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>> KURT JOHNSON: Okay. Welcome. Welcome back.

Welcome back from lunch and I'm delighted that we have David Pettinicchio to talk with us as our second keynote. And I have actually not met David, but I knew until he walked in and we figured out that we should know each other, but (Audio recording for the meeting has begun.). But David is assistant professor after University of Toronto and we were just talking about Toronto, how it sees itself in terms of ‑‑ we won't go into that. He is from Montreal.

The way that I learned about David is that he got his doctorate in the department of sociology three years ago? Four years ago.

>> DAVID PETTINICCHIO: Four years ago.

>> KURT JOHNSON: And one of our closest colleagues, my closest colleagues and friends, Sherry Brown has got her doctorate in education and as an academic lawyer was on your committee. People were really wowed by David partly because of his expertise in analytic methods that no one, but David understands, but he is not going to talk to about that, but he has used those methods to do research that we think is extraordinary where you have been able to investigate kind of draw up some latent, what we think of latent traits in the ADA research and be able to bring them to the surface. We are delighted to have you here. Thank you for coming.

>> DAVID PETTINICCHIO: My name is David. I am a sociologist at the University of Toronto. So everything I'm going to talk about today should be taken in that context. I'm in a room literally with experts on the issues, so I hope that what I talk about today, I hope that what I talk about today complements what we have all talked about and maybe goes kind of a little bit or sort of extends some of our conversations we have already had.

So my talk is titled The Limits of the ADA, and the question mark is on purpose. I'm not going to provide you with sort of definitive answer to this question, but I think it is worth noting that there is a lot of inconsistency and a lot of debate about how the ADA works to shape market outcomes.

That's why the question mark is in the title. I just felt it appropriate to mention this. So with the ongoing primary fight in both parties, I don't know if anyone was watching CNN yesterday. Disability was raised numerous times by both Democratic presidential candidates and Republican candidates, and, you know, the interesting thing here is that it's quite rare to see that disability was brought up as a campaign issue. Hillary Clinton, we have her saying that we have got to figure out how to get the minimum wage up and include people with disabilities in the minimum wage. Bernie Sanders saying it is unacceptable that over 80% of adults with disabilities are unemployed. We need to fully fund the Individuals with Disabilities Education Act, and vocational education programs, and John Kasich saying disabled people shouldn't be put in a setting just because we have done it for the last 50 years. People who have severe disabilities can work in hospitals and grocery stores and libraries.

I'm not sure why those are the examples he provided. And I'm not going to say what Donald Trump has said about the issue. And late breaking news, Kasich just dropped out, so that limits the race. So, okay.

So these candidates' comments, whether they mean them or not, actually does in varying degrees actually have structural concern, a labor market segregation problem and major policy failure, but the fact that the U.S. is sometimes considered an example of failed policy, I think, is empirically and theoretically fascinating. The United States has had a lengthy history of providing social services to people with disabilities beginning in the late 19th and early 20th centuries, very much in the so‑called American approach to the welfare state.

But the U.S. was also an early riser in writing policies for people with disabilities. Antidiscrimination was established in 1973, and later the Americans with Disabilities Act language became a model for the Australian Disabilities Act, the U.K. Disabilities Act as well as the Convention on Disability Rights and in Canada the ADA is a model for those that are championing federal level disability rights legislation.

But at the same time, the reality is that people with disabilities in the United States are actually well behind other countries when it comes to economic well‑being. Average employment rights among people with disabilities in the U.K., Canada and Australia are around 40% to 60%. In the U.S. recent data puts the disability employment rate at 17% to 25%.

So ironically while U.S. disability rights policy was a role model, the U.S. Senate in 2012 failed to ratify the UN Convention to the dismay of Democrats and Republicans who have been involved such as John McCain and Bob Dole. The U.S. lunged forward in disability policy and took many steps back.

An economist from a New York Times Op Ed that appeared maybe a couple of years ago now said the U.S. has been a tortoise and hare in disability rights policy. So perhaps not surprisingly, research in disability labor market outcomes have expanded dramatically in the last decade. At least from my point of view, there are two mainstreams of work that don't always speak directly to each other.

One focuses on individual and occupational factors, in other words, labor market supply and demand, labels that are thought to shape employment and earnings outcomes and the other focuses on policy and politics of inequality. Now, for me, disability policy making brings these streams together. Why? Because one cannot truly understand persistent economic disadvantage without linking the politics of policy making to labor market outcomes that contribute to inequality. A nation can be a policy innovator and establish protections and provisions, but subsequently because of political, institutional, cultural factors, these policies end up having little effect in reducing economic inequality.

The U.S. Congress and the executive branch empower people with disabilities with rights legislation and some would argue that this happened even before there was a move into mobilize for central policy. One might ask, well, political entrepreneurs were responsible for pushing disability rights legislation, why was there a movement that mobilized around this legislation? I think this is a fundamental question that gets to American politics more generally. It speaks to retrenchment efforts, roll backs. After political victories that undermine the intention of policies meant to improve the economic well‑being of a historically disadvantaged group and policies that sought to essentially undermine, attack or minimize labor market inequalities.

Movements become all the more relevant in trying to defend policy when those in government are met with institutional obstacles, but beyond that, it's important to pay attention to the politics of policy outcomes. How do policies address structural problems in the labor market if they do at all? How do they go about changing attitudes and preferences that often act as labor market barriers for historically disadvantaged groups? Particularly for people who are seeking entry into the labor market.

How do policy makers understand possible policy failures? So I first want to begin with a discussion of the political context around addressing economic inequalities among people with disabilities. For example, how did disability get onto the policy agenda? What motivated this? How do policy makers do it? I believe that one of the reasons I think it's important to contextualize this is it sheds light as to what policies were meant to do and what were their intentions.

I then focus on the politics of retrenchment, justifications on rolling back is very telling in terms of why policies may not be effective in curbing economic inequality. I raise questions about the purported limitations of antidiscrimination legislation in addressing economic inequality and occupational segregation. I discuss the economic well‑being of people with disabilities especially in terms of persistent employment and earnings gaps in the post‑ADA era as well as labor market structures that point to ghettoization and isolation. I concluded the discussion of expectations regarding these policies and attacking persistent labor market inequalities and outline very modest conclusions.

So Justin Dart, disability activist, disability leader in the Republican Party who was influential in building momentum around the Americans with Disabilities Act among Republican elites in the 1980s, summarizes the entrepreneurial spirit when he testified that government is inescapably responsible to provide leadership which results in citizen solutions.

From early on those who pursue disability legislation inside the government often did so because of personal, professional and ideological and political reasons. They were critical in getting disability rights on the critical agenda and main objective was to deal with labor market barriers people with disabilities face.

But one thing that's important I think to keep in mind is that the disability policy area was very well established by the mid-20th century and was dominated by a rehab paradigm by the 1020. By the 1960s this was a stable issue area characterized by incremental policy judgments with actors working to maintain the rehabilitation paradigm. This was made up of key elective officials, members of the executive branch with vested interest in rehabilitation policy and policy groups like Easter Seals and March of Dimes, but with institutional changes like political turnover and alignments and growing interest in the 1960s in broader structural and social problems, for example, this network loosened up and the issue of disability got more complex and expanded greatly.

I spent a lot of time at the University of Washington. I was a graduate student analyzing all disability‑related hearings held by Congress since 1946, so a long time. Just before the Act, you see disability hearings that ballooned up and then start to decline by the same time the Americans with Disabilities Act was introduced in 1988.

So it was in this context that Senator Hubert Humphrey began amending the 1974 Rehab Act. There is a reason I'm providing some of this context. This actually failed because it didn't really find enough support in the judicial committee who had been responsible for hearings on the Civil Rights Act and also because many proponents of the Civil Rights Act were worried about opening the legislation. Political entrepreneurs favored political venues, like the subcommittee on the handicapped.

When vocational Rehabilitation Act amendments were up for renewal, a lot that had nothing to do with rights they managed to tack in section 4, an antidiscrimination provision. Part of the success was framing policy as a matter of moral obligation but also in terms of national economic self‑interest. After all, what's the point of rehabilitation programs if people with disabilities are subsequently denied jobs because of discrimination?

Thinking about early framing of, the framing of early legislation tells us a lot about some of the problems we are facing today. And early framing of disability policy drew from several powerful values embedded, morality and fairness, economic opportunity and self‑reliance. But perhaps the economic argument was the most successful and it appealed to both Republicans and Democrats. President Eisenhower's message to conditionally expanding the vocational rehabilitation program to help the health and education secretary echoed his mandate when she testified before Congress that considerations of both humanity and self‑interest demand immediate measures to the expansion of our rehabilitation program.

By the end of the 1960s, the economic frame that had become so popular supporting disability policy was well entrenched. In 1968 the president of the National Federation of the Blind testified that, quote, it has long been the established policy of the U.S. government to encourage and enable physically disabled persons to participate fully in the social and economic life of the nation, and so engage in remunerative and constructive employment.

This way to frame a policy was brought into equal access legislation in the 1960s. A representative of the Easter Seals testified in 1967 that, quote, 22% of the population represents a segment of society important to the economy of the nation. It has money to spend and no businessman and woman would like to ignore the opportunity to sell to or render service to this segment of society. He or she can avail his or her share by making her facility accessible.

So when it came to Rehab Act policy, rights groups pointed out the importance of non‑discrimination legislation in getting people off welfare. A representative of newly founded Disabled in Action testified in 1972 that if the law was to achieve its goal of more satisfying and independent lives for Americans disabled and less dependence upon public aid, then Congress must pass bills prohibiting discrimination based on any factors not directly related to the task at hand.

But, and I will use that word a lot in this presentation, Nixon's new economic realism, the precursor to neoliberal policies of subsequent administrations treated any policy, new or old that was subsumed under the Johnson era great society program, the social welfare program as ineffective relics. Nixon actually vetoed the Rehabilitation Act twice in 1972 but never because of the rights provision. He told Congress that the rehabilitation programs were a waste of taxpayer money.

It also became clear that disability acts discrimination legislation were involved not only as separate policy from the Civil Rights Act but also separate in force and mechanism. The Health, Education and Welfare Department responsible for regulating and enforcing 504 argued that hearings held in the late 1970s that Congress did not provide legislative definition regarding handicap discrimination.

No compliance mechanism according to the Health, Education Welfare Department was written into the law especially when it came to requirements for reasonable accommodation. In other words, no one knew what disability rights practically meant. The agency worried about backlash from public transit institutions which received federal moneys and contracts. And to the chagrin of disability rights of entrepreneurs in Congress they stalled in writing regulations making the courts largely inaccessible. But finally in 1979 the first Supreme Court case dealing with section 504 was heard, Davis versus Southern Community College. The court ruled against a deaf plaintiff arguing that modifying the nursing program that plaintiff was in would not be a reasonable accommodation. In fact, here the Supreme Court overturned a lower court ruling, indeed this was a sign of things to come.

By the early 1980s, leaders in the disability community as well as members of Congress refer to the enforcement mechanism for disability rights as separate and unequal. This reluctance would not occur had disability been included in the Civil Rights Act. The Carter Administration supported disability rights in principle but was squeamish with enforcement. The Reagan years reflected an antagonistic period over civil rights. This led to relaxed regulation and a retreat in Congress. It was a lack of political will and institutional obstacles that were becoming difficult to overcome.

Not surprisingly, there was a lot of protest by disability activists around private accessibility into this period of time. And a lot of legislative activity shifted to the states as many states took it upon themselves to address discrimination and labor market outcomes. For example, by the 1980s, half of states had passed their version of disability antidiscrimination legislation. That's just a number of states over time.

But ironically if there is one good thing that came out of this is that the rights by the administration and the court spurred what some called a golden age in disability rights policy making as a response to restore original, what was framed as original legislative intentions. In 1986 Republican Bob Dole sponsored the Air Carriers Act. And this was spurred by or motivated by a negative court case decision the Department of Transportation versus Paralyzed Veterans of America. Then a year later Senator Harkin and a Republican representative sponsored the Developmental Disabilities and Civil Rights Act. In 1988 the ADA was introduced. It expanded provisions of the Rehabilitation Act to the private sector, and as congressional hearings show, its proponents had the express goal of clarifying the language of Section 504 and to rectify economic inequalities.

One of its key sponsors, Representative Tony Coelo testified that, quote, American Congress when it passed the ADA proposed a true model to the rest of the world. Because of our goal and dedication to the full inclusion of all Americans into the mainstream of life, this includes our understanding and belief that people who have disabilities are fully capable of working in competitive employment and being productive members of society. Bush supported it for numerous reasons. It distinguished him from Reagan, it fit his kinder, gentler America campaign, and it was something that would help the economy. Despite wide support it was not without its detractors.

In fact, detractors' arguments at that time still form the basis of critics of the law, particularly when it comes to the ADA today. For example, and this is based on congressional content analyzed in the congressional record. The National Association of Manufacturers testified at ADA hearings, the National Federation of Business testified it would impose excessive cost. Congress was, quote, not kind to the owners and operators of small businesses across America. He warned that legislation will add immeasurable capital and transaction costs to every conceivable type of business concerned.

Litigation, especially will drive many businesses to bankruptcy. But many of the administration assuaged business community fears that the ADA would not have negative impact on them. Subsequently the Congress has recognized problems with implementing the ADA and its inability to curve inequalities. This came through when they enacted the ADA Restoration Act 18 years later.

So given decades of policy and politics around disability rights, what do we have to show for it? I will let you be the judge. So this graph is based on models using the community population survey from 1988 to 2014. It's a data of working age people, 25 to 61 years of age with and without a work disability. This is the only data set which has consistent disability measures extending back to 1988. This comes from a paper we recently published that tried to get at, that required years prior to the enactment of the ADA in order to sort of show some trend prior to the ADA.

