

NATIONAL FORUM ON ACCESSIBLE GOLF VI

BACKGROUND

The National Forum on Accessible Golf VI was the sixth meeting convened by the National Center on Accessibility at Indiana University and Clemson University's National Project for Accessible Golf. Each Forum has been organized to address significant issues facing the inclusion of individuals with disabilities into the game of golf.

Forum I focused on clarifying the Americans With Disabilities Act (ADA) and its implications for the game of golf. Primary concerns and needs of the golf industry as well as golfers with disabilities in relation to the ADA were clarified.

Forums II, III, and IV focused on architectural and programmatic access. Recommendations regarding physical design of the golf course and programmatic guidelines for inclusion of people with disabilities were developed and communicated to the ACCESS Board of the federal government.

Forum V, while continuing to focus on program access issues, also focused on communication issues. A Resource Guide was developed to aid in promoting increased communication among all existing programs and services for accessible golf.

PURPOSE OF FORUM VI

The overarching purpose of the **Sixth National Forum on Accessible Golf** was to identify, from a national perspective, educational strategies that will make the game of golf more accessible to all individuals.

While many other important activities and initiatives regarding accessible golf are being undertaken across the country, a strategic plan for education of golfers with disabilities, those who provide services and instruction for golfers with disabilities, golf providers, facility owners and operators and those who represent golfers with disabilities, remains a critical component of success. To date, the educational strategies have been fragmented with little or no consistency of information across audiences. It was hoped that through **Forum VI** a more consistent set of strategies could be established for use with all constituencies involved.

FORUM GOALS

1. To provide an update of the proposed regulations regarding construction and alterations of golf courses developed by the US Access Board.
2. To continue a positive dialogue among the golf industry, organizations serving individuals with disabilities, rehabilitation services and golfers with disabilities.
3. To identify and discuss the role of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services in advancing opportunities for and services to golfers with disabilities.
4. To identify educational needs of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services as they relate to serving golfers with disabilities.
5. To develop a series of educational program and service strategies addressing the needs of national golf organizations, organizations serving golfers with disabilities and rehabilitative services in expanding the opportunities for the inclusion of individuals with disabilities into the game of golf.

FORUM ORIENTATION

The free and open exchange of ideas and opinions was critical to the success of the Forum and the achievement of its overarching purpose. However, the Forum was not a platform for advancing personal agendas, independent programs or single item issues (i.e., golf cart flagging policies, single-rider carts, national tournament for golfers with disabilities, etc). The focus was on policy development and national strategic efforts.

Certainly, the sharing of individual experiences and expertise as it relates to the Forum agenda was strongly encouraged. A stimulating discussion of issues and perspectives on advancing the opportunities for golfers with disabilities evolved. Only through open dialogue could a series of educational strategies be developed that meet the needs of individuals with disabilities and advance the game of golf for all.

SUNDAY, APRIL 8

Welcome and Overview

Larry Allen, Director of the National Project for Accessible Golf, presented the welcome and review of the Forum purpose and goals. Gary Robb, Director of the National Center on Accessibility then gave a presentation relating to the major needs and concerns relating to full inclusion of individuals with disabilities into the game of golf. The entire presentation in PowerPoint format is presented herein.

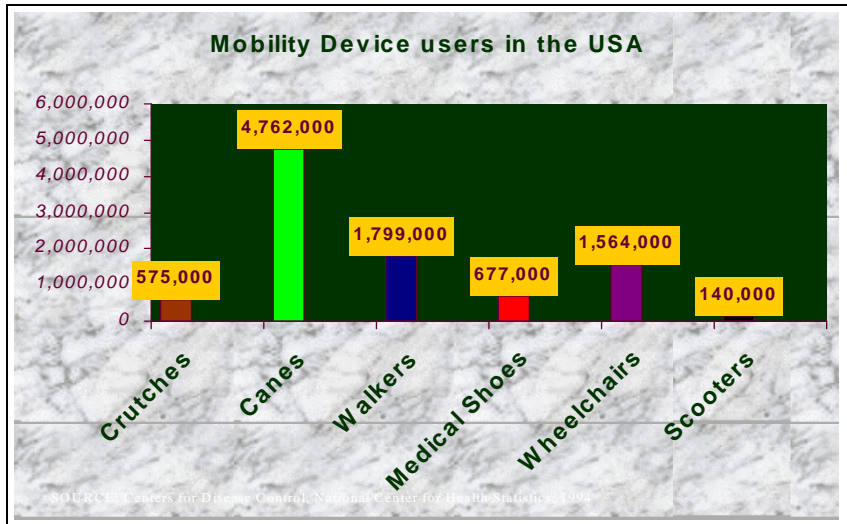
Golfers with Disabilities

for the good of the game

U.S. Disability Statistics

- Number of people with some disability:
54 million (20.6%) of total population
- Persons with "severe" disability:
26 million (9.9% of total population)
- Of these numbers:
 - 1.8 million used wheelchairs
 - 8.8 million had vision problems
 - 10.1 million had hearing problems
 - 1.6 million were blind
 - 1 million were deaf

Source: U.S. Department of
Commerce , 1994



Legal

- U.S. Access Board
- U.S. Department of Justice
- U.S. Department of Interior (Title II/504)

Unresolved issues

- Flagging policies
- Provision of adapted golf cars
- Wheeled devices on greens and other sensitive areas
- Pace of Play
- Equitable “handicapping system”

What DO we know ?

- **People with disabilities WANT to play golf**
- **People with disabilities sometimes need accommodation to play**
- **People with disabilities need education, instruction and opportunity**
- **Golf course operators need education and guidance**

SURVEY BY THE NATIONAL CENTER ON ACCESSIBILITY (1995)

- **10% of people with disabilities play golf**
- **22% not playing now, played prior to disability**
- **35% currently not playing would like to play**

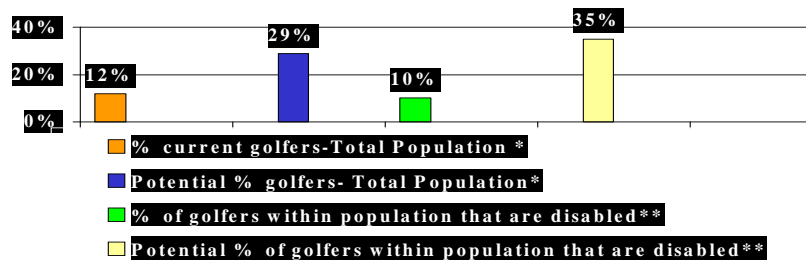
PERCEIVED BARRIERS TO PARTICIPATION

- **Lack of independence on the course (33%)**
- **Uncomfortable playing in front of others (33%)**
- **Course staff not knowing how to assist (31%)**
- **No one to play with (26%)**

MAJOR FACTORS INFLUENCING PARTICIPATION

- Lessons specific to disability (36%)
- Knew how to swing better (38%)
- Affordability (43%)
- Course staff knew how to assist (31%)

Golfers with and without disabilities in the USA



*"A Strategic Perspective on the Future of Golf," The National Golf Foundation and McKinsey & Company, 1999
 **"Survey of Golfers with Disabilities," Proceedings of the Fifth National Forum on Accessible Golf National Center on Accessibility, Indiana University, and Clemson University, 1996

USGA Foundation funding to the National Center on Accessibility-1998-99

- Mailed survey to 50 golf course operators
- Personal Interviews with 43 Golf Course operators in Florida, Utah, South Carolina and Missouri
- Telephone interviews with 17 golfers with mobility impairments and
- Telephone interviews with 18 directors – owners of organizations providing services for golfers with disabilities

Summary of Findings (Golf Course owners/operators)

GENERAL STATEMENT	%
Want information on making course and facilities accessible to golfers with disabilities	96%
Are willing and have a positive attitude about accommodating golfers with disabilities	93%
Lack, want, and need information and education about golfers with disabilities	92%
Have concerns about the use of mobility devices on the greens and/or tees	87%
Feel that golfers with disabilities may not be educated about the game	85%
Have never seen a golfer with a disability play	84%

Summary of Findings (Golfers with mobility impairments)

GENERAL STATEMENT	%
Continue to have some negative experiences at golf courses	92%
Feel that golf course operators need education about golfers with disabilities	80%
Golf course operators are most concerned about damage to greens by mobility devices	77%
Golf is not an activity that is generally marketed to people with disabilities	69%
Golf course operators are concerned about Pace of Play	62%
People with disabilities a) do not feel it is a game they can play and b) do not feel welcome at golf courses	46%

Summary of Findings (Organizations providing instruction and/or other services to golfers with disabilities)

GENERAL STATEMENT	%
People with disabilities lack confidence-fearful of golf	100%
Golf course operators need more information and education about golfers with disabilities	72%
Golf course operators have a major concern about damage to the course by mobility devices	61%
Golf course operators have a major concern about pace of play	56%
There is a need for more therapists to teach and encourage people with disabilities to play golf	56%
More information is needed for both golf personnel and people with disabilities regarding adaptive equipment	44%

SUMMARY COMPARISON OF 3 GROUPS

	GC	GO	GD
GC personnel need more information and education on golfers with disabilities	92%	80%	72%
GC need information about making their course and facilities accessible	96%	23%	11%
GC are concerned about mobility devices on the course	87%	77%	61%
GC are concerned about pace of play	78%	62%	56%
GC want objective research data on impact of mobility devices	71%	38%	44%

GC= golf course owners; GO= organizations serving golfers with disabilities and GD= golfers with disabilities

“There is a need to change the golf course culture. It is necessary to make it more friendly and inviting... particularly for new players”

“...new golfers don't know what to expect and the golf course feels like a hostile environment...”

Jim Ritts, LPGA Commissioner
1999 GCSAA conference, Orlando, FL.

MONDAY, APRIL 9

Session I: Update of Legislation and Regulations Affecting the Golf Industry and Golfers with Disabilities

Peggy Greenwell, US ACCESS Board

Americans with Disabilities Act

ACCESSIBILITY GUIDELINES (ADAAG)

- **General obligations since 1992**
- **Access Board establishes minimum guidelines**
- **Serve as the basis as the enforceable standard**
- **New construction and alterations**



The Access Board

Guidelines for Recreation Facilities

WHAT'S ADDRESSED

- **PLAY AREAS - Final rule published 10/00**
- **RECREATION FACILITIES - amusement rides, sports facilities, boating and fishing facilities, golf courses, miniature golf courses, swimming pools and spas**
- **OUTDOOR DEVELOPED AREAS - trails, picnic and camping areas , beaches**



The Access Board

Development of Guidelines

BACKGROUND AND TIMELINE

- **1993-94 Recreation Access Advisory Committee**
- **1994 Advance notice of proposed rulemaking**
- **1999 Notice of proposed rulemaking**
- **2000 Draft final rule**



The Access Board

Next Step

- **Complete regulatory assessment**
- **Submit to Office of Management and Budget**
- **Board publishes final rule**
- **Department of Justice issues amended regulation - enforceable standard**
- **Applies to newly constructed and altered golf courses**



The Access Board

Guidelines for Golf Courses

- **Accessible route connecting the bag drop areas, accessible teeing grounds, course weather shelters, putting greens, and other accessible elements**
- **EXCEPTION: Use of a golf car passage**
- **A continuous passage on which a motorized golf car can operate**



The Access Board

Teeing Ground

- Where one or two are provided - at least one
- Where three or more are provided - at least two
- Forward tee - except where not feasible due to terrain in alterations



The Access Board

Driving Ranges and Practice Tees

- 5% , but not less than one
- Designed and constructed so that a golf car can enter and maneuver



The Access Board

Other Elements

- Weather shelters - 60 inches by 96 inches minimum - designed and constructed so that a golf car can enter
- Putting greens - designed and constructed so that a golf car can enter



The Access Board

FAQ'S

- **Alterations**
- **Use of final guidelines**
- **Operational issues - greens access, providing accessible golf cars, etc.**
- **Requirements for existing facilities**



The Access Board

Other questions posed

- **Use of golf car passage on smaller courses**
- **Spectator access**
- **Additional technical provisions for golf car passage**



The Access Board

Session II: Minimizing Golf Injuries: The Physician's Perspective

John Milton, MD, PhD, FRCP(C)
Golf Neurology Clinic, The University of Chicago

Golf is a game that is played by individuals at all skill levels. It is a game designed to create a fair playing field for all. This is fostered by the handicap system and the game's many venues: different tee boxes, par 3 courses, pitch n' putt courses, miniputt. We all have handicaps. The game of golf does not make distinctions between an able-bodied golfer and one with a mental and/or physical disability.

Golf is generally regarded as a safe sport with major health benefits. The great Scottish golf architect and physician, Dr. Alistair MacKenzie, once observed that patients seen repeatedly with minor ailments were seldom ever back in his office once they had been introduced to golf. Testimonials from golfers who successfully rehabilitated themselves through their love of golf are commonplace.

There is a dark side to the game of golf. The injury rate is an alarmingly high 40-57% (Batt, 1992; Jobe and Yocum, 1988; McCarroll and Goie, 1982; McCarroll, et al, 1990; McNicholas, et al, 1998). Golfing injuries rarely result in death or permanent paralysis. The health concerns arise because of the sheer numbers of golfers involved. It has been estimated that in 10 years there will be more than 25 million golfers over the age of 55 years. Obviously if 50 % develop injuries the cost to the nation's health care budget is extremely high. Moreover, the effects of a golf-related injury on a golfer who already has a physical disability are likely devastating.

Table 1: Health Benefits of Golf

<p>Increased muscular strength Increased overall health Increased cardio-respiratory and muscular fitness Improved balance Increased functional mobility</p>

Health Benefits of Golf:

There have been no scientific studies directed specifically at the health and quality of life benefits of playing golf. However, it would be anticipated that the benefits of golf would be those associated with exercise (Table 1) and that the positive effects on quality of life would be those that arise because of increased wellness and fitness and increased socialization (Table 2).

