

Access to Independence

Transportation Services for People with Disabilities in the St. Louis Region



The Starkloff
Disability Institute
redefining independence



A Report to the
East-West Gateway
Council of Governments

January 2005

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The preparation of this document was financed in part by the United States Department of Transportation through the Federal Transit Administration, Federal Highway Administration, the Missouri Department of Transportation, and the Illinois Department of Transportation. The contents of this report reflect the opinions, findings and conclusions of the author. The contents do not necessarily reflect the official views or policies of the funding agencies.

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Executive Summary

The challenges and recommendations that are summarized in the following pages are the combined product of two information collection processes undertaken by The Starkloff Disability Institute. In one approach, SDI conducted eight focus groups of consumers who have disabilities or organizations that serve people with disabilities. The other approach constituted a written survey sent to people with expertise in disabilities, transportation, and planning public policy issues.

The vast majority of the respondents share a core goal –

Individuals with disabilities have the right to equality, independence, and full participation in society.

1. The Challenge:

People without disabilities have difficulty comprehending the problems that people with disabilities have regarding transportation.

Examples:

- √ Transportation planners, funders, and managers often ignore or do not recognize the barriers within their systems for people with disabilities.
- √ People who are blind are at risk when they cross streets at intersections because of the “Right turn on red” allowance. Unaware drivers and quieter cars make it harder for the blind to ascertain when it is safe to cross.
- √ Sidewalks, where they exist, are uneven and poorly maintained. Many times there are no curb cuts at intersections. Wheelchair users are often forced to drive down streets in the flow of traffic.
- √ Bus, train, and paratransit drivers and call center operators are often rude, condescending, self-absorbed, and disregard their position as service personnel.

√ Consumers with developmental disabilities, orthopedic disabilities or visual or hearing disabilities often cannot connect with paratransit drivers or bus drivers at transfer stations. Sometimes people in wheelchairs wait for a bus near an inaccessible bus stop, but drivers then drive by without picking them up.



Recommended solution:

- Staff of the East-West Gateway Council of Governments, in cooperation with the disability community, should develop and present educational programs that explain transportation barriers and offer practical solutions for transportation planners, funders, managers, operators, and consumers.
- The staff should also publish, through newsletter or other formats, a stream of examples of problems and solutions that have been attempted.

2. The Challenge:

Local governments' compliance with the ADA and related laws is very uneven.

Examples:

√ Local governments see ADA compliance as an “add on” instead of an integral part of the planning process. They look for funds to cover compliance features, and use the lack of funding as a reason not to comply.

√ Enforcement of the ADA is problematic. One jurisdiction recently promulgated curb cut standards that purported to forbid installation of detectable warnings even though the Federal Highway Administration had shortly before published reminders that detectable warnings are required by ADA regulations.

√ The ADA sets maximum slope limits for various purposes. Concrete contractors commonly lay the forms at the maximum slope - meaning standard variations in pouring will cause parts of projects to be steeper than permitted.

√ ADA compliance is not on management checklists alongside such things as structural safety compliance and water run off considerations. Management and senior staff are commonly not conversant in what creates barriers for people with disabilities. Rarely is eliminating such barriers a central priority in construction, maintenance and operational programs. As a result, projects are commonly completed out of compliance, and with minimal money available to retrofit back into compliance when the problems emerge.

√ System operators - taxi, paratransit, or bus drivers, call center operators, or others who deal with the public - commonly have little training or empathy for the subject. Frequently, they view responding to the particular needs of individuals as an interference with getting their jobs done, rather than an essential part of complying with the law.

√ Consumers with disabilities commonly demand or expect service beyond that guaranteed by the ADA.

- Assign East-West Gateway Council of Governments staff and other planning and grantor agency staff to evaluate, catalog and publish descriptions of circumstances that are out of compliance.
- Have the East-West Gateway Council of Governments staff and other appropriate agency staffs, in cooperation with the disability community, secure and implement technical assistance programs that will assist local governments' coming into compliance.

Recommended solution:

- East-West Gateway Council of Governments Board of Directors should adopt a policy that ADA compliance constitutes an integral part of the planning process for all aspects of transportation/systems.
- The various agencies that give grants and contracts should create incentives for local governments to comply, for example, giving additional points for competitive grant applicants who demonstrate they will comply or disqualifying applications that do not demonstrate compliance.
- A public policy should be in place that new communities and commercial establishments get no public subsidy support unless they install sidewalks that connect to bus stops, intersections, and other reasonable pedestrian destinations, and otherwise comply with the ADA.

3. The Challenge:

Jurisdictional and bureaucratic barriers create seemingly unnecessary bottlenecks in the flow of transportation services.

Examples:

√ Transportation agencies serving older adults and people with disabilities, including Call-A-Ride, are required to stop at county lines or other jurisdictional limits even though the most cost efficient and logical flow of trips may cross county lines.



√ Separate funding sources create disparities in service for people in various regions of the Metropolitan Area.

√ Numerous private agencies and businesses have vans and buses that are used for trips for people with disabilities and older adults but the trips are completely uncoordinated, resulting in losses in cost and time of travel.

√ Planning, funding and construction or renovation of streets, sidewalks, bus stops, and consumer facilities such as shopping malls are uncoordinated resulting in cost inefficiencies and the inability for people with disabilities to move seamlessly within the community.

Recommended solution:

- Work out compacts among local governments that will allow service providers to provide service across jurisdictional lines and provide reciprocal funding mechanisms to ensure that all such local governments are properly compensated.
- Develop and present legislation that will permit such inter-jurisdictional arrangements.
- Establish through regulations and legislation means to ensure that streets, sidewalks, space for bus stops, and crosswalks are built and maintained on a coordinated basis to allow seamless, safe movement from one area to the next by people with disabilities.