The full sample contains over 2 million cases. This allows for longitudinal analysis. Note though that these values are based on taking into account a lot of variables that are thought to explain labor market outcomes. People's age, their educational status, marital status, preference of children, number of working hours, occupation, sex, race, and the receipt of government assistance as well as because we have embedded states here, their state of residence.

So basically, these factors are now driving these differences. The dotted lines represent when policies took effect. There are two basically. And the shaded areas reflect periods of technical actual economic recession. So with all of these controls, for example, in 1988, 87.6% of people with disabilities were employed, and 49.9% of people with disabilities had employment. The corresponding race for 2014, so just two years ago, were 84.2% and 21.9%.

Employment declined regardless of whether we were in good or bad economic times, and apparently regardless of legislation. Allegedly or apparently, because that's debated, the situation is similar with earnings that have remained stagnant for a quarter century. So this is using the exact same data, and, again, it's controlling for all of those factors I listed off, people's age, education, marital status, et cetera, that are thought to explain earnings.

People with any work limiting disability earned about 12 to $14,000 less than someone without a work‑limiting disability, and, again, controlling for these variables. The average earnings over this 25‑year period of time among people with disabilities or, I'm sorry, the increase is about $1,200. It's about $5,000 for people with work‑limiting disabilities.

So the main take‑away here is that the relative disparity between people with disabilities and people without disabilities didn't improve. It actually got worse, or at the very least stayed the same. So this table gives us more specific account about employment and earnings, and this is from 2014 so just two years ago and it allows us to compare people with disabilities with other historically disadvantaged groups as well as people within the disability community.

These are all from models predicting earnings where we take into account a host of control factors like people's age, education, marital status, presence of children, working hours, occupation, sex, race, the receipt of government assistance and state of residence. So there are clear differences in employment and earnings, not just compared to other historically disadvantaged groups but also within the disability community. For instance, people with any work‑limiting disability who have employment earned about 38% less than the general population while those with cognitive disabilities earn 47% less than the acceptable population.

I have presented employment and earnings data. Does anti‑discrimination legislation fail? What this means for social science is that it presents a counter factual, and counter factuals are never easy to answer. Well, a counter factual would be employment rates, the outcome, the dependent variable have declined if antidiscrimination policy was not present? Well, economists have used different models to account for the role of the ADA in shaping employment outcome.

These studies are usually couched or additionally have been couched in the prominent argument that the ADA potentially hurt employment, both academics and detractors of the law from politicians to business leaders refer to this as an unintended consequence or harm of the law. Indeed, at the ADA Restoration Act hearings, one Republican senator testifying against the law expressed concerns about the, quote, unintended consequences that would result from the expansion of the law. As this committee well knows even the best of legislative intentions often produce harmful unintended consequences.

Sometimes measures such as this may even harm the very individuals they seek to help. The harm often referred to real or perceived burdens imposed on employers like, for example, the fear of litigation, which in turn might preclude employers from hiring people with disabilities. But we do know that employment rates are already in decline before the ADA took effect and that one of the only time periods where earnings gaps really diminished between people with and without disabilities was actually in the 1960s and early 1970s.

Importantly just because employment rates continue to decline doesn't necessarily mean that the ADA was an unintended harm. In addition, existing findings about the role of the ADA have not been consistent in part because they do not include enough years, but mostly because they exclude political and legal context. So what we did is used, for lack of a better term, an integrated approach to include important federal and state level contextual factors to shed light on how employment and earnings are affected by individual state level and federal level context.

We embedded people within states over time. Since we can't get at the counter factual, the next best thing, I guess, is to compare states. We are comparing states with those that reflect a best case scenario, states that passed antidiscrimination law. So I'm only presenting the significant results here because the tables are gigantic, but we controlled for individual level factors that are thought to shape outcomes much like the ones I have listed off.

And also a host of other variables are not statistically significant so I don't show them like federal transfer payments to states. We find that the employment rates in states with no ADA‑like laws was about 5.5% lower than though with ADA‑like laws and earnings were actually less although not that much. However, we do find that disability benefits are negatively related to employment as is our enforcement measure.

Our findings also suggest that maybe the visibility of Supreme Court cases matters for shaping employer attitudes when it comes to employment, for example, employers avoid hiring people with disabilities to avoid litigation. We don't find that any of that affects earnings, however. So this is mixed results about whether the ADA helped or hurt employment because the judicial resistance argument would argue that proper enforcement should improve labor market outcomes while the unintended harm proponents would argue that enforcement would hurt employment. But we find that the presence of antidiscrimination laws have a positive impact but enforcement might signal to employers a disincentive in hiring people with disabilities.

We also believe that a lot of what is happening here vis‑a‑vis labor market outcomes is happening more so at the point of gaining entry in the labor market because we don't find those same effects when it comes to earnings. So because of that, I would like to turn my attention to issues of enforcement briefly again as a sociologist not as an attorney or policy expert.

I want to turn to the issue of enforcement because I think both perspectives, whether you are a proponent of judicial persistence or unintended harms looks at the enforcement as the mechanism in which employer attitudes were changed. Much of the back and forth that occurred in the wake of the 1979 Davis case particularly in the congressional hearings had to do with how policy makers understood the role of courts in shaping legislative intentions so how the courts shaped Congress' legislative intentions.

In one ruling, Justice Powell wrote that, quote, isolated statements by individual members of Congress or its committees are incongruent or contrary to what intent really is in civil rights cases. So he was referring to disability rights policy makers' challenge of court rulings. Importantly he was considered moderate to liberal on issues like abortion and civil rights.

So for many policy makers in the 1970s, the 1979 Davis case had little relevance or interest, but key disability political entrepreneurs foresaw a problem with court interpretations. This is clearly evident in congressional hearings of that time. Now, a few years later, the Grove City case limited Section 504 by stating an entire organization receiving federal funding doesn't mean the entire organization is subject to 504, then the, quote, packing case overturned Griggs and Griggs established that policies and actions are discriminatory if they have a negative disparate impact on certain groups.

The courts also made it clear that disability is different than gender and race when it comes to standing. People with disabilities have to prove they are members of a suspect class while women and African‑Americans do not. The courts abused this to dismiss cases such that few cases ever make it to the next round when they are fighting about reasonable accommodation.

In fact, using the Supreme Court database, only about one quarter of disability rights cases heard by the Supreme Court address employment and only a handful are available to create precedence about reasonable accommodation. The unintended harms argument proponents of judicial resistance argue that employers will not change their already existing positions which are seen as so‑called rational discrimination, but for properly enforced legislation requiring those attitudes and actions to change. Even after the ADA, these attitudes remained firmly in place in the business community.

Precisely where they needed to change. Supreme Court cases usually garner the most attention and they signal to employers whether their actions will be negatively sanctioned. It didn't help that the courts along with the Justice Department remained an obstacle with employer autonomy and hiring. Ultimately, regardless of how liberal justices had been on other civil rights issues, the court ruled in favor of the increasingly present liberal position that private enterprise should be minimally regulated. So rather than a so‑called emancipation for people with disabilities the years following the ADA were a second retreat from disability rights.

Leaving interpretation and enforcement to the courts which advocated for air case by case approach to handling rights has been problematic. A basic analysis is quite telling. People with disabilities do relatively well in lower courts only to have the Supreme Court overturn liberal lower court decisions. Indeed, what my analysis of the Supreme Court database shows and these are cases from 1946 to 2010, so what this data shows that the Supreme Court is more likely to hear cases with overturned liberal lower court cases, not conservative ones, which, for instance, is not the case with sex discrimination cases. In fact, with sex discrimination cases, it's almost the reverse or the inverse.

The Supreme Court is more likely to hear conservative lower court cases and overturn them in a liberal direction. Well, one might ask if and how the disability rights movement mobilized around these judicial defeats. For disability, institutional activism came from Congress, not the courts and in terms.

Legal opportunity structure, the court seemed particularly close to moving an integrate seeking a law to effect change. Here I link the Supreme Court database, the data that I just showed you in the prior slide, with the friends of the court data set, which sounds very lovely, but that just includes data on who filed amicus curiae briefs on behalf of plaintiffs.

An increasingly set of court advocacy groups monitor the courts and along with policy entrepreneurs and other political advocacy groups they testified in Congress and promote the frame of judicial resistance. These analysis suggest that although the amount of amicus curiae briefs filed are associated with favorable outcomes having disability organizations act as friends of the court did not improve outcomes.

One of the most important factors leading to favorable decisions was actually having the government, the Solicitor General, act as an Amici on behalf of the person with the disability. To put it bluntly, groups in this period of time whether they were resorting to disruptive action were largely out of luck. Now, it may be the case that broader structural and cultural obstacles at the heart of capitalism, neoliberalism and employer autonomy may be at work that no one movement or policy can attack.

So the courts have taken the lead about how disability vis‑a‑vis employment should be understood, which has been detrimental in the fight against labor market inequality. In one day in 1999, the courts really restricted who can qualify under the ADA in Sutton versus United Airlines. The court ruled that two sisters were not disabled because they could correct their vision problem. In Morrissey versus, P.A. a mechanic fired for having high blood pressure said his condition did not preclude him from working as a mechanic. And in Albertson versus Kirkenberg, Albertson's grocery store did not violate the ADA when they refused to employ a truck driver with reduced vision. A person with monocular vision is not necessarily disabled, just different. In the Toyota case the Supreme Court ruled that if a plaintiff with the disability could mitigate the disability with medical supplies, technology or medication they are not disabled under the ADA and the courts created a catch 22. Arlene Myerson who wrote the amicus brief in the Toyota case characterized the court's position as, quote, you are either not disabled enough to be covered by the ADA or you are too disabled to do the job, but proving you are disabled you can prove yourself right out of a job.

These cases have poor ramifications which made it difficult for people with disabilities to use the ADA against employers. They reinforce the practice that a person with a disability has to prove they are disabled enough to mobilize legal rights. Second, these cases set precedent for treating ongoing medical conditions as non‑disabilities.

And, third, these decisions reiterated that the court has a case‑by‑case approach of determining whether the person is disabled under the law under mining the systematic enforcement regulations by the executive branch. Ironically, and this is related to the labor market. While the court insisted on a case‑based system, it simultaneously made blanket assumptions about jobs such that a person is considered disabled only if it precludes them from working in an entire class of jobs. So not only was this treatment odd given that employers usually limit their claims based on the job at hand not all jobs, it had the effect of treating all jobs as equal. This also fundamentally clashed with ending occupational segregation because the court inherently precluded people with disabilities from being an entire occupational sector.

In the case of Sutton, a person would be disabled only if it precluded them from being a mechanic. Although the 2008ADA Restoration Act specifically referred to the problems of these court indications I mentioned, discussions here were, I mean, I look at the congressional record and congressional hearings, were not really, the people involved in testifying did not provide ways for policy to meaningfully interact with the labor market. And there is a gap between policy statements about rights and their application in everyday life. This leads to my last point.

In fact, studies linking supply side factors like nature of a disability, job preferences like, for example, preferences for part‑time work, access to professional networks, the linking goes to demand‑side factors like occupational requirements and norms and employer preferences are quite limited. Both supply and demand‑side factors shape occupational clustering or segmentation. People with disabilities may have preferences for occupations due to flexibility in the nature of the work while employers also have preferences about regarding educational skill requirements which varies across sectors and this, of course, shapes demand.

Job polarization where jobs are either highly skilled and high paying or low skilled and low paying has led people with disabilities relegated to the latter. And we still quite a bit of skill miss match given the representation across the labor market. Importantly antidiscrimination and civil rights policies do not speak to the relationship between educational outcomes and social and human capital that is pre‑employment inequalities and how these inequalities eventually lead to employment inequalities particularly the difficulties in entering the labor market.

So how are people with disabilities distributed across occupations and industries? So here I'm using the 2011 American community survey of working age non‑military adult population so people aged 25 to 61, with both employment and earnings with a sample of a little over a million. And I'm looking at two measures here. One is an index of dissimilarity which measures how evenly people with disabilities are distributed across occupations and industries.

So it ranges from zero which is complete integration so one which is complete segregation. Now, the index of isolation measures how people with disabilities are not only, how people with disabilities are exposed to one another. So it also ranges from 0 to 1 and can be interpreted as a probability that a minority, a person of a minority shares a person or industry category with another person of the same minority group.

So what this table shows is people with disabilities are quite clustered in the labor market and that they are clustering by type of disability. So people with cognitive and multiple disabilities are the most segregated into certain occupation and industries. Their rates of segregation are higher than, for example, African‑Americans and Hispanics.

The chance or likelihood of being in an occupation or industry with another person with a disability is 17.2% and people with cognitive disabilities and are likely to experience isolation or tokenism. So to put this into perspective, the chances of women being in the same occupation with other women is about 68%. It's about 14% for African‑Americans and 18% for Hispanics.

Some people with disabilities are both ghettoized in the labor market and more likely to be tokens and this varies by type of disability and it also means that certain occupations are more likely not only to have more people with disabilities, but also people with certain types of disabilities.

The graph here I'm showing you shows employment and occupation by disability status so each of these points represents the percentage of the associated group employed in the major occupational category to the left. So the occupational categories on the left are ranked from top to bottom from lowest paying to highest paying. So the bottom is the highest paying.

Broadly, this shows people within the disability community are situated differently across the labor market. So people with disabilities are more likely to be in jobs that don't require physical labor, but people with cognitive disabilities and multiple disabilities are more likely to be clustered in low paying jobs.

So 9.5% of people in cognitive disabilities are in food preparation and service with a yearly average earning of $18,000. It represents half the total average earnings across all occupations. So the take away is that the nature of when this disability has an impact on where they are situated in the labor market. This cluster might be rigid enough that it creates occupational ghettos to have a strong negative impact on earnings.

Similarly, when it comes to major industry instead of occupations looking more broadly at the industry sector there is again clustering although distinctions are less glaring because there is a lot of difference in occupations embedded within those industries, but nonetheless, people with disabilities are still more represented in lower paying industries like arts, entertainment, food, et cetera.

