Project ALIVE's Making the Vaccine Process Accessible: Understanding Legal Rights and Reducing Trauma in Missouri

2022

- All righty, hello, everybody, and welcome. This is Project ALIVE's Making the Vaccine Process Accessible, Understanding Legal Rights and Reducing Trauma in Missouri. My name is Priya Penner, and I'm with The Partnership for Inclusive Disaster Strategies. I use she/her pronouns, and I'm a brown woman with long, curly, black hair. Today, I'm wearing a gray shirt and a dark green-colored cardigan. On the screen, you have a title slide with text that reads, "Making the Vaccine Process Accessible, "Understanding Legal Rights "and Reducing Trauma in Missouri." Above the title is the Project ALIVE logo, which has text that reads, "Project ALIVE." In the word alive, a red Band-Aid in the shape of a V replaces the V. Under the text, there are five symbols in white with blue backgrounds. From left to right, they are the International Access Symbol, which is a person in a wheelchair pushing themselves forward, a symbol of a person with a white cane used for the blind.

- Priya, I'm sorry, but we see no slides. I'm sorry, but what we're just seeing is black. There's nothing on our screen, there we go.

- Thank you.

- It just popped up.

- Thank you so much for letting me know. I apologize for that miscommunication. So the logo is the International Access Symbol, the person with a white cane, an ear with a dotted line through it, indicating no hearing, hands in the ASL sign for interpretation, and a outline of a head. Also, and in addition to those symbols, below the symbols are the words accessible, life-saving, integrated, vaccine, equity. So I'm first gonna get started with a few accessibility and technical support reminders, and then I'm gonna pass it off. So first and foremost, the training is recorded. The archive of the recording will be available in the coming weeks. The archive will include ASL interpretation, as well as closed captioning. For today, we have Communication Access Realtime Translation, or CART, available. CART is already embedded via Zoom and can be accessed via the CC button on the bottom navigation bar. Click once to show subtitles in Zoom. You can use the little arrow to edit the text. as it reads on-screen. You can also access the CART transcript in a separate link that is provided in chat. If you need that link emailed to you, you can email priya@disasterstrategies.org. That's P-R-I-Y-A@disasterstrategies.org. A huge thank you to Ai-Media for assisting with the captioning. So to participate today, we have a number of ways you can do so. To ask or respond to questions, as today is very interactive, please use the Raise Your Hand feature or button at the bottom of your Zoom screen, or feel free to type in chat and someone can read that out loud. You can use the same process, either raising your hand or typing in chat for any technical assistance, or to alert us to an issue, as we've already done today. If chat is not accessible, like I mentioned earlier, please do email us at priya@disasterstrategies.org. And then finally, some friendly reminders regarding accessibility during this training, as well as access for post-production. First and foremost, please do identify yourself before speaking, for example, "This is Priya, and," such and such. Please do keep yourself on mute when not talking. This helps folks that use CART to follow the conversation. Please do keep your camera off unless you're talking. This helps us create an accessible post-production archive. If you're having any issues or trouble with your mute button or your video, we will help you ensure that you're muted and your camera is off. Please do avoid using any acronyms so that everyone is on the same page and has the same understanding. As a final note, you all received the survey yesterday, huzzah! Please do feel free to stick around after the training if you would like to discuss. And with that, I'm gonna turn it over to you, Melissa, thanks.

- Thank you, I'm gonna tell you a little bit about us and welcome you all, and this might be familiar to some of you already who participated in the great training that was facilitated by Regina Dyton last week, so if this is familiar to you, you'll be hearing it again, in case you didn't remember, and for people that didn't participate last week, or for people who are watching this in the archive version. Next slide, Priya. My name is Melissa Marshall. I'm an older white woman with shoulder-length silver, I'm now calling it, hair. Today, I'm wearing glasses and a black jacket with a print top. I use she/her pronouns. So Project ALIVE stands for accessible, life-saving, integrated vaccine equity, and as a short-term, went from February to July of '22, so it's very short-term, and it focuses on efforts to remove barriers to COVID-19 vaccinations for people with disabilities living in rural areas of Missouri, that's you, Montana, and Arkansas. The goal is to help those wanting a vaccine and needing support to access one. I'd like to acknowledge the Project ALIVE staff and APRIL. That's the acronym, but I'm gonna explain what it is, the Association of Programs to Rural Independent Living, and Elissa Ellis is here today. And we are with The Partnership. Priya has already introduced herself, and I wanna welcome Shaylin Sluzalis and German Parodi, who are our Co-Executive Directors, and I believe Regina Dyton is on the call today. And I'm wearing headphones, I didn't add that to my description, I typically don't, but I'm having difficulties in my technology today, so you're hearing me through my phone. With that, I'm going to pass it along to Shaylin.

- [Shaylin] This is Shaylin, and just to acknowledge all of you on the line today, and thank you so much for joining us. From Midland Empire Resources for Independent Living, or MERIL, we have Rob Honan on the line with us today, from Heartland Independent Living, we have Pat Chambers on the line with us today, and from Rural Advocates for Independent Living, we have LaDonna Williams, Amy Elliott, and I believe, is that Kathy Steele there, as well, maybe?

- Yes.

- Great. Thank you all so much, and so glad to have you all with us, and back to you, Melissa.