Findings: Part I, Consumer Responses

The Americans with Disabilities Act (“ADA”) was adopted for the purpose of enabling people with disabilities to be included in all aspects of society. Title II of the ADA directs state and local governments to make all their programs accessible to people with disabilities. While the ADA does not delineate each specific detail of how to comply, it is the intent that the ADA be as specific as a minimum set of government requirements can be, and be used as a guideline. Policy makers, planners, designers, builders, and managers of transportation systems and services should use it as a basis and build on it to provide the type of transportation systems and services actually needed in their communities. In other words, the ADA spells out the minimum of what must be done, but does not limit all that can be done to include people with disabilities.

Transportation systems and services are one part of what local governments are required to make accessible. Thus, while the City and County of St. Louis have greater transportation resources and population density, and it may seem easier to comply with the ADA in such dense areas, rural areas are even more in need of ADA compliance. The solutions will be different since the issues in the city and rural areas are so different, but local governments are required to provide accessible transportation in rural areas that meets the needs of consumers with disabilities living in such areas.

Implementing the ADA means meeting the needs of those with disabilities who live within the community. People with disabilities living in the St. Louis Region served by East-West Gateway Council of Governments have spoken out, through a series of focus groups, on the state of existing services. They request that this Council of Governments accept this report as their plea for critically needed improvements in transportation services in this region.

Equality, independence and full participation are the goals of disabled citizens. In light of that, the following is a summary of key points of consensus among focus group members:

1. Funders should provide incentives for compliance with the ADA as a condition of making transportation grants and contracts.
2. Policy makers should work to coordinate existing forms of service among transportation service providers, especially in rural areas.
3. Hours of availability of service should be consistent throughout the system for both mainline and paratransit service.
4. Accessibility should be a condition in awarding funds for the development of transportation systems, especially where plans indicate the seamless transition of riders from bus to train to paratransit.

5. Bus stops, MetroLink stops, and other transit points must be accessible to riders with disabilities: Braille, large print information should be available on signs and ticket machines; signs should be located within accessible reach ranges; stops should be hard, level surfaces for wheelchairs and scooters (not on grass); transfer stations need truncated domes¹ and contrasting colors along accessible paths to guide blind and low vision persons to connecting bus stops and trains.
6. Accessible shelters should be included at bus and train stops.
7. Visual and audio information, that is easily understood, should be available on buses and trains to notify riders of the next stops and of the route.
8. Subsidies should be available for riders with disabilities.
9. Sensitivity training should be required for all personnel of transportation providers, with consequences for complaints about rude and paternalistic attitudes on the part of personnel toward disabled riders.
10. Municipalities should improve sidewalk maintenance, provide proper curb cuts at every corner at intersections, pay attention to cross slopes in new construction of sidewalks, and provide crosswalks with tactile lines for blind persons.
11. Right turn on red: Audible signals should be included at intersections. Also, public service announcements should be produced to remind drivers to watch for people trying to cross the street.
12. All MetroLink stops should have public restrooms.
13. Policy makers should work out reciprocal agreements that allow transportation providers to cross county lines.
14. The one-week-in-advance requirement to book rides on Call-A-Ride should be eliminated. There should be, at a maximum, a 24-hour advance request to book rides, with the option to request a ride in as little as one hour in advance if equipment is available to service the call.
15. Metro should eliminate the “No Show” policy that it currently uses to punish Call-A-Ride users.

¹ Truncated domes are small, round raised discs on rail platforms and walkways commonly used to warn blind and low vision people to be aware of some change.

16. The harshness of the 3/4-mile rule² for Call-A-Ride service should be softened: Current users should be “grandfathered” and effective orientation and training, by people with disabilities, should be provided for new riders.
17. Metro should reinstate a voucher or pass method of payment for those unable to drop money in a fare box.
18. Organizations and agencies that serve people with disabilities should greatly increase their emphasis on training people with disabilities on travel, using transit and sidewalks. East-West Gateway Council of Governments should use existing funds to support such training programs.
19. Policy makers, planners, designers, builders and managers of transportation systems and services should be required to seek advice from, and collaborate with, the disability community in developing transportation systems and services.

² 3/4 mile rule: ADA allows transit providers to set eligibility criteria for people with disabilities who wish to use a door-to-door service. Those living more than a 3/4 mile radius from a bus stop can be denied eligibility for Call-A-Ride. Thus, current riders living outside the 3/4 mile radius are threatened with ineligibility.

In addition, adoption of policies and practices that reflect these recommendations is all the more timely in light of continuing data advising us of the changing demographics of American society. As the year 2030 approaches, the number of older Americans is projected to increase by nearly 18 percent. It is reasonable to assume that the need for transportation systems and services that are accessible to people with disabilities will also increase.

Disabled and elderly people have some similar needs for transportation, but there are also differences. Younger disabled people may use transportation for getting to work, school, ball games, moving their children about, and shopping while older disabled people may use it more for doctor visits, shopping, taking the grandchildren out and recreation. But they all need safe, accessible, seamless transportation.

Legacy 2030 has the opportunity to provide the leadership needed by policy makers, planners, designers, builders, and managers in the St. Louis Region to deliver a truly exemplary transportation system that meets the needs of the consumers who will use it.



Overview and Introduction to Process

Between September 16, 2004 and November 15, 2004 The Starkloff Disability Institute (SDI) conducted a total of eight consumer focus groups. The majority of these focus groups were comprised of individuals across disability types, gender, race, ethnicity, age, educational background, employment status, and geographical location as well as several family members (specifically parents) whose transportation services affect their family member with a disability. Additionally, a specialized focus group was conducted to obtain responses from service providers and transportation representatives (most of whom did not have a disability). A description of the focus group process and participants is included as an Appendix.

