

>> Okay, so it's 11:00, so I think we will go ahead and get started on-time because we have a lot of information to share with you.

Ok.

So welcome, everyone.

And thank you very much for taking time to join us today.

My name is Angela Weaver, and I am one of your presenters, and I want to welcome to the Quarterly Self-Management Webinar called "Creating Welcoming Programs."

The goal of this Webinar is to give you ideas, tips, and strategies on how to make your chronic disease self management workshop accessible to the workshop presenters with various disabilities.

Rachel, Patricia and I are excited to be here today to share our experiences and knowledge, as well as to hear from you all.

Before we get started I want to recognize the sponsors of this Webinar.

And they include the Oregon Health Authority, the Oregon office on disability and health.

HASL, which is an Oregon center for independent living.

The Oregon center for children and youth with special health needs.

And the health and disability program at the Massachusetts department of public health.

This Webinar will be archived, and we will be sending out another announcement through our network with the appropriate link.

We will also be posting a written transcript of the Webinar.

As I hope most of you could see we are having real-time captioning with this Webinar, and that transcript is what will be

posted.

Before we get started, we're going to introduce ourselves, each presenter, and again, I am Angela Weaver.

I am the project coordinator for the Oregon office on disability and health.

And I am also a master trainer on chronic disease self-management curriculum.

Rachel.

>> Hi.

I am Rachel Tanenhaus, and I am with the Massachusetts department of public health, health and disability program, which is

part of the office of health equity here.

>> And my name is Patricia Alvarez.

I am the special project director, an ADA consultant, CDSM coordinator and living well leader here at HASL Center for independent living in Grants Pass, Oregon.

And because we will be referring to centers for independent living throughout this presentation, I would like to give you a little more information about them.

The term, center for independent living, means a consumer controlled community-based cross disability non residential private nonprofit agency that is designed and operated within our local community by individuals with disabilities.

They provide an array of independent living services, such as information and referral.

Independent living skills training.

Individual and systems advocacy, and counseling.

Many centers also have a variety other services.

At least 50% of the staff are persons with disabilities and 51% of the Board of Directors are persons with disabilities.

The seven centers for independent living in Oregon and over 500 throughout the nation.

I am sure that you will find them a great source information and reference.

>> Ok.

Thanks, Patricia.

Looking at our agenda today, we're going to be sharing some data on disability prevalence and health disparities.

We're going to be sharing and talking about who is included when we talk about making ourselves ourself management workshops accessible and why do we need to know this information.

We're going to be talking about recruitment and registration for people with disabilities.

Logistics, communication, and the environment when conducting a workshop.

Talking about service animals, a little bit about disability etiquette, part how do your job.

We'll go over a few of the handouts and resources that are going to be available, and then we're going to have time for some questions and answers.

So, in a moment I'm going to be sharing with you some data that demonstrates health disparities between people with disabilities and people without disabilities.

The data will set the stage for why the chronic disease self management workshops are very important and beneficial for all people experiencing chronic conditions, including people with disabilities.

So, it's important to note that when we are looking at this data and other research and data sets, that the data typically

shows us that people with disabilities more like to experience poor health, secondary conditions, which are the results -- which are the conditions the results of any primary disabling conditions, and early death.

However, this does not mean that people with disabilities should be considered sick or ill or that they cannot live a healthy lifestyle.

And it is not necessarily the disability, itself, that causes the, the health disparities.

But it's often environmental and social factors.

So, the data I am going to be showing is from the 2011 behavioral risk factor system survey, which is which we call the BRFSS.

It is for adults 18 and older, and it's conducted at a state level.

So, the limitations of the survey is to capture people who use cell phones, land lines, and also doesn't capture people living in supported or institutional settings such as nursing homes, prisons or residential programs.

So it only capture people living in the community.

Therefore, we know that people with disabilities are underrepresented.

For example, in Oregon, there are approximately 39,000 people with developmental disabilities, and it is safe to say that the Oregon BRFSS data capture as small percentage of that population.

The type of information that BRFSS gathers is demographics. Health status.

Chronic conditions.

Health behaviors, and health risks.

When looking at alternative years across four years of data, when we combine them and weigh them, we're able to produce county level data, which is what this slide shows here.

So there are more than 800,000 Oregonians, 18 and older living with a disability in Oregon.

And this is the, this is almost one-third of the population in Oregon.

And that is a greater average than states which is about one-fourth of the population.

So, when we're looking at specific counties, the percentage of disability ranges from a low of 20.6 in Harney and Hood River counties, to a high 35% in Douglas county.

Neighboring counties of Sherman, Wasco and Gilliam have one combined estimate due to the small population size.

Wheeler's county estimate was not large enough to be released, and remember again, that the BRFSS doesn't capture a lot of people with disabilities living in congregated settings.

So, this slide here gives us a snapshot as respondents who self identified as experiencing a limitation in one or more their daily activities.

And when they were asked about the nature of the limitation they provided information about their type of disability.

So, this slide demonstrates the majority of the people who are represented in the BRFSS data are 75% are people with physical disabilities.

About 4.5% of the respondents are people with sensory impairments.

