low vision are also affected by the results of the study with only 32% of the facilities supplying large print brochures and hotel information.

It is important to note the small percentages of compliance for each the categories regarding individuals who have mobility impairments, low vision, or who are hard-of-hearing. It is even more interesting to point out the difference between the compliance percentages for the categories on mobility and low vision in comparison to the accessibility for individuals who are hard-of-hearing. One reason for this difference may be that features of accessibility that are designed and implemented for individuals with disabilities are most likely included at the time of the construction (e.g. Braille signage or wheelchair ramps). As for accessibility features for individuals who are hard-of-hearing, those devices can usually be provided upon request because they are an added feature at the time of construction (e.g. TTYs and vibrating alarm clocks). Another reason for the
difference between provisions for individuals with physical and/or sensory impairments is that a hearing impairment is often less visible when compared to someone who has a mobility impairment or low vision. It may also be true that individuals who are hard-of-hearing may be perceived as more independent than individuals with mobility or visual impairments, which may cause the facilities to assume that individuals who are hard-of-hearing will need fewer accommodations, if any at all. It is also the possibility that the facility managers perceive the cost of obtaining auxiliary devices as being much higher than the number of requests they may receive for the devices.

Another area of the study focused on comparing the average compliance percentages for the three facility categories (economy, mid-scale, and upper-scale). As previously mentioned, the economy priced facilities presented with an average percentage score of 55%, while the upper-scale facilities were 56% compliant. The results do not indicate a difference of compliance between the two categories. It is difficult to say whether or not the difference was not considered to be significant due to the small number of facilities representing each category. However, if there was a significant difference, it may have also occurred from the size of the facility. The smaller facilities may not have the financial stability that larger chains in the lodging industry have, and may not be able to afford to remove barriers to accessibility without financial strain. The average compliance percentage for mid-scale facilities was also quite low at 63% compliant. Due to the small number of facilities that participated under each of the three categories (economy-priced, mid-scale, or upper-scale), the hypothesis which states upper-scale facilities would be significantly more compliant than the economy-priced facilities cannot truly be proved or disproved.

Although there were several areas of non-compliance, there were several more facilities that were highly successful in providing accessibility. These areas included the appropriate number of elevators (97% accessible); the rate to stay for one night at the facility being the same as a rate to stay in an accessible room (94% accessible); type of hardware on doors that makes it easy for individuals with disabilities to manipulate (88% accessible); and the issue of having grab bars installed in accessible bathrooms (88% accessible). Out of the thirty-five questions asked on the survey, the facilities were considered to be in compliance with the ADA on twenty of them. There was, however,
one question on the survey that was used to make sure individuals were accurately filling out the survey since it is not a requirement of the ADA. The question was asking in regards to hearing aid batteries and whether or not the facility provided them. The survey supplied a list of auxiliary devices that should be provided by the facility, such as closed captioning on the televisions or a telephone with an amplifier. To find out how closely the individuals were reading the survey, hearing aid batteries was mentioned as one of the auxiliary devices. Only two facilities indicated that they provide hearing aid batteries for individuals who need them. Although it is not required by the ADA, it is reassuring to know that those facilities are going a step above what is asked.

From the results of this study it is fair to make some comparisons to the results that were obtained from the study conducted by researchers Upchurch and Seo titled *A Regional Analysis Concerning the Americans with Disabilities Act: Lodging Operator Level of Compliance* (1996). Similar information was obtained between the two studies in trying to acquire a general compliance in the lodging industry. However, Upchurch and Seo chose to survey a different area of the United States and obtained information from the metropolitan area of Minneapolis, Minnesota. The reason for the location was due to the proximity of the participants to the researcher’s institution. The results from the tri-state study showed an increase in several areas of compliance in comparison to the Minnesota study. These areas of accessibility included the types of hardware on doors with the tri-state being 11.5% more compliant, the category for closed captioning on the television was 17.2% more compliant, and a fire alarm indicator for individuals who are hard-of-hearing indicated the tri-state was 23.2% more compliant. The areas of the study that showed the Minnesota facilities were more compliant included the provision of TTY devices with a difference of only 1.4%. The appropriate number of accessible parking spaces showed the Minnesota study to be 20.8% higher than the tri-state study and the appropriate height for the registration counter showed the Minnesota study being 8.5% more compliant than the tri-state study. The difference in compliance percentages between the two studies, conducted eight years apart, show that there have been some changes to accessibility in the lodging industry. A larger recipient population in the lodging industry would allow for a more accurate representation of whether or not the lodging industry is making the appropriate changes in their facilities to enforce the ADA.
It is difficult to identify why each category of facilities is not 100% compliant when this study is conducted accordance with the standards of the ADA. According to Upchurch and Seo (1996), one reason for the issue of inaccessibility in our lodging industry is due to the vagueness of the law. It is difficult to interpret and abide by a law that is too vague to understand. Another reason for the issue of non-compliance may be due to the expression, “if it isn’t broke, why fix it?” In other words, if individuals do not notify the facility of its areas of non-compliance, it is likely that no one will and changes will not be made. Some individuals may not be aware of the rights and protections the ADA provides for the disabled population, which is another reason why knowledge and education of the ADA is so important. The more individuals with disabilities know about their rights under the ADA, the more likely they are in making the lodging industry aware.

