

# **The Americans with Disabilities Act at 30 for Hoosiers with Disabilities**

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**THE INDIANA INSTITUTE ON  
DISABILITY AND COMMUNITY**

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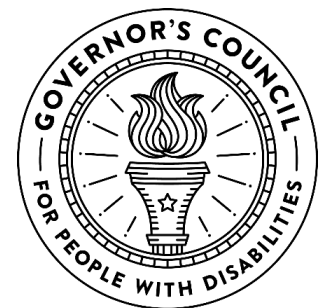
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## ACKNOWLEDGMENT



We would like to express appreciation to the ADA-Indiana steering committee for their direction and input for the ADA at 30 Summit activities. We would also like to thank all the participants in the ADA at 30 Summit activities (key informant interviews, Self-Advocates Leaders forum, town hall meetings, and the online survey) for their contributions and time.

The ADA at 30 Summit Report reflects activities conducted by the Center for Health Equity at the Indiana Institute on Disability and Community at Indiana University Bloomington on behalf of ADA-Indiana. These activities were funded by the Indiana Governor's Council for People with Disabilities (Grant No. 18875). The content of this report does not necessarily represent the views of the Indiana Governor's Council for People with Disabilities.



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## **EXECUTIVE SUMMARY**

This report presents the findings from the activities called “the ADA at 30 Summit” conducted between July and September 2020 by the Center for Health Equity (CHE) of the Indiana Institute on Disability and Community at Indiana University Bloomington, on behalf of ADA-Indiana, the state steering committee for the implementation of the Americans with Disabilities Act (ADA) in Indiana. The purpose of the ADA at 30 Summit was to gather insights and reflections about the implementation of the federal civil rights law, the ADA, in the state of Indiana over the 30 years, from various stakeholders including people with disabilities as well as organizations. To this end, CHE conducted the following activities: key informant interviews with leaders of disability advocacy organizations in Indiana; a virtual forum for the leadership board of the Self-Advocates of Indiana; four virtual regional town hall meetings; and an online survey for people with disabilities, family members, disability advocates, and other interested community members.

The following are highlights of the ADA at 30 Summit activities:

### **Key Informant Interviews with Disability Leaders**

During July 2020, CHE staff interviewed nine leaders of disability advocacy organizations and hosted an online forum for the Leadership Board of the Self-Advocates of Indiana to gather their insights on 30 years of ADA implementation in Indiana from the perspective of their organizations and the constituents they represent.

- The disability leaders noted some of the overall successes including improved physical access; more employment opportunities for people with disabilities; voting; attention to Olmstead (community integration); and the general availability of accessible information. The key informants gave examples of positive aspects of ADA implementation in Indiana including increased access to postsecondary education; increase in state legislation supporting the goals of the ADA; the involvement of disability advocates in policymaking activities; communities and organizations being receptive to learning about how to comply with the ADA; and going beyond the ADA by incorporating universal design features to make facilities user friendly for everyone.
- In terms of areas where ADA implementation can be improved, the key informants noted various areas for further improvement. They first noticed limited access to transportation and communication technologies for many, especially in rural areas. They also stated that much of the information about the ADA is complex and that people with disabilities have a limited knowledge of the ADA in order to assert their rights or know how the ADA is enforced. While more people with disabilities are getting access to postsecondary education, this is not translating into employment opportunities. Some of the other issues and concerns raised by the key informants included the following: the continued existence of sheltered workshops in Indiana; the use of guardianships; the lack of long-term supports and services to support community life; and challenges faced by many in terms of communication access (e.g. sign language interpreters, captioning).
- When asked about how to promote implementation of the ADA in Indiana, leaders suggested that education about the ADA should be continuous, and that younger generations and different disability advocacy groups can offer valuable perspectives on what is needed for better implementation. Communities can learn from their COVID-19 pandemic response on how to make accommodations in employment and business

practices work for everyone. Advocacy efforts to include the federal ADA requirements into state laws and local ordinances should be increased. If Indiana wants to increase implementation of the ADA, leaders suggested the following: focusing on outreach to younger people; increasing employment opportunities for people with disabilities; recognizing the importance of transportation for community life; and encouraging communities strive to go beyond the ADA. They also state that training should be offered to employers about their obligations under the ADA, as well as why they should hire people with disabilities. It was noticed that people with disabilities should receive training on their rights under the federal civil rights law, and how they can be leaders in moving implementation forward in Indiana.

### **Online Regional Town Hall Meetings**

During September 2020, the CHE staff conducted four virtual town hall meetings in Central, North/East, Southern, and West Indiana. Thirty-one individuals participated to discuss local implementation of the ADA. Staff facilitated a discussion of local issues in communities; progress and successes; barriers to implementation; and training and information needed for the communities.

- The participants raised several local issues related to the ADA such as transportation and mobility; the impact of the COVID-19 pandemic on access for people with disabilities; lack of communication access; and several other topics involving voting, physical accessibility, and service animals.
- The participants shared several examples of local ADA successes such as being able to vote independently, having transportation options, experiencing greater accessibility in the community, and the attention to outdoor recreation for people with disabilities. Many participants commented on the overall increased awareness of people with disabilities in the community, and the inclusion of people with disabilities as part of the solution for greater accessibility.
- The participants provided examples of barriers to ADA implementation in their local communities. Some of these barriers included negative attitudes, lack of employment opportunities, physical access, and not enough transportation options. Several comments focused on the ability of local governments to promote compliance with the ADA in the community.
- The participants provided suggestions on training and information needs for specific audiences (people with disabilities, business owners, bus operators, healthcare providers, and local code officials) and topics (accessible materials, Title VI of Civil Rights Act, and community engagement).

### **Online Survey**

The online survey was conducted from September 11 to September 23, 2020 to get a broader understanding of the impact of ADA implementation in local communities in Indiana. A total of 122 respondents completed the survey and represented people with disabilities, family members, people working in the disability field, local government officials, and other interested parties.

- When asked to “grade” their community, the overall grade was a C minus. When asked to grade how well their community was doing in several areas related to the ADA, the most selected responses were either “satisfactory” or “poor.”
- The respondents who were asked about their knowledge of the ADA were quite informed as over 70% reported having “above average” to “very high” knowledge of the law.
- The top four sources of information for respondents about the ADA included: the Internet, ADA-Indiana, Indiana Governor’s Council for People with Disabilities, and the Great Lakes ADA Center.
- When asked about what areas of the ADA they wanted to know more about, respondents picked the following as their top three: enforcement of the ADA; the obligations of local and state governments; and the obligations of community organizations (stores, nonprofits, and others).
- When asked to select from a list of areas for their community to work towards better ADA implementation in the next five years, these two areas were most selected: more employment opportunities for people with disabilities, and accessible transportation.

## **I. INTRODUCTION**

The landmark civil rights legislation, The Americans with Disabilities Act (ADA), was signed into law in 1990. The ADA prohibits discrimination against people with disabilities in several areas, such as employment, transportation, state and local government services, public accommodations, and telecommunications. The intent of the ADA is to provide equal opportunity and participation for people with disabilities. The ADA remains an important policy in the efforts to achieve full equity for persons with disabilities. Although it has been 30 years since the ADA was enacted, there are still gaps in compliance and barriers for individuals with disabilities to have full participation in everyday life.

To better understand the impact of the ADA since its inception, the Center for Health Equity (CHE) of the Indiana Institute on Disability and Community at Indiana University Bloomington, on behalf of ADA-Indiana, conducted a series of research activities between July and September 2020 to gather information from disability advocates and disability organizations on the status of the implementation of the ADA in Indiana after 30 years of the federal civil rights law for people with disabilities. These activities called “ADA at 30 Summit” included 1) key informant interviews with leaders of disability advocacy organizations, including an online forum for the Leadership Board of the Self-Advocates of Indiana; 2) four online town hall meetings, and 3) an online survey.

## **II. METHODOLOGY**

### **1. Key Informant Interviews with Disability Leaders**

During the July 2020, CHE staff interviewed nine leaders from eight disability organizations in the state of Indiana and hosted one online forum for the Leadership Board of the Self-Advocates of Indiana. All the leaders were asked about the successes of the ADA from the perspective of their disability advocacy organization; the positive aspects of ADA implementation; areas needing further improvement in ADA implementation; ways to promote implementation; what barriers remain; and how to move Indiana forward to better compliance.

#### *Participant Recruitment*

CHE staff sought input from the ADA-Indiana steering committee to develop a list of possible candidates to interview. While several of the organizations represented on the list have a statewide focus, a few are regional in the provision of their services and advocacy efforts. Efforts were made to interview leaders that represented the diversity of disability in the state. CHE staff contacted each leader to arrange for the interview and made any accommodations that were requested (i.e. CART services, sign language interpreters, etc.).

When CHE staff contacted the President of Self-Advocates of Indiana (SAI), they requested an interview with representatives from their Leadership Board. The President extended an invitation to the Leadership Board to the online forum CHE staff set up. Five representatives attended the forum.

### Participants

- Executive Director of Volunteer Office for Community Accessibility, Resource, and Training, Inc. in Gary, Indiana
- Staff for the City of Indianapolis Office of Disability Affairs
- Legislative Chair for the Indiana Association of the Deaf
- Executive Director of the League (for the Blind and Disabled) Center for Independent Living based in Fort Wayne
- President of the Hearing Loss Association of America, Indianapolis Chapter
- Board Member of the Hearing Loss Association of America, Indianapolis Chapter
- Executive Director of Indiana Statewide Council for Independent Living
- Executive Director of Future Choices Center for independent living based in Muncie, Indiana
- President of the American Council of the Blind of Indiana
- For the online forum for Self-Advocates of Indiana, President, Past-President, and three regional officers from Hartford City, Lafayette, and Terre Haute.

## **2. Online Regional Town Hall Meetings**

In September 2020, CHE staff hosted four online regional town hall meetings. These town hall meetings were presented to invitees as “regional” meetings versus a specific “City” location to encourage wider participation. The town hall meetings were conducted using a web conferencing platform called Zoom. Real-time captioning was provided for each meeting. Two CHE staff facilitated each town hall meeting and led the participants through a discussion of local ADA issues; progress and successes under the ADA; barriers to implementation; and training and information needs for their community.

### Participant Recruitment

Town hall meeting participants were recruited by direct email invitations to disability organizations and individuals in the town hall meeting areas.

### Participants

In total, thirty-one individuals participated in the four online town hall meetings: nine participants in Muncie/Central, nine in North/East, nine in Southern, and four in Terre Haute/West.

## **3. Online Survey**

CHE staff conducted an online survey using the Qualtrics survey tool between September 11 and September 23, 2020. The survey questions were also translated into American Sign Language by a certified interpreter, and the videos were incorporated into the survey. Respondents were asked to report how well they felt their communities were doing in implementing the ADA. They were also asked to “grade” their communities and to point out areas where there was need for more progress in implementing the ADA in their community.



### Participant Recruitment

Survey participants were recruited in multiple ways: a) direct email invitations to disability advocates, b) requests to disability organizations to share the survey invitations with others within their organizations and networks, and through their websites and social media accounts, c) the survey announcement posted on the ADA-Indiana website and the social media accounts, and d) the survey announcement shared on the social media accounts pages of CHE and the Indiana Institute on Disability and Community at Indiana University Bloomington.

### Participants

Participants needed to meet the following inclusion criteria to fill out the survey: a) 18 years old and over; and b) a resident of Indiana. There were 174 initial participants. Sample validity and data integrity were examined using the data quality screening procedures of Qualtrics (e.g., machine response, duplicate responses, response pattern, etc.). Qualtrics has fraud prevention and detection features that are recommended for an online data collection platform (Pozzar et al., 2020). After removing 52 ineligible participants (e.g., 19 duplicates; 5 non-Indiana residents; 11 respondents who accessed the survey but did not provide any responses; and 17 participants who completed only (part of) eligibility questions), the final sample size was 122.

## **III. RESULTS**

The “ADA-at-30 summit” consists of interviews with disability leaders, virtual town hall meetings, and an online survey. The findings of the summit are presented by each research activity.

### **1. Findings from Interviews with Disability Leaders**

During July 2020, CHE staff interviewed nine leaders of disability advocacy organizations and hosted a virtual forum for the Self-Advocates of Indiana to gather their insights about the status of ADA implementation in Indiana from the perspective of their organizations and the constituents they represent. (See Appendices 1 and 2 for itemized reporting.)

#### Successes of the ADA

Disability leaders were asked to identify areas of successful ADA implementation in Indiana from their perspective as a leader of a disability advocacy organization.

- Physical accessibility (curb cuts, building accessibility) has improved.
- Transportation options have improved (including public transportation and pedestrian access).
- There are more opportunities for employment.
- The ADA is recognized as civil rights law.
- There are more people with disabilities at the table.
- The availability of materials in accessible formats
- Some implementation of Olmstead
- More independence, awareness, and inclusion of people with disabilities

- The opinions of Self-Advocates are valued.
- Employment is an important issue now for Self-Advocates.
- Self-Advocates are involved in Olmstead issues.
- Access to education has improved.
- Self-Advocates exercise their right to vote.

### Positive Aspects of ADA Implementation

Disability leaders were asked to comment on the positive aspects of ADA implementation in Indiana.

- We are focusing on areas not normally addressed (e.g., recreation and outdoor spaces).
- Advocates are more involved in policymaking and training.
- People with disabilities have access to higher education and college degrees.
- Indiana legislation is furthering the goals of the ADA.
- Some local communities are going “beyond the ADA” to provide accessibility.
- Organizations are receptive to learning about the ADA and how to comply.

### Areas Needing Further Improvement in ADA Implementation

Disability leaders were asked to comment on areas needing further improvement in ADA implementation in Indiana.

- Access to transportation and communication technologies is still a barrier for people living in rural areas.
- Much of the information available about the ADA is complex.
- People with disabilities don’t have the knowledge of the ADA to assert their rights.
- There is not enough information about how to enforce the ADA.
- Organizations, especially in the public sector, are not using aids and services such as captioning and sign language interpreters to provide access and encourage participation.
- There are still sheltered workshops in Indiana.
- While people with disabilities are getting advance degrees, this is not translating into job opportunities for them.
- We still need to work on making pedestrian routes (i.e. sidewalks, trails) accessible.
- Having access to qualified and certified interpreters is an issue, especially in education.
- Indiana is struggling with long-term supports and services which is limiting community life for many.
- Employers are reluctant to hire Deaf individuals because of cost of accommodating them.
- Guardianships of people with disabilities in Indiana is still an issue to address.
- There are still challenges for people when in accessing health care, obtaining employment, using transit systems, and participating in community.
- Some policy changes at state level have limited access to employment services.
- Often the options for accessible transportation depend on where you live.
- Community employment is not first option for people with disabilities, for some sheltered workshops seem like a safer option (i.e. less worry about job performance), and there is fear of losing benefits.

