

Applied Disability Studies for Urban Planning, A Class Proposal

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Abstract

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This thesis brings Urban Planning and Disability Studies together to propose an introductory syllabus for Urban Planning students which incorporates theoretical models of Disability Studies into their future work. The central question of this work is 'how can urban planners be supported in imagining accessibility beyond legal minimums, and what would they need to accomplish these goals?' The proposed syllabus answers this question with an outline of a three-module class. Modules cover an introduction to Disability Studies theory, a brief summary of United States disability history, and a discussion of current practices of integrating disability access into urban design. The findings from literature in both fields suggest that there is desire for increased collaboration, and this thesis provides a starting point to that goal. This syllabus may serve as a starting point for future educators wanting to bring Disability Studies perspectives into Urban Planning classrooms or as a reading list for students conducting independent study.

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Introduction

The built environment reflects generations of residents and professionals, and their hopes for society as expressed through the city around them. Because the process of building an environment deeply reflects on its inhabitants, it sheds light on groups who are not considered in its creation. This thesis examines the evolution of Urban Planning's approach to disability access in the built environment through the lens of Disability Studies. The inspiration for this thesis and the proposed syllabus comes from a desire to fill a gap I have observed as a Master of Urban Planning student. Disability was rarely addressed, and little foundational knowledge was covered or expected, leading me to want to offer this knowledge to future planners.

Many staples of urban life, such as public transportation systems, offer insight into the ways that society has become more accepting of disability and how the built environment has been altered to physically accommodate disability and mobility aids. Many adaptations to the built environment have become normalized, such as curb cuts and audible walk signals; these reflect shifting views and a normalization of disability access. In the context of this thesis, urban access is defined as the ease by which people traverse the city. This definition encompasses multimodal transportation, adaptations to the built environment for disability access, and other factors that influence whether a person is able to go where they want, when they want, and how they want.

I argue for the importance of disability rights and for the fact that increased access benefits all people and encourages greater inclusion. Increased disability access in urban areas helps parents with strollers, people carrying heavy items, as well as people with temporary impairments navigate to their destinations. This argument is supported by the prevalence of disability, as anyone can become disabled in their lifetime, with some people only experiencing temporary disability or one

easily mitigated by modern technology such as a broken arm or nearsightedness, while others may become disabled with age. These experiences speak to the need for an accessible built environment for everyone.

The field of Disability Studies offers valuable insights for Urban Planning students as well as for students interested in public service. Many people today grew up in a world where the Americans with Disabilities Act of 1990 (ADA) is taken for granted. However, it is still very young legislation, as is much of the disability rights legislation. The Voting Rights Act of 1965 was the first federal legislation to specifically address the voting rights of people with disabilities (NP Action 2005, np). It still allows states to deny the right to vote: “by reason of criminal conviction or mental incapacity” (The 89th United States Congress 1965, np). This law did not define the criteria for mental incapacity. It took twenty years for that to change. Until the passage of the Voting Accessibility for the Elderly and Handicapped Act of 1984, there were no requirements for polling places to be physically accessible (The 98th United States Congress 1984, np). This offers significant insights into why today's built environment looks the way it does. Many houses, sidewalks, and intersections have not been updated since the passage of the ADA in 1990, making this topic critical for Urban Planning students to understand.

This thesis aims to guide Urban Planning students at the undergraduate or graduate level in understanding common theories in Disability Studies and applying them to the built environment. This project is structured around an example course syllabus that is broken down into modules with discrete learning goals, materials, and content for each section. Students are not expected to have prior knowledge of Disability Studies, but are expected to be familiar with Urban Planning concepts. Students will learn to analyze how the built environment affects disability

rights and inclusion, focusing on the role urban planners play in shaping it. As future planners, students are poised to create lasting impacts.

Methods

In this thesis I primarily use literature in the fields of Urban Planning and Disability Studies, and some that have a home in both fields. I use a combination of qualitative methods and analysis to demonstrate my arguments and to integrate the models into the Urban Planning literature and frameworks. The works selected for this thesis span a wide array of audiences and styles, much like those present in both fields. Some are sociological studies, some are books or papers written on quantitative research, some are first-hand accounts of interacting with urban spaces. This variety was intentionally chosen to give sufficient scope from which to shape a class syllabus on disability access for urban planners. It was important to not only choose a wide selection, but a representative selection of published works on these topics.

The topic was guided by my experiences as both a disabled person in the built environment and as a student in an advanced degree Urban Planning program. My research prior to applying to graduate programs as well as my experience during the one I attended informs the topics in the proposed syllabus. Instead of using pre-existing syllabi to craft a proposed class, I suggest material from both fields that may address the gap of disability access, cultural competency, and equity in Urban Planning education. Little pedagogical theory or analysis is drawn upon for this work as this thesis suggests the work and knowledge base needed to adequately address these topics in a single introductory class as opposed to a fully realized curriculum.

When discussing Disability Studies and the experience of disabled people in the United States, I use three models of disability rights as well as a disability justice framework to contextualize American cultural practices around disability and explain the significance of shifts in public understanding and opinion. The disability justice framework provides a perspective that is widely regarded as going beyond the rights-based focus of the models of disability (Mingus

2011, np). These models were selected from Disability Studies literature for their direct applicability to the built environment. They will function as a bridge between the two fields that may assist Urban Planning students in applying Disability Studies concepts to their own work. Each of the models offers different insights into disability history as well as the built environment today.

The language and terminology used by the disability community and in the Disability Studies academic community shift over time. Disability activism has shifted societal linguistic norms, including how people are addressed, to promote the dignity of people with disabilities. Currently, the two dominant frames are identity-first language and person-first language. As a member of this community, I have opted to use identity-first language, which looks like me identifying as a "disabled person." Person-first language would be phrased as "person with a disability" instead. This choice is a personal one. When referring to disability more broadly, I use language preferred by today's disability scholars and activists except when quoting directly from works that use other vocabulary.

The literature review identifies and defines key terms and concepts from the fields of Disability Studies and Urban Planning. Similar to the overall thesis and the proposed syllabus, the literature review starts with broader concepts in Disability Studies and Urban Planning, and then deepens the connections between the fields. The literature review also explains the selection criteria, scope, and purpose of the works analyzed for this project.

Literature Review

Introduction

This thesis explores what disability looks like in the context of Urban Planning, the history of disability and the built environment, and what possibilities emerge at the intersection of Disability Studies and Urban Planning. I present these possibilities through the format of a prospective syllabus for a class designed for students interested in addressing disability access needs in Urban Planning. This syllabus progresses in the order that a class would, with each section building on the knowledge gained in the prior one. The analysis in the literature review is distinct from the syllabus organization, as it provides the background against which the syllabus structure was built.

With this audience in mind, I assume that Disability Studies and its nuanced perspectives on how people of varying abilities interact with their environments are new to students. This allows me to mull over questions about what considerations and lenses of analysis Disability Studies brings to Urban Planning as well as what motivates Disability Studies in its interactions with the built environment. A vital piece of this question is how the standard of the American bodymind is constructed and what are its implications on Urban Planning? From there, I move onward to the integration of Urban Planning with Disability Studies. This begins with questions of what accessibility means and to whom, with these questions underpinned by the models of disability. It asks who is the "community" in community engagement, and does the formation of that community necessitate inclusion or exclusion of groups to fulfill goals? This section contemplates the physical aspects of the city and how people navigate the city while being disabled.

Next, current disability access implementation in American cities and ongoing efforts to build more accessible cities are examined. This section considers legal and advocacy frameworks regarding disability and how disability advocates have shaped the physicality of modern cities. It also looks at ongoing efforts in Urban Planning and Disability Studies to build an accessible city. Some concepts that stand out in this section include the Americans with Disabilities Act, comfort, universal design, and walking audits. The last section looks to the future and where urban planners may go from here. I discuss the current radical edge of integration between the two fields, as well as what the inclusion of public health concerns adds to this nexus. This question about the future considers how cities sustain disability or ability and how they can enable residents to make dignified choices about their mobility. Micromobility, environmental planning, and diverse housing options all add nuance to what the future of Urban Planning may create in urban environments.

This literature review primarily draws on works from Urban Planning, Disability Studies, and Public Health. Some sources from city government, queer studies, environmental studies, and interdisciplinary works supplement the primary categories. Books and articles from Disability Studies were selected based on their prominence in the field or discussions of the built environment. Urban Planning texts were primarily selected to include discussion of minority groups, including disabled people in relation to the built environment. I identified some public health texts that overlapped both disability and Urban Planning as well. I aimed to select sources that either focused on analytical discussion of pre-existing methods and structures or changes to the direction Urban Planning could go such as support for aging in place.

Frameworks of Disability Studies

Disability Studies is an interdisciplinary field of study that includes works that critically engage with disability as a concept. One common theme in Disability Studies literature is models of disability that describe ways that people can become disabled. The primary models of disability include the charity model, the medical model, and the social model. While there are many other models that can be applied, these three feel the most relevant to an introductory overview of Disability Studies. In addition to the models of disability, a disability justice framework also provides a helpful analysis lens for urban planners to consider when planning for a diverse population. Compared to the field of Urban Planning, which often focuses on the built environment as a lens of analysis, Disability Studies often examines the structures that interact with disability, the lived experience of disabled people, and how conceptions of disability are created or altered. This section of the class will provide an overview of Disability Studies concepts and theories for students to then apply in the remaining sections of the class. Each of the models of disability offer different insights into disability history, with the dominant model of disability changing over time.

The models of disability and related analysis are founded in views of what a normal body is viewed to be and what makes someone considered to be defective. Disabled people are often asked questions like "what is wrong with you?" or "what happened to you" and other similar questions. Eli Clare asks where (and if) the reverse questions exist, emphasizing that "people who are white, heterosexual, cisgender, men, middle- and upper-class, Christian, English-speaking, slender, gender-conforming, nondisabled, documented citizens escape these endless questions. According to the logic of privilege, they don't need to be located" (Clare 2015, 152).

The charity model is one of the earliest models of disability and treats people with disabilities as pitiable objects of charity, relegating them to beggars and residents of state

institutions (Oliver and Barnes 2012, 32-51). This model offers insight into the perception of people with disabilities as needing care and incapable of self-sufficiency.

The Ugly Laws are a category of laws in American legal history that are intimately intertwined with the charity model (Schweik 2010, 45). They were municipal ordinances enacted across the United States after the Civil War that were colloquially referred to as "the Ugly Laws" based on Robert and Maria Burgdorf's description: "[A] collection of strange provisions which discriminate against handicapped persons" based on appearance or unsightliness (Burgdorf and Burgdorf Jr. 1975, 10). This term was first used academically in 1975, and it has since been applied to a broad category of laws defined by physical appearance and public presentation. These ordinances targeted physical appearance as a form of misbehavior by focusing on visibly disabled beggars assumed to be using their injuries to solicit funds (Schweik 2009, 217).

For example, the San Francisco unsightly beggar ordinance was named "Order No. 783. To Prohibit Street Begging, and to Restrain Certain Persons from Appearing in Streets and Public Places" (Schweik 2009, 291). The wording of this ordinance is vague as to who those 'certain persons' were, and so left the definition of them up to the enforcer. It is generally thought that the Ugly Laws were created in response to social unease resulting from the cognitive dissonance between considering disability a result of personal or individual failure with the "reality of tens of thousands of obviously disabled war veterans... For far from being a deserving victim of God's wrath or his own moral laxity or unworthiness, a legless or armless 'war cripple' was in fact a courage warrior, a man of patriotism and self-sacrifice" (Pelka 2004, 36).

Common critiques of the charity model are its erasure of individual identity, dignity, and self-determination afforded to non-disabled people (Fleischer and Zames 2011, 201). By viewing people as objects of charity, this model removes their individual agency and ability to be perceived

as fully formed, complex people. Instead of being considered people, they become objects to help non-disabled people grow and learn empathy (Haller 2010, 147). This model frequently shows up in films such as *Marie's Story*, about parents sending their blind and deaf daughter to an asylum where a nun teaches her how to use sign language, and *The Upside* in which a wealthy quadriplegic hires a recently paroled man as a caretaker, and the caretaker is shown growing away from his criminal past. Both films use the other characters' interactions with the disabled character as a plot point for personal growth.

