

# Wheelchair Friendliness Versus Compliance in the Hospitality Industry

By Cynthia Mejia

## Preparation

Prior to reading the case and preparing the related project, students should first become familiar with any local, regional, or national accessibility guidelines for accommodating guests in wheelchairs or other power-driven mobility devices. In the United States, these may include:

- [https://www.ada.gov/ada\\_title\\_III.htm](https://www.ada.gov/ada_title_III.htm)
- <https://www.ada.gov/regs2010/2010ADASTandards/2010ADAStandards.pdf>
- <https://www.ada.gov/opdmd.htm>
- <https://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/background/adaag>

## Helpful wheelchair travel blogs include:

- <http://wheelchairjimmy.com/>
- <https://wheelchairtravel.org/>
- <https://www.ricksteves.com/travel-tips/trip-planning/travelers-with-disabilities>

## Introduction

The National Institutes of Health is an agency of the United States (U.S.) Department of Health and Human Services, which has estimated 53 million Americans have a disability of some type. Of those, 3.3 million people depend on a wheelchair for mobility, while 6.5 million utilize a cane, walker, or crutches to assist with their physical mobility. In 2015, over 1.8 million American wheelchair users were age 65 and over, and by 2030, almost 70 million persons in the U.S. will be age 65 or older, or nearly 20% of the population. As the U.S. population continues to age, it is estimated that 2 million people will become new wheelchair users each year (Reznik, 2015).

### *The United States Access Board & The Americans with Disabilities Act (ADA)*

The United States Access Board was created in 1973 as a governing body which reports to the White House and is responsible for developing and updating design guidelines for the ADA. Half of its board members are from related federal departments, while the other half are appointed by the U.S. President, the majority of whom must have a disability of some type (<https://www.access-board.gov/>). These members

are responsible for representing people with disabilities and providing technical assistance and training. All ADA guidelines administered by the U.S. Access Board are enforced by the U.S. Department of Justice and the Department of Transportation, which the public must follow.

The Americans with Disabilities Act (ADA) was enacted on July 26, 1990 in the U.S., and is a civil rights law prohibiting discrimination based on a disability (<http://adata.org/publication/disability-law-handbook>). The law ensures that public entities must evaluate their own programs, services, and policies in accordance with 5 titles of the ADA including: Title 1. Equal employment; Title 2. Nondiscrimination of state and local services; Title 3. Nondiscrimination by public accommodations and commercial facilities; Title 4. Telecommunications and relay services; and Title 5. Miscellaneous provisions made in relationship to other laws and insurance benefits. Services pertaining to the hospitality and tourism industry fall under Title 3.

In 2008, several ADA amendments became law which made many changes to the interpretation of a “disability”, and since then two major updates to the law greatly impacted the U.S. hospitality industry in 2010 and 2012. Areas updated included recreational designs such as those for amusement rides, exercise machines, golf facilities, play areas, saunas, steam rooms, swimming pools, and spas. In addition, incremental changes to the 1991 standards affected children’s accessibility, door clearance, ramps, parking spaces, elevator access, passenger loading zones, bathroom requirements, handrails, detectable warning systems, and transient lodging guest room accommodations (<https://adata.org/factsheet/standards>). In 2010, the mandatory updates impacting the U.S. hospitality industry were most significant for small business, giving special considerations and “safe harbor” allowances for buildings older than 20 years. However, newer buildings not falling under the 20-year allowance had to comply, or faced litigation by the U.S. Department of Justice. The new 2010 standards would go into full effect on March 15, 2012. Later, these deadlines were extended to January 31, 2013 to meet full compliance of the original 2010 standards, especially targeting hospitality facility parking spaces, pool lifts, ramps, and handrails.

### *ADA Compliance Versus “Friendliness”*

Globally, it is estimated that 1.3 billion people have a disability, and that another 2.2 billion are their friends and family members. Combined, this group accounts for over US\$8 trillion disposable income on an annual basis (Stancu, 2017). Of those with a disability, 70-80 million

---

Cynthia Mejia is affiliated with University of Central Florida.

people use a wheelchair (<https://www.motivation.org.uk/>). While not all might be active travelers, even a small percentage would have serious implications on a hospitality organization ill-prepared to meet and exceed the needs of this rapidly expanding group of travelers.