- Not all people with intellectual and developmental disabilities have access to technology and the Internet, nor are they able to get training and support to use technology.
- A “marriage penalty” (loss of benefits) exists for people with intellectual and developmental disabilities.

### Promoting ADA Implementation and Compliance

Disability leaders were asked about what ADA-Indiana should consider in the promotion of ADA implementation and in addressing barriers in Indiana.

- Know that education about the ADA should be continuous.
- Consider new ways to reach younger generations of advocates (be visual, use social media).
- Invite different perspectives and life experiences to the conversation.
- Build on how organizations handled changing business practices during the pandemic to make services more accessible.
- Consider accessibility and safety for people with disabilities when implementing new ideas in pedestrian access such as shared streets.
- Form a statewide coalition of local groups working on similar issues in their communities.
- Encourage communities to go above and beyond the ADA.
- Remind communities that cost-cutting measures should not lessen access for people with disabilities.
- Be proactive in recognizing how mitigating strategies (i.e. face coverings) for the spread of COVID-19 might create access issues for people with disabilities.
- Educate employers about why they should hire people with disabilities and not to fear costs of accommodating them.
- Advocate for the incorporation of ADA requirements into state laws and regulations and local ordinances (i.e. building codes).
- Promote people with disabilities as the experts in addressing barriers.
- Provide training on how to use the Internet and other technologies to increase knowledge.
- Training on affordable and accessible housing is needed.

### Moving Forward

Disability leaders were asked to identify areas that should receive focus, in order to move ADA implementation forward in the state.

- Focus on reaching young people, and in a way they will understand.
- Focus on expanding what work looks like for people with disabilities, include self-employment and entrepreneurship.
- Focus on transportation as it is important to all aspects of life: employment, health, community participation, and more.
- Focus on providing educational opportunities for people with disabilities to learn about the ADA and their rights.
- Focus on providing educational opportunities for employers on hiring people with disabilities.

- Focus on collaboration with and between different disability advocacy groups to find commonalities.
- Focus on going beyond the ADA to promote more access.
- Focus on supporting people with disabilities to be the leaders to move ADA implementation forward in Indiana.

## **2. Findings from Online Town Hall Meetings**

Thirty-one individuals participated and provided comments at these town hall meetings. Staff facilitated a discussion of local ADA issues in communities; progress and successes under the ADA; barriers to ADA implementation; and training and information needed for the communities. (See Appendix 3 for itemized reporting.)

### *Local ADA Implementation Issues*

Town hall meeting participants were given the opportunity to suggest local issues and topics during the online registration process. Many of the issues discussed involved the following: transportation and mobility; the impact of the COVID-19 pandemic on access for people with disabilities; communication access; and the several other topics including access to voting, physical accessibility, service animals, and other topics.

#### *A. Transportation and Mobility*

Participants discussed many issues related to transportation and mobility (e.g., concerns about limited and reduced funding, limited transportation options, and how lack of transportation is a barrier to gaining and maintaining employment, etc.). Limited transportation options were discussed on several different levels: what is available outside of public transportation, the reach of the available transportation services (i.e. city limits), the unaffordable cost of owning their vehicle for many, and how new transportation services such as Uber and Lyft have barriers for people with disabilities in terms of cost and accessibility. New mobility options in communities such as electric foot scooters may create problems for people with disabilities using pedestrian walkways.

#### *B. Impact of the COVID-19 Pandemic on Access*

Participants raised several issues about how local communities responded to the COVID-19 pandemic and their concern that ADA compliance might not have been a consideration. Some examples include the lack of communication to the disability community. For instance, customers were not informed of when ADA transportation services were suspended, and when public health announcements were not accessible (no captioning or interpreting on video announcements and inaccessible documents). Because of the pandemic, many of the formal and informal supports (i.e. community centers, support groups) are unavailable to people with disabilities, especially to those who did not have the Internet and other technologies to access the virtual alternatives. While telehealth may be a good option for some people during the pandemic, there seemed to be no recognition that some complex medical issues need to be handled in person. Mitigating strategies for the spread of COVID-19 such as the requirement to wear face

coverings created challenges for those with communication disabilities. Participants noted that communities could continue to provide more access for people with disabilities because of solutions that became common during the pandemic such as virtual meetings, online tours, curbside pickup and home delivery, and more.

*“I think that one of the biggest irritants that came up for me during COVID [pandemic] was that our paratransit service stopped service without really putting out any kind of notification to consumers that they were going to drop evening service. Fixed route service changed to once an hour during the week. And that impacted people being able to get to places, it made every day like a Saturday for us.”*

### *C. Communication Access*

Participants raised several concerns around lack of communication access. Places in the community are not doing enough to provide access whether this be by providing interpreters, providing captioning on public screens, or by installing the technology to provide access to those needing assistive technology systems. Several mentioned concerns about digital accessibility including communities relying too much on Internet for communication and not realizing that some may not have access, especially in rural areas, or may not want to use those technologies. In some cases, while websites may be accessible, other items such as forms or documents are not. One participant mentioned that their local disability group is starting to address the issue of web accessibility locally by providing feedback to local businesses. Some of the challenges cited by participants include a lack of information about the laws and policies on communication access, and organizations claiming to have no money to provide the accommodations.

### *D. Other Local Issues*

Other local issues participants commented on include voting, exclusion of some disabilities when talking about access under the ADA, physical accessibility, and confusion about service and emotional support animals.

### *Local ADA Successes*

Town hall meeting participants offered examples of where they have seen successes of the ADA in their local communities. Some of the successes mentioned included voting independently, access to transportation options, greater accessibility in the community, and attention to such things as outdoor recreation for people with disabilities. Many commented on the increased awareness of people with disabilities and how communities are including people with disabilities as part of the solution for greater accessibility.

*“The best thing for me since the ADA was enacted was the accessible voting machine or whatever they call that thing, the machine we have that made it possible for me to vote by myself ...”*  
*“...as a professional and father of three who’s lived in a wheelchair as a quadriplegic for the last 26 years now, it’s been the accessibility that I now see in outdoor recreation. Everywhere from trails to campgrounds to accessible fishing opportunities, and now we’ve got accessible kayak launches.”*

### Local Barriers to Implementation

Town hall meeting participants provided examples of barriers to ADA implementation in their local communities such as negative attitudes towards people with disabilities, the lack of employment opportunities, and not enough transportation options. They also reported that local governments may not be knowledgeable about ADA requirements as demonstrated by giving operating permits to businesses without requiring them to provide physical access, or by allowing local construction projects to create barriers for people with disabilities. Some attributed this to local governments not being the enforcement agency for the ADA. It was noted that people with disabilities may not be able to get needed services because of the challenge in understanding a complicated process or being able to complete complex applications. Physical barriers still exist, which, as one participant commented, are hard to accept after 30 years of the ADA. Funding is needed to make facility upgrades to improve accessibility.

*“It’s time. You know, it’s just time that we don’t do the minimum, that we do the best we can as soon as we build something, as soon as we’re planning to build something ..., that we make, you know, the universal design model is always the best route.”*

### Training and Information Needs

Town hall meeting participants provided suggestions on training and information needs, ranging from the very specific audience (people with disabilities, business owners, bus operators, healthcare providers, and local code officials) to very specific topics (how to make accessible materials, Title VI of Civil Rights Act, how to engage with community and people with disabilities).

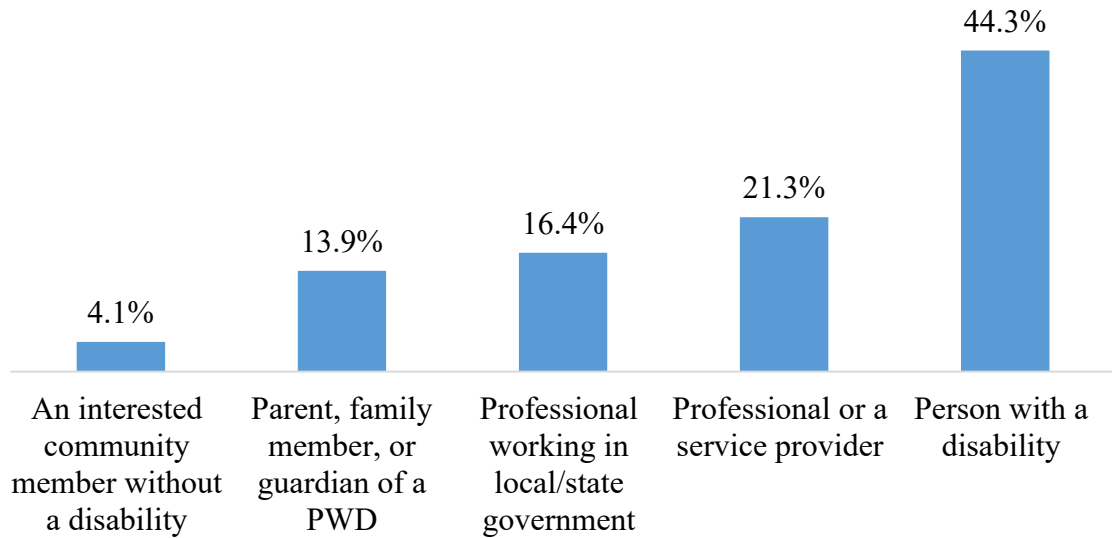
## **3. Findings from Online Survey**

The primary findings of the survey are as follows. (See Appendix 4 for survey responses.)

### Survey Participants

- The participants covered 43 out of Indiana’s 92 counties. 66% of the respondents were from central Indiana counties, 17% from southern Indiana counties, and 17% from the northern counties of the State.
- Of the 122 respondents, 44.3% identified as a person with a disability, 21.3% as a professional or service provider, 16.4% as a professional working in local or state government, 13.9% as a parent, family member, or guardian, and 4.1% as an interested community member without a disability.

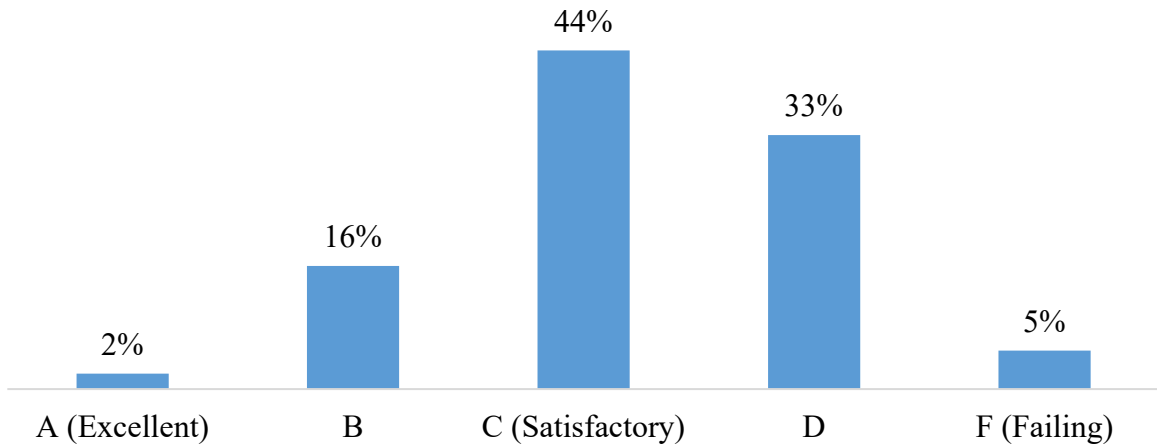
Figure 1. Characteristics of Survey Respondents



Grading Indiana Communities on Their ADA Implementation

- When asked how they would “grade” their community’s efforts in complying with the ADA, 44.3% said that it was “satisfactory” or a “C”, followed by 33% giving their community a “poor” rating or a “D.”

Figure 2. Respondents’ grade their community’s efforts in complying with the ADA



- When asked to “grade” how well their community was doing in several areas related to the ADA, most selected response was either “satisfactory” or “poor.”

Satisfactory

- Job Accommodations
- Access to healthcare services
- Access to medical diagnostic equipment

- Access to local and county government programs or services
- Removal of physical barriers in buildings
- Attention to the accessibility requirements in alterations and new construction
- Accessible websites
- Access to recreation
- Access to stores, restaurants, and other places

*Poor*

- Employment opportunities
- Providing communication supports and alternative formats
- Accessible Transportation
- Education about the rights and responsibilities of people with disabilities under the ADA
- Education about the rights and responsibilities of businesses and government entities under the ADA
- Education about filing ADA complaints

Table 1. Overall grade each of the following areas in terms of how well respondents' community is complying with the ADA.

| <b>Areas in The Community</b>   | <b>Overall Grade</b> |
|---|----------------------|
| Employment opportunities for people with disabilities   | D plus               |
| Job accommodations  | C minus              |
| Access to healthcare services   | C                    |
| Access to medical diagnostic equipment  | C minus              |
| Access to local government and community programs and services  | C                    |
| Removal of physical barriers in buildings   | C minus              |
| Providing communication supports and alternative formats (such as large print, Braille, and sign language interpreters or real-time captioning) | D plus               |
| Accessible transportation   | D plus               |
| Education about the rights and responsibilities of people with disabilities   | D plus               |
| Education about the rights and responsibilities of businesses and government entities   | C minus              |
| Education about filing ADA complaints   | D plus               |
| Attention to the accessibility requirements in alterations and new construction   | C minus              |
| Accessible websites   | D                    |
| Access to recreation (e.g. parks, play areas, and sports programs)  | C                    |
| Access to stores, restaurants, and other places that provide goods and services   | C minus              |

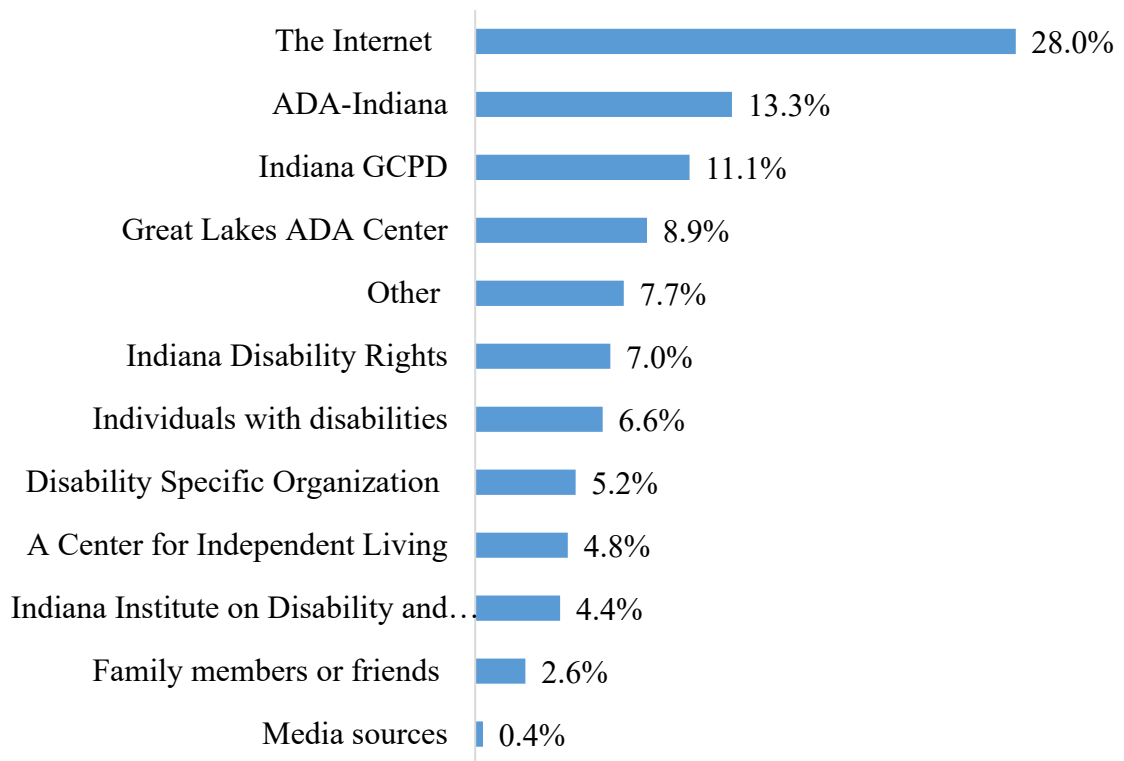
- Of those who were asked if they had personally experienced a violation of the ADA, 60.7% said that they had. When asked what they did about it, most (51.3%) talked directly to the employer or business. None reported filing a complaint with a federal agency such as the Equal Employment Opportunity Commission (employment) or the U.S. Department of Justice (businesses).