Participant Responses to Focus Group Questions

Participants were more negative than positive toward the current status of transportation in their respective communities. Consumers were angry and frustrated about the state of transportation in their communities. Many individuals did not feel things would ever change with regard to improvement in transportation services and the transit system, while others retained some hope for the future. Contributing to this belief was the fact that consumers have been ignored in the planning process of such services. Consequently, all participants were pleased that East-West Gateway Council of Governments has recognized the need to involve them and to obtain their input. However, many remained skeptical that their comments will be addressed.

Transportation services varied depending on the geographical area of residence with greater services in urban areas and lesser services, if at all, in rural communities. Both private and public services were problematic to most participants. Consumers perceived the lack of transportation and transportation options as contributing to their increased dependence in their community. If they were able to get around and to the places they wished to go, they would be less dependent on others, including family members, staff, and friends. Equality, independence and full participation is what they desire in life.

Question 1: What kind of transportation do you use to get around in your community?

Participants gave a wide variety of responses: cars, walking, wheelchair, scooter, conversion van, MetroLink, Call-a-ride, MetroBus, taxicabs, wheelchair equipped taxis, paratransit, family members, relatives, friends, neighbors, employees, paid drivers, attendants, staff at Life Skills Foundation (and other agencies), personal cars, churches, wheelchair at airport, Tiger Taxi (transportation between cities), OATS, JC Transit, ACT, MCT, ATS, Amtrak, planes and airlines, and Greyhound bus.

Question 2: What are some problems or barriers with the transit system and various transportation services in your community?

There were numerous barriers to accessing and using transportation services. A few may have been resolved. The following are examples of barriers focus group participants believe exist today.

1. Lack of any form of transportation – In certain communities, especially rural areas, there is a significant lack of transportation services for those communities. What does exist is usually available under contract with certain federal or state funds (Medicaid, Older Americans Act, Mental Health services funds, etc.) and is therefore restricted in use. These services take consumers to doctor visits, job training, sheltered workshops, jobs, and a limited opportunity for “essential shopping” (groceries, prescriptions, etc.). Spontaneous travel is strictly limited, too expensive, or non-existent in the public or private system. This is problematic especially for persons with disabilities, of all ages, since they frequently do not own their own vehicles and cannot drive. Without transportation, they are trapped in their homes or in institutions.

2. Inaccessible transportation – There is a significant lack of accessible features on existing transportation vehicles that prevent persons with disabilities from using such services. Wheelchair lifts on Metro buses are frequently out of order. Wheelchair lifts are non-existent in most taxi/cabs. Inoperable elevators at Metro stops are a big issue since passengers in mobility devices rely on elevators to get them to street level and/or the actual Metro-link train.
3. Inaccessible bus and Metro-link stops – There is a significant lack of accessibility with regard to bus and Metro-link stops including the lack of a clear path of travel for those using mobility devices, curb cuts to access stop, and so forth. Several individuals have been forced to wait a distance away from the bus stop (hoping that the driver will see them), which has resulted in the bus leaving them there near the stop.



4. Lack of shelters at stops – The majority of bus and Metro-link stops do not have any type of shelter for passengers. While this is important for all passengers, it is especially needed for those with disabilities who use mobility devices and cannot hold an umbrella in the rain or who are more vulnerable in the snow and cold weather.



5. Inaccessible ticket machines – Ticket machines are generally not accessible for those passengers using mobility devices (difficulty reaching certain areas of the machines), those with manipulation difficulties (difficulty manipulating various buttons or inserting money into the machine), and those who are blind (difficulty using the machines since they cannot see instructions and some machines do not provide Braille).

6. Lack of accessible signage – There is a lack of signage located at proper reach ranges to provide directional information such as identification of Metro trains and buses at particular stops, specific platforms, and so forth in adaptive formats (Braille, raised lettering, large print) for those who need them. This is especially problematic at transfer centers where multiple buses are loading and unloading constantly, and those with vision disabilities have extreme difficulty finding the specific spot for certain buses. Drivers are often not helpful to them in locating buses. Tactile information is not available to guide them.



7. Lack of adaptive formats for transportation information – Critical information such as bus schedules are not provided in alternate formats, either in Braille, raised lettering, or large print, for those who are blind or low vision respectively.
8. Lack of appropriate notification of next Metro or bus stop in alternate formats (vision and audio formats) – For those passengers who are deaf or hard-of-hearing, it is imperative that some visual announcement is used on the bus and Metro train so that they are aware of the next stop or any other announcements. For those passengers who are blind, it is imperative that some audio announcement is used on the bus and Metro train so that they are aware of the next stop or any other announcements. For such services already being provided, it is crucial that the announcements are audible and clear. Many consumers have complained that they cannot understand the driver on board.
9. High costs of private transportation services – In general, consumers complained about the high cost associated with private transportation such as taxis and vans. Many consumers have no choice but to use these services since there are no public services in their communities or they do not qualify for rehabilitation provided services or they cannot use certain transportation services if the purpose is not medically related.

10. Negative attitudes of drivers – The majority of consumers complained that drivers have negative attitudes toward them. They do not come to their door to assist them. They may drive away quickly if the consumer does not come out of their home quickly enough. They do not assist them in entering/exiting the vehicle.



11. Lack of training among drivers and other transportation personnel – In conjunction with the above, many drivers do not know how to properly operate lifts and to strap down a wheelchair safely. One consumer complained that a driver refused to stop smoking in the van despite her sensitivity to smoke due to her disability. Another consumer complained that the driver was on his cell phone the entire time on a personal call, which offended her. And most important, another driver actually drove the van into a ditch while he was on-board the vehicle.

Question 3: What are some problems or barriers with travel on streets, highways, sidewalks, and other pedestrian pathways, curb cuts, crosswalks, bus stops, etc.?

There were numerous barriers to traveling within and around the community including:

1. Lack of sidewalks – There is a significant lack of sidewalks in all communities represented in the focus groups. Consequently, those with mobility disabilities were forced into the streets or highways to access transportation services and to just get around in their communities. Many consumers expressed this concern as a safety issue since traffic does not always see them, especially at night.