Disability Studies scholarship often engages with the charity model's portrayal of disabled people as pitied and dehumanized. The charity model is often an embedded assumption in the way non-disabled people conceptualize disabled people and their needs. Jina Kim's article *Crippling the Welfare Queen: The Radical Potential of Disability Politics* engages with the disability charity model and American perceptions of welfare queens in a manner that makes it evident that disability is implicitly intersectional and that someone holding multiple marginalized identities can be perceived as being 'more' of those identities than someone who holds a single marginalized identity (Kim 2021, 1-33). Authors such as Nancy Eisland in *The Disabled God* discuss the implicitly Christian lens that American charity often conveys and the way that produces a particular view of disabled people waiting to be benevolently helped (Eisland 1994, 1-139).

The medical model arose as a response to the charity model and conceptualizes disability as an individual's problem that requires medical care (Oliver 2013, 1024-1026). It is also known as the individual model of disability (Shakespeare 2010, 4). It conceptualizes disability as an individual problem that detracts from someone's personhood that therefore needs to be cured or fixed (Ellis, et al. 2020, 276). The medical model changes the perception of the disabled person from an object of charity, to someone who can be cured and restored to full, non-disabled

personhood (Mingus 2010, np). The medical model places the ultimate authority over the disabled body with medical practitioners, rather than trusting that people with disabilities know their bodies best. Receiving care may be beneficial at an individual level, but the assumption of care being necessary erodes the autonomy of all people with disabilities who are whole individuals, not an aggregate of their medical diagnoses.

The medical model faces similar criticisms to the charity model around the focus of eliminating visible disability. Michael Oliver and Mia Mingus provide theoretical contexts for understanding how these models can serve as analytical lenses. The medical model assumes that all disabilities can be cured and that cures are necessary and wanted, with Eli Clare saying "my joints ache in this cacophony of belief. For now, doctors inside the medical-industrial complex are the reigning experts, framing disability as a medical problem lodged in individual body-minds, which need to be treated or cured" (Clare 2017, 8). The medical model looks for the root of disability in the body and mind of the individual and seeks to remove it. This mentality of defectiveness is broadly applied to all bodies that fall outside the presumed ideal body and does not take into account that medical solutions are not always needed or wanted. "Defectiveness wields incredible power because ableism builds and maintains the notion that defective body-minds are undesirable, worthless, disposable, or in need of cure" (Clare 2017, 23). The critique or issue with assuming a medical practitioner has more knowledge of a patient's body than the patient themselves is that the medical practitioner does not live with the symptoms of an impairment or disability in the same way that a patient does.

In addition to the flaws mentioned above, medical racism is entrenched within the medical model. Medical racism is defined by "deeply entrenched systems [medical and other] that intentionally and unintentionally silence, cause stress and prevent people from reaching their full

potential" (Robeznieks 2021, np). People of color and of low socioeconomic status are less able to access the same quality of medical care or preventative care, which perpetuates the cycle by making them more likely to become disabled.

Much of the medical body of knowledge has been gained through practice for white men and through unwilling experimentation on people with lower socioeconomic status or on stolen corpses (Baptiste et al 2022, 2236-2238). Well-known examples are the Tuskegee Airmen syphilis experimentation, industrial era grave-robbing for medical cadavers, and heart attack symptom protocol and knowledge being centered around white men (Centers for Disease Control and Prevention 2024, np; Pietila 2018, np; Schulte and Mayrovitz 2023, np; Harvard Health 2016 np). This has led to a skew in provider knowledge, comfort, and ability to treat patients whose bodies and experiences deviate from the textbook (i.e. white male) norms. The combination of reserving the best medical care for financial elites, skewed access to medical care and diagnoses, and the disparate ways marginalized populations in the United States are exposed to disabling factors such as pollution or poor work conditions, makes the medical model and American medical system favor financial and social elites. I take these biases into account when applying the medical model to disability history.

Many prominent disability rights authors and organizations have engaged with the concept of the medical model, especially in the American context of medical racism and eugenics.¹ The medical model has been supported by the United States government in a variety of ways, with one of the most influential being *Buck v. Bell*, a United States Supreme Court case in 1927 in which Justice Oliver Wendell Holmes Jr. authored the opinion supporting the sterilization of intellectually disabled people. His statement of "Three Generations of Imbeciles are Enough" is

¹ The belief in or practice of selective breeding of humans to improve the perceived genetic composition. This has been used as a rationale for sterilizing groups perceived to be of inferior genetic composition.

emblematic of the medical model and its influence as an appropriate way to manage disabled people (Buck v. Bell 1927, np).

Medical model thinking is enshrined in the liberal term 'people with disabilities,' and in approaches which seek to count the numbers of people with impairment, or which reduce the complex problems of disabled people to issues of medical prevention, cure or rehabilitation (Shakespeare 2010, 4).

This framework is evident in much of the way American governmental services and planning practices currently interact with disabled people. The Paul K. Longmore Institute on Disability's virtual exhibit offers another perspective through *Patient No More: People with Disabilities Securing Civil Rights*. In many Disability Studies works, the medical model is set against goals of civil rights, autonomy, disability community, and the removal of barriers to societal participation.

The third and final model is the social model of disability which seeks to limit societal inaccessibility and improve access for people with disabilities (Oliver 1996, 1-192). While the social model is in some ways very progressive compared to the other models, as it encompasses physical impairment, it assumes that with sufficient adaptation to the built environment, everyone will have equal access. It fails to consider that regardless of how physically accessible spaces can be, some people will never be able to access or interact with them like a non-disabled person would (Hambrook 2018, np; Mingus 2010, np).

In the 1970s, conceptions of disability shifted to disability as a social and political condition for claiming rights, and most recently to a framework that views disability and access as aspects of justice and requires a reordering of the built environment to prioritize accessibility. The social model gained prevalence in the same time period that the Ugly Laws were repealed and the charity and medical models were losing cultural significance. The principles of the social model were first

formulated by the Union of Physically Impaired Against Segregation in a document published in their 1976 pamphlet, while the term “social model” was coined by Mike Oliver in 1983. They stated that people were disabled by society, not their impairments. This definition influenced early disability research beginning in the 1970s and provides a way to analyze the systems that disabled individuals on a societal level. Many disability justice activists find this objectionable as they do not view disability as something to be eliminated, contending that no matter how accessible a space is, there is no way to make it accessible for everyone (Piepzna-Samarasinha 2018, 219-221; Oliver 2013, 1025).

Shakespeare compares the social model and to the medical model as "social model thinking mandates barrier removal, antidiscrimination legislation, independent living and other responses to social oppression. From a disability rights perspective, social model approaches are progressive, medical model approaches are reactionary" (Shakespeare 2010, 4). In contrast, Michael Oliver, the creator of the social model states that "I suggested that until that point those working with disabled people had operated largely within a framework based on the individual model, and that in order to make their practice more relevant to the needs of disabled people they needed to re-orient their work to a framework based upon the social model" (Oliver 2013, 1024). This perspective is influential to a proposed class on disability for urban planners. The social model and the debates that have surrounded it since its inception in the 1980s challenge Urban Planning and other fields to ask how barriers can be removed so that all people can access the same spaces with dignity and minimal discomfort.

Disability Justice is an alternative framework to the models of disability, and goes beyond the limits of the disability rights movement. *Sins Invalid*, a disability justice-based performance project located in San Francisco, CA declares ten principles to follow when striving to create

spaces with equitable disability access. This framework forms the departure from conformity-based frameworks of disability to the acceptance of disabled people as they are. While a conformity-based framework prioritizes assimilation and encourages disabled people to strive to be 'normal' as a means of securing full personhood, a disability justice framework suggests a more radical, nuanced perspective. Instead of asking who is not at the table or how people can gain access to the table, it challenges the existence of the table itself. Rather than adding token disabled people to municipal committees or similar positions, Disability Justice rejects the government-centric advocacy approach to inclusion as that often does not create just outcomes. In order to achieve this goal, some disability theories advocate for "widening the notion of socially produced barriers to include factors such as poverty, not just the lack of ramps to get into buildings" (Zaks 2023, 3234). This framework is vital when learning about the complex relationships between disability and the built environment, as it challenges preconceived notions.

The key distinction between the disability rights models and disability justice frameworks is that a rights-based framework asks for legal change and expects normative change to follow. In contrast, a justice-based framework asks for simultaneous legal and social change in order to create normative change. A normative change occurs when the dominant view of something changes, such as the influence of the ADA on American Urban Planning or the use of braille on signs. The demand for simultaneous change comes from disability justice authors who argue that in order for infrastructure to be fully accessible, access must go beyond the basic needs of disabled people so that they can equally participate in society.

These theories form the groundwork for the course below. Urban Planning has many theories and frameworks, including rational planning, advocacy planning, incremental planning,

and others. The next sections consider how Disability Studies and Urban Planning theories influence the built environment as well as what issues they solve or raise.

Urban Planning Perspectives on Disability

Transitioning to the Urban Planning lens requires taking a step back from the personal experiences of disability and discrimination referenced above. Urban Planning often views disability access as a requirement to be met, as opposed to a community to include. Frequently, changes to improve disability access in the built environment have been made through lawsuits rather than through proactive, inclusive planning decisions (Handy 2023, 45). "As the disability rights and mobility justice movements show us, freedom is, at its core, about much more fundamental concepts—rights and justice and the dignity that goes along with them" (Handy 2023, 45). This background expands the intent of this thesis to further an expansion of planning for minority groups, including disabled people, to planning for justice and dignity for all residents.

Disability access is embedded into most facets of public life in the United States. Bess Williamson, a historian of design and material culture, describes using some of these features:

I am not disabled in any conventional sense of the term, but I use curb cuts, feeling under my feet concrete grooves and rubberized bumps that signal a shift in terrain. I see parents pushing strollers, travelers wheeling bags, and street vendors and movers with hand carts all using curbs and ramps to go about their daily tasks. Returning an armful of books to the library, I hip-check the large metal button that opens the automatic door. In a crowded bus, I look up at the LED words telling me (if they are working) which stop is next (Williamson 2019, 1).

This quote makes many revolutionary changes seem commonplace and suggests a starting point for encouraging students to view the built environment around them through fresh eyes. While the focus on the physical accessibility of spaces to disabled people is relatively new in Urban Planning, disability has been a consideration for far longer. A focus on access may include an active consideration for where an elevator or other accessible infrastructure is placed whereas

considering disability without access often results in accessible entrances being hidden due to perceived ugliness. Segregation, barriers, and other forms of spatial exclusion have been embedded in city planning for disabled people and other marginalized groups. In the 1950s, Judy Heumann, considered the "mother" of the disability rights movement, describes being carried up the back stairs into her family's synagogue weekly and being denied a teaching position in the 1960s due to her disability (Heumann 2020, 9-70). Williamson demonstrates how much the built environment has been adapted by activities, public policy, and urban planners, among other groups.

The United States has a long history of structural inaccessibility, including the Ugly Laws which constrained the ability of visibly disabled people to appear in public and encouraged appearance-based discrimination. Chicago's version of the ordinance read "any person who is diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares, or public places in this city, shall not therein or thereon expose himself to public view, under the penalty of a fine of \$1² for each offense" (Chicago City Code 1881, np). Susan Schweik's *The Ugly Laws: Disability in Public* is the most comprehensive source and discusses how these laws were created and to what purpose, describing the cities where these laws originated and showing the laws' interactions with various identities such as class, gender, and race.

Schweik discusses these laws in the context of the right to the city, saying "Recent urban studies scholars who invoke the spirit of Lefebvre's slogan on 'the right to the city' do not include the history of such disability struggle in their glosses³ on the complex meaning of that right, though Lefebvre's analysis has resonance in a disability context" (Schweik 2010, 208). Defining what

² \$1 amounted to a full day's wage for an unskilled laborer in Chicago at the time (Long 1960, 69; Lebergott 1960, 462).

³ Glosses is presumed to refer to the practice of summarizing a complex topic with little depth.

urban planners and Urban Planning theorists mean when discussing disability can be very complex. In texts written prior to the Americans with Disabilities Act of 1990 and its 2008 update, disability is defined either by circumstance or in the context of specific government services such as 'transportation handicapped which is "based upon 49 USC 1612 and can be found in 41 Federal Register 18239 (30 April 1976): a transportation handicapped person is... any individual who, by reason of illness, injury, age, congenital malfunction, or other permanent or temporary incapacity or disability is unable without special facilities or special planning or design to utilize mass transportation facilities and services as effectively as persons who are not so affected" (Pfeiffer 1990, 153). In general, the elderly, people with wheelchairs, and intellectually disabled people constitute the pre-ADA group discussed in Urban Planning texts.