Knowledge and Information about the ADA

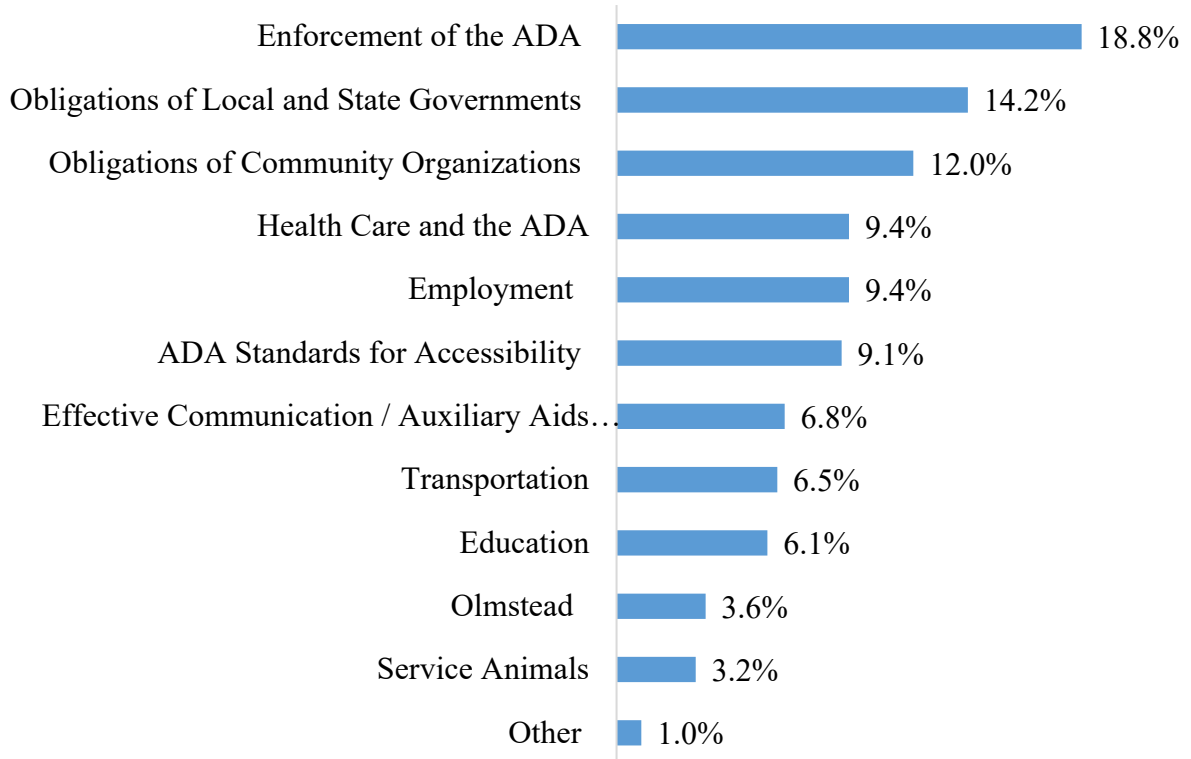
- The respondents who were asked about their knowledge of the ADA were quite informed as 72.1% reported having “above average” to “very high” knowledge of the law.
- The top four sources of information about the ADA included: The Internet (28.0%), ADA-Indiana (13.3%), Indiana Governor’s Council for People with Disabilities (11.1%), and the Great Lakes ADA Center (8.9%).

Figure 3. Respondents’ Sources for Information about the ADA



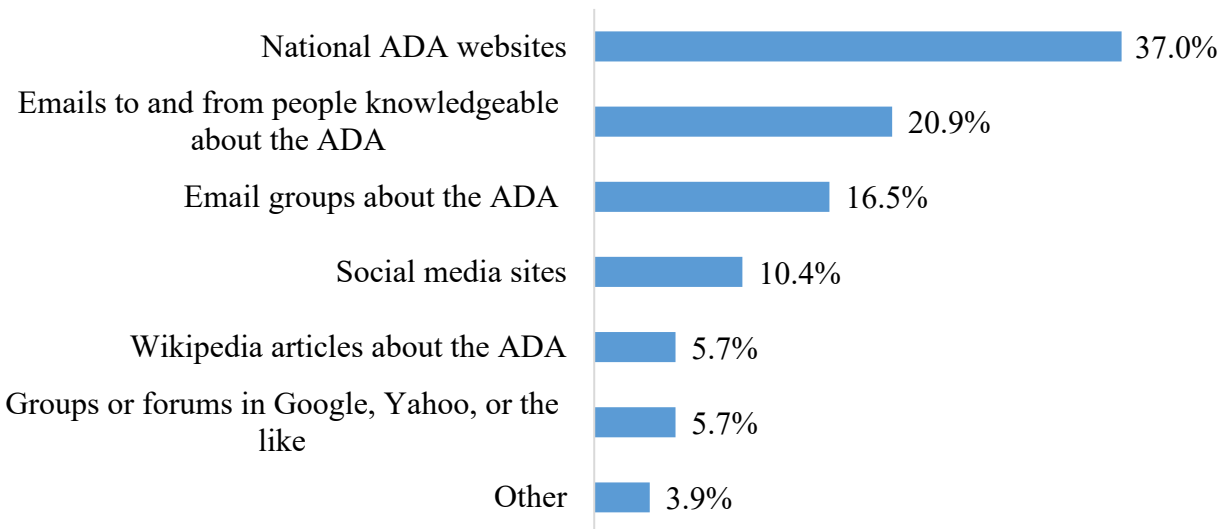
- When asked about what areas of the ADA they wanted to know more about, the respondents picked as their top three: enforcement of the ADA; the obligations of local and state governments; and the obligations of community organizations (stores, nonprofits, and others).

Figure 4. ADA Information Respondents Wanted to Know More About



- When asked about their sources of online information about the ADA, respondents picked as their top three: national ADA websites; emails to and from people knowledgeable about the ADA; and email groups about the ADA.

Figure 5. The Online Sources Respondents Used to Get Information About The ADA



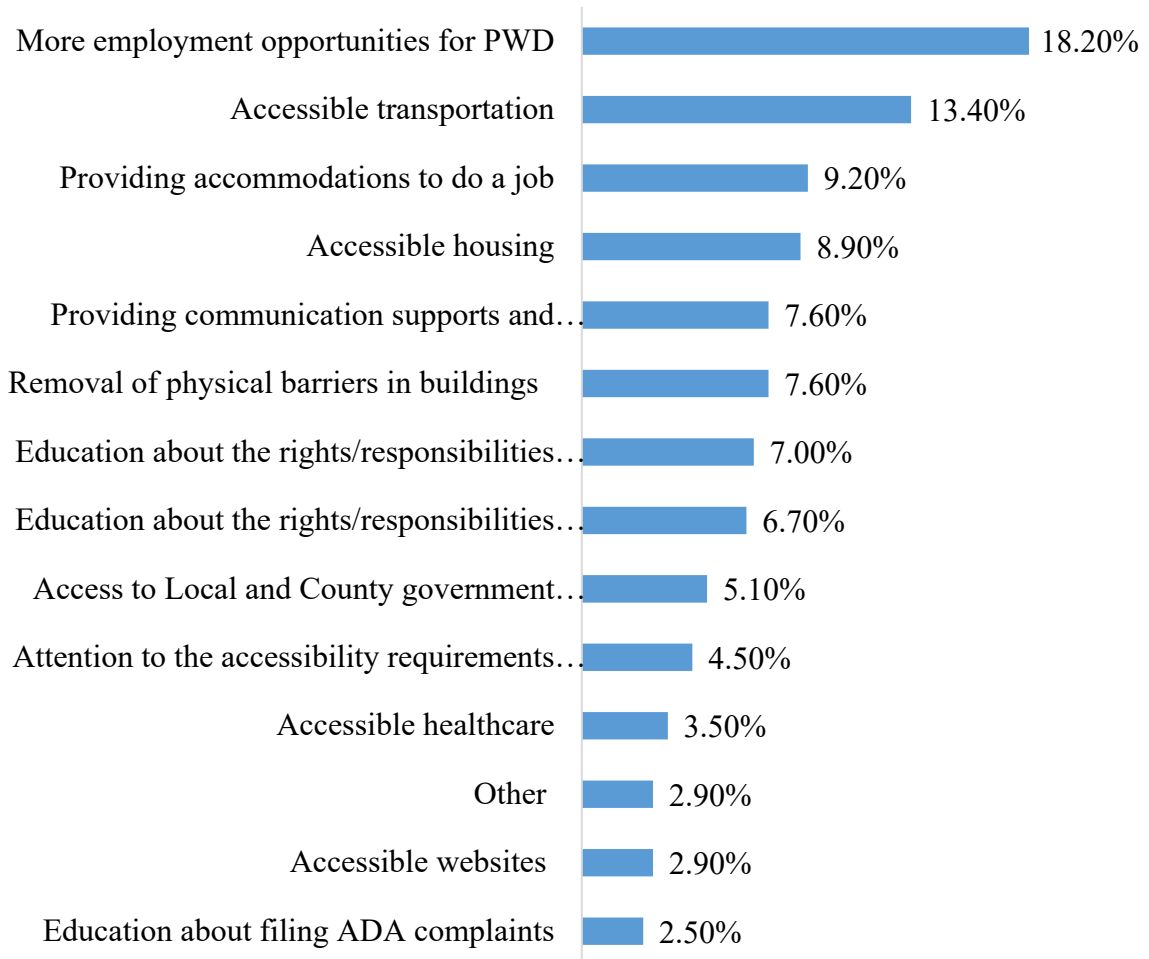
- Respondents were asked about their thoughts on the implementation of the ADA in their community. Two themes emerged from their responses:
  - There have been some advancements in ADA compliance, but there is room for improvement.
    - “Our community talks a good game, but does very little. Recent example. The county refuses to comply with the Help America Vote Act to allow accessible voting. I have advocated for this for years.”
    - “I think our community tries to make buildings accessible but is largely unaware of the need to make their websites accessible.”
    - “Things are improving there is an increased level of awareness but not necessarily an increase level of compliance.”
  - There is still inadequate education about the ADA.
    - “By volunteering my own time to educate local government officials and businesses, I feel like a little more attention is paid to some accessibility issues/ADA violations. But I have yet to see things like a real ADA coordinator or any real process to prevent ADA violations from happening yet. So many are uneducated in the ADA that work with new/updated construction that it is frustrating. They have gotten better, but my community has a long way to go on being inclusive of the disability community as a whole.”
    - “Education has been spotty. While a one shot approach has temporary value, it must be extended to new managers and providers who enter the workforce, but have not been exposed to the needs of the disabled.”
    - “For the most part, the physical access has been good, but the educational awareness of the issues has not improved much.”
- Respondents were asked about anything unique that their community was doing to promote the implementation of the ADA. Three themes emerged from their responses:
  - Local officials and/or agencies collaborated with advocates to improve ADA implementation.
    - “They have created the Fort Wayne - Allen County Disability Advisory Council to advise local government.”
    - “Active collaborations between agencies to stress disability awareness and HR professional training.”
    - “The IL [Independent Living] center is working with local government to make sure all new community buildings are accessible.”
  - More accessible spaces have become available.
    - “The IL agency has built an accessible garden with raised beds, shelter house and paved trail for outdoor activities.”

- “Our sidewalk program that was implemented last year encourages sidewalk replacements throughout the city in order to better comply with ADA requirements.”
- “Making changes to our parks and recreational areas to allow wheelchairs accessibility.”
- Respondents were unaware or do not believe any ADA promotions exist.
  - “If there is, there has not been sufficient publicity”
  - “I’m not aware of anything.”

Priorities for Action

- When asked to select from a list of 13 areas for their community to work on over the next five years, the two areas that were selected most included: more employment opportunities for people with disabilities and accessible transportation.

Figure 6. The Areas That Respondents’ Communities Needed to Work on Over The Next Five Years Regarding Disability Issues



- Other areas of disability issues that respondents indicated needed work on over the next five years are as follows: providing accommodations to enable someone to do a job; accessible housing; removal of physical barriers in buildings; providing communication supports and alternative formats; education about the rights and responsibilities of businesses and government entities under the ADA; and education about the rights and responsibilities of people with disabilities under the ADA.

### Limitations

This report provides important information and perspectives from various stakeholders about ADA implementation in the state of Indiana. However, findings should be interpreted with several limitations in mind. The COVID-19 pandemic impacted the ADA at 30 Summit activities. The interviews with leaders of disability organizations were conducted by telephone instead of in-person. While a telephone interview may have been more convenient for the interviewees, an in-person interview may have afforded more information from the individuals.

The town hall meetings and the forum with the self-advocates of Indiana were conducted online, using the Zoom conferencing platform, instead of being offered in-person. This restricted the participation of these venues to only those individuals who had Internet access and had some comfort level using the Zoom platform participated. In addition, virtual meetings may have served as a barrier to collect information unique to a specific regional area. Use of Zoom hampered the original plan to partner with a local organization, such as a Center for Independent Living, to host the meeting at their facility and to utilize their local connections in the community to recruit people with disabilities and their advocates to participate. Virtual town hall meetings helped encourage more people to participate in the events, but some participants in each meeting may not have lived in the targeted regional area given that there was no restriction placed on who could participate.

