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IL CONVERSATION
IMPROVING COMMUNITY RECEPTIVITY BY ADVOCACY CHEC IT OUT AND CHANGE IT
SEPTEMBER 29, 2011 - 3:00 P.M. EASTERN TIME

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>> Yes, this is interpreter 9602 with Sorenson and I have Michael Yilappi on the line.

>> All right, thank you. Do we need to do anything or will you just be listening.

>> I think I will be listening.

>> And your caller says this is Michael, I may be doing a little bit of both, but I will certainly listen for now.

>> Oh, that's great. Do you realize you can also do CART? C-a-r-t by going to our web site.

>> How do I do that?

>> KATHY HATCH: Go to the APRIL web site, it's www.april-rural.org.

>> KATHY HATCH: Okay. Why don't we go ahead and get started. I want to say hi, everybody, as most of you know, this is Kathy Hatch and I'm with APRIL and I would like to welcome everybody who is on the call today. So today's call is actually hosted by APRIL and sponsored by the IL Net. That's ILRU in Texas. And so we're happy you could join us and we are looking forward to a lively discussion, I hope. We have about an hour and a half. So we will start out with an introduction of the presenters and then they will each talk about different areas concerning “Improving Community Receptivity - and I think of access when I think of that - Through Advocacy” and it's called... “CHEC it out and Change It.”

We’d like to change the format just a little today and try to keep this as conversational as possible. Presenters will start, and we’ll open it up for questions and answers following the presentations, but if you have a question during a presentation, feel free to ask. We want to hear from you.

A little housekeeping before we start. First the APRIL web site is www.april-rural.org and there are a couple of items on there and links that are up that you might be interested in looking at. We are providing CART captioning services today and that can be accessed on the web site.

Go to the APRIL web site and you will see today's IL Conversation on the front page and you will notice as you scroll down, you will see a couple of different links there. One of them is a link to CART. And you will be able to send me questions via the chat line on that site. So you might be interested in doing that if you like.

The other one is the Washington University St. Louis web site where the PowerPoint for today's program is located. And if you go to that address, you will see a link in the upper left-hand corner that says APRIL training on CHEC, c-h-e-c. And if you click that link, you can access the slides we will be looking at today.

We are fairly sure that these are accessible for screen readers, but just in case they are not, I just want to let folks know if you contact me afterwards, I will give you my email address at the end of the presentation and we'll make sure to get something to you that is accessible so you can look at it in whatever format you need.

Then I’d like to ask everyone to put your phones on mute once we begin the presentations. Since this is a Bridgeline, it’s pretty sensitive to any background noise

and will even pick up paper shuffling or any of that kind of thing. If you would please use *6 to go on mute and then to come off mute, it's *6 again. So *6 to go on *6 to come off. Everybody is doing it. I can hear all the clicks.

I also want to remind folks that cell phones and speaker phones really cause a lot of distortion on the line. So if you're using either, please try to get to a land line and re-call in or make sure to mute your speaker phone when not speaking.

Once we get to the Q&A part, I'll try to moderate the discussion but if we could all be courteous as possible and try not to talk over each other, that would be great and we'll try to go one question at a time. Thanks a lot. I appreciate it.

Okay. Now, I'd like to welcome our presenters today. I'll begin by telling you a little about each one. Now, I have to say that I only have information on Dr. Gray and Dr. Dashner. So those are the two that I will tell you about right now and then maybe our third person -- who was that? That was Lisa Garrett may be able to say a little bit about herself.

David Gray is a community based rehabilitation scientist. He teaches in the Occupational Therapy program at Washington University School of Medicine in St. Louis, Missouri. He was active in developing the Participation and Environment components of the International Classification of Functioning, Disability and Health (ICF). He was the Deputy Director of the National Center for Medical Rehabilitation Research (NCMRR) at the National Institutes of Health (NIH) from 1990 through 1995. From 1986 to 1987, he was the Director of the National Institute on Disability and Rehabilitation Research (NIDRR) at the U.S. Department of Education in Washington, DC. He has a cervical spinal cord injury.

Jessica Dashner received a Clinical Doctorate in Occupational Therapy from Washington University in 2002 and a Bachelors of Science from McKendree College in 1999. She is currently working as a research associate in the Disability and Community Participation Research Laboratory for Dr. David Gray. She is the project manager on two research projects through the Rehabilitation Research and Training Center on Measurement and Interdependence and Community Living (MICL) at the University of Kansas. Her job responsibilities include performing interviews, participant recruitment, survey development for various projects, implementing training programs for individuals receiving and providing personal assistance services, mentoring graduate students, and working as a Lab Instructor for the Assistive Technology class at Washington University's Program in Occupational Therapy.

So again, they are here today to talk about improving community access through advocacy. Their program is called "CHEC It Out" and we are hoping to use it to change the environment. Now I would like to turn it over to David Gray. David?

>> DAVID GRAY: Thank you very much.

>> KATHY HATCH: You're very welcome.

>> DAVID GRAY: Greetings, everyone. Feel free to interrupt at any time. We'll do our best to respond appropriately. I broke my neck July 14th, 1976. I was at the mayo Clinic St. Mary's hospital for a year and when I got out, I didn't know where I could go. And that's always bothered me. I thought, how great would it be if I could go on the Internet and bring up Rochester, Minnesota, and look for all the accessible places I could go to because it wasn't very fun to go to a restaurant with my family and find out, ah, just two steps. Or go to a sporting event and find out you had to go up a couple steps to get in. I'm sure you all have had similar experiences or have friends who have similar experiences.