As it pertains to the hospitality industry, the difference between ADA compliance (adherence to law) and friendliness (welcoming and user-friendly) may either repel or attract wheelchair guests and their traveling companions to a business. Given the service-centered focus of the hospitality industry, it would seem obvious that a hotel, restaurant, airport, cruise ship, etc., would strive to meet and exceed wheelchair guests' expectations. Yet, anecdotal reports and research suggests otherwise. In the U.S., while ADA compliance is regulated and monitored by law, many hospitality operators struggle to fund large capital improvement projects aimed toward meeting ADA compliance. To illustrate, some small operators must make decisions to close a pool or spa until a wheelchair accessible lift can be afforded. Other businesses who are able to pay for these accommodations might choose to reduce expenditures by only complying with the bare minimum ADA provisions, rather than spending additional funds to incorporate more decorative features in a hotel guest room or bathroom, for example.

There are certainly a wide variety of travelers included in the wheelchair demographic, with preferences ranging from basic to high-end amenities in the lodging, food and beverage, and attractions sectors. Yet the question remains, are all of these strata of preferences and expectations being met and exceeded in this growing segment of travelers?

### *Theoretical Perspective*

Self-Determination Theory (SDT) is a broad-range theory of human motivation and personality concerned with how people's intrinsic

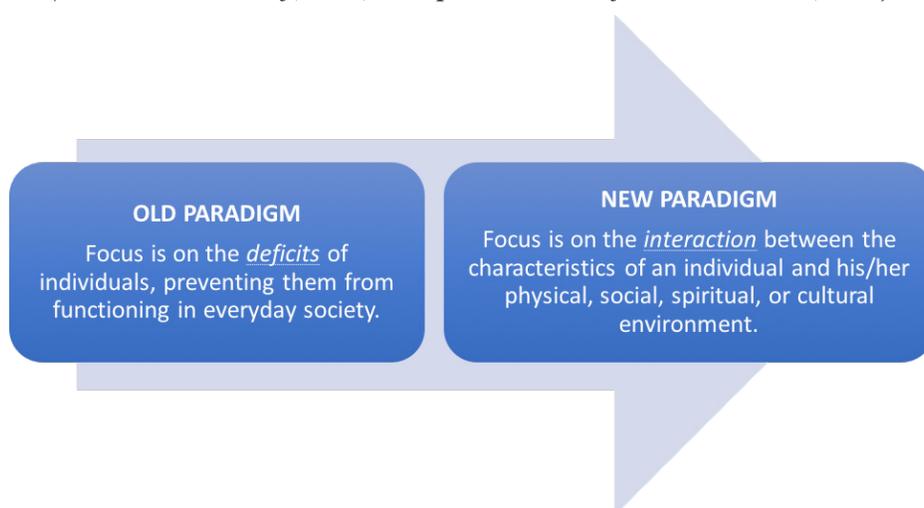
motivations and development promote social development and well-being (Deci & Ryan, 1985). As a fundamental right, self-determination allows individuals total control of their lives in which accessibility is key toward reaching goals, decision making, and living and working in a community. SDT is largely concerned with the contextualized social conditions which enhance self-motivation (Ryan & Deci, 2000).

The National Institute on Disability and Rehabilitation Research (NIDRR) was established by the U.S. Congress in 1986, formally known as the National Institute of Handicapped Research. Due to research initiatives over the past 30 years, persons with disabilities in the U.S. have a better quality of life, live longer, and enjoy a wide variety of activities, including travel. The NIDRR has achieved numerous advances in research including the development of a new paradigm of disability (Accessible Society, n.d.). The old paradigm or view of disability focused on the deficits of individuals, which prevented them from functioning in everyday society. The new paradigm proposes that disability is an interaction between the characteristics of an individual and his or her physical, social, spiritual, or cultural environment (Temple University Collaborative, n.d.) (see Figure 1).

This shift away from the perceived deficits of an individual towards accommodation and inclusion is said to encourage self-determination by removing barriers, thus enabling access and greater equality for all people. The current definition of disability under the ADA is still individual focused, even though the law promotes and regulates accessibility. Given that large government bureaucracies move slowly to encompass and incorporate new ideas and definitions, it will be essential for innovative service organizations to learn about and adopt the new disability paradigm to achieve high service levels for all guests. Hospitality organizations are well-suited to be among the first to view a disability in terms of

**Figure 1**

## **Paradigm shift of disability towards accommodation and inclusion** (Accessible Society, n.d.; Temple University Collaborative, n.d.)



a deficient environment, rather than a guest's perceived "impairment".