- Okay, thank you. So let's look at the population focus of Project ALIVE. Project ALIVE focuses on people with disabilities in rural areas of Missouri who desire a COVID-19 vaccine and experience barriers to accessing the vaccine. And people are hesitant, but still open to getting vaccinated. Next slide, please. Our disclaimer, material presented does not constitute legal or clinical advice, and it's for informational purposes only. If you're seeking legal or clinical advice, please contact a qualified attorney or clinician, next, please. Ground rules, similar to last week, same as last week, maintain confidentiality, we all know that. As working with Center for Independent Living, we all know about confidentiality. Ask questions, because if you don't ask the question, someone up there who's watching this later will have the question or someone will think of it on the way home. Be the person brave enough to ask the questions. The third most important ground rule is have fun. People learn better when they're relaxed and having a good time. This is a very serious subject. Vaccination is literally about life and death, it can be about life and death, but I'm gonna ask you for the next 90 or so minutes to take yourselves a little bit less seriously. Take the subject matter seriously, but let's all take ourselves less seriously. So it's okay to make light. When I do a training in person, I give people what I call fabulous prizes, so I'm gonna give you virtual fabulous prizes today. They're toys you might get at a children's birthday party. They're not full-size cars, but someone here could leave with a brand new car today, so just keep that in mind, a virtual brand new car today. Does anyone have any ground rules you'd like to suggest, and Shaylin or German, can you tell me when people have their hand raised? Because I don't have a full view of the screen of the speakers.

- [Shaylin] Absolutely, and seeing no hands or nothing in the chat so far, but feel free to chime in.

- Okay. And it's always okay to, in air quotes, interrupt me because I like being taken off-track. I might say to you, "That's a great question. "Let's talk about it afterwards," "That's a really great question. "We're gonna talk about that in a few minutes," or, "That's a really great question, and I don't know "the answer," or, "That's a really great question. "I need to research it more." So we will get back, too, with answers to all of your questions. Understand today that this training is an overview. And what we're doing today, the purpose of our training today, is to familiarize you with what we're presenting to public health agencies. So for things you already know, you're saying, "Why are they telling me this?" Or, "I'm not on the ground doing this. "Why are they telling me this?" We're telling you what we're going to be telling public health. So it'll include reviewing legal obligations of vaccine sites, discussing ways to reduce trauma during the vaccination process, and we're going to describe the vaccination checklist. Okay, next, please. So today's training objectives for you is you'll be familiar with some of the legal rights of disabled people during the vaccination process, you'll be familiar with the checklist, and you'll be familiar with ways to reduce trauma for disabled vaccine recipients. Do you have any other objectives or any other things you'd like to learn today? Anyone, Shaylin?

- [Shaylin] Not seeing any replies yet.

- Okay, thank you, so Slide 12. The vaccination process must be accessible to people with disabilities. It's not just getting the part where you get the shot. It includes making appointment online, by phone, or in-person, checking in for the vaccine, registering on the site, as it were, waiting for the vaccine, receiving the vaccine, and waiting after the vaccine, next, please. Now what is the goal during the vaccination process? It's getting vaccinations to everyone with a disability who wants them in ways that are accessible and minimizes trauma, that's the goal. Obviously, that's the goal. I just want us to always go back to that, and sometimes when we're parsing out what are the legal obligations? What's the best way to do things? Go back to the goal. The goal is getting vaccinations to everybody with a disability who wants them in ways that are accessible and minimize trauma, next, please. More to the point, what's not the goal? What isn't the goal is a vaccine seeker leaving a vaccination site because they're afraid, intimidated, confused, or overwhelmed. The other thing that's not a goal is authorities being called unnecessarily, resulting in a vaccine seeker ending up in jail or in an institution. And those of us in independent living, and by the way, I'm a former Independent Living Center director from many, many decades ago, so I've been doing this a really long time, but those of us in IL know that the risk of people getting institutionalized is really terrible during the vaccination process. And it's terrible to be institutionalized at any point, but especially during the COVID-19 pandemic, it's gotten even worse. So just keep in mind, what is the goal? People getting vaccinated and not being afraid, not being intimidated, not being confused, not being overwhelmed, staying there and getting the vaccine. We'll give you some examples. Next slide, please. So let's look at legal obligations of vaccine sites to disabled people. Remember last week, when Regina said, "I'm talking "a little bit about the legal obligations of vaccine sites, "but Melissa next week is gonna fill you in "on all that stuff?" Well, here I am, filling you in on this stuff. Know, though, that this is an overview. I could sit here, literally, and give you a five-day ADA training, if you'd like. You're being spared that today, but I could do that, and I could give you training in the Rehab Act. So we're leaving out lots and lots and lots of things. So what we're presenting to you and what we're presenting to public health is just a thumbnail sketch. So understand you're just getting a little sketch, and they are, too. Next slide, please. So who here, show of hands, and I can't see the hands, so Shaylin, if you can voice if you see hands. Some disability civil rights laws that apply to vaccine sites are the Americans with Disabilities Act, or the ADA, it has the U.S. Code, blah, blah, blah, and my legalese, I apologize, the Rehabilitation Act, or the Rehab Act, of 1973. How many people feel pretty familiar with the ADA and 504? Could I have a show of hands? It's okay if you are, it's okay if you aren't. Any hands?

- [Shaylin] I see one hand. I'm just giving it maybe a moment as folks navigate their Zoom screen.

- Right, it always takes me a while to get off mute, so I get that.

- Okay, two, three, I got a couple thumbs up here, yeah.

- Cool, cool.

- I've got four hands up.

- Four hands out of how many?

- [Shaylin] We have about 10 people, I wanna say.

- Okay, how many people feel like they're completely unfamiliar with the ADA and 504? And that is okay. Any hands?