So over the years, I tried to figure out how we could do this. I thought -- I was in D.C. when they passed the ADA. Frieden (Lex) is a good friend of mine and several of the other people who -- Justin Dart got it going and I -- I had urged two things, one to have a health component and the second one to have a research component to track changes. Of course, neither of them made it into the bill, but the -- the idea was that we could track the number of buildings and curb cuts and so forth from 1990 forward, but there weren't any real tools to do that. And the ADAAG did not come out until later, and it's a very good tool, standards based put together by engineers, builders, architects and people with disabilities, but for those of us who have tried to use it or have used it, it can get quite lengthy and a lot of the boxes and things you are told to do are pretty much irrelevant to just getting into a place and getting out.

So we've spent the last eight years or so developing a set of ways to measure the accessibilities of buildings and we named it the CHEC, which basically means how -- how accessible is the building, you want to get into? How can you look it up, look to see if you can get in and out and do your thing there.

So I'm going on to slide two. As we all know, a lot of environments were not designed to meet the needs of the diverse population, especially those with disabilities. And as I told you, if you can't get into a restaurant, you don't eat out. So participation is affected by the barriers. So we wanted to look at the barriers, for folks with low vision or who are hard of hearing or who have mobility issues, to getting out.

So this next slide is about the number of people that have different types of disabling conditions. I took this off the American Survey 2011 and I limited to people between 16 and 64. 5.2% of the population has mobility difficulties, .7% with visual and .6 with hearing difficulties. And what I learned from a guy named Harlon Hahn, I don't know how many of you knew him, he came up with a sociopolitical model. He was at USC or UCLA, I forget which, and he had written a lot about discrimination and people with disabilities.

When I became the director of NIDRR, he came to visit me, and he heard that I might

be director and he wanted to set me straight on what I should do. And if any of you knew Harlon, was about 300 pounds and had a voice that could carry from Northern California to Southern California. I came from a medical background, both because of my father being a doctor and being trained in the sciences of medicine. And so my concept of disability was that it was all in the person and he took me outside one of those buildings in D.C. and said, okay, Dave, you're disabled because you can't get from this block to the other block, right?

And I said, no. Because of curb cuts, I'm okay. He says, see, you healed your own disability right there. Now you are able to do that. That was my first encounter with Harlon Hahn's logic. You have to go to the places where they are receptive and if there aren't such places then make them that way.

So the fundamental lesson there was about physical accessibility. Then as we looked at -- Harlon used to always harp on, the real problem is societal attitudes but we didn't have a good way of looking at attitudes, not that you want to stay up nights reading attitude research, but it's -- it's a complex field. A guy named John Bricout and I looked through the literature and came up with the idea, how do people perceive us and how do they receive us when we go into stores and go out into society. We call that community receptivity and we have developed a measure for that. It's not what we are going to talk about today, but if you are interested, let me know.

Okay. So I talked about the ADA and ADAAG, and that it's really a document for bringing legal action. First suggesting changes and then if you have to, using it to look at the legal aspects of what they are doing and whether is prohibited or allowed.

So we decided that we were more interested in people getting in and out, and we developed this survey called the Community Health Environment Checklist. It's simple to use and it's targeted on barriers for three different impairment limitation groups, mobility, vision and hearing.

So the idea was that if we can identify the barriers and supports in the community for each of these types of disabling conditions, we could come up with a relatively quick way of looking at buildings. So the bottom line purpose of the CHEC is to provide an objective measure of the physical and social environment with the features that are most important to the group of mobility, low vision or hard of hearing. It's objective. We got validity and reliability on it and it can be done with a paper and pencil check list or you can do it online.

What is it designed to collect? We looked at ADA Titles 2 and 3. We looked at a generic tool for mobility limited people, and our goal was to get in and out and not have to worry about the problems of getting access. So the basic format of the CHEC is you have what is called a feature like accessible parking. And then what we had were some items to say whether accessible parking requirements are met -- the question is: Are there accessible parking spaces with adequate widths and aisles?

Then we have a scoring rule which says score **yes** if there are accessible spaces and at least one space is the total width of 8 feet and score **no** if there's no accessible spaces or if they don't have adequate space and score **NA** if there's no parking available. Then on the far right side of this page, is a photo of an accessible parking place with a person measuring it. And below that are the standards for the route from the parking space to the destination and the required spaces per lot.

So that's basically the framework we are going to talk a little bit more about, but to make it more alive in terms of a person, we have these two scenarios that we'll talk about now and we'll get to them again later.

So, we have Jane, a fictitious person. She recently moved to a new town and would like to find a local doctor. Jane uses a wheelchair. She wants to know which doctor's offices in her area are accessible and receptive to individuals with disabilities.

I don't know about you guys but it doesn't have to be just moving into a town. It can be searching for a doctor's office anytime.

Then, this Thomas guy, another fictitious person, is concerned that his grocery store may not be as accessible to people with disabilities as other stores in town. How can he compare his grocery store to other grocery stores?

Okay. So the next bit of this is sort of how we went about developing this and I think it's important that you understand it wasn't just Dave Gray's idea and his ranking of features. So we started by looking at the literature to try to find something to model this on and we couldn't find anything that out there that could be done easily and answered the specific questions of the groups. We held key informant interviews and focus groups. The focus groups drew cognitive maps, drawings of where they thought accessible buildings were within their own environments and where the ones were that weren’t accessible.