1.5 are people with cognitive disabilities.

Almost 6% indicated having a mental or emotional disability or limitation.

And 11% have another type of disability or limitation.

This slide shows that approximately 90% people without disabilities, both nationally and in Oregon, stated that their health in the last 30 days was excellent, very good, or good.

Compared to only about 60% people with disabilities both in Oregon and nationally.

That reported their health as the same.

Thus on the flip side we see that approximately 40% of people with disabilities reported their overall health status as fair or poor compared to people without disabilities, which is 90, I'm sorry, 9%.

Healthy people 2020 recommends that adults engage in aerobic physical activity of at least moderate intensity for more than 300 minutes week, or more than 150 minutes a week of vigorous intensity.

Or an equivalent combination.

It is also recommended that adults engage in muscle strengthening activities two or more days a week.

So I'm not going to go over each category in this slide, but looking at the bottom bar graph what we're seeing there is that when people were asked if they follow both of these guidelines, the data shows a difference of 15% of people with disabilities in Oregon, and 10% people with disabilities nationally did not meet either of these guidelines compared to people without disabilities.

One major chronic condition that affects a lot of Americans as we know is diabetes.

And as we know diabetes is also very popular chronic disease self management workshop topic.

This slide shows the number of people with disabilities both in the U.S. and in Oregon living with disabilities is over double the number of people who do not experience a disability.

We also know that from what we hear in the media and from current literature and research, that is being overweight or

obese is one of the leading risk factors for chronic conditions. This slide allows us to compare all the respondents that said that they were obese or overweight and compare the numbers people with disabilities to the numbers of people without disabilities.

We see here in both Oregon and the U.S. the number of people with disabilities who reported being obese is approximately 15% greater than people without disabilities.

And when looking at people who indicated that they are overweight, we find 5% more people with disabilities reported being

overweight compared to people without disabilities in Oregon and nationally.

Another risk factor for chronic conditions is smoking.

This slide shows that people with disabilities in Oregon use slightly less tobacco than people with disabilities nationally.

23% versus 25%.

When we compare both these numbers, people with disabilities in both Oregon and the U.S. to people without disabilities we find a difference of a little over 6%.

This means that more people with disabilities are currently smoking than people without disabilities.

We also see a higher percentage of people with disabilities both nationally and in Oregon were former smokers.

That the number of people with disabilities who say they never smoked is approximately 15% less than people without disabilities who say they never smoked.

Ok.

>> Who was included in our workshops?

People with and without disabilities are included.

People with functional impairments, particularly seniors, do not always identify as having a disability.

But, may discover this fact after speaking with them at registration or maybe at your session 0 if you have one.

A person's chronic condition may or may not be related to their disability.

And why do we need to know about these things?

People with disabilities are disproportionately affected by chronic conditions.

And as we previously said, they may or may not be related to their disability.

People with disabilities are living longer, and everyone who lives long enough will acquire a disability.

So that's one reason equal access is so important.

And also, equal access is the law.

Make sure that everyone who needs, meets these programs can access them, accept expand the reach of the program, and it's also the right thing to do.

Make sure your registration and informational sessions are accessible.

And potential participants have multiple ways to get more information regarding them.

Either by phone, TTY, relay, email, web, radio, Etc.

You need to target potential participants whether they shop, or attend community events or any other way that you can think of.

Here's some helpful hints that I found successful while recruiting in my rural area.

Post flyers at disability service agencies, medical clinics, pharmacies, durable medical equipment stores, churches, food banks, grocery stores, and community bulletin boards may see.

Advertise on Craigslist, in local disability community newsletters, on local University websites, in your local newspaper,

and on social media sites such as Facebook.

You can get referrals from centers for independent living partners, the local mental health network.

Disability advocacy or support groups.

Disability services agencies are great because they often have their own consumer base for recruiting.

And I found that very helpful because I work at the center for independent living, and I was able to use our consumer base when I started my recruiting.

Use word of mouth.

Speak at local meetings and any disability conferences regarding your programs.

Word mouth recruiting, seems to work best because people know each other.

Make your flyers and promotional materials available, in all accessible formats.

Make sure that they are relevant to people with disabilities and include an accessibility statement, such as if you are deaf or hard of hearing, or are a person with a disability who requires accommodation, please contact, and then here put the name of your organization or the person that is responsible for making the arrangements, their telephone number, fax number, email address, or TTY number and include a date to contact them by so that they can provide the accommodations.

Next we have an accommodation checklist.

This is best used when you register over the phone, or maybe use it at your Session 0 if you have one.

This way you can find out ahead of time what accommodations the participant may need.

And as we go through this accommodation checklist, we will discuss many of these items later on in our presentation.

So, scheduling, transportation, childcare, any kind of interpreter needs, alternative formats.

Alternative seating.

And in this one, I have had several people in workshops that were not comfortable in a group setting.

They requested to sit close to the door.

And that's always good to know ahead time.

And we have mobility needs and uses.

Dietary needs, if they have environmental allergies.

And their preferred method contact.

And I find that very important because for someone who is hearing impaired, they may prefer using email or text messaging for a contact.