Table 2: Quality Of Life Benefits Of Golf

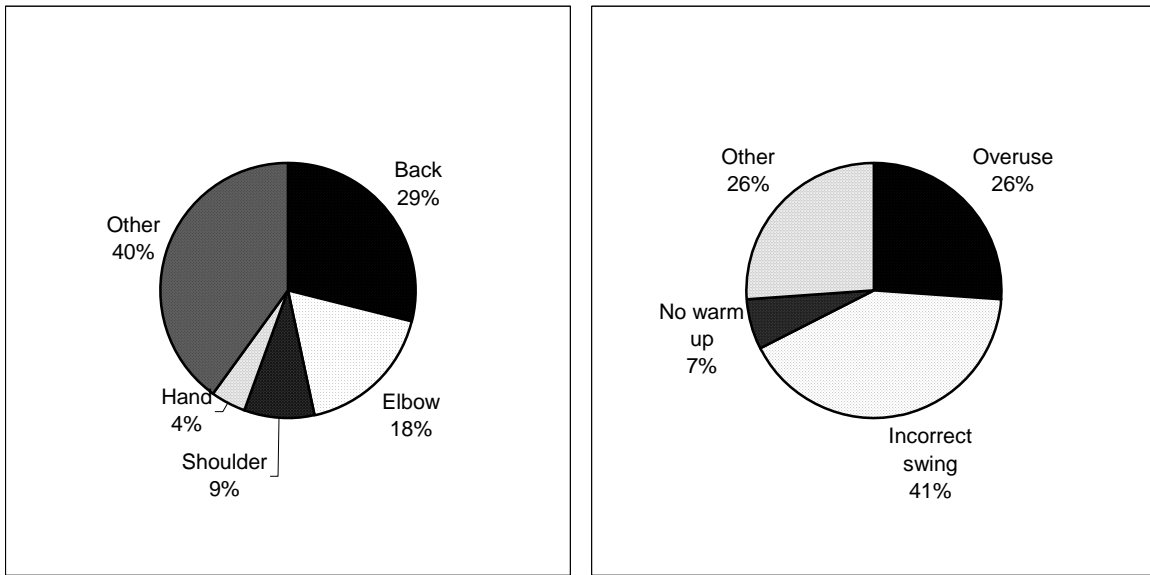
<p style="text-align: center;">Increased socialization Decreased depression Reduction in medications Increased self-reliance Increased trans-generational interactions</p>

Of course, it could be argued that the same health benefits can be had with other forms of exercise as well. This is certainly true. However, the “best” exercise is one that he or she will do. At least 50 % of participants will drop out of an exercise or physiotherapy program within 3-6 months (Cleveland, 1998). Exercise adherence is strongly associated with activity that is enjoyable, relatively convenient to do, and buoyed by social support. Physical activity that is not enjoyable will not be continued. Golf scores high in all of these desirability categories and consequently is the activity that many wish to pursue.

Health Risks of Golf:

Figure 1 summarizes the result of a study done by Batt (1992), which examined the prevalence of golf-related injuries in a group of amateur golfers. Most commonly, the golf injuries occur in the back, shoulder, elbow, and hand (Figure 1a). It is important to recognize that studies such as the one shown in Figure 1 likely under-estimate the true injury rate of golf. For example, every golfer likely experiences aches and pains the next day after the age of 50. This injury does not typically reach the attention of the physician, but can lead to missed days of work and/or decreased worker productivity. Given the association of playing golf with higher socio-economic classes, those who miss work are those who have the major leadership roles in business, medicine, and education. The true loss to the economy is not easily calculated. Finally, since many golfers equate quality of life with golf, being unable to play leads to increased social isolation with its sedentary lifestyle. It has been estimated that a sedentary lifestyle causes 250,000 deaths per year. Thus, every week that a golfer-patient is able to play healthy golf represents a major health dollar saving to this country.

Collectively most injuries suffered by golfers are cumulative trauma disorders, or “overuse syndromes” (Raskin and Rebecca, 1983). Their etiology is easy to understand. The golf swing is an unnatural movement, occurring in about a second, which delivers nearly a ton of force to a stationary golf ball. Even the slightest misalignment in the swing means that considerable forces and torques are transmitted through the hands, arms, and shoulder into the back. These forces, together with the golfer’s zeal to repeat the same movements repeatedly, lead to many of the golf injuries shown in Figure 1a.



A

B

Figure 1: Data from Batt (1992) showing the A) prevalence and B) etiology of golf-related injuries in amateur golfers.

Figure 1b shows that there are three main factors, which contribute to golf-related injuries: overuse, poor swing technique including ill-fitted equipment, and lack of a proper warm-up routine. These factors account for nearly three-quarters (74 %) of golf-related injuries. These results support the consensus that the risk of developing a golf injury can be greatly reduced by taking golf lessons from a teaching professional, by using properly fitted equipment, and by minimizing time spent hitting golf balls at a driving range and particularly off golf mats placed on a cement slab.

The physician is placed in a quandary when it comes to writing a golf prescription. Basically, the issue comes down to prescribing an activity as a treatment which itself has a chance of causing an injury. For example, a possible scenario is that a person who has only the use of his right arm might develop a right elbow tendonitis from taking up golf. Clearly, it is important to know the risk-benefit ratio before prescribing golf related activities as part of a patient's rehabilitation. A closely related issue, given the litigious nature of America's society, is the question of liability.

These observations emphasize the need to collect data to 1) document the health benefits of playing golf for those who have diseases of the nervous system; 2) uncover the health risks of golfers with disabilities; and 3) determine the healthiest golf techniques and equipment for golfers with disabilities. Below I address two closely related issues.

Which golf swing is the healthiest?

The physical principles that underlie golf have not changed since the game was invented (Cochran and Stobbs, 1968; Wiren, 1997). How far the golf ball travels is a function of club head speed, trajectory, and the physical and aerodynamic properties of the ball. The direction that the ball travels depends on the centeredness of the contact made between ball and clubface and the swing path.

The golf ball is not concerned with swing style. However, the human body is very concerned about swing style. The mantra of present day golf teaching professionals is the recognition that everyone has their own swing style. This being said, it must be recognized that most golfers tend to emulate the golf swings of the leading golf professionals as viewed from their armchair on weekend TV. Unfortunately, golf tour professionals tend to be physically more fit, younger, stronger, leaner, and healthier than most amateur golfers. The high performance swing of the professional is likely impossible for most amateurs to attain. Their efforts to attain the impossible are another major cause for golf injury (Welsh and Kern, 1998).

The modern professional's golf swing is a product of the present emphasis on length off the tee, strength out of the rough, and surgically precise short irons. To achieve these goals the swing is designed for economy of movement, absence of moving parts, and the much sought after X factor, that is, the differential of rotation between the shoulders and hip turn. This swing has not been designed to be healthy. Indeed the number of tour and tour want-to-be golfers with serious injuries, e.g. lumbar disc herniation, is high (McCarroll and Gioe, 1982).

Of course, other swing styles exist. The classic swing style from the era of Walter Hagen and Bobby Jones emphasized increased mobility in the hips, legs, and arms to accommodate a game that placed a premium on finesse and gamesmanship. The natural golf swing of Moe Norman emphasizes a short back swing and generates a weight shift by moving the legs rather than from a violent spinning of the hips.

The fundamental research questions are:

1. What is the injury rate associated with each swing style (e.g. classic, modern, natural)?
2. What is the healthiest swing style for golfers with disabilities?
3. Is there a correlation between the types of golf injury and their disability?
4. Which swing types should be avoided by golfers having certain disabilities?

How does the nervous system play golf?

The emphasis on golf equipment on the one hand and on athletic prowess on the other obscures the essential point about golf. Golf is a mental game! The major limitation to playing golf is not the equipment or the physique; it lies in the mind (Cohn, 1994; Gallwey, 1988; Murphy, 1972). It is quite possible that injuries are fostered when conflicts arise between how the nervous system learns a highly skilled movement, such as the golf swing, and how it is told to learn by mentors. In the case of golfers with disabilities we are faced with two challenging questions:

1. In the case of former golfers, how does the nervous system re-learn a motor skill it has lost?
2. For beginning golfers, how does a nervous system, which has suffered the consequences of disease, best learn a skilled motor movement?

We understand little about how the nervous system plays golf. Surprisingly there has been very little research on the neurobiology of golf (a notable exception is Crews and Landers, 1993). Consider the golf swing. Motion analysis studies demonstrate that the golf swing occurs in 790-1020 msec.; the downswing occurs in only 200 msec (Cochran and Stobbs, 1968). Does the nervous system have time to make corrective adjustments during the course of the golf swing? Since a golf swing is not possible without proper balance let us estimate the time to correct a change in balance during a golf swing. Estimates of the latency times for postural sway range from 250-500 msec (Eurich and Milton, 1996; Woolacott, et al, 1988). An additional 500-1000 msec is required to activate muscles in order to overcome inertia and make a movement. It does not seem to be possible that the nervous system could make meaningful corrections during the course of a golf swing. It follows that the golf swing, in major part, must be pre-programmed. Golfers speak of the importance of “visualization of the shot”, “feel”, “being in the zone”.

As students of neuro-anatomy, we ask which areas of the brain are responsible for this pre-program. A first step towards answering this question was an experiment conducted by the LPGA and The University of Chicago in conjunction with the 50th Women’s US Open. LPGA professional golfers were asked to visualize their pre-shot routine while images of brain activity were measured using functional magnetic resonance imaging (fMRI) techniques. Numerous research and clinical questions immediately come to mind: How is pre-programming learned and then re-learned by a nervous system that has

suffered an insult such as a stroke? What is the form of neural coding responsible the multitude of imponderables that make the execution of a successful golf shot possible?

Conclusion:

Golf is fun and it is a lifestyle that many of our patients desire. It is likely one of the very best rehabilitative prescriptions that physicians can give to the patients. It is good doctoring to want to keep our patients happy so that they can enjoy being with their family and friends. However, for all of these benefits of golf to be realized it is essential that we understand how golf can be played safely. This requires an understanding of how the nervous system plays golf.

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Session III: The Role of National Golf Organizations in Accessible Golf-Panel Discussion

This session was a panel presentation of the activities that seven of the major golf organizations are undertaking to make golf more accessible to individuals with disabilities. Dr. Betsy Clark, Director of Education and Research for the LPGA, monitored the session. The following is a summary of the comments made by each presenter.

Trey Holland, President, USGA

The USGA was formed in 1894 to preserve and protect the best interest and the true spirit of the game of golf. To that end, the Association runs 13 national championships, maintains and reviews the rules of golf in conjunction with the Royal and Ancient Golf Club of St. Andrews, Scotland, established the handicapping system for the game, and conducts research and development projects to protect and advance the game of golf.

Beginning in 1996, the USGA increased its philanthropic activities, but it has not been a mainstream organization when it comes to advancing golf for individuals with disabilities. Although, in many ways golf is an elitist sport, efforts have been made to make golf more open to everyone; however much is left to be done. Sometimes it is an uphill battle to erase the history and tradition. However, we have moved into the twenty-first century although a lot of the media would say the USGA is still back in 1894. One of the things that have catapulted the USGA forward, to some extent, is the activity of the USGA Foundation.

In late 1996 a very small grants program was started that amounted to about three to four hundred thousand dollars a year, awarded on an annual basis to a variety of programs around the country. In November 1997, the "For the Good of the Game Program" was started which is a 10-year, \$50 million dollar commitment to make the game more affordable and more accessible to those who otherwise would not have the opportunity to play. Since 1997, more than \$22 million in grants to over 600 programs in 49 states and Columbia has been awarded. A number of these programs are related to golf with disabilities. The USGA is proud of these efforts, but the landscape has not changed as much as we wish in this particular area. In trying to promote some of these programs for disabled golfers, at least through the Foundation, there remain many problems. One of the major problems is achieving continued funding for these programs. Many are set up with a small staff that can barely oversee the day-to-day activities. They do not have the time or leverage to successfully campaign for funds. To move forward, creative ways need to be found to support these deserving programs. One of the things that the USGA has started is the Golf Resource Center for Individuals with Disabilities. It will serve as a clearinghouse of information related to a variety of topics. Others have begun similar initiatives. These efforts are important and should not be viewed as competitive. The more information that can be generated, the more the information can be shared, and the better the whole initiative will be.

The USGA also has a role in growing the game. “Golf 2020”, which is a nation-wide cooperative initiative with all major golf organizations, is trying to figure out where the game is going to be in year 2020. It has a number of initiatives relating to growing the game. One problem area that has been identified through “2020”, is how to make the game more user friendly. It is hard to get ladies and minorities involved in the year 2001. This is a very important issue. Further, if 50 million plus individuals with disabilities all decided to play the game tomorrow, the industry would not be ready for them. One of the important by-products of this Forum will be the educational initiatives that should come from this group to begin to prepare all the constituents of the game – the players, manufacturers, administrators, and the like to deal with a very steady growth of golfers with disabilities into the game.

The USGA is doing other things to make the game of golf more inclusive. One of its core programs is the development of the modified rules of golf for the players with disabilities. Further, the Association has recently perfected a mathematical model that will allow course ratings on short golf courses. These two efforts may allow for the creation of a handicapping system for disabled golfers.

Many people have expressed an interest in conducting a national championship for golfers with disabilities. Although this may be something the USGA undertakes in the future, for the near-term the USGA will not initiate a national championship. The Association recently terminated its involvement with NCAA championships simply because it doesn't have the manpower. At the present time, the USGA cannot take on another championship, although it would be a great thing to have happen.