- [Shaylin] I'm not seeing any hands at the moment.

- Okay, so for all of you that said you're familiar with the ADA and 504, you have a choice of fabulous prizes, but I think I know what you're all gonna choose. You can get a bright red pickup truck, miniature one, matchbox one, or you can get a purple Super Ball. Just choose yourself, and when you meet me someday, and you will, you'll say, "Hey, Melissa, "you owe me a bright red truck," or, "You owe me "a Super Ball," so just remember that. Okay, next, please. So under the ADA and 504 and the Rehab Act, and the Rehab Act and ADA are functionally identical for purposes of this, but let's look first at who all has a disability. And probably, you already know who has a disability, but I just wanna make sure, and again, this is what we're sharing with public health so they know. So under the ADA, people with disabilities are individuals with a physical or mental impairment that substantially limits one or more major life activities, major life activities is bolded on my screen, people with a record of having such an impairment, or people regarded as having such an impairment. Now I wanna talk more about major life activities. Major life activities include, but not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Okay, so those are major life activities. Okay, now the ADA was amended in 2008 because we're getting cases that were going to court where it said somebody graduated from high school with a certificate of attendance, but not a diploma, and they were in special ed the whole time and they have a job coach, but they don't have a disability under the ADA because they can drive a car. So we did the ADA Amendments Act to clarify what was meant by having a disability. Let's go to the next slide, and I'm gonna add some more. Under the ADA Amendments Act of 2008, major bodily functions include, but are not limited to, functions of the immune system, normal cell growth, and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive function. Next slide, please. And we have a list of disabilities, even though the ADA doesn't give a list of who is included, but it gives you some ideas of what major life activities are. And they're the things that I talked about before, and they're in three columns, and they're a repetition of what I just said, impairing performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. So those are major life activities, so it's been clarified. So the definition of disability is broad, and the legislature has instructed people to consider the definition of broadly. So the burden is more on the participant, the person with the obligation, than it is in the person with a disability to prove that they have a disability. Next slide, please. I'm gonna ask you some questions. Who can give examples of people protected under the ADA and Rehab Act? Try and challenge me with that one.

- This is Rob with MERIL. Are you talking about, I mean, of course, individuals with disabilities, but also individuals who might be associated with a disability or someone with a disability, they are also protected under the ADA?

- Rob gets a fabulous prize. Rob gets a rainbow-colored Slinky. It's plastic, it's very cool, it's small. Yeah, people are protected, but they're not entitled to accommodations, yes. Anyone else protected that you wanna gimme an example of?

- Sure, someone who might be living with HIV or AIDS, and their partner-

- Yeah.

- Or family member who's not HIV-positive, who has AIDS, people might still think that the other person may have HIV or AIDS, and therefore, they're discriminated against, based on that faulty assumption.