And one thing that's not on here that I always find helpful to know is if a person is bringing a personal assistant with them.

Because that would mean need to provide the extra space for that person.

Rachel is going to talk to you about facilities and physical access.

>> Sorry, I forgot to unmute myself.

That was awkward.

Ok.

So, first all, you want to bring the event to the people, and this is, actually, really helpful for you in terms of recruitment, as well.

So hold the event where the people are located because that way they can worry less about transportation, whether the weather is something that they can navigate, if you are having interesting weather, which I live in New England, so interesting weather is a matter of fact here.

And so, the -- if you can -- we talked about this -- but if you can have it in an area that's convenient to folks, you are going to have more people able to come with and without disabilities.

One thing that is going to make your life a lot easier in the long run is to conduct a site visit ahead of time.

If it's, if you are having it at your own organization, obviously, you've been there, but sometimes, if you are having the,

the -- if you are having the workshop where the people are, it may not be your organization.

May not be as familiar with it.

I can tell that if you have got -- if you are, if you go there ahead time, take a look around, and you are going to feel a lot more comfortable in that space that you have to work in. I think that there is a noise.

Anyway.

You are going to feel a lot more comfortable in that space if you have to work in it.

You will also know how to set things up ahead of time.

I've been to spaces where, and as you know, in the Stanford program, there is, as a leader, there is a lot of posters you have to put up, right.

Well, you know, I've been to places and discovered that there is very little wall space where they could be put up.

So if you know ahead of time, ok, here's where the posters go, all right, the lighting is better on this part of the room, Etc., you are going to feel a lot more comfortable in your space when it comes time to actually give your work slop.

The other thing that it does for you is that you are able to assess the physical accessibility ahead time because if you call up a place and you say, are you accessible, they may or may not know what you mean, and it could mean different things to different people.

And I can't tell how many times I have called a place, and you know, it's been -- I have said, are you accessible for folks who use wheelchairs, and you get there, and they are like yeah, it's only one step.

So, you know, the devil is in the details because if you are somebody who uses, you know, a 300-pound power chair, one step or 20, it does not make a difference.

It's all the same.

So, if you can conduct the site visit ahead of time, then that is something that can be -- that can be really helpful for you and also for looking at what the accessibility features are.

And I recommend using an accessibility checklist.

Using an accessibility checklist, and we provide a list several of those at the end of the presentation under the resources.

The nice thing about an accessibility checklist, even though it may look daunting, it makes your life easier because don't have to memorize everything.

You have enough to worry about or to keep track of with, you know, when you are looking at a site without having to memorize oh, yeah, how wide do the halls have to be and the doorways and how much space does there need to be here and what am I looking for in an accessible bathroom.

So, you know, if you have got that in front of, that makes things that much easier for you.

Another thing to keep in mind, is drivers, including people with mobility aids get to the site?

There may not be public transit.

So what do you do if you have people who cannot drive for whatever reason?

I know for me, if there is no public transit to site or if there is no ride-sharing for me, you know, I have difficulty getting somewhere.

And as a blind person, I guarantee, even in Massachusetts, despite our reputation, we don't let blind people drive here.

So, you would never know it but we don't.

So, you know, for me, it's really important if I'm getting somewhere, if non drivers get there.

If you are setting up something like a van that comes around and gets folks, make sure that everybody can use it because if you are doing ride sharing and somebody uses a power chair, are they going to be able to get into the vehicles of the people offering them a ride?

So, make sure that you have something that's available for everybody.

And whatever their needs are.

Make sure that the curb-side dropoff for, for the site has an accessible route to the workshop.

So, for example, if there is a bus stop, make sure that there is an accessible route to get into the building.

If there is a dropoff area in front of the building, make sure that there is -- that it's accessible and there is room for somebody to, to use a wheelchair ramp or lift from their van if necessary.

And that everybody can be dropped off there if they need to.

And make sure when you are doing your assessment, that look at the parking, and make sure that the parking is, is, that there is accessible park, that somebody did not just get us in along the ground and the parking has like a 45-degree angle to it or something like that.

You know, that there is signage and a proper access aisle, and that there is an accessible route from the parking to the building so people can approach the building, and that they can actually get in.

Next slide, please.

Or do I put it forward?

Is that me?

Oh, ok.

I can.

All right.

So, take a look at signage.

And ease of navigation.

This is a big deal because if it's a little tiny building, it may be easier to get around, but if you are having a workshop in a big hospital site or something, there may be a million places that people go, and your workshop is one of many things taking place there, and it may be on the other end of the building.

You notice this sign here, that says, disabled access.

It has the, the wheelchair symbol and an arrow.

Remember that if you have got multiple entrances to a place and not all them are accessible, and this is important to do with restrooms, too, if they are not all accessible, make sure the inaccessible ones have signage that indicate where the accessible ones are so people know where to go, especially with the bathrooms.

You don't want people sitting there doing a little dance.

So, like, so make sure that you have got that kind signage there.

And that it's far enough out that somebody doesn't get trapped in an inaccessible situation and have to go all the way up and back.