2. Poor condition and lack of maintenance of sidewalks – There is a significant lack of maintenance of existing sidewalks in all communities. Large cracks, holes, gaps, uneven surfaces, and so forth impeded the mobility of those with disabilities who use wheelchairs and scooters. They are also problematic for those who are blind or low vision and who use canes or walking devices.



3. Lack of crosswalks – The lack of crosswalks at intersections is problematic since persons with disabilities require additional time to cross streets. If there are no lights, drivers often zoom through the intersection. Even with lights, the timing is too short to allow for many of those using mobility devices to cross safely.

4. Lack of curb cuts – There is a significant lack of curb cuts, or poor construction and maintenance, along existing sidewalks, which creates a barrier to those using a wheelchair or scooter. Frequently, these consumers have reached the end of a sidewalk and realized that there was no curb cut. As a result, they were forced to turn around and go back in the same direction to find a driveway or alley to get off the sidewalk and then enter the street or highway to get to their designation. For those who have vision disabilities, curb cuts serve as an indication that they are at the end of a sidewalk and thus, the lack of curb cuts creates safety issues for them. A related issue is that the placement of curb cuts varies considerably from one corner to another. Consistency is also needed so that persons who are blind or low vision can anticipate them.





5. Right turn on red issue – The ability of drivers to make a right turn on red is a safety issue for many persons with disabilities. Drivers often do not see them crossing if they are using a mobility device or if they are of short stature because drivers are looking higher-up for those in an upright walking position. Newer vehicles pose a problem for those with vision disabilities since they are quieter and these individuals cannot hear the cars as they are making the right turn.

6. Inaccessible signal buttons – Signals at intersections are often too high for those using mobility devices or inaccessible due to the fact that they are encased in a box for those with manipulation difficulties. Another issue regarding signal placement is a slope near the box, which prevents someone in a wheelchair from accessing the signal.



7. Lack of accessible rest stops along highways – For those traveling distances along highways the lack of accessible rest stops is problematic. These individuals are unable to access restrooms frequently, which is an issue that all travelers consider important.

Question 4: What are some of the safety issues, which concern you?

Safety was an important concern to participants especially the lack of curb cuts and cross walks near bus and Metro stops as mentioned above. Frequently, individuals using mobility devices such as wheelchairs and scooters had no choice but to enter the street or highway to get to these transportation stops and services despite ongoing traffic and their safety concerns. Lack of shelters at bus stops and Metro stops causes additional problems, as mentioned already, since individuals using mobility devices are often unable to hold an umbrella in the rain or cover their entire mobility device to protect it from the weather. Some additional comments included:

1. Elevators – Elevators are problematic since they are often isolated and dark. Participants felt unsafe and vulnerable using them by themselves. They often smell since people use them as public restrooms, which lead to the suggestion for public restrooms at all stops.
2. Weather – Weather was another concern since individuals not only have to deal with getting to transportation services in rain and snow and the lack of shelters once at these stops, but they often have to navigate around snow frequently plowed into the curb cuts and crosswalks. These conditions again force them into busy streets and highways to access transportation services despite the lack of safety in ongoing traffic.

3. Lack of audible signals – Many consumers who are blind or low vision raised the safety concern of the lack of audible signals at intersections. An audible signal, such as an audible indicator to signal when it is safe to cross the street, is very important. Consistency of these audible signals throughout the community is important so individuals know what to expect.

Question 5: What are some positive aspects associated with the transit system or transportation services in your community?

Participants did mention several positive elements that have facilitated their use of transportation services including:

1. Availability of accessible Metro and accessible private cabs in certain areas – These accessible transportation services have helped to provide necessary transportation to those with disabilities. Consumers recognize and praise these services in meeting their needs and hope that others will follow their example.
2. Positive experiences with individual drivers – Several consumers noted that they have had drivers who have been helpful and courteous to them when they have used such services. They recommend sensitivity training to all drivers.

3. Certain areas have more curb cuts than others – This has helped individuals with wheelchairs and scooters to transport themselves around and to/from transportation services. Consumers hope that more curb cuts will be implemented at every intersection, to facilitate transportation and mobility. These features also help others in the community such as mothers pushing baby strollers, people on bikes and roller blades, etc.



Question 6: What is needed to improve the current transit system and services in your community or even outside of your community?

Question 7: If you could tell transportation authorities how they could make the transit or transportation system in your community better, what would you say?

These two questions were often combined and/or answered together by participants in the focus groups. Many comments reiterated responses previously mentioned as barriers to transportation and others included the following:

1. Expand overall services – Not only increase the amount of transportation services provided in all communities, but also expand transportation services already existing. Many transportation services provide only limited days and hours of service. For persons with disabilities this is problematic since most rely on such services as the only means or primary means for their transportation. There were specific issues of transportation not being provided on weekends and evenings, which restricts their ability to engage in shopping, recreation, religious, civic, and social activities.
2. Allow transportation services to cross county lines – In many communities that border more than one county where individuals live in one county but work in another, transportation services fail to cross county lines due to funding issues and local government policies. This has resulted in the need for passengers to transfer from one system to another in respective counties. Consumers with disabilities have difficulties in making such transfers due to their lack of mobility, lack of shelter at the transfer points, and so forth. In certain instances, one county has accessible transportation but the other does not, making it impossible for some passengers with disabilities to access the services.