As the game becomes more popular with the disabled community, equipment modifications may become an issue. It is not an issue now, but the golf industry has had problems regulating certain pieces of equipment – driving clubs and golf balls for example. To the extent that a large number of players with disabilities enter the game and there are more competitive initiatives, someone is going to have to step forward and begin to regulate some of the things that probably are not even on the radarscope right now. This responsibility likely will fall to the USGA.

The growth of the popularity of golf within the disabled community will shape much of how the USGA moves forward to preserve and protect the game, not just as a whole, but also for golfers with disabilities.

Mark Woodward, Director, GCSAA

The GCSAA has been involved with the Americans With Disabilities Act (ADA) for the past decade. Representatives of GCSAA served on the initial golf subcommittee charged with the responsibility of developing design guidelines consistent with the ADA.

In 1999, the Board of Directors of GCSAA adopted a position on ADA as it relates to golf. The statement reads “Professional members of the GCSAA will work to make golf accessible to all persons by promoting policies and practices that consider the needs and safety of all golfers and maintain the economic integrity of the golf course.” The GCSAA counsels its membership to make their golf courses accessible to all golfers. Members are encouraged to accommodate golfers with disabilities. Obviously, that benefits everyone in the golf industry. The GCSAA considers the ADA a very high priority issue. It is a very important piece of legislation and is at the top of GCSAA’s agenda. The Association is presently working with an ADA attorney to determine the best way to approach the Department of Justice, and is seeking guidance on how to deal with issues related to ADA. We are working with the National Golf Course Owners Association on the single cart rider issue. They are taking the lead, but we are working in concert with them.

In 1998, the GCSAA spearheaded an effort to formalize an ADA alliance made up of golf organizations and golf industry groups. The purpose of the alliance was to provide a unified voice from the golf industry addressing issues that come before us related to this topic. The group produced a white paper on ADA at that time in 1998, but the entire group did not endorse it so it did not go forward. It did not get too far with the Department of Justice, but we are now working with an ADA attorney to revise that white paper and use it as an educational tool for our members and for the industry as a whole. So in brief, that is where the GCSAA is headed. We really want to work with the allied golf associations to address the issues that come before us and relate to these issues. I appreciate your time and appreciate your having me here.

Rick Martino, Director of Instruction, PGA of America

The PGA of America is 25,000 members and apprentices who are independent contractors. They do not work for our Association. They work for course owners, board of directors, and municipalities. However, they get much of their education and training, through us.

The requirements to become a PGA member include: a playability test, a full-time job in the golf industry and the completion of the Golf Professional Training Program (GPTP). The GPTP is part of what we do for our members. With our golf professional training, we also include the Professional Golf Management (PGM) program that goes on at eleven universities including Clemson University. This is where we will get the golf professionals of the future.

How many people are involved in the GPTP and what goes on? At the PGA Learning Center, we are building the center for professional golf education. It will be a stand-alone place, where all of the training will be done. At this facility, we expect to have 100 apprentices a week, forty weeks a year, for training. So it is not a small number we are dealing with. The GPTP is where the golf professionals are first introduced to the art and science of teaching. In level one and level three of the GPTP, these people are introduced

to teaching people with disabilities and to developing programs for special populations. So this is part of everybody's training that goes through the GPTP. In fact, the golf professional training program in 1998 and 2000 won the award for excellence in education from the Executive's Association.

In addition to the GPTP, we also do continuing education for golf professionals that are already in the business. One of our national programs is "the fitness challenges of today". This is open to all 25,000 of our members. We have also built the PGA Learning Center. The PGA Learning Center at Port St. Lucie is 35 acres of practice facility. As well, it is the home of the GPTP and it is where we do our research and our education. At this facility, we offer a six-week model program taught by Judy Alvarez, my assistant. It is a program that all golf professionals can model at their facilities. We also offer one-day seminars on "Training the Trainer" and how to teach specific populations. There are many things going on at the Learning Center that are available to all of our members. In addition, we offer a speaker's bureau to our forty-one sections for their continuing education. They can call on us to present information on people with disabilities or any other topic for which they would like a speaker.

Unlike the bureau of labor statistics, our surveys are very quick and current. I have a current survey that was done within the season that would be very interesting to you all. We asked in the survey, how many PGA professionals teach golfers with disabilities, and we sent this survey to the 25,000 members. We received over 11,000 responses, which is a large number. Of the 11,000 responses;

3,821 (37%) indicated that they teach 1-5 handicap golfers on an annual basis,
4.6% indicated that they teach 6-15 handicap or disabled golfers on an annual basis,
1.5% or 152 indicated that they teach 16-50 disabled or handicap golfers on an annual basis,
less than 1%, but over 30 instructors, teach between 50-150 disabled or handicap golfers on an annual basis.

So the PGA members who are out there, are touching the people who come to them with disabilities. We feel the role of the PGA is to teach our members how to work with golfers with disabilities and then let them go ahead and do it. Thank you.

Steve Rankin, Vice President for Corporate Affairs, PGA Tour

I believe this is the first time for our organization to participate in one of the Forums and we are certainly pleased for the opportunity to do so. Let me distinguish our organization from the PGA of America. The PGA Tour is the organization of touring golf professionals – those who are making their living playing in tournaments each week as opposed to golf professionals of the PGA of America. Coincidentally our players, the vast majority of them, are PGA of America members. They have dual roles, but principally their living is made playing tournaments each week. So I am here in largely a

listen and learn mode this week, because to a large degree the impact our organization has on accessibility is an indirect one. Our main mission is to stage golf tournaments every week, professional golf tournaments across the country, and of course, we come in contact every week with disabled persons who are spectators or patrons that are at our tournaments.

In addition to that role, we also own and operate some golf courses across the country - Tournament Players' Clubs (TPC) with which some of you may be familiar. So we also have a role there. I think the third area where our organization has a role is the one Trey Holland mentioned earlier and that is with growth initiative of the game and principally the 2020 activities, which are going on as we speak. With respect to golf tournaments and PGA Tour events that are conducted every week, obviously what we are in the mode of doing is learning about things that can make our events more accessible to disabled persons. There are a variety of initiatives that we have taken through the years to expedite that process, but I think we recognize that we are still in a state of infancy in that regard and there is still a long way to go. But since we are also involved in owning and managing facilities, I want to come away this week with some idea of the things our organization can take back, the same as the golf course owners or superintendents, with an eye toward improving accessibility.

None of the things that we are presently doing, would I characterize as rocket science or innovative ideas. These things are largely common sense and should be employed in golf tournaments. One of the things I would mention to you that is a problem for us, not only in accessibility issues, but also in every aspect of operating golf tournaments, is gaining consistency from one tournament to the next. We work with volunteer organizations every week. We have 122 tournaments under our sanction including the PGA Tour, the Senior PGA Tour, and the Buy.Com Tour. Each of them has a little dynamic associated with it; different size, different organization, different needs and chemistry associated with their tournament organization. So while we can prescribe guidelines and things we would like each of our tournaments to do, we struggle still in the area of being consistent from one week to the next in a number of operation areas including accessibility issues. One of the things we do that we ask or strongly encourage, if not require, obviously is parking for disabled/handicap individuals. It is front and center and required at all tournaments. From those disabled parking areas, we ask that each tournament provide either shuttle buses or carts to escort disabled persons who do not have their own transportation either to the clubhouse or to designated seating areas as the case may be, wherever they may wish to go. Then, return shuttle service from those same locations to the parking areas is provided as well. In terms of seating areas, we normally prescribe that one or more seating areas, especially strategically located areas around the golf course, be provided for disabled persons. An adage with these seating areas is a restroom and concession area that is accessible to disabled persons be nearby, as well as other facilities that are strategically located throughout the golf course to provide that access. All counter tops and tables within the concession facility should be wheelchair height accessible. These are the areas where consistency from one week to the next tends to not be what we would like it to be, but hopefully we are moving in the right direction.

Motorized transportation at golf courses - disabled spectators may at their discretion elect to bring their own motorized transportation and in addition, our tournaments are strongly encouraged to provide that in the event they do not. The use of such transportation is subject to a few relatively minor guidelines. For instance, we ask motorized transportation be electric power as opposed to gasoline so that it minimizes the noise level on the golf course and the distraction of the players. Restrooms - disabled persons have special designated areas, portalets around the golf course, again at strategic locations, certainly not limited to areas where disabled seating areas are located because we recognize that a lot of disabled people are moving around the golf course in other fashions.

One of the areas that I think the PGA Tour events could go forward with is funding of programs for golfers with disabilities. For example, Ron Tristano operates a three-hole challenge golf course that is part of the Edwin Shaw Hospital in Akron, Ohio. This facility was originally funded by and continues to receive grants on an annual basis from the Akron Golf Charities, which is the group that runs the professional golf tournaments in Akron - the old NEC World Series of Golf and now affiliated with the World Golf Championship event there. As you may know, each of our events are organized to support local charities in their communities with the net proceeds of their events. This may be an area where we can strategize some ways to assist programs in various communities with charitable proceeds of PGA Tour events. I would hope to be able to look at that a little more as we go through the week.

I think in respect to compliance with ADA prerequisites in our clubs, the TPC network of clubs that our organization operates – obviously, we are doing the things that were mentioned earlier – a lot of work to go there. I won't go into our course operations further because I think the Golf Course Owners Association will probably delve into that a little bit more than I could. I think it fair to say that the PGA Tour wants to be an active participant in this Forum and the discussions going forward. We certainly feel a responsibility as an active member of this industry to contribute in this area. Again, thanks for having us and we look forward to the remainder of the week.

Jim Singerling, CEO, Club Mangers Association of America

I want to step out of the mold from the previous speakers who told everyone they were delighted to be here. I have a wonderful wife and a five and seven year old at home and I would rather be with them than in Clemson. When I talked to them on the phone last night, my five year old told me she would like to talk with her father, but she had to go potty and she hung the phone up. So, there are other things that we could be doing today rather than come to another meeting.

At the Golf 2020 meeting, Betsy Clark asked me to attend the Forum. I assured her our association would be well represented. I said well, very candidly, in most of these situations we all say nice things when we are standing here. I am sorry you are in a wheelchair and I am sorry that you are in a highlift and I am sorry that you are on

crutches. But if this is going to be a bunch of people pointing fingers and whining about their lot in life and they are not willing to come to the table and make a difference, then I don't want to be there. I can find another way to spend this day. But if there are truly people who are going to come together and look at these organizations not as people who can solve their problems, but work together with them to tell them – not the attorneys, not the Justice Department or the US government or the local government - how we can help change the lives of the disabled – then I am willing to spend any amount of time I can in doing that. And, I am willing to put all the resources of our Association behind making those changes.

Trey Holland mentioned earlier that the USGA maybe has not done all they could to change the landscape. I will suggest that the USGA has done an enormous amount to change the landscape and I think they have had the greatest impact of any organization of sports in being able to change the culture of a sport, but they cannot do it alone. You can not do it with just money, you can not do it with government regulations and you can not do it with one of the groups out here who feel afflicted or one of the groups out here who feel they would like to get the headlines on an issue. It has to be people coming together.

When I said to you earlier that this would not have been one of the things I would like to do – I have had times in my life when there were other things I wish I were doing. I was the oldest in a family of five and until my youngest brother Jeff was seven, I carried him. He was born with cerebral palsy and he passed away. I have the ability to see people who are affected by disabilities be treated as less than whole or less than they would like to be treated. But I have also seen people pat them on the back of the head and suggest that “yes I hear what you are saying and I am going to make difference.” Ten years later you will see the same exact situation because it was this group doing this and that group doing that. I think from the accessibility prospective, this room full of people, has the unique ability to take the money, the resources, the professionals, and the organizations that are sitting here today and put them together and deal with reality. There are things that we all would love to have happen, but there are also a number of things we just know are not going to happen in our lifetime. But if we could look at this opportunity, as not writing a new book on accessibility, but maybe creating another chapter we can take what the USGA has provided us the opportunity to build a better world for golf – a more understanding world for golf. But we cannot change human nature. We cannot change the average person out there. I cannot change our organization. It is very progressive.

Sandy Crappie who is setting back here is the first woman to be elected president to our organization. Kathi Driggs, a Senior Vice-President of our organization, is here to make sure that everything that comes out of the Forum can be used to impact our organization. I need to do that and I will work to that end. But I will not sit around and tell you something you want to hear if we cannot do it. We have 275,000 employees working at the 3,000 private clubs that are managed by our 6,000 members. Our members are the employees of the clubs. But they also take care of the 2.3 million members who are at the high end of the economic spectrum and a good percentage of those individuals are disabled. Be it a stroke, be it a joint replacement, regardless of the affliction, we have been working to accommodate individuals with disabilities not because the managers

liked it, but because the members would have fired them if they did not change those stupid steps or put up a railing, or help them with a ramp, or make it easier to enjoy their facility. If we can come together and take the culture that truly has changed, not as fast as any of us would have liked, but it has changed; if we can take some things out of this day and go back and collectively come together and have an impact and start targeting our efforts, maybe little things can change. We can all have a great time of it.

I will tell you that the allied associations that you see represented here are working closer today than any other time in the 75 years of the existence of our organization. The territorial nature, the idea of me first, or I need my name on it without anyone else's, or we want to be the first ones out to the press release is gone. We look for your support, but we also need to be able to be candid with you and say there are some things we cannot accomplish as well. I promise you, you will get that candidness from us and that is the experience I have had with everybody sitting up here as well. I thank you for inviting us to be here today.

Mike Tinkey, Deputy Executive Director, National Golf Course Owners Association

I want to thank you for the opportunity to be here too. We are excited to listen and work together on educational strategies that will make golf more accessible. I echo what Jim Singerling said as far as the allied associations working together; it has been a pleasure to see the organizations working together. It is a little bit better, but we have a long way to go, but we are working together much better than we ever have before. I would also like to thank the people who have been working in the trenches for a long time.

