“Other” Accommodations: A Content Analysis of ADA-Mandated Services Offered to Chronically Ill College Students

Melissa Croft
Americans with Disabilities Act of 1990 (ADA)

“(i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment” (Illingworth and Parmet, 2000:3).

Requires institutions of higher education to offer services to individuals with disabilities (Switzer, 2003:113-114)

— If chronic illness can be medically justified as limiting one or more major life activities (for which there is no official list) then under the ADA, colleges and universities are required to provide support services
Research Questions

• Is there a pattern between institutions that mention chronic illness on their websites and those that offer relevant services as part of their mandated program?

• Do ADA-mandated services departments marginalize chronically ill students through the rhetoric of their department titles?
Thesis:

Chronically ill college students are made “Other” through the rhetoric used in the titles of ADA-mandated services departments and through the services these departments offer.
Literature Review

- Exploring the experiences of students with a disability
- Building an identity as a disabled student
- Examining the quality of support provided by the institution

Literature Review

Experiences of Students with a Disability

• College environment compromised by lack of disability awareness and support (Shevlin, Kenny, and McNeela, 2004)

• Students operating in a system with innate obstacles to their participation (Tinklin and Hall, 1999)

• Students with non-visible illnesses had twice as many obstacles because they needed to convince skeptics of their impairment (Beilke and Yssel, 1999)

Source: http://www.vision.org/visionmedia/article.aspx?id=13056
Literature Review

Building an Identity as a Disabled Student

• Chronically ill students are often labeled as disabled only if their impairment is visible or they disclose it, which reveals they are not “normal” students (Low, 1996)

• Societal norms always defined disabled students as “Other,” with their identity holding the deficiencies and dependencies that are attached to that title (Moser, 2000)

• Part of being “Other” is dealing with the idea that resources are being wasted on their education (Jung, 2003)

Literature Review

Quality of Institutional Support

- Resources used more effectively and needs of students are met more acutely when the services offered are based on students’ perspective (Graham-Smith and Lafayette, 2004)

- Oftentimes institutions resisted the improvement of accessibility services to maintain the status quo (Jung, 2003)

- Higher education better serves disabled students when they are in a “culture of support” (Zaitsev, 2010)

Source: http://www.derby-college.ac.uk/student-support
Feminist Disability Theory

- “The female is a female by virtue of a certain lack of qualities…we should regard the female nature as afflicted with a natural defectiveness” - Aristotle (de Beauvoir, 1953:xvi)

- Being female and being disabled are quite similar in that both identities force an individual to live and operate in a world not built for their norms

- “Ability/Disability System”
  - social vs. biological construct

- “Yet by the necessity of these services, the institutions are labeling chronically ill students as “other.” The process of accommodation – which involves providing special exceptions to the ordinary rules…will be experienced in combination with social stigma based on the perception that disabled students are inherently different from ‘ordinary’ students…” (Jung, 2003:186)
Methodology

Content analysis of ADA-mandated services offered at colleges and universities in Illinois according to their websites

- convenience sample from College Board website

  - “college search” → “college matchmaker” → “no preference” for every following option except, “4 year institution,” “undergrad housing must be provided” and “in Illinois”

- specialty and technical schools were discarded from the resulting 78 institutions leaving a sample of 48

- 4 schools were then discarded because ADA-mandated services information was unable to be located on their website

final sample = 44 institutions
# Methodology

<table>
<thead>
<tr>
<th>Geographical Setting</th>
<th>Rural</th>
<th>Suburban</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 44 (100%)</td>
<td>7 (15.9%)</td>
<td>23 (52.3%)</td>
<td>14 (31.8%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutional Affiliation</th>
<th>Protestant</th>
<th>Catholic</th>
<th>Independent</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 44 (100%)</td>
<td>16 (36.4%)</td>
<td>7 (15.9%)</td>
<td>11 (25%)</td>
<td>10 (22.7%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuition</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 44 (100%)</td>
<td>12 (27.3%)</td>
<td>24 (54.5%)</td>
<td>5 (11.4%)</td>
<td>3 (6.8%)</td>
</tr>
</tbody>
</table>
Methodology