3. Eliminate the “no-show” policy – Most consumers stated that the no-show policy for many of these services was punitive. Frequently, drivers just leave the pick-up designation without giving the riders adequate time, or fail to inform them of the actual pick-up designation spot so passengers are waiting elsewhere. Regardless, riders are given a no-show penalty, which is counted against them. Participants described certain instances, such as when a doctor appointment has been changed beyond their control and they cannot report it in time; but there are no exceptions to the no-show policy. Other times individuals have become ill at the last minute and have not been able to cancel in time (48-hours cancellation policy with certain services) and these instances have been counted against them.
4. Remedy the $\frac{3}{4}$ mile rule – The majority of consumers have expressed the need to address the $\frac{3}{4}$ mile rule which states that they are rendered ineligible for paratransit services if they do not live within a $\frac{3}{4}$ mile radius of an actual stop. Many individuals with disabilities rely on public transportation and cannot necessarily find residential housing that is **accessible** and is **within a $\frac{3}{4}$ mile radius of a bus stop**. Others in rural communities live at a much greater distance than $\frac{3}{4}$ mile by the rural nature of their surroundings. One consumer stated that her driveway itself is longer than $\frac{3}{4}$ mile, which would make her ineligible for paratransit.

Concluding Remarks

Overall, there are more barriers than facilitators experienced by individuals with disabilities in accessing transportation services in all communities represented in these focus groups. Participants collectively believe that an increase in the availability of such accessible transportation services as well as improvements addressing main problem areas and barriers are key to making the transportation system better. Many consumers were willing to assist further in improving the transportation system, and several actually volunteered to participate actively on a transportation board or panel as well as to help provide sensitivity and skills training to drivers and other transportation personnel. Availability of accessible transportation is critical for this population to get out of their homes and to participate actively in their respective communities.



Findings: Part II, Expert Survey

As part of The Starkloff Disability Institute's data collection for its contribution to the Legacy 2030 Report, staff identified more than 90 people in the St. Louis area and around the country who had expertise in one of three areas –

- in the operation of transit systems or street or highway development and construction programs,
- as an advocate for people with disabilities with some familiarity with transportation policy issues, or
- as a part of the planning, design, and regulatory community responsible for transit, street and/or highway development.

The Institute attempted to contact each of these people and asked them to respond to a series of questions. The questions, which were developed in consultation with David B. Gray, Ph.D., Associate Professor of Neurology and Associate Professor of Occupational Therapy, Program in Occupational Therapy, Washington University School of Medicine, were as follows:

1. What solutions do you see for the problems with access to transportation that people with disabilities have now and that you guess they will have over the next 20 years?

2. In what ways has the Americans with Disabilities Act not made transportation systems accessible to all, and what public policies would you recommend adopting to ameliorate those problems?
3. Streets and highways, contiguous sidewalks and other pedestrian pathways, and their interconnections, such as crosswalks and bus stops, raise various issues including safety, access, expense, exposure to the elements, multi-jurisdictional funding and maintenance, etc. What problems exist and solutions should be considered in this area to enhance full access to transportation for individuals with disabilities?
4. Communities have public transit systems, including fixed rail and buses, paratransit service, agency operated accessible transportation services operated for particular clientele, taxis, private lift equipped services dedicated to serving particular consumers or companies (such as churches, hotels, casinos), and other modes of transportation. Not all of those facilities that are accessible are used to their maximum efficiency. What opportunities are there to increase the efficient utilization of those facilities while not interfering with the rights and missions of the various organizations that own those facilities?

5. Interstate highways have long distances between publicly operated rest areas and state highways usually do not have rest areas. Does this pose a problem for access to rest facilities for people with disabilities and, if so, what opportunities are there as part of highway funding to ameliorate that problem?
6. Finally, please provide your correct identifying information and a brief description of your involvement in disability or transportation policy or both. We will use the latter for a general description of those who have participated in the study.

Approximately 10 percent of the people contacted responded. Seven respondents have careers devoted substantially to access for people with disabilities within all aspects of society, but with at least a heavy emphasis on transportation. One respondent was a professional in the transportation field and especially the transit industry. One was a community planner.

An amalgamation of the participants' responses and input from the SDI staff evolved into seven areas of concern:

1. The Nation's citizens with disabilities have an enormous unmet need in the area of transportation.
2. The main reason that need is not met is that planners, policy makers, and managers do not take that need seriously.

3. Planners, policy makers, managers, and operating personnel commonly give little or no priority to complying with the requirements of the Americans with Disabilities Act ("ADA") and related laws with respect to transportation.
4. Jurisdictional barriers, both in the sense of county-to-county or city-to-city and in the sense of agency-to-agency, commonly make accessible transportation for people with disabilities more difficult.
5. Social service agencies do not devote sufficient efforts to help individuals with disabilities learn the means to access those transportation services that are available.
6. Planners, policy makers, and managers commonly do not consider the allocation of resources for transportation for people with disabilities through the range of transportation options from private cars to taxis to paratransit to buses to rail and do not work toward coordinating existing resources to take full advantage of the limited capacity available.
7. Major opportunities exist to design transportation systems to greatly improve their accessibility for people with disabilities, but such opportunities are commonly ignored, often resulting in very expensive retrofitting to make newly constructed systems comply with the ADA.

A summary of selected statements under each point by the participants and the SDI staff follows:

1. People with disabilities have a great unmet need for transportation services.

Transportation is a critical aspect of allowing people with disabilities to fully participate in society. The fact that an office building, movie theater, grocery store is physically accessible is irrelevant to a person with a disability unless he or she has the means of getting to them.

Because many do not have the option of driving, people with disabilities commonly have a greater need than the general population for public transit and various agencies, non-profits, and businesses that provide accessible transportation to and from their services. Where public transit is not available, many people with disabilities forego trips that a non-disabled citizen would consider ordinary and routine.

Many people with disabilities favor expansion of light rail, bus, and paratransit services.

The transportation needs of people with disabilities differ relative to their disabilities. Persons with mobility impairments have different needs from persons with visual, hearing, cognitive, and mental disabilities. The former need features such as slip resistant surfaces, rest areas between distant points, level ingress and egress, level change devices, and ramps. The latter need features such as visual and/or audio cues and supervision.