While the definition of disability has varied, it is vital to keep in mind that the built environment influences the degree to which someone is disabled by preventable factors. Preventable factors include diseases we now have vaccines for such as polio, air pollution from leaded gas, coal burning power plants, and industrial emissions can cause asthma and birth defects from air pollution, and some careers place people at higher risk of injury.

Bess Williamson discusses how the design of infrastructure such as buildings and transportation are based on a combination of architectural and bodily norms. One of the first changes to the 20th century conception of the normal body was the polio epidemic. She states that "for households with a physically disabled family member, the house itself often presented a technical challenge...The efficient, modestly scaled Levittown Cape Cod house, first built on Long Island in 1947, included doorways of 28 to 29 inches and hallways not much wider. Standard-sized wheelchairs, which typically measured 25 to 29 inches in width, not to mention iron lungs and rocking beds, fit awkwardly into these spaces" (Williamson 2019, 83). These norms are found

throughout the built environment and often enmeshed into modern building codes. Disability Studies scholars often bring the norms that urban planners base assumptions on into conversation with their lived experiences.

Urban planners shape most aspects of public life, and disabled people often feel the impacts of treating laws and regulations intended for establishing a baseline minimum for human comfort as the furthest planners need to go. A recent article discusses the importance of public bathrooms, saying that "in the time and space between my home and my destination, I've noticed that I'm often waiting in spaces that have no shade or shelter as a reprieve from sun or rain. No place to sit and take a load off, except perhaps a dirty ledge or sill. And no place to use bathroom facilities" (Durand-Wood 2024, np).

Disability Studies pushes urban planners to go beyond whether facilities exist and to examine whether disabled people can get into the bathroom door or even take public transportation to the area where the bathroom is located. One starting point for changing the way that urban planners engage with communities is approaching the tension between prescriptive and collaborative planning to reframe it. This would then define functional access by the collaborative effort of producing an accessible built environment (Elccessor 2016, 158).

Implementation of Disability Access in the Built Environment

There are ongoing efforts to build more accessible cities across the United States that see the Americans with Disabilities Act (ADA) as a starting point rather than an end goal. There are many forms of inclusive design, including universal design and the Streets for Life campaign. Universal Design is an "ideal of design that is 'usable by all people' rather than the kind of separate facilities often employed to provide access" (Williamson 2019, 148). The Streets for Life method provides another perspective, suggesting that "enhancing the existing built environment is

preferable to large-scale re-development which is more likely to cause disorientation, confusion, and anxiety in older people" (Burton and Mitchell 2006, 61). These approaches to Urban Planning each bring a different perspective that emphasizes the individuality of disability and the importance of collaborative urban planning.

Accessibility is composed of many factors, including communication, physical barriers, safety, and comfort. The Universal Design Project lists seven features of Universal Design as "equitable use, flexibility in use, simple and intuitive, perceptible information, tolerance for error, low physical effort, and size and space for approach and use" (Woodward nd, np). In comparison, Streets for Life suggests that neighborhoods meeting their criteria include "new developments incorporat[ing] local forms, styles, colours, and materials...a hierarchy of street types...buildings are in designs familiar to or easily understood by older people, and architectural features and street furniture are in designs familiar to or easily understood by older people" (Burton and Mitchell 2006, 63). While this does not comprehensively address urban access needs, it does provide another perspective on communities that benefit from changing urban design traditions. These philosophies work together to suggest how the built environment may be altered and adapted over time to best meet the needs of residents and visitors alike.

While many philosophies on how urban planners and other built environment professionals can adapt the built environment to be more accessible do not mention the Americans with Disabilities Act of 1990, it is a vital piece of the picture. This law has five titles (section) that address employment, public entities, public accommodations, telecommunications, and miscellaneous. Notably, Title III states that no one can be discriminated against on the basis of disability with regard to the equal enjoyment of goods, services, facilities, or accommodations of any place of public accommodation (Americans With Disabilities Act, 1990, np). A public

accommodation is a facility whose operations affect commerce and fall into one of 12 categories, such as places of lodging, recreation, and transportation, making this highly relevant to Urban Planning efforts.

Urban planners have access to a variety of analysis tools and community engagement methods, but often must prioritize code compliance over measures that are optional from a legal perspective. It is challenging to determine commonalities across municipalities in how urban planners assess accessibility, except by ensuring code compliance. The developers of the Automatic Dynamic Accessibility Planning Tool (ADAPT) state that "most existing accessibility analysis tools are ad-hoc systems with predetermined geographic coverage, spatial resolution, methodology and indicators" (Sun et al. 2023, np). When examining the miscellaneous and often disparate options available to planners, they suggest that "beyond the confusion stemming from various definitions of accessibility, challenges in data and model interoperability further impede its widespread adoption across different domains and jurisdictions. Accessibility is a multifaceted measure that connects urban planning, transport, economics, environment, housing, and population mobility" (Sun et al. 2023, np). How can urban planners be supported in imagining accessibility beyond legal minimums, and what would they need to accomplish these goals?

There are some existing processes in urban planning that try to address the above question in regards to addressing access beyond legal minimums and bringing disabled people into the planning process. One more well-known measure that urban planners and community members alike can use to assess the accessibility of an area is a walking audit.

"Walking audits also help reveal how urban design impacts daily life and community sustainability... In addition to members of the design team and traffic safety officials, a good audit will include a cross section of the municipality's experts in areas such as engineering, planning, maintenance and law enforcement. It will also include any individual in the area known to have a disability or particular struggle that will be impacted by the design" (Erfurt 2024, np).

Walking audits have often been incorporated into coursework and community engagement strategies as they can be a means of accessing the embodied knowledge of residents who may not have technical expertise. One flaw of walking audits is that they are highly dependent on the group. If the group is not representative, or hazards are only present under certain conditions such as poor weather or darkness, this can create a flawed sense of success for urban planning teams. Additionally, walking audits run the risk of tokenizing members of minority groups.

Adapting the Built Environment to Diverse Bodies

Urban Planning offers one of many perspectives important in planning and adapting the built environment for accessibility. Urban planners work alongside architects, engineers, private developers, public health officials, and others to create urban environments (Burton and Mitchell 2006, 136). Social determinants of health play a role in the wellbeing of cities and residents. These categories include "safe housing, transportation, and neighborhoods, education, job opportunities, and income, access to nutritious foods and physical activity opportunities, discrimination and violence, polluted air and water, and language and literacy skills" (U.S. Department of Health and Human Services nd, np). Other authors suggest race and gender are also vital to include (Ompad et al. 2007, 42-53).

A failure to acknowledge the social determinants of health can cause similar disparities like the death toll from the 1995 Chicago heat wave. Government officials declared that all groups had a similar casualty rate from the heat, however closer examination showed strong disparities along race, income, and gender lines (Klinenberg 2013, 87-89). While the disparities are often not quite as severe, asthma rates are another example of how race and income can lead to disparate health impacts (Nardone et al, 2023, e24-e31).

In addition to disproportionate exposure to disease, poor, elderly, and POC pedestrians are less likely to drive and more likely to rely on middle modalities than white Americans as well as middle and upper class Americans (Gössling 2016, 1-9). This perspective of aging and marginalized citizens as pedestrians and cyclists engages with Urban Planning theories of moving away from the ideas of cars as freedom, and instead focusing on the diverse array of micromobility and public transportation options. Susan Handy suggests this has the ability to transform the way that urban residents think about their transportation networks (Handy 2023, 20).

A 2019 study identified a few safety issues for cyclists including improving infrastructure, increasing cyclist visibility, and reducing brain injuries (National Transportation Safety Board 2019, v-ix). These points are highly relevant to planning for disability access as people with disabilities are also less likely to be able to drive than the average American. When non-motorized transportation is promoted, it affirms and destigmatizes transportation systems as means of accessing "jobs, goods, services, and opportunities" (Handy 2023, 73). This is important for encouraging residents of all ages to venture out of their homes (Burton and Mitchell 2006, np).

Many other perspectives on the urban landscape exist in Disability Studies. Many works often draw parallels between the body and nature, using damage to the natural environment as a means of expressing the damage that modern American society causes to marginalized communities. In her book *Disabled Ecologies: Lessons From a Wounded Desert*, Sunaura Taylor asks "How far can you follow a disabled ecology? The trails of injury and resistance flow outward across bodies and species, cities and borders... We can understand an aquifer in isolation, as part of a broader water system, as a vast network of watersheds, or as a web connecting the deep earth, the mountains, the rivers, and the rain to our bodies and the bodies of our fellow life-forms" (Taylor 2024, 279). The interconnectedness of the experiences of disabled people and of urban life often

parallel each other and suggest that improving any small corner of the city will have positive effects cascading outwards.

Similarly to the environmental lens, many Disability Studies authors view different kinds of oppression as part of the same system. "Physical impairment imposes a distinct set of economic costs for individuals" such as increased transportation, medical, and housing costs (Gleeson 1999, 132). This suggests that there may be Urban Planning solutions to lower the disparate costs that physically disabled people face, especially when compared with Urban Planning theories of equitable planning. Krumholz suggests that urban planners should function as educators and organizers to raise key issues for the futures of American cities while using coalitions to improve local economic development (Krumholz 1999, 88). This tension between self advocacy and prescriptive advocacy suggests that there are gaps in the literature that could be filled by future research.

Conclusion

Disability Studies and Urban Planning professionals are both working towards improving the accessibility of American cities. Despite there being a wealth of literature on disability and the built environment, much of the literature comes from Disability Studies. In comparison, there is very little literature from urban planners on disability or accessibility from a disability perspective. Much of the literature that exists are government reports on subjects like *'Mobility of people and goods in the urban environment: mobility of the handicapped and the elderly* or *Special-needs transportation evaluation: service characteristics and vehicle productivity of The Ride and the Downtown Distributor'* (US DoT NTIS 1975, np; Reyes 1985, np). This presents a large gap when proposing a class on disability for urban planners. Additionally, Disability Studies authors are from

diverse disciplines with varying viewpoints, which do not necessarily make it straightforward to translate their theory into practical solutions for urban planners. This emphasizes the need for highly localized community engagement when developing practical accessibility solutions.

This literature review primarily explores how disability is contextualized in Urban Planning and how disabled people view themselves in the built environment. Many barriers to urban accessibility originate in the built environment, with many authors identifying areas that could benefit from significant improvement. The different modules proposed in the syllabus will draw upon this literature to introduce urban planners to concepts of disability and accessibility from Disability Studies and embodied experience perspectives. Moving beyond legal minimums and code compliance can create a more accessible city that enables people to leave their homes.

Syllabus

This syllabus suggests a structure for how a class on introducing Disability Studies theories to Urban Planning students may be taught. The intended students are Urban Planning students who are new to Disability Studies but comfortable with Urban Planning topics. It contains three modules spanning a ten-week course. The ten-week course was chosen as this thesis is being written at a school that uses a ten-week quarter system so the structure felt apt.

The class begins with two weeks of Disability Studies theory and then moves on to three weeks of American disability history. After learning this foundational material and being oriented to the topic, the fifth week in the class contains a walking audit as a part of the second module and is followed by a critical discussion about that experience. The walking audit encouraged students to apply the material they have been learning to the built environment and see concrete ways to connect it to Urban Planning.

Each module of the syllabus below will follow the same structure. A brief introduction will lead into learning goals for the section. After the learning goals, the relevant section of the syllabus will be available in-line for reference. After the syllabus, the reading goals and assignments will be discussed. The final section in each module will discuss the content and reasoning for the module's content.