You know it all starts at the golf course and without the golf course you don't have a golfer or really anyone. The National Golf Course Owners Association (NGCOA) is an international trade association, made up of owners and operators of golf courses. With over 4,500 courses throughout the United States and the world, they really go to work every day thinking about how they can attract and retain more golfers, operate more efficiently and frankly operate as a business so that they can be profitable. One of the most important things is attracting more golfers to the game. And one of the big efforts through Golf 2020 – is identifying populations that can be attracted and retained to the game. The Get Linked- Play Golf program is just that; a program of linking people together, bringing them to the course in a very meaningful way. The NGCOA works very carefully with efforts like the City Golf Clubs, Take your Daughter to the Course Week, and Kids on Course to help bring some of those 40 million potential golfers to the courses.

On a personal note, I am glad to be here again and see some people I have seen before, Greg Jones, being one. When I was operating facilities on Hilton Head, when I didn't have a clue, Greg came in and helped us with ideas of how to make 218,000 rounds more accessible, and I appreciate that.

The Association really is made up of a variety of owners. Some are really keen on customer service, some aren't, and frankly some don't have a clue. Overall, they are very interested, and they are concerned about what an accessible course really is and what a welcoming environment really is. When we look at those 40 million potential players and the initiatives to bring players to the course, I hate to say that not all courses have a welcoming environment in fact, far from it. A lot of it is just getting people in tune to being welcoming to the population in general as well as special populations. Betsy Clark and I were talking about women in golf, and the USGA and our organization has talked a lot about kids. Those are two special populations as well. Certainly the leadership of the NGCOA and the more than 25 chapters and staff at the national office, and a full time consultant are very keen on implementing educational strategies to provide a welcoming atmosphere and environment to be successful in generating more golfers. Again, Gary Robb's survey does reflect there is interest and concern, but owners and operators really want to know how. Therefore, the Association has been working to define and collect information about what it is that will allow us to make the golf facility a more welcoming atmosphere. Some recent activities that we have been involved in the last twelve months are:

- 1) We have brought the key leaders of the Association together from all the chapters – one of the key issues is ADA and how we can provide a check list – how we can provide information to educate the owners out in the field,
- 2) We have worked from the very beginning with the Access Board and the Department of Justice (DOJ) staff to advise them that one of the issues that is first and foremost on owners minds is the issue of single-rider golf carts,
- 3) In March of this year a letter was drafted in conjunction with the Golf Course Superintendents Association of America plus two of our larger multi-course owners – Club Corp and American Golf to try to get some sense of what it really means to have a course that is appropriate for people to play. We have asked the DOJ to give us guidance on this and we have suggested a couple of alternative approaches, and
- 4) We have an ADA seminar at our annual meetings.

The most recent issue of Golf Business Canada which goes to our Canadian golf owners and operators has a special section on enabling golf and making golf courses accessible to golfers with disabilities, and we will take what we learn here in this meeting and have a special feature in the June issue of our magazine, Golf Business. Golf Business was just recently rated the number one golf magazine by independent researchers, and it goes out to 16,000 golf courses. I hope that there will be some very specific things we have learned that will help owners in the field. We have the privilege of working with the USGA on the distribution of the “Bag Drop” and you will see on our web site www.ngcoa.org that there is a whole section which mirrors a lot of the things that Mark Frace has done through the Resource Center.

As I mentioned, we have a consultant on retainer who is proactive on these issues. She keeps us abreast and helps us with accessibility. We are also working with Golf 2020 – I mentioned it briefly before. Frankly, this area has not been covered in Golf 2020 and should be. I think we should bring it up as we anticipate the November meeting. Finally, I am looking forward to the next 2½ days to identify from national perspective, educational strategies that are specific that will make the game more accessible. It is important to have a transition from interest and concerns that owners have, to a checklist and training and tangible things that they can do. Perhaps what will come out of this is a strengthening of the allied associations working together with continued resources from the others.

Betsy Clark, Director of Education and Research, LPGA

I too am happy to be here on behalf of the LPGA and the 1600 – not the 25,000 - but 1600 women members of the LPGA- both the tour and the teaching and club professionals. The LPGA was not started in 1894 although I suspect women were playing then. But we started in 1950 and just had our 50th anniversary last year. In 1959 the founders of the LPGA had the foresight to start a teaching division, so we have 420 tour division members and about 1200 teaching and club professionals under one roof. Most members are full time teachers. Like the PGA of America members, they are independent contractors that work in facilities and golf schools all over the country.

Relative to accessible golf, I work with the teachers and club professionals as the director of education and research. They just tagged the research title part on my name this year, and it obligates me to continue to do research, which I certainly think is one of the roles of this Forum. If we continue to do research – whether it is the sole rider cart or whether it is research on how to best communicate better with all golfers – it is our obligation and role to do some directive research. I hope by the end of these three days we will have some ideas on some of those initiatives.

Regarding education, obviously from the LPGA's prospective and certainly from my prospective I think our role, as it is with the PGA of America, and responsibility is to continue to teach the teachers how to teach people the game of golf. That is our motto- we teach people the game of golf and there is no distinction as John Milton said – it is all people. Regarding teaching golfers with disabilities, I think it is absolutely critical that we do this in an informed manner and that we bring the rehabilitation specialists, therapists and the medical profession into our educational efforts. As a teaching professional myself, I would not want to be out there by myself trying to do something I don't know anything about. I think it behooves us and I think it is our role that, when we do create programs, we include specialists. I don't pretend to be a physical therapist, I don't want to be a physical therapist, I am not a medical doctor, – I am an educator. I facilitate learning, so I think it is important, as we work with all people to bring them into the game of golf, that we reach out, work with those specialists, and combine our efforts to make the best learning environment possible.

We do a great job with clinics and what I call attraction programs. We bring in a star and do a clinic and what happens afterward? What happens when you get a golfer to the point to be able to play and he/she has no place to play? So transition into play is an integral part of the educational process for all golfers. If we are going to grow the game, then we really have to look at this. Again, I think those of us that are working at the grass roots, it is our responsibility and role to look into how we can better get people to the course playing. When we started the urban youth program in 1989 we did not even start a program until we had access; access to teach people, access to practice facilities, access to play. Also, we did not provide access to play without these youths learning the total game of golf through a program. These juniors knew pace of play, knew rules, knew the spirit of the game and knew how to play the game and then they got a card similar to the one the "First Tee" is using today. We did not even start that program without these people having a place to play. Our whole intention was to play the game of golf, not to practice the game of golf; not to spend our time just learning how to play.

You, rehabilitation specialists, therapists and medical personnel, have a model that works and I think that is something that we, along with other allied associations, can work together on to make our training programs better for all golfers. I think as golf educators, and I am talking in the broadest sense – I am talking about the PGA of America professionals too – that we can partner to assist with and/or create programs with rehabilitation hospitals and clinics. We are the golf professionals, you are the rehab professionals, and I think combined we can create better and more programs. Again we can assist all the professionals I mentioned before – the therapists, the therapeutic recreation specialist, and the medical profession.

As Steve Rankin mentioned regarding the PGA Tour, we also have on the tour side, 40 independent tour events all over the world. Within the United States we have been successful on some tour stops not only with access for golfers with disabilities that are spectators, but we have conducted clinics at some of the tour stops for golfers with disabilities. We have some events where the clinics are regularly scheduled and we encourage that. Again I think it behooves us all, representing the allied associations that when we have an industry-wide initiative like 2020 or First Tee, in particular, that all golfers are included in those programs and those initiatives. I think it behooves us to ensure that it does happen.

Getting back to research, I think one of the things we can do is look to what John Milton and others have mentioned already about adherence. That golf is an addiction and I think everybody in this room feels that. You want to go out and you may dump a few along the way but you get that one good shot and you are back. We need to do some research on adherence and that whole issue of adherence to addictive kind of things. I think that will help us with all new golfers. In addition, one more thing on the business about making golf friendlier - much of that stems from the words we choose and the way we talk about people in general. I think again as allied associations, I know Gary Robb, years ago came out with that pamphlet – the first pamphlet for accessible golf that had terminology in it, and we must encourage our members and employees to use the proper terminology. Sometimes the turn off comes from how you relate to people and the words you choose,

just the simple thing of saying, a golfer with disabilities, and always putting the person first. This can make a huge difference in whether someone is welcome at your facility – whether it is a practice facility or a golf course. I think that is another role that we as an allied association should play; that is to educate all of our constituents in how to use the correct terminology and to use semantics in a way that really welcomes people into the game.

That is it from the education and research perspective of the LPGA. Thank you and I am very excited to be here and I look forward to the next couple of days of discussion, dialogue, and planning.

Session IV: The Architect's View of Accessible Golf

Jan Beljan, Fazio Golf Course Designers

I represent the American Society of Golf Course Architects of which there are 150 members. Golf course architects do have an impact on the business of golf since nothing will happen without the “playing field”.

Golf course architects have been discussing accessibility since 1994. From the American Society of Golf Course Architects' view, the industry should try to accommodate players with disabilities. However, some issues affect whether this can be accomplished. Liability is a big issue. Many architects will not take responsibility for the design and placement of golf cart paths because of liability. Given this situation, accessibility may not be achieved. Also, the insurance industry has a severe impact on what we do. We listen to our insurers and try to keep our liability to a minimum. People need to understand that there are many reasons why things are done certain ways over and beyond what may appear obvious.

Architects have been primarily concerned with providing accessible tees and greens. Curbing is an issue for accessibility but if they are eliminated even able-bodied players will drive everywhere. Compacted conditions are created, especially around the tees and greens, if curbing is eliminated. Further, to create accessible tees and greens dirt needs to be moved. Depending upon the topography, property lines, and local environmental situation, accessibility may not be financially feasible. Many courses are not built because of these issues. Architects, developers, and owners have several constraints and issues to deal with. They want to build a pleasurable course, a challenging course, a course that fits within the topography of the acreage available and they want to minimize the amount of water used and maintenance costs. They need to do all of this and be sure that the course is within the financial capabilities of the developers. All courses have a budget, if we are to make a course totally accessible and we need to move two million yards of dirt to accomplish this, it will not be built. Architects cannot do what they would like to do because there are so many laws and restrictions, and so many people have an opinion of how it should be done.

Total accessibility is difficult because of all the issues and restrictions architects must address. However, with the new single-rider golf cart, accessibility is easier to achieve. Additional research is needed to determine the tolerance of grasses and determine the compaction caused by the single-rider cart. These considerations, however, are normally beyond what the average person is thinking. Seventy percent of any golf course construction is underground - the public doesn't see this. All they see is what is on top. Many issues architects must deal with are not visible to the public.

D. J. DeVictor - DeVictor Langham

I have been in the golf course design business since 1982 and was the architect for the Walker Golf Course at Clemson University. DeVictor Langham has done projects in 14 states, Mexico and the Caribbean. Access to golf has had a special place in my heart since I became aware of it.

There are several misunderstandings relating to accessibility. The cost of construction is not impacted by accessibility, aesthetics are not impacted by accessibility, and design strategy is not impacted by accessibility. Accessibility needs to happen because as the baby boomers age it is going to become a bigger issue with the financial viability of golf courses.

As Jan Beljan previously said, liability is an issue and cart path liability is a major concern. Five years ago, an insurer dropped the policy of 40 golf course architects primarily because of the litigation surrounding injuries involving the cart path in some way. Cart path liability is one of three issues that could have a major impact on golf not becoming more accessible. Some cart paths have been built improperly and they are dangerous. Designers must understand the issues surrounding cart path placement and design and be willing to make the necessary changes to reduce potential liability. Cart path design must be stressed more in the design field. Many architects tell the contractor that they do not want to have anything to do with the cart path; they give very little direction to the contractor.

The cart path also impacts Turfgrass. The placement of the cart path will have a tremendous impact on the wear pattern on a course. Compaction and mud areas develop around these high use areas. There is a conflict between the maintenance of the course and what the player wants in terms of ease of play. However, the player also complains if the course is not well maintained. A cart path can be designed to allow ease of play and still not need curbing to control erosion and compaction. Golf course design today versus 15 years ago is not anywhere near the same. We have raised the standards of what we expect golf courses to be.

When I go to interviews for a design contract, the ADA accessible guidelines are a part of the package and the contractor is expected to abide by them. A contractor has never said that making the course accessible is going to add \$500,000 because it doesn't. Most decision makers don't fear the legal issues; the moral issues are on their mind. What they are concerned about is –

- How much money can they make if they improve the course, where people have more fun,
- How many extra rounds can I get per month?
- How many more people can I get on the course if the cart paths are accessible?
- Are you going to get repeat play if it is a fun course?

Those issues are what it comes down to and as the economy gets stickier, golf course financing becomes more difficult. Owners are going to want the extra- rounds of play by golfers with disabilities. They will look at the big picture. What is good for the golf industry is going to be good for golfers with disabilities too.

Session V: Proposed Recreational Golf Guidelines

Mike Quimbey, Corporate Vice-President, CLUBCORP

The proposed laws and rules relating to the Americans with Disabilities Act are currently being reviewed by the Department of Justice and should be finalized in about a year and a half.

We, as owners, operators and golf industry organizations, have waited for several years for some direction to reduce our exposure or liability to frivolous suits and legal actions from parties who only seek to serve themselves.

So, as a result of our being targeted by various interest groups, representatives of the golf industry and golfers with disabilities have worked together to create a "Guideline" that we accept as a way to do business, anticipating the proposed new ADA rules for golf. This tool shall be used to build a framework for compliance with the proposed rules. It also will serve to educate the golf industry and golfers with disabilities about their responsibilities and encourage additional recreational play on both fronts.

Following is a copy of the proposed "Golfers with Disabilities — Recreational Golf Guidelines" for your review.