To increase the participation, the survey was conducted via an online platform. Despite accessible features of the survey, such as an ASL video for each question, some potential participants may have preferred a paper-based format. Also, the online survey was only available for 13 days, leading to a smaller sample size than expected.

Despite these potential limitations, the findings presented here were collected statewide, via multiple methods (key informant interviews, forum, town hall meetings, and survey). In addition, the research staff had closely collaborated on the recruitment of the participants with a variety of stakeholders including the ADA-Indiana steering committee, centers for independent living, and people with disabilities. The findings offer valuable insights and reflections about the implementation and promotion of the ADA in the state of Indiana.

## **IV. CONCLUSION**

As the United States commemorated the 30<sup>th</sup> anniversary of the ADA, the landmark federal civil rights law for people with disabilities, in 2020, Indiana disability leaders and advocates noted successes of ADA implementation in Indiana in furthering the goals of the federal civil rights

law. However, as many of the disability leaders noted, Indiana still has many areas where ADA implementation can be improved. Disability leaders provided several suggestions on how to promote ADA implementation in Indiana such as realizing that education on the ADA should be continual, and technology may be helpful in reaching new audiences (e.g. young people) to increase their knowledge of the ADA. Education on the ADA should be provided to not only those organizations (especially employers) on their obligations but also to people with disabilities about their rights, including enforcement of the ADA. For many leaders, employment and transportation were key areas to be addressed. People with disabilities should be the experts when addressing barriers and supported to be the leaders in moving ADA implementation forward in Indiana.

In addition, participants in the town hall meetings provided insights into implementation efforts in local communities, sharing some of the successes of the ADA in their communities, such as voting access, workplace accommodations, and greater overall accessibility. Town hall meeting participants thought people with disabilities still face many challenges in the areas covered by the ADA including employment, transportation, and physical barriers. Communication access was an issue brought up from a variety of perspectives, from the lack of accommodations (e.g. captioning or interpreters), to inaccessible websites, and having to use complex and hard-to-understand information. The pandemic brought up several concerns related to the intersection of the ADA and COVID-19 at the town hall meetings. Some participants provided the perspective that entities with obligations under the ADA could learn from how employers and businesses responded to the pandemic, such as remote work accommodation for all employees or the offering of curbside pickup for all customers, to provide more access for people with disabilities.

Finally, when survey participants were asked to “grade” their community’s efforts in complying with the ADA, they gave a “C minus,” which was the overall community average. This was slightly down from the “C” given in 2010 and 2015. Many survey participants thought Indiana is doing only a satisfactory or even a poor job in complying with the ADA in many areas such as employment opportunities, physical barrier removal, communication access, and education about ADA rights and responsibilities, among others. They felt that local and state officials are not adequately educated about the ADA and were not promoting efforts to implement the ADA. Compliance with the ADA has made some improvements (e.g., accessible spaces), but respondents felt these efforts were insufficient. The findings of the online survey reaffirmed those of the interviews with disability leaders and advocates, as well as town hall meetings, about the need to address transportation and employment for people with disabilities in the state of Indiana.

All the findings clearly show that the summit participants desire to see their communities not only meet but also exceed the ADA requirements. To ensure that all individuals with disabilities in Indiana have the same rights and equal opportunities as everyone else in all facets of public life, there must be continual efforts to promote the ADA and improve its implementation with close collaboration with a range of stakeholders.

## V. RECOMMENDATIONS

Based on the findings of comprehensive research activities (nine key informant interviews and a forum with disability leaders and advocates; four online town hall meetings; and one online survey), we make the following recommendations.

### Recommendations for ADA-Indiana Steering Committee

- Recruit representatives for membership on the ADA-Indiana steering committee from various disability advocacy groups to provide a diversity of perspectives on ADA implementation issues, and to find commonalities and foster collaboration amongst disability advocacy organizations.
- Recruit representatives for membership on the ADA-Indiana steering committee that will provide insights into the committee's communication efforts to target a younger generation of advocates.
- Recognize that there is always a need for more awareness of the ADA and education about the obligations of covered entities and the rights of people with disabilities.
- Build on how organizations handled accommodating employees (i.e. remote work) and changed business practices (i.e. curbside delivery) during the COVID-19 pandemic in order to promote greater implementation of ADA.
- Provide input at state and local level on emerging solutions for pedestrian access (i.e. shared streets) in communities, especially focusing on access and safety issues for people with disabilities.
- Advocate for the incorporation of ADA requirements into state laws and regulations and local ordinances.
- Understand that people with disabilities should be the leaders of ADA implementation in the State and should be considered the experts in addressing barriers.
- Understand that while the ADA may have provided more educational opportunities for people with disabilities, this is not translating into more employment opportunities.
- Understand that transportation and mobility is an important issue for many in local communities: lack of transportation is a barrier to employment, and there are limited options outside of public transportation (which is contained within city limits).
- Understand that many new alternative transportation options (e.g., Uber, Lyft, electric foot scooters) are not accessible or affordable to people with disabilities and may even create barriers for people with disabilities (e.g., electric foot scooters on sidewalks).
- Understand that there is a lack of employment opportunities for people with disabilities, ranging from the unwillingness of employers to hire people with disabilities to a lack of internships for students with disabilities to prepare them.

### Recommendations for Information Dissemination and Technical Assistance

- Consider new ways of communicating information to younger advocates who may be more receptive to shorter messaging and visual imagery.
- Provide more information on auxiliary aids and services (e.g., qualified interpreters) and effective communication to entities with obligations under the ADA.
- Provide resources and technical assistance on the intersection of the COVID-19 pandemic and the ADA, realizing that the mitigating strategies (e.g., face coverings and signage for physical distancing) for the spread of COVID-19 may create barriers for people with disabilities.
- Provide information and resources on how the ADA applies to recreation and outdoor spaces.
- Provide information and resources on the ADA that is easy to understand for government agencies and businesses with requirements and for individuals who have rights.
- Provide information and resources on how the ADA is enforced, and how to file a complaint or grievance.
- Utilize existing entities that provide resources to the community (e.g., health care providers), to share information about the ADA and other disability rights.
- Provide information about Title VI of the Civil Rights Act, including what entities provide training on Title VI in Indiana.

### *Recommendations for Training*

- Promote and provide training opportunities for people with disabilities to learn about their rights under the ADA, and how to become leaders in the efforts to promote ADA implementation.
- Promote and provide training opportunities for employers to learn about their obligations under the ADA (e.g., workplace accommodations) and to dispel misconceptions of hiring people with disabilities (e.g., cost of accommodations).
- Promote and provide training opportunities on auxiliary aids and services to public and private entities to better prepare them to ensure the effective communication requirements under the ADA.
- Promote and provide training opportunities for people with disabilities to learn how to use technology and the Internet to increase their knowledge about the ADA, and how to use technologies as an advocacy tool.
- Promote and provide training for new business owners about their obligations under the ADA including readily achievable barrier removal.
- Provide training for city engineers and code officials on the ADA Standards for Accessible Design.
- Provide training for local governments on their ADA obligations and how to engage with local community.
- Create a network of dedicated ADA trainers.



Recommendations for ADA-Indiana's ADA Local Community Grants Program

- Support projects that provide opportunities for people with disabilities to learn about their rights under the ADA, and how to advocate for them.
- Support projects that go “beyond the ADA” to provide more than ADA required access for people with disabilities.
- Support projects that provide employers with information on their obligations under the ADA, the benefits of hiring people with disabilities, and identify best practices in the employment of people with disabilities.
- Support projects that focus on transportation and its importance to all aspects of community life including employment, health, engagement, and more.
- Support projects that provide opportunities for people with disabilities to learn how to use technology.
- Support projects that provide training for bus operators on their obligations under the ADA and basic disability etiquette.
- Support projects that provide training on access to outdoor recreational activities.

## References

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## **Appendix 1: Key Informant Interviews with Leaders of Disability Advocacy Organizations**

During the July 2020, the Center for Health Equity (CHE) staff interviewed nine leaders from eight disability organizations in the state of Indiana.

### **What areas of the ADA have been most successful?**

- The most important success is people with disabilities are more (or becoming more) independent.
- The Civil Rights movement was important for the ADA movement.
- Improvements in local transportation and infrastructure, such as sidewalk curbs, buses w/lifts. (There is still a lot to do and it is still a critical need.)
- In the Northwest region, the most successful aspect has been the physical/visible infrastructure i.e. curb cuts.
- Professionals are starting to listen and not just thinking about the general population. People with disabilities have a space at the table, and not just as a show piece.
- We are starting to think “beyond the ADA” by considering Universal Design principles.
- The most successful thing is the fact that the ADA is there and is recognized as a civil rights issue. It is backed by the Department of Justice, so there is “some teeth” to the law.
- As a person with a life-long hearing impairment, she thought there was very little information or advocacy in the 60s, 70s, and 80s. There were limited opportunities to access communication effectively. She was “handicapped” and missed out on opportunities. The ADA was monumental legislation. Through the ADA, she was provided reasonable accommodations in her employment.
- The ADA made her more confident in advocating for herself and opened doors for her (and people with hearing loss) to participate in society. The ADA has given access to opportunities in employment and transportation; and has given individuals with hearing loss the ability to be out in society—even going to movie theater or church and accessing benefits and public services.
- The ADA provides the foundation in assisting people with hearing loss. Many with hearing loss do not know they have a disability and that the ADA is a civil rights law. The amendments to the ADA over the years have helped. The ADA is a push for individuals to stand up for themselves and to realize that they have a fundamental right to accessibility and to be included in society’s offerings.
- The availability of accessible formats has improved. “I mean, as far as being able to get materials in accessible format, that has definitely improved. Sometimes you have to ask for it, you know, it’s not assumed.”
- Pedestrian accessibility has definitely improved.
- It is important to recognize the significance of the passage of the ADA. It is the most successful and comprehensive bill for people with disabilities. It addresses many areas and many types of disabilities compared to previous legislation.
- For the Deaf and hard of hearing the ADA has had several positive impacts but also some negative impacts. Title IV of the ADA, which covers telecommunications, has had the most profound impact on the Deaf and hard of hearing community. The relay service has provided more independence.

- We've have been most successful in physical barrier removal, "we're not all the way there yet, but we're a lot farther, you know, curb cuts, level sidewalks, door -- you know, wider doorways and commercial facility, things like that. I think we've come a long way."
- Local Disability Advisory Councils are having an impact. "Here locally, we now have a Fort Wayne and Allen County Disability Advisory Council that supports both the city and county governments in trying to make improvements that make our world more inclusive."
- There's been great progress in Olmstead and preventing people from going to nursing homes and getting people out. Legislation such as "Money Follows the Person" have set aside money aside to help people get out.
- Yes, there has been enhanced independence, awareness and inclusion. There are curb cuts and buildings are more accessible. Awareness grows every day, but they are still fighting for access to equal opportunity in education, housing, transport, education etc. They should just have these things and not have to file complaints and lawsuits.

### **Implementation of the ADA in Indiana**

The interviewees were asked to provide some positive and negative aspects of ADA implementation in Indiana from the perspective of their community and constituents.

#### Positives Aspects

- The accessibility of outdoor spaces, trails, and other recreation is being addressed. It's not just about buildings.
- There is increased involvement of advocates in trainings and policymaking. Organizations are including people with disabilities.
- Overall, there have been improvements to removing barriers, but they are not always well thought out.
- The obtainment of advanced education and college degrees is an option for people with disabilities.
- Indiana legislation is furthering the requirements of the ADA such as recent legislation requiring new buildings to hearing loop technology.
- The Public Rights-of-Way Accessibility guidelines (not part of the ADA yet) are being used by Indiana communities.
- We have seen progress with technology, for instance, smart phones and texting has been a benefit to the Deaf community. And with technologies like Zoom (web conferencing application), everyone can gather and can get interpreters when needed.
- There are strong leaders in the state that push for implementation.
- Local implementation is happening, and communities are even going "beyond the ADA" to make facilities accessible and more user friendly for everyone.
- Overall, more individuals are receptive to knowing about how to implement the ADA, and seek to understand how violations occur, and how to have better compliance.

### Areas Needing Further Improvement

- Access to transportation and communication technologies (i.e. Internet, mobile phone service) is still a barrier for many people with disabilities living in small and rural communities.
- There is not enough accessible housing. The housing that exists seems to be self-segregated communities.
- There is not enough information available about enforcement of the ADA.
- We need materials about the ADA to be simpler for people.
- There is still a lack of utilization of technology and services that would provide access to people with communication disabilities, such as captioning and sign-language interpreters. This is very apparent in the public sector.
- We don't focus enough on Universal Design principles.
- Many individuals with disabilities have advanced degrees and qualifications but are not employed. This may be related to attitudes about people with disabilities in the workplace.
- There are still barriers related to attitudes.
- Health care benefits are a major issue. While the Affordable Care Act has alleviated some of that pressure, the current political climate is worrisome.
- Many people are unable to find employment with good insurance and they do not want to lose their disability-related health insurance/benefits.
- For individuals who depend on transit, this is still an issue in larger cities. Transit system has been underfunded for years. Using transit to get to work in a timely and consistent manner is difficult.
- While access to information is better, there still a lot of work to be done in making websites accessible.
- There is not a lot of implementation of hearing loop technologies, and they are needed for communication access and effective communication. They can and should be used in movie theaters, banks, restaurants, information counters, churches, and public transport. Hearing loops not only direct sound to the ear, but they also filter out background noise which is very important for people with hearing loss.
- Public meetings should offer CART captioning outright to promote participation of people with communication disabilities. When these services are not offered (and people don't ask for them), are we limiting the participation of people with disabilities?
- Many people with disabilities (especially those who only recently acquired a disability) do not know what the ADA can do for them. There's a lack of education. There definitely needs to be more education and it should be broadened to many areas, not just larger cities.
- While there is progress in some communities, overall there is a lag in making existing sidewalks accessible for pedestrians with disabilities.
- While there is a decent pool of sign language interpreters in Indiana, many now work for video relay call centers and not in the community.
- It is also difficult to find qualified, trained, and certified interpreters. This is especially seen in K-12 settings where it is so important as children are developing their language and communication skills. Access to a high-caliber interpreter impacts an individual's quality of education and the quality of medical call received.