Then we drafted a survey based on these interviews and focus groups. Then we asked the people in the focus group to rank the features that are most important. Then we developed a scoring algorithm so we could score each of the features, and then we looked at the reliability of the interclass correlations. So it requires a brief training for raters to make sure that they rate them all the same. So persons one and two rate it with a 92 and three and four rate it a 95, that's pretty good.

So I told you we did this cognitive mapping and there's a slide with a map that was drawn by a person about where they lived and where the accessible buildings were and the ones in green are accessible and the ones in red are inaccessible. So, for example, the YMCA and the church were accessible, but a community college, believe it or not, was not accessible or a funeral home. Hmm. That's pretty bad, right?

So then we came up with the problem of now we have all of these buildings. How do

we categorize them? So we came up with a list of key destinations based on what builders and community leaders say are types of buildings. So we have government buildings, performance venues, large stores, small stores, dining establishments, schools and libraries, religious facilities, transportation providers, healthcare providers, health vendors, professional service providers, indoor leisure, outdoor leisure and major tourist attractions.

So most buildings fit into those categories. Now, what kind of instruments did we develop? We have a general building CHEC for mobility, low vision and hard of hearing. So this one you can use. It takes anywhere from 10 to 30 minutes and it gives you a score for the general building. But then we found out that, okay, it's one thing to be able to park, get into the building, go down the hall, use the bathroom, but if it's a destination that has specific requirements like a restaurant, a doctor's office, exercise facility, house of worship or park, you probably need to have an additional survey to look at what the accessibility is in each of those specific areas.

We did that for mobility and we have restaurants and doctor's offices for low vision and restaurants and restaurants and doctors' offices for hard of hearing.

So today we are going to talk about what we found in these -- using these measures. So now that we get into the nitty-gritty, I will have to have Jessica take over.

>> JESSICA DASHNER: All right. So I will give you a little bit more detail on the general building CHECs and on the site specific CHECs. In particular, I'm going to go through the CHEC mobility, the CHEC low vision and the CHEC hard of hearing for a general building. So as Dr. Gray mentioned, we had the focus groups and key interviews that came up with features that would be included in the measure. We had the CHEC mobility group rank in how much it affects their participation at sites in the community.

For the mobility, the top -- I will give you the top five and the bottom five features. The top five include the entrance, curb cuts, automatic doors, accessible bathrooms and having an elevator or the building on the single level. The bottom features were accessible phones, accessible drinking fountains, area of rescue assistance, loaner scooter and wheelchairs and drive thru windows. Those important features carry more weight, if you will, towards the total building score of 100.

We have a sample of the CHEC and as Dr. Gray mentioned accessible parking is the feature. So included in that feature are items to assess the width of the parking spot. Are the accessible spaces located closest or most central to the accessible restaurant and the route with minimal traffic to get into the building and does it have an enforcement procedure to ensure the accessible parking is used by those who need it. So they rate those features of accessible parking.

The CHEC low vision, we came up with 18 features. The top five being glare reducing

features, materials in alternative formats, adequate exterior lighting, adequate task lighting and clearly marked interior stairs and ramps with handrails for support.

The bottom features included employee assistance, accessible elevators, accessible entrance, painted curbs and special seating.

A sample item from the CHEC low vision, is for glare reducing features. The item would be are there features to reduce glare? And the rule for that would be score **yes** if the floors are covered in a matte style finish or carpet, and the windows are tinted and have window coverings such as blinds.

Another item for glare reducing features is the high level of contrast between the floor and the walls, and we would score yes if it's white and dark or dark on white, and **no** if not.

The hard of hearing CHEC also had 20 features. The top one being low background noise, followed by captioning and seating arrangements. So having options like near walls or near speakers, having assistive devices and having employees who speak slowly and clearly.

The bottom features include access to alternative rooms, having alternative communication like pen and paper available, self-checkout, suggestion boxes and a facility having an interpreter on site.

We have an example from the CHEC hard of hearing. Are acoustics good, are there sound absorbing materials on the walls such as drapes tapestries, or papered walls – **yes,** and **no** if they do not. Same type of question about sound absorbing materials present as flooring and so we score **yes** if there are sound absorbing materials such as carpeting or rugs.

Now I will talk about the CHEC doctor's office. It's one of the site specific CHECs. We mentioned the site specific has additional features unique to different destination categories. So we are finding that the general building CHECs didn't get at quite all the areas of a doctor's office. We weren't really with that measure. Let’s look at the exam room and find out if the site had accessible scales and other features.

The doctor's office CHEC combined the mobility, hearing and vision in one form and it includes specific measurements, where we take measurements such as counter heights and we have a sound meter to get the decibel reading and a light meter to measure the light and we can document that within the CHEC so when we want to make recommendations to a site, we can give them a little bit more background information on how to make an improvement.

So the CHEC-DO measures the general public space, in addition to the features inside the office, and gives us that information, like I said for recommendations and

suggestions for change.

So an example item from the CHEC-DO, the doctor's office, is arriving at the office or the clinic. One of the features includes a covered pickup or drop-off area.

That was important to all three groups, the mobility, hearing and visual group. So we give a CHEC for that, and it's located near the accessible entrance and then score a **no** if that's not available.

Another sample from that section is about the directories -- finding out where the directories are located in the building. Are they located as close to the accessible entrance as possible and if not, we answered **no** for that one. If it's a large facility, is there a greeter available? It measures things like that when arriving at an office or clinic.