In addition, our models review that people with disabilities are more likely to work in occupations that don't require advanced degrees and more likely to be overskilled for those occupations. So these results which are where the graphs are coming from are from physical models describing earnings gaps by disability status. What I'm showing is a disability status earnings mold will which shows large gaps in earnings by the nature of a disability and as we expect, we see quite a bit of variation.

Now, if individual level characteristics like education, age, gender, race, citizenship status, hours worked per week, and an individual's occupation and industry plus the role of occupational growth, size and median income as well as skill and educational requirements matter in explaining earnings, then these values should decrease significantly and the amount of variants as explained should go up and indeed they do. When we control for all of these factors, and let them vary by occupation and industry, we see that the gaps of significantly decreased for all types of disability, which means that human capital and segregation matters in explaining earning gaps. Jobs with higher requirements pay people with disabilities more, but they are also those jobs with higher premiums on cognitive and psychomotor skills that tend to under represent people with disabilities.

What is interesting here is that findings show that earnings disparities vary across occupation and industry, means that for some types of disabilities in some occupations having better training and education helps people with disabilities overcome certain obstacles, but then that also explains why there is over skilling and mismatching because education may counteract negative attitudes among employers but, and I said I would use that word a lot, note that even controlling for a host of these known factors and there is a lot of them that shape labor market outcomes, 56% of the earnings gaps remains unexplained.

So 56% of those gaps are still not explained by any of these labor market factors. And gaps between disability status still remains statistically significant. It's clear that even concerning policy and economic context as well as demand‑side factors and supply side occupational factor there's is still a lot left to be explained. I would argue that much of that is due to difficult to observe attitudes and stereotypes that shape employer behavior. Statistical discrimination theories point to the role of negative attitudes, preconceived notions and lower values assigned to an entire group that shape risk averse employer preferences leading to exclusion from the neighbor market. Studies have shown that lowers are more likely to hire a person with a disability if though have past experience in hiring people with disabilities or whether in their industry and occupation it is more normative to hire people with disabilities.

But remember, because occupational ghettoization and isolation inherently limits employer interactions with people with various disabilities, tokenism and isolation my propagate some.

Negative attitudes and stereotypes held by employers about workers with a disability. The role of attitudes is important even for theories about why policies are thought to work and not work. Both judicial resistance and unintended harms rest on the assumption that policies affect attitudes and behaviors, albeit in different ways. Judicial resistance posits that the ADA hasn't been enforced and employers have gotten away with discriminating against people with disabilities. Political will on disability rights ebbs and flows. Congress has gone back and forth reluctant to reiterate its position on the ADA worried about the response from businesses and employers. Accompanying regulations have struggled in implementation. This wasn't helped by the fact that the courts dismiss Congress and the executive branch and argue on a case by case policy.

Politicians who are seen as liberal on discrimination cases do not seem to extend reasoning to people with disabilities. This in part may reflect the parallel system of rights that emerge for people with disabilities rather than amending the Civil Rights Act and contributes to persistent labor market inequality. There is issues about inequalities called into question. One has to do with the ADA relative to affirmative action. Another has to do with tax incentives don't go far enough to promoting people with disabilities in the labor market. Policies that fail people in pre‑employment or pre‑employment inequality shape labor market inequality.

Maybe people with disabilities are left behind because of a lack of human capital and skills precluding people with disabilities from faster growing sectors where there are better jobs. It's not clear whether antidiscrimination policies do or whether it is even their place to address educational resources increasing opportunities for STEM jobs and evaluating vocational rehabilitation programs. More work needs to be done by sociologists in linking pre‑employment disadvantages to labor market inequalities.

Finally, a lot of what I talked about today points to broader structural barriers when it comes to demanding equal rights in employment. Disability rights may be drawing attention to the limits to which we are willing to extend rights. When employer autonomy is valued more than equal rights and when people start seeing labor distribution, then we are confronted with larger issues embedded in beliefs and ideologies that cannot be addressed by any one policy. There are other important areas that I am currently investigating that I think can shed more on persistent labor market inequalities in the post ADA era. I began exploring relationship between race, gender and type of disability and our preliminary findings suggest not only a penalty when someone is at the intersection of all three of these status characteristics, but that this varies white a bit by occupation and industry.

I'm developing a paper with a colleague that explores why that is. In another paper which I am presenting in Seattle later this year, we are exploring whether unions have a role to play in helping undermine inequalities in the labor market, but ironically there is a bit of literature on this, the courts have sometimes sided with the union collective bargaining agreement such that an accommodation demanded by federal policy cannot be seen as interfering with collective bargaining agreement.

And finally, as I have alluded to, we do not have enough firsthand insight into the hiring process or the interaction between employers and potential employees with disabilities. Surveys have indicated that many people, and as many as one third of job seekers with disabilities say they were denied an interview, not a job, an interview, because of a disability.

Asking both employers and job seekers through surveys about discrimination and very indirect and problematic. We recently embarked on a long‑term project in Canada where we matched revenues controlling for skill, education and other characteristics, but included disabilities in some representatives and observed call back. We were doing a quasi‑experimental project which I'm new to so I find it interesting that tried to get closer to the hiring process, more directly into the hiring process.

Since both myself and my colleague are in Canada, both graduates of the University of Washington, we are trying to extend the study to include the United States. So just to conclude my last statement, work is symbolic of independence. It's a ticket to social membership. Yet people with disabilities continue to face serious obstacles and as a result of discriminatory attitudes and practices that contribute to persistent labor market inequalities. It leads to social marginalization. Social scientists have made great strides in investigating labor market disadvantage, but linking this to policy context, to determine how to put existing policies to work to get the results everyone expected a quarter century ago. We can't hope to be effective in attacking economic in equalities without better insight into how employers interact with disability in the point of entry into the labor market. Thank you.

(Applause).

>> AUDIENCE: On that last point that you had up, on that last point that you had, if it were true that employers are discriminating before the actual interview just by looking at resumes and that sort of thing, what's the remedy for that. It's very difficult to prove on a case‑by‑case basis, so what's the remedy?

>> DAVID PETTINICCHIO: That's a good question. What we are trying to do now and we are early in the phase because we just got the grant, but the intention is to have by controlling the resumes and having the same exact requirements in one resume ‑‑ so we are controlling for basically we are matching resumes. One resume will have the same characteristics, and then we basically monitor call backs.

What we are doing is we are then going to do a post survey of employers to ask them what their experiences were in the hiring process for that particular job, and because we will know who the employers are in order to get some insight into what the thought process was. We are doing focus groups with people who work in human resource departments to sort of figure out how to pretest our resumes.

In terms of remedies, that's a very good question. I think the broader question about remedies has to do with how do you fundamentally change people's perceptions and attitudes about hiring bids, and, you know, I have talked to people in human resource departments and they have, this is Canadian, of course, but they feel they don't have the kind of knowledge and experience in dealing with people with disabilities. The flip side is that they have a lot of knowledge and a lot of skill in avoiding the process.

So that's what we are, I mean, we are very early and we just basically started, but that's sort of what we are getting from actual employers themselves. Remember, our objective is to get at a more direct sort of understanding of how their behaviors and attitudes are being shaped and what are they doing to avoid hiring people with disabilities? And our resumes will have cover letters some will have cover letters that directly establish that a person has a disability. Other resumes will cue it like I attended a school for people who have a hearing impairment, or I participated in the equivalent of the Special Olympics or something like that that might plant a seed in employers as a way of figuring that out.

Because our preliminary interviews with human resource people who have been surprisingly forthcoming basically suggests that they look for, they comb through resumes to look for these kinds of cues.

>> AUDIENCE: But when you call the employers back or when you talk with them, do they actually own up to the fact that we didn't bring this person in for an interview because we could tell that they had a disability?

>> DAVID PETTINICCHIO: That remains to be seen because I haven't gotten to that part yet, and we actually, we don't know what will happen. We hope that we can, you know, it may not directly come out and say it, but we are curious about what they would say regardless. What is the justification and rationale in making those kinds of claims about these matched candidates? We are going to do this three times throughout the year to different occupations in both Toronto and Edmonton. So that remains to be seen although I am curious.

And it may not work out. We may not be able to get enough, but it's the first study of its kind in Canada so we are not sure what to expect.

>> AUDIENCE: It's actually to build off that.

My name is Cathleen Pearson we work at Equal Rights Center and we match pair resumes for people with disabilities in employment situations. Particularly we get hired by national federation for protected class that is interested in saying we are getting a lot of reports from our members saying they are unable to find work within the industry. And so what we do is we create those resumes that do blatant, you know, disclosure and then also the subtle cues you had mentioned and we normally will apply to jobs through larger corporations and what we will find is that there is systemic discrimination in their hiring process.

We have enough documentation to bring a case, but oftentimes we will just do an education outreach letter and work with them in terms of training but obviously is that does not solve the issue at hand, then there is litigation. So there are some organizations that do this type of work that do try to, you know ‑‑

>> DAVID PETTINICCHIO: We need to have a conversation. I think that's terrific. Yes.

>> AUDIENCE: There are a couple of recent publications on that.

>> DAVID PETTINICCHIO: We definitely need to have a conversation. Yes.

>> So thank you, David, it was great. Next up, Janet.

(Applause).

(Audio recording for this meeting has ended).

It will be a serious of quick ten minute with five minute Q and A and the idea to give an overview of what is happening with a chance to have dialogue with the researcher and we will move on.

(Audio recording for this meeting has begun).

>> JANET PETERS: I'm on the clock. I want to make sure I'm not. As Kurt said, thank you, I'm Janet Peters I work with the Great Lakes ADA Center as a project coordinator on accessible technology and assistive technology. I'm going to talk to you today quickly about a project we started five years ago in the last grant cycle called the Quality Indicators in Assistive Technology for Post-Secondary Education. This is a collaborative project between the Great Lakes ADA Center and the Southwest ADA Center, and we worked with many people across the country on this.

So a little bit of quick background on how this project started. So in the K‑12 environment which, of course, is not, has its own law and ADA covers K‑12 but they refer to the IDEA with special education and specific technology within IDEA is specifically called out. That was an amendment to IDEA in 1997 that specifically said assistive technology needed to be considered for all students who receive special education services. This was a big change in the IDEA law, and many people within the K‑12 environment were not familiar with assistive technology at a systemic level.

Of course, you had technology specialists and people working with that. From that legal change and the mandate in K‑12, there became a grass roots effort to develop some systematic tools, I guess, to improve service delivery of assistive technology to integrate that more into special education services. That movement was the quality indicators for assistive technology, and that was, you know, in direct response to the IDEA law and it was very successful having in my previous life working in that K‑12 environment and the differences once those indicators were nationally adopted, the systematic difference just greatly improved about how assistive technology was implemented in schools.

So it really was researched, but it was a very on the ground positive effect. So fast forward to your adult life, being faced in the ADA world either in employment, in Voc Rehab, in post-secondary education, obviously these laws don't have a specific requirement that all people with disabilities receive or be considered for assistive technology, and yet assistive technology is, can be a reasonable accommodation in different environments.

So this project grew out of Bryan Ayers who is no longer here, he didn't pass away or anything, he just went to a different job. But at the Southwest ADA Center who had also worked in K12 and this would be these indicators looking at kind of systems using assistive technology would be great in the ADA world because assistive technology is usually in a bullet list as a possible accommodation, but really doesn't get the highlight that individuals say assistive technology deserves because it's so critical to success in post-secondary end work.

So the project was really to look at that kind of model of quality indicators worked in an ADA environment. Our original plan was to make indicators for Voc Rehab, post-secondary and employers. It turns out it’s a little bit more work than we originally thought, so we focused on post-secondary because they were the most receptive group to, you know, looking at their system delivery of assistive technology.

So we started with that notion that this would be good for post-secondary environments based on their feedback. We did listening sessions nationally at various conferences and meetings to really get feedback from the field. We did do a national survey in 2009 to individuals in post-secondary, so students with disabilities using assistive technology or recent graduates and got their feedback on assistive technology as how important it was, how much they used it, the influence on their post-secondary life.

And then we have also worked, so we worked in these listening sessions and really where it was a collaborative project with many people contributing to the indicators. And then we more formally worked with the Association of Higher Education and Disability the AHEAD association, which is the group that works with post‑secondary disability service offices who does a lot of publications on tools for disability and post-secondary and they have been a formal collaborative partner with us.

So in the project, we created a set of quality indicators for assistive technology. There are five indicator areas, so these areas were based on the research we did of the most important things to look at when we are looking at systematic delivery of assistive technology. Within each indicator area, so if we have an indicator area like awareness and eligibility, there are five quality indicator statements.

So a benchmark basically to say if you are doing quality service delivery, this will be present in your policies and procedures. Is someone timing me? Okay. So we created the actual indicators themselves and then we created some tools to go with those indicators so that a school could self, do a self‑analysis of how that project, you know, how they would use those indicators to improve their delivery. So we created what was called the campus self‑evaluation matrix tool. All of these tools and survey data, everything we have done for the project are available on the website.

This tool, the self‑evaluation matrix, is both on line as well as a print version and the on line version is accessible. So it essentially takes the indicator, so in this one we have the first indicator for awareness and eligibility, and then you rank yourself from one being less promising or just starting to more promising which then has the statements you see at the bottom 1‑5 that give you some information of like, okay, if I'm really doing well at this statement, I can't read it from here, but it says something about including assistive technology in your orientation materials. So students have knowledge who are on your campus about what assistive technology tools you support.

And if you have a five, that's also, they are not only available in your orientation materials to everyone. They are in an accessible format and you can rank yourself with that. So those tools were available or are available whether or not you are part of the pilot study that we did, but we did test the quality indicators with 20 different higher Ed institutions across the country. What we required to be part of the pilot project is that you have a committee, preferably cross departmental, but could also be within your disability service office if that was large enough.