### *Wheelchair Jimmy*

Mr. Jim Parsons (aka "Wheelchair Jimmy") has traveled extensively throughout his life to 5 continents and close to 40 countries for business and leisure. Jim has also used a wheelchair since age 20, for over 48 years. Based on his own travel experiences throughout the years, Jim developed a website (<http://wheelchairjimmy.com/>) for wheelchair travelers who wish to visit restaurants or hotels, complete with videos, detailed accessibility guides, and his own rating system known as the "WJAR", or Wheelchair Jimmy's Accessibility Rating. The WJAR is based on a system of stars, from one to five, where a one or two-star rating of a restaurant or hotel signals compromised wheelchair accessibility, and star ratings of three to five signify wheelchair accessibility, friendliness, and "best in class", respectively. While not affiliated with the ADA, Jim's WJAR ratings mostly evaluate wheelchair "friendliness" based on his own criteria.

Jim's accessibility ratings differ between restaurants and hotels due to their structures and intended purposes. For example, WJARs for hotels focus on the presence or absence of entry ramps or steep hills, accessibility to lobby restrooms and elevators, the presence or absence of small hydraulic lifts, furniture and bed height, ease of bed transfer (space between the bed and the nearest wall or furniture), the number of wheelchair accessible guestrooms with accessible restrooms, and the presence or absence of roll-in showers. According to Jim, there are no current industry-wide standards for the specifications of a roll-in shower. Often, roll-in showers have compromised seating, inaccessible water controls, and/or poor drainage. Hotels receiving poor WJARs from Jim are those with small hydraulic lifts on property and/or poorly designed roll-in showers (or no roll-in shower).

Accessibility ratings for restaurants on Jim's website also range from one to five stars, with similar strata as for hotels. One and two WJAR stars designate restaurants with inaccessible steps or restrooms, presence of hydraulic lifts, or may require wheelchair guests to enter into the restaurant through back alleys or kitchens, and may also necessitate the use of an employee restroom. Three star WJARs denote wheelchair accessible restaurants, with four and five stars distinguishing friendly, and best of class establishments, respectively.

While Jim is an advocate for wheelchair accessibility, he also acknowledges that not all properties will be (J. Parsons, personal communication, March 26, 2017). Citing many beautiful landmarks, "brownstone" buildings, and old Victorian architecture, Jim appreciates the history of these hotels and restaurants, but would prefer to know in advance before attempting to enter. Jim is also not opposed to visiting one and two WJAR star hotels and restaurants, he just wants to be informed and to inform others as to the property's accessibility. Finally, Jim is concerned on occasions when front line employees in hotels and restaurants do not know about nor understand ADA compliance, and the special wheelchair

accessible features within their establishment. In an effort to relay helpful wheelchair accessible information about hotels and restaurants, Jim's website has developed over time to include the following destinations: Seattle, San Francisco, Los Angeles, Phoenix, Las Vegas, Chicago, Washington D.C., Boston, Cincinnati, Indianapolis, Charleston, Savannah, the Oregon Coast, Orlando, the Pacific Northwest, and international destinations including New Zealand and South America.

### **Discussion Questions**

- Given the updates to the ADA for hospitality facilities over the years, what are the typical costs for compliance of an exterior entrance ramp, an interior ramp, a swimming pool chair lift, and bathroom modifications? What are the differences in costs between an existing building and new construction?
- How can a hospitality business operator/firm calculate the return on investment (ROI) of an ADA compliance cost?
- What are both the tangible and intangible consequences in your region for non-compliance of mandated ADA statutes in the hospitality industry?

### **The Project**

**Part One: Create a list of ADA-related criteria and categorize according to compliance vs. friendliness.** Choose a hotel, restaurant, or any other public service area (i.e. airport, conference center, train station, theme park, etc.) of interest. Based on individual research, organize a checklist of compliance as it pertains to your facility of choice. There are a variety of such checklists available on the Internet including those directly from the ADA (<http://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf>); however, numerous other blogs, web pages, law firms, and even smartphone apps, are widely available to compose a basic list of compliances. Be certain to ensure that the list developed relates directly to the public service area of choice. In terms of friendliness, consult Wheelchair Jimmy's website ([http://wheelchairjimmy.com/wheelchair\\_accessibility\\_rating\\_overview/](http://wheelchairjimmy.com/wheelchair_accessibility_rating_overview/)) for additional features that help or hinder wheelchair mobility in an establishment.

In addition, prepare a table with at least 10 ADA-based criteria in the hospitality industry, and categorize the criteria in terms of compliance vs. friendliness. For those criteria deemed "compliant" or non-existent, please offer suggestions as to how these could be more user-friendly (see table below as an example).

**Part Two: Visit and evaluate an establishment.** Organize a visit to your chosen hospitality service area and have a look around the facility. Does it meet or exceed the criteria as stated in your list of compliances? Take notes, and if given permission, take some photos of the facility, particularly in the areas most challenging for wheelchair navigation. Prepare a report of the facility based on your findings.