And the other thing with the ease of navigation, bear in mind some people may not be able to see where they are going.

So, it may be helpful to have someone near the entrance letting people know where they need to go.

And also, keep in mind how much space there is, how far people have to travel once they get in the building to get to your, to get to, to, to your, your actual room where you are having the workshop.

I had a conversation once with a woman who had some mobility issues, and she has significant stamina issues, and a lot of people who take our workshops will have stamina issues because of their conditions.

So she is not unusual, and she wears, and she was dropped off by, by, you know, whoever was dropping her off or by the bus at the main entrance to the building.

Turned out that, that it was at a large urban hospital, turned out that the actual workshop was way over on the other side of the hospital in the back and beyond.

And she -- and it was very hard to get there.

It was not clear how to get there.

And it took her 20 minutes to get across the hospital to where she was supposed to be, at which point she was exhausted that she couldn't get much out of the workshop, itself.

Like I said, I don't think is atypical of the people in your workshops.

So, just keep in mind that you don't want people to use up all their energy just getting to the workshop.

Water Fountains and other features.

This is, you know, pretty basic.

If people are -- if there are features available for people without disabilities, they should be available for people with. So, like water Fountains are particularly important if people need to hydrate often or if they are taking medication occasionally during the breaks.

And can also be helpful to have cups there, just disposable cups if people are not able to bend over and drink from the water Fountain itself.

So, that's something to keep in mind.

Make sure that any emergency evacuation plans for the building take everyone into account.

It has been part of workshops that had fire drills in the middle of them.

Somebody pulled the fire alarm and people needed to evacuate the building.

And you don't necessarily plan for that ahead time.

So, you know, when you are finding out what the emergency evacuation plans are for your facility and for the part of the facility you are in, make sure that everybody get out.

Or know what people need to do if the elevator shut down when the fire alarm goes off what happens to the folks with mobility issues.

Is there an area of refuge that they go to?

How is that handled?

If the answer is a shrug and we don't know, you might suggest whoever runs the site contact their fire Marshall and work that stuff out.

But do what you can.

Restrooms.

Restrooms are very, very important.

And it is helpful if they are near your, near the part of the building in which you are having your workshop because people may need to go, some people may need to go often, and it will enable people to get to, to get back in time from breaks.

If they don't have to go very, very far to the restrooms.

Bonus points if the restrooms are accessible and nearby.

Restrooms are one of those situations where details do matter by which I mean, a lot of people think that if there are -- if you cannot -- if the entrance is inaccessible don't bother with anything in the building.

I agree if you cannot get in that's a significant problem.

But not everything -- not everybody is the same and has the same needs.

So you may have someone who uses a walker and can maybe do a couple of steps and can get into the building, and boy, do

they appreciate those grab bars in the restrooms.  
So just because there is one part of the site that does not have accessible features doesn't mean the whole entire site doesn't need to have them.

So, let's see.

All right.

Workshop and training space.

Just, you know, take a look and see, and if the tables need to be raised for people using scooters or power chairs.

Are the chairs comfortable.

Do they meet the physical needs of participants.

If folks are sitting there for 2.5 hours and the chairs are hard, and a lot of people are coming in with pain issues anyway, that's going to make it hard for them to continue to participate.

So, just keep that in mind.

And one sort of mental exercise you can do, is think about if came into the site and you were using a wheelchair, could you get into the room and move around safely?

Would there be enough room?

Is there room at the tables for you?

Would you have to sit in the corner because that's not anything anyone wants to come back and do over and over again.

So, just keep that in mind.

Plan for a Session 0.

This is something that I have found.

We have found so incredibly helpful to do.

And I hope that this is something that works for you, too.

It's not just for disability related reasons.

If you have a pre-session during which you can meet with your participants as a group, sometime before the workshop begins, that could make a lot of stuff go more smooth for you.

What we usually do here, and again, your weather issues may vary, but we, when we're planning for a succession workshop, we book eight weeks at the site, and so, we have the first week be Session 0.

And that way, because you figure if people can come at 11:00 on a Tuesday for the six weeks of the workshop, they are more likely to be able to come for an 11:00 on a Tuesday before the workshop starts for Session 0.

And then, the, then we have the six weeks for the workshop.

And the extra week is in case there is a weather issue, particularly if you are doing stuff in like late fall, winter, early spring.

Again, your mileage may vary weather-wise, but that tends to be the problematic time period around here.

That way, if anything has to be canceled for inclement weather, a lot of people will be less able to go out to your event in bad weather, so even if the site is not closed, your participants may not be able to get there.

So, you have got that extra week to work with.

You don't have to panic and scramble for space.

Anyway, the Session 0 is really, really helpful because you can find it.

People can register, you can meet people and find out what their needs are ahead time.

If you have forms that folks have to fill out, either for collecting demographic information, some folks are collecting data, you know, evaluation data so they have pre and post surveys to fill out before and after the workshop.

Session 0 is a really good low pressure time to get that stuff done if people need help filling out their forms and stuff.

You can do that.

You can -- if people are requesting particular accommodations, that's the time that they can do that.

And people, folks get a little comfortable with you and with each other.