What we didn't want was one person, the AT person, filling out the survey. So it had to be a group. You agreed to take the campus matrix once and then work on some interventions or an action plan to improve your service delivery based on what the campus matrix said you needed improvement on. Create an action plan, do that action plan, and then take a post evaluation using the campus self‑evaluation matrix to see if your score increased.

Participants also took a survey at the end of the pilot project giving us feedback on the specific indicators and the overall project. So here is a list of the campuses that we had participating. One thing that we did have a variety, so we had some large institutions like the University of Arkansas or Morehead State University in Minnesota as well as community colleges. We did have several community college systems participate. The Lone Star Community College system in Texas as well as city colleges of Chicago, and Chicago, Illinois that had seven campuses and we found really good results I think when there were multiple campuses because it did affect their service delivery.

So we are right now gathering the data and creating our final results from the five‑year project. One thing that ‑‑ so we have the data points of participating in the pilot, and we also have the statistics from people who have used the campus self‑evaluation matrix but weren't as a formal part of our pilot process. So they went to the website and downloaded and gave us feedback that way.

So some of the findings were very positive from people that participated in the pilot as a useful tool for the disability office to look at their assistive technology and really to formalize it to their administration as a significant accommodation and an accommodation to get some budget dollars with that. Many of the projects that participated continue to use the tool as a snapshot measurement once a year and so they now have multiple years of data on how they are doing with their service delivery tool.

So like I said, we are analyzing the data. We does have an independent evaluator also who called and had a conversation with the disability service office on that. So our implication and recommendations for future research based on the analysis so far is really that looking at incoming students and their specific assistive technology skills because of the change from IDEA to ADA in section 504 is pretty significant for individuals and families and understanding requesting accommodation from assistive technology language comes in from that was a big indicator area as needing additional resources and research as well as connecting assistive technology to outcome data and that could be things like graduation rates, grades, and as we are hearing a lot today employment statistics as well. So I think. Systematic delivery is an important thing to look at because assistive technology is a key component to successful integration in many of the post-secondary institutions.

I will close and be ready for questions, but this was a collaborative project with the Southwest ADA Center and Great Lakes ADA Center which are both ADA centers funded by NIDILRR which someone said it differently, but the National Institute on Disability Independent Living Center and Rehabilitation Research, and I want to do a special thank you to Robin and Ben, because this project was a little bit of a reach for them and they took a chance and the results have been positive so we will shout out to them. I feel like I talked really fast.

>> Thank you. The captioner kept up.

>> JANET PETERS: Nice job.

>> Any quick questions, I would like to say that one of the things when I read your proposal that I was ‑‑ and I followed what you have been doing was particularly appealing to me was the fact that I think the process of doing this create systems change in an accessible way and so I applaud that.

>> JANET PETERS: One of the unintended outcomes I have seen with the project is it was focused on assistive technology but in every area one of the indicators addresses accessibility of websites and institutional technology, and by them having a committee that had, say, library, the IT and various people, it really pulled together how assistive technology and accessibility worked together.

>> Thank you. Karen Hamilton.

(Audio recording for this meeting has begun).

>> PAMELA WILLIAMSON: Good afternoon, everyone!

Thank you, Kurt. Good afternoon. Everyone, my name is Pamela Williamson I'm the director of the southeast ADA center in federal region 4 funded by NIDLRR, I will not give the whole long name again. I am joined by Karen Hamilton, and she is the coordinator of our North Carolina ADA network that we fund to do various projects at the state and local level. She also worked for the North Carolina council on developmental disabilities and they fully support our work and as a matter of fact they even help to fund part of the work.

So today we are going to talk about what I think is one of the best things I have ever seen in research because in 2006 when the ADA centers were asked to add research to our portfolio, I was one of the ones that came in kicking and screaming. Because I didn't understand why research was important and I was not a researcher. Thankfully, I have taken a new view of this because during that grant cycle, we had a participatory action research project where academic researchers, people with disabilities and other interested persons came together and we were all researchers.

People with disabilities were equal and valued partners and were not the researched, they were the researchers. During that particular grant cycle, we went into six states and lived at two cities in each state, one was a project civic access settlement agreement, one without, and we did a comparison and contrast of the accessibility in those Cities.

If you ever interested we do have an article we can share with you later. The research question at that point was are the communities more accessible as a result of the settlement agreement? As a result of that particular process, and it truly was a five‑year process to figure it all out, we learned a lot about participatory action research process, what it meant, and really and truly came to understand that when you include everybody, you include a lot of opinions.

But it started pulling me to the point of realizing that research had a purpose because at the end of the day, we were beginning to see changes. So in this current grant cycle that started in 2011, Karen and others in the North Carolina ADA network approached the Southeast ADA Center and said we want to take this research and now make it real and pry it at the local level. So they decided to develop a tool called the Americans with Disabilities Act starting the conversation with business.

Now, today I'm going to turn it over to Karen and she is going to share more about that tool, and I want to let you know you will see the first addition of the tool. It is being released today. But as a result of our grant I now believe in research because I have seen it go through the process from research to knowledge translation to application and soon replication. Karen. It's all yours.

>> KAREN HAMILTON: In North Carolina I was a part of the research team and as we were collecting information about this we went out to visit business I. Our team decided we are collecting great information we could share with business why can't we use a similar approach, maybe not quite as extensive, but a similar approach. So we developed the Americans with Disabilities Act Starting the Conversation with Business. This is a guide that consumers with disabilities can use to give feedback to a business.

It's not a formal accessibility assessment. It's only books going out identifying barriers and giving and then talking to a business about it. You do not have to be an ADA expert to use the guide. In fact, that's a part of process, you learn how to find current and accurate ADA information. So we have seven steps in our process. Much like ‑‑ some of them go in line with our research project or that strategy.

First step is basically form a team and on our research project, we had cross disability teams, people with different types of disabilities, but we also found that people with all of the same disability worked good as a team too. A team should be anywhere from 4 to 6 people, and we also include, we encourage folks to include people with intellectual and developmental disabilities and also people with mental health disabilities because they are often left out of survey teams and they also are groups that can experience significant barriers when it comes to program access.

Step 2 is make your team activity plan. A team will decide what business they are going to visit and pick just like in a research project, pick one or two activities they will do while at that business. Step three is to complete the survey. We took this extensive survey and questionnaire we used for the research project and we condensed it down to ten questions that address accommodations, helpful accessible features, communication with staff, and also problems and barriers.

Step 4, gather your results. Once folks went out as secret shoppers and got their information and they came back as a team and probably the heart evident part of the process, they had to talk about the barriers they encountered but also only select one or two barrier that's they would go back and talk to the business about because we are starting the conversation with business.

Also we asked them during that meeting to identify helpful things that they identified, what the business was doing good that helped people with disabilities. Step 5, and a very important step is to get accurate and current ADA information that addressed the issues or barriers that they identified. First, we asked them to look for ADA information that is written in federally approved publications and then to double check the findings by calling an ADA expert. In North Carolina, of course, we would call the Southeast ADA Center. The sixth step is to share results. In the guide we provided template that folks can use to write a one or two‑page report that they can give to the business that includes information about the Americans with Disabilities Act, and then they would take and share that report with the business.

And finally, step 7, follow up. Go back to the business to see what change was made and at that point continue conversation, provide more information if needed and possibly discuss additional barriers that they encountered on their visit. We have had several groups in North Carolina who have participated in this project. The first is Alliance of Disability Advocates, the activity though chose was to go to a library and check out a book. As a result of going through the seven steps and this was a cross‑disability team, the library conducted staff training and purchased an installed Screen Reader software.

The next group was collar of the dream self-advocates and they were people with intellectual disabilities and they decided to visit their favorite thrift store and buy an item and as a result of going through the steps again, the store made improvements to accessible parking and created new policy on welcoming service animals. This is a picture of three of the self‑advocates standing in a new accessible parking space. The next group a Real Advocates Now Emerging and their activity and these are all pretty simple but they actually have results and they are leading to more results.

First, they wanted to visit their favorite fast food restaurant and order a meal. And they went to the seven steps and the restaurant adjusted tension on heavy rest room doors so they were easier to open. This is a picture of one of the advocates sharing their report with the manager at the fast food restaurant. This group was so excited that the restaurant made this change they were saying well, you know, heavy rest room doors are a problem in a lot of places maybe we should just focus on rest room doors now that we know what the standard is.

And so they went to People First North Carolina which is one of our statewide self‑advocacy organizations and four groups across the state just look even rest room doors and they all learned how to use ‑‑ so they pretty much made the whole process their own, and they learned how to use a door gauge, a door measuring gauge so determine what the opening force of doors were.

And so any time that they went to a rest room where the door seemed heavy, they took out their measuring tool and if the door took more than five pounds of force to open, they had a form they filled out, took it straight to the manager and told the manager would you use this door gauge to see what measurements you get and starting that conversation. And this is an ongoing project and today already eleven businesses have adjusted tension on their rest room doors and people are reporting says what other barriers do we find. Can you show me something else? So it's proven to start the conversation.

So what we have learned is that advocates learn, well, basically this process really enables people how to find accurate ADA information, businesses are asking for more AZA information and most importantly businesses are making improvements to accessibility.

Again, as Pam said earlier, the guide is on the Southeast ADA Center website and for more information you can contacts the Southeast ADA Center.

(Applause).

>> Really cool. Really organic. Any questions?

>> AUDIENCE: This is really interesting. I really enjoyed it. We have heard from a number of different presenters today, it's very important to do not research on people, but with people with disabilities. Given that how did the unique participatory voice of people with disabilities in your project, I think that's one of the most important learnings of this project actually, then how do you think different questions were posed or the research process was framed differently because of that key presence?

>> KAREN HAMILTON: I can say as a part of the whole process people with disabilities who were involved in the research project, everything from forming the question to carrying the research out, it tweaked everything along the way. It really guided researchers at forming questions that were meaningful to people with disabilities in the community, and the people who participated in the project said that.

>> I can add too that the reason that we serve eight states. The reason you saw six states is because the first state ended up being a pilot state because we realized quickly that what we thought we were doing once we started pulling everyone in and everyone was participating in the research, we realized we didn't have a clue. And what we thought the question was not the question. So we had to go back and reframe everything.

And everything, there was a very thorough review process with all of the researchers, so everyone had a voice in the process. It took longer in order to be able to do it, but it was still worth it.

>> I would also like to plug that we were not, that people with intellectual disabilities were not included as part of the research team in the first research project, and that was something that the group as a whole brought up as a concern, and so that will be addressed in the future.

>> AUDIENCE: Thank you. My name is Paula Christopher I'm with the American chemical society and I work in our department of diversity program. I'm a staff liaison to a community on chemists with disabilities and I wanted to make a comment, I loved your approach. What we found in dealing with our committee to create awareness around the needs of periods is that you have to be inclusive of people that don't have disabilities. On our committee we invite people that don't have disabilities, but are advocates so be a part of it, and I find that when you do that, you don't get as much push back. And people aren't pushing back because they are angry, but sometimes they are fearful because they don't know.

I like the entreaty that you all did, that you said, hey, we noticed this, hey, you do you think you might want to make the adjustment. Also they saw it wasn't super costly to make some of the adjustments so that makes the guarded factor go down and they could see how basic and simple some of the changes could be made so I really appreciate the great presentation. Thank you.

>> Thank you guys.

(Applause).

(Audio recording for this meeting has ended).

>> So we have Jill Bezyak from the University of Northern Colorado representing the research she is doing with region 8.

(Audio recording for the meeting has begun).

>> JILL BEZYAK: Good afternoon. As Kurt mentioned my name is Dr. Jill Bezyak. I am at the University of Northern Colorado which is in Greeley and I work with the region 8 center in Colorado Springs. I lead the research efforts at the Rocky Mountain ADA Center. The products I will be talking about today we started at the beginning of the current grant cycle, and I have been working on it with my colleagues Dr. Fong Chan and Dr. Tim Tansey both out of University of Wisconsin, Madison.

What we did was worked to develop a community of practice for human resource professionals to aid in employment efforts for people with disabilities. And we came up with this IDEA in a bunch of different ways, but basically we had been seeing the term community of practice use the quite a bit, and it's used in a lot of different venues. Corporations like Xerox are kind of the first people that started using true communities of practice.

So we got onto the IDEAs and thought it would be a useful tool. Basically what it is it encourages translation of knowledge into action and provides a framework for information sharing for competence development, for rich discussion, and mentoring and creates, organizes, revises and shares knowledge among members of the community.

So the IDEA is truly to allow people with a similar interest to come together, usually in an online forum, and share knowledge on a topic. And this topic would be employment for people with disabilities. And gain new knowledge, perhaps develop new techniques, network with one another, and even connect with resources in their community that they didn't know were there.

So those are ‑‑ in its truest form, the community keeps itself going, so the oversight that in this case the ADA center, myself and my research partners would have, that should decrease if we are doing it right. The HR professionals are involved enough in the community that it just keeps running itself. Fingers crossed that that works.

So we wanted to conduct a foundational research, so we could design and build this community of practice with the necessary information rather than just sitting down and, you know, playing with our web developers to get it up and going. We wanted to know what HR professionals needed and if this was in fact a useful tool. So we used a mixed method approach. The first thing we did is conduct four focus groups and we did all of those focus groups in Colorado because that's where I am and that's where our contacts with HR professionals are. So we did one in northern Colorado, we did two in Boulder. They are always eager to talk and learn new things in Boulder.

And we did one in Colorado Springs. And from that information we developed a quantitative survey. So we could get even nor information about the specifics about what people wanted or might want, and we developed that and sent it out through HR professional organizations just in the Rocky Mountain region. But unlike a lot of other projects I have done, HR professionals were very receptive. The organizations were happy to send it out to members.