Schedule	Topic	Suggested Materials	Assignments	Class Activity
Module 1, Week 1	Introduction, Charity Model, and Medical Model	<i>Representing Disability in an Ableist World: Essays on Mass Media</i> by Beth Haller <i>The Disability Rights Movement: From Charity to Confrontation</i> by Doris Fleischer and Frieda Zames Movies: <i>The Upside</i> (2017); <i>Marie's Story</i> (2014); <i>Crip Camp</i> (2020); <i>Piss on Pity</i> (2019) <i>Embodying Metaphors: Disability Tropes in Political Cartoons</i> by Beth Haller <i>At the Same Time, Out of Time: Ashley X</i> by Alison Kafer	Short reflection on guiding questions	Introduce collaborative course glossary
Module 1, Week 2	Social Model and Disability Justice	<i>The social model of disability: thirty years on and Understanding Disability: From Theory to Practice</i> by Michael Oliver <i>Care Work: Dreaming Disability Justice</i> by Leah Lakshmi Piepzna-Samarasinha <i>"Disability Justice" is Simply Another Term for Love</i> by Mia Mingus	Short summary paper of module	Poster whirl/round robin, compare and contrast models by group

Module 2, Week 3	Urban Disability History	Excerpt from <i>The Ugly Laws</i> by Susan Schweik The ADA (full text)	Daily commute observation log	Revisit and add to course glossary
Module 2, Week 4	ADA & Current Accessible Planning Staples	<i>Accessible America: A History of Disability and Design</i> by Bess Williamson <i>Public Transit Access for Disabled Persons in the United States</i> by David Pfeiffer	Short summary paper of module	Watch Capitol Crawl video and discuss in groups
Module 2, Week 5	Application of Disability Theory	<i>Inclusive Walk Audit</i> by Minnesota Department of Health <i>Sampling Methodology and Reliability of a Representative Walkability Audit</i> by Emily Ussery et. al.	Expectations and reflections journal of in- class walking audit	Walking audit
Module 3, Week 6	Universal Design & Streets for Life	<i>How to Make Every Space More Welcoming to Disabled People (Maybe Even Outer Space)</i> by Hannah Silver <i>Inclusive Urban Design: Streets for Life</i> by Elizabeth Burton and Lynne Mitchell	Short reflection on the pros and cons of universal design and how they have experienced universal design in their lives	Revisit and add to course glossary
Module 3, Week 7	Urban Access as a Public Health Need	<i>Leaky Bodies and Broken Bathrooms</i> by Ron Buliung and Rhonda Cheryl Solomon <i>Heat Wave</i> by Eric Klinenberg <i>Disabled Ecologies</i> by	Reflection on a space that feels uncomfortable or inaccessible to them, and how they would change it	Discussion and debate on how the week's readings align with which models of disability

		Sunaura Taylor		
Module 3, Week 8	Historical exclusion and modern disability planning	<i>Hindsight Isn't Necessarily 20/20: Reflections on Ableism in Planning Education and Practice</i> by Gail Dubrow and Laura Leppink <i>Planners, We Need to Talk about Ableism</i> by Lisa Stafford	Final paper outline	Small group discussion of how their view on ableism in planning has changed during the class
Module 3, Week 9	Planning for diverse groups	<i>Disability Justice Meets Climate Justice</i> by Lisa Stafford and Ron Builing <i>Urban Transport Justice</i> by Stefan Gössling	Work on final paper	Poster activity about intersectionality and how it appears in urban planning spaces
Week 10	Review & Final	No material assigned	Final paper	Final review of class glossary Discussion of final paper topics

Module 1: A Brief Introduction to Disability Studies

Module 1 Introduction

This class begins the first module with a brief background on Disability Studies and ableism. As students are presumed to be approaching the material with a background in a built environments field, it is important to gain familiarity with the perspectives of Disability Studies. This overview is not comprehensive, but instead focuses on addressing what is Disability Studies, key concepts in Disability Studies, and the collective aims of the field. The first module primarily focuses on lenses of analysis that students will learn to apply to the built environment. While the field of Disability Studies has significantly more depth and breadth, the content in this section of class focuses on four perspectives in order to keep the content level manageable for students taking a ten-week class.

This class will use three models of disability and the disability justice framework to build students' knowledge of and capacity to work with critical Disability Studies. These four lenses of analysis ground students in Disability Studies and allow them to apply these perspectives to their own fields without needing to become fully fluent in Disability Studies. The three models as outlined in the literature review are the charity model, the medical model, the social model, and the disability justice framework comprises the fourth lens.

The inability to travel independently to and from a place of work or navigate the physical workspace sustains barriers of inaccessibility and increases economic disparities. The perspectives and insights each lens brings when studying disability in the built environment's past, present, and future are unique. The models will be discussed in the order stated above as they each represent a

different period of time in American history. The following module offers insight into the ways Disability Studies has grappled with these issues.

Module 1 Learning Goals

There are five learning goals for Module 1 that guide students in understanding the models of disability and applying them to the field of Urban Planning. These learning goals will provide groundwork for success metrics for students upon completion of this section and are integrated within the course's culminating project. This section teaches students to recognize four perspectives on disability and then apply them to real-world examples.

As future urban planners, students will benefit from familiarity with these models and the rhetoric surrounding them when making planning decisions and implementing plans. It is also important that students understand the backgrounds, strengths, and limitations of each model. The models can be used as a lens of analysis when researching or interacting with the built environment, policy, legislation, and social acceptance of disability in public space. Students will demonstrate their ability to analyze these norms over time when considering Urban Planning's current impacts and possibilities for its future. While the naming of the models is more recent, they represent a lens and values that have been entrenched into American culture and in turn, Urban Planning. The five guiding questions for this module are below:

1. What is ableism and how does it appear in the built environment?
2. What are the models of disability?
3. Identify the strengths and limitations of each of the models.
4. How can these models be used as a lens for analysis in Urban Planning?
5. In what ways are these models embedded in social norms and the built environment?

Module 1 Syllabus

Week	Topic	Class Activities	Assignments
1	Introduction, Charity and Medical Models of Disability	Introduce collaborative course glossary	Short reflection on guiding questions One addition to class glossary
2	Social Model of Disability and Disability Justice Framework	Poster Whirl/Round Robin: compare and contrast models in groups	Short summary paper of module 1

Module 1 Reading Materials

In this first module, the assigned readings will be relatively theory-centric to help students understand the theories, ideologies, and models that they will be working with throughout the class. Each theory will have both a reading and a piece of media or a short exploration of the built environment to help them visualize the theories. The assigned materials will be followed up with either a forum post or an in-class journal exercise, followed by small group discussions. In general, this section avoids dense reading so that the author's language does not detract from the knowledge the student should gain.

For the charity model, an assigned reading could be drawn from Beth Haller's *Representing Disability in an Ableist World: Essays on Mass Media* or Doris Fleischer and Frieda Zames' *The Disability Rights Movement: From Charity to Confrontation*. The suggested pieces of media could include *The Upside*, *Marie's Story*, or a juxtaposition of films like *Crip Camp* and *Piss on Pity*. The films, *Marie's Story* and *The Upside*, use the other characters' interactions with the disabled character as a plot point of personal growth. *Crip Camp* and *Piss on Pity* offer a different perspective of interdependence and disability pride. I suggest that these films may provide a more

accessible entry point to thinking about disability critically than a text on forced institutionalization or similar. I intend to encourage students to determine what they think is an ethical approach to disability, and to question why there is an underlying societal assumption that segregation on the basis of disability is not disruptive.

Texts I may suggest for the medical model include selections from *The Routledge Companion to Disability and Media* including the chapter titled *Embodying Metaphors: Disability Tropes in Political Cartoons*. Other options include Alison Kafer's book *Feminist, Queer, Crip* with the chapter titled *At the Same Time, Out of Time: Ashley X*. An introductory reflection for students could have them think about a time they experienced physical disability or have needed accommodations and their experiences interacting with the built environment. These experiences could range from navigating multi-story buildings with a broken foot, bright and loud environments with a migraine, needing frequent bathroom access from food poisoning or a UTI, or increased distractibility from ADHD. Another thought would be having them select a business such as a church, apartment building, or city government building in the city to see if they can determine whether the building is physically accessible and who they would need to contact with accessibility questions.

The social model has a wide variety to choose from, with many authors voicing opinions on it. Michael Oliver's writings on the social model feel vital to include as he originated the term. His 1996 article *Understanding Disability: From Theory to Practice* or his 2013 article *The Social Model of Disability: Thirty Years On* both offer valuable insights into this model. One exercise students may find helpful is to consider an aspect of the built environment they would change and whether that change would fix the root of the problem they are experiencing.

The disability justice section may draw on Leah Lakshmi Piepzna-Samarasinha's book *Care Work: Dreaming Disability Justice* (Arsenal Pulp Press, 2018) or Mia Mingus's blog with an entry like "*Disability Justice*" is *Simply Another Term for Love* (Mingus 2010, np). This blog post was also presented as the opening keynote speech at the 2018 Disability Intersectionality Summit and is available as a recording. For such a big concept as disability justice, I may ask students to reflect on what two of the principles mean to them and how they see those principles appearing in the built environment.

Module 1 Assignments and Activities

This first module will have two in-class activities, with the first being a poster whirl or round robin in which students compare and contrast the models in small groups. This will include sample scenarios that students will discuss with their groups before assigning them a dominant model. One example of this could be: "Zoe tries to get an item off the shelf at a library, but cannot reach it from her wheelchair. The next time she goes to the library, she notices the shelves in that area have been lowered so that she can now access the books. Which model best describes this scenario?" After students complete their posters, each student group will briefly present their opinions on the scenarios to the class. This may either be as a verbal presentation or displaying posters for students to engage with.

The second class activity is the introduction of the class glossary. This will be a project that students work on throughout the term, revisiting it at the beginning of each module or as needed. Students will list a new term, their definition, a source for that definition, and an optional example. Students can add depth to other students' definitions to encourage collaborative learning. Once students have completed this activity for the day, the instructor will go through and add

comments to clarify definitions if necessary. An example of phrases that may be in the glossary is below:

Class Glossary

Ableism: The social expectation of able-bodiedness and assertion that a non-disabled body is normative, standard, dominant, and desirable. For the built environment, only considering an able bodied person's interactions with the space in planning and design (Hehir 2002, 3; Sharma et al 2025, 1-26) by Student A.

"From an ableist perspective, the devaluation of disability results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids, etc" (Hehir 2002, 3) found by Student C.

Curb Cut: A ramp cut into the sidewalk, typically at corners, to provide stairs-free access to crosswalks by Student B.

Paratransit: A type of transportation service offered by public transportation systems to supplement fixed-route transportation such as trains and busses. Paratransit does not have fixed routes or timetables and is generally only available to qualifying residents, by Student C.

Sheltered Workshop: A workshop that employs disabled people in segregated conditions. Typically workers are paid a sub-minimum wage (Ben-Moshe 2020, 50) by Student D.

Token: "The practice of doing something (such as hiring a person who belongs to a minority group) only to prevent criticism and give the appearance that people are being treated fairly" (Britannica nd, np) by Student E.

Example: There is only one Latina student in the class, and everyone asks her for opinions on the current political climate in the US around deportations. When she gives those opinions, everyone assumes that they represent all Latina/o/x people in the US, by Student D.

This first module will have three homework assignments. The first asks students to reflect on the initial readings about the charity and medical models in the context of the guiding questions of the class. This short reflection is intended to gauge the prior knowledge of students and encourage them to begin analyzing the theory. The next assignment will be adding one to three

definitions to the class glossary from the week's lectures, discussions, or readings. The last assignment is a short summary paper of the concepts covered in the first module. It is intended as a two to four page paper in which students discuss their understanding of the models of disability and how the students see them in the context of the built environment.

Module 1 Discussion of Content

This module begins with introducing students to ableism. This definition is foundational to the rest of the class and understanding the impacts of inaccessible urban areas on residents.

The definition of ableism used in this syllabus is:

"From an ableist perspective, the devaluation of disability results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids, etc" (Hehir 2002, 3).

Ableism is a bias against disabled people that can be seen in many facets of both American culture and worldwide. The quote above describes how ableism is embedded into the way children are raised and taught in schools, often in the name of personal improvement. While the United States has made significant progress towards the integration of disabled people and legislation for adapting the built environment to physical access needs, there is still a significant way to go. Disabled people often face bias when seeking employment, housing, or taking public transportation (Sharma et al 2025, 1-26). Additionally, interpersonal bias can present as microaggressions, exclusion from social activities, objectification, tokenism, and a lack of equal representation.

The three theoretical models and the disability justice framework discussed in the literature review provide the meat of what students will be engaging with in this module. Some key concepts

that supplement the modules in the introduction to Disability Studies are institutionalization of disabled people, the 'disability con,' cure-seeking narratives, barrier removal, and equity versus inclusion. These concepts are briefly discussed below.

The charity model is important for urban planners because if disabled people are not active participants in public life, there is little need to plan accessible spaces except in hospitals, institutions, and care homes. This stems from a set of municipal ordinances known as the Ugly Laws which constrained the ability of visibly disabled people to appear in public and encouraged appearance-based discrimination and institutionalization (Schweik 2010, 19). Today, this can also be seen in the practice of keeping accessibility accommodations, like ramps or elevators, hidden. The Ugly Laws were also concerned with people presumed to be faking injury for charity or personal gain which persists today and is called the 'disability con' (Schweik 2010, 128). While studies of other marginalized groups have found that contact with individuals who are of the marginalized group increases acceptance, the persistent anxiety of the disability con can lead to the opposite effect (Dorfman 2019, 1053). Concerns over who is faking disability for charitable or legal gain such as bringing a dog into a restaurant or a handicap parking placard create access difficulties for disabled people.