And you can talk a bit about what is going to happen at the workshops and, you know, answer questions.

So, we really recommend a Session 0 or a pre-session.

It just makes the whole six weeks go more smoothly.

Be aware constraints around Para-transit.

Participants with disabilities may or may not have a say in when they arrive or leave, so that is -- and again, you may not have Para-transit in your area or you might.

So, I am going to address it from either way.

So, those of you who are not familiar with Para-transit, it is a complimentary transit system that goes along with a public transit system.

So, if you are in an area with public transportation, they are required by law to have a Para-transit system.

The para stands for parallel, not paralyzed.

And it is intended to work in concert with existing fixed route public transportation systems.

And it is for folks who, due to accessibility reasons and disability reasons cannot use the standard for, for whichever, cannot use the standard public transportation system.

And it is -- you call up and you order the ride, and it takes you from curb to curb where you are trying to go.

Now, the issue with this is a, the system was never intended to support all people with disabilities.

It was intended to be a stopgap until the public transit, usual public transportation system became completely accessible.

This has not happened everywhere.

But, the other thing is that by law, they, actually, don't -- they only have to give your appointment within an hour of when you requested it.

Which means you could show up any number of different times.

It is a shared ride, so they pick up people on the way who may or may not be on the way.

And they drop them off various places.

It may not be in the order they were picked up.

So, consequently you could be riding around a while with a bunch of people going a lot of places that are not where you intended to go before you get to your destination, and the pick up and drop-off times may have little to do with when you need to be there.

You don't have any control over that.

And that's when the system works.

Sometimes there are snafus and people don't pick you up, or something like that.

They don't call it Para-stranded for nothing.

So, for a lot of people, it is their only option.

So, bear in mind if people are using Para-transit, they are going to get there when they can.

And you are just going to have to work with them.

I don't have anything really I can tell you other than be aware of it.

You can't -- and what happened to me is I have taught a workshop where most of the participants arrived by a Para-transit of one kind or another.

Most of them arrived about 20 minutes later and the driver was there to get them ten minutes early.

And I just had to work with it.

It's unfortunate.

But, I guarantee the people who are using the Para-transit don't like that part any better than you do.

Believe me.

And for them it's on a day-to-day basis.

It makes it difficult for folks to hold down a job.

So, just keep it in mind.

And if people need help before the workshop, filling out forms or that sort thing, feel free to help them out.

Help them out during the break.

Do not start class late as a result of hoping folks fill out forms.

You will never catch up.

I've been there.

Trust me on this.

Just go to the next, however long, trying to catch up.

So, make sure that you use the breaks and the before and after times for that sort thing.

And let's see, ok.

Try to avoid early morning events.

I see, see the stern looking guy with a clock.

>>> He's telling you to avoid early morning events.

We're talking about really early morning stuff because some folks with disabilities have, first, fairly lengthy morning routines to get out of bed, you know, do their toileting procedures.

Get clean.

Get dressed.

And get out the door, and many them use professional care attendants, PCAs, and there are folks usually that come and provide their service before they go to their usual, or their regular day job.

And so, they get there early, and I know people who have to be at workweek at 8:45 or 9:00 and who are up at 5:00.

It's not because of the commute.

It's because they have -- it takes them longer to get ready.

So, what that means is that if they use a PCA and the PCA gets there at 5:00 to get them out of bed, the PCA cannot come at 4:30 or 3:00 because they have a meeting at 7:30 in the morning.

So, that PCA, you know, also is, has the rest their life they are doing.

So, it can be -- it can exclude folks if you have something early in the morning because they won't be able to get there.

Make sure you take your scheduled breaks.

Those are important for folks with stamina issues, and somebody may have to take medication.

They may need to use the restroom and they may take longer to do that.

You know, there are any number of things people may need to eat or drink something.

And so, the breaks are really, really helpful for folks to be able to participate fully.

Make sure when you are telling folks where to go to get, to the restroom or the water Fountain or whatever, you give clear directions.

Try not to point unless you are talking to someone who, who is deaf or hard of hearing, in which case it is useful.

You gauge it based on the person to whom you are speaking.

Over there is just not a useful phrase.

Pointing and saying over there, I am still, for 40 years, I've been trying to find over there, and it ain't happened yet.

And people still say that to me, but I can't say where they are pointing.

And over there doesn't tell me anything.

So if you can use clear, specific directions, you know, you make a right at the corner, and then you go left at blah, blah, blah, and that is helpful in telling people, well, telling people where to go, so to speak.

Communication.

The optional textbook, living a healthy life with chronic conditions, it is available on audio CD from bull publishing, the

folks from whom you get the books in the first place.

And you can order the CDs.

They are big.

They have several CDs.

They are a little more expensive than the, the print version.

I'm not sure why.

But they are.

And you can also order them in bulk.

I recommend having a few them on hand to begin with, and the reason for this is that if somebody comes to you during the Session 0 or week one and says, that they have some sort of disability, via that they are blind or have low vision or some sort of learning disability, that kind thing, and you order it then, you won't get -- you won't get the audio CD until the end of the workshop, and they won't be able to avail themselves of the book like everybody else would.