We got 190 responses. So we were pleased with that. It was a group that was willing to talk to us about this project, so we were quite pleased. So looking at what we found, and this is the information from the quantitative survey, mostly females responded, and mostly Caucasian. We had an age range of 21‑65 years old. We were pleased that it seemed as if most of the folks that were responding to our online survey were responsible for hiring and or firing.

So we were getting our hands on folks that obviously played a big part in or would play a big part in hiring people with disabilities. Even if the job title didn't lead that direction, the next question told us that folks were doing those tasks. So we got some of that demographic information. And then, you know, maybe not similar, you know, maybe similar to the crowd here today, a lot of people weren't familiar with the community of practice. They didn't know what it was.

I think since in the past two years it's gained a little bit more attention since we collected this data, my husband came home and said I started a community of practice at work. And I was like, you did? And it just was more of a brain storming session with, you know, his web developers. He develops software. So I think that sort of thing might be happening more and we might be using the term a little bit more loosely, but we defined it in the survey and folks were not familiar with it. But after reading the description, they were interested in using one to gain more knowledge in this area.

Folks were interested in joining it, so that was positive. And they also definitely wanted to hone in on that purpose of increasing their knowledge regarding best practices for people with disabilities. So even though they didn't know a lot about the tool. They were welcoming, most of them were interested in using it, and they thought it was an important topic. So we asked what do they need to know more about? And we had plenty of choices, and we allowed them to write in things that we might have forgotten.

Folks were interested in a lot of information. HR professionals like many are very driven by CEUs, so they kept referencing CEUs, I would love a CEU seminar on reasonable accommodations. So all of these areas came up as areas that were pretty important for them to learn more about. The ADA is just the basics and the ADA amendments act was important to them. They wanted to know recruitment techniques and retention techniques. Like I said, job accommodations, assistive technology, ADA standards for accessible design is always important.

Disability etiquette came up not only in the quantitative survey but it was also a topic discussed in several of the focus groups that they really wanted more information on that along with workplace supports. A few more of the topics that came up were techniques to interview people with disabilities. They wanted more sensitivity training more diversity training, and they wanted to learn more about research although we did ask and I didn't include this on the slides, you know, how long if we present this information to you, how do you want, how do you want to see it? And they were quite clear in keep it short and to the point.

So if we were to present current research something like a brief report would be useful. Disability benefits, tax incentives, all of these things were pretty important to them. One thing that stood out to in fact all three of us that have been working on this project is that they were also interested in connecting with community resources including local VR agencies. So with the rehabilitation counseling background, we were all a little surprised that HR professionals and VR professionals weren't communicating at least in our small sample as much as we might have thought.

So just that networking piece appeared to be pretty important. So how do they want to see it? If we are going to design this tool and put it on line, what does it need to look like? They wanted a resource library, so we have incorporated that with, you know, links to information on reasonable accommodations, statistics, videos, things like that.

As I said, they are very interested in CEUs, so virtual conferences, webinars, of course, to incorporate the CEU component into the community of practice will take us several steps. We have to be approved by all of their professional organizations, but I think it's the next step that will allow this COP to really thrive. If we give them something that is really important to them. Newsletters, frequently asked questions, these were all things that always that they wanted the information presented.

So now what we have done is developed the COP. Of course, it's almost live. Bob was hoping we would be able to show it to you today, but we are not quite there. Pretty close, but we have developed a website, western fixing the tweaks. We have got a section that will provide them with information on resources, we have got a section on continuing education. So we are learning about the HR field and reminding them of upcoming training opportunities for them because that's of interest to them.

We have got a discussion board. And hopefully that's what drives the new information and the questions and the knowledge translation. So that's what it looks like at this point. We are pretty excited about where this will continue to go.

And that's all I have got for you. So any questions. It's break time, I know. Right?

>> Thank you, Jill.

(Applause).

>> I know you guys have put a lot of work into that, so.

We will take a break, come back at 3:30.

(Break).

(AFTER afternoon break)

>> Region 10 director was really to step in and do this excellent ASL skills which is probably more useful than the French I don't speak very well. Thank you. Let's go. Thank you for your patience. We're back.

>> VINH NGUYEN: My name is Vinh Nguyen. I'm with a rehab hospital in Houston, Texas. I'm the director of the Southwest ADA Center, which serves federal Region 6. I'm going to keep my remarks short in the interest of time. Originally, I didn't know we were going to present for ten minutes. So anything I have to say was already pretty much neutered by Barry Taylor this morning.

From what I understand from the captioner's burning hands, I might go over quota for people from Montreal speaking. That's for you, David.

(Laughter).

So let me introduce my colleague, Dr. Kathleen Murphy from the American Institute for Research.

>> KATHLEEN MURPHY: Hi, everyone. It's really great to see all of you. I was involved with the ADA National Network when it was called (saying name) back in 2011, so it's been really wonderful day to see how some of the projects that you started way back then are coming to fruition. We are pressed for time. I might retitle this presentation about things you want to follow up with Kathleen about later.

(Laughter).

And those are follow three themes. One is cancer and employment, secondly this presentation is supposed to exemplify how an idle or funding cross-pollinate across different projects on different things. I can talk to you about that later. Thirdly there are different methodologies represented across this portfolio of cancer and employment research including the systematic review and survey validation. I think we already know why this issue might be important to talk about given Barry Taylor's context that he gave this morning. We are talking about not hiring an entree to employment but can you retain that job. Which when you look the claims that the EEOC gets, it shows survivors -- they mount claims about job termination and terms of employment as compared to employees.

So the other project besides the Southwest ADA Center that has been deeply involved in the cancer work is National Institute on Disability, Independent Living, and Rehabilitation Research which was funded to do systematic reviews. So we did one on interventions that are -- they may have had medical component but included a non-medical component, a behavioral psychological or educational component so the objective was to look at what kinds of experimental and quasi experimental studies are there about such interventions, looking at people who developed cancer as an adult.

And did these interventions measure employment outcomes?

So using the Campbell collaboration protocols which mirror those of the Cochran collaboration which is the entity that does systematic reviews and medical settings, we looked at 27 computerized databases that generated 20,249 citations. We had a couple of reviewers, one of whom was me going through them. Out of that, 70 citations were considered relevant as far as the criteria when we read those, 12 met it. These were the 12 studies that were involved in the meta-analysis.

I figured you would probably want to know are these interventions so, as I said, typically they did end up being in hospitals or clinics even though we were helping to find ones that weren't in hospitals or clinics so they could get picked up by rehabilitation agencies. The other components they involved phone consultations, home visitations. Someone of them including a rehabilitation agency. My favorite one is at a resort.

(Laughter).

When we did a meta-analysis, it did find that the ratio was 1.7% if you were involved in one of these interventions go back to work. She was no different sound as far as the number of hours worked or the number of sick leave days. What does that imply something we might do at the Southwest ADA Center or the work that NIDILRR funds, it shows interventions are the way to go if you want to deal with the complexities of cancer and how are you going to help people return to work.

So what does that mean, right? Great multicomponent interventions. Well, maybe -- maybe we should find out from what kinds of employment issues are going on and maybe we could ask the healthcare providers and by that I mean nurse navigators, medical social workers who are right there in the Houston area, right around the Southwest ADA Center. So that's what we did. We developed parallel surveys with many, like, similar items with the wording just changed given the different respondent, looking at these kinds of issues. In the analysis of the reliability of the constructs on the survey, we were happy to see that at least three of our scales had very good reliability scores. So the data I'm presenting is statistically significant.

When we looked at -- here's what cancer survivors say and issues and how does that compare with what healthcare providers think are the issues that their patients are having, we found that the healthcare providers reported higher level of perception that cancer side effects are negatively affecting work. So things -- direct medical but also we have loss of concentration, anxiety, fatigue.

Looking at the differences at what cancer survivors reported versus what healthcare providers perceived, these were where those greatest areas of discrepancy are getting higher rates of healthcare providers saying they think that mobility, depression, physical changes, pain and nausea are going to provoke problems at work than the survivors themselves. And where there is the most areas of consensus was things that are actually less visible, less -- something that would be less discussed with your healthcare providers. Lots of concentration. Fatigue, we do have trigger related sickness up there. So then looking at -- this scale was things like issues came as a result of cancer but weren't necessarily related to side effects like, well, because I had cancer it was awkward to discuss this with my supervisor, with my colleagues or I felt excluded, things like that. So the healthcare provider, again, they reported that they thought that their patients were having greater problems with these kinds of issues the work than they themselves reported.

So the point of this conference, if the idea is going back to its multicomponent intervention, gee, healthcare providers are really well positioned to channel some information about the ADA and relevant legislation, what do they know? Compare it to especially the survivors themselves. So we did find that the healthcare providers report more familiarity with the ADA and other relevant legislation. So it does seem to hold true that this might be a good idea.

And here shows that this discrepancy, right, so the red is the cancer survivors and the blue is the healthcare professionals and across -- the item was worded as far as rates of unfamiliarity so the longer bars mean greater rates of unfamiliarity so you can see across the board the differences -- the relative rates and how the healthcare providers are more knowledgeable and also that if you would just look at the bars for the healthcare providers they are least familiar with the genetic Information and the Non-discrimination Act.

So to sum it up at this point, the implications are that, yes, indeed, healthcare providers could play an important role in these -- in a multicomponent intervention. That if you were going to train healthcare providers and get them ready, you would want to make sure they understood what their patients are reporting to be problems in the workplace and in kind of a refresher in some cases but for some new information about the ADA and other pieces of legislation you want to make sure you have something about GINA there. And then we did have items asking about preferences and the healthcare providers surprisingly I thought as often did not select online options as they did want in-person training or fact sheet and in contrast the cancer survivors -- it's not up there -- but they liked comprehensive manuals. I think maybe they want us to take it home and have time to kind of look it over.

So I really wanted to leave time for QA. Did I succeed?

>> KURT JOHNSON: Yes, perfect. Thank you. Wendy?

>> My question is just, basically: Did the healthcare providers know about the ADA or say they -- did they really know about the ADA or did they just self-report that they knew about the ADA?

>> It was reported familiarity.

>> KURT JOHNSON: Other questions?

You have probably had the same discussion. In the work we have done, they totally don't get the issues around disclosure. There's big holes. They may overestimate what they know. I imagine you would be concerned about that.

>> I think may overestimate as well.

>> KURT JOHNSON: Yeah, exactly.

>> I'm sure, exactly. You were going to say something?

>> Yes, I will take this opportunity to announce that tier, and M.D. Anderson is hosting its first joint and hopefully annual joint conference on cancer and rehabilitation I think next week, May 13th and 14th for any of those who are interest in joining us. I don't know if there are any webinar options or not but I will look into that.

>> KURT JOHNSON: And it will have stopped raining by then.

>> The flooding has stopped.

>> And I will be at Nartech talking about our work and the business community.

(Applause)

This is Hannah Rudstam who is a semiretired associate who yesterday had wandered up from the safety of her cabin down south in North Carolina.

>> HANNAH RUDSTAM: Which I learned wasn't a very good city actually from someone else's presentation. So thank you very much. I'm very pleased and honored and delighted to be here. This has actually been a team effort. You see my name up there, but also my colleague, Wendy, who has been involved with it and Carolina Harris at Cornell as well as many others so I want to really acknowledge that. The study was or this project really beyond training just in time program for diverse and disability inclusiveness has been ongoing for the last eight years and we have sort of had a thread of ideas that informed the study long ago that has really been carried through to an intervention. So I don't have to talk about this, and I'm not going to spend time because I want to get through this.

You all know about these disappointing statistics that all of us have seen and David so eloquently reported on as well as others. So the question becomes what, why these statistics persist and what can be done about them and what can be done to change them? We do know that training and dissemination in the organizational literature on organizational change and claim mate and culture, we do know those are fairly week interventions so we need to figure out something else.

Efforts to change these statistics have largely involved disseminating information about ADA legal compliance to employers, but our initial exploration of the research which we started from nine years ago in diversity and organizational change intervention strongly suggests that information dissemination alone will not be enough. The information about the ADA and information about legal compliance will always be needed.

We have to recognize that knowing does not translate into doing. Employers make decisions about acting upon knowledge not in a vacuum but in a particular context in a culture and climate of the organization, and I'm originally trained as an anthropologist so you can see where I'm going with this. Yet in much of disability research, we have treated this organizational climate and culture as a black box research methods have rendered it invisible. We need a deeper understanding, what we started with eight years ago, a deeper understanding of how employers act upon disability knowledge in the everyday context of their workplace climate.

We also news a deeper understanding of in this case, and this is what is key to the just in time program, who actually gate keeps decisions about hiring, employing and accommodating individuals with disabilities. It's not always HR and in fact the pivotal point of our project is that it's probably rarely HR. So. So we have to understand the situation within which they are making these decisions and what are their real life dilemmas. We have to unpack the black box. We have to recognize that knowing does not equal doing and we have to get a sense from looking at other literatures at what kind of interventions work.

So we have leveraged various sources of funding in this sort of thread of inquiry that we have had over the past eight to ten years. Again, I'm going to go over this really quickly. In phase one, we just researched the situations, we identified managers and supervisors as key players not just in diversity inclusion but disability inclusion as well, and we wanted to understand what were their lives like? What were the situations in which they were actually making decisions about hiring or not hiring or promoting or whatever people with disabilities that understand specifically what their dilemmas were in those decisions and then make an intervention based specifically for them and based specifically on those situations?

So it fits what we call situation‑based learning. That was a Kessler project originally. We went to phase 2 where we tried to create a first prototype of an intervention that was in an in‑person intervention training and we used Kessler and northeast ADA funding. Then we took it to phase 3 with northeast ADA funding and have developed the just in time approach which is blended learning customized approach that is specifically designed to reach managers.