- Many employers do not want to pay for and provide CART or an interpreter. A large percent of the Deaf are not employed. Hiring managers may hire those with other disabilities but view perceived communication barriers as an issue. In some respects, the ADA automatically creates a sense of fear around backlash or lawsuits.
- Indiana’s Vocational Rehabilitation agencies operate on an “order of selection” basis. Thereby services are provided first to those with more severe disabilities and then, services are not available or suspended for others. There is an equity issue with this. A Deaf individual may want additional education or job training but cannot access this support because they do not have other disabilities.
- In general, people tend to think more about disabilities that are visible which can lead to less focus on people who disabilities are not visible.
- Hospitals are reluctant to use interpreters when they have grown to rely on video remote interpreting. For Deaf individuals, in-person interpreters provide better communication.
- The AARP [American Association of Retired Persons] state scorecards over the last few years have ranked Indiana last in long-term services and support systems from the viewpoint of users and their families. Indiana is not necessarily supportive of aging adults or those with disabilities living in the community. There are many living in institutional settings because they have no other option.
- There is not enough recognition of the work and value of older adults and individuals with disabilities.
- Indiana still has sheltered workshops.
- There needs to be more attention to how guardianships are handled for people with disabilities.
- People with intellectual and developmental disabilities are not able to put into practice their skills or given opportunities, especially around education or employment.

### **Promoting the Implementation of the ADA in Indiana**

The interviewees were asked to provide ideas on what Indiana can do to promote the implementation of the ADA, and what barriers to full implementation remain in our state.

- Educating people is needed “continuously.” We need to move beyond “tokenism” to inclusion.
- Today’s generation has grown up in an era of social media (Instagram, TikTok). Visibility and imagery are important to speak to them.
- The table must reflect the community. For the ADA to be incorporated into everyday life, the table must have individuals with differing views, looks, life experiences etc.
- Younger individuals have grown up with the right to be at the table. It is no longer just discussion and advocacy. It is a debate over views.
- We can learn from the COVID-19 pandemic, we don’t need, or even want, to go back to that “normal.” It has taken a pandemic to finally get certain accommodations that individuals have been asking for over the years.
- During the pandemic when the buses and other modes of transportation were shut down, this created a challenge for people who relied on this transportation to get to medical appointments and for grocery shopping.

- As communities look to cut costs, they are rolling back on some of the services offered in paratransit. If this occurs many would be without access to transportation.
- Indiana needs to go above and beyond what is required under the ADA by requiring technologies that will benefit people who need communication access. Hearing aids are like ramps, they provide accessibility.
- The COVID-19 pandemic has reinforced some of the barriers and created new ones for people with hearing loss as the State, businesses, and other organizations moved to requiring face coverings. People who rely on lip reading and facial expressions faced another barrier to communication. Solutions such as captioning (available on mobile devices) and clear masks are available and need to be explored.
- We need to look at how accessible (and safe to use) we are making multi-use pathways, and all these new ideas around pedestrian routes such as shared streets. For people who are blind or have vision impairments, these new ideas can be challenging for wayfinding. Reconciling “good ideas” and safety for all with access for people with disabilities.
- There should be a statewide coalition that joins various local groups who are working in their communities to address transportation and pedestrian issues.
- The employment sector needs to be more open-minded. There are pools of skilled Deaf individuals who are untouched. The Deaf community can work with other organizations on employment barriers.
- Indiana needs to consider interpreter licensing legislation.
- Better education on the ADA and recruitment of employees of disabilities is needed for employers. Many still fear the costing of accommodating employees with disabilities. They don’t know the benefits of hiring people with disabilities such as they stay longer and they are more loyal.
- We need to make sure that every building code incorporates the ADA minimum requirements. But we should encourage communities to be better than even the ADA. Encourage concepts like “visitable homes” and Universal Design. We need to take the ADA to the next level so that Indiana can become, you know, a model for what inclusion really looks like.
- Recognize that as a civil rights law, the ADA prohibits discrimination and ensures equal opportunity, and while the spirit and intent of the law is great, we have a long way to go to fulfill what the law is meant to be.
- Encourage individuals with disabilities to work in those settings and obtain certification around the ADA. A person with a disability will be an asset as they are more attuned to see when things are not compliant, things that some people may not necessarily notice. This would bring a unique perspective and resource for businesses and employers to allow for technical assistance and guidance, in ensuring compliance.

## **Moving Forward**

Interviewees were asked to identify one thing Indiana could do to move forward and make the ADA a reality in our Indiana communities.

- The torch being passed to the younger generation is very different now. It is based on pictures. Things need to be portrayed in pictures and images. These images need to be totally inclusive-

all colors and disabilities (visible and invisible) and needs to show people with disabilities in the community, doing things that will help their community.

- Focus on work opportunities that are outside the traditional such as self-employment and entrepreneurship.
- Focus on all of it. But transportation should be the main focus.
- The disability community needs to be more organized and proactive; and be better advocates for themselves. There's a system out there that can make change, it may be slow, but you must be involved. The disability community might be too passive and not aggressive enough. The ADA is a civil rights issue and the community needs to advocate.
- More education about the ADA for people who are new to having a disability.
- There is a benefit to disability groups collaborating. They can learn more about the commonalities.
- We need to remember whatever "system" we are talking about, the ADA is "the floor." For instance, while providing paratransit may be required, how can we go beyond that to give people more options for travel?
- Transportation is an important issue. If you don't have mobility, you don't have independence. "I'm always going to come back to transportation because I just see it as the glue. It is the glue that holds it all together. Without it, it doesn't matter how accessible the education system is. It doesn't matter how accessible shopping or governmental buildings or restaurants or anything that you go to. It doesn't matter because you may have trouble getting there. So that's what I always come back to."
- There need to be discussions with employers, especially those in HR and hiring managers. A person can have a PhD and has to draw social security because they cannot get hired because they are Deaf.
- While technology is helpful in fostering independence, these benefits tend to help those who are college educated. A low percentage of the Deaf people are college educated. We should not assume that a Deaf person is not interested in going to college.
- Transportation, number one thing. For some, it is a lack of transportation options, and in large communities with public transportation systems, there may be issues on availability and coverage areas. (Most systems don't run 24 hours a day, 7 days a week.) Some options outside of what is publicly available is not affordable for people with disabilities. "We've got to find a better way to build up and sustain transportation. And then, you know, we've got to make it regional. Other than that medical transportation, there's not a lot of other transportation for people with disabilities."
- Let people with disabilities be the actual voice of the movement, just as the Black Lives Matter movement is being led by people with color. In Indiana, the movement is led by those who appear able-bodied. Those with disabilities need to be engaged and involved in a meaningful way. They need to be heard and listened to. This is critical to empowerment to lead and control their own lives. It is problematic when people without disabilities are making policies and rules. This leads to policies that harm rather than improving quality of live. People need to recognize the privilege they bring to a space and then leverage that so people with disabilities can take the lead. This will lead to actual ADA implementation that is true to its spirit and intent.



## **Appendix 2: Online Forum for Self-Advocates of Indiana**

On July 30, CHE staff hosted the online forum which was attended by five representatives of the Leadership Board. The purpose of the forum was to gather the reflections and input from the perspective of Self-Advocates on the state of ADA implementation in Indiana.

### **Successes of the ADA for Self-Advocates**

- The state values the opinion of the Self-Advocates as an organization.
- There is an emphasis on employment. The Self-Advocates chair an Employment Work Group.
- Self-Advocates asking others where they want to live, where they want to work, and about what they want. (The Self-Advocates of Indiana have led or participated in projects involving Olmstead implementation and inquiries into sheltered workshops in Indiana.)
- There are opportunities to do things that everyone should be able to do such as being married and having children.
- Opportunity to live “my life,” being able to do what they want to do such as writing a book about personal experiences.
- With more opportunities in community, people with disabilities are now being understood. This was not the case years ago.
- In some communities it was noted that sidewalks are being improved for accessibility.
- Voting access has also improved but there are still some wheelchair accessibility issues at some locations
- There have been significant improvements in terms of education, and education plays a big role in the lives of people with disabilities For one of the forum attendees, when she recalled growing up in time when access to education for Self-Advocates was not as important as it should have been.
- There have been improvements in access to transportation, including overall accessibility and the use of paratransit.

### **Barriers for Self-Advocates**

#### **Transportation and Mobility**

- There are differences in what is available for accessible transportation in communities in the state.
- Options for cross-county transportation are still needed.
- Bus stops need to be more conveniently located. One example given is a person having to walk one mile without sidewalks to get to a bus stop.
- People without disabilities using accessible parking spaces.

#### **Work**

- There are still sheltered workshops.
- Individuals should begin work in the community, and then if need training they can use [sheltered] workshops as a way to gain additional training.
- Some individuals might be afraid of being judged if they work in the community (if they work slower or make a mistake). The workshops might feel like a “safe space” to some.
- Some fear losing benefits if they have employment in the community.
- It was noted the distinction between having a job versus having a career.

### Technology

- The access to technology and access to the Internet is a challenge for some. It was noted that some individuals might be paying for the Internet but staff won't let them access it, or they don't have a privacy.
- There is a need for training around technology for Self-Advocates. Some staff might not help as it is "not in their job description."
- The COVID-19 pandemic has made some Self-Advocates aware of how technology can be used but had limited support.

### Other

- The COVID-19 pandemic has limited some of their regular work as Self-Advocates.
- One person noted that the "marriage penalty." A person can lose some of their benefits if they get married.

### **Training and Information Needs**

- Self-Advocates need training on technology and how to access it. Some have learned a lot because of the pandemic.
- Some individuals may not have a laptop, smartphone, or tablet that is needed to access certain technologies such as web conferencing. It was noted that the pandemic was helpful in making them aware of some of these resources.
- There is a lack of information on accessible and affordable housing. One attendee shared that she lives with three others, and she would not be able to afford her housing if a roommate left.

### **Appendix 3: Online Regional Town Hall Meetings**

In September 2020, the CHE staff hosted four online regional town hall meetings. These town hall meetings were presented to invitees as “regional” meetings versus a specific “City” location in order to encourage wider participation. The town hall meetings were conducted using a web conferencing platform called Zoom. Real-time captioning was provided for each meeting.

In total, thirty-one individuals participated in the four online town hall meetings: nine participants in Muncie/Central, nine in North/East, nine in Southern, and four in Terre Haute/West. CHE staff categorized participants based on their registration information and introductory comments.

| <b>Participants</b>             | <b>M/C</b> | <b>N/E</b> | <b>S</b> | <b>T/W</b> | <b>Total</b> |
|---------------------------------|------------|------------|----------|------------|--------------|
| Business or Nonprofit Entities  | 0          | 1          | 1        | 1          | <b>3</b>     |
| Public Entities                 | 1          | 0          | 2        | 0          | <b>3</b>     |
| Disability (and Aging) Entities | 2          | 4          | 4        | 0          | <b>10</b>    |
| Service Providers               | 0          | 1          | 1        | 2          | <b>4</b>     |
| Individuals with Disability     | 4          | 3          | 1        | 1          | <b>9</b>     |
| Educational Entities            | 2          | 0          | 0        | 0          | <b>2</b>     |
| <b>TOTALS</b>                   | <b>9</b>   | <b>9</b>   | <b>9</b> | <b>4</b>   | <b>31</b>    |

### **Results of the Town Hall Meetings**

The project staff conducted virtual town hall meetings in the following regions: Muncie/Central Indiana on September 17; North and East Indiana on September 21; Southern Indiana on September 22; and Terre Haute/West Indiana on September 29. The results of the meetings are presented separately below.

#### **1) Muncie and Central Indiana Area**

On September 17, CHE staff hosted the online town hall meeting for the Muncie and Central Indiana area. The online event was attended by nine (9) individuals, most identified as being from the City of Muncie.

#### **Local Issues**

During the registration process, participants were invited to submit local issues and topics for discussion during the town hall meeting. The local issues submitted for the Muncie and Central Indiana meeting included:

- Technology barriers
- Where the ADA intersects with COVID-19 and disability
- Voting Access

- Local, State and Federal government compliance
- ADA enforcement
- Access to business during COVID-19
- Employment
- Transportation and sidewalks

## **Discussion of Local Issues**

### Transportation

- There seems to be more cuts to public transportation, and there is already limited cab service.
- Many crosswalks do not have signals, an audible system, or leading pedestrian intervals.
- Scooters all over the place in city.

### Impact of COVID-19

- With COVID, paratransit stopped evening service without notice to consumers, and the fixed route was reduced. Protection measures had been established for the bus drivers but no communication to consumers on when to get off and on, or how to provide bus fares.
- There was a lack of information, no calls or postcards. Many found out information via word of mouth. Emergency health notices were images only, so one could not read it using a screen reader.
- The ADA should have been a part of the thinking. But it became an afterthought because there was the need to get something out fast.
- Mask wearing and lip-reading issues should have been a forethought, not an issue two months later.
- Difficult in terms of using restaurants as a “landing place” [waiting area] if arrive early somewhere.
- The response to the pandemic limited activities people with disabilities could do as community and senior centers were closed.
- Mental illness is an important issue, and many anonymous group meetings [such as AA, NA, and other 12-step groups] are not being held.
- There is confusion over what is open or closed, you need to call ahead. Previously you had to call ahead just to see if restaurant was wheelchair accessible.
- There is a hope that the virtual offerings will be continued. One participant shared being able to participate in a tour of a local mansion that she would not have been able to do otherwise.
- There is more awareness about the benefits of grocery delivery and other forms of contactless delivery.
- Now is the time to create and innovate for remote access to recreation and leisure activities like bingo, chess, online trivia, etc.
- Online public meetings are difficult to find. A person shouldn't have to stumble across a post about it to know about it. There should be a set place to find a list.

### Communication

- There are gaps in communication. There is a need for more avenues of communication beyond print or the Internet.
- There is a range in technology use, and not all have access to cable or the Internet.
- A website may be accessible but the items on the page, like forms or notices are not. [Person described inaccessible PDFs which are really just images to a screen reader application.]

- There is a need for reliable Internet service in rural areas.

### Voting

- COVID-19 has created adaptations, but there is a lack of knowledge of what those changes are, so a person does not know what to expect and/or what accommodations to request. For instance, plexi-glass partitions may not be noticed by those low vision. These changes need to be communicated through multiple means.
- Poll workers need more instruction and education. There needs to be better communication.
- Everyone should be able to fill out a ballot privately and independently.
- One person asked, what does disclosure look like in obtaining a mail-in ballot?

### **Successes of the ADA**

- One person described what it meant to be able to vote by herself freely and independently for the first time in 2002 with an “accessible voting machine”.
- There are accessible taxis to use when MITS Plus [Muncie Transit] is not in operation for life outside of paratransit hours.
- There is an awareness that people with disabilities have needs to be addressed.
- There is a strong local community culture that seeks to understand disability, and to make social change.

### **Barriers to Implementation**

- There are still attitudinal barriers in community.
- Business get permits to open but they do not have to remove barriers to access.
- There is limited communication about construction projects, for instance, when sidewalk access will be unavailable. This indicates a lack of communication between the city and the company doing the actual construction.
- Public libraries could do more for community-based accessible technology. Many individuals are priced out of access.

### **Training and Information Needs**

- Increase collaboration between Ball State and the community for accessible technology, especially when there are lulls in the semester.
- There should be more trainings for people with disabilities to know their rights and responsibilities. But also, trainings for people without disabilities, such as the Chamber of Commerce for those opening new businesses.