If you have a few copies ahead time, it's taken care of and they can say I need this, and when you are handing out the books you can hand out the CD to them.

The new version living a healthy life with chronic conditions does have an audio CD available from what I'm told so you can go with that.

That's fine if you are upgrading.

Know where to get interpreters and CART reporters and assistive listening devices.

The interpreters we're talking about, sign language interpreters, particularly American sign language interpreters, ASL,

that's usually for folks who are, who are deaf or hard of hearing and, and for whom ASL is their first language.

You will probably need two at least because anything longer than a half an hour requires at least two interpreters.

CART reporters are these fabulous transcriptionists, CART is computer assisted real-time transcription, I believe.

And they, actually, type out on a screen, and they are trained to do it quickly, way quicker than you can.

Unless you are the transcriptionist on this call.

And the, and they type out anything that they, that goes on. Any, any talking that goes on, and so, and it comes up on a screen that's usually used by folks who are late deafened or hard of hearing who have good reading English comprehension. Both those groups people, interpreters and CART reporters need to be reserved ahead time.

And I suspect that the folks in Oregon and Washington can actually tell you a bit more about where to get them because it's

different everywhere.

Here in Massachusetts we have a centralized, a centralized referral system.

That's not the way that it is everywhere.

Anyway, and assistive listening devices, they are used to amplify sound for folks who are hard of hearing.

And if there is somebody who is asking you to speak into a microphone, for their device, please do not do what I do and go, I'm loud.

I don't need a microphone.

Don't be me.

Please talk into that microphone because that's the only audio input that person is getting.

Assistive listening devices, if your organization does not have them already can be rented.

Please make sure they are working before try to use them.

Prepare staff for TTY calls and relay calls.

I'm not going to get into a lot of detail here.

TTY calls using teletypewriter.

They are generally deaf or have a hearing or speech disability.

And they are calling, and they are calling via the phone lines.

If you have a TTY, you know what they are, and then you should make sure that it is plugged in working order, and that people answering the phone know how to use it.

There are a lot of offices where they have a TTY, and either it does not work or every time it rings every ducks because nobody knows how to use it.

Relay calls.

You can reach relay anywhere in this country by calling 7-1-1.

And relay calls are there to help -- to connect folks who use a TTY, with folks who, with folks who don't.

And so, the relay, the person with the TTY, if the person with the TTY wants to call somebody who uses the voice phones, they call, they call the relay operator on their TTY and type what they want to say, and the operator connects them with the person who is using a regular voice phone.

Types what the person is typing, or says what the person is typing and the person speaking, when the person who is

speaking, speaks, the operator types it back to the person using the TTY.

There is also such thing as video relay.

It is beyond awesome.

It is the wave of the future because people are able to, instead of typing on a TTY, they sign using a video phone.

And they are able to communicate in sign language, and the relay operator signs back.

Relay operators are awesome.

They will walk through the process.

And, and the first question they ask is have you received a relay call before?

So, don't panic if you get one.

They will walk through it.

TTY and relay calls take longer than voice calls.

Please be patient.

When you are putting up the posters, all those agendas you are going over for each workshop, all those brainstorm exercises, please verbalize them.

They are really easy to verbalize.

Just read them as you are going over them.

And it is not something that automatically says hey, I'm doing this for the blind folks or the folks who have low literacy.

It is just something that you are doing, and you can do it seamlessly as part of your presentation.

Leader manuals and master trainer manuals can be obtained from Stanford in accessible electronic formats in producing large print or Braille programs.

I've been a master trainer since 2006 and Stanford has been fantastic about providing accessible formats for their manuals. So, if you have someone who is a leader or a master trainer, and they need some sort of accessible format, this can be done.

Do not panic.

And just quick stuff about the environment.

If you are providing refreshments, know what the ingredients are because people may have sensitivities or allergies.

If other people are providing refreshments, ask them to let you know what's in them, maybe bring list of ingredients.

Try to avoid wearing perfume, cologne or heavily scented products and encourage participants to do likewise.

A lot of people have chemical sensitivities, and they will be much more able to participate in the workshop if you don't -- you know, we ask you not marinate in things beforehand.

And try to avoid holding the workshops -- may not have control over exactly where the workshop is -- but if you can, try to

avoid holding workshops in rooms with poor ventilation, especially if the rooms are being cleaned with harsh chemicals. That makes things easier for folks a, who have respiratory issues.

Or b, who have chemical sensitivities, and if you are like me and you have occasionally held a workshop in a poorly ventilated room right after lunch it keeps people from falling asleep if you have proper ventilation.

I try to be interesting in my presentations, but lunchtime, and poor ventilation work against us.

Arrange the furniture so there is room for people using mobility navigation, leave empty spaces at the table to make room for people who brought their own seats, wheelchairs or scooters. That way people are not isolated in the corner or don't have to sit far away from everyone else.

The idea is to be inclusive and try to minimize external noises. You may have limited amounts of control over that.

But, fans, traffic.

Classes going on at the same time that you can hear.

If there is like a really loud exercise class in the next room, I could see where that might drown out people a bit.