If you support this initiative and would be willing to add your company, organization or group to Appendix 2 in the guidelines, or have any comments related to the proposed guidelines, please respond to me by phone at (972) 888-7370 or cell (214) 755-2525; email to mquimbey~@palm.net or michael.quimbey@clubcorp.com.

A final accepted document will be mailed to you as a participant in the National Forum on Accessible Golf VI.

Michael Quimbey
Corporate Vice-President
Environmental Affairs
3030 LBJ Freeway, Suite 600
Dallas, Texas 75234

Golfers with Disabilities — Recreational Golf Guidelines

I. PREAMBLE

Groups of leading golf industry corporations and organizations, as well as organizations representing golfers with disabilities, have worked together to develop guidelines to facilitate the integration of people with disabilities into golf while maintaining the traditions and integrity of the game.

What are these Guidelines?

These Guidelines will serve to implement the intent of the existing rules and laws of the Americans with Disabilities Act as it refers to existing or new construction of Clubhouses, parking lots, halfway houses, golf course restrooms, locker rooms, etc.

These Guidelines are a tool for the golf industry and the organizations representing golfers with disabilities to use to build the framework for Americans with Disabilities Act Compliance proposed rules. Additionally, it has been developed to encourage the recreational play by golfers with disabilities and to encourage the golf industry to embrace golfers with disabilities.

These Guidelines are intended to educate the golf industry and organizations representing golfers with disabilities about their responsibilities with respect to one another for the betterment of the game as a whole.

These Guidelines were developed through several years of research and a collective action of all of the Charter Supporters. They do not resolve all the issues dealing with accessible golf but represent areas of agreement on what is being proposed as new guidelines and rules. In the absence of technical guidance, good common sense has prevailed.

This document is not a Technical Manual nor does it provide any legal interpretations for laws or rules currently in place dealing with buildings, restrooms, locker rooms, dining rooms, parking lot, etc. Additional information on these matters can be found as part of the Architectural and Transportation Barriers Compliance Board (Access Board) 36 CFR Part 1191 and 28 CFR, part 36.

How should this document be used?

The information presented is based on the results of a number of meetings and discussions held between the golf industry, golfers with disabilities, and government representatives covering several years. These Guidelines are meant to be used as an operational guide for making good decisions as it relates to the golf course, the clubhouse, and planning and design for future as well as altered golf courses. It is hoped that these Guidelines will be widely adopted and used to improve the education, awareness, dialogue, and accessibility within the game of golf.

The “Golfers with Disabilities — Recreational Golf Guidelines” were developed through a collaborative effort and dialogue process. The organizations and companies listed below and in **Appendix 1** participated in this process and can be contacted for further information.

Federal ACCESS Board
American Golf Corporation
Association of Disabled American Golfers
Club Corp, USA
Golf FORE ALL!
Golf Rx
National Center on Accessibility at Indiana University

See **Appendix 2** for those organizations that have, at the time of this publication, endorsed these Guidelines.

Based on recommendations from the Recreation Access Advisory Committee, the U.S. Access Board has developed proposed accessibility guidelines relative to the golf course.

The scope of the mission was to define proposed architectural guidelines that would facilitate the integration of people with disabilities into golf while maintaining the tradition and integrity of the game.

The ADA requires that new and altered facilities be designed and constructed to be accessible. It also requires that policies, practices, and procedures be reasonably modified to ensure equal opportunity for individuals with disabilities. A reasonable modification is one that does not present an undue burden to the entity or alter the fundamental nature of the activity. For golf courses, a reasonable modification may not

unduly burden the golf course or change the fundamental nature of the game for golfers with disabilities or other golfers.

The term “disability” is defined as: “A physical or mental impairment that substantially limits one or more of the major life activities of such individual”.

It is necessary to be diplomatic and sensitive to a person’s right to privacy when trying to determine whether they are “disabled” for the purposes of this document. There are many forms of disabilities. Requiring a doctor’s certification is not favored. License plates or window tags are not conclusive under the law of a person’s disability. The Department of Justice defines a “major life activity” to include caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A person who is a paraplegic is substantially limited in the major life activity of walking; a person, who is blind, is substantially limited in the major life activity of seeing. While a person with an infected finger, is not impaired in a major life activity. A person who can walk ten miles continuously is not substantially limited in walking merely because, on the eleventh mile, he or she begins to experience pain.

Temporary impairment such as a broken leg or arm is not considered a disability under the definition of the ADA. Only in rare circumstances would the degree of the limitation and its expected duration, be substantial enough to identify the potential limit of a major life activity. The question of whether a temporary impairment is a disability must be resolved on a case-by-case basis, taking into consideration both the duration of the impairment and the extent to which it actually limits a major life activity of the affected individual.

II. PRECEPTS

The participating organizations are committed to the following basic precepts that provide a foundation for these Guidelines:

- To provide information regarding golfers with disabilities and the golf industry,
- To enhance the opportunities for individuals with disabilities to get into the game of golf,
- To encourage more rounds of golf by golfers with disabilities,
- To foster the game of golf and assist the golf industry, organizations and individuals working for its advancement,
- Offer guidance for golf course architects, owners and superintendents who have responsibility for golf course construction or renovation,
- To provide operational guidelines for golf course managers, golf professionals, superintendents, and individuals with disabilities,
- To foster growth and financial viability of the game of golf,
- To develop and implement programs that promote golf participation for individuals, including youngsters, minorities and people with disabilities,
- To enhance the golf facility and operations to provide reasonable access,
- To assist golfers with disabilities using strategies to meet pace of play.

III. DEVELOPMENT PLANNING AND SITING

A. PLANNING AND SITING

1. Planners, developers, architects must follow ADAAG in the construction and alteration of golf course facilities and amenities and are encouraged to work closely with community groups (including those representing people with disabilities) and regulatory authorities during the pre-development stages.
2. In the development process it may be determined that some portions of the site are not accessible or pose a safety concern. These areas should be avoided for a more suitable area or constructed to provide reasonable access and a safe passage.
3. Quoting from the proposed final rule: “The proposed rule recognizes that access to golf courses is typically achieved through the use of golf cars. Golf car passages would be allowed instead of accessible routes throughout golf courses. (Accessible routes would be required to serve practice putting greens and driving ranges since they often are not located within a course.)”
4. All new and altered golf courses must be accessible in accordance with the U.S. Access Board guidelines.
5. The U.S. Department of Justice, which enforces the ADA, requires removal of architectural barriers in existing facilities when it can be accomplished without much difficulty or expense.

B. DESIGN

1. Handrails are not required within the boundary of a golf course when an accessible route is provided.
2. Where one teeing ground is provided per hole, it must be accessible and be so designed that a golf cart may enter in a forward direction and maneuver. When two teeing grounds are provided for a hole, one teeing ground will be required to be accessible and it must be the forward tee. Where three or more teeing grounds are provided, at least two teeing grounds will be required to be accessible and at least one must be the forward tee. The forward teeing ground will be accessible, except where compliance is not feasible due to the terrain. Common design practice will provide adequate access for golfers with disabilities.
3. No slope or grade is specified in the design or rebuild of a teeing ground.
4. Where a driving range or practice tees are provided, at least 5 percent, but not less than one tee station must be accessible with a golf cart.

5. Where practice putting greens and practice bunkers are designed or constructed, space must be incorporated that allows the use of a golf cart to approach, enter, maneuver and exit.
6. Where weather shelters are incorporated, it must be designed or remodeled to allow a golf car to enter and exit in a forward direction and have a clear floor or ground space or 60 inches minimum by 96 inches maximum.
7. Where curbs or other manmade barriers exist along a golf cart passages, openings of at least 60 inches wide at intervals of 75 yards, to allow access for disabled golfers.
8. The golf car passage must be at least 48 inches clear.
9. All newly constructed or altered golf course restrooms, shelters, and halfway houses must comply with ADA Accessible Guidelines (ADAAG).
10. Cart access to on course bunkers is not required. This is addressed in the “Modification of the Rules of Golf for Golfers with Disabilities”.

C. OPERATIONS

1. All barriers including parking spaces, bag drop, restrooms in the clubhouse and on the course, pro shop, locker rooms, dining rooms, clubhouse entry, will be removed to allow accessibility to all individuals when it is practical.
2. Access to the golf course will be provided.
3. Portions of high counters will be lowered to accommodate people with mobility impairments.
4. Access to the golf course or any part of the golf course being over seeded may be denied to golfers and golfers with disabilities during the over seeding time(s) for safety concerns and to help promote new turf growth.
5. Access to the golf course can be denied to any golfer during rain events, thunderstorms and/or saturation irrigation if safety would be compromised. Golfers may be rescheduled to another time or day when the golf course has dried out or soils have become firm.
6. Daily play must include an availability of an “access” flag if soil and weather conditions permit. Review your local club policy for golfers with disabilities “access” flag use.

Examples of an “access” flag program may include some of the following:

- a. Standard golf cars that are not adapted for disabled use may be used for flagging. These cars also may still be restricted depending on course conditions.
 - b. If a golf course has 1 or more single-rider golf cars can be reserved on a first come basis and if the car(s) are reserved or in use, the club may not be able to provide this accommodation in a timely manner.
 - c. Adapted cars for golfers who have significant mobility impairment. (See disability definition)
 - d. If the course has single-rider cars available, golfers with disabilities who require a single-rider car, will be given first preference. When course conditions permit, a single-rider car will be allowed on the teeing ground, fairways, and greens.
 - e. Golfers who have sufficient mobility may be permitted in limited areas where the single-rider car could be used such as on a golf course in area where there is no access to the greens or teeing ground.
7. During periods of saturated soils from rain events, flooding or excessive irrigation, golf maintenance equipment use will be limited. All golf cart use on the course should coincide with golf maintenance equipment use.
 8. Individuals (i.e., blind golfer coach) who provide assistance to golfers with disabilities will not be charged greens or cart fees unless they also are golfing.
 9. Non-disabled individuals who are sharing a cart with a golfer with mobility impairment will be allowed to drive off the cart path except during over seeding, unsafe conditions or wet soil conditions.
 10. The golf course will accept private single-rider golf carts designed for golf course use, including wheelchairs with the proper pneumatic inflated tires. If the golf course chooses to provide single-rider carts for rent, the trail fee would be no more than the charge for a single golfer in a two-seat cart. If the golfer with a disability utilizes a helper to push, no additional fees will be charged unless the “helper” also plays.
 11. Many bunkers are inaccessible. A golfer with a disability playing from a single-rider golf cart or wheel chair will not be encouraged to enter the bunker but to take relief without loss of stroke due to safety concerns. Where bunkers are accessible, golfers with disabilities will use caution and care.

12. Single-rider golf cars -This section is reserved for future comment and rules to be provided by the Department of Justice. No rules or proposed direction as to how this issue will be decided currently exist.
13. A single-rider golf car golfer who owns their cart will provide proof of general and liability insurance, as required by an individual with their own two-seat cart.
14. All club employees and golfers with disabilities should read the following booklets and share them with others:

“A Modification of the Rules of Golf for the Golfers with Disabilities”
USGA, 1997, (908) 234-2300

“Etiquette Seminar on Golf and Players with Disabilities” National Center on
Accessibility, 1996, (765) 349-9240

“From Bag Drop to 19th Hole”
National Center on Accessibility, 1998, (765) 349-9240

“Americans with Disabilities Accessibility Guidelines” Access Boards 1991, (202)
272 5433 —voice, (202) 272-5449 - TTY

Appendix 1

Federal Access Board (Architectural and Transportation Barriers Compliance Board)
1331 F Street, N.W., Suite 1000
Washington, DC 20004-1111
(202) 272-5434, (202) 272-5449 (fax)
TA@access-board.gov

American Golf Corporation
Riki Ichiho
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Santa Monica, GA 90405-2961
(310) 664-4000, (310) 664-6165 (fax)

Association of Disabled American Golfers
Greg Jones
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Golf Rx for All

JaRo Jones
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(281) 427-2433, (509) 461-9835 (fax)
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National Center on Accessibility

Gary Robb
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(812) 856-4422, (812) 856-4480 (fax)
grobb@indiana.edu

Appendix 2

VGM Golf and VGM Club

D. Jay Ellis
1111 W. San Marman Dr.
Waterloo, LA 50701-1707
(319) 232 5480 (319) 274 6620 (fax)

Session VI: The Role of Rehabilitation and Recreational Programs-Panel Discussion

Susan Hagel, CTRS, Sister Kenney Institute Golf Program for Golfers with Physical Disabilities

The challenges of developing a golf program are primarily in creating a partnership with the golf professionals, superintendents, and owners. The program director must make therapists and medical professionals aware that golf is a possible rehabilitative tool.

In partnering with the golf staff, their trust must be gained. This is done by addressing their concerns upfront and by helping all golf facility staff understand the issues and needs of golfers with disabilities, as well as relieves their concerns regarding some of the misinformation they may have received. Education is a key.

Several perceived barriers must be overcome in developing a therapeutic golf program.

1. Pace of play - All golfers need education in this area. We, as programmers must insure pace of play because everyone is watching us. We need to emphasize the concept of “ready golf”.
2. General lack of awareness and misunderstanding of the individual with disabilities requires general disabilities awareness of all golf staff.
3. Fear of increased liability – We must set those fears aside by discussing the safety precautions that are taken as well as the reality that any golfers has an equal chance of injury.
4. There is concern regarding injury related to the use of the single-rider carts. This requires discussion of safety training, have the staff use the cart.
5. Fears of danger to the course - again educate superintendents and persons with disabilities about golf course care.
6. Fear that to accommodate individuals with disabilities is costly and complex, golf staff always believes costs are much higher and changes are more involved than is the case. Illustrate that most of the changes are in policy and customer service that cost nothing to offer.
7. Fear that golfers with disabilities will expect free services. Golf should not be free--golf is a privilege.
8. Fear that the golfer will have a “chip on their shoulder” -- programmers must address this with any player who displays this attitude. This attitude effects others accessibility

9. Confusion over who is responsible for single-rider carts – this issue is currently unresolved. We should focus on the advantages of having single-rider carts, they should pay for themselves, and there should be a directory of courses with single-rider carts available.