## 2) North and East Indiana Area

On September 21, CHE staff hosted an online town hall meeting for the North and East Indiana areas. The online event was attended by nine (9) individuals who identified as being from Anderson, Bristol, Fort Wayne, Gary, Mishawaka, and Richmond.

### **Local Issues**

During the registration process, participants were invited to submit local issues and topics for discussion during the town hall meeting. The local issues submitted for the North and East Indiana meeting included:

- Transportation Access
- Awareness of hearing loss and hearing loops

### **Discussion of Local Issues**

#### Transportation

- In Elkhart and St. Joseph counties, transportation is the number one barrier to gaining employment. Some of the logistics have improved, for instance, there is linked service between the two counties.
- Rural communities are very limited with transportation. Access to Uber and Lyft is also very limited.
- Transportation continues to be one of the biggest issues. Although Fort Wayne is the second largest city in the state, transportation rarely goes beyond city limits, and there are limited service hours. For instance, second shift workers may be able to get to work but there is no service for them to get home.
- Ride-hailing services like Uber and Lyft do not serve people using mobility devices. There are also issues with drivers refusing service animals.
- Funding for transportation providers is a major issue. There is only one broker for the state that provides medical transport. This is a major issue when someone schedules a ride and it does not show up.
- The City of Gary has issues around employment and transportation, and limited transportation services on weekends.
- For some, the affordability of buying their own wheelchair accessible vehicle is an issue.
- Transportation is more than just going to a job or doctor's office. Quality of life for people with disabilities is improved with you can participate in a variety of recreation activities. Mental health is crucial.
- Even when one works from home, transportation is important.
- Access to employment is "held hostage" to the reliability of transportation.
- In some cases, those accessibility features that were implemented in the 90s and 2000s, such as chair locks, need upgraded. But there is no funding,
- During the COVID-19 pandemic, some individuals on dialysis were not able to make their appointments if they were coming to the appointment by public transportation. The dialysis center did not consider it "safe."

- In cases when people are able to use Uber and Lyft if there is not access to a bus, it is more costly to use compared to public transportation. When someone has difficulty accessing a bus stop [for fixed route transportation] they will use Uber and Lyft, but this is costly.
- Riders of scooters need to realize they are not the only ones using accessible pathways.

### Communication Access

- While organizations are getting quotes to install assistive technology to support hearing loops, they do not follow through with the actual installation. The Indiana legislation required them to get the quote but not the installation.
- Captioning needs to be required in public buildings and restaurants. We need to look at other states and emulate their laws and ordinances.
- There is a lack of knowledge around laws and policies for those with hearing loss.
- There is an assumption that individuals can attend Zoom meetings or do at-home learning. There is a “digital divide” in terms of accessing these technologies and the Internet. Even if someone has a phone, do they have data to access the Internet?
- People with disabilities need to know how to use technology.
- Some meetings may have captioning but not ASL [American Sign Language], or the interpreter may not show up. Zoom [web conferencing application] captioning is not the best either.
- Some older adults may not use email. They may only have a landline or flip phone, and they do not want a “smart phone.”
- We have to constantly remind people about providing captioning, simple language, and ASL for public meetings. They try to put it on the person with a disability or claim they have no funding. It is frustrating to have to keep repeating yourself, but it has to be done.

### COVID-19

- There were inconsistencies in captioning when information was being communicated about the pandemic by local TV stations, sometimes they would have it, sometimes they wouldn't.
- For the hearing loss community, the requirement for face masks limited their communication because there were no visual cues (lip reading, facial expressions, speech distortion, etc.) There is no mask that makes everyone happy. Cloth masks provide best decibel levels but then you lose visibility of mouth.
- Organizations have made accommodations for telework for people without disabilities. Now they can't say a person, you can't work from home. Hopefully, this opens up additional employment opportunities for people with disabilities.
- People with disabilities have asked for delivery and curbside pickup for a long time, even before the pandemic. Phone apps to order food are great for those with speech or language issues. Hopefully we will not go back to how things were but build on things that we have found that work.
- While there are some benefits to being able to do telehealth, there are some things that need to be done in person. But an in-person appointment becomes complicated if you are unable to wear a mask.

### **Successes of the ADA**

- There is captioning on TV, phones, CART which have enabled people to keep their jobs. Things have come a long way for a person who grew up in the 70's.

- Locally, there have been great strides in community accessibility. For instance, Promenade Park in Ft. Wayne was recently built and people with disabilities were involved in the development. There is now a disability advisory board on which people with disabilities serve to assist the government. People with disabilities are now a part of the solution before a problem exists.
- In Northwest Indiana there has been an increase in the awareness of the ADA. Accessibility is included with other things, but now there is a need to go more in depth with what “accessibility” means.
- The city [Fort Wayne] is listening more and recognizing that it is more cost-effective to do things right on the front-end rather than make fixes afterwards. Many apartment buildings were built before the ADA.
- People with disabilities are now welcome at the table. There is always a voice now. Companies now call to recruit people with disabilities, and they are valuable contributors.
- We are going beyond the ADA and looking at “Universal Design” in terms of recreation, leisure, and public areas. In Northwest Indiana there is pre-planning, and multiple entities are thinking about the ADA. There is a long way to go, but the ADA is not an afterthought.
- Recently, the Fort Wayne airport started planning for expansion, and they want to go “above and beyond” the ADA. They have had people with disabilities onsite for their input, and they arranged for them to meet with the architects. The library has asked for input from people with disabilities when planning of an exhibit. Many in the community are coming around, wanting to be accessible, or incorporate Universal Design.
- Organizations are including people with disabilities in their “get out and vote” efforts.

### **Barriers to Implementation**

This topic was discussed within the context of local issues.

### **Training and Information Needs**

- Training on how to create accessible materials (web design, print, alternative text, etc.)
- Create network of dedicated ADA trainers. Many employers need hands-on support and knowledge on how the ADA will impact them.
- Support training for bus operators on the ADA, and/or working with multiple types of disabilities. The training should go beyond just the functional aspects (i.e. how to use wheelchair straps) and include the basics of providing service to people with disabilities. Many bus operators are older adults and riders want to hear appropriate language (e.g. people first, identity first).
- Support advocacy skills training for people with disabilities to get the services they need. Know your rights beyond employment.



### 3) Southern Indiana Area

On September 22, CHE staff hosted an online town hall meeting for the Southern Indiana area. The online event was attended by nine (9) individuals who identified as being from Bloomington, Columbus, and Ellettsville.

#### **Local Issues**

During the registration process, participants were invited to submit local issues and topics for discussion during the town hall meeting. The local issues submitted for the Southern Indiana Town Meeting included:

- Employment
- Physical accessibility barriers
- COVID-19 and the ADA
- Web accessibility

#### **Discussion of Local Issues**

##### Dementia and the ADA

- Dementia is not explicitly included in the ADA, but there is overlap. The community needs to be more dementia friendly. Some examples include more benches for seating in parks, lighting in stores, bathrooms with contrast (when it is all white it is hard to differentiate various items). It is more than just memory loss. There are issues with vision, processing, and coordination.

##### Physical Accessibility

- Path of travel issues, especially with parking and bathrooms.
- The main issues are seen with remodels which are supposed to follow ADA standards but things slip by.
- Lack of information on adaptations that can be made to physical spaces, such as flooring transitions.

##### Service Animals

- There are lots of misconceptions and a lack of public education and knowledge. A service animal is not just a pet, it is a working animal.
- There is a disconnect between emotional/therapy animals and service animals. Many businesses have confusion around this.

##### COVID-19

- There has been increased isolation.
- Many elderly adults are afraid of going out and have cancelled caregiver appointments. They do not have the technology for telehealth but are afraid to go to the doctor.

##### Web Accessibility

- Bloomington is starting to develop a digital accessibility program. They are trying to gather volunteers and determine what criteria to use. This will be available to those who also complete the physical accessibility assessment offered to the community.
- Polling place accessibility

## **Successes of the ADA**

- Businesses are doing a good job of being dementia friendly and many appear to be accessible.
- Bloomington elevates voices. There is engagement rather than working on behalf of people with disabilities. This is not seen in many communities.
- The Bloomington area has a great support system and access to equipment. If you need help and you call the wrong person, you will most likely get referred to where you need to go or who to talk to.
- In Columbus, the local human rights commission gives a voice to residents.
- As a person who identified as “newly disabled” she acknowledged that she was unable to compare to how things were prior to the ADA, but she is able to see what needs to be done.
- There are so many housing opportunities for individuals with disabilities in our area compared to the size of the small community.

## **Barriers to Implementation**

- The majority of barriers are related to accessing financial resources.
- Transportation is an issue in every county.
- There is an issue of access to “access.” There are barriers to resources. There might be lengthy applications, or no knowledge about the eligibility for a service. Many may not realize you need to complete an application to use Bloomington Transit Access [Bloomington Paratransit]. Those with less noticeable disabilities, such as cognitive, may not be seen qualifying.
- Getting information to those who need it might be a challenging
- Getting state funded services shouldn’t be so difficult. For instance, it shouldn’t take 3-6 months for a Medicaid eligibility decision.
- More awareness of what the needs are and what services are available.

## **Training and Information Needs**

- An information station or table in the community that is available all the time would be helpful.
- Doctor’s offices/nurses/office managers might be enlisted to give out more information. There is a lack of knowledge with these providers. Nurses and office managers what to know and want to give this information out if they have it.
- There is a need for more awareness about what services are available. A case manager with Area 10 Agency on Aging noted that he officially does not do housing, but many of his clients need help with this area. Many are not aware of HAND [local housing assistance program], Section 8, or free legal aid.
- There is always room for more awareness and education. In Columbus, they do well with awareness of the technical assistance that they do. They receive lots of referrals from other entities.
- More use of and knowledge of whole person care (combining medical care with other social services).

#### **4) Terre Haute and West Indiana Area**

On September 24, CHE staff hosted an online town meeting for the Terre Haute and West Indiana area. The online event was attended by four (4) individuals who identified as being from Terre Haute and Waynestown.

##### **Local Issues**

During the registration process, participants were invited to submit local issues and topics for discussion during the town hall meeting. The local issues submitted for the Terre Haute and West Indiana Town Meeting included:

- New Construction
- Enforcement of the ADA

##### **Discussion of Local Issues**

###### Recreation

- Recreation accessibility is important, and updates on accessible kayak ramps and water trails would be welcomed.

###### Physical accessibility

- There is a need for funding for upgrades to facilities and programs. These upgrades provide for the best access for the community overall, in addition to the students Rose-Hulman Institute of Technology serves.
- State needs to adopt the ADA into the building code to give local authorities the capability to enforce and flag projects that will not be compliant with ADA.

###### ADA in General

- There is a lack of awareness of the requirement for local ADA coordinators, or that the ADA is mandated.
- There is a need for accessibility awareness and building of partnerships. There have been some positive responses especially from smaller, rural communities in the area.

###### Education and Employment

- There is a lack of knowledge and unwillingness of employers to hire people with disabilities.
- Over the past couple of years, there has been an increase in difficulties regarding employment.
- The Gregory S. Fehribach Center at Eskenazi Health is a new statewide internship program for students with physical disabilities that should serve as a model. Initially at Ball State only, the program has been expanded to include students from other parts of the state. The program is for college students or those who have recently graduated. A lack of internships can be a barrier to gaining employment after graduation. The Fehribach internship program also includes workshops for students, such as how to work with human resources on setting up workplace accommodations.

###### COVID-19

- Communities have been doing their best they can with handling the impact of the COVID-19 pandemic. It has delayed the removal of physical barriers.

### ***Successes of the ADA***

- There have been strides to ensure all students receive equitable access to education.
- Transparency.
- There has been progress in making outdoor recreation accessible. This can be seen in trails, campgrounds, fishing, and even kayak launches and water trails. Ten years ago, this was not the case.

### **Barriers to Implementation**

- A lot of work remains in terms of physical accessibility. The work of Indiana Department of Transportation since 2010 has helped with compliance.
- A lot of communities are still struggling with providing accessible pedestrian routes.
- There are still many barriers and “and honestly, after 30 years, we just -- we can't tolerate that.” Universal Design Model is always the best route.
- People with disabilities are still struggling to find employment. Employers do not have the knowledge of employing those with disabilities.

### **Training and Information Needs**

- Things fall between the cracks. Engineers aren't taught about the ADA as it is not in building codes.
- There is a need for training around Title 6 of the Civil Rights Act.
- We need to engage with local communities. It is tough to do but we need to try.

**Appendix 4: Online Survey Results**

1. Do you live in Indiana?

| Type | Frequency | Percent |
|------|-----------|---------|
| Yes  | 122       | 100.0%  |

2. What is your five-digit Zip Code?

**[The responses were associated with their corresponding county.]**

| Type        | Frequency | percent |
|-------------|-----------|---------|
| Allen       | 9         | 7.4%    |
| Bartholomew | 1         | 0.8%    |
| Clark       | 1         | 0.8%    |
| Daviess     | 1         | 0.8%    |
| Dearborn    | 3         | 2.5%    |
| Decatur     | 1         | 0.8%    |
| DeKalb      | 1         | 0.8%    |
| Delaware    | 7         | 5.7%    |
| Dubois      | 1         | 0.8%    |
| Elkhart     | 1         | 0.8%    |
| Fayette     | 2         | 1.6%    |
| Hamilton    | 3         | 2.5%    |
| Harrison    | 1         | 0.8%    |
| Hendricks   | 5         | 4.1%    |
| Henry       | 1         | 0.8%    |
| Howard      | 1         | 0.8%    |
| Huntington  | 1         | 0.8%    |
| Jackson     | 2         | 1.6%    |
| Johnson     | 2         | 1.6%    |
| Knox        | 5         | 4.1%    |
| Lake        | 2         | 1.6%    |
| Lawrence    | 1         | 0.8%    |
| Madison     | 2         | 1.6%    |
| Marion      | 19        | 15.6%   |
| Marshall    | 1         | 0.8%    |
| Monroe      | 18        | 14.8%   |
| Montgomery  | 1         | 0.8%    |
| Morgan      | 3         | 2.5%    |
| Orange      | 2         | 1.6%    |
| Owen        | 2         | 1.6%    |
| Parke       | 1         | 0.8%    |
| Porter      | 2         | 1.6%    |
| Posey       | 1         | 0.8%    |

|             |     |        |
|-------------|-----|--------|
| Scott       | 1   | 0.8%   |
| Shelby      | 1   | 0.8%   |
| St. Joseph  | 1   | 0.8%   |
| Switzerland | 1   | 0.8%   |
| Tipton      | 1   | 0.8%   |
| Tippecanoe  | 2   | 1.6%   |
| Vigo        | 7   | 5.7%   |
| Warrick     | 1   | 0.8%   |
| Wayne       | 1   | 0.8%   |
| White       | 2   | 1.6%   |
| Total       | 122 | 100.0% |