The second section includes the waiting area and check-in. So, once you get into the office itself.

Now I will talk about the utility of the CHEC. We have given you a lot of information and background on the tools but we want to talk to you more about the how we can use the measures. So we can get the accessibility and the receptivity score. It's on a 0 to 100 scale where a higher score indicates higher level of accessibility and receptivity. We can get a total building score and then we have an option of doing section scores. The CHEC hard of hearing has five sections, including building sound, communication, employee assistance, room arrangement and amenities. So on that same 0 to 100 scale, we can get a score for each of those sections. So if one area is particularly important to folks, we can give them that information and decide whether or not that's a place they want to visit.

Other things we can do is to use the CHECs to compare accessibility and receptivity at more of a community level. We will get to that in a second. We had a sample of communities in the state of Missouri that we have assessed and we can compare the mean scores or the average scores of the buildings in each of those communities and compare them to each other.

So as we get into some of the results, remember that, again, we are not -- this is not designed to be similar to the ADA or the DAAG assessments. We are trying to assess whether a person with a disability can get into a site, do what they need to do and get out without too much difficulty.

We do a brief training for the CHEC. It would mainly involve some instruction, some background information on the instruments and then take folks out and do more of a hands-on trial out in the community. We tell people to make sure that they are familiar with the CHEC list. That makes it easier to administer. To look around the site before they begin. We tell folks to assess what we would consider the most accessible

entrance. So obviously for the CHEC mobility, if one of the entrances has a ramp, that would be the entrance that you would assess, rather than the one with the stairs. We try to give the sites the benefit of the doubt and find out the most accessible features to assess.

We say complete the CHEC first and then speak to personnel. A few of them, they pick up those attitudes and the receptivity includes speaking to an employee at the site to find out if someone is available for assistance and those sorts of things.

We'll take the measurement because we want folks to practice with the equipment. It's all very easy to use and we give some helpful hints like knowing the different measurements on yourself, what your own body measurements are (using yourself as a yardstick), to sort of eliminate the need for a tape measure at the site.

So one example is maybe the counter heights. If the counter height should be 42 inches tall, and you know where that measurement is on yourself, you can walk up to the counter and have a general idea of how high that is.

The next slide has a photo and it's taking you through an example of how you would score the CHEC mobility, so how you would rate a site. Also, there's a picture of a sidewalk and a facility and sort of on that path to the entrance, where the van is backed in and so the back of the van and the bumper and the trailer hitch kind of protrude out to the width of the sidewalk there on the accessible path. So the feature here we were measuring is level surfaces and we wanted to know in the routes to the accessible entrance has a smooth, flat surface and it's wide enough. In order to get a question on that item, the surface needs to be free of loose gravel, large cracks and debris and uneven pavement. Pavement, which appears to be in the picture and it has to have a slope less than 20 and then the width has to be about 3 feet wide. In the picture, it might be hard to tell, but we can indicate that it's not 3 feet wide on that. So we would score that item with a **no**.

Then this allows us to come up with possible solutions for that facility. Perhaps if they install a pole at the end of parking spot so folks vehicles can't protrude onto the sidewalk, that would remove that barrier.

The next example is a picture of a front of a building with all -- big glass front, and I'm not sure if you can tell from the picture, but there's a little yellow sticker that indicates that there's an automatic door. So for the CHEC low vision, the accessible entrance in this case, is the entrance to the facility accessible for people with low vision? Score **yes** if there's an automatic door and score **yes** if there's contrast between the wall and the door or the door frame. So the front is accessible and that would be scored a yes.

The next item is does the entrance use features to ease transition between exterior and interior lighting. By the front of that building being glass and allowing natural light in, it eases the transition. It's not that you come from a bright sunny day and then walk

into a really dark building. That would also be scored a **yes**.

Now I will turn it over to Lisa Garrett who will talk about the project where we checked the sites in Missouri.

>> LISA: Hi, I'm currently a student here in occupational therapy program and I worked as a research assistant in Dr. Gray's lab for the past two years. So I did a lot of work on the CHEC and we picked six communities throughout Missouri. There's a map of the United States with some parks on there. That's where the communities were. We wanted to start with smaller communities so that we could cover a larger percent of the buildings in the community. We also wanted them to be served by an Independent Living Center because we wanted to be able to possibly coordinate with them and help to get the word out about what we were doing.

And we also wanted to stay close to St. Louis so that, you know, it was feasible to drive there. So the communities that we picked were Cape Girardeau, Warrensburg, Hannibal, Popular Bluff, Rolla and Farmington. And there's a diagram that shows the population of those towns, the largest was 35,000, and the smallest was 14,000 people.

So then we picked seven categories of those 15 that they originally set up. We decided to focus on large stores, small stores, self-care, service providers, dining establishments, healthcare providers, health vendors and professional service providers. So we made a list of some of the buildings that fell into those categories and we had the list ready before we went to the towns so we could plan out our trip.

Now, I will talk about our results. There's a table that shows how many total buildings we assessed. We had 254 throughout the six communities. And we did the CHEC mobility, low vision and hard of hearing for the general building and doctor's offices. We did 65 doctor’s offices. Then there's a graph that shows the importance of having separate measures for mobility, low vision and hard of hearing. The results we got were all significantly different from each other. So that just kind of shows that it's important not to group them all together, because they have different needs. Then there's a graph that compares the general building score by community. So if you look, it looks like Hannibal is the most accessible as far as mobility for the buildings. Unfortunately, it's not very accessible if you have a hearing impairment.