2. Planners, policy makers, managers, and operators typically ignore the need.

The key problem is attitudes. If decision makers and leaders believed that making access for people with disabilities was the right thing to do and was practical to do, then they would do it. But they don't see it that way. They see access as "one more government regulation."

Locally in St. Louis area, the public and decision makers have been very slow to adopt a pro-accessibility attitude. Nationally, some locations are much better. For example, in San Francisco, if, as one respondent reports, he wants to call a cab, he can readily get one to come that is wheelchair accessible. Not in St. Louis.

Negative attitude of the public and key leaders toward access is a big problem for people with disabilities. The negative attitude is expressed in a variety of ways. Some think that people with disabilities should solve these problems on their own. Others think it would be nice to solve the problems, but the public cannot afford it. Still others think that the demand for accessible transportation is just a demand for special treatment. Many ignore the issue – they forget to include making transportation accessible as an item on their checklists.

Negative attitude of the public toward public transit in general is also a big problem for people with disabilities.

Work needs to be done to show the broad population the need for public transit and its cost effectiveness.

Decision leaders often do not understand the ADA concept of “program accessibility.” They think in terms of architectural access – eliminating steps to entrances and making bathroom doors wide enough for wheelchairs.

But under the ADA their job is to make sure that people with disabilities have the functionally equivalent access to transportation as the general public. Thus, for example, not all buses have to be lift equipped. The requirement is that all passengers should be able to go down the same route as frequently as those who can board a bus. Making the buses accessible solves that problem. But the requirement is that the trip be the same and not that the mode of transport be identical.

The Federal Government first recognized that accessible transportation is a critical component for achieving equal opportunity and independent living for persons with disabilities with enactment of Section 504 of the Rehabilitation Act of 1973. Additional requirements for accessible transportation were codified in the ADA in 1990. Now, thirty-one years after Section 504 our community has a fixed route system that is not accessible and a paratransit system that is inadequate. Sidewalks and crosswalks are inadequate. There are very few wheelchair accessible taxicabs. The intent of the ADA is to enable people to move seamlessly through their communities. It hasn't happened!

3. Compliance with the ADA is commonly abysmal.

Enforcement of the ADA is problematic. No agency serves as a watchdog to ensure compliance. The only formal means to get compliance under the ADA is through lawsuits, a cumbersome and expensive alternative.

No one who receives public money – whether a public or private entity – should receive the funds unless the recipient complies with the ADA. Grantees should further be required to demonstrate that they are supported by design and construction experts who are conversant in ADA requirements.

As one participant put it,

“I frequently am asked to evaluate conditions of a proposed redevelopment area where a developer is seeking public funds or incentives as part of the funding program to make the project feasible. I have yet to find a redevelopment area where the facilities and services are fully accessible. It would seem reasonable to require the developer to make the redevelopment area fully accessible as one of the conditions of receiving public assistance.”

A public policy should be in place that new communities and commercial establishments get no public support unless they install sidewalks that connect to bus stops, intersections, and other reasonable pedestrian destinations, and otherwise comply with the ADA.

There needs to be more training of planners, policy makers, managers and operators so that they think about the need to provide everybody the same transportation service regardless of any individual's disability. People forget the issues not long after training and – particularly among operators – turnover can be substantial.

Therefore training needs to be regularly repeated. Training programs should include presentations by people of various disabilities so that the training will have real world significance.

All local governments should go back to the self evaluation plans they were to have written in the early 1990's, see if they have fulfilled those plans, do so if they have not, and upgrade the plans to make sure they address all the needs for accessibility.

Local governments should reach out to the disabled community to ensure they are hearing the needs of people with disabilities.

Most local governments' ADA coordinators are forgotten. The position, training, and power of ADA coordinators should be upgraded. Adequate funding for this job should be provided. ADA coordinators should be assigned the duty of leading their management to comply with the ADA; they should not become apologists for their managements' failures.

With regard to the failures of ADA to meet accessible transportation needs, the ADA is simply not followed by most city and county governments. If they simply adopted the ADA policies, most of the problems would be ameliorated. The courts are helping here (see Lane v. Tennessee; Barden v. Sacramento), but the process is a slow one. The ADA is truly the best route to take to ensure full access for individuals with disabilities; we simply have not yet seen full compliance.

The problems with ADA compliance reach not only the planners, policy makers, and managers, but also the operators as well. At Metro, for example, people with disabilities report that staff are commonly rude, insulting, condescending, and disparaging. Behind schedule bus drivers, for example, often tell other passengers they are running late because they have a wheelchair passenger, even when the bus was late before the wheelchair passenger embarked. People continue to complain that some drivers drive by people in wheelchairs at bus stops and fail to call out stops along the way.

Disability interest organizations should be funded to function as watchdogs to ensure ADA compliance.

Successful public transit has traditionally depended on population density. The East-West Gateway Council of Governments spans a broad urban, suburban, and rural area. Ever outward expansion, with depletion of population density, is projected to continue in this community. That spells challenges for public transit. As such, incentives should be established to those who do not foster urban sprawl, and new sprawling neighborhoods should pay some kind of surcharge to support public transit to their locations.

Likewise, agencies that assist people with disabilities to live independently should assist such people's locating their homes and work sites at places that can use public transit. In addition, Metro should minimize its manipulation of bus routes so that people can have confidence that the home they select will remain reasonably close to bus or rail stops. And, employers who locate their businesses outer areas should provide Metro incentives to be able to service their locales.

4. Geographic and bureaucratic barriers add to the problem.

Transit authorities and other agencies that provide transportation for people with disabilities (including older adults with disabilities) should not be restricted by arbitrary municipal or county lines. They should be empowered to pick up and drop off at logical locations and, if that involves crossing jurisdictional lines, the jurisdictions should work out reciprocal compensation plans so that each pays its fair share. But the burden of time or money associated with crossing jurisdictions should not be imposed on the consumers with disabilities.