In contrast, the medical model seeks to eliminate disability by curing medical impairments. The medical model's similarities to the Ugly Laws are found in their mutual goal to cure or hide disability. Disabled people are additionally impacted when they are ascribed multiple marginalized identities such as race and class. Sharon Snyder and David Mitchell's *Cultural Locations of Disability* talks about how disabled people became perceived as defective, saying that “as eugenics came increasingly to delineate a concept of substandard labor capacities – then identified largely through classifications such as idiocy, feeble-mindedness, or subnormalcy – it started to give the

category of disability a coherence” rooted in biological deficiency that interacted with cultural definitions of normalcy (Snyder and Mitchell 2006, 8-9). It reduces disabled people to care-oriented lives with in-home or institutionalized services, instead of living full lives in public spaces.

The social model redefines disability as something imposed by the built environment or a person's surroundings (Oliver 2013, 1025). Proponents of this model seek to limit societal inaccessibility and improve access to accommodations as a means of reducing the barriers that cause people to become disabled, while critics contest that barrier removal does not remove disability (Snyder and Mitchell 2006, 19-21). This adds challenge to an urban planner's role as the United States has specific standards to follow to create an accessible built environment. As a result of social model influences on planning, curb cuts, elevators, and handicap door buttons have become more commonplace. This begs the question, how can urban planners both succeed in following those standards and yet not create accessible spaces?

In contrast to the models, Disability Justice avoids rights-based advocacy, and instead followed the principles below:

Ten Principles of Disability Justice (Sins Invalid nd, np)

INTERSECTIONALITY “We do not live single issue lives” –Audre Lorde. Ableism, coupled with white supremacy, supported by capitalism, underscored by heteropatriarchy, has rendered the vast majority of the world “invalid.”

LEADERSHIP OF THOSE MOST IMPACTED “We are led by those who most know these systems.” –Aurora Levins Morales

ANTI-CAPITALIST POLITIC In an economy that sees land and humans as components of profit, we are anti-capitalist by the nature of having non-conforming body/minds.

COMMITMENT TO CROSS-MOVEMENT ORGANIZING Shifting how social justice movements understand disability and contextualize ableism, disability justice lends itself to politics of alliance.

RECOGNIZING WHOLENESS People have inherent worth outside of commodity relations and capitalist notions of productivity. Each person is full of history and life experience.

SUSTAINABILITY We pace ourselves, individually and collectively, to be sustained long term. Our embodied experiences guide us toward ongoing justice and liberation.

COMMITMENT TO CROSS-DISABILITY SOLIDARITY We honor the insights and participation of all of our community members, knowing that isolation undermines collective liberation.

INTERDEPENDENCE We meet each others' needs as we build toward liberation, knowing that state solutions inevitably extend into further control over lives.

COLLECTIVE ACCESS As brown, black and queer-bodied disabled people we bring flexibility and creative nuance that go beyond able-bodied/minded normativity, to be in community with each other.

COLLECTIVE LIBERATION No body or mind can be left behind – only moving together can we accomplish the revolution we require.

Individuals with multiple marginalized identities face cumulative discrimination and exclusion, making disability a vital consideration for analyzing urban accessibility (Mingus 2010, np). The perspectives on disability and ableism discussed in this Module provide context for students as they engage in the content of Module 2. This next module builds upon the theoretical foundation and introduces students to the Americans with Disabilities Act of 1990 and United States disability history.

Module 2: Disability History in the United States and the Passage of the Americans with Disabilities Act

Module 2 Introduction

The second module of this class discusses how Urban Planning has tried to accommodate disability in the built environment. As students have now been familiarized with ableism in the built environment and some basic theories of Disability Studies, the class returns to the built environment and encourages students to apply these theories to familiar ground. The material in this module is largely split into three sections: historical ways the built environment has been planned to accommodate or not accommodate for disabilities, the passage of the Americans with Disabilities Act of 1990 (ADA), and the time since the ADA. In the United States, a major defining moment of physical disability access is the ADA, so that is generally where the line between past and present is drawn in this section.

The history examined in this module primarily follows the charity and medical model logics around disability described in the previous section. In the United States, being visibly disabled in public has been discouraged or banned until comparatively recently, with a variety of legislation, court cases, and social pressures combining to keep disability out of sight and out of mind (Heumann 2020, 10-70). Examples of this in the U.S. are asylums, psychiatric incarceration, eugenic sterilization, and special education. While disability access was present before the ADA, it was far more limited to paratransit and other things that allowed minimal access and little societal integration (Heumann 2020, 70-119).

The changes brought by the ADA are widespread such that the comparison of change is what illuminates how inaccessible the built environment was before its passing. Curb cuts in

sidewalks, minimum building access requirements in new builds, wheelchair accessible bathroom stalls, and more have become common across the United States since 1990. These changes allow for integration and for many disabled people to independently navigate the built environment. The ADA offers a test case for the social model perspectives offered in the last section, as by changing the built environment it changes the lived experience of disability. This module looks at these changes and asks students to consider whether these changes are sufficient.

Module 2 Learning goals

Section two of this course has three main learning goals. These guide students through understanding how urban planners have approached planning for disability in public and the perspectives of planners when doing so. The following learning goals establish success metrics for this module. Throughout this section, students will learn about how American urban planners have approached disability in the recent past and present. Additionally, they will consider how the historical approach impacts the future of disability inclusion. This module will carry forward the knowledge of the models of disability from the previous module and encourage students to draw connections between them and what they will learn in this section.

The three learning goals are as follows:

1. How has Urban Planning tried to solve the disability “problem”?
2. What “fixes” have been tried for urban access in the United States and how have they been successful or not?
3. What strategies can be employed for better public accessibility for all?

Module 2 Syllabus

Week	Topic	Class Activities	Assignments
3	Urban Disability History	Revisit and add to course glossary	Daily commute observation log
4	ADA and Current Accessible Planning Staples	Watch Capitol Crawl video and discuss in groups	Short summary paper of module 2
5	Application of Disability Theory	Class walking audit	Expectations and reflections journal of in-class walking audit

Module 2 Reading Materials

The second model transitions the class from theory to history. As such, the materials assigned are focused on American disability history and the passage of the Americans with Disabilities Act. This history is critical for urban planners to understand as it influences modern design choices. Suggested materials for Week Three give students two perspectives on different periods in history. The first selection is a video of a protest known as the Capitol Crawl. This video shows students what options disabled people have if a space is inaccessible: crawl or don't go. This will be paired with Susan Schweik's chapter "The Right to the City" in her book *The Ugly Laws: Disability in Public*. This chapter discusses the Ugly Laws in the context of Lefebvre and brings the discussion of non-normative bodies, exclusion, and access home to Urban Planning. The last reading for this week is the full text of the Americans with Disabilities Act.

Week Four shifts to a direct focus on the built environment. The first reading is David Pfeiffer's *Public Transit Access for Disabled Persons in the United States*. Pfeiffer discusses the drawbacks of paratransit and buses with wheelchair lifts as common solutions for disability access in public transportation. This critique pairs with a chapter from Bess Williamson's book *Accessible*

America: A History of Disability and Design. The chapter “7 Beyond Ramps: Crippling Design” discusses the issues created by stopping accessible design at adding ramps and suggests crippling urban design. "To “crip” design is to challenge the premise of much of twentieth-century accessible design that framed disability as a kind of imposition or an interference in the accepted norms and standards for the built environment" (Williamson 2019, 189). These readings suggest ways that views of design and access can be expanded when Disability Studies is brought into conversation with Urban Planning.

Week 5 concludes the module with a shift into practical application. This week's materials discuss walking audits, with the first reading being a guide from the Minnesota Department of Health titled *Inclusive Walk Audit* which instructs practitioners on how to conduct an inclusive and representative walking audit. The second reading is *Sampling Methodology and Reliability of a Representative Walkability Audit* which provides a quantitative perspective on this activity. These readings will be followed up by the class conducting a walking audit.

Module 2 Assignments and Activities

Module 2 will have three in-class activities, beginning with revisiting the course glossary. While students are welcome to add terms as they are introduced, the class will spend a moment revisiting the glossary from Module 1, adding a section for Module 2, and beginning to add relevant items from Module 2. The next in-class activity will be watching a video of the Capitol Crawl protest and discussing the intent of the protestors, its impact on people at the time, and its impact on the class today. Each small group will write down a couple points to share back with the class about the protest. The final in-class activity will be a walking audit in which students walk as a group from the classroom to a nearby building such as a transit center, a library, or a

park. Ideally the building is about a ten-minute walk from the classroom so that students have time to get in a rhythm. A section of a proposed walk audit worksheet is below:

Sample Walking Audit Worksheet	
How did you exit the classroom? For example, did someone hold the door open, a push or pull handle, an electric button, or another method.	
Count the number of curbs with curb cuts that you encounter on this walk.	
Count the number of curbs without curb cuts that you encounter on this walk.	
At the first intersection, note whether the provided accessibility features are functioning as intended. For example, is the tactile pavement or the pedestrian walk signal broken?	
Observe the group, are all members using the same modalities? For example, are people walking unassisted, with a cane, using a wheelchair, and so on.	
Ask a classmate how they are doing and if the walk is being comfortable for them.	

There are four homework assignments for this module. The first is a daily commute observation log for two journeys that the student makes. These logs will consist of any observations they have on the accessibility of their journey, including any positives or negatives. Examples of observations the students might record are an elevator being out of service, a bus kneeling for another passenger to board, an intersection where they feel unsafe due to greenery impairing visibility, or the number of curbs with or without curb cuts on their journey.

The next homework assignment is a two to three page paper on the disability history discussed in Module 2 and relating it to the four theories of disability covered in Module 1. The way students bring in the theory is an individual choice, but this assignment would be looking to see something along the lines of "the Capitol Crawl protest was shocking to the American public because the charity model produced a helpless and dependent view of people with disabilities, and this protest disrupted that view." The final two homework assignments will be two one page reflection papers on the walking audit. One will be submitted before the walking audit and will cover student expectations of the audit and what they may experience. The second one will be written after the audit for students to reflect on their expectations versus their experiences.

Module 2 Discussion of Content

Before the Americans with Disabilities Act

Prior to the passing of the Americans with Disabilities Act of 1990 and several other preceding laws passed in the twentieth century, there was little room for disability in public life. Asylums and psychiatric institutions were broadly used as methods of hiding society's undesirable populations who were often disabled (Meldon 2017, np). Involuntary incarceration in an almshouse or on a workfarm was common in nineteenth century America, with these facilities having little oversight or regulation (Meldon 2017, np).

The history of the Ugly Laws spans over a century, beginning with the American Civil War (Schweik 2009, 2). This module argued that the moral crisis sparked by an increase in disabled veterans needing to beg for money to survive triggered a surge in ableist ideology that continues to affect disability today. The public uncertainty over "authenticity" of beggars' injuries or veteran status merged with the eugenics ideology of the time to produce legislation that discouraged visibly

disabled people from appearing in public (Schweik 2009, 111). Proponents of this eugenics ideology believed that there was an ideal body that conformed to certain societal ideals around race, religion, and mentality. This ideology advocated for the removal of people who could not meet that ideal, such as people with disabilities, people of color, and gender non-conforming people (Schweik 2009, 142). The prevalence of these laws affected social and legal perceptions of disability in the United States and prevented people with disabilities from gaining access to equal rights alongside their non-disabled counterparts which is reflected in the built environment. For example, there continues to be a lack of curb cuts outside of newly redeveloped areas which can mean wheelchair users must be in the road instead of on the sidewalk. The buildings may be retrofitted or new, but the inaccessible sidewalks render them unusable to those on wheels.

During the era of the Ugly Laws, Boston imposed "harsh prison sentences on 'sham cripples'" and went to great lengths to deter people with disabilities from appearing in public spaces (Schweik 2009, 110). The lack of systemic design or change to implement accessibility continues to affect transportation systems today, with many buses still lacking lifts, or stopping at places without curb cuts. These are the lasting physical effects of urban inaccessibility from before the ADA when there were few curb cuts or other physical alterations. The myriad of factors continuing to affect the accessibility of the built environment reflects the continuing influence of Boston's unsightly beggar ordinances and the degree to which the urban structure restricts the movement of disabled residents.