Then the next graph is comparing the general building score by building category. So it just kind of gives you an idea of small stores versus large stores versus self-care providers which are like grocery stores. And it's broken out into mobility, vision and hearing.

Then there's a graph showing the importance of having a separate measure for doctor's offices because there's a lot of extra features that are covered in the CHEC doctor's office that're not covered in the CHEC general building. Such as, can a

person in a wheelchair get up on to the exam table without much trouble? This shows that there's an importance to putting those out and doing both of the measures and not just one.

The next graph is showing the results we got from the CHEC doctor's office by community. You can see that all communities scored around an 80% for low vision, and it looks like hearing had the lowest scores.

So the next slide shows Google maps. All of you are probably pretty familiar with Google maps, but what we did was plugged in the results that we got from the CHEC measures and if you click on the icon of the store or building that you want to go to, it pulls up the results from the CHEC.

Okay. So now I will go back to the scenarios that we talked about earlier. Jane was the woman who wanted to find an accessible doctor's office and Thomas wanted to know how his grocery store compared to others in his community. So the solution for both of them could be to log online and look at the community accessibility map for their communities.

So Jane could look at the map and see which doctor's office scored the highest for mobility, because that's what she mostly cares about. And then Tom could go on and compare his grocery store to the other grocery stores in his town and see what he needs to maybe improve on and what his building scores well on.

So the graph shows that his store -- the Save A Lot -- had a score of 99 in mobility, which is very good but maybe the CHEC hard of hearing was only 72. So maybe there's some things he would want to change, to make that more accessible.

So just some future directions, the next steps in this would be to inform the community members and business owners about the maps because right now if you try and search for it on Google maps, you will get a whole lot of results and it's hard to find the map. So if we provided them with a link to the maps, they would be more likely to visit.

We could also form community partnerships and suggest simple improvements that can be made, such as the example we saw with the van pulled too far up on the sidewalk and they could very easily install a pole to eliminate that problem.

And then another step we could take is we could visit these communities again in one to two years to see if any improvements have been made, and most importantly, we want to continue to map the communities because the more buildings that we have mapped, the more useful this process will be to people.

So I guess now I will open it up to questions, if anyone --

>> KATHY HATCH: This is Kathy. I just wanted to say, it sounds like this would be

useful to both consumers and to business owners. That's a really nice -- that's a really nice thing.

>> LISA: Yes.

>> KATHY HATCH: Have you had many business owners actually look at it?

>> LISA: Not yet. We are working on getting together some packets so we can go back to the business owners and have detailed information for them. Like if they scored low in a certain area, we can tell them exactly why and what they can do -- give them some simple solutions to fix those problems.

>> KATHY HATCH: Mm-hmm. Have consumers begun to use it yet, do you know?

>> LISA: Mainly just on the local level. We are trying to get those results put together and then we'll attempt to revisit those independent living centers in the communities that we described earlier and be able to share with them the maps from their communities and hopefully be able to get the word out that way. (Overlapping speakers).

>> LISA: We are going to take large posters with the maps so that they can have it at their center so people come in and are looking for a place to visit in the community, they can see the scores.

>> KATHY HATCH: Is this something that centers will be able to use at some point themselves? I mean, not just to go and look at it, but will they be able to work with you to help map their own communities?

>> LISA: Absolutely. We would just need to coordinate a brief training with them and then we could have staff members even at different centers could be trained to go out and conduct the assessments and we could help with the scoring of them and then provide the links to the -- to the Google maps for them to be able to then share their results.

>> JESSICA DASHNER: And that was one of our main goals, was to really get the community involved and have them take the initiative to do this. They know their community the best and they know which buildings are important to them. So we're really trying to, you know, share this project.

>> KATHY HATCH: Mm-hmm. Okay. But they need to be in -- in communication with you to learn how to do it and then they can actually assess the buildings themselves and work with the program; is that right?

>> JESSICA DASHNER: Exactly, yep.

>> JESSICA DASHNER: And the last slide has our contact information and our westbound site, which is www.communityparticipation.wustl.edu and there's a link to our email addresses on there as well.

>> DAVID GRAY: Anybody that wants to come to St. Louis and get an in-person tutorial, we would be more than happy to make arrangements. It's probably best if you have somebody who knows how to do it so you can see that you are both getting the same scores.

>> DAVID GRAY: We are trying to develop a training tool that you can just do online, and if anybody is interested in that, we could work with you on that.

>> KATHY HATCH: I would think that scoring consistency is real important. I had a question from somebody out in the public asking –

Participant question: Have you considered social media as an outreach to inform the public?

>> DAVID GRAY: Yeah. We have thought about it. The problem is it's not quite there for putting on face page or something to say -- that would be a cool thing to do. In fact, we applied for a grant to do that.

>> DAVID GRAY: So anybody who wants to support our efforts, we would be glad to take your money. Or if you want to do it, we would support them.

>> JESSICA DASHNER: We thought about that, creating a blog piece, and people who visited the sites could post about their experience, and whether it was better or worse and also be able to add that piece.

>> DAVID GRAY: We have developed a survey of how people are treated at different stores and how important I might think it is and so forth. And it's -- and that survey is available too, and that's something that Independent Living Centers could give to their consumers and that would be a good way to find out where they go, what stores they go to in the community and what they think of them and then they could get Independent Living Center staff to go out and do this objective thing and see if the objective scores that are high are also the ones that the people think are good stores to go to or good doctors' offices.