Golfers with disabilities are an additional source of revenue rather than a liability. Women were once viewed as a liability but now are viewed as a revenue source. It is the program therapists' job to educate golf professionals, as well as individuals with disabilities, on golf etiquette. Also, therapists must make individuals with disabilities aware that golf is a viable leisure activity for them. I am still surprised with the number of individuals who don't see golf as an outlet for them.

***Donna Strum, Director, Therapeutic Sports and Recreation and
Kelli Koga, Clinical Educator, P.T.,
Marianjoy's Therapeutic Golf Program***

This program began in 1992 and in 1997; a practice facility was constructed consisting of a six-hole putting green, five driving stations, a bunker, and state of the arts golf carts and equipment. The biggest issue was getting professionals and courses involved as partners in a multi- team approach. We emphasized to golf professionals the “abilities” persons with a disability have rather than their liabilities. In addition, they discussed with golf staff and individuals with disabilities, safe uses of equipment and safety issues surrounding the game of golf.

Everyone starts at the practice facility. To alleviate their fears, we teach the individual with disabilities what they can expect from golf professionals. In addition, we educate the professionals on what type of disabilities and circumstances they may encounter. Discussions about adaptive equipment are held with the golf staff and individuals with disabilities in the program. Various stances are discussed with the professional staff to address various disabilities.

It helps if the therapists know the game and understand the rules and etiquette. Therapist should understand the rudiments of the golf swing so they can do basic assessment of the individual with a disability, and then communicate their limitations, as well as their abilities to the professional. The focus is on having an individual play within his/her abilities. And then to maximize their game according to their abilities, not unrealistic expectations of the game.

Just recently, Marianjoy started a camp for kids who have physical disabilities. We are partnering with four golf professionals to offer this program. The program is structured similarly to the adult program with additional effort being placed on finding and/or creating adaptive equipment for children. This is a new experience for many children because they have not been allowed to try new things.

John McGovern, President, National Therapeutic Recreation Society

I am here on behalf of the National Therapeutic Recreation Society, which is a membership organization of people who are certified therapeutic recreation specialists and work in a handful of different settings. Our membership includes professionals working in psychiatric hospitals or rehabilitation hospitals, long-term care centers, schools and community parks and recreation departments. Our members deal with the individuals in a clinical setting, as well as individuals who have been discharged back into the community. We are part of the larger National Recreation and Park Association, which is a 24,000-member citizen and professional advocate group that includes persons who manage golf courses and administrators who work for agencies operating public golf courses. This is a good fit for us. I can tell you that our organization, the National Therapeutic Recreation Society (NTRS) is really involved in trying to establish links with other groups in the allied health care field that provide services for people with disabilities.

Between therapeutic recreation, which according to the Department of Labor includes 39,000 professionals in the United States in physical therapy, occupational therapy, and adaptive PE, there are probably a couple of hundred thousand professionals who are potential targets to market for the educational materials being discussed at this Forum.

There are several things that NTRS can do and I will see that they are done when I return from the Forum. I really regret that NRPA and NTRS have not attended the Forums previously. Thanks to Gary for making me come. The things we should and could do are:

1. Establish a liaison with golf organizations. NTRS does have a liaison officially appointed to groups like SPRE (The Society of Parks and Recreation Educators), and efficacy groups like the Association for Persons with Severe Disabilities. I would like to get some sort of liaison established with some of the golf organizations that were on the panel today and will be following up with each of you to talk about how we can do that.
2. Through our existing list serves, I would like to get more information out to the therapeutic recreation specialists and in particular, to the ones who work for city or county agencies and tell them about some of the golf initiatives. I have already talked with Mark Frace about getting information from him to put on one of the list serves and that will hit people in all 50 states and hopefully increase some awareness and perhaps open some doors.
3. One of our association's big efforts has been a program called the Benefits of Therapeutic Recreation, which really includes every single item discussed by John Milton. I would like to work with him to see his information incorporated with our benefits material. Benefits training programs are done around the country and a session could be easily added about golf.

4. We would create a consistent technical assistant package for therapeutic recreational professionals. They would work in partnerships with golf professionals in their communities. This information would help complete the linkage between the therapist and the golf professional.
5. Each year in February, we hold the Organizational Liaisons Roundtable. It is a meeting of representatives from the American Occupational Therapist, Physical Therapy, Music Therapy, Adaptive PE, Disabled Sports USA, Paralyzed Veterans of America and our organization. The purpose of the meeting is to discuss concerns about common issues. I will put accessible golf on the agenda for the next Roundtable in February.
6. There is another branch of NRPA, called the American Park and Recreation Society (APRS). It consists of the directors of parks and recreation agencies in your local communities. If your municipality owns a golf course, they are probably the people that are responsible for the course. We already have a joint committee between NTRS and APRS that works on common areas and I certainly think that they would be interested in accessible golf.
7. Last year NRPA created a new education program called the National Institute on Recreation Inclusion. Again, golf is perfect for this Institute. I am on the planning committee for the Inclusion Institute. I will suggest a session from this group be included in the 2002 Institute in Las Vegas. These Institutes draw three-four hundred people from around the country – 95% of whom work in community parks and recreation departments either as a therapeutic recreations professional or as a parks and recreational professional managing programs that inclusion occurs in.

These are the activities that NTRS can oversee and I will follow-up on these on behalf of NTRS.

Session VII: The Golfer's Perspective: Opportunities and Constraints

John Nicholas, Fairfax, Virginia

John gave a PowerPoint presentation that underscored his major concerns and suggestions relating to educational strategies for greater inclusion of golfers with disabilities.

Make It Happen Now!

Introduction

How did I get here?

Its been a long journey.

Why am I here?

Golf is the Greatest Game.

John's Summary of the ADA

- Reasonable Accommodations shall be made for any golfer to access the entire golf course so long as such accommodations do not fundamentally alter the nature of the game or pose a threat to that golfer or others.
- Just like any other business?

How are we going to get there

- A Coordinated effort by all Stakeholders
 - Governing Bodies
 - Owners
 - Professionals
 - Consumers
- Specific and Measurable Actions

Top 5 Items We Can Do Right Now

- Steering Committee & Mission Statement
- USGA Disabled Golf Championship
- Adapted Golf Cars
- Assimilation of Disabled Golf Groups
- Golf Professionals Reach Out

Steering Committee & Mission Statement

- Select Steering Committee of Stakeholders
 - Coordinate Efforts & Measure Results
- Develop Mission Statement
 - We support all efforts to encourage people with disabilities to learn and enjoy the game of golf make any reasonable accommodations and access our entire facility
- Develop specific and measurable goals

USGA Disabled Golf Championship

- Will Serve as an Olympic-style motivator
- Demonstration in 2001, real event in 2002
- Will focus disabled groups to work together on the event

Adapted Golf Cars

- Major barrier, symbolic of entire movement
- All courses should get 4 per course
 - Rent them to the public when not needed by the disabled
- Do the right thing & make money

Assimilation of Disabled Golf Groups

- Single voice
- National focus
- Evangelism
- Power in numbers

Golf Professionals Reach Out

- First Tee Program includes golfers with disabilities
- PGA/LPGA works with the disabled
- Tour stops fund disabled sports groups
- Courses welcome golfers with open arms

Why should we do this?

- It's the Right Thing to Do
- Increase the Number of Rounds of Golf Played & related revenues
- Improve self-esteem and confidence in a non-threatening environment
 - Related Benefits
- We'll all be proud of what we've done

David White, Travelers Rest, SC

I have been involved with the National Forum and accessible golf for the past 6-7 years. I am very impressed with the progress; everyone is so positive and it is amazing compared to the first few years of these efforts.

One of the things that come to mind in listening to everyone is the need for standards. Standardized instructional programs need to be developed so players with disabilities receive the same golf instruction no matter where they are. Teaching the game and instruction need to have consistency and this is not happening. Further, there is a need to know which courses across the country have adaptive equipment and single-rider carts. It would be very helpful to the golfer with disabilities if this information were available through a clearinghouse. Also, this clearinghouse could provide information on manufacturers and distributors of adaptive equipment. Right now, it is hit or miss and we learn from each other. We need to talk with the manufacturers and tell them what is needed. If the clearinghouse existed, more people would purchase the equipment.

A steering committee needs to be established to help centralize all the information and programs. This would help with the standardization as well for teaching pro's and therapists. There appears to be a strong possibility of this happening now and this is my hope.

Greg Jones, Littleton, CO

Finally, we have groups of golf organizations coming together and saying, maybe we ought to listen to these folks. There are people saying they will do something besides write a report and go home. However, I want to be sure these things happen. We need to be doing things right now.

We need to have the USGA, LPGA, PGA, and PGA Tour talking with each other to develop some standards for treating disabled spectators across the country. Why isn't that happening? David, John, and I want to know that when we go to a tournament there will be some consistency in the way we are treated. We also need consistency in the instructional programs for golfers with disabilities. If I go over here to lesson A to learn to hit the ball, and then I go over here to lesson B developed by somebody else, I do not want him or her saying I have been hitting the ball wrong for six years. We have got to get this done.

We now have the right people listening and involved. We all need to be talking the same language and finding our commonalities. Operators want to hear about the business and economics of golf. We need to talk in these terms.

I want to put a plug in for the Resource Center that USGA has put together because it is one place that can be reached by anybody in the whole world. It can serve as the clearinghouse for information and everyone can access it. There are many good things happening and we have to bring them together so everyone can benefit and we don't repeat ourselves at the next Forum. I want us to work together; that is all I have to say.

Session VIII: Benefits and Challenges of Serving Golfers with Disabilities

Larry Allen, Director, National Project for Accessible Golf, Clemson University

**BENEFITS AND
CHALLENGES OF
INCLUSION**

**NATIONAL FORUM ON
ACCESSIBLE GOLF VI**

APRIL 9, 2001

BENEFITS OF INCLUSION

**INCLUSION MEETS THE
MISSION OF THE GOLF
INDUSTRY TO EXPAND
GOLF TO EVERYONE!**

**IT RESPONDS TO THE
NEED TO BE A GOOD
CORPORATE PARTNER!**

**IT IS THE RIGHT THING TO
DO!**

**ALL INDIVIDUALS SHOULD
HAVE THE OPPORTUNITY TO
PURSUE THEIR INTERESTS
REGARDLESS OF PHYSICAL
LIMITATIONS**

IT MAKES FINANCIAL SENSE!

DOLLARS AND (GOOD) SENSE

Statistics

	<u>1986</u>	<u>1990</u>	<u>1995</u>	<u>1999</u>
Golfers	19.9 M	27.8 M	25.0 M	26.4 M
Rounds	419 M	502 M	490 M	564 M
Courses	13,353	13,951	15,390	16,743
Golfer/Course	1,490	1,993	1,624	1,577

DOLLARS AND (GOOD) SENSE

276,059,000 Americans

– 31,746,785 play golf (11.5% of population,
NGF,2000)

DOLLARS AND SENSE

54,000,000 Americans with some disability
(20.6% of population)

5,346,000 now play golf (9.9% of population of
individuals with disabilities, 1995 USFS SURVEY)

17,223,516 individuals with disabilities are
interested in playing golf (35.4% of population of
individuals with disabilities who do not now play
golf, 1995 NCA SURVEY OF INDIVIDUALS WITH DISABILITIES)

DOLLARS AND SENSE

17,223,516 individuals with a disability are
interested in playing golf

– Average Greens Fee(Daily fee course): \$28 (NGF, 2000)

– Average Cart Fee(Daily fee course): \$12 (NGF, 2000)

DOLLARS AND SENSE

17,223,516 individuals with a physical
disability are interested in playing golf

– **8,611,758** new golfers (Assuming 50% of these
individuals actually begin playing golf)

One round a year: **\$344,470,320**

Average occasional golfer(3.5 rounds/year):

\$1,205,646,120

DOLLARS AND SENSE

17,223,516 individuals with a physical disability are interested in playing golf

– **8,611,758** new golfers (Assuming 50% of these individuals actually begin playing golf)

Additional 514 golfers/course: **2,091** golfers/course
Additional \$72,009/course

DOLLARS AND SENSE

22,085,000 Americans with a physical disability (8% of population, 1995 USFS RECREATION SURVEY)

2,186,000 now play golf (9.9% of population of individuals with disabilities, 1995 USFS SURVEY)

7,044,000 individuals with disabilities are interested in playing golf (35.4% of population of individuals with disabilities who do not now play golf, 1995 NCA SURVEY OF INDIVIDUALS WITH DISABILITIES)

DOLLARS AND SENSE

7,044,000 individuals with a physical disability are interested in playing golf

– Average Greens Fee(Daily fee course): \$28 (NGF, 2000)

– Average Cart Fee(Daily fee course): \$12 (NGF, 2000)

DOLLARS AND SENSE

7,044,000 individuals with a physical disability are interested in playing golf

- **3,522,000** new golfers (Assuming 50% of these individuals actually begin playing golf)

One round a year: **\$140,880,000**

Average occasional golfer(3.5 rounds/year):
\$593,080,000

DOLLARS AND SENSE

7,044,000 individuals with a physical disability are interested in playing golf

- **3,522,000** new golfers (Assuming 50% of these individuals actually begin playing golf)

Additional **210** golfers/course: **1,787** golfers/course

Additional \$35,422/course

DOLLARS AND SENSE

- Designing an accessible course increases revenues and decreases maintenance costs
 - Easier access to tees and greens (strategically placed cart paths)
 - Fewer on-course barriers to impede maintenance work(i.e.,reduce labor costs for mowing)

CHALLENGES OF INCLUSION

Perception that golfers with disabilities play slower

Perception that golfers with disabilities spend less money

CHALLENGES OF INCLUSION

Purchase of mobility devices to provide quality service to golfers with disabilities(i.e.,single rider cart)

Perception that there are additional costs to making a course accessible

CHALLENGES OF INCLUSION

Perception that mobility devices will harm the greens

Session IX: The Role of Information Technology in Education of Golfers with Disabilities

Mark Frace, Project Director, USGA Foundation

First, so much has been accomplished with the previous five Forums and I have nothing but great expectations for the Sixth. Betsy (Clark) has continued to champion the cause and with her support, the LPGA has established a Teacher Education Program for Accessible Golf. In addition, I would like to thank current USGA President, Trey Holland and past USGA President and current USGA Foundation Consulting Director Judy Bell, for showing their steadfast support. Their leadership, the support of all of the USGA staff, and the support of so many of you, have been invaluable in laying the foundation for the USGA Resource Center.