And that not only makes it so that folks can concentrate more on what you are doing, excuse me, on what you are doing, it means the folks who are hard hearing are able to tell what's going on more because there is not that background noise.

People with auditory processing issues are going to have an easier time.

So, and people won't -- and I don't mean to suggest your workshop is not exciting, but I have had people leave the workshop

I was doing because there was the free lunch program going on in the next room.

So, be careful about scheduling things at the same time as something else really exciting in the same space.

Service animals, my favorite, because I have one.

Some of you may have heard him scratching himself loudly a few minutes ago.

And sorry about that.

This is me.

And him.

By the way.

And this is Salem, my brand new -- my second guide dog.

He's a poodle and he's brand new.

We've been together 2.5 months.

So, make sure that staff know the service animals are welcome at the workshop.

There is nothing less welcoming than walking into a place and having the first thing somebody says to you be hey, no dogs. Get the dog out here!

It will, it will mess up your day.

So, please keep in mind that everybody should know that service animals are welcome.

Remember you cannot judge a book by the cover, not all dogs are the same kind or breed and not all disabilities are visible.

Many are very surprised to see a poodle as a guide dog.

You cannot assume that just because a dog doesn't look the way expected it to, it is not a service dog.

Nor can you presume just because somebody doesn't look like they have a disability, whatever that means, that's not service dog that they have with them.

So, you know, keep that in mind that, you know, for example, a seizure alert dog, doesn't have to be a particular size or breed.

It can be small and portable.

Whereas a guide dog, you know, you don't see a lot of guide chihuahuas.

They are usually around the same size as each other.

So, just keep in mind you cannot judge a book by the cover.

A dog will do what a dog will do.

So, a dog will occasionally need to go outside for a relief area.

That's usually going to be an area closest to the -- fairly close to the nearest exit.

And some of them use grass.

Some of them use concrete, some don't care one way or the other.

So, presume that area out there is going to be the relief area, and if it's not, make sure that there is one nearby that people can use.

Check for trash cans out there.

A lot of places don't have trash cans at every exit, and that can be an issue because you don't want people bringing that inside, and they don't want to bring it inside, either.

We want to be responsible.

We want to dispose of the waste from our service animals.

Please, please, I beg of you, do not distract, pet, feed, or interact with a service animal.

The best thing you can do for a service animal is ignore it.

I realize they are ridiculously cute.

At the school where I got Salem, we were begging them to give us ugly dogs but they have not done it yet.

So, the best thing you can do is ignore them.

Please do not pet them.

Please do not make noises at them.

Oh, doggie, that is distracting even if you are not touching them.

And please, I beg of, as somebody whose dog has food allergies, do not feed them.

They are good reasons not to feed a service dog but chief among them is might make them sick.

And if you are spending 2.5 hours in a room with them, you don't want to make them sick.

>> I would like to talk a bit about disability etiquette.

Always use people's first language, and by there, I mean if the use of a label is relevant, place the person first, and use the label as a noun referring to a condition such as a person who uses a wheelchair, instead of a wheelchair user.

Referring to the person first, demonstrates respect for the uniqueness and words of the person.

And do not single people out publicly.

It is also important to emphasize the individuals' abilities rather than focusing on their limitations.

Such as a woman who uses a wheelchair instead of confined to a wheelchair.

And general, in general when people access forms of transportation, other than walking, they are not describe as being

confined to a skateboard, bicycle or a car.

Do not make assumptions about preferred format or means communication.

Always ask them first.

And do not ask personal questions without being invited to do so.

And try to avoid sensationalizing or exploiting a person's disability.

Words or phrases such as afflicted with, suffers from, or victim of, should be avoided because they sensationalize a disability, and evoke sympathy.

More appropriate phrases would be the person has the condition is caused by, or a disability resulting from.

People's first language is common courtesy and communicates dignity and respect for each individual.

Just keep an open mind and have some fun.

Making inclusivity part of how do your job.

Inclusivity is not a special way of doing things.

Incorporate it into the usual processes.

After doing there for a while, it will become the only way that you think and do things.

Communications access should not an surprise cost at the end, when your event is starting.

Make it part of the budget every time.

And if you don't need, it you don't need it.  
Look for tax breaks or corporate sponsorships.  
And there's a good reference on the following slide regarding tax incentives.

Now, we have some resources.

The first one is planning accessible meetings.

Now, this is a great, great resource.

I have personally used it while planning a disability conference.

It was invaluable.

So, you want to use that if you are going to be planning an event.

The next one is an assessment tool.

This has a checklist.

And use this when you are doing your meeting site visit.

There is the tax incentive for businesses.

And the last one is accessible print materials.

Make sure that everything use is accessible for everyone.

And Angela --

>> Yeah.

So, our office, the Oregon office on disability and health, we are creating county resource sheets, and they are going to be available for living well leaders and coordinators in Oregon, as well as agency staff hosting workshops.

And the purpose of these is to provide information that's easily accessible to help people identify and locate disability service agencies in their county, as well as locate accommodation resources.