Bus stops must be coordinated with sidewalk and curb cut maintenance so that people with disabilities can get to and from the bus.

Bus stops should be of one single coordinated design across all jurisdictions with signage that is accessible to everybody, including those who are blind.

Public sidewalks are public entities. Therefore, the public entity responsible for them should be maintaining them as fully passable. Funding maintenance of public sidewalks should be the responsibility of the public authority not each incremental property owner whose property fronts part of the sidewalk.

All jurisdictions should establish crosswalks at all significant intersections. Crosswalks, curb cuts and traffic signals should comply with the standards recently promulgated by the Access Board.

Metropolitan Planning Organizations – such as East-West Gateway Council of Governments – should lead efforts to coordinate jurisdictions and bureaucracies to minimize these barriers.

5. People with disabilities often do not know how to access services that are available.

Travel training should be greatly expanded as a service for individuals with disabilities. Travel training should be done by disabled experts.

People with disabilities ought to be partnered with advocates for expanded bus, rail, and paratransit services. A history of confrontation with Metro has made that difficult.

6. Policy makers do not diversity capital across all types of transportation and transportation providers are not often coordinated.

Owners of accessible transportation equipment should work together to avoid long periods that the equipment is just parked when it could be put to use. This can be practical. For example, the St. Louis Public Schools offered use of their school buses during the wheelchair games in the summer 2004. Opportunities like that exist, but they need coordination.

While the goal of coordinating such equipment is laudable, it may be practically difficult to accomplish. Novel alternative approaches should also be sought. For example, perhaps incentives could be established for organizations required to provide accessible transportation to pool their efforts with others so that a single, robust system might be developed.

Metro currently contracts with various agencies to provide accessible transportation for people with appointments at those agencies. While novel, this approach has caused consumers with disabilities to worry Metro is cutting into the resources that it is obligated to use to comply with the ADA when it does this contract work. Metro should be transparent to show the public whether the contract work reduces Metro's ability to perform its ADA-mandated functions.

In coordinating use of vans and taxis, one approach should be to work out a system that serves people according to their needs. Lift equipped vans and accessible taxis do not have to be sent to people like many older adults and blind people who are fully ambulatory.

Incentives ought to be offered to encourage taxi companies to increase their fleets of accessible cabs. Very few taxis are accessible in St. Louis.

7. Early design efforts often fail to include access issues leading to expensive retrofits.

Proactive government policies that require the incorporation of accessible design and features at the start of any transportation related planning could have a greater impact than after the fact additions. In this sense, a proactive policy would include a legal mandate that planning entities are required to incorporate accessible design at the earliest stages of planning. In addition, a proactive policy would encourage exceeding the minimum requirements of the ADA. A proactive policy would also encourage creativity and promote aesthetic appeal versus the standard institutional style. Moreover, a proactive mandate would differ from the ADA mandate that only requires compliance no matter when accessible design is incorporated or what it looks like.

Retrofitting existing conditions is always more expensive than good design at the outset. New projects designs should incorporate accessibility issues at the beginning of the design process. But we must also live with the fact that a large transportation infrastructure is already in place, and that infrastructure should by now have been retrofitted to be fully accessible for all people with disabilities.

Bus lifts fail. MetroLink elevators are often under capitalized leading to maintenance problems. Better design and purchase of more robust equipment would minimize these problems.

Designers should study the concept of universal design. Lower buses do not require complicated mechanical lifts, leaving less to go wrong. Interiors of buses and rail cars should be designed so that pedestrians and wheelchair users can ride comfortably together.

Ramps should be designed in the direction of the ordinary path of travel so that people who need to use a ramp instead of steps are not directed in the wrong direction.

Sidewalks in the St. Louis region are often either poorly maintained or non-existent. Some institutions do an excellent job with designing sidewalks, such as the Disney theme parks. If they can do it, so can St. Louis.

New technologies should be developed that address:

- wayfinding,
- reliable equipment,
- lifts that can deploy on compound warped surfaces,
- shock absorption,
- seating systems and locks that accommodate a wide variety of devices,
- self-cleaning elevators (like the self-cleaning public restrooms),
- mobility assistance devices that are suitable for mud, sand, ice, etc.

In the meantime, wayfinding systems should be put in place at bus stops and transfer centers that assist a person with a disability (and the general population) in finding where they want to go. Also, Metro should develop an effective means for communicating to

travelers which stations or stops on a route are temporarily inaccessible due to construction or repairs.

Conclusion

Disability leaders involved in transportation and some planners and transit consultants understand that there is much to be done to make the transportation system truly accessible for people with disabilities. They work in their own ways to accomplish those goals. They have the optimism that getting the public and key decision makers to acknowledge the problems will take them toward the solutions. They believe that much can be accomplished within reasonable budgets. They hope the members of the East-West Gateway Council of Governments share their concern and their good hope for the future.

Appendix An Overview of Process

Description of Focus Groups

The following is the consumer focus group schedule and number of participants at each:

1. September 16, 2004 – St. Louis City and St. Louis County (N=13, 15.3%)
2. September 20, 2004 – St. Charles County (N=9, 10.6%)
3. October 1, 2004 – Franklin County (N=7, 8.2%)
4. October 4, 2004 – Alton, IL (Madison County) (N=4, 4.7%)
5. October 8, 2004 – St. Clair County (N=5, 5.9%)
6. October 14, 2004 – Jefferson County (N=13, 15.3%)
7. October 21, 2004 – Specialized focus group of persons who are blind/deaf (N=9, 10.6%)
8. November 15, 2005 – Specialized focus group of service providers (N=25, 29.4%)

Each focus group generally lasted 2 hours in length. An introduction by representatives from SDI initiated each focus group followed by an overview provided by the facilitator. The facilitator reviewed the purpose of the focus group in greater detail and then reviewed the consent form, which was provided to each participant at the start of the focus group.