- That is perfect, that is perfect. They're protected from discrimination. They're not entitled to an accommodation if someone associates with somebody with a disability. And the ADA Amendments Act made it crystal clear, even though they'd been clear all along, that people with HIV and AIDS were protected, so thank you, Rob, very good, next slide, please. So the ADA has five titles, Title I, which is employment, Title II, which is state and local government entities, Title III, places of public accommodation, Title IV, telecommunications, and Title V, miscellaneous. Today, we're gonna be talking about Title II and Title III. We're not talking about employment, we're not talking about telecommunication, we're not talking about miscellaneous, as much as I would love to talk to you about those at length. Miscellaneous can be really interesting, actually. Next slide, sorry. So who has obligations under the ADA? Under Title II, state, county, and municipalities have obligations under Titles I and II, and certain private providers have obligations under Titles II and III. If anyone receives federal money, they have obligations under the Rehabilitation Act, Section 504, Section 508, and other sections, but today, like I said, we're limiting our discussion to Title II and Title III, as well as 504 and the Rehab Act and other provisions of the Rehab Act, next, please. So under the Rehabilitation Act, any recipient or sub-recipient of federal funds has obligations under the Rehab Act. These obligations are virtually identical to obligations under Title II of the ADA. Anybody who gets federal money, even if it's a penny, has obligations under Section 504 and under other parts of the Rehab Act next, please. Next slide, Slide 24. The government entities all retain this obligations under the ADA and the Rehab Act. So a government entity can't contract away Rehab Act or ADA obligations, they can't say, "Well, I'm in the Department of Health, "but we contracted out "to a company giving vaccines or a pharmacy, "so we don't have any obligations anymore." The obligation will always rest with that government entity. That other entity that's contracted out will have obligations, but it always goes back to the larger pocket, the bigger government entity, make sense? Next, please. Now let's look at some obligations under Title II and the Rehab Act, I should say. The obligations include providing equally effective communication, non-discrimination in general operations, and program and facility accessibility, and we're gonna do a quick run-through of those, next, please. But first, let's look at types of vaccination sites because these have morphed, because, when I did this a year ago, the big vaccination site was a drive-through, and that's what everyone did, and now it's changed. Some vaccination sites include pharmacies, doctors' offices, hospital offices, hospitals, hospital emergency rooms, mobile sites, pop-up sites, and there still are drive-through sites, and there might be more drive-through sites and that's vaccination sites and at-home vaccinations. We're gonna be talking about that later, too, next, please. Now the vaccination sites have legal obligations during all of the vaccination process. Like I said before, it's not just when you get the shot in the arm. It's during online registration, during phone registration, registration at the site, registration at the vaccine areas, and in the vaccination waiting areas, next, please. Now first, let's look at equally effective communication. During the vaccination process, again, from the beginning to end, vaccination sites must provide equally effective communication to people with hearing disabilities, visual disabilities, and speech disabilities. Okay, next, please. Equally effective communication means communication that is as effective for people with communication disabilities as it is for people without disabilities, next, please. Any questions, just slow me down. Sometimes people need auxiliary aids and services to have equally effective communications. Those are typically referred to as accommodations, but don't get me going on that. They're auxiliary aids and services, but yeah. Auxiliary aids and services may be required to provide equally effective communication to people with communication disabilities. That's speech/visual/hearing disabilities. And like I said, auxiliary aids and services are referred to as accommodation sometimes, next slide. Let's look at equally effective communication for people with hearing disabilities. What are some auxiliary aids and services or accommodations that you might provide? Sign language interpreters, tactile interpreters for someone who's deaf/blind, oral interpreters for someone who is hard of hearing, Communication Access Realtime Translation, CART, or under certain very limited circumstances, handwritten notes, at a vaccine site, if someone said, "I wanna know where the bathroom is," that's okay for a written note. If someone at a vaccine site is deaf and said, "I wanna know the side effects of the vaccine," that is when you absolutely need an interpreter, either through VRI or through an interpreter. So it's very basic things, "Where's the restroom? "How long is this going to take?" You can do a note with medical information. Anything complex, consent, any of that, you need a sign language interpreter because American Sign Language, as you probably know, it's its own unique language with its own grammar and syntax. So people whose first language is sign aren't necessarily fluent in English, regardless of their level of education, just like I can be really highly educated, but not fluent in other languages, next, please. Effective communication with people with visual disabilities. Some auxiliary aids and services or accommodations could include readers. If it's something short, if it's a one-paragraph thing or one sentence, you can have someone read it for them. Having something in large print, having material that is electronic be screen reader-compatible, such as the website, hint, hint, such as the website, and some people use braille. Only about 6% of blind people use braille, but it's a good idea to have those materials available, required to have it available and to be able to get it, next, please. Effective communication for people's speech disabilities. That could include communication boards, if someone has a board and points to letters on it, someone uses written notes, if they can write, paper and pen, allowing additional time for an appointment, they might use their own voice synthesizer, next, please. A word about plain language. Plain language is communication that can be understood by the intended audience and meets the needs and purposes of the communicator. And so what that means, plain language is not required under the ADA, but it's a really, really good practice if you wanna make something truly accessible. You could argue that it should be in plain language, but it's not specifically required under the ADA. You wanna make sure that the public health information and the information that your center sent out about this is in plain language and easy to read language in both of those things. So think about that, next. On non-discrimination general operations. Like I talked about before, it's one of three things that you have to do, equally effective communication and non-discrimination in general operations. Service animals, this includes adopting and complying with the policy to allow service animals in all areas in the public are allowed. You have to allow people's service animals to vaccination sites. We see this all the time at shelters. People aren't allowed in vaccine sites. People aren't allowed to bring their service animals. No, that's illegal under Title II and under the Rehab Act. And next slide, please. Service animals are dogs and miniature horses that are trained to assist a person with a disability. Service animals must be housebroken and under the owner's control. Emotional support animals are not required to be admitted, but they might be allowed, but they're not required to be allowed, next slide, please. So I have a question for you folks. Who can provide an example of a situation where a service animal would be allowed at a vaccine site? And who could give an example of a situation where an animal would not be allowed at a vaccine site? There are still fabulous prizes. There's literally an infinite of fabulous prizes today. Do we see hands, Shaylin?

- [Shaylin] This is Shaylin, I don't see any hands, but folks are welcome to take themselves on mute or write in the chat or whatever works best for everyone.

- Yeah, verbal interaction is a great thing. Please don't be shy. I'm someone from public health and I'm calling you, and I'm saying, "When do I have to let these service animals "into a vaccine site?" What is the answer to that question? I'll give you a hint, it's a one-word answer.

- This is Rob. I'm just gonna go ahead and hopefully answer this correctly. So the first one, who can provide an animal, or, excuse me, an animal, an example of a situation where a service animal would be allowed at a vaccine site? I think it, for me, would be an animal that helps assist someone who is blind or low-vision to navigate from the door and from the parking lot through the door into the place where the vaccine is administered. I'm assuming that's correct, but maybe not.

- That is absolutely correct, and you get a fabulous prize, whether you're correct or not. You get a green and white and orange balloon. Just saying that. An example of a situation where a service animal would be allowed at a vaccine site? Service animals are allowed at a vaccine site always. If I have a service animal, they're always allowed in every part of the vaccine site, and a service animal is a dog or a miniature horse. There's a miniature horse exception. They say it's always a dog, except when it's a miniature horse as a dog or a miniature horse. I don't know if they have that in your part of the country, but if people use miniature horses a lot in your part of the country, there's a dog or miniature horse, and the answer's always. When wouldn't a service animal be allowed on-site? I'll give you a hint, when it's not under the control of the owner. If a dog is being aggressive, it doesn't matter if it says it's a service animal. It doesn't matter if it has the training. If it's biting people, if it's running out of control, then it's not required to be on the site. So a service animal that behaves like a service animal should is required on-site all the time, okay? Next slide, please. Now we're gonna look at non-discrimination and general operations for eligibility criteria. Eligibility criteria can't screen out people with disabilities. Next slide, please. Actually, I'm gonna go back to Slide 40. Let's go back to Slide 40. 40, no, it's non-discriminatory, non-discrimination and general operations eligibility criteria is the slide. Yes, thank you. Thank you so much. Eligibility criteria can't screen out people with disabilities. Everyone can come to this vaccine site unless they have a history of having a disability or HIV.