One of my hopes would be that if we can do enough of the doctor's office, to find out where the accessible scales are and the exam tables and so forth, in a city then people with disabilities who need to have those can find that doctor and go there, instead of somebody that's not going to wait for 20 years.

>> KATHY HATCH: Well, it sounds like you are getting at that attitudinal thing that you were talking about before.

>> DAVID GRAY: That's right.

>> KATHY HATCH: To see in the attitude matches the accessibility.

>> DAVID GRAY: Yeah, and that’s the way to get at the attitudes that we as people with disabilities pick up on when we go to a place, because if you ask people at the place what their attitude is, there's this thing called “social desirability” and they are just going to give you, “oh, we just love having disabled people come here,” you know but it's a whole different thing when you with a disability roll up to a restaurant and you can generally tell how you are going to be treated and how you are treated after about a half hour, you are pretty convinced that either you don't ever want to go back there again or that it's a good place to go.

I had this example of a -- we used to have a butcher in our neighborhood, Stan the Meat Man, his store wasn’t accessible, but he would meet me at the door, help me out, and get me the best cut of meat. He was receptive dude, even though his CHEC score would be low. It's good to know the differences. If you have someone who is willing to help you, then just because they get a 57 on a CHEC doesn't mean you don't want to or you shouldn't go there.

>> KATHY HATCH: Right.

I have another question from the audience, about funding.

Audience participant -- You are trying to drive customers to business locations, would business owners be able to purchase advertising?

>> DAVID GRAY: That's the way we could drive the web site, you know?

>> DAVID GRAY: Actually, I have been talking to some people about that, but, you know, I'm a confirmed academic, which means I don't know much about business. And the one business I tried lost money. It would take somebody who has a business plan together and has those skills. I would be glad to consult with them and all of us would be glad to help, right?

>> Yep.

>> KATHY HATCH: I can probably hook you up with the person who asked this question.

>> DAVID GRAY: That would be good.

>> Kathy, this is Val Reno, I work with Dave and Jessica on these projects and I just wanted to -- I think it's been said but sort of reiterate that this is more the carrot approach than the stick approach to, you know, getting businesses and physicians to work with people with disabilities so that you can get that famous win/win.

And the Google maps, I think, are -- when people see those, they are really exciting. So I think, when that comes into being. Kathy, you compared it to like an Angie's List sort of function, where people can really go to the web or call their center for independent living and find out how these different businesses compare to each other. It's a really exciting project and I think it is going to be really useful for a lot of people.

>> DAVID GRAY: I helped to start the Independent Living Center in Rochester, Minnesota, and if you get a call from somebody who wants to know, you know, accessible doctor's office or somebody who has got a good restaurant or something, we just had to go by word of mouth, but think if you had this Google maps of Rochester, you could pull it up and you could give them a lot more information than we ever could have.

>> KATHY HATCH: And it seems like it could be a -- it's almost a good competition kind of thing, you know. If businesses get into it and start to see that other businesses are accessible and people are going to go there, they may start seeing that it would behoove them to make sure that they are in good shape as well.

>> DAVID GRAY: Yep. There's a group in the Seattle/Portland area that have come up with a concept of giving businesses a blue star or they call it the blue path and the business has to pay for them to do it. Anyway, it's an interesting concept. So it's sort of a -- it would be nice if we could wed our two ideas.

>> KATHY HATCH: Did you say it was called the blue way?

>> DAVID GRAY: Blue path, I think it is. Look up the DBTAC center for that region.

>> KATHY HATCH: Are there other questions? Someone just came off mute.

>> KATHY HATCH: Oh, okay. Are there other questions? Anybody want to ask any questions?

>> DAVID GRAY: How about if we ask them a question. Is anybody interested in doing this?

>> Hello. My name is Lester Bennett, I'm in Pittsburgh, Pennsylvania, and I'm an advocate here at the Three Rivers Center for independent living in Pittsburgh, and I think this is a great idea and as a matter of fact, as we're speaking, I'm looking on the Google maps right now, and I'm checking for the scores for the mobility, the vision, and the hard of hearing. I think this could be a great thing, it's just that it seems like

we are going to have to -- you said there's going to have to be training. Are we supposed to get training from you guys or how do we get the training to teach our consumers?

>> JESSICA DASHNER: Yeah, to be able to administer the assessment, you would need to receive a brief training from us, and we can talk more offline, and try to figure out how to coordinate those kinds of efforts and then the Google maps will have a little bit of an explanation so the folks know what the rating is, what does the 87 mean and it's on a scale of 0 to 100. In order to be able to use the check list, as far as collecting data in your community, we would need to give you some training first.

>> LESTER: I think that's probably our best bet. I have driven through the Midwest and that's a pretty flat area and Pittsburgh, we are in valleys and hills and this would be a great resource for us here. I think it would be something that our department -- our center for independent living would be interested in, but I don't want to go ahead and speak for our entire center for independent living right now.

>> DAVID GRAY: Well, I used to live in Pittsburgh. So I know it's hilly. And Rory Cooper and that group at Pittsburgh are -- were connected, but we have some connections there. We should talk. Maybe we can work something out.

>> LESTER: Yeah, Dr. Cooper. He was a professor of mine.

>> DAVID GRAY: You are a poor guy. No, no, you made it through!

>> LESTER: Yes, sir!