As I'm sure you know, the United States Golf Association was founded in 1894 and has served as the governing body of the game for over 100 years. The USGA conducts 13 National Championships, writes the Rules of Golf along with the Royal and Ancient Golf Club of St. Andrews and is responsible for the testing of all golf equipment, and all of this to follow the simple creed "**FOR THE GOOD OF THE GAME**".

As a point of clarification, the consideration of all grants including those in the arena of individuals with disabilities is handled through our established process. The Resource Center is not part of the grant process.

The USGA Foundation, which serves as the philanthropic arm of the organization, was founded in 1965. Since its inception, the Foundation has supported affordable and accessible golf to everyone: children, golfers with disabilities, and the able-bodied golfer. In November of 1997, during Judy's Presidency, the USGA Executive Committee announced the 10-year \$50-million "**FOR THE GOOD OF THE GAME**" Grants Initiative. Overall, grants go towards junior golf programs for economically disadvantaged youth, caddie and occupational programs, affordable and accessible facility development and of course, golf programs for individuals with disabilities. The year 2000 was a record setting year with \$6.5 million in grants awarded in over 250 communities across the nation. Overall, since the 1997 announcement, over \$21million has been awarded in all 50 states including the District of Columbia. In the arena of programs for individuals with disabilities, half a million dollars has been awarded in the past 4 years.

The USGA and the Foundation have demonstrated a commitment to golf and individuals with disabilities. The formation of the Resource Center is a natural extension of that commitment, which is **GOOD FOR THE GAME**. I want to make it perfectly clear, this initiative is not about the USGA, **BUT** with our partners, is about ensuring that all individuals are given the opportunity to experience the game. The formation of the Resource Center was proposed in the Fall of 1999 and was approved in the Spring of 2000.

What is the Center?

- Is it the telephone?
- Is it newspapers and magazines?
- Is it the computer?
- Is it a web site?

Well, it encompasses all of those as well as the support of all of you and the organizations you represent at this Forum. Let's make it perfectly clear; the Center is not a specific place, but a key element in the educational process that lies before us.

A simple definition of the Center is:

Golf's method to acquire and distribute information for any golfer with a disability who is interested in learning about and playing the game as well as reaching others in the golf community that may not know the opportunities or responsibilities within the game.

The Resource Center uses a variety of methods to accomplish its purpose:

We are involved in active dialog with publications geared towards individuals with disabilities such as *New Mobility, Ability, Able, The Voice and Sports and Spokes* to name a few. Specifically, *Ability Magazine, The Voice and Able* publications have agreed to run articles on the Resource Center and the subject of golf for individuals with disabilities. If you know or feel there are others, please let us know.

We are speaking to major golf and general sport publications. For instance, *Golf Magazine, Golf Digest, Golf Digest Women, and Sports Illustrated. Golf Digest, Golf Digest Women* and the USGA's very own publication, *Golf Journal* have all agreed to run articles on the Resource Center and the subject of golf and individuals with disabilities in upcoming issues.

We are negotiating with The Golf Channel to run a segment on the Center and the opportunities in golf for individuals with disabilities.

We are having discussions with the Presidential Task Force on Employment for People with Disabilities to inquire about utilizing their extensive databases of mainstream organizations across the country to inform them of the services being offered through the Resource Center. We also ask if we can use a mailing list in place at your organization to send an announcement regarding the formation of the Center.

The Center is becoming known for its Speakers Bureau where we will be attending and speaking at the following meetings and conferences related to medicine, rehabilitation, and recreation.

Examples include:

- The American Therapeutic Recreation Association
- National Therapeutic Recreation Association (Golf Institute)
- National Recreation and Parks Association
- Golf and Medicine Symposium
- Golf Neurology Workshop
- American Kinesiotherapy Association
- American Academy of Cerebral Palsy and Developmental Medicine.

Equally important, we will also have a presence at all appropriate scheduled meetings within the golf industry.

Examples include:

- Golf Course Superintendents Assoc. of America
- IAGA Meeting
- PGA Show
- USGA Green Section
- NGCOA
- International Network of Golf
- The First Tee Annual Meeting

The Center, without question, is the most comprehensive effort to create awareness of golf within the community of individuals with disabilities. However, we also need to provide them with other sources of golf information as they enjoy the game of a lifetime. This is where the Resource Center Web site www.usga.org/resource_center and the informational technology fit into the picture.

Over the past 9 months, the Web site has been developed and it now contains wide-ranging and current information on golf programs, equipment, USGA Championships, articles, accessibility topics, and the Modified Rules of Golf. As far as attending Championships, scooters are scheduled to be available at all 13 National Championships for the first time since the trial run in 1995 at the U.S. Women's Open Championship. This is a free service provided so that people with disabilities may follow their favorite players with their friends.

In addition, we are partnering with LPGA and PGA Teaching Professionals who are interested, and, more importantly, experienced teaching individuals with disabilities. We currently have 78 LPGA Teaching professionals in our database. Our calls indicate this is a service, which must be provided. Surveys continue to come into the office daily.

In 2000, we published the *From Bag Drop to 19th Hole* booklet, which was developed by Gary Robb and made possible through a USGA grant. Gary, Executive Director of the National Center on Accessibility deserves a lot of credit for his tireless effort gathering the data. The booklet is geared towards making all golf facilities more welcoming to all

individuals with disabilities. This has been distributed to 9,000-10,000 golf courses and facilities that are USGA Member Clubs and to National Golf Course Owners Association members who are not USGA members.

Also, we are reviewing whether to print the updated version of the Modified Rules of Golf in Braille or do an audio version of the Rules of Golf and Modified Rules of Golf to assist individuals who are sight-impaired.

The underpinnings of the Center are partnerships and collaboration. The Resource Center is, and will only be; as good as, we are at partnering to awaken the belief that golf is a game for all people, the true game of a lifetime. We must do all we can to capitalize on the unique nature of a game that provides the ultimate in integrated recreation for people.

This means providing resources that are literally at the fingertips of all who seek them. At the same time, we must create awareness with those who may not have focused on the great opportunity before us:

To impact the recreational lives of people with disabilities through this great game.

No one person or organization possesses this integrated initiative. It is about the game and the benefits it can have for all people. What I need from all of you is for you to communicate with us, let us know how the Center can serve its users better; bring varied perspectives about what more we can do to fulfill the Center's stated goals, and help us accomplish these goals together. In the end, it is about the magic of watching someone do something that was outside of their personal realm of possibility and the impact that it has on their life and the lives of others. This game and our efforts are tied to that magic.

Thanks to all of you for your efforts: past, present, and future. I am looking forward to walking this road together.

TUESDAY, APRIL 10

The remainder of the Forum was dedicated to the development of the educational action plans. Three separate sessions were held to create the action plans. Sessions I and II were held on Tuesday while Session III was held on Wednesday morning. The explanation of each session and its results are presented herein.

SESSION I: Brainstorming and Prioritizing of Educational Needs

Initially, three groups were formed for this session: two groups were made up of rehabilitation/therapy professionals and golfers with disabilities, and one group was composed of professionals with major golf organizations and PGA professionals. These groups initially brainstormed on the educational needs from two perspectives;

1. Consumer/rehabilitative perspective, and
2. The golf industry perspective.

Following the initial brainstorming of educational needs, each group prioritized their list into six-eight items. Finally, the list of prioritized educational needs from the consumer/rehabilitation groups and the list of prioritized educational need from the golf industry group were collapsed into one comprehensive list of educational needs.

INITIAL BRAINSTORMING LISTS OF EDUCATIONAL NEEDS

Group I-Consumer/Rehabilitative

- Education organization boards
- Educate those in need (Community – expand definition)
- Educate potential funders
- Educate physicians & medical personnel
- Educate golf course employees/operations
- Educate PGA & LPGA apprentices
- Need research (Economic impact, turf, myths about play)
- Need to define disability
- Educate PGM students about instructing golfers with disabilities
- Establish timeframe for golf inclusion
- Make rehabilitative professionals and golf professionals aware of adaptive golf equipment
- Develop a “train the trainers” program
- Establish format for golf clinics (pros and clinicians)
- Dispel “myths” (golfers with disabilities – ex: pace of play)
- Focus on abilities
- Clarify medical reimbursement
- Marketing/educational materials on golf (user friendly)

Group II-Consumer/Rehabilitative

- Educate golf managers and owners regarding disability issues and barriers
- Educate rehabilitation professionals to promote golf as a part of rehabilitation
- Teamwork between the therapist and golf professionals to provide golf programs
- Clearinghouse for resource information
- Address the funding need for all of this
- Identify and address “perceived” barriers
- Getting people with disabilities from the clinic to the course
- Marketing of golf as a rehab tool (target MDs)
- Make community TR professional aware of the benefits of golf
- Industries – standardized – training for golf managers- reference the rights and responsibilities of people with disabilities.
- Make golf course owners and operators aware of market share they are missing
- Educate physicians
- Minimum certification – criteria for professional golf instructors- reference people with disabilities
- Promote golf not only as a rehabilitation tool, but also as the #1 sport of inclusion

Group III-Industry Representatives

- Training of management on how to make golfers with disabilities feel accepted
- Tool kit for owners/operators of golf courses (easy to use – who, what, where, why and how) on accessibility (check list for course/facilities) marketing/events/purchase materials/links to web sites/grants/resources
- Industry-wide supported teaching program for PT/OT/RT etc.; certification on accessible golf (broad initiative)
- Information for people with disabilities to locate a teacher
- Inform people with disabilities about golf as an option for leisure/lifestyle
- Educate persons in industry about who a person with disabilities is
- Educate the universe of people with disabilities and care providers about recreation opportunities of playing the game of golf
- Educate all areas of health care industry of TR perspective of benefits of golf for the people with disabilities
- Convince a somewhat skeptical group of club owners about the increased number of people with disabilities and economic benefits and improving quality of experience or measuring numbers
- Coordinate, consolidate, and disseminate the same message – both groups (group with disabilities and industry)
- Education and training of people with disabilities about ability to play and teach them how to play
- List of accessible golf courses (standards) and rating – centralized and disseminated equipment available – layout, scope, etc.; links and visuals

- 2020 and 1st Tee – unsure if golfers with disabilities are included in these initiatives (need to spell out that there is a market for junior people with disabilities)
- Better communication between golf industry and medical community (health care) specific targets (e.g.: MDs)
- Golf without golf courses for people with disabilities (the need for practice and training facilities) don't need a 7000-yard course to experience golf
- Reposition/center for people with disabilities, as well as, golf - on how to play, accessibility to course, equipment, etc.
- Educate people on opportunity – interpret, circularity of demand – service argument – not compelling
- Effective ways to address negative perception of golfers with disabilities impact on courses (e.g.: greens, cart, etc.)
- Voluntary self-certification program for accessible course status
- Dissemination of specific research to address specific fears (to all markets)
- Programs and people to play with – requires a list of teachers, programs, etc.
- Tour events – educate and inform tour sponsors- reference spectator access, clinic on people with disabilities, funding community programs (integrating all of these)
- Sensitivity training of front line staff (fear factor)
- Professional teachers – overcome fear; information and opportunity
- Teaching preference resource – what has worked in the past (best practices)
- Educate and encourage course operators to be creative in providing varied experience levels
- Need data on use of assistive devices on greens; also historical use data
- Identify aspects of golf course “culture” and what is negative and address with owners and operators
- Promoting the positive collaboration among industry and rehab/recreation (sharing and training information)

PRIORITIZED NEEDS BY GROUPS

Group I- Consumer/Rehabilitation Representatives

- Data and research (economic, course and equipment)
- Marketing, education, and communications -
 - Language, dispel myths, defining market,
 - a. Disabilities
 - b. Disabled community
- Education of golf professionals/golf course employees
- Education of medical community
- Identify and train the trainers – PGM program
- Fundraising/reimbursement for profit and non-profit

Group II-Consumer/ Rehabilitation Representatives

- Education of golf owners and operators – reference: access for people with disabilities
 - a. Identifying “perceived barriers” and respond to them
 - b. Address funding issues (revenues as well as costs)
 - c. “Good Housekeeping” seal of approval
- Identify, develop and expand a designated clearinghouse, resource center and market it to everyone
- Promote golf as an important sport of inclusion and an important rehab tool
- Develop measures for statistical analysis of golfers with disabilities from clinic to inclusion

Group III-Industry Representatives

- Tool kit for owners/operators
- Industry wide teaching program
- National repository of information
- Convince owners and operators of merits of golf for people with disabilities
- Educating people with disabilities about opportunities to play golf
- Need research/data on demand, use, and impact

FINAL LIST OF PRIORITIZED EDUCATIONAL NEEDS

- Development of a “Tool Kit and Guiding Principles” manual for golf course owners and operators in reference to serving golfers with disabilities
- Development of programs, services, and information base for the USGA Golf Resource Center
- Development of an education model for teaching golf to people with disabilities
- Teacher education model (teaching teachers)
- Player education model (teachers teaching)
- Development of educational materials to promote golf as a rehabilitative tool
- Development of educational materials to promote golf as a tool for leisure inclusion

In addition to these five primary educational efforts, the members from each group felt that the **funding issues and research needs** should be incorporated within each of the five educational needs identified above rather than be addressed as separate issue

SESSION II: – Action Plan Objectives

Session II involved the completion of a matrix of information that would form the basis for the development of the action plans. The Forum participants were assigned to one of the five educational need areas with a facilitator to complete the matrix. Each group worked independently and therefore, each matrix is at a different level of completion. Finally, the work of group three relating to the development of a teaching model was misplaced and could not be retrieved from any of the group members. However, this group was able to complete an outline of their action plan that is presented in Session III of this report.