- [Shaylin] Melissa, one second.

- What's on-screen-

- What's on-screen is the nondiscrimination and general operations, surcharges, and surcharges are prohibited.

- And I see eligibility criteria.

- Apologies.

- I can go to surcharges if you want.

- Yes.

- Right there, yep.

- Thank you.

- That's okay. So anyway, you can't have eligibility criteria to screen people with disabilities out. "You've gotta be a certain height to do this. "We can't give you the vaccine "because your weight is really low "and we're worried that might have a side effect." No, you can't, unless there's medical proof that you can't just have discriminatory eligibility criteria that screen out people with disabilities. And in non-vaccine situations, the example I always use is you can't say you have to be able to walk to take a boating course. You can be able to say you have to be able to swim to take a boating course, but there's lots of people that don't walk that can swim, make sense? Next slide, please.

- [German] This is German. The search part was a couple of slides back. Let's just cover them quickly.

- Sure, you can't have surcharges for people with disabilities. You can't say, "You can come and have an interpreter "and we'll send you the bill at the end of the week." You can't say, "We'll build a ramp. "You just have to pay for it." To make things accessible, you cannot charge the person with a disability for that, okay? Next, please. You must make reasonable modifications to policies, practice, and procedures when it doesn't fundamentally alter the nature of the program to avoid discrimination against people with disabilities. And we're gonna get into some examples of that later, but it might be you have a policy that everyone waits in line at their appointment time as they come in, or if it's a walk-in clinic, you get seen as you come in. You might have a policy to prioritize people with disabilities, say someone's standing and they don't have a chair with them, but it's really hard for them to stand, of moving them to the front of the line. That's an example of a modification of policy, practice, or procedure. Having someone step outside their getting an in-home vaccine is an example of modification of a policy, practice, or procedure. Having someone come out of their home to get the vaccine if they're not having comfortable having someone in their home might be example of a modification of policy, practice, or procedure, got that? Okay, next, please. Program and facility accessibility. All programs must be accessible to, and usable by, people with disabilities when viewed in their entirety. Let's go to the next slide. So what does this mean? If a building is existing, an existing building, and if a building is new, and new means created after 1990, 1991, or 1977 under the Rehab Act, but new buildings have to be accessible. If it's not a new building, it doesn't have to be accessible under the ADA. Not all vaccine sites must be physically and structurally accessible, but if they're not all accessible, let's say there's two CVS across the street from each other, two Walgreens across the street from each other, one is accessible, one is not, that's okay. What's not okay is that the one is three miles away. It's not within a reasonable geographic proximity, the accessible one. So functionally need to make all sites accessible, but you don't have to technically make each and every site accessible. Does that make sense to people? Is this something you're familiar with? I'm gonna start calling on you.

- [Shaylin] This is Shaylin, I see one thumb up, Rob's saying, "Yes," and LaDonna's saying, "Yes, it makes sense."

- Fantastic. And now I'm gonna go back, I have examples. Next slide, please. I'm gonna give you some examples of reasonable modification again, and I talked about some of them before, like giving priority to someone in line. It's also assisting an individual who can't write, due to their disability, helping them complete a form, notifying an autistic person wearing noise-canceling headphones in the waiting area that it's time for them to advance in the process, next. And I have some more examples of that. Allowing someone with a behavioral health disability, mental health disability, or an intellectual disability to have a support person with them. I'm saying, possibly, I think that's something that you're entitled to have, it's not something explicitly. I think it's something you're entitled to have. Having a support person is really, really important for many people, regardless of their disability. Okay, next, please. Now I would like you folks to give me some examples of modifications to policies and procedures that might be required during the vaccine process that you've seen, that you've thought of, that you'd like to see. What's a way that they've changed the process, or could change the process, to make it more accessible to a person with a disability? Go ahead, Rob.

- Yeah, this is Rob from MERIL, I'll give you an example. We had a vaccine clinic at MERIL, February and March of 2021. We had one situation where the OATS bus, which is a public bus system in Missouri, it helps individuals mostly go to the medical appointments. And there's some other, I guess, eligibility criteria and restrictions, but we had one situation where the bus driver was backlogged and we were able to get someone in so the bus could wait. We had someone come in fairly quickly, do the vaccine, then wait the obligatory five minutes or so afterwards, and then have them cut in line to accommodate the bus driver. It was an interesting situation. We accommodated the transportation, as well as the individual getting the vaccine. So we did modify the procedure by allowing that person to get in line first, versus some of the other folks, and the other folks were fine with it. It wasn't a big deal.

- That's great, that's a really good example. Any other examples like that you've seen at centers when you've done vaccine sites?

- [Shaylin] This is Shaylin, I see Elissa with APRIL saying in the chat, "A quiet room to recover "after receiving the shot."

- Absolutely, positively. Elissa from APRIL gets a fabulous prize. You get a finger skateboard. It's a little, tiny skateboard, so you can skateboard with your finger in any color you want. That's a really good thing to do, that's a really important thing to do, and it makes it more welcoming to people. And when we talk about trauma in a few minutes, we'll be talking about all of those. Any other examples? Okay, next slide, please. And again, getting back to accessible. I have a slide out of order here, I apologize. Accessible vaccination sites. Vaccine sites must have accessible entrances and exits, registration areas, vaccination areas, waiting areas, and restrooms. So it's not just like there's not a step to get into the building. The bathroom needs to be accessible, the waiting area needs to be accessible, the vaccination area needs to be accessible, the registration area needs to be accessible, and of course, the website needs to be accessible. We're gonna talk about that in just a minute. Any questions so far? Go the next slide.