**Disability and Health Conditions**

3. Which best describes YOU?

| Type   | Frequency | Percent |
|--|-----------|---------|
| A person with a disability   | 54        | 44.3%   |
| A parent, family member, or guardian of a person with a disability | 17        | 13.9%   |
| A professional or a service provider                               | 26        | 21.3%   |
| A professional working in local or state government                | 20        | 16.4%   |
| An interested community member without a disability                | 5         | 4.1%    |
| Total  | 122       | 100.0%  |

4. Are you deaf, or do you have serious difficulty hearing?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 14        | 25.9%   |
| No      | 40        | 74.1%   |
| Total   | 54        | 100.0%  |
| Missing | 68        |         |

5. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 8         | 14.8%   |
| No      | 46        | 85.2%   |
| Total   | 54        | 100.0%  |
| Missing | 68        |         |

6. Do you with a disability have serious difficulty walking or climbing stairs?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 22        | 40.7%   |
| No      | 32        | 59.3%   |
| Total   | 54        | 100.0%  |
| Missing | 68        |         |

7. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 21        | 38.9%   |
| No      | 33        | 61.1%   |
| Total   | 54        | 100.0%  |
| Missing | 68        |         |

8. Do you have difficulty dressing or bathing?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 13        | 24.1%   |
| No      | 41        | 75.9%   |
| Total   | 54        | 100.0%  |
| Missing | 68        |         |

9. Do you have serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 18        | 33.3%   |
| No      | 36        | 66.7%   |
| Total   | 54        | 100.0%  |
| Missing | 68        |         |

### **Demographic Information**

10. How old are you?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| 23>34   | 10        | 14.1%   |
| 35>44   | 12        | 16.9%   |
| 45>54   | 21        | 29.6%   |
| 55>64   | 9         | 12.7%   |
| 65>74   | 13        | 18.3%   |
| >75     | 6         | 8.5%    |
| Total   | 71        | 100.0%  |
| Missing | 51        |         |

11. What gender do you identify as...?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Male    | 24        | 33.8%   |
| Female  | 46        | 64.8%   |
| Other   | 1         | 1.4%    |
| Total   | 71        | 100.0%  |
| Missing | 51        |         |

12. Are you of Hispanic, Latino/a/x, or Spanish origin?

| Type    | Frequency | Percent |
|---------|-----------|---------|
| Yes     | 1         | 1.4%    |
| No      | 70        | 98.6%   |
| Total   | 71        | 100.0%  |
| Missing | 51        |         |

13. Which one or more of the following would you say is your race? (Check **ALL** that apply.)

| Type                                | Frequency | Percent |
|-------------------------------------|-----------|---------|
| White                               | 66        | 94.3%   |
| Black/African American              | 3         | 4.3%    |
| Asian                               | 0         | 0%      |
| American Indian or Alaska Native    | 1         | 1.4%    |
| Native Hawaiian or Pacific Islander | 0         | 0%      |
| Other                               | 0         | 0%      |
| Total                               | 122       | 100.0%  |
| Missing                             | 52        |         |

### **Knowledge of the Americans with Disabilities Act**

14. How would you rate your knowledge about the Americans with Disabilities Act (ADA)?

| Type          | Frequency | Percent |
|---------------|-----------|---------|
| Very high     | 22        | 18.0%   |
| Above average | 66        | 54.1%   |
| Average       | 25        | 20.5%   |
| Below average | 5         | 4.1%    |
| Very low      | 4         | 3.3%    |
| Total         | 122       | 100.0%  |



15. What areas of the ADA do you wish you knew more about? [Choose up to **THREE** answers.]

| Type  | Frequency | percent |
|---|-----------|---------|
| Employment  | 29        | 9.4%    |
| Education   | 19        | 6.1%    |
| Transportation  | 20        | 6.5%    |
| Health Care and the ADA   | 29        | 9.4%    |
| Effective Communication / Auxiliary Aids and Services                   | 21        | 6.8%    |
| Olmstead  | 11        | 3.6%    |
| ADA Standards for Accessibility   | 28        | 9.1%    |
| Service Animals   | 10        | 3.2%    |
| Enforcement of the ADA  | 58        | 18.8%   |
| Obligations of Local and State Governments                              | 44        | 14.2%   |
| Obligations of Community Organizations (stores, nonprofits, and others) | 37        | 12.0%   |
| Other [ <i>specified below</i> ]  | 3         | 1.0%    |
| Total   | 309       | 100.0%  |

Other:

- Who to contact for a curb Cut?
- Emergency preparedness

16. When you want more information about the ADA, where do you usually find it? [Choose up to **THREE** answers.]

| Type  | Frequency | Percent |
|---|-----------|---------|
| Great Lakes ADA Center  | 24        | 8.9%    |
| ADA-Indiana   | 36        | 13.3%   |
| Indiana Governor's Council for People with Disabilities   | 30        | 11.1%   |
| Indiana Disability Rights   | 19        | 7.0%    |
| Indiana Institute on Disability and Community   | 12        | 4.4%    |
| A Center for Independent Living   | 13        | 4.8%    |
| Disability Specific Organization (ex. JDRF Indiana, American Council of the Blind in Indiana, etc.) | 14        | 5.2%    |
| The Internet  | 76        | 28.0%   |
| Media sources: newspapers, magazine articles, radio, TV   | 1         | 0.4%    |
| Individuals with disabilities   | 18        | 6.6%    |
| Family members or friends   | 7         | 2.6%    |

|                                  |     |        |
|----------------------------------|-----|--------|
| Other [ <i>specified below</i> ] | 21  | 7.7%   |
| Total                            | 271 | 100.0% |

Other:

- Academic journals
- ADA Coordinators group
- ADA coordinators w/city, country
- ADA website
- ada.gov
- ADAAG/PROWAG
- call Washington D.C. ADA hotline
- HLAA
- HLAA-Indiana
- INDOT guidelines
- INDOT, Access Board
- Law journals / research publications
- Legal research
- National ADA Symposium
- Outdoor recreation Access board, National Center on Accessibility in Bloomington
- Professional network
- read the law
- The Arc of Indiana
- the regulations
- U.S. Access Board
- Who/how to contact concerning 'ENFORCING' City zoning laws?

17. Which of the following sources of online information about the ADA have you used most frequently in the past year? [Choose up to **THREE** answers.]

| Type   | Frequency | Percent |
|--|-----------|---------|
| National ADA websites (such as EEOC.gov, ADA.gov, JAN, Access Board)                                       | 85        | 37.0%   |
| Email groups about the ADA (such as the Great Lakes list serv or other disability organization list servs) | 38        | 16.5%   |
| Groups or forums in Google, Yahoo, or the like   | 13        | 5.7%    |
| Social media sites about the ADA like Facebook, Twitter, or the like                                       | 24        | 10.4%   |
| Wikipedia articles about the ADA   | 13        | 5.7%    |
| Emails to and from people knowledgeable about the ADA  | 48        | 20.9%   |
| Other [ <i>specified below</i> ]   | 9         | 3.9%    |
| Total  | 230       | 100.0%  |

Other:

- Academic journals

- AHEAD Association of Higher Education and Disability
- Engineers at work
- family member
- Google for ADA information
- ICC
- None
- simple, "asked/requested fruitless 'help' from "care-givers'..."
- WebAim

**The ADA in Your Community**

18. Grade each of the following areas in terms of how well **your community** is complying with the ADA:

| Employment opportunities in the community |           |         |
|---|-----------|---------|
| Type                                      | Frequency | Percent |
| A (Excellent)                             | 4         | 3.8%    |
| B (Good)                                  | 12        | 11.3%   |
| C (Satisfactory)                          | 30        | 28.3%   |
| D (Poor)                                  | 37        | 34.9%   |
| F (failure)                               | 9         | 8.5%    |
| No Opinion                                | 14        | 13.2%   |
| Total                                     | 106       | 100.0%  |
| Missing                                   | 16        |         |

| Job accommodations (i.e., an adjustment to a job or work environment for a person with a disability to do a job duties) |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 5         | 4.7%    |
| B (Good)  | 12        | 11.3%   |
| C (Satisfactory)  | 34        | 32.1%   |
| D (Poor)  | 28        | 26.4%   |
| F (failure)   | 8         | 7.5%    |
| No Opinion  | 19        | 17.9%   |
| Total   | 106       | 100.0%  |
| Missing   | 16        |         |

| Access to healthcare services (e.g. access to building or provider's office) |           |         |
|--|-----------|---------|
| Type   | Frequency | Percent |
| A (Excellent)  | 8         | 7.5%    |
| B (Good)   | 29        | 27.4%   |
| C (Satisfactory)   | 36        | 34.0%   |

|             |     |        |
|-------------|-----|--------|
| D (Poor)    | 14  | 13.2%  |
| F (failure) | 6   | 5.7%   |
| No Opinion  | 13  | 12.3%  |
| Total       | 106 | 100.0% |
| Missing     | 16  |        |

|   |           |         |
|---|-----------|---------|
| Access to medical diagnostic equipment (e.g., examination tables, examination chairs, weight scales, mammography equipment, etc.) |           |         |
| Type  | Frequency | Percent |
| A (Excellent)   | 4         | 3.9%    |
| B (Good)  | 23        | 22.3%   |
| C (Satisfactory)  | 37        | 35.9%   |
| D (Poor)  | 10        | 9.7%    |
| F (failure)   | 6         | 5.8%    |
| No Opinion  | 23        | 22.3%   |
| Total   | 103       | 100.0%  |
| Missing   | 19        |         |

|   |           |         |
|---|-----------|---------|
| Access to local and county government programs or services (courts, schools, city parks and events, etc.) |           |         |
| Type  | Frequency | Percent |
| A (Excellent)   | 6         | 5.8%    |
| B (Good)  | 23        | 22.1%   |
| C (Satisfactory)  | 43        | 41.3%   |
| D (Poor)  | 20        | 19.2%   |
| F (failure)   | 5         | 4.8%    |
| No Opinion  | 7         | 6.7%    |
| Total   | 104       | 100.0%  |
| Missing   | 18        |         |

|   |           |         |
|---|-----------|---------|
| Removal of physical barriers in buildings (such as parking, ramps, doors, etc.) |           |         |
| Type  | Frequency | Percent |
| A (Excellent)   | 7         | 6.7%    |
| B (Good)  | 20        | 19.2%   |
| C (Satisfactory)  | 42        | 40.4%   |
| D (Poor)  | 26        | 25.0%   |
| F (failure)   | 5         | 4.8%    |
| No Opinion  | 4         | 3.8%    |
| Total   | 104       | 100.0%  |
| Missing   | 18        |         |

| Providing communication supports and alternative formats (such as large print, Braille, and sign language interpreters or real-time captioning) |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 5         | 4.9%    |
| B (Good)  | 10        | 9.7%    |
| C (Satisfactory)  | 27        | 26.2%   |
| D (Poor)  | 35        | 34.0%   |
| F (failure)   | 12        | 11.7%   |
| No Opinion  | 14        | 13.6%   |
| Total   | 103       | 100.0%  |
| Missing   | 19        |         |

| Accessible transportation (mainline buses, paratransit, accessible taxi cabs, etc.) |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 3         | 2.9%    |
| B (Good)  | 13        | 12.6%   |
| C (Satisfactory)  | 31        | 30.1%   |
| D (Poor)  | 33        | 32.0%   |
| F (failure)   | 13        | 12.6%   |
| No Opinion  | 10        | 9.7%    |
| Total   | 103       | 100.0%  |
| Missing   | 19        |         |

| Education about the rights and responsibilities of people with disabilities under the ADA |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 3         | 2.9%    |
| B (Good)  | 17        | 16.5%   |
| C (Satisfactory)  | 25        | 24.3%   |
| D (Poor)  | 37        | 35.9%   |
| F (failure)   | 14        | 13.6%   |
| No Opinion  | 7         | 6.8%    |
| Total   | 103       | 100.0%  |
| Missing   | 19        |         |

| Education about the rights and responsibilities of businesses and government entities under the ADA |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 4         | 3.9%    |
| B (Good)  | 13        | 12.7%   |
| C (Satisfactory)  | 26        | 25.5%   |

|             |     |        |
|-------------|-----|--------|
| D (Poor)    | 37  | 36.3%  |
| F (failure) | 14  | 13.7%  |
| No Opinion  | 8   | 7.8%   |
| Total       | 102 | 100.0% |
| Missing     | 20  |        |

| Education about filing ADA complaints |           |         |
|---------------------------------------|-----------|---------|
| Type                                  | Frequency | Percent |
| A (Excellent)                         | 4         | 3.9%    |
| B (Good)                              | 6         | 5.8%    |
| C (Satisfactory)                      | 25        | 24.3%   |
| D (Poor)                              | 40        | 38.8%   |
| F (failure)                           | 18        | 17.5%   |
| No Opinion                            | 10        | 9.7%    |
| Total                                 | 103       | 100.0%  |
| Missing                               | 19        |         |

| Attention to the accessibility requirements in alterations and new construction |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 5         | 5.0%    |
| B (Good)  | 23        | 22.8%   |
| C (Satisfactory)  | 34        | 33.7%   |
| D (Poor)  | 24        | 23.8%   |
| F (failure)   | 10        | 9.9%    |
| No Opinion  | 5         | 5.0%    |
| Total   | 101       | 100.0%  |
| Missing   | 21        |         |

| Accessible websites (community calendars, government or school news, library website, business sites, etc.) |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 4         | 3.9%    |
| B (Good)  | 13        | 12.6%   |
| C (Satisfactory)  | 39        | 37.9%   |
| D (Poor)  | 28        | 27.2%   |
| F (failure)   | 9         | 8.7%    |
| No Opinion  | 10        | 9.7%    |
| Total   | 103       | 100.0%  |
| Missing   | 19        |         |

| Access to recreation (e.g. parks, play areas, and sports programs) |           |         |
|--|-----------|---------|
| Type   | Frequency | Percent |
| A (Excellent)  | 7         | 6.8%    |
| B (Good)   | 27        | 26.2%   |
| C (Satisfactory)   | 37        | 35.9%   |
| D (Poor)   | 22        | 21.4%   |
| F (failure)  | 5         | 4.9%    |
| No Opinion   | 5         | 4.9%    |
| Total  | 103       | 100.0%  |
| Missing  | 7         |         |

| Access to stores, restaurants, and other places that provide goods and services |           |         |
|---|-----------|---------|
| Type  | Frequency | Percent |
| A (Excellent)   | 4         | 3.8%    |
| B (Good)  | 25        | 24.0%   |
| C (Satisfactory)  | 46        | 44.2%   |
| D (Poor)  | 17        | 16.3%   |
| F (failure)   | 5         | 4.8%    |
| No Opinion  | 7         | 6.7%    |
| Total   | 104       | 100.0%  |
| Missing   | 18        |         |