So how -- so what's my next step? Give me -- what do you suggest I do next?

>> DAVID GRAY: Email us.

>> LESTER: Okay. I will email. I have the --

>> KATHY HATCH: Could I go ahead and put David and Jessica's email on the web site, our web site? Is that all right, Dave?

>> DAVID GRAY: Sure.

>> KATHY HATCH: All right, everybody, Lester and anybody else that's interested, I will put their email addresses on the web site with this IL Conversation so you can get in touch with them, okay?

>> LESTER: Okay. Sounds good from me.

>> I would add to that, from the other side of Pennsylvania, the Harrisburg area, you

can keep coming west and meet in Three Rivers. I already wrote David an email, following the community receptivity CHEC list and I said they work pretty well together and I hopefully will be doing a study next year and we'll see if a grant comes in for some of the rural areas to identify a carrot approach. How do we identify who is interested? How do we identify where the barriers are that are easily overcomable, and that kind of thing. I think both of these tools could be very helpful for us.

>> DAVID GRAY: Yes, that's great. Between Pittsburgh and Harrisburg, we can take over the northeast.

(Laughter).

>> DAVID GRAY: No, that's exactly the big dream, to do a survey of the objectives and the subjective, and if they are a total match, do one or the other. (Overlapping speakers).

>> I enjoyed the webinar very much.

>> DAVID GRAY: Thank you.

>> Hello?

>> KATHY HATCH: Yep. We are still here.

>> Yeah, hi, this is Dennis. This is Dennis Fitzgibbons coming from Alpha One in Maine. And before we take over the northeast in Pennsylvania --

(Laughter)

>> We'd certainly be interested in this. It sounds terrific. I do have a question, though. In interacting with businesses, you know, it seems like a good thing for business, but businesses often don't see it as a good thing. I'm wondering how it is that you approach businesses, what kind of feedback you have been receiving, how well it is received, and how you deal with those who balk at the information.

>> DAVID GRAY: Lisa will answer.

>> LISA: We found that we go in there and use the building like any customer would. Sometimes they will ask us what we are doing and they see the light meters and the sound meters. We tell them, it's a positive thing, that we are looking for the accessible features and, you know, some people get scared because they think we are there to, you know -- to launch litigation and find all of the problems.

>> KATHY HATCH: You are the accessibility cops, right?

>> DAVID GRAY: Yeah.

>> LISA: And that's really not what we are trying to do we are trying to identify what buildings are accessible and let people know about those.

>> JESSICA DASHNER: We have had a select group of sites. Now it's not exactly a business, but we were contacted through the Independent Living Center here in St. Louis, were contacted to check the homeless centers in the area. They wanted to make sure that someone who had a disability needed to use their services, they would be able to get in. That was a great experience for us. We would go out and do the assessment and generate a letter about what things were great at their facilities and what areas they could improve on to improve their accessibility. It's kind of nice to get our feet wet with that communication and a little bit less threatening environment. That sort of helped us get the right wording to use and so forth to get the sites on board with wanting to make these changes not necessarily thinking that they have to make these changes.

>> DAVID GRAY: Here's a couple of other ideas. The city of St. Louis has a disability guru commissioner, and his name is David Neuberger, he's a polio survivor and rides around on a power system. He's trying to get the hotels assessed for the tourist industry and we have a class of 80 or 90 occupational therapists and we think we will make this an exercise so they can graduate and they can learn how to score these and go to the hotels and use them and then get a map of the most successful or least accessible hotels in the St. Louis area. That might be an idea for community action research.

We had a community take this and modified it for the MS Society, because the MS Society wanted to make sure that where they hold events are accessible. Now all MS events in the country are supposed to use this so there's adequate parking and that kind of stuff. It can be used with a minimal amount of training and two to four hours and I think it would be worth the effort for anybody who wants to learn how to use it.

>> Yes, hello.

>> DAVID GRAY: Hi.

>> This is Cynthia. I am at an Independent Living Center. This sounds awesome to me. How do you choose the places that you did your study in?

>> DAVID GRAY: Okay. That as a great question. We would like to have had the Independent Living Centers give us a list of all the sites that they go to but we were unable to do that. So what we did was we went and looked at those categories and then looked online and came up with the different businesses.

I think that's a bad approach to doing it, but in terms of developing it and seeing if it

worked, it served its purpose. If I were an Independent Living Center in Illinois or any other place, I would try to get the people who use Independent Living Centers or any of the other advocacy groups or self-help groups to make a list of buildings to have checked because they go there a lot or they would like to go there. That would be the basis of putting together your own Google map for your region.

>> Yes, because it seems like we go in spurts. Once in a while, we have a lot of people call us to complain about buildings that aren't accessible and there are other times when we can go for a period of time where we don't have anybody to complain, and we had to go out ourselves and look for places that are not accessible to meet our goals.

>> DAVID GRAY: Yes, that points out sort of a different approach than what we have been trying to do. We are looking for buildings that people can go to and do their thing and then get out. We are not looking to pick a fight with the business people.

>> No.

>> DAVID GRAY: Although if that happened, we wouldn't shy away from it. I think it's important for people with differing disabilities to know where they can go in their community without having a hassle.

>> Well, definitely. It's one thing -- it's one thing making it accessible. It's not just for people with disabilities. It will benefit everybody. If it is accessible then somebody without a disability can use it.

>> DAVID GRAY: Yes, that's right and usually when some person with a disability goes out to dinner or goes some place, they don't go alone. They go along with a bunch of other folks.