- This is Shaylin.

- Next slide, please.

- [Shaylin] We're on Slide 48, just so you know.

- Yeah, and we're going to 49, limitations and obligations, yes, thank you.

- No, no, we are on 48, questions for you.

- Sorry about that, , can you give examples of barriers consumers have encountered during the vaccine process? And do you think that these barriers are prohibited under the Rehab Act or ADA? What barriers have consumers reported to you? What have you noticed? How long have we had vaccines now? It's over a year, wow. Last spring and winter. What are some barriers that you've noticed people have encountered?

- [German] This is German, certainly last time, we went over Rob's concept of a consumer having transportation issues on the day of the vaccine. Perhaps others have other ideas.

- And that could have been a barrier, had Rob not figured out how to do that in a way that was win-win for everybody.

- This is Elissa.

- Okay, I'm gonna move-

- [Elissa] I would say accessible websites, in order to even schedule your appointment to get the vaccine.

- Thank you, Elissa. You get a miniature toy top. Yes, we're gonna be talking about that. Okay, let's go to the next slide. Let's go to 49, please. Now I've talked about all of these things vaccination sites have to do, and people say, "Is it an unlimited obligation?" The answer is no, it is limited on the obligation when something is an undue financial or administrative burden, it costs too much money. That's a very high threshold to meet, though, Or when something fundamentally alters the nature of your program. Let's say you're doing vaccines. There's been a surge or something. You're doing vaccines back in the stadium, and someone says, "In order for the vaccine "to be accessible to me, I need everyone "to be cleared from the stadium." Well, that's a fundamental mental alteration to your program. What you might do is offer to give them a quiet place at the stadium, outside of the stadium, at home, or a different place, but you don't have to clear out the stadium. That would be a fundamental alteration. Okay, next, please. Now we're gonna give you an oversight of the checklist that we're gonna be sharing with public health. This will be ready for you folks to see in a couple of weeks, and it's a checklist today. We're not going through the checklist. We're just telling you, giving you a preview, of what it looks like and some things that you'll see in it so you'll have a general understanding of what they're being asked to do when they go into a vaccine site. And then I'm gonna give you a call or shoot you an email saying, "Hey, can you help with this?" And if your centers do accessibility audits, please raise your hands. I know some do and some don't. How many of your centers do not do accessibility audits?

- [Shaylin] This is Shaylin. I did see two hands when asked who does.

- Oh, okay, so some people do and some people don't. Okay, great.

- From Pat and Rob.

- It should be one of your core services. LaDonna says, "We do not any longer." Okay, great, but you've had some ideas of it. Okay, so let's go to Slide 51, please. So what the checklist is, it consists of sections that can be used independently of each other. And the checklist should be completed in its entirety, not just in sections, to assess the accessibility for vaccination sites. And it should be used for all kinds of vaccination sites, including walk-in, pop-up, drive-through, and mobile sites. And it also has obligations and considerations for at-home vaccinations. Next slide, please. It's Slide 52, yeah, Section One, okay, thank you. So the first part of the checklist is what Elissa and other people have been referring to, is it addresses vaccination, registration, and an appointment checklist for non-structural elements. So that sounds really like a lot, but it's really not complicated. What it means is the registration process you do before you get to the vaccine, okay, that's gonna be accessible. It's not structural, and it is something that needs to be accessible. What this part of the checklist does is it provides instructions for people with disabilities registering. You're asking them, "Does your site provide instructions "for people with disabilities registering "for the vaccine online and by phone?" And explains that this is also a tool to assess equally effective communication, if you're providing for it, and the vaccine's capacity to provide access to people with disabilities is nonstructural nature. So we have parts of the checklist that ask things like, "Is it accessible? "Is it screen reader-compliant? "Does it meet WCIG, W-C-I-G, requirements? "Does it do those kinds of things? "Is it accessible? "Does it tell you those kinds of things?" So it's doing a couple things. Basically, it's letting them know what they have to do and it's requiring them to assess their equally effective communication and their capacity, next, please. Another example from a checklist. So you've done the registration part online. You're having them assess that through that Section One of the checklist. Section Two of the checklist is just an example of check-in. Is there policy allowing companions to accompany people with disabilities who need on-site assistance, yes, no? If the policy is no, that's a problem. Most likely, there won't be a policy if there's a problem. If it's yes, that's great. If it's no, it's the part of the checklist you get from thinking of things. "Gee, we don't have a policy. "We should come up with a policy. "Oh, I guess people must have companions allowed "to be with them, okay, we get it," make sense? Next, please. And this is from Section Two a sign language interpreter available on-site. Again, this is not during the registration process, but on-site to interpret for individuals who are deaf, hard of hearing, deaf/blind during registration, vaccination process, and while waiting after the vaccine is administered, yes or no? Do you have a policy to get interpreters? Are there interpreters available? How are you gonna do it, have you thought about this? Next, please. Which data the sign language is interpreted. Are interpreters available? Which times and dates are they available? Is it Monday, Wednesday, and Friday from three to seven? Is it Tuesdays and Thursdays all day? Is it once a week, when is it? And is the availability of sign language interpreters posted on the virtual registration site? So letting people know on the virtual registration site, is that posted there? Next, please. For check-in, are peer support specialists available on-site or virtually to assist individual psychiatric disabilities who may need support while waiting at the vaccination site? Okay, next, please. Is there policy along service animals to accompany people with disabilities? And it's easier to do a policy, but here's the hard part. Our vaccination site staff provided with training on the service animal policy, 'cause the policy is only good as the paper it's printed on or the screen it's written on if people aren't trained in it, and that's really, really important. 'Cause very few people say, "Service animals aren't allowed. "That's a miscommunication," next, please. Okay, are there circumstances where someone would be allowed to move to the front of the line because of a disability? Yes or no? Next slide. For check-in, again, please describe examples of these circumstances. If yes, have staff been instructed in this practice? We're not asking for a policy of that. We're asking for that practice. Next slide, please. Section Three is the more complex part of the checklist. It's the structural checklist for drive-through and walk-in vaccination sites. So that's a tool to assess adherence to structural elements of vaccine sites within the Americans with Disabilities Act Guidelines, ADAAG, and so that's a physical checklist. Is there a slope? Is it a ramp, are there handrails? Are there waiting areas in the ramp? Are there areas to rest on the ramp? Are the handrails at the right height? Are the restrooms accessible? Are the doors the right width? Are the toilet stalls the right size? All of those things are on that checklist. And we're not gonna go through that here, but what we do for them is we provide them a resource that shows them how to measure things like latch-side clearance, like the 18 inches you need to get beside a door to get through the door. It has some instructional latch-side clearance and a couple of other things that are tactically hard to do. Okay, any questions on any of these 60 slides you have seen thus far? Okay, so now I realize this is a brain dump of material, so if you're feeling overwhelmed, that's okay. I said this is just an overview, but it's a whole lot of detail and a whole lot of material, so it's okay to be overwhelmed, but it's also okay to ask questions. How many people are feeling overwhelmed, show of hands? Do you see any?