19. Overall, how would you grade your community's efforts in complying with the ADA?

| Type             | Frequency | Percent |
|------------------|-----------|---------|
| A (Excellent)    | 2         | 1.9%    |
| B (Good)         | 17        | 16.0%   |
| C (Satisfactory) | 47        | 44.3%   |
| D (Poor)         | 35        | 33.0%   |
| F (failure)      | 5         | 4.7%    |
| No Opinion       | 0         | 0%      |
| Total            | 106       | 100.0%  |
| Missing          | 16        |         |

20. If you could pick ONLY THREE areas for your community to work on over the next five years, which three would be your top choices? [Choose up to **THREE** answers.]

| Type   | Frequency | Percent |
|--|-----------|---------|
| More employment opportunities for people with disabilities | 57        | 18.2%   |
| Providing accommodations to enable someone to do a job     | 29        | 9.2%    |
| Access to Local and County government programs or services | 16        | 5.1%    |

|   |     |        |
|---|-----|--------|
| Removal of physical barriers in buildings   | 24  | 7.6%   |
| Providing communication supports and alternative formats  | 24  | 7.6%   |
| Accessible transportation   | 42  | 13.4%  |
| Accessible housing  | 28  | 8.9%   |
| Accessible healthcare   | 11  | 3.5%   |
| Education about the rights and responsibilities of people with disabilities under the ADA                   | 21  | 6.7%   |
| Education about the rights and responsibilities of businesses and government entities under the ADA         | 22  | 7.0%   |
| Education about filing ADA complaints   | 8   | 2.5%   |
| Attention to the accessibility requirements in alterations and new construction                             | 14  | 4.5%   |
| Accessible websites (community calendars, government or school news, library website, business sites, etc.) | 9   | 2.9%   |
| Other [ <i>specified below</i> ]  | 9   | 2.9%   |
| Total   | 314 | 100.0% |

Other:

- Accessible playgrounds
- affordable housing
- all existing sidewalks and curb ramps compliant and sidewalks/trails along all roadways
- emergency preparedness
- enforce 'need' of/for curb-cuts, to access bus stops.
- Hearing loops in all buildings
- Info on how ADA and Indiana FSSA do or do not collaborate and communicate with each other and those filing for disability benefits.
- Investigating complaints and making violators comply!
- Making our Park ADA Accessible

21. Have you ever personally experienced a violation of the ADA?

| Type              | Frequency | Percent |
|-------------------|-----------|---------|
| Yes               | 65        | 60.7%   |
| No                | 28        | 26.2%   |
| Unsure            | 10        | 9.3%    |
| Prefer not to say | 4         | 3.7%    |
| Total             | 107       | 100.0%  |
| Missing           | 15        |         |



22. What did you do?

| Type   | Frequency | Percent |
|--|-----------|---------|
| Talked directly with the business owner or employer  | 40        | 51.3%   |
| Contacted a local government official  | 6         | 7.7%    |
| Contacted the media – newspaper, radio, TV station   | 0         | 0%      |
| Complained to my friends and family  | 4         | 5.1%    |
| Contacted my local center for independent living for assistance  | 2         | 2.6%    |
| Filed a complaint with the state or local human rights agency  | 7         | 9.0%    |
| Filed a complaint with federal agency (e.g., Equal Employment Opportunity Commission (EEOC), the Department of Justice, or other federal agency) | 0         | 0%      |
| I decided not to do anything, I took no action   | 9         | 11.5%   |
| Other [ <i>specified below</i> ]   | 10        | 12.8%   |
| Total  | 78        | 100.0%  |
| Missing  | 44        |         |

Other:

- Attempted to complain; was told that there was nothing to be done.
- Decided not to hire into a job because they wouldn't make reasonable accommodations for my deafness.
- Encouraged patron with disability to take legal action as desired
- Not Applicable
- spoke to them directly, spoke to overhead management, complained to friends, complained to government officials, attempted to file complaint with IDR, filed complaint with Civil Rights Commission with no relief
- Talked w/owner + local govt official
- Trying to find out what I should do
- Wish to learn of who to contact concerning curb-cut

23. Please share your thoughts on the implementation of the ADA in your community within the past 5 years.

- People should know more about ADA.
- Hearing loops need to be address
- More jobs for hearing impaired
- By volunteering my own time to educate local government officials and businesses, I feel like a little more attention is paid to some accessibility issues/ADA violations. But I have yet to see things like a real ADA coordinator or any real process to prevent ADA violations from happening yet. So many are uneducated in the ADA that work with new/updated construction that it is frustrating. They have gotten better, but my

community has a long way to go on being inclusive of the disability community as a whole.

- Much effort has been made in sidewalk repair and curb ramp installation. Transportation has its citizens advisory committee. Accessible housing has been increased.
- some efforts have been made to try and comply but much more work is needed especially in the new construction projects.
- Things are improving there is an increased level of awareness but not necessarily an increase level of compliance
- For the most part, the physical access has been good, but the educational awareness of the issues has not improved much.
- It's a joke. How much space do I have? New construction + alterations are still not meeting basic accessibility codes. Architects, contractors, AND building inspectors - they either don't know the codes or don't give a shit. Even the ADA coordinator for Indianapolis, IN told me they didn't put in a curb ramp at one of the crosswalks when they were putting in new sidewalks because they weren't putting a new sidewalk on the other side of the street and it could be "dangerous" for a blind person. A brand new 2018 building in Fishers, IN had issues: no van access aisle, no accessible route from parking lot to sidewalk (had to go out into the street), had an elevator but I had to be escorted through the brewery (wet floor would be dangerous for someone walking. I'm in a chair) and over a catwalk to get to the second floor. I could give you dozens for examples in the last 5 years. Saw the parking lot of a small medical building 2016 that wasn't done yet had no "van" access aisle. I spend at least 10 hours making calls trying to find the right person who could do something, emailing them the codes, documenting, etc. New streets+sidewalks with diagonal parking with van access aisle on driver's side - Have you ever tried backing in to a diagonal spot? Indiana is terrible. It was also bad when I lived in Fort Wayne.
- Our community talks a good game, but does very little. Recent example. The county refuses to comply with the Help America Vote Act to allow accessible voting. I have advocated for this for years. This year in response to my public complaints the county brought in untrained volunteers to do the polling site inspections. The group admitted that were not striving for HAVA compliance, just "looking for the most obvious problems." It's totally pathetic.
- It has not improved as much as it could...mostly with access.
- Very poor win Bicknell, Indiana47512
- Just learning so don't know
- Education has been spotty. While a one shot approach has temporary value, it must be extended to new managers and providers who enter the workforce, but have not been exposed to the needs of the disabled.
- It's not used right. Its still hard explain to people that uneducated.
- While we can do better, our community is improving.
- I have not enough time nor room it is getting better have a good major
- Poor, many buildings and public areas are still inaccessible, there is nor enough accessible housing options.
- In my community, transportation for people with disabilities is pretty reasonable. Access to public businesses is largely good for people with disabilities. However, there are not

many job opportunities and accessible housing for people with disabilities in my community.

- I usually have to initiate conversations about ADA.... Most local businesses seem unaware.
- too much based on good will; fortunately, most officials have had good intentions
- You made to feel like your a burden in the community
- new to area
- People with hearing loss need closed captioning made available on all public video displays. Closed captioning needs to be created on all Live and recorded programs. Hearing loops need to be installed at the airport.
- I feel like Indiana is behind the times in providing access for individuals with disabilities. It is discouraging when you hear what other states are doing.
- There has been little advancement in my opinion to accommodate my hearing loss. Most times an interpreter is provided, but CART is not. I believe that hearing accommodations as a whole is not addressed in Mishawaka and surrounding cities and towns.
- I'm somewhat knew to Delaware County but understand their bus system for people with disabilities is excellent. A friend using the bus system told me this.
- New construction much better. But opportunities for employment still limited!
- I feel my comminty is getting better with time. It has a long way to go but doing better.
- It has gotten a little better, but most of these improvements have been token and do not address the underlying issues--both functional and structural--that plague the city/state.
- Unknown
- The ada helped me get an AS degree but the services of government fell short on helping me get gainfully employed in the private sector.
- Education was pointless with out a job to go with it. I didn't do too good in that college either because I suck as a student due to my disabilities.
- no comment, just learning about the ada
- Improvement varies depending on the employer, school, business, agency, or organization. Access to transportation, curb cuts and intersections on the west side of town has improved - college camps. School are more accepting of non-visible disabilities and willing to accommodate. Some employers are transparent about ADA process and others still need education.
- Progress happening needs more focus
- My impression is that the local community has done a relatively good job of ensuring that new projects and constructions are accessible -- this has been one of the successes of the ADA locally in the past several years. There is still a long way to go in developing the necessary infrastructure to make the community more broadly accessible (especially in the areas of transportation and affordable housing), but it seems like accessibility is at least being incorporated in new designs and constructions.
- However, this level of success is not true in other areas--most notably in the area of employment. Not only do rates of people with disabilities working in competitive integrated employment remain low, but there also seems to be pretty low awareness of ADA obligations among local employers and a lack of resources and awareness for applicants or employees to enforce their own rights under the ADA.

- Still a limited understanding of where/how ADA applies to private enterprise. Limited understanding of the nature of barriers. For example, the ramp to enter Terre Haute City Hall leads to a door that is often locked.
- very spotty and often poorly done at best
- I understand that there is a prominent figure in our community who believes the county gov't has been an utter failure with re: to ADA, but I do know there is a whole council working tirelessly to address ADA issues in our city, and I have never heard of any other such entity for other municipalities. I also love that locally, we celebrate the ADA anniversary each year with a prominent public event with multiple accessibility awareness activities.
- Not great they dont even think about it in my opinion
- It needs to be brought to the forefront of discussion when bringing new business, when updating or having new construction, and in all areas of communication. Person first language a must.
- Transportation and Education and some accessible building
- Better than it was years ago...
- It is inexcusable that more thought is not given to a 30 year old law. Even now it is readily apparent that the ADA is way down the list of priorities for my area, if it makes the list at all.
- Some things are better, but some accommodations have limited accessibility - like limited hours - that inhibit their use.
- Certain segments of the population are knowledgeable and fight hard for accessibility in all aspects. There is still a lot of work for the general public to do in awareness about the ADA and in welcoming and encouraging the perspectives of potential disabled employees and patrons.
- curb ramps, automatic doors
- Our local Mayors Advisory Council has made great strides in making changes in our community.
- There isn't enough changes being made. My area needs audible crossings badly. But we seem to be getting no where.
- I've seen more curb cuts and a minimal number of ramps to buildings go in.
- My community has made progress in accessibility and some area businesses do employ persons with disabilities.
- Current Independent Living Center is very active and helpful to the community
- They have tried with curb cut-outs. There are still business and landlords that don't want to provide access to the business or home because it would cost them money.
- As far as new construction being on committee's to help bring ADA accessibility to light has been helpful in everyone understanding the barriers that exist for those with disabilities. To lighting, curbs, ground cover, pavers and seating.
- It's gotten better but they have a long way to go. The early development of suburbs allowed developers to forego sidewalks which makes accessibility a burden.
- As funding agency for FHWA funds, we are required to ensure eligibility of those FHWA funds, which includes an ADA Transition Plan and a Title VI Implementation Plan and associated ordinances, forms, and grievance processes.
- We are working hard to overcome systemic issues via education and compliant resolution.

- The local governments are doing a good job of updating sidewalks and curb ramps to be compliant, however, there is still a lot to do. I think this is one of the most important aspects of the ADA.
- Sidewalk corners have been cut out. County administrative buildings have become accessible. It's the private businesses that aren't always accessible.
- We are a very small town of 250 people. We do have an ADA plan.
- Sad to say, it is slow in coming to the semi-rural areas of Indiana.
- The community has only taken visible steps towards compliance in the last year or two.
- I feel the involvement in ADA in this community has been good. 20 to 30 new ADA ramps have been installed in sidewalks and crosswalks with scheduled upgrades every year.
- Overall we lack access to basic services for those with disabilities and are slow and closed off to spending time and resources to provide accommodations.
- Accessible transportation is something I would like to see in fishers, but public transportation as a whole does not seem to be a priority here. At least, with the growth I hope to see more sidewalks and accessible ways to get around.
- I think we are working on trying to get our Town Compliant, but it takes time and money.
- I think our community tries to make buildings accessible but is largely unaware of the need to make their websites accessible.

24. Is there anything unique that your community is doing to promote the implementation of the ADA? If so, please describe.

- Help people find jobs
- They are trying... not easy with masks on now.
- No.
- no
- The City government has hired a person with a physical disability to assist them but I don't think they always listen to his advice
- I wish.
- No
- The parks department is very aware of issues and seems to tackle them.
- Not that I know of
- They have created the Fort Wayne - Allen County Disability Advisory Council to advise local government. Our newest park is designed to be very inclusive. Our local Chamber of Commerce has a person focused on promoting the employment of people with disabilities.
- Repairing sidewalks and roads
- I'm not aware of anything.
- Not that I am aware of but I am now retired and more out of the loop of what is going on in the business world.
- Hearing Loops and CART
- No
- They are having website built. They are having classes on line.
- No
- I assume they are. There is a celebration and a commission—run by a person with no disability to my knowledge.

- Not a darn thing that helps me get out of a crap job that too will not move me up due to my disabilities
- unknown
- Not really.
- Commission on accessibility etc.
- Active collaborations between agencies to stress disability awareness and HR professional training.
- no
- See above.
- No and they need more waiver services in Decatur county. Parks that kids with disabilities can enjoy too, trails they can use etc
- I believe our parks and recreation department are doing a nice job of embedding ADA in all they do.
- If there is, there has not been sufficient publicity
- Nothing, nothing at all.
- Not that I know of.
- Unsure
- Making changes to our parks and recreational areas to allow wheelchairs accessibility.
- The IL center is working with local government to make sure all new community buildings are accessible.
- Our local transportation service has accessible vans.
- The IL agency has built an accessible garden with raised beds, shelter house and paved trail for outdoor activities.
- Turn to The River is putting ADA accessibility in all it's new projects.
- Building curb ramps but not fixing all of the barriers to the ramps.
- No
- Indiana has an ADA Coordinators Association that is an outgrowth of efforts to ensure local governments have sufficient ADA Transition Plans. the ADA coordinators Association provides local officials o reach out for technical assistance and help across the state of Indiana
- My community is very rural and too poor to think about the ADA rulings.
- NA
- We are trying to get the word out.
- I am trying to educate myself best I can as the ADA Coordinator. Our sidewalk program that was implemented last year encourages sidewalk replacements throughout the city in order to better comply with ADA requirements.
- Probably not
- n/a
- A year or two ago a class of local school children (the teacher was Cindy Stark at the Project School) surveyed the businesses around their school and talked to them about accessibility. I believe they worked with a local disability awareness group to provide information on what changes the businesses could make to be more accessible.