1. To develop a “Tool Kit and Guiding Principles” for golf owners and operators for individuals with disabilities.

	IMMEDIATE (3-6 MONTHS)	SHORT TERM (6-12 MONTHS)	LONG RANGE (12-24 MONTHS)
1. What do we know?	Need for consistent interactive source of information		
2. What do we have?	- Bag Drop to 19 th Hole -Wealth of information, but not organized -USGA.org		
3. What do we need?	1) Immediate formation of steering committee 2) Become a sub-committee of Golf 20/20 (target audience) funding 3) Research element	1) 1st Draft Tool Kit and Guiding Principles* 2) Get on agenda for Golf 2020 November,2001	1) Publish a final version 2) Incorporate plans to distribute among all 3) Incorporate on the agenda of Golf 2020, November 2001
4. Who are the targets of dissemination?			

*Guiding Principles (Need to develop a consensus of elements to be included)
 - Definitions
 - ADA compliance and accessibility
 - Etc.

2. To develop programs, services and information base for the National Golf Resource Center.

	IMMEDIATE (3-6 MONTHS)	SHORT TERM (6-12 MONTHS)	LONG RANGE (12-24 MONTHS)
1. What do we know?	There is a need/ potential to offer golf as a change of lifestyle	Golfers with disabilities can be in important market segment	Playing the game changes one's quality of life
2. What do we have?	USGA hosted Resource Center for individuals with disabilities – limited information	Formal education opportunities Media opportunities Inside/Outside golf Grantmaking opportunities	Variety of data sets USFS/NAC/NCHS/etc.
3. What do we need?	Identify additional categories of information Expand content in existing categories Identify delivery system	PSA's Identify clinicians Expand grantmaking opportunities Outreach to members of allied organizations Feature stories/resource books	Research/statistical data – ongoing update of information
4. Who are the targets of dissemination?	Individuals with disabilities Industry Care providers Golfers	Media Therapist/APTA/AOTA/ ATRA Parks recreation services Vocational rehab Rehab hospitals	Physicians PMAR Drs (Physical, medical and rehabilitation, social services agencies, Docs Community support groups

3. To develop an education model for teaching people with disabilities

- a) **Teacher education model (teaching teachers)**
- b) **Player education model (teachers teaching)**

	IMMEDIATE (3-6 MONTHS)	SHORT TERM (6-12 MONTHS)	LONG RANGE (12-24 MONTHS)
1. What do we know?			
2. What do we have?			
3. What do we need?			
4. Who are the targets of dissemination?			

4. To promote golf as a rehabilitation tool

	IMMEDIATE (3-6 MONTHS)	SHORT TERM (6-12 MONTHS)	LONG RANGE (12-24 MONTHS)
1. What do we know?	People are attending clinics Need additional research Leisure skills reduce recidivism Not all people with disabilities use golf as a rehab tool Viewed as a positive form of exercise May be a financial barrier Reduced LOS results in fewer opportunities for golf		
2. What do we have?	Some rehab center have golf programs Some healthcare corps have golf as a rehab tool Some alliances between therapists and teaching pros Some books and publications on training reference golf as a rehab tool (First Swing, Spec. Olympics) Foundation for cooperative studies can generate the research necessary to promote this goal Case studies and best practices		
3. What do we need?	More clinics Quantitative research Efficacy research Dedicated, compensated person to make this happen (Program Coordinator) Physician endorsement Change the mind set of third -party payers Prominent spokesperson Additional cooperation by golf facilities Standard rehab methodology or protocol		
4. Who are the targets of dissemination?	Continuing education opportunities for rehab, Medicine HDFFA Universities reference: interns, research, etc.		

5. To promote golf as a tool for leisure inclusion

	IMMEDIATE (3-6 MONTHS)	SHORT TERM (6-12 MONTHS)	LONG RANGE (12-24 MONTHS)
1. What do we know?			
2. What do we have?	Case studies USGA Resource Center Rehab and community golf programs Videos Spirit of the game Pros scattered around the country are providing training Golf courses that are accessible Adaptive devices of golf by USGA Golfers who want to bring people into the game		
3. What do we need?	More marketing tools More support to the Resource Center Commitment of other people and the public to support the USGA Center More people with disabilities playing golf Research data that shows objective benefits Identify golfers with disabilities already playing that we are unaware of Certification of courses and training Convince golf course owners/operators of benefits of inclusion Mailing lists Template for program development USGA to complete the handicapping system Interaction between golfers with and without disabilities Models for funding		
4. Who are the targets of dissemination?	The 35% who want to play and haven't Media Golf professional associations (teaching pros, O/O) Advocacy groups Allied health professionals Retirement communities & homeowners association Public PR agencies National professional associations Golfers		

SESSION III: - Preliminary Action Plan

Facilitator: Dave Compton

Forum Goal: To develop a series of educational programs and service strategies to address the needs of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services in expanding the opportunities for the inclusion of individuals with disabilities into the game of golf.

Objective 1: To develop a “Tool Kit and Guiding Principles” for golf owners and operators for individuals with disabilities.

Action Steps	Person/Group Responsible	Due Date or Time Line	Resources Needed
<p><u>Phase I-develop content</u></p> <ol style="list-style-type: none"> 1. ADA compliance/access policies (facility) 2. Market to people with disabilities 3. Social inclusion <ol style="list-style-type: none"> a. Personal training on awareness/customer service b. Guidelines for staff 4. FAQ’s 5. Golfers classification system 6. Completed facility accessibility survey 7. Classification of golf course accessibility and inclusion 8. Rules and procedures on use of assistive devices 9. Procedures for organizing/operating events 10. Information feedback system 11. Appendix: resource list <p><u>Phase II-testing of tool kit</u></p> <ol style="list-style-type: none"> 1. Pilot test sights selection (Par 3; practice, Executive, 9 hole, 18 hole) 2. Data sources (Pro, GM, CO, Staff) 3. Develop instruments and procedures/protocol 4. Randomly sample x category x region 5. Site visits to collect data 6. Analyze data 7. Prepare report <p><u>Phase III-revision and distribution</u></p> <ol style="list-style-type: none"> 1. Revise tool kit (linked to another Forum) 2. Distribute to industry and other organizations 			

Facilitator: Larry Allen

Forum Goal: To develop a series of educational programs and service strategies to address the needs of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services in expanding the opportunities for the inclusion of individuals with disabilities into the game of golf.

Objective 2: To develop programs, services and an information base for the USGA Golf Resource Center.

Sub-Objective 1: To maintain and enhance the USGA Resource Center's website to provide:

- a) Information regarding medical conditions of golf
- b) Information on assistive equipment
- c) Current literature on instructional resources and programs
- d) A database of accessible courses (establish criteria)
- e) Chatroom related to accessible issues
- f) Information and links for rehabilitation professionals
- g) A database of golfers with disabilities

Action Steps for Sub Objectives	Person/Group Responsible	Due Date or Time Line	Resources Needed
Sub-Objective 1:			
1. Employ a webmaster:			
a) Define job requirements and skills necessary to effectively manage a website	Mark Frace and Selection Committee	August, 2001	
b) Gain approval from USGA Foundation Executive Committee	Mark Frace and Selection Committee	May, 2001	
2. Make contacts with appropriate medical, recreational, rehabilitative and golf related services and organizations	Mark Frace	June, 2001	
3. Establish appropriate liaisons with service organizations	Mark Frace and Assistant Webmaster	On going	
4. Establish formal web links and chatrooms with services and organizations	Mark Frace and Assistant Webmaster	On going	
5. Establish and examine data collection process (database of golfers with disabilities)	Mark Frace and Assistant Webmaster	August, 2001	
6. Monitor chatroom – prepare appropriate questions related to accessibility issues:	Webmaster	September, 2001	
a) Identify golfers with disabilities	Webmaster	On going	
b) Identify equipment used	Webmaster	On going	
c) Identify instructional programs	Webmaster	On going	
d) Identify courses played and opinion on accessibility	Webmaster	On going	
e) Identify use of modified rules	Webmaster	On going	
Sub-Objective 2:			
1. Establish guidelines for serving spectators with disabilities at golf tournaments.	Mark Frace	On going	
Sub-Objective 3:			
1. Establish contacts and liaisons with appropriate media within and outside the golf industry.	Mark Frace	On going	

Facilitators: Betsy Clark and Judy Alvarez

Forum Goal: To develop a series of educational programs and service strategies to address the needs of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services in expanding the opportunities for the inclusion of individuals with disabilities into the game of golf.

Objective 3: To develop an education model for teaching people with disabilities- Guiding Principles (one-day and two-day certification programs)

- a) Teacher education model (teaching teachers)
- b) Player education model (teachers teaching)

<i>Action Steps</i>	Person/Group Responsible	Due Date or Time Line	Resources Needed
1. Identify task force to review current material <ul style="list-style-type: none"> • Judy Alvarez, John Milton, Noel Jablonski, Kelly Koga, Susan Hagel, Betsy Clark, Dan Drane, Gary Robb and Larry Allen 	Betsy Clark	June 1, 2001	
2. Collect current material and send to Dan Drane at Clemson University	Taskforce	June 30, 2001	
3. Develop central clearing house at Clemson University	Dan Drane	June 30, 2001	
4. Disseminate information of reviewers of the task force.	Clearinghouse	July 7, 2001	
5. Develop reviewer instruction sheet to be distributed to the taskforce.	Betsy Clark and Dan Drane	July 7, 2001	
6. Reviewers return feedback.	Taskforce	August 31, 2001	
7. Conference calls as part of the review process	Betsy Clark and Dan Drane	TBA	
8. Compile reviewer feedback and disseminate information to the taskforce	Clearinghouse	September 30, 2001	
9. Draft Program for meetings	Clearinghouse	October, 2001	
10. Meeting of task force at Clemson University <ul style="list-style-type: none"> • Finalize content outline of program/curriculum • Certificate and clinics (one-day and two-day programs) 	Taskforce/ Clearinghouse	November, 2001	
11. Market program	Taskforce	Early 2002	
12. Implement training program	Taskforce	Late 2002	

Facilitator: Jerry Hitzhusen

Forum Goal: To develop a series of educational programs and service strategies to address the needs of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services in expanding the opportunities for the inclusion of individuals with disabilities into the game of golf.

Objective 4: To promote golf as a rehabilitation tool.

<i>Action Steps</i>	Person/Group Responsible	Due Date or Time Line	Resources Needed
1. Identify and collect information from golf and rehab programs.	Jerry Hitzhusen	3-6 months	NCA – forum USGA – Diab. Org.
2. Compile information to provide benefits of golf as a tool/guide sheet.	Jerry Hitzhusen	6-9 months	Rehab tool committee Forum USGA – NCA
3. Identify billing codes.	Monica Haubenstricker	3-6 months	PT, OT, SP
4. Develop philosophical statement between ATRA/NTRS supporting golf as a rehab tool in TR.	Monica Haubenstricker And Jerry Hitzhusen	1 month	John – NTRS/ATRA
5. Physician awareness – make them aware of golf as rehabilitation	Gary Robb, John Milton, Trey Holland, Sonny Ackerman, Tom Houston,	Long term	Gary, John & Trey
Rehabilitation physician organization	Beth McIvor, and Monica Haubenstricker	1 year +	
6. Education and awareness at clinics in TR – national, regional and state level/associations.	Jerry Hitzhusen, Beth McIvor, and Monica Haubenstricker	1 year +	NTRS, Int'l, ATRA Symposium, regionally

Facilitator: Dave Park

Forum Goal: To develop a series of educational programs and service strategies to address the needs of national golf organizations, organizations serving golfers with disabilities, and rehabilitative services in expanding the opportunities for the inclusion of individuals with disabilities into the game of golf.

Objective 5: To promote golf as a tool for leisure inclusion.

<i>Action Steps</i>	Person/Group Responsible	Due Date or Time Line	Resources Needed
<ol style="list-style-type: none"> 1. Establish an inter-agency committee – comprised of groups represented at the National Forum to develop the marketing and educational plan. 2. Request marketing and educational materials from existing organizations for golfers with disabilities – Special Olympics, Fore Hope, Sister Kenney, etc. 3. Evaluate these materials in order to identify successful strategies that can be utilized for a national plan. 4. Establish contact with public parks and recreation agencies to solicit their involvement in promoting golf for all as an inclusive leisure activity. <ol style="list-style-type: none"> a) Develop criteria that defines an accessible golf course including design issues and program/administration issues – such as adaptive carts, flag policies, etc. b) Compile a list of these accessible golf courses and distribute to all parks and recreation agencies, state, USGA origination. c) Distribute existing information and materials on golf for persons with disabilities. d) Identify and promote case studies of individuals and groups with disabilities that are successfully involved in leisure golf through the use of PSA’s, brochures, etc. 			