- [Shaylin] I see one thumbs up.

- Okay, that's okay.

- [Shaylin] And another one, I see two hands now.

- Well, the good news is that, after the presentation, when the material's archived, you can look at it again, and you'll be getting the slide deck, as well, correct, Shaylin?

- Absolutely.

- Okay, so you can go through this again. You can even hear me do it again if you really want to. Okay, next slide, 61, please. We're gonna talk about supporting people with disabilities during the vaccination process, which is really, really key for public health to understand and for centers to understand. Centers have done really great clinics, 'cause they know people with disabilities, and some of the ideas in here I have stolen, borrowed from other Centers for Independent Living, 'cause they're using some great practices, so I thank them for that. Slide 62, please. Let's look at environments. There are triggering environments, and that could be a vaccine site that's crowded, noisy, unpredictable, and confusing. What are some ways to accommodate that?

- [Female Attendee] A triggering environment.

- [Elissa] This is Elissa with APRIL. Waiting outside in your car and being summoned in when it's your turn.

- That's a great one, waiting in your car, and maybe they text you, maybe they call you. That's a great one, anyone have any other examples? What some centers have done with clinics is brought the vaccine outside to people, maybe to the car, maybe just outside to a waiting area outside. Anything else?

- This is Elissa with APRIL. I would say good signage. You could also use noise-canceling headphones.