Discussions of race, disability, and unsightliness illustrate the connections between social and legal perceptions in the United States and how they have changed over time. The ideology of the Ugly Laws encouraged discrimination by non-disabled people to keep "ugly bodies" from appearing in public sight, and the lack of protective legislation allowed accessibility to be

overlooked in favor of ideological and fiscal concerns. This affected whether someone would be hired, allowed to buy a movie ticket, be permitted to board a bus, or check a book out at a library. For example in New York City, "[the Tenement Housing Committee] played a significant role in developing a system for describing, categorizing, and managing the 'urban poor' through the allocation of affordable housing... urban reform during this era organized and designed a topography of 'two cities' – one of the 'fit' and the other of the 'unfit'" (Biddingmaier 2019, 267).

Case law was also created to govern the reproduction of people with disabilities. The 1927 United States Supreme Court Case *Buck v. Bell* allowed for the sterilization of institutionalized inmates in order to improve or promote the "health of the patient and the welfare of society" (Buck v. Bell 1927). *Buck v. Bell* asked whether a state statute that allowed sterilization denied the petitioner, Carrie Buck, the right to due process and equal protection under the Fourteenth Amendment. Carrie Buck was committed to a state institution for being "feeble minded," a condition that had been present in her family for the last three generations. The ruling was written by Oliver Wendell Holmes Jr. who claimed that public welfare outweighed bodily integrity (Buck v. Bell 1927, np). *Buck v. Bell* was never overturned, but Virginia repealed the procedures in 1974 and the case law was negated by the Americans with Disabilities Act of 1990. While sterilizations were forcibly performed under a variety of eugenical rationales during this time period, *Buck v. Bell* specifically affirmed the sterilization of people with disabilities. Pervasive eugenic attitudes similar to the ones expressed in this case alongside Urban Planning philosophies like the City Beautiful movement suggested that there was no purpose for planning for disabled people as they were not a part of the American public.

This brief history of disability in America before the passing of the Americans with Disabilities Act gives glimpses into dominant ideologies and their physical manifestations. People

were subject to a variety of conditions and discriminatory behavior based on their perceived identities without any legal recourse.

The Americans with Disabilities Act

The Americans with Disabilities Act of 1990 created a federal definition of disability as well as minimum access requirements that must be met (National Network: Information, Guidance, and Training on the Americans with Disabilities Act 2022, np). The ADA has five titles that address employment, public entities, public accommodations, telecommunications, and miscellaneous. It also covers service animals and auxiliary aids. It has been amended twice, with one amendment in 2008 updating the wording and the other in 2019 to legislate web accessibility and content guidelines (Americans With Disabilities Act, 1990, np). A leader in the social movement that led to the passing of the ADA described it as:

A landmark commandment of fundamental human morality. It is the world's first declaration of equality for people with disabilities by any nation. It will proclaim to America and to the world that people with disabilities are fully human; that paternalistic, discriminatory, segregationist attitudes are no longer acceptable; and that henceforth people with disabilities must be accorded the same personal respect and the same social and economic opportunities as other people – Justin Dart Jr., “Godfather of the ADA” (Browne 2020, np).

The five titles, or sections, of the ADA cover many aspects of life in the United States. Title I regulates employment. The ADA states that entities covered by the law cannot discriminate against an individual with disability on the basis of disability. This applies to all parts of the job including application, hiring, training, advancement, firing, and physical access to the workspace. It applies to all workplaces that have fifteen or more employees as well as labor organizations, employment agencies and other work-related organizations. It imposed strict regulations on when such entities can ask job applicants or employees disability-related questions, undergo medical examinations, and lastly, it requires that medical information is kept confidential. Employers are

required to follow ADA standards for accessible design and not discriminate in the hiring process even if they have no disabled employees. This disrupts one of the cycles of inaccessibility where a space would remain inaccessible because no people with disabilities could access it in the first place (Americans With Disabilities Act, 1990, np).

Title II prohibits discrimination by all public entities at all levels of the government. This includes school districts, cities, counties, and states (Americans With Disabilities Act, 1990, np). This includes physical access as described in the ADA standards for accessible design. It also applies to programs and events, banning them from obstructing access with discriminatory policies and procedures. It also applies to all entities regulated through the U.S. Department of Transportation, including interstate rail like Amtrak and all other transportation authorities. For example, it set the minimum requirement for wheelchair space on public transit. It requires that transportation agencies that provide fixed route services such as bus routes also provide paratransit services within three quarters of a mile of those routes (Americans With Disabilities Act, 1990, np). A fixed route service is a bus, streetcar, or train that moves along a designated route and time schedule. Lastly, it also applies to all public housing and housing assistance. Beginning in 1991, all financially assisted housing must meet the accessibility requirements described in the ADA and the Fair Housing Act. These two acts require a certain percentage of accessible units per building or project.

Title III covers public accommodations and commercial facilities. It states that no one can be discriminated against on the basis of disability with regards to the equal enjoyment of goods, services, facilities, or accommodations of any place of public accommodation (Americans with Disabilities Act ADA Title III Technical Assistance Manual nd, np). A public accommodation is a facility whose operations affect commerce and fall into one of twelve categories such as places

of lodging, recreation, and transportation⁴. While Title III covers most facilities, there are numerous exceptions including religious institutions and historic properties in the National Register of Historic Places (Americans With Disabilities Act, 1990, np).

The public accommodation requirements were not made retroactive in order to reduce the economic impacts of implementation. However, all new construction, including modifications and alterations, is required to be accessible after the passage of the ADA, as well as to comply with building code upgrades. It also applies to unmodified structures if barriers are readily removable without significant expense. There is no standard definition of ‘significant expense’ under the ADA as it is considered on a case-by-case basis and includes factors such as the type and cost of implementing the accommodation in relation to the size, resources, nature, and structure of the business (National Network Information 2022, np). The standard of reasonable accommodation applies differently based on the scope of the problem and financial capability of the owner.

Title IV covers telecommunications and amended the Communications Act of 1934. It requires that all telecommunications companies in the United States ensure equivalent and functional services for consumers with disabilities. Title IV also led to the creation of telecommunication relay services. Some of these are video calls, while others are text calls. In either form of call, communication assistants translate between the words of a consumer and the spoken words of others (Americans With Disabilities Act, 1990, np).

Title V is for miscellaneous provisions. It states that nothing in the ADA amends, overrides or cancels anything in Section 504. It also includes anti-retaliation or coercion provisions. This

⁴ "A public accommodation is a private entity that owns, operates, leases, or leases to, a place of public accommodation. Places of public accommodation include a wide range of entities, such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, museums, libraries, amusement parks, private schools, and day care centers. Private clubs and religious organizations are exempt from the ADA's title III requirements for public accommodations" (ADA National Network 2026, np)

includes actions based on the perception of disability, regardless of disability status, as discrimination under the ADA (Americans With Disabilities Act, 1990, np).

The ADA also covers auxiliary aids and services. These are items, equipment or services that bridge communication gaps between people with vision, hearing or speech disabilities and those who do not have those disabilities. Auxiliary aids and services include things such as interpreters, note takers, transcription services, closed captioning, text telephones, audio recordings, Braille, screen readers, magnification software/hardware, and the acquisition of equipment or devices. Public accommodations are required to take steps to ensure that disabled people can access the auxiliary aids they need and that they are not excluded, segregated, or treated differently in places of public accommodation. The only exception for this is if the place of public accommodation can prove that providing these services places an undue burden on the business (Americans With Disabilities Act, 1990, np).

The five titles of the ADA discussed above have had sweeping impacts on public spaces in the United States over the last thirty-six years. These changes are highlighted by the ways that people protested to demonstrate the need for such a law. Many of the protests that were highly visible involved public transportation. Until the passage of the ADA, there was no requirement for public transportation to be physically accessible or for operators to allow disabled people to board (Massachusetts Bay Transportation Authority, nd, np). The specific protest that is credited with passing the ADA has been titled the Capitol Crawl.

The Passage of the Americans with Disabilities Act

On March 13, 1990, a disability rights group called ADAPT organized a demonstration in front of the United States Capitol building in Washington D.C to advocate for and demonstrate why people with disabilities needed comprehensive civil rights legislation. Activists with physical

disabilities gathered in front of the capitol steps, crawling and pulling themselves up the steps unassisted, chanting “ADA Now” and “Vote Now” to encourage Congress to vote on the passage of the ADA (Eaton 1990, np). Other activists remained at the bottom of the steps holding signs and yelling encouragement. The LA Times covered the protest, saying “crawling up the Capitol steps to dramatize the barriers confronting them, scores of disabled persons rallied Monday to protest delays in congressional action on a Senate-passed bill to expand their access to jobs, transportation and public services” (Eaton 1990, np).

A video of a second grader with cerebral palsy pulling herself up the steps while saying “I’ll take all night if I have to” gained significant coverage and still circulates today (Wachter 2020, np; Ervin 2020, np). This protest and protests at Gallaudet University⁵ over the appointment of a hearing president added weight to the forces advocating for the passage of the ADA (Shapiro 1994, 75). Regardless of its impact on Congress, it provided a strong example to the American public who had never before seen the physical effects of inaccessibility. This example was shocking at the time when visibly disabled people were kept out of many public spaces due to physical barriers and social pressures.

⁵ Gallaudet University is a university for d/Deaf and hard of hearing people. It was the first higher education school for d/Deaf and hard of hearing people in the United States.



Capitol Crawl Protest. Photo by Tom Olin (Cascade Public Broadcasting Service 2025, np)

Other protests were staged for disability rights both before and after the Capitol Crawl. In some cases, protests were held after the ADA when access was not improved or operators refused to let people with disabilities board public transportation. In Boston, this led to a lawsuit in 2002, resolving in an agreement in 2006, saying that:

This agreement is based on a shared vision between plaintiffs and the MBTA to make the MBTA a model transit system accessible to all. There is a mutual commitment and desire to comply not only with the letter but also the spirit of the Americans with Disabilities Act, with the complete understanding that all people with disabilities must have every opportunity to be fully participating members of our community and that fundamental to this opportunity is the right and ability to use public transportation in an equal, effective, and dignified manner (Massachusetts Bay Transportation Authority nd, np).

Barriers to Bus Service Access	2005	2025
Operator denies service to a rider with a disability	11%	<1%
Rider with a disability can't board a bus due to a broken lift or ramp	19%	0%
Destination signage is missing or incorrect	15%	<1%
Wheeled mobility devices are not secured using four straps	91%	7%

The table above is from the MBTA as well, with a comparison made at the time of the lawsuit discussed above and service in 2025 (Massachusetts Bay Transportation Authority nd, np). The increase in disability access over twenty years is remarkable. Today, urban residents regularly encounter many accessibility alterations in the urban built environment. Bess Williamson described her interactions with accessible design in a city: “I use the curb cuts, feeling under my feet concrete grooves and rubberized bumps that signal a shift in terrain. I see parents pushing strollers, travelers wheeling bags, and street vendors and movers with hand carts all using curbs and ramps to go about their daily tasks. Returning an armful of books to the library, I hip-check the large metal button that opens the automatic door” (Williamson 2019, 1). Many people interact with these same features of the built environment in their morning commutes to work. Other common features of accessible design in the built environment are braille, elevators, and audible signals alongside visual pedestrian walk signage.

Impacts of the Americans with Disabilities Act

The primary way that the ADA altered disability access was by creating a legal minimum standard of access required across all fifty states. It has created a legal definition of what accessibility means and standards for how it must be applied to the built environment. This has created a variety of effects in the built environment and requires urban planners to consider

disability proactively. In some ways the ADA is built along the same lines as the social model by seeking to improve access to spaces either by barrier removal or accommodations. The ADA is not affirmative action, nor does it require the retroactive improvement of existing infrastructure in most cases. It does, however, apply pressure to work on barrier-removal projects for public spaces in the form of ADA transition plans.

A barrier removal or ADA transition plan is a requirement of governments within the United States with over fifty employees. These plans are intended to remove barriers and increase public access in pedestrian infrastructure and other features of the built environment managed by public agencies. Despite the legal requirement and access needs for these plans, only 13% of local governments had published barrier removal plans, and many of these lack minimum requirements, while 87% of governments required to have a plan did not have one (Eisenberg et al., 2024, 2). These plans should have "methods for barrier-removal, laying out a schedule, identifying who will be responsible and involving the public... the plan not only needs to have these minimum requirements, but also has to show evidence that it will get used, such as by specifying dates for specific locations, setting priorities that are informed by people with disabilities and identifying funding sources" (Eisenberg et al., 2024, 1). This method puts the burden of proof on the wronged party and disabled people often lack the fiscal resources available to the broader non-disabled population.