>> Exactly. Yes.

>> DAVID GRAY: Multiplier effect, you know. Let me just tell you -- let me tell you a quick story about a friend of mine. I don't know how many of you know Cindy Jones. She was publisher/editor of "Main Stream." I got to be friends with her and she came to Washington, D.C., and she said to my wife, what do you want to do tonight, go out and raise heck or just go to dinner. The idea was we could find a place that was inaccessible and just create havoc or we could go have dinner and have a good time. Those are two different approaches.

>> Yeah. Yeah.

>> KATHY HATCH: We have another question from the audience. Approximately how long does it take to do one of these accessibility surveys?

>> DAVID GRAY: Okay. There's a couple of variables. One is, have you been trained and done a few, right? So the more training you get, the less time it takes. The other one is, if you are doing a ginormous store, or a hospital, it will take you more time. But if it's a doctor's office or a smaller store?

>> JESSICA DASHNER: 10 to 15 minutes. We usually go in pairs one of us of does the mobility, and then the other person does the vision and the hearing. And then we are usually out in 10 to 15 minutes.

>> DAVID GRAY: And for the low vision and the sound, we have a sound meter and a light meter. We have 10 kits that we will put together and send out to people who are interested in using them. The only thing is we want them back eventually. And if it goes over big with your community, it costs less than $200 to put together one of these CHEC kits. And so if you sent the data in to us and wanted us to analyze it and put it on a Google map, we would let you use the CHEC kit for free and as soon as we get the CHEC kit, you would get the Google maps.

>> KATHY HATCH: Mm-hmm. Is that the only cost that's involved?

>> DAVID GRAY: Yeah, and it's free if you do it and send the info to us. You have the training cost if someone would come out here, that would be the best.

>> KATHY HATCH: Right. Okay.

>> DAVID GRAY: But I would like to work with people to see if there's a way to do an online training thing because I don't like flying too much anymore.

>> KATHY HATCH: Someone else had a question.

>> This is Terese from the Long Island Independent Center in New York. I wanted to tell you this is a wonderful tool and I'm hoping, actually, to be able to somehow get the training that you are offering and to use it here in our advocacy efforts.

>> DAVID GRAY: That would be great.

>> Yeah, I actually plan to run it by our executive director and --

>> DAVID GRAY: Terrific.

>> And see what we can do and you will be hearing from us definitely.

>> DAVID GRAY: Fantastic and now get the White Plains crowd to do this as well.

>> There you go.

>> I have a question.

>> KATHY HATCH: Okay. Somebody else said I have a question.

>> This is Kathy Taylor.

>> KATHY HATCH: We can just barely, barely hear you.

>> Is this better?

>> KATHY HATCH: That's much better, thank you.

>> This is Kathy Taylor. I'm calling from Hyannis, Massachusetts. I had to step out of the room and you may have already answered this, but could a place score very high on this list and still not meet up with ADA requirements?

>> DAVID GRAY: Yep.

>> JESSICA DASHNER: Yes.

>> And have you had any backlash from businesses who thought they did well and then someone else came along and filed a complaint?

>> DAVID GRAY: No. Nope. I don't think it's out there -- to be fair, I don't think it's out there enough that the businesses feel it's important enough to react to.

>> Don't expect anything for Christmas, okay?

(Laughter).

>> Okay. Thank you.

>> DAVID GRAY: What about Hanukkah. Can we do that? I don't know.

>> KATHY HATCH: So are there other questions?

>> DAVID GRAY: Yeah, well, one thing, Kathy, that we travel a little bit here. We have a person here who goes to -- what's that island you go to occasionally? Up in Boston and that Boston area? Anyway, we have people would travel around and we'll have -- hopefully we'll have a bunch of these occupational therapists that live all over the place. So maybe they can learn how to do it and take it to their home communities and one of them will hook up with the Independent Living Centers and we'll get this thing on a roll.

I should tell you that some former Microsoft people are looking at this as a possible

thing to do in their extra time.

>> DAVID GRAY: So if that happens, we will be in great shape. Maybe we should get Amazon.com to do this. (Chuckles).

>> KATHY HATCH: There's lots of possibilities.

>> DAVID GRAY: We could call it Accessibility on Fire!

>> KATHY HATCH: There you go. Okay. Any other questions or comments?

>> Um, I have a question. Can you repeat the web site again. I missed the EDU part.

>> KATHY HATCH: The easiest thing is to go to the APRIL web site, which is www.april-rural.org and look at the IL Conversation for this call.

>> KATHY HATCH: Well, any other questions from anyone?

>> No?

>> DAVID GRAY: Well, we would like to thank you for being a responsive audience. It's hard to talk to a screen and not see what response you are getting. So it was wonderful to hear that some people were interested and are attending and want to pursue this. So thank you, Kathy, for the opportunity.

>> KATHY HATCH: You're very, very welcome. We want to thank you all too for being here today. Our presenters have been great and you guys have been very responsive to all the questions too. We really appreciate that.

And, again, I would like to invite you to visit the APRIL web site, where you will find the documents that I discussed today, and as I said, just -- oh, there will also be an archived copy of this -- the call, and a transcript within a couple of days. So if you have any questions or anything about today's discussion, you can reach me at kathatch@charter.net

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So, again, thanks, everybody. Have a great evening and take care.

>> Thank you. Bye-bye everybody. **(End of meeting 4:18 p.m. Eastern Time)**