**Part Three: Create a 2-3-minute video with a partner, which**

ADA Criteria	Facility Type	Compliant/Friendly	Suggestions to Increase Friendliness
Bed height	Hotel	No ADA criteria	Suggested bed height is 20-23" with reference to a 19" wheelchair seat. Suggest 19" for easy transfer from chair to bed. ( <a href="https://dredf.org/anprm/beds-in-accessible-sleeping-rooms.shtml">https://dredf.org/anprm/beds-in-accessible-sleeping-rooms.shtml</a> )
Bar stool height	Restaurant	No ADA criteria	Suggest accessible low tables in the bar so chairs can roll up; table height is mandated at 28-32" by ADA. ( <a href="https://www.katom.com/cat/furniture/dining-room-ada-compliant.html">https://www.katom.com/cat/furniture/dining-room-ada-compliant.html</a> )

includes the use of a wheelchair. Carefully solicit permission from a manager of a hotel, restaurant, or other public facility to participate in an informal audit for wheelchair friendliness. A letter of request will be furnished by the instructor. Organize this informal audit during down-times for the establishment so as not to impede the flow of business. If possible, obtain permission to enter wheelchair accessible hotel rooms. Do not be discouraged if at first some managers disagree with the informal audit. After carefully explaining to industry professionals the purpose of the project, and how the information will be collected and graded, with the support of the instructor, most hospitality professionals are very happy to participate. Alternatively, the instructor may obtain permission preceding the project and therefore a list of agreeable businesses might already be available.

For this part of the project, you and your partner will need to have access to a wheelchair. If not pre-arranged by the instructor, numerous hotels often carry wheelchairs. In addition, local wheelchair rental businesses can be contacted for use of a wheelchair. It is important that you use a wheelchair and not a motorized scooter. With the permission of the establishment's manager, prepare a short 2-3-minute video from the perspective of the wheelchair. For example, begin filming outside in the parking lot and with the help of your partner, enter the building. From the entrance, try to engage with a host(ess) or concierge. If in a hotel, visit the lobby restroom. If in a restaurant, visit the restroom and the bar area. Take notes of any obstacles including uneven flooring surfaces, difficult ramps, small restrooms, configurations of elevators, walkways, and hallways. In general, try to access as many features of the establishment as possible, including an actual hotel room and bathroom.

According to your instructor's grading criteria, create a video to share with the class pointing out those compliant versus friendly wheelchair accessible features of your chosen establishment. For examples of possible formats, please see the following videos on Wheelchair Jimmy's website:

- Restaurant example: <https://www.youtube.com/watch?v=u8d89YbKeV0>
- Hotel example: <https://www.youtube.com/watch?v=cxO7mwpc3tQ>

**Part Four: Reflection activity.** Based on your experiences during this project, please answer the following questions either submitted as a video or in written form:

- What did you learn about ADA wheelchair compliance in this project?
- What did you learn about wheelchair friendliness in this project? What are some recommendations you could make to your venue for improving wheelchair friendliness?
- How might the new paradigm for disability, according to the NIDRR, impact future changes to the ADA criteria in a hospital-ity business, based on what you have seen?
- What did you execute well in this project? If you could do this project again, what would you do differently?
- What recommendations could you make to the instructor for improving the project?

### Additional Readings and References

- Accessible Society. (n.d.). The 'New Paradigm' of disability. The Center for an Accessible Society [Online]. Retrieved from <http://www.accessiblesociety.org/topics/demographics-identity/newparadigm.htm>
- Deci, E. L. & Ryan, R. M. (1985). *Intrinsic Motivation and Self-Determination in Human Behavior*. New York: Plenum.
- NIH. (2017). Rehabilitative and assistive technology: How many people use assistive devices? NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development [Online]. Retrieved from <https://www.nichd.nih.gov/health/topics/rehabtech/conditioninfo/Pages/people.aspx>
- Resnik, R. (2015). Wheelchair facts, numbers and figures [Infographic]. SmartChair by Kd Healthcare Company USA [Online]. Retrieved from <https://kdsmartchair.com/blogs/news/18706123-wheelchair-facts-numbers-and-figures-infographic>
- Ryan, R. M. & Deci, E. L. (2000). Self-Determination Theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68-78.
- Stansu, H. (2017). Seeking a better deal for disabled travelers. *Toronto Star* [Online]. Retrieved from <https://www.pressreader.com/canada/toronto-star/20170114/283412011392904>
- Temple University Collaborative. (n.d.). Self-determination. The Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities [Online]. Retrieved from <http://tucollaborative.org/community-inclusion/community-inclusion/self-determination/>