Okay. It's going to make sense. What is stunning to us? This was absolutely stunning. I have done this for many different search engines this happens to be pro quest, but we see that while people with disabilities represent roughly 20% of the population, if you look at the whole, this is what happened when I did an advanced search again, and you could repeat this 25 times and it would tell you the same thing. I did an advanced search on pro quest on diversity and inclusion in the workplace, and I found about 61,000 articles.

What I added ‑‑ when I added disability, so, in other words, looking at how many in the corpus of research in this area, how many even pay any attention to disability, I had a very loose disability of attending to disability, and it was less than one half of 1%. So this is a stunning omission to me. In other words, our research on diversity inclusion is not including people with disabilities.

And our understanding of interventions and what interventions and work and how we are researching them and the knowledge translation project largely is not including disability and there is some very key differences there, but we have noticed a sea change of difference for a variety of reasons and I won't get into these.

We have also, as I said, this is an intervention that is specifically oriented towards what our research showed were key arbiters of decisions about disability inclusiveness and organizations, face to face leaders and managers and supervisors are the arbiters of disability inclusion in organizations and there is no meaningful interventions to reach them. They are extremely difficult to reach with any sort of knowledge translation approach.

And you can ask me why later. But in phase 1 and partly in phase 2, we did a fair bit of research into what is the context, the role of the manager changing historically, sociologically and what does that mean for how they are making these decisions. You mentioned the word risk averse, David, and that's what they are.

And you can look at it has nothing to do with disability, but everything to do with how work gets done in our country. So I want go into these, again, this is as you mentioned, Kathleen, this is talk to me later. But this is the five principles of how we felt given what this research is, of how we needed to inform what we were doing as we crafted and shaped this research.

Again, I'm not going to go through these. I don't want to take the time. Ask me later if you have any questions, but basically what these five principles boil down to is the mantra ‑‑ okay. Is the mantra of what we want to do with this knowledge translation approach. We need to get the right knowledge to the right person at the right time in the right way.

The right knowledge is, again, as the previous slide showed is not necessarily knowledge about legal compliance. It's knowledge about why you should do this and why this makes sense to your business. To the right person, the key arbiters of disability inclusiveness and organizations, managers and supervisors, face to face leaders, the hardest people to reach, the most important people to reach at the right time, so not that once a year Power Point or whatever. It has to be when they need it and it has to be based on the situations within which they are actually facing these dilemmas. So it has to speak to them in their language which we researched back in phase one with the Kessler research and in the right way.

We have enjoyed tremendous demand for this program. This does not include all of the organizations who have purchased the program because we only use ones that we have permission to use, but together these, we have reached workplaces that all combined are over 1.5 million workers. So this program is being used in a fair bit of organization.

We use the situated learning framework, again, back in phrase 1. We researched the situations, the dilemmas within which managers, supervisors as key arbiters of disability inclusiveness are actually making these decisions and we based tools and we based interventions on what those dilemmas were and how they tended to talk about them. This is blended learning. I don't have too much time to talk about what that is. It has an online component as well as in‑person component, the in‑person component attempts to engage a core group of people within every organization we work with so that they cannot only marshal the just in time tool kits throughout their organizations but also be effective agents of disability inclusiveness within their organizations.

So it's a blended learning approach. Again, designed for managers and supervisors as key arbiters of disability inclusiveness. It's customizable to each organization and we use a scaffolded or portable learning approach. We take dilemmas which form the architecture of the tools and people can use print and go checklists and so on that are designed so they can take it into a situation with them.

We have had the evaluation of this program is ongoing, and we have done a number of things with evaluation. Our esteemed colleague Carolina Harris has been working effectively with this. This is just one, our case analysis and I won't do what works. I think what is more interesting is what we need to change and what challenges were. We need to respond to disability inclusion efforts.

These are very large, very complex organizations that we work with. Lots and lots of employees operating in lots and lots of countries. And the, their disability inclusion efforts because of recent changes are often in flux and are very fluid so it's really hard to know how this tool should be positioned in organizations. So that's been a challenge. Also integrating the JIT program into the organization's learning and communication ecology. Every culture has this sort of ecology of how you find information and how does this tool fit in? They are not used to having tools that are specifically related to disability.

So how do we know where people look for this information? That's been a challenge. Responding to constantly changing key players, we have our core group session who we work with to customize the tool as well as to sort of marshal the disability information throughout the organization and just when we get them set up and we get this rapport and we do our thing with them, everybody changes and they go to different companies and so that's been a challenge.

There has been JIT drift. I won't go into what that is. Again, a key problem has been getting managers, again, who this tool is really oriented towards, they don't recognize that they have a disability issue. So they don't use a tool. They think if they don't have someone who doesn't have a very obvious disability issue, that they don't need the tool. So they have a narrow definition of what disability is.

So, hence, they don't recognize that they need to use the tool. We also as I mentioned, we have the core group that we work with in the beginning, and the core group, it's very hard to know who should be in that core group. So that has been a challenge. It's generally people who have either a personal or a professional interest in disability, and are in a position to be change agents in the organization, and we kind of let the company figure out who they are.

But sometimes it's difficult to know if they are the best disseminators. That's been a challenge. We need right now we have one, maybe two sessions with this core group and we find we need more, which is challenging for staff time and so on. We need more ongoing attention JIT implementation as it goes forward, again, a challenge with staff time and we need a more high touch program. As I mentioned this program is customized, and one of our surprising learnings is that it has been actually in that customization process when Wendy has done a wonderful job in getting the systems around. This is very complex to do actually.

But it's actually in that customization interaction with us that they seem to be really getting it. And that that's been an unintended sort of positive consequence of this program. So that's it. Did I make it?

>> KURT JOHNSON: Any questions? Come on up, and, what I find interesting is to see if there is a way to measure and I know you guys have thought about it measure whether there is any change in both practice and hiring.

>> Absolutely. That is a change in practice and hiring. We have found enormous, I'm sorry, this has been the biggest challenge in researching this. I mean, we are now doing fee for service for this, so that changes the power balance, and we can't, as we did in the pilot, but we can't go in and insist that they give us 200 of their managers. They are very reluctant to do that.

>> It's a real conundrum.

>> It's tough. In the pilot, we got the two companies we did in the pilot to give us the case study and for them we were able to get that data, but this is enormously difficult data to get.

>> KURT JOHNSON: Thank you. So Ellen Fabian is going to talk about the work she has done in the lodging industry.

Mark was talking about region 3 and hospitality.

>> ELLEN FABIAN: Well, that's why I'm doing the lodging industry because of the initiative in the midatlantic in the hospitality industry. So good afternoon, everybody. I don't know, our time is off, Kurt, so.

>> KURT JOHNSON: Ten minutes talk and five minutes Q and A.

>> ELLEN FABIAN: As I tell my students, I have ten slides, so ten slides in ten minutes. That should be doable. I like to give them a heads up so they don't leave early. I'm Ellen Fabian, I'm a professor at the University of Maryland. I have had the privilege of working with the MidAtlantic ADA Center for, oh, gosh, several years. Why the lodging sector is because of the hospitality initiative of the midatlantic region and why reasonable accommodations?

We started reasonable accommodations exploring topics or related to it way back when we were still doing the, I shouldn't say way back, just a few years ago when we were doing the dib tab work and we have made progress on that so we decided to continue it in terms of looking at one segment of the hospitality industry which is the lodging sector. So there are about, I see I made a typo already on my slide. There are about 1.9 million employees, I think, I believe, work in the lodging industry. Accounting for about, this is much more information than you would ever want to know, 53,000 properties. Most of those properties tend to be small properties. It was hard to get an estimate of the number or even percent incidence of employees with disabilities so we are not talking about title 3. We are talking about title 1 in this particular study with disabilities in the lodging sector we came up with a couple, one report said 7.8%, one report had it a little bit higher. I will go with 10%, but I suspect that that is too high.

I extrapolated some data, and thought that of those 1.9 million employees, maybe we are talking about something around using the 7.8% figure, something around 15, maybe 16,000 employees with disabilities. That could be off. I will defer to my colleagues earlier, David, and so on who were looking at percentages and numbers using ACS data.

This, I should say, because I think NIDRR this is an exploratory study at this point and recent studies have explored hiring practices in the hospitality industry and I thought I would give you a little taste of what those were. They are not that positive. I probably should say that right up front. Employers are skeptical about the capacity of people with disabilities to perform work in this sector. That comes from the work of the Indy Hutenville and his colleagues and what huttenville did was reorganized the data that came out of the 2008 study of a nationally representative sample of employers across the country. About 320 of those were in the hospitality industry.

So these were some of those conclusions from that larger database. Employers and a lot of people have said this and were concerned about the costs of accommodations as well as the liability issues. From that same study as well as a couple of others, I have got the references at the end of this presentation, physical appearance represents a hiring bias in this sector, and I think that this also came out earlier that larger companies report being more open to hiring and accommodating workers with disabilities in their in our own work we have found that to be true as well.

So the current study, so our previous work, my colleagues and I at the University of Maryland at the midatlantic center have explored business factors contributing to employer decisions to accommodate employees with disabilities. These studies have explored attitudes to particularly we have been focused on the provision of reasonable accommodations. A couple of our studies, one recent one I just published with one of my ex doctoral students, Shang Lee Dong who is at Florida State University looked at provision of accommodations from the intention to request. So from the employee's perspective, many of our studies look at the provision to provide the accommodation from the lower's per ‑‑ employer's perspective. I will be reporting on the employer's side of the equation in this presentation.

So we had done some of those studies, but this is the first one that we actually wanted to drill down into looking at are there any differences in one particular seconder? I can finally I can cut to the chase and tell you that, no, there weren't any, but let me go through some of my slides before I give away the ending of it.

So our aim was to describe employer practices in accommodating workers with disability in the lodging sector. The method was an online survey nationally disseminated. Thank you to all of the representatives in the room who helped us to disseminate the survey. Marion, of course, was very useful in disseminating it to the industry representatives. Despite the best efforts we feel that the survey starting in the latter half of 2012 and through closed it, sealed it again, but at any rate we had about 283 total respondents of which 175 were actually usable data.

The hard thing is when you do this convenience snowball sampling you don't have a denominator, so I can't give you response rate, but just that we know it's a very small slice of that. A little bit smaller than the 320 companies that I talked about earlier, but the important distinction is that this is going to be a real bias sample because that other study was a nationally representative sample. So all of those caveats in place, let me talk a little bit more about the methods that we used.

Online survey, very brief, 35 items. I already told you it was adopted from some other published studies using this instrument we developed using the reasonable accommodation survey. We looked at the psychometric properties of the survey. It held up pretty good, and we also looked at some other variables from our respondents, type of property, the size of the property, the respondent role, et cetera.

When I start talking fast, my mouth gets ahead of my brain and I'm afraid that that's probably what's happening now. What were our results? Well, the majority of our respondents were from independently owned and operated hotel properties so, in other words, they weren't leased or they weren't franchised. These were your, probably your smaller properties, but you will see, you can see from the next bullet point here the number of employees, wow, did we have a range, they are down from 2 to 12,000, the mean was 444. It tells you there was a problem with means and averages and statistics the median was 75.

70% of respondents had at least one employee with a disability. So that might tell us it's a little bit of a bias the sample there that we collected. 85% of the respondents had responded to at least one accommodation request from an employee. Interestingly on this one, we had never asked it before and we keep doing these surveys on reasonable accommodations, so we thought we would ask, well, how do our respondents understand what a reasonable accommodation is? These are respondents in the lodging sector. We gave them four choices and these were the three.

What is the purpose of providing an accommodation? 47% believed it was to make the employee more competitive. 40% were right on with the definition and 14% believed it was to make the workplace more tolerable for people with disabilities. Anyway, suggests the need for additional training and technical assistance there. We did give the respondents that listed the 15 factors I talked about from the RAF. Thighs included three large clustered factors, company factors, sizes and resources, accommodation factors, type, cost, ease and duration, and person factors, the nature of the disability and the severity of the disability.

So what did we find? Across all of the companies, as I said, I kept the presentation short and sweet. These were the top five factors that they said contributed to their decision to provide a reasonable accommodation to an employee. Some are surprising. Some are not. Formal company policies regarding the ADA and RA. It surprised me a little bit because those of you who do research on reasonable accommodations know that there is quite a bit out there, and somebody talked about this a little bit, informal versus formal accommodations and how that's, how that's done, but be that as it may, in our survey, this was the top on a rating scale of 1‑4. The second top factor anticipated effectiveness of accommodation. Well, this makes all of the sense in the world that there is a good map between the accommodation request and the demands of the job.

The third type of accommodation requested, you know, anything, was it a change in policy, procedures, time away, scheduling changes, equipment, et cetera, so type of accommodation. We didn't have what type. We just said does type of accommodation enter into your decision to provide one. Perceived support of co‑workers. Real interesting, the social environment of the workplace, there is some early stuff on this as some of you are interested, Colella's work on social integration, social support in the workplace.

Perceived support of co‑workers and the role of the individual that was handling the request. Then we thought most of the companies were what we would define as small ones. For our purposes for this study, I clustered them as small not according to any official federal guidelines but just according to our sample. So I defined small companies in our sample as those with less than 100 employees and these are different. What you would see, I think, and what they saw in that nationally representative study contracted out by DOL, so which kind of suggests to me that for the actionable outcome of this is to tailor and I know you all know this, but this kind of provides evidence of tailoring intervention, training, technical assistance, other recommendations and actionable strategies to the company by size, bisector, et cetera. These are the only ones that I highlighted here and italicized whether the supervisor involved in the request is an important consideration for smaller companies and these other three we are not surprised about.

They are more invested in the cost, the overall company resources, but remember, a lot of these come out of these myths and stereotypes about accommodations, about cost and so on. And then whether there were structural modifications required. The good news here is that we have a lot of evidence to counter some of these, some of these factors that employers say that lodging sector employers say go into their decision to provide an accommodation such as their perceptions or perhaps misperceptions of cost.