Limitations

One limitation was the issue of the small percentage of surveys that were returned (16.5%). As previously mentioned, a wider recipient population may have generated a larger number of surveys returned. However, surveying a larger number of facilities would not have necessarily caused the overall percentage of compliance to increase. It may even have caused the opposite to occur. Nevertheless, a larger return representation of the lodging industry in the tri-state area would have provided a greater confidence in the findings. Surveys would be sent to each lodging facility that is in operation in the entire tri-state area rather than using a random sample size. These areas would include the metropolitan areas as well as the smaller, rural, areas. The smaller areas may not be traveled or visited as often as the metropolitan areas, but their facilities still contribute to an accurate representation of the lodging industry. By including the facilities in the rural areas, researchers would have the opportunity to analyze and determine if there is any correlation between the geographical size of the area and the percentage of compliance. Overall, the more surveys that are sent, the greater the possibility for a larger return rate and a more accurate representation.

Another limitation was the concern on how each question was answered by the individual filling out the survey. There is no way to be sure of the truthfulness and accuracy behind the information provided on each facility’s accessibility unless an onsite
investigation was conducted. This, of course, would not have been practical due to the time and expenses associated with visiting so many facilities. It is noted, however, that facilities specified that they were non-compliant. So it can be assumed that there was some honesty involved in responding to the questionnaires, but an onsite visit would help to confirm that assumption. The individual questions that were not answered by each facility made it difficult at times to gather results from the surveys that were returned (Table 3). Although it accounted for only 10% of the questions, the unanswered questions could possibly indicate that the facility does not provide the device or area of accessibility in question, or the individual filling out the survey was unfamiliar with the accessibility their facility provides. If the individual were not familiar with the accessibility of the facility, it would suggest the facility might benefit from an increase in training and education on the ADA at the beginning of each worker’s employment.

**Continuing Research**

Future research on the accessibility in the lodging industry should obtain a larger sample population. In addition to increasing the return rate, it would be useful to gain information on the lodging industry in other regions and areas of the country. It is also recommended that an onsite investigation be conducted for facilities that have failed to return the survey after the second mailing. Both of these recommendations will give a more accurate representation of industry compliance.

According to Hinton (2003), it is important that further research be conducted in order to observe the factors that cause accessibility limitations. These factors include architectural barriers associated with the facility, as well as issues that are not always thought of such as whether or not interpreters or assistants are available, and any other factors that may help the individuals receive the goods and services available to them. To help individuals with disabilities receive these goods and services, it is important for the facility’s staff to be trained on the use of auxiliary devices and the accessibility that their facility provides.

An idea for future research should include questions on the surveys concerning the facility’s reasons for being non-compliant. It is important to gain an understanding of the reason most facilities do not remove their barriers to accessibility. It is also important
to obtain information from the survey indicating what types of auxiliary devices are requested most by individuals with disabilities and which devices are provided.

In order for the ADA to be implemented in the lodging industry, the individual workers must have an understanding of what their role is in making the provisions for guests with disabilities. Therefore, future research should investigate the extent to which training is occurring in the lodging industry. A study may also be conducted on the effectiveness of various methods of training employees on the ADA so that the successful training programs could be made available to the lodging industry. It can also be beneficial for facilities to provide comment cards or small surveys for their guests to fill out. The ideas and comments that individuals can provide can make it easier for facility operators and managers to understand what they can do to better serve their customer. “It is difficult to determine need without asking the person” (Peniston, L.C., 1996, p.30).

The more research that is conducted on the issue of compliance, the earlier the lodging industry will begin to realize the barriers of accessibility they are responsible for removing. It is important to encourage the lodging industry to take an active role in becoming accessible for the disabled population. Accessibility will eventually be beneficial to not only the disabled population, but to individuals without disabilities as well, when the natural aging process begins. Therefore, accessibility is an important issue to address, as it will benefit each individual at some point in his or her life.
References:


Ohio Rehabilitation Services Commission. (2001). Accessibility bits: Specific requirements pertaining to accessibility in accordance with the Americans with disabilities act accessibility guidelines (Rev. ed.). Columbus, OH: Rehabilitation Services Commission Public Affairs.


Appendix A

Cover Letter to Hotel Managers

Dear Hotel Management,

Consumers with disabilities generated over 4.2 billion dollars in revenue the travel and lodging industry in 2001 (National Organization on Disability). It is important for the lodging industry to be accessible to increase revenues. A cost-free analysis of your facility’s accessibility can be sent to your place of business.

Your facility was randomly selected to help us gather the appropriate data on accessibility in the lodging industry. I am asking that you take a moment of your time to fill out the attached questionnaire. The questionnaire inquires about your facility, including the accessibility of your place of lodging. **The answers that you provide to the questionnaire will remain completely confidential. No answers to the questionnaire that will identify you or your business will be used.** A tracking number at the bottom of the questionnaire will only be used to identify who has returned the questionnaire. Once the questionnaire is returned, the tracking number will be destroyed. The only identifying information that will be used will be the category you choose to place your facility in, which is indicated in the first question of the questionnaire. The survey should only take about 10 minutes of your time and is completely voluntary.