Due to the absence of ADA transition plans, a primary method for residents seeking resolution for these issues are lawsuits (Eisenberg et al., 2024, 2). One of the main areas currently lacking in physical accessibility is pedestrian infrastructure like sidewalks, curb ramps, intersections, and walk signals. When disabled people encounter physical barriers in the environment, it limits their ability to participate in their community as well as complete necessary

tasks (Eisenberg et al., 2024, 2). The lawsuits necessary to both prove the persistent inaccessibility of American cities and to improve the infrastructure are costly to a city's budget: "Recent lawsuits reveal that less than 1% of Chicago's signalized intersections had accessible pedestrian signals [while] only 1.3 % of Baltimore's curb ramps were accessible" (Eisenberg et al 2024, 2). In Seattle, a lawsuit was settled on a similar matter with an excerpt from the settlement below:

On July 18, 2017, the Plaintiffs and the City of Seattle agreed to settle this landmark class action lawsuit by requiring the City of Seattle to install more than twenty thousand accessible curb ramps throughout Seattle over the next eighteen years, at a cost of approximately \$300 million. In addition to installing thousands of curb ramps, Seattle also promised to improve the way it responds to people with disabilities who report bad or missing curb ramps (Dandarian Ho Kan & Lee nd, np).

These lawsuits argue that there is a vital need to address the lack of progress in barrier removal and restore disabled residents' faith in their local government. When lawsuits are required for action, that implies where disability access falls in municipal priorities: not on their radar. Local government could save significant amounts of time and money by proactively considering disability as 24% of adults in the United States report having a disability that impacts their participation in their communities and that "mobility disabilities are the most common type of disability in the US, reported by 1 in 7 adults" (Eisenberg et al 2024, 2). One major concern with the lack of implementation is the "knowing-doing gap" where there is a need for "effective practices help bridge the gap between knowing what needs to be done, (i.e., knowing a municipality needs an ADA transition plan) and actually doing it (i.e., developing and implementing the plan)" (Eisenberg et al 2024, 3). In addition to the challenges posed by knowledge, budgets, and lawsuits, documentation has proved to be an obstacle for effective implementation with "many entities overstate their compliance efforts, and others may be reluctant to admit noncompliance" due to legal and constituent pressures (Eisenberg et al 2024, 3).

In addition to the concrete barriers of the built environment harming people who identify as disabled, these barriers also impact other people with disabling effects. Elderly people and kids may need to sit more often, people with strollers or luggage may wish to use the elevator, and so on. Disability access measures benefit these groups and can often be life saving as well. Often the impacts of inaccessibility on non-disabled people are more effective than their expected impacts on disabled people. One example of this was the public outcry surrounding the death of a woman in the New York City subway as she was carrying her stroller down the stairs and it fell on her. The New York Times described the incident saying "her death reverberated throughout New York City, among stunned parents who often traverse crowded subway stairs with strollers and among people who are disabled and regularly encounter an inaccessible transit system" (Gold and Fitzsimmons 2019, np). Despite disability rights groups in NYC trying to raise enough attention about this issue previously, the newspaper states that "her death has shined a light on the lack of elevator service and accessibility issues that have long plagued the city's subway system" (Gold and Fitzsimmons 2019, np). This incident suggests that disability is a variable by which some people's experiences are deemed more valuable to the agencies that regulate the built environment.

Module 3: Applying Disability Knowledge to the Built Environment

Module 3 Introduction

The final module considers what a collaborative approach to solving the problem of disability access can look like. This includes current theories and future possibilities coming from both fields as well as scholars positioned between the two. This section encourages students to take the theories and history they have learned and to apply it to their own planning work. By viewing planning practices through Disability Studies perspectives, students can broaden both fields. This section takes the knowledge gained in the previous two modules and encourages students to think critically about how they can use their planning skills to alter the built environment.

Ideas discussed in this section include theories like universal design, streets for life, and bathroom access. Additionally, this section discusses how increasing access to micromobility and equitable planning for historically marginalized populations can increase urban access for everyone. This section also touches on urban causes of disability, including over-exposure to pollutants. Other considerations include the disabling impacts of climate change on vulnerable populations and the ways in which exposure to climate extremes can disable individuals and communities. This section highlights the ways in which the two disciplines of Urban Planning and Disability Studies can be overlapped to create a more accessible city.

Module 3 Learning goals

Section three has three learning goals for students in this final module of the class. These learning goals build upon the material learned in the first two sections and encourage students to

think critically about the intersections of Urban Planning and Disability Studies. At this point in the term, the students should be comfortable applying the models of disability and analyzing the built environment around them. The guiding questions below encourage students to move beyond the constraints of the models of disability and work within the disability justice framework. Additionally, students consider the impact they will have on the built environment over their careers and brainstorm the kinds of changes they would like to implement.

The three learning goals are as follows:

1. How can the models of disability be critically applied to create positive change?
2. How does intersectionality alter solutions to urban access?
3. How can Disability Studies and Urban Planning work together to build a better future

Module 3 Syllabus

Week	Topic	Class Activities	Assignments
6	Universal Design & Streets for Life	Revisit course glossary and add terms	Short reflection on the pros and cons of universal design, how students have experienced universal design in their lives
7	Urban Access as a Public Health Need	Discussion and debate: how the week's readings align with which models of disability	Reflection on a space that feels uncomfortable or inaccessible and how students would change it
8	Historical Exclusion and Modern Disability Planning	Small group discussion: how each student's view on ableism in planning has changed during this class	Final paper outline
9	Planning for Diverse Groups	Poster Whirl/Round Robin: Intersectionality and how it appears in urban planning spaces	Working on final paper

Module 3 Reading Materials

Week six begins with diving into two theories of accessible design, Universal Design and Streets for Life. Students will read an article by Hannah Silver, *How to Make Every Space More Welcoming to Disabled People (Maybe Even Outer Space)* and two chapters from *Inclusive Urban Design: Streets for Life*, Origins of the Streets for Life Concept and Streets for Life in Practice. These readings will be their first introduction to the work being done at the intersections of Disability Studies and Urban Planning that pushes back against the ableism that is implicit in large portions of urban design. These theories advocate for going beyond inclusion in currently inaccessible spaces to redesigning areas altogether.

Week seven discusses urban access as a public health need. Students begin with reading *Leaky Bodies and Broken Bathrooms* by Ron Buliung and Rhonda Cheryl Solomon and a chapter from Eric Klinenberg's *Heat Wave*. Both texts discuss how disabled people fare when using facilities meant for everyone, such as public bathrooms or cooling stations during a heat wave. These readings are followed by a chapter from Sunaura Taylor's *Disabled Ecologies* titled “Environmentalism of the Injured” that discusses the interactions of illness, disability, and environmentalism.

Week eight focuses on historical exclusion and its appearance in modern planning. The two articles are *Hindsight Isn't Necessarily 20/20: Reflections on Ableism in Planning Education and Practice* by Dubrow and Leppink and *Planners, We Need to Talk about Ableism* by Lisa Stafford. These are articles written from Urban Planning perspectives that are closely related to the core topics of this class. These readings encourage students to think about their education so far, and what they want to bring with them into their planning practice.

Week nine is the last week of new content in this class, which focuses on planning for diverse groups. The suggested readings are *Disability Justice Meets Climate Justice* by Lisa Stafford and Ron Builing and *Urban Transport Justice* by Stefan Gössling. These articles continue the balance between theory and application found throughout the proposed syllabus with actionable takeaways for planning students. The tenth week is reserved for discussion, reflection, and review of the course content.

Module 3 Assignments and Activities

Each week of Module 3 will have a different in-class activity. Students will begin by revisiting the course glossary, reviewing previous terms, and adding new ones. The next activity will be a discussion and debate in small groups about how the module's readings align with which models of disability. Students will likely have different perspectives on which models align with which reading, so this activity should deepen their perspectives. The third in-class activity will be a discussion in small groups on how the students' individual perspectives have changed on urban access and ableism during the class. Guiding questions will be framed to draw the discussion away from personal details, instead asking questions about what urban elements stand out more to them or whether ideas from this class have shown up in other classes that they are taking during the same term. The final in-class activity of the module, and of the class, is a concluding poster whirl/round robin on how intersectionality appears in urban planning spaces.

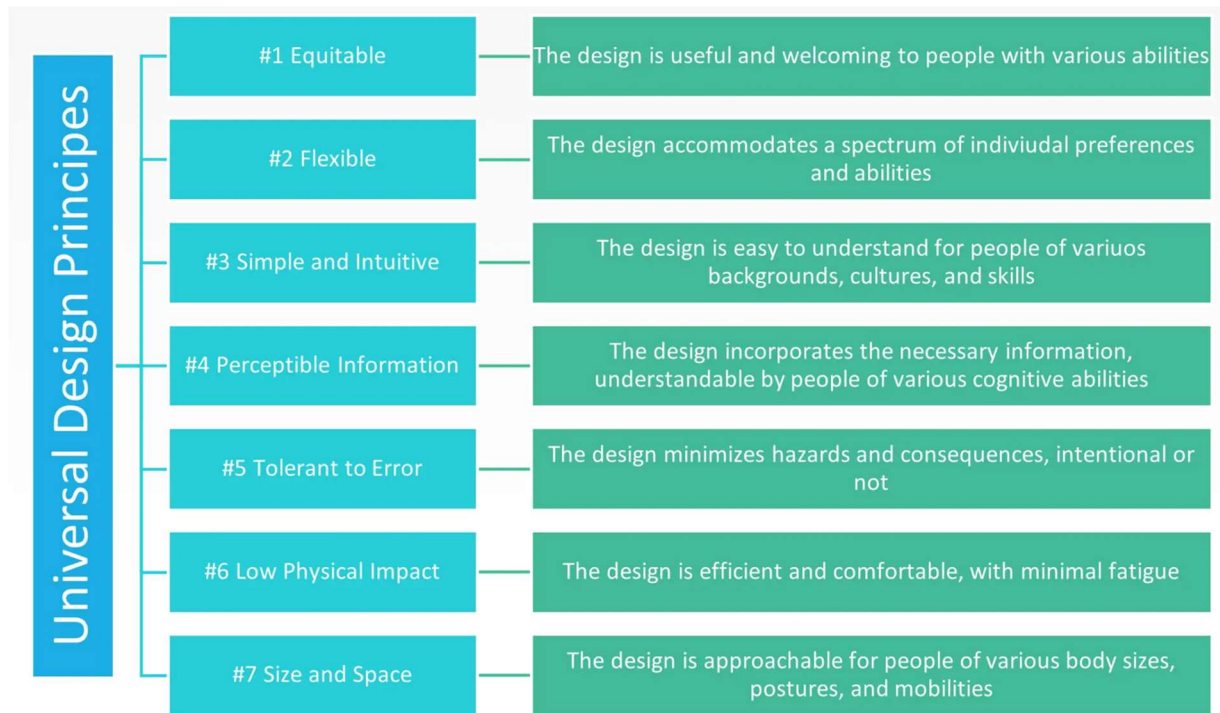
There will be two short homework assignments during this module as well as a final paper. During Week 6 students will write a brief reflection on the pros and cons of either Universal Design or Streets for Life and how they have experienced something related to one of the theories in their lives. Students may discuss campus architecture, what makes the area near their home feel familiar,

or other similar topics. Week 7 will also have a short reflection in which students consider a space that feels uncomfortable or inaccessible and how they would like to change it. This is in preparation for a four to six page final paper, with an outline due in Week 8. The final paper prompt would ask students to identify a feature of urban access that they would like to improve and connect it to relevant disability theories. This paper is intended to help students synthesize the class materials and incorporate the ideas into their other classes in Urban Planning.