The bad news is, and the other good news is that disability related factors such as the nature of disability and the severity of it did not show up in the top five out of 15, however, the top five were pretty highly averaged overall, and so the severity of the disability was pretty, it just fell out of the top five, particularly for the smaller company.

So I guess when we talk about actionable strategies for training and technical assistance that is still a myth and a stereotype that exists. Implications, I think I went through these already to increase understanding obviously of the ADA and accommodation. It seems that we all think that there has been a tremendous and there has been quite a tremendous amount of these interventions and it probably goes back to the last presentation is the notion of, you know, we can't spray and pray, so to speak, that tailored intervention designed to specifically address company characteristics, even company culture, we have known this for a long time, and basically, this research study like others of its kind, this is nothing new.

It just sort of continues to support our, to support our assumptions about what needs to be done, and perhaps where the action is coming is not exploring what needs to be done, but exploring some of the best interventions and strategies to address to counter, to come up with, to develop as practices and evidence‑based practices in order to accomplish what needs to be done.

Need for trading and TA to dispel myths and stereotypes about disability accommodations, again, cost and severity come to mind here. And then what I just said before, tailored training in TA to the company characteristics. So I probably talked, when I get going, I can go a mile a minute and I feel that I did. Here are our references and Kurt, actually, I have a question.

These are all going to be available for all of the participants, Power Points and.

>> KURT JOHNSON: We will make them available.

>> ELLEN FABIAN: I was hoping that was true. So any questions.

>> AUDIENCE: I'm Ben with the Southwest ADA Center, Steven Barts from the University of Houston Hilton college Of Hotel and Restaurant Management approached me about developing a reasonable accommodation best practices resource for the hospitality industry, and what I was curious about and that you may be able to answer is there any data on popular accommodation requests broken down by types of jobs in the hospitality industry?

>> ELLEN FABIAN: Not in the hospitality industry that I know of, but I would throw that question back to the audience and see one of the studies that, nor by type of job. One of the studies, one of the RAF studies that we completed that's on this, I think it's in my reference list, we, it was sort of an analog study, we sent out a survey and we gave employers a case study of an individual and asked first would you even provide an accommodation, and then what type of accommodation. We have data, and we got a good response to that survey before three, four years ago.

We have data on the industry, the industry response, what industry sector the respondent was from. I will get your card and follow up with you, because that might be somewhat helpful. This survey we did not ask about type of accommodation provided. This was very exploratory member mesh thank you.

>> ELLEN FABIAN: Thank you.

(Applause).

>> KURT JOHN: Ellen talked about the lodging industry and Marilyn and Michael is going to talk about the logging industry in Washington. So Mike at Richardson from the Pacific Northwest ADA Center ‑‑ Northwest ADA Center, University of Washington.

>> MICHAEL RICHARDSON: I'm the director of region 10 in the great Pacific Northwest. I have jet lag so if I make slipups please excuse me. This is an overview of projects we have been involved in involving addressing accessible healthcare in rural communities and we will talk about today basically the activities themselves, what we are doing, what we have been doing and how we are sort of measuring their success and implications for future involvement and projects.

So the background, much of this information is probably pretty well known already. People with physical disabilities report physical access barriers such as non‑accessible exam tables, inaccessible scales. In studies of people with disabilities the top areas reported to healthcare were communication, physical access and transportation. Transportation obviously quite often the biggest issue with non‑accessible transportation especially in rural areas, and the issue of getting between healthcare providers for specialty care in the farther outreaches of the states.

So for rural communities, the healthcare accessibility challenges appear to be greater. Rural communities typically lack specialist needed to care for unique needs of people with disabilities, and additional factors such as limited accessible transportation, lack of provider experience, turning people with disabilities limited providers, Medicaid and older inaccessible buildings present problems to healthcare access.

So what we have been doing is since 2013 is sort of ongoing now, and that's the focus on three projects we did in the period of 2013‑2015, what we call the community engagement initiative. And the Northwest ADA Center coordinated three community engagement initiatives to address barriers to accessible healthcare for people with disabilities in rural communities, and the first two we did were a collaboration with the Oregon office of disability and health at Oregon Health and Science University OHSSU and two Oregon communities and our recent project was in a rural area, semi-rural area of the northwest region of Washington State.

So what we did was we took a collective impact approach to the commitment, and basically what a collective impact is a commitment of a group of actors from different sectors to common agenda solving a complex social problem. This framework emphasize that results are emergent rather than predetermined with learning and adoption happening simultaneously.

And this framework ‑‑ hold on. So the five conditions for collective impact include sharing the common agenda, shared measurement, mutually reinforcing activities such as collaborating on objectives to address issues with healthcare, continuous communication, basically keeping pulse on the activities and the commitment of the actors and the committee to address healthcare issues and solve problems and the key thing is having a strong backbone organization. So in these projects of working with these three communities, having a strong backbone organization to help facilitate these objectives and activities was critical. And quite often in two of these cases they were an independent living center and the other case was an agency focused on disability advocacy similar to an IL center but not quite.

So the case study using the collective impact framework was intrinsic case study design in understanding healthcare access for individuals with disabilities in Oregon and Washington. And case study employees was exploratory given the goal was to gain new knowledge and fully understand the problems associated with healthcare access.

So the question was defining the basis of the study include what are the healthcare issues for individuals with disabilities in rural communities? And how does the community mobilize resources to address identified barriers, and how does technical assistance and support influence the success of the desired outcomes? So some of that TA or technical assistance includes us going back in to do training, for example, on how to use an accessibility checklist geared towards medical centers.

So single case study for each of the three areas that we did this activity in sort of a single case study where we eventually formulated to multiple case study to evaluate the impacts and the approaches taken by the three committees to determine what worked, what did not work? So for the single case study, multiple data sources were collected over a period of six to nine months and each using a formalized process of community engagement, which is the key term here. What that included was several phases.

Phase one was bringing together people with disabilities and their sort of immediate stakeholders, IL center voces, family members to have a town hall in which we sort of identify what is working for you guys out in the community as far as accessible healthcare and what is not working? And so basically we kind of collected sort of a key topics and themes and just as I mentioned in the very beginning from what's well known across the country is sure enough transportation was the number one issue, accessible transportation, physical access to healthcare facilities was problematic as well and communication which includes effective communication as defined by the ADA as well as communication in the sense of attitudes and stereotypes towards people with disabilities in healthcare.

So what we did was after the town hall we went out with the backbone organization and took pictures of the evidence to present to our infrastructure folks which I will talk about in a minute. And so by taking pictures and presenting, I will show you an example. This is a ramp to a pharmacy entrance. It's a picture of glass doors and this was the actual primary pharmacy in a small town. And the slope there that you see straight to the door is steeper than it looks, so imagine you have a wheelchair and trying to push open the door to get into the pharmacy and at the same time the wheelchair wants to roll backwards. That's an example that some of the barriers that the people in the town hall identified as problematic in accessing healthcare. Here is a picture showing a desk with a telephone on it. This is a gem of a picture showing a very inaccessible situation in a major hospital actually.

And the sign says for assistance please pick up the receiver. When you go into the hotel lobby there is nobody to help you there.

Is that desk. So if you have a physical mobility, dexterity issue you could not pick up the telephone. If you had a significant visual impairment you could not see the nine nor the telephone. If you were hearing impaired or deaf you could not use the telephone. So it was a classic example of poor access in that hotel lobby.

So taking that single case study for phase two, we took the pictures, put together a Power Point quickly and we brought in the infrastructure meeting which was sort of the key stakeholders in the community that transport officials. The city council members where he can get them hospital administrators and folks like to hear what the community was saying. This is working, that is primarily not working. And the key, the, what we do with the infrastructure meeting is present this evidence and then we formalize groups based on transportation, communication access and physical access to sort of mobilize together and get them to address some of these low hanging fruit, especially some of the access issues that can be fixed pretty quickly and cheaply.

Phase 3 was bringing together back again six, seven months later and quoting another meeting with everybody involved and saying what have you been up to? What have you been doing? What has been fixed? What's in the works as far as city planning and class to address inaccessible transportation and whatnot? The five conditions of collective impact for a multi‑case study, the multi‑case study analysis was initiated and the primary research question for the multi‑case study was what are the similarities and differences between the community initiatives? And first of all, we did find that much of the results as far as the initial things to be fixed were some accessible transportation was addressed through the provision of extra funding given to an IL center to purchase vans for the purpose of transporting individuals to healthcare appointments, taxi driver issue, taxi driver training was something we addressed as well. They could not handle your lug began, especially people with disabilities. They addressed policies and procedures and training and fixed some of the issues with taxi drivers.

The new hospital was opening up in one community, and they actually had additional accessible equipment and wing scales and they felt that that was because of the community engagement of people being involved and getting access to healthcare facilities and administrators are saying these are what we need to have accessible healthcare.

Some conclusions we reached in this is that individuals with disabilities, community leaders and healthcare representatives who participated in the process were able to agree on emergent solutions. Levels of participation of community members, accessible outcomes across three cases were varied.

And some of the overarching themes influencing the level of success included mutually reinforcing activities, again, the strength of the groups and the continuation of them working together through that period of six or seven months to accomplish some of the objectives. Continuous communication was critical we found in our initial study that we worked with community we worked with the organization was not as strong because they did not continue keeping the communication going with the small groups and us and so, therefore, the quality of the objectives being accomplished wasn't quite met yet.

Backbone support obviously was a key thing and as we got sort of into the activities with a final two communities which have very strong backbone support, you see the greater results in the communities because the backbone organization, the IL center was able to kind of keep pressuring those groups and keep going and reporting back to how are things going? Are we ready for our follow up meeting to address what's being accomplished?

So the bottom line with conclusions is that community engagement is sort of a, it's a great way to add increased awareness of barriers to healthcare in the community. Quite often we send emails out, we publicize, we do fact sheets about poor, inaccessible healthcare, when you have groups of people together saying this is what is not working in my community and have those people in the community coming back to here what's not, working in the community is seeing it firsthand and feeling it firsthand they are able to build collaborative partnerships together and understand really, truly what the impact of the community is as far as accessible healthcare.

And so basically what we are going to be doing from this point on is sort of maybe doing long‑term follow‑up and seeing how these communities are doing. They have one, two, three years from now and see if they have addressed the bigger issues, the more expensive, complex physical barriers to be addressed. So some acknowledgments and I apologize if I went through that super quick. I was trying to catch up with additional time we were trying to make up, so.

>> KURT JOHNSON: Thank you. Any questions for Michael?

>> AUDIENCE: I just wonder, do you see any drop off in the faith ‑‑ I was wondering for people who didn't do anything, would they avoid coming back?

>> MICHAEL RICHARDSON: What was that?

>> She wondered if there was drop off from people in phase 3 who if they didn't do anything, did they not come back?

>> MICHAEL RICHARDSON: We did notice the second round there was a smaller turnout in that sort of the six, seven‑month follow‑up. Not to say that objectives weren't met, but we couldn't tell whether it was just a scheduling issue that maybe some people couldn't make the meeting, but we were able to hear back from the IL center, the backbone organization about these are the things that have taken place since you guys have come in and what we have been doing. So it's hard to tell what the drop off is, but, yes.

>> KURT JOHNSON: Thank you, Michael.

Diane Smith who is on the faculty at the University of Missouri and working with the Great Plains ADA Center is going to talk about her evaluation and knowledge translation, I think.

>> DIANE SMITH: We will see. The last of the ADA center presentations. Actually I am no longer at the University of Missouri, and those of you who downloaded the schedule ahead of time might have thought that Jim was going to talk now and if that's what you were staying for, I'm sorry, I'm not Jim Deyoung. But I have had the privilege of working with him and his gang at the Great Plains ADA Center. I moved halfway across the country to Boston and he has already had his tentacles in me and keeps drag he me back.

How many of you have attended the national ADA Symposium? See, I don't need to present this. I know a lot of you have presented and a lot have attended and in fact I can remember a lot of your faces. I texted Jim prior to this and I said how many years has the symposium been going on and he said this will be the 20th year this June. But apparently it continues to grow and grow and grow and grow.

I have been involved with them for the past four or five years along with a lot of my occupational therapy students, and for those of who have gone to the symposia at the end, you usually get a survey mailed to you, and it's quite a lengthy survey. So a lot of my students and I have been working on mining a lot of that data.

So we took a little bit of it. So instead of a research study, this is kind of more of a preliminary program evaluation as opposed to research study. And actually, I even incorporated one of my OT students again. So it keeps going around. So but anyway, so I will be talking about today is the national ADA symposium and it will be held again in June and the website for that and I didn't put it on is ADA symposium.org in case you are interested in looking at that.

Not only do they talk about the upcoming symposium, but there are a lot of files from previous symposia as well. So and then Bridget McNamara was one of my OT students. The research question we are looking at for this one is how are the participants of the national ADA symposium using the knowledge acquired during sessions in their work and community environment? This is an opportunity, there are typically around, there are some keynote speeches and there is typically around 70 breakout sessions as well, and, you know, and we all know who those instructors or teachers telling people is fine, but if they don't use the information, it's not much good.

So we wanted to look at some of the symposium data from the 2015 symposium last year, but I can tell you from the surveys that we have looked at in prior years the results aren't that much different except they are better and Jim and I have talked about how we have used this information to make some changes in the symposium.

So they sent the surveys and they sent it to about 763 people, and we got a response rate of about 31%. So 238 attendees responded. What we did was mostly descriptive analysis. We looked at the quantitative and the qualitative data that came through. Mostly we were looking at the data that looked at the overall opinion of the session presenters, the self‑perceived improvements in skills and knowledge, and how the participants attended to use the knowledge and skills in their work or community environment or both.

And we also not only looked at the quantitative results, the scale results but the open‑ended comments which there were a lot of, and this is where I pull in my graduate student. She analyzed the data and she came up with, we did some coding and some peer debriefing and came up with some themes.