• Coded for rhetoric in title of the department dealing with ADA-mandated services
  – “Disability/Disabilities”
  – “Access/Ability/Accommodation/Assistance”
  – “Learning/Academic”
  – “Success/Excellence”

• Coded for mention of chronic illness
  – “chronic medical conditions” - “disorder, condition or syndrome”
  – “medical disabilities” - “mobility, systemic, or disease related disabilities”
  – “neurological disorders” - “physiological disorder or condition”
  – “health impairments” - “progressive health conditions”
  – “invisible conditions” - “health related disability”
  – “episodic disorder”
Methodology

- Coded for types of services offered to disabled and chronically ill students
  - Exams
  - Technology
  - Housing
  - In-Class
  - Registration
  - Absences
  - Meals
  - Parking
  - Other

Source: http://www.m-media.com/integration/education/Meharry/index.php
Findings

Table 1. Mention of Chronic Illness on Institution’s Website

<table>
<thead>
<tr>
<th>Did the Institution Mention Chronic Illness?</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>26 (59.1%)</td>
</tr>
<tr>
<td>Yes</td>
<td>18 (40.9%)</td>
</tr>
<tr>
<td>Total (N=44)</td>
<td>44 (100%)</td>
</tr>
</tbody>
</table>
### Findings

Table 2. Mention of Chronic Illness According to Department Title Rhetoric

<table>
<thead>
<tr>
<th>Department Title Rhetoric</th>
<th>Mention of Chronic Illness</th>
<th>Total (N=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n=18)</td>
<td>No (n=26)</td>
</tr>
<tr>
<td>“Disability/Disabilities”</td>
<td>8 (38.1%)</td>
<td>13 (61.9%)</td>
</tr>
<tr>
<td>“Learning/Academic”</td>
<td>6 (50%)</td>
<td>6 (50%)</td>
</tr>
<tr>
<td>“Success/Excellence”</td>
<td>1 (20%)</td>
<td>4 (80%)</td>
</tr>
<tr>
<td>“Access/Ability/</td>
<td>2 (50%)</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Accommodations/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance”</td>
<td>1 (50%)</td>
<td>1 (50%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (50%)</td>
<td>1 (50%)</td>
</tr>
</tbody>
</table>
## Findings

**Table 3. Mention of Chronic Illness According to Services Offered**

<table>
<thead>
<tr>
<th>Services</th>
<th>Mention of Chronic Illness</th>
<th>Total Number of Services Mentioned (N=150)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Exams (n=35)</td>
<td>17 (48.6%)</td>
<td>18 (51.4%)</td>
</tr>
<tr>
<td>In-Class (n=34)</td>
<td>17 (50%)</td>
<td>17 (50%)</td>
</tr>
<tr>
<td>Technology (n=25)</td>
<td>13 (52%)</td>
<td>12 (48%)</td>
</tr>
<tr>
<td>Other (n=20)</td>
<td>10 (50%)</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>Registration (n=13)</td>
<td>10 (76.9%)</td>
<td>3 (23.1%)</td>
</tr>
<tr>
<td>Housing (n=11)</td>
<td>5 (45.5%)</td>
<td>6 (54.5%)</td>
</tr>
<tr>
<td>Parking (n=7)</td>
<td>2 (28.6%)</td>
<td>5 (71.4%)</td>
</tr>
<tr>
<td>Meals (n=3)</td>
<td>1 (33.3%)</td>
<td>2 (66.7%)</td>
</tr>
<tr>
<td>Absences (n=2)</td>
<td>2 (100%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Discussion

• 59% of the institutions do not mention chronic illness on their website showing that chronically ill students are marginalized
  – Do not necessarily fit under the “disability” umbrella term

• Chronically ill students do benefit from Registration and Absence services
  – Though these services increase marginalization by conflicting directly with the idea of a “normal” student

• Rhetoric used in ADA-mandated services departments’ titles often forces the “disabled” identity on chronically ill students
  – Oftentimes then the lack of a visible “disability” further stigmatizes the student

• Departments using the rhetoric “access/ability/accommodation/assistance,” “learning/academic” or “other” are just as likely as not to mention chronic illness
  – social vs. biological construct
Questions?