Module 3 Discussion of Content

Universal Design

The first item in this section is universal design which is a design philosophy that prioritizes design equality through seven principles. It states that "public spaces must make people feel welcome, safe and joyful as they interact with the world" (Mangar and Bauer 2022, np). The principles are equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, and size and space for approach and use (Centre for Excellence in Universal Design nd, np). The image below gives additional depth to these principles:



(Mangar and Bauer 2022, np)

Examples of universal design include clear and prominent wayfinding signage, providing the same methods of accessing a space for all users, and ensuring that the access available does not have a singular body type in mind. This design philosophy has been influential on several governments disability legislation and has done an excellent job of conveying what is needed to audiences not familiar with planning needs. However, it has not moved the bulk of American planning past the impetus to design separate but equal means of access (Wright and Johnson-Wright 2016, np). This is in part due to the increased cost of going beyond minimum standards of construction, with one planner stating "ableism is also rampant in planning and design decisions. Time and again I have heard universal design omitted in the provision of social infrastructure, due to budget shortfalls or due to inclusivity being 'too hard' (code for too costly), a narrative that reveals for whom investments are not made" (Stafford 2022, 107). As a number of lawsuits have

been required to prompt action on barrier removal, it suggests that starting projects with universal design principles in mind may be less costly over the lifespan of the project.

Streets for Life

The second design philosophy is called Streets for Life. It has two main philosophies: "streets that residents find easy and enjoyable to use as they grow older in their neighbourhoods, allowing them to continue living at home if they want to" and "streets that are inclusive – they are easy and enjoyable to use by all members of society, including older people with dementia" (Burton and Mitchell 2006, 4). The authors of this philosophy built it on research about the relationships between the built environment, mental health, and cognitive impairment (Burton and Mitchell 2006, 13).

This philosophy fits within inclusive design philosophies like universal design but with particular attention to ageing populations and ensuring that they are not isolated from society as they age (Burton and Mitchell 2006, 109). Urban residents are more likely to perceive spaces close to home as safe and those further away or foreign as scary or dangerous, with some interview participants expressing feelings of humiliation for having to use side doors to access the interior or being unable to use a high counter in a store (Burton and Mitchell 2006, 7). In response to these concerns, "Streets for Life are a natural extension of the inclusive design concept to the neighbourhood scale. The focus to date has been on products, buildings and physical access to buildings. Now it needs to broaden to whole neighbourhoods, villages and towns" (Burton and Mitchell 2006, 9).

The authors detail many ways that these concepts can be applied, including in making homes accessible for aging in place and sustainable communities for doing so. Additionally, the authors point out a lack of current planning for gradual mental and physical decline due to aging.

The authors suggest that current planning practices are designed with two groups in mind: non-disabled people and people with mobility disabilities. This obscures the need to plan for people experiencing cognitive decline or memory issues.

In poorly designed environments, people with spatial orientation difficulties will struggle to understand their surroundings, to recognise where they are, to find their way around, to remember where they are going, to realise when they are lost or to relocate the correct route. Poor short-term memory retrieval further increases the chances of becoming lost through a reduced ability to remember names, streets, places, alternative routes or directions (Burton and Mitchell 2006, 29).

The authors suggest that designing for independence while aging or increasing levels of disability necessitate that "streets, open spaces, and buildings are long established, any change is small and incremental, new developments incorporate local forms, styles, colours, and materials, there is a hierarchy of street types including main streets, side streets, lanes, and footpaths, places and buildings are in designs familiar to or easily understood by older people, and architectural features and street furniture are in designs familiar to or easily understood by older people" (Burton and Mitchell 2006, 63).

Embodied Experiences

Both universal design and Streets for Life are approaches for planning for dignity and equity of access. One major facet that urban planners often overlook as a checkbox is bathroom access. Major questions that should be asked of any planning project include: where is the nearest bathroom, how could someone with mobility issues get there, is there a stall that can accommodate a wheelchair user, care giver, or adult changing table, and is it cleaned regularly. Ron Buliung and Rhonda Cheryl Solomon discuss bathroom access and the feel of a partially accessible bathroom as careless caring, "a gesture to the act of caring, such as placing an icon of access on a door-- or installing an accessible washroom that meets minimum requirements, yet screams of an

unimaginative, Cartesian way of thinking about disability" (Buliung and Solomon 2022, 113). Phrasing the disability access question in terms of whether someone can pee when out of their home radically changes the narrative from stairs and wheelchairs to a shared experience across all bodies. "Token compliance with code in the production of 'accessible' public toilets fails to support the everyday lives of disabled people" (Buliung and Solomon 2022, 113). As urban planners, it is important to consider users of public space as people experiencing a wide spectrum of life.

The experiences of disabled people attempting to go about ordinary tasks like using the toilet away from home suggests that disabled people have embodied wisdom to share with urban planners. Disability is inseparable from every planning decision, so planners must become able to recognize and address bias, similar to other marginalized communities. Dubrow and Leppink emphasize that, saying:

Our collective failure to recognize, much less remove, ubiquitous barriers indicts city and regional planners as complicit in reproducing and maintaining a severely disadvantaged class of people due to 'environmental ableism' on a par with patterns of environmental racism – compounded for BIPOC and queer people with disabilities. Grappling with our own ableism is required to plan effectively in the public interest (Dubrow and Leppink 2022, 127).

Climate Change and Hazards

Urban Planning is grappling with the lasting legacies of redlining and the disparate impacts planning decisions have on bodies based on categories like race and immigration status. Environmental ableism is the practice of reducing disability to the damage caused to an individual by environmental factors such as coal burning power plants. "Certainly ending environmental destruction will prevent some body-mind conditions [from occurring]... [However,] this reduction frames disability yet again as damage located entirely within individual body-minds while disregarding the damage caused by ableism. It ignores the brilliant imperfection of our lives. It

declares us as unnatural as coal-burning power plants" (Clare 2017, 55). This impacts people who have historically been relegated to living in areas with higher exposure to pollutants (Taylor 2024, 37-69). Events like the Covid-19 pandemic have "further exposed the growing exclusion and inequality experienced by marginalised groups and communities, many of whom are made up of disabled and chronically ill people" (Stafford 2022, 106).

Climate change and climate extremes have disparate impacts on urban populations. In a 1995 heatwave in Chicago, the city government was accused of committing 'murder by public policy' due to the amount of people who died preventable deaths (Klinenberg 2015, 136). During this heat wave, suburban populations who were predominantly white had access to air conditioning and no concerns about power grid failure or water pressure. Conversely, residents of majority black and hispanic neighborhoods had little access to air conditioning unless they went to shared cooling centers where they felt unsafe (Klinenberg 2015, 95). While city policies were applied equally, they had inequitable outcomes.

There are four dimensions that must be considered when planning for spatial equity and natural disasters, particularly those caused by climate extremes (Coleman 2025, np). In times of natural hazards "the needs of those most affected by disasters can be overlooked, perpetuating and worsening already existing inequities in safety, access to resources, and individual and collective well-being. Embedding equity into resilience planning strengthens physical infrastructure systems and supports more inclusive and effective community recovery to ensure no one is left behind" (Coleman 2025, np). The first dimension is distributional-demographic equity which examines existing risks in communities and neighborhoods due to access to resources, maintenance, historical redlining, and wealth disparities. Research on disasters such as Hurricane Katrina have demonstrated worse and longer lasting impacts on lower-income and racial minority communities

due to poorly maintained infrastructure, delays in service restoration, and greater disruption and hardships (Coleman 2025, np).

The second dimension, distributional-spatial equity, considers geographic location of poorer and under-resourced communities being more susceptible to infrastructure loss and delays in repairs. Capacity equity, the third dimension, takes into account communities' ability to withstand disasters by their capability to prepare or have redundancies available, deal with outages or infrastructure loss, and finally fiscal and resource ability to recover and repair (Coleman 2025, np). Lower-income and marginalized communities have less fiscal flexibility to begin with and cannot stockpile resources for future outages, adapt infrastructure to be more resilient ahead of disasters, or recover losses (Coleman 2025, np). Lastly, procedural equity asks planners to consider whose voices were included in planning infrastructure and disaster preparedness in the first place. Community members are in a unique position of having the most knowledge of what is needed in their neighborhoods and can advocate for priorities that would be otherwise overlooked (Coleman 2025, np).

These disparities are vital for urban planners to address through community involvement and sustainable community planning. When considering how to adapt sustainable planning to be disability inclusive, Stafford suggests that "foregrounding disability reveals that inclusive communities is a lived concept, that is multi-dimensional and embedded in place" (Stafford et al 2024, np). Stafford suggests five elements that signal an inclusive, sustainable community: planning for human diversity, inclusive urban governance, focus on equity, accessibility, and ease, planning for connectedness, and vibrant places and experiences (Stafford et al 2024, 116-119). These tenets push back against lingering legacies ableist Urban Planning leading to exclusion and isolation.

These inequities map strangely onto conversations around Urban Villages or 15-minute neighborhoods. How can planners reconcile lasting harm from policies like redlining, and also not sufficiently address disparities in access to green spaces, public transportation, and ADA barrier removal? Lisa Stafford suggests that these concepts must center diversity in order to be equitable, saying that the American Planning Association's "multigenerational approach to neighbourhoods, where universal design (UD) and smart growth principles are considered simultaneously to meet the needs of various ages and abilities, understanding that everyone benefits from such an approach" (Stafford 2022, 109). It is important to disrupt the idealization of "technocratic rationalism and the belief that Urban Planning is somehow neutral" and move past the non-disabled body as the gold standard for who occupies a space (Stafford 2022, 107).

Discussion

The class proposed in this thesis fills a critical gap in Urban Planning education for planning students who are interested in addressing this current and historical inequity. The proposed class aims to bridge a gap I identified and builds upon the context of the literature review. While disabled people have significant embodied experience with inaccessibility in the built environment, comparatively little of that knowledge is found in academic institutions.

This gap in mainstream Urban Planning knowledge is especially important when considering that the Center for Disease Control states that more than 1 in 4 adults in the United States have some type of disability (Disability and Health 2026, np). When 25% of the population is disabled in some way, disability access cannot remain a minor issue or be seen as a hassle to implement. A class was chosen as the best vehicle to convey the knowledge and awareness of Disability Studies to Urban Planning students, as when this material is learned alongside other Urban Planning concepts, it can be assimilated into a student's skillset and applied to their other classes and career.

The ten-week class structure does limit the possible depth of the class, however it also encourages conciseness and care in choosing content. The class briefly visits Disability Studies theories, disability history in the United States, and then spends five weeks learning about ways that urban inaccessibility is being challenged. This structure was chosen to avoid overwhelming students with theory and instead give them a foundation to bring back to the Urban Planning perspective. The suggested class materials were similarly limited in scope and length to avoid overburdening students. This scope could be significantly expanded should it be adjusted for a longer class or for a more advanced course. Another way that the scope could be expanded is by

having this class as the first in a series, allowing students to build their knowledge over additional ten-week quarters.

There are several gaps left by this syllabus that additional classes could address. From an Urban Planning perspective, the material could be suited for a design studio or community partnership. The weeks on public health, lingering historical legacies of inaccessibility, and climate change would all benefit from increased depth. Another area that could be expanded is the Disability Studies section. The models of disability highlighted in this syllabus brush the surface of the field, with many scholars having proposed additional models or discussed why the division of viewpoints into models is harmful. Ableism is deeply woven throughout American society, and it can be challenging to confront personal biases. This class proposal limited the content to only the Disability Studies material that could be readily applied to the built environment. Future classes could discuss more personal perspectives of non-normative bodies in the built environment, such as autistic people, blind people, d/Deaf people, and little people. These perspectives are valuable for planning for diverse bodies, but an introductory ten-week class is unable to adequately include material on specific experiences with enough depth to do them justice.

Conclusion

This thesis has discussed how Urban Planning and Disability Studies can overlap to create a more accessible future. By drafting this as a class with undergraduate Urban Planning students in mind, these ideas are presented as if being taught to someone new to Disability Studies and considering how disabled people move through the built environment. Many of the ideas and frameworks above can be applied to Urban Planning decisions and used to advance equity in planning.

Each theory discussed above is a potential jumping-off point for future research into this intersection between fields. Adding in a layer of public health could provide a third perspective to spark a discussion around human experiences in the built environment and how the built environment directly impacts physical and mental health. Social determinants of health remain an important topic of future consideration, not only as a means of preventing disabling conditions but also ensuring that disability is not comorbid with a loss of dignity.

The guiding questions discussed in the learning goals for each module also offer possibilities to expand the topics for future research. The Americans with Disabilities Act has been the subject of many publications in both fields and can deepen discussions around what equity looks like in the built environment. Equity conversations may also include technological developments like AI and how those can interact with existing accessible technology as things like Braille slowly disappear from public spaces (Goist 2024, np). An important conversation to have in the context of disability and embodied knowledge is the difference between exploiting unpaid labor and fostering community collaboration. Many marginalized populations are more likely to be tokenized so ensuring broad representation is important for building an accessible built environment.

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