So I want to go through this kind of quickly. The participants rated the speaker as generally effective, so good to excellent with about 95.4%. And they also felt that the speakers were knowledgeable 97.5% of the time about their topic. This, in this bar graph, it shows that 82.2% of the participants noted good to excellent improvement in their skills and 88.6% noted good to excellent improvement in their knowledge of whatever session they attended.

So this is not sessions specific. We can get session specific, but we didn't for this particular project. The most important thing which I don't have on a graph is that the participants further stated that they will use the knowledge gained for work specifically and about 30% of the time or for work and community combined for about 71% of the time.

This is a very colorful graph. Participants rated the length and the breadth of the symposium as good to excellent. 89% of the time they rated highly the variety of the sessions and there are, there is a lot of variety of sessions for all of the titles of the ADA. 85.2% of the time and the general learning environment as good to excellent 92% of the time.

They rated the symposium as good to excellent for providing an environment that was conducive for networking and this will come up again, the networking aspect of the symposium. 86.2% of the time opportunities for connections were just kind of similar, almost 86% of the time and cost effectiveness 76.2% of the time.

Overall, the quality of the symposium was rated as good to excellent for 92.8% of the time. When we looked at the open‑ended comments, the participants said that the most beneficial aspects of the symposium included networking and that's why there is an exclamation point after networking. They are allowing more time between the sessions. It used to be ten minutes. So you would kind of be scooting from one session to the next session really fast and that was not much chance for networking.

Now, there will be 20 minutes between each session so there is more time to network with the speakers or with other people in the sessions. The panel discussions and the breakout sessions, again, there is usually a keynote speech or two and then breakout sessions. So those were found to be really valuable. The information session starting the symposium and time with vendors, there are usually vendor there's. Knowledgeable speakers, especially the speaker from the Department of Justice, regulatory updates not only on the ADA and the ADAAA, but legislation that's related to the ADA. Additional information on resources from the speakers and then last year we had a reception at the Center for Civil and Human Rights in Atlanta. Lots of good food if you have never been there, it's a very cool place to visit.

So what do we take from this? There are going to be, I think, this year and in future years more information on or, and then this was also recommended by the people who attended future topics on access to healthcare, and some of the problems with that, and not only physical access, but because of some of the changes with the Affordable Care Act, how that affects people with disabilities, employment, always a big one, and more advanced sessions for titles 1, 2, 3. Sort of for people who have attended, how many of you attended more than one?

So several people. So more advanced sessions for people who have attended once and you don't want to hear the same thing over and over at an introductory level. You want a more advanced session. Also topics related to higher education and transition services, especially for I think people with autism who are, and as some people have talked about aging out of the system where they do when they gleet into higher Ed and also the K12 focus. And fair housing. And somebody talked about this before, emergency preparedness has become a bigger issue, and accessibility at venues.

Polly training and other disability laws and especially the Olmsted Act, and additional sessions focused on cases, so attorneys and litigation that have to do with the ADA. When they were asked, so you have gained all of this knowledge and skills, what were some of the barriers to implementing the knowledge and skills which we have talked about, commitment from and knowledge of the employers. I can't remember exactly who it was, but somebody was like just because you have the information there and you give it to the employers doesn’t necessarily mean that they act on it. So we know it but don't act on it. Money to make accommodations and time. It ends up being ‑‑ this is a great idea, but it's like here it is on a priority list.

So the punch line is that we really showed and this is consistent, that people who attend the symposium really do gain a lot of knowledge and if you have gone, you have come out of there and your brain is like, you got lots of information, my students are always like it was a great experience but we are dead tired. So they have, they basically say they have used increased skills and knowledge in their community workplace and they are changing the symposium. They are adding their requested modules like the advanced sessions. They are incorporating more networking opportunities. They are going to have more large group sessions similar to Ted talks and they are trying to pull in more business support hoping that that will then incentivize the businesses.

Obviously this is a pilot study. We have done some, but what we are planning on doing in the future is adding more rigor to the studies. There obviously it's a posttest only so the researcher in me wants to do pretest, posttest to make it a little more rigorous. That's it for me. Any questions?

>> KURT JOHNSON: Any questions?

>> DIANE SMITH: Thank you.

>> KURT JOHNSON: And we would like to invite Barry and David back up for just a few minutes to reflect on, get some closure and then we will ‑‑ thank you very much. I'm really gratified that you guys are still here. We don't have a plan for this. So this can be pretty informal and just if you have any final, any questions or anything in particular that you would like us or them to address. And I will just start off by observing what one of the things that I have told a couple of you was that for the ADA, for the preparations from the ADA centers, some of these are projects that were started a couple of cycles ago.

And I was struck by the fact that in absence of any funding or in absence of any mandate that you do anything, people continued these and what seemed to me to be a pretty organic way and I just thought that's cool. So questions or things that you would like for us to address? Don't all speak at once.

>> AUDIENCE: Perhaps you can start by hearing you reflect on the whole conference, so, you know, what occurred to you when you listened to all of this, what ideas you may have? Because this is sort of, not the first time we do it per se, but the first time we do it this way. So we would be interested to hear in terms of the contents.

>> Well, I have to say that, I just want to say that I'm really grateful for having had the opportunity to participate in the conference. I was kind of thinking about this before, and, you know, coming, coming from sociology, you know, a very broad discipline, but also kind of a very insular discipline, I found that I have actually, I have come out today learning so much sort of things that I ‑‑ confident in what I want to do, things that make me think more about the kinds of stuff I want to do in the future. I can say that having attended many American sociological association meetings which I often come away with not learning anything, I feel I'm ending the day with so much more knowledge.

And it's interesting to sort of see how interdisciplinary this area of research is, really forcing, I think, social sciences to think beyond their disciplinary boundaries. And so I just, I just find this to be really a terrific experience.

>> BARRY TAYLOR: I would echo David's comments. I was aware of some of these things just because of osmosis with Great Lakes, but it just, the different things that people are doing is really interesting and for people with me as a lawyer, a lot of things you are doing relate to emerging legal issues and the ones you have identified are just smart and are reflective of sort of where the issues are. And having some of that research could actually be helpful on some future legal cases or future policy work and that sort of thing and moving the ADA forward so I think that's just fantastic. I would like to give a plug for if you are looking for a new research project to do that we have been working on a very ad hoc, you know, way, is this whole issue and it's been brought up a little bit, the whole issue of employment applications.

And so we have been doing this sort of on ad hoc of using interns and consumers to collect employment applications and then we do the legal analysis in identifying what barriers still exist on employment applications today and even 25 years later, there are still a lot of basically illegal questions being asked. So we haven't done it scientifically, and I would say roughly, 10, 20% of the applications we collect still have some sort of violation of the ADA and some are blatant violations and others are more of they try to do the right thing and don't quite get there.

What is great is we talk about how the ADA is very gray, and this is one place where the ADA actually is pretty clear, and so we as lawyers send demand letters and say you need to fix this, and every single employer we reached out to has agreed to do so and remove it or business not necessarily employer. Because it is so clear. And so it's one of those kinds of things that certainly we would think about a legal strategy if we had to, but we have never had to. So to the extent that that's something that people want to think about or collaborate about, then.

>> Large companies like Microsoft have vendors that do all of the HR screening for them and it's done on line. And they have them take tests to see whether you have the temperament to do that. And we found that those tests, A, are inaccessible for people who may be supported employment clients who could do the job but can't fill out the application and if they fess up to the fact that sometimes their moods are uneven, they will never get screened in.

>> I guess certainly just the review of the paper applications is sort of where the black and white area is. There are gray areas and some goes to the on line issue which makes it hard to get to certain things without pretending to be an employee and some of the personality testing which there has been some litigation on that that's been positive, but it does raise some concerning questions. So you are right, it's not all black and white, but I think there are some ways to really do some analysis and we talked about the use of consumers and this is a great way to use that. We have worked with people of mental illness because with invisibility disabilities this is an issue that affects them very directly.

>> KURT JOHNSON: We are interested in pursuing these on kind of ours who are really getting discriminated against. Are there questions or points of discussion? Hannah?

>> HANNAH RUDSTAM: The ADA centers are now sort of hopefully on the verge of getting new funding and being able to continue the work they have been doing for many years. Just what is the one thing that we need, that you could think of that we might want to change as we move forward not just in terms of the content, but how we operate and how we approach employers or how we approach the community? Is there one thing that would emanate from your research that would inform them?

>> DAVID PETTINICCHIO: I don't know. I feel like this is outside of my technical expertise, but one of the things I was thinking about and talking to some of the other participants earlier was, you know, and this came up during the presentation, one of the things that I thought was so important was education. But maybe that isn't the ‑‑ I mean, what I mean by education, I mean in terms of educating or training employers. And I'm really interested in knowing that this may not necessarily be the answer. So I have been saying, yes, what we need to do is talk to employers and teach employers, but maybe having broad programmatic kind of systems of doing that may not work. So I think that, the thing that I picked up from your talk was tailoring or bridging the relationship between researchers, policy makers, advocates, and employers really has to be done at the kind of, I don't like the term, but the case‑by‑case kind of approach that sort of meets the needs or speaks to specific kinds of employer.

So I'm thinking, and you have brought that up as kind of a direction or some sort of research that should be allocated to that idea moving forward.

>> BARRY TAYLOR: I don't know if you want me to answer this or not. We did this two years ago I guess now. We did a survey study for an employment blueprint we did on how we could move that forward in Illinois, and we looked at, we did a 50‑state survey and looked at best practices. One of the things that struck me and it resonated with what we were talking about today is when you reach out to employers, how do you do that? One of the things that we found was the more specific you can be, and this is really related to what you just said, the better because if you go in and just do the general talk about the ADA and why hiring people with disabilities is a good thing, it doesn't resonate. And there was a study done in Colorado, I don't know if you are familiar with this or not, but that there is a specific agency in Colorado and they do outreach to businesses.

But what they do is it's much more targeted and specific about what really are the benefits? And doing studies about the loyalty of people with disabilities and some of the studies people are familiar with and how that's really resonating with employers better than sort of the general stuff.

So I guess actually following up with what you had done in your presentation is being as targeted and specific and tailored in the approaches as possible. I know that's hard sometimes because, you know, we only have so many resources and to tailor your, what you have to every single person is tough. But I think it's, it yields results.

>> AUDIENCE: Barry, when you were speaking you mentioned that there was, and I forget the term that you used and I didn't write it down you about that the lady in California was doing the work around getting companies and other people to structured settlement. So can you talk a little bit about how you think ADA centers might apply that to what they do given that we are not, we don't do enforcement, and we don't do anything like that, but how can we take the principles, the concepts and apply it to what we do to get the stronger outcomes?

>> BARRY TAYLOR: The concept of structured negotiations is sort of like the win/win. We want to obviously raise the bar for people with disabilities and we want to make it as easy as possible for the covered entity to do so. So I think to the extent, you know, when we go in and do these now, it's, I mean, we do a little trick here. We say, we prefer to do this, but if we have to we will go to court and you can't really say that. But I think you are saying we are a resource you are probably not aware of, and we would like to provide that level of assistance. And to the extent that you can get consumer involvement, that makes a difference too. Because what you are able to do is give real life examples and people who are really affected by that.

And, what's been great about these structured negotiations is people are skeptical at first, but in the end, like we had a structured negotiation with a bank and they did so much. They went beyond what we actually asked for in addition to making talking ATMs, they ended up doing accessible checks and they changed their website and they did all of these things. We ended up giving them an award of being an outstanding advocate in Illinois that year because they did so much and so what started off as something when people were really skeptical changed. And so what we ended up doing now is we share that information ahead of time. We say, look, I know this sounds weird, but let me tell you what happened with LaSalle Bank and Northwestern Hospital and when they see what their peers have done, then that really helps.

So to the extent you want to utilize what's been done by orcs and show that, I think that might help because at least, and maybe because we are lawyers, but people just are more suspicious about our motives and it's just different than what they are used to when lawyers approach them. And so maybe, I'm not sure it's completely transferable to you guys, but to the extent you guys can just share with them that we have knowledge that we would like to give you so that you can, things are better for you and it will be better to for the disability community in general I think will make a difference.

If you want to check out the more details about structured negotiations, I think this is right, her name is Laney Finegold. LFlegal.com. She has great information about what structured negotiations are and just literally pages of different settlements she has done all kinds of point of sale cases and healthcare cases and bank cases so it's a really, and she actually wrote a book that's being published this year by the ABA, American Bar Association. So I think that will be another resource we can use with businesses to get them to understand that there is a different way to get into compliance without having to be sued.

>> KURT JOHNSON: Any other questions?

>> AUDIENCE: So one of the things we find because we work with a lot of large companies, and they have needs in so many areas that it's difficult, and, of course, they want a comprehensive plan, and it's difficult to meet all of their needs and it's difficult for them to pinpoint one area they want to work on. And for you probably it's easy usually because you have whatever your case is around, but that's a lot of the things that I think we struggle with in trying to, because it is, it's disability inclusion, it's everything. And anything can change the tide, even if you change one thing, if you do something wrong in another area, the tide is then changed again.

So I don't know if that's a question or if that's just a statement that I worry about how to apply that in our situation when there is so many problems that it's hard to know when one to start with.

>> Sometimes what we have done is we have come with one, we were talking ATMs and focused on that, but now with the healthcare ones we talk about everything and say, you know, and obviously they have to prioritize and put a schedule together and things like that. So I mean there is different approaches depending on the entity.

It's a judgment call, but certain groups it would be better to say let's focus on your website and see what we do to help you with that and others let's make a plan on how to make your place a model hospital and maybe schedule from there.

>> KURT JOHNSON: Thank you both for taking time to sit and talk with us afterward and thank you all for attending.

(Applause).

We really appreciate it and hopefully we will see some of you tomorrow.

(Concluded at 5:13).

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