If you have any questions about your rights as a research subject in this study, please feel free to contact the Office for the Advancement of Scholarship and Teaching (513-529-3734). Thank you for your time.

Sincerely,

Krista Sielschott
Miami University

Laura Kelly, CCC-A, Ph.D
Miami University
Appendix B

Questionnaire on Accessibility in the Lodging Industry

Background Information

- Description of Hotel Pricing:
  - Economy hotel ($0 - $50)
  - Midscale hotel ($51 - $100)
  - Upscale or Luxury hotel ($100 and above)

- When was the facility built? ________________________________

- Occupation of individual filling out the questionnaire: ____________
  - Number of years working in the lodging industry: ____________
  - Number of years working at the specific facility: ____________
  - How familiar are you with accessibility that is available at your facility (ex. assistive listening devices for a customer with a hearing impairment)? (please indicate by circling)
    
    |   1 | 2 | 3 | 4 | 5 |
    |-----|---|---|---|---|
    | Very unfamiliar | Somewhat familiar | Very familiar |

** The following questions pertain to the structure of your facility:

Parking and Exterior Pathways

1. Approximately how many parking spaces are available in your facility?
   - a) 1 – 25
   - b) 26 – 50
   - c) 51 – 75
   - d) 76 and above (please indicate how many _______)

2. Approximately how many of those parking spaces are accessible for an individual with a disability? ________________________________

3. Approximately, how many of the parking spaces are considered "van accessible"? ________________________________

Entrances and Doors

4. Are handrails located on both sides of staircases?
   - a) Yes
   - b) No
   - c) Do not know

5. Approximately, how many hotel entrances does your facility have? _________

6. How many of the hotel entrances are accessible? ________________

7. Do all inaccessible entrances have signs indicating where the accessible entrances are located? YES or NO
8. Please indicate what type of hardware is used at your facility to manipulate doors:  (circle all that apply)
   a) lever-operated mechanisms
   b) push handles - extends across the door as a bar
   c) door knobs
   d) U-shaped handles

**Signage**
9. To identify room numbers and spaces, such as the pool area or exercise room, in your lodging facility, where are the signs mounted?
   a) on the doors
   b) on the wall, adjacent to the door
   c) above the door
10. How many of the signs have Braille underneath the actual words?
    ___________ or  Do Not Know

**Elevators**
11. How many floor levels are located in your facility, including basement levels?
    __________________________
12. If any, how many elevators does your facility contain?
    __________________________
13. What type of indicator is used to notify a customer who has a visual impairment that the elevator is moving up or down?
    a) human voice
    b) indicated by a “ding” or “beep” sounding noise
    c) other __________________________
14. What type of indicator is used to notify a customer with a hearing impairment that the doors are opening/closing and what floor it is on?
    __________________________
15. Is Braille located next to the floor numbers, on an elevator, for identification for a customer who is blind or has low vision?
    YES               NO               DO NOT KNOW

**Front Desk**
16. What is the approximate height of the counter located at the front desk?
    a) 2 ½’ – 3’
    b) 3 ½’ – 4’
    c) 4 ½’ – 5’
    d) Do Not Know

**Guestrooms**
17. What is the total number of guestrooms in the property? __________________________
18. What is the total number of wheelchair accessible guestrooms? __________________________
19. What is the total number of wheelchair accessible guestrooms with roll-in showers? __________________________
20. Does your facility provide:
   a) a transfer seat for the shower/bathtub
   b) a securely fastened folding seat
   c) other _________________________________

21. What is the total number of guestrooms that are equipped for individuals who have a hearing impairment? ________________________________

Safety Procedures and Equipment
22. What type of device is used to notify an individual who has a hearing impairment that there is a fire? ________________________________

23. What type of device is used to notify an individual who has a vision impairment that there is a fire? ________________________________

24. How is information relayed to individuals with impaired hearing or impaired vision, about emergency evacuation routes? ____________________________________________________________

25. What type of device is used to notify an individual who is hearing impaired that the phone is ringing or someone is at the door? ________________________________

26. Circle all of the auxiliary devices that your facility provides for an individual who may have a hearing impairment and/or vision impairment:
   TTY (teletypewriter)
   Closed caption on televisions
   Large print brochures and hotel information
   Visual smoke alarm
   Door-knock notification device
   Telephone with amplifier
   Hearing aid batteries
   Alarm clock vibrators or notification device

27. Is a TTY available at the front desk for the facility personnel to communicate with an individual who may be hearing impaired or speech impaired? YES or NO

28. Does the accessible guestroom bathroom have a horizontal grab bar along the adjacent sidewall of the toilet? YES or NO

Operating Issues
29. Is the rate to stay for one night in one of your non-accessible guestrooms the same as the cost to stay a night in one of the handicap accessible guestrooms? (Please indicate) ____________________________________________________________

*** If you are interested in knowing the results to your questionnaire and the rest of the research study, please indicate below:

_____ Yes, I am interested in knowing the results of the study.

_____ No, I am not interested in knowing the results of the study.