Additionally, a participant characteristic form was provided to all participants, which included key demographic questions for data purposes. These questions included identification of the individual's disability, city/town, county, gender, age, marital status, educational attainment (highest grade completed), employment status, and racial/ethnic background.

The facilitator took notes and the focus groups were taped with the participants' permission for documentation purposes. The purpose of the taping was to capture comments and this was explained to participants at the start of the focus group. These tapes were stored at the SDI and used to review and expand notes taken during the actual focus groups. Participant characteristic forms and consent forms were filed separately to eliminate any identifying information of the participants in conjunction with their demographic forms.

Participant characteristic forms were coded with a unique identifier number, and these were entered into a SPSS statistical software package for data analysis. Data was analyzed descriptively to provide an overview of the demographic characteristics of the focus group participants. The following summarized these demographic characteristics.

Participant Demographic Characteristics

There were a total of 103 individuals who participated in these focus groups. The majority of participants (70.6%) were consumers with disabilities, followed by service providers (24.7%), and then parents (4.7%) of children or young adults with disabilities. Two of these family members attended the session with their children while two parents did not bring their child to the focus group. A few participants did not fill out any of the data forms.

Participants identified a total of 30 different types of disability including blindness (10.7%), mobility impairments (5.8%), other vision disabilities (4.9%), spinal cord injury (4.9%), and hearing impairments (4.9%). In some cases (N=13) respondents identified more than one type of disability and even more than two types of disability (N=3), which contributed to the overall total of disability responses (N=103) identified among the 85 participants who were disabled. The service providers and parents of consumers in the focus group comprised the 24.3% without a disability.

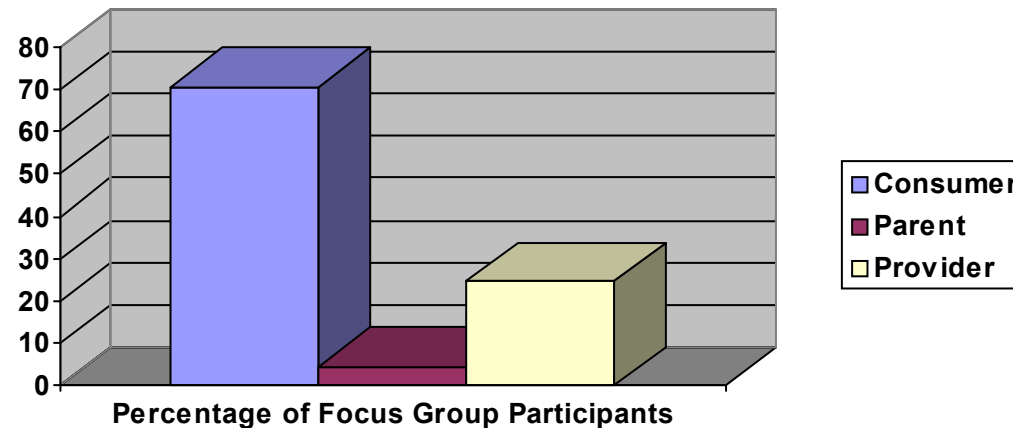


Table 1. Types of Disability Identified by Participants

	Frequency	Percent
No Disability	25	24.3
Autism	3	2.9
Obsessive-Compulsive Disorder	2	1.9
Blindness	11	10.7
Orthopedic	3	2.9
Mobility	6	5.8
Vision Disability	5	4.9
Spinal Cord Injury	5	4.9
Cerebral Palsy	3	2.9
Deaf/Hard of Hearing	5	4.9
Dwarfism/Short Structure	1	1.0
Arthritis	3	2.9
Heart Condition	1	1.0
Stroke	3	2.9
Back Problems	3	2.9
Deafness	4	3.9
Leg Injury	1	1.0
Epilepsy	3	2.9
Asperger's Syndrome	1	1.0
Diabetes	1	1.0
Neuromuscular	1	1.0
Traumatic Brain Injury	2	1.9
Psychiatric	1	1.0
Amputee	1	1.0
Fibromyalgia	1	1.0
Artificial Joints	1	1.0
Broken Hip	1	1.0
Multiple Sclerosis	1	1.0
Physical Disability	3	2.9
Asthma	1	1.0
Bipolar Disorder	1	1.0
Total	103	100.0

Overall, there were a greater number of females (64.3%) than males (35.7%) in the focus groups. The ages of the participants ranged from 18 to 85 from all focus groups with slight variation within each specific focus group. The following table summarizes several of these key characteristics of the focus group participants.

Table 2: Key Participant Characteristics

	# Participants	Male	Female	Age Range
Group 1	13	5	8	23-67
Group 2	9	2	7	18-83
Group 3	7	3	4	22-74
Group 4	4	2	2	24-66
Group 5	5	1	4	29-59
Group 6	13	2	11	26-85
Group 7	9	5	4	30-68
Group 8	25	10	14	27-66
Total	85	30	54	18-85

Collectively, participants (N=79) identified themselves as being from Caucasian (86.1%), African-American (12.7%), and Asian (1.3%) racial and/or ethnicity groups. Six participants refrained from responding to the race/ethnicity question. The majority of the participants (N=82) responded that they were married (47.6%), single and never married (25.6%), divorced (20.7%), widowed (3.7%), separated (1.2%), and other (1.2%).

Educational attainment of the participants ranged from completion of 8th grade (2.4%) to completion of graduate level education (22%). Several completed some years of high school (4.9%) or graduated from high school (19.5%), and most either completed some college (22%) or graduated from college (29.3%). Three persons did not provide this data. The majority of participants were employed (56.6%) in some full-time or part-time work while the remaining (43.4%) were unemployed. Two persons did not respond to this employment question.