So, when Rachel was talking about the different communication accommodations and resources, we'll have those listed for each county, and what you are looking at is a template there. And what we're finding is, as we're putting these together is that some of the resources are available within a county.

Some are available in a neighboring county.

And some resources are available from a centralized statewide business or provider.

So we will have those available at the same link where the website will be archived.

So, I'm aware of the time.

And we're wrapping up here, so I am just going to show you just quickly some other handouts that are going to be available again where the website is going to be archived.

So, we have a fact sheet that talks about overweight and obesity and people with disabilities and that uses the BRFSS data that I shared earlier.

We have examples of people's first language, which is what Patricia went over.

We have an article about people with disabilities who are obese and how they face rising health care costs. And we have some other fact sheets that are from a sister organization, and they have national data, and this one looks at comparing diabetes rates among adults with could go enough limitations to adults with no disabilities. Ways to improve health and reduce costs for adults with physical disabilities or cognitive limitations, the intersection of disability and chronic disease. And that is the end of the presentation, so this is our contact information along with our websites. We'll be sending out a link through the networks. We'll have the archived Webinar with the resources. And, and ok, if we can take questions now. And so we have one here. Can the Powerpoint be made available?

Yes.

So, you know, and I think not only having it archived, we will also have the Powerpoint available, that's not part of the Webinar.

So yes, we'll have it available.

Because I don't believe, Matthew, I don't know if -- I don't believe that we have the email addresses of all the participants, so it will be a matter of looking for the, the new announcement with the link.

Are there any other questions?

Ok.

We don't.

The next question, do you know of any workshops that specifically accommodate developmental disabilities?

So, in Oregon, through the Oregon office on disability and health, we have the healthy lifestyles curriculum that was developed by and for people with developmental disabilities.

So if you want to email me after this presentation, I can get more information about that.

And I am aware that the state of Washington through their public Health Department, they received a grant from the administration on aging to specifically work on implementing the chronic disease self management curriculum with people with developmental disabilities, and so I can refer you to those individuals, as well.

Any other questions?

We have a few people typing, that's why I'm paused here.

Here we go.

Ok.

Ok.

Wonderful.

Sue, that's great to hear.

And yes.

Ok.

So, I think that's also something that we're looking at, our office in working with individuals in Washington, so I'm not sure if you are with Washington or not.

But, can you email me about that, too, because we're looking at offering another Webinar, specifically, for working with individuals with developmental disabilities.

So, John's question is, and this might be something maybe Patricia or Rachel, you want to answer, was this the most common challenge or challenges you have found doing the workshops, and what has been the best way to handle them?

>> Well, I will answer for me.

One of the biggest challenges where I work in a rural area, is transportation.

And the way that we've been working around it is trying to go to them.

We've done quite a few workshops in assisted living facilities, so the people don't have to drive.

It's only the leaders that have to travel to them.

And maybe a community center where they are used to going for lunch anyway would be a great idea.

We used to provide transportation here, but we don't have that available any more.

But that is a huge challenge.

Rachel, do you have anything?

I don't see Rachel is on the call any more, Angela.

>> She's going to type.

>> Ok.

>> I think.

She's asking if it's ok to type.

So, here she goes.

Going to type something out.

Go ahead, Rachel, if you would like.

While we're waiting for -- oh, here she goes, so Rachel says I think recruitment has been our issue, or their greatest challenge, and she is typing some more.

Getting people out of their homes and into the seats of the workshop.

And selling the workshop to people with disabilities, she says, has been challenging, as well.

And she continues to say, I get a lot of good response when I talk to specific issues with which people identify like fall prevention, things like that, with a matter of balance.

It seems like if she can identify a specific topic that might be of interest to someone, she gets a good response, but

whether she talks about chronic conditions in general, really needs to be prettied up for the disability community folks, because they don't seem to identify with that, with maybe just general chronic conditions.

>> And I think that's why mouth to mouth recruiting is so important, to get out in the community and talk about your programs.

I'm very lucky working at a center for independent living, because they support everything that I do.

We can go to the Chamber of Commerce meetings and talk about our programs to the business leaders, even.

So, just need to get out in the community and talk about it.

>> Ok, and we have another question.

What are the best ways to recruit participants from an older adult population?

>> I think the best way is to go where they are.

So attending meetings somewhere, if they are going to lunch programs at a senior center.

Go there.

If there is a newsletter that goes out to certain population, advertising that.

Go to assisted living centers and talk to their people that do their activities.

Just have to meet them where they are.

>> Ok, and Rachel also adds to the previous question, I think that it also helps when the word gets out from a disability organization, itself, like the recruitment comes from an organization that's disability related because public health seems

to be less trusted of a source to the disability community.

>> I think that that's why people like to hear from the centers for independent living because we are their peers, people with disabilities ourselves.

And we've been there and done that.

So, they seem to listen to us more.

>> Ok.

Well, we're over time here, and so, I don't see anyone else typing anything so I want to thank everyone for taking part of their day, and joining us with this Webinar, and please take a moment to write down or email addresses if you have any other questions that we can answer after the Webinar, and then look for our link, and we'll have all the resources available.

Thank you very much, everyone.

>> Thank you, everyone.