- Yes, noise-canceling headphones are great, and one of the centers did a clinic on noise-canceling headphones. And that was just a really, really good idea and helped people. People say, "I can't come in. "Oh I can, maybe, it's not so noisy. "Ah, I can't, the movement still bothers me, "but some people can and that's really good." Some people get at-home vaccines. They talk about vaccines for people who are homebound. I hate the word homebound. I don't use the word hate often, but no one is homebound. People are confined to their home because they don't have accessible transportation. They don't have accessible equipment. There's a virus outside they can't be around. They're immunocompromised, they're not bound for their home. So it's a false construct, but that's another way to accommodate. Let's think about triggering behaviors. I'll give you some examples of triggering behaviors. Using a raised voice, even when it's only meant to provide instruction, or expecting people to move and speak quickly. I think of when I went for, and this isn't as common now, but there'll still be places where people do it, the first time I went for a vaccine, it was people from the military literally screaming at me in my car, doing, "Move, move, move, move, move!" And I'm not someone who's triggered by things like that, but I found it a little intimidating and a little scary. And I thought, "What would it be like "if that was really hard for me?" And then expecting people, "Do this, do that," talking really quickly. And again, what are some ways you can mitigate those? You can accommodate those. Don't use the loud voice. Don't expect people to speak and move quickly. Just give people their time. Anything else that we can think of? If not, let's go to the next slide. The next slide is one of the things we wanna look at and think about is perceived, underline the word perceived three times in your head, inappropriate behavior. What do you do when there's inappropriate behavior in air quotes? You approach the person calmly and talk to them and interact with them. You calmly ask them how they could help. You wanna speak to the person in the tone you'd like them to speak to you, and so, if they're loud and they're screaming, you wanna model using a softer, more even tone of voice, or, "Hey, I don't know what the answer is, "but I know we can figure this out together. "I don't know what the answer is, "but I know I know how we can figure it out. "We're gonna figure it out," and deescalating, when someone's behavior appears to be perceived to be inappropriate. And I know all you folks at centers know about this stuff, but this, again, is a training. We're doing public health, so you know what they're seeing, and so you have these things at the tips of your tongue, too, when someone says, "I can't give So-and-so a vaccine," or, "I can't get a vaccine "because my son or daughter is inappropriate," or, "I can't get a vaccine "because I was told I was inappropriate." So you have some things that you can look to for some resources, next slide. Some deescalation strategies that are used for everyone, be empathetic. Think about what it's like to be this person that is really overwhelmed, even if it's a situation you wouldn't be overwhelmed in. You go to the drugstore maybe once a week or once a month or twice a month, and you're not overwhelmed. Think about what it would feel like for all that stimulation to be really, really hard for you. So you wanna be empathetic and not judge people. Respect people in their personal space. You wanna make sure everyone has the proper amount of personal space, particularly social distancing. You wanna use non-threatening non-verbals. You don't wanna point. You wanna keep your hands to yourself. You don't wanna get too close to anyone. You don't wanna touch someone unless you have their permission. You wanna keep your emotional brain in check. You don't wanna say, "I'm getting upset with this, what am I gonna do? "We have to beg so many people, and it's gonna be so bad "if they don't get there," you wanna keep that brain in check. I'm gonna ask a challenging question. Sometimes the best way to deescalate that is to ignore it. "Why is there so much stimulation here? "This isn't fair, this is inaccessible to me. "Why aren't there laws against this? "This is really hard, I can't do it." "Let's figure out how to deal with this right now "so you can get a shot, 'cause you want a shot, right?" "Yes, I want a shot." "Okay, let's just figure that out." So it's deflecting that question. One second. Set limits, have some boundaries around that. Choose wisely what you insist upon. If someone says, "I'm gonna have to wait in my car, or, "I'm gonna have to wait outside," don't say, "You must wait in your car." You can't wait outside in the parking lot. It's a cold day, just choose wisely. Allow silence for reflection, something that I need to work on. I'm one of those people that doesn't like silence, but some people take longer to process thought. Some people take longer to process audio information. Some people take longer to process ideas, particularly around when there's a lot of stimulation. And again, what follows with that is you wanna allow time for decisions. Next slide. Some other strategies, we've talked about this, is moving to a quiet area, such as a quiet space in the vaccine site, getting support from a peer specialist, and having public health know. They should call the Missouri Crisis Line, and the number's 445-5035, so just having that number, knowing that number's available. Next, please. So what are some things you can do to make the vaccination process more comfortable? Ask the person what they need. Invite them to a quiet, low-stimulation area. Invite them to move to the front of line and explain what will happen next, if this is your practice. Explain things to people, "We're doing this "because of that," not, "Go to the front of the line." Your tone of voice, you never want your tone of voice to be punitive. Okay, next slide, please. Create a lower-stimulation environment by asking people to speak in low tones and modeling it. You don't wanna say to people, "Speak in a low tone." You wanna say, "Please speak in a low tone," even if they're yelling. People mimic your tone. I've had laryngitis sometimes for six or eight weeks and my voice would be a whisper, and lots and lots of people whispered back to me because that's what we do because of human nature, not because they're trying to empathize. They just totally unconsciously do that. You also wanna use incandescent lighting, where feasible. Fluorescent lighting is hard for a lot of people, particularly if it buzzes, but even if it doesn't. You wanna provide some soothing objects, like fidget devices and weighted blankets. Weighted blankets are lovely, by the way, I got one myself. I was doing this training last year and we talked a lot about weighted blankets, and I thought, "That sounds like a great idea," and I now totally love my weighted blanket. So next, please. Be flexible. An example of being flexible is giving the injection in a space outside of a designated injection site. Let me give you two examples about that, couple of examples. One is when I go to my local CVS for my vaccine. They don't ask me. There's a privacy barrier when you're getting a shot on your arm, for some reason, an injection in your arm, and that's not accessible to me, so they step outside of the area and they give me my injection. That's the modification of a policy. That's making accessible to me. Out of the designated area. It's six inches outside of the designated area, but it's outside of the designated area, but I think about a story a Center for Independent Living told us, and this is a great story. It's in Washington State, and I forget the name of the center, so don't quote me, but they've done a great job on Washington State, generally. So where they had an individual who had significant disabilities, I wanna say that the individual had autism and maybe an intellectual disability, and he came with his parents. He was an adult, but he came with his parents, and he had a hard time getting injections in the past. It has almost always been very, very traumatic for him, them saying, "We're never gonna be able to do this. "We'll give it our best try. "Let's see what happens with this." And one of the people giving the injectors who was from injections from public health, said to the man, "Come over here, do you wanna walk with me? "And would it be okay if I did the injection "as we walked over here or if we stop over here?" And he had the most positive vaccine experience ever. He was walking with him, didn't give him the injection while they were walking, but stopped him for a second. "Is it okay if I would do it now?" And walked a little bit away, walking or moving, whether it's walking on your feet or rolling in a power chair or in a manual wheelchair can be very powerful and decreases tension. I work with a social worker in a school. So she often walks 10 miles in a day, and I said, "What do you mean you walk 10 miles in a day? "You have time after your job?" She's like, "No, "I don't do one-on-one counseling in my office. "That's a way to get young people uncomfortable "and not sharing, we walk, so we're not making "direct eye contact, like being in the car. "And we walk and it just relaxes everyone, "and it's a whole lot more comfortable." So do it outside the specific area. Again, permitting people to walk or move, walking or moving with people. What examples do you have of things you could do and make people more comfortable? And I'm gonna give you guys some scenarios to work with. First of all, I wanna know if you have any questions or comments so far. Oh, let's go to Slide 70, I'm sorry. Things not to do. Don't call 911, unless the person is threatening to physically hurt themselves or other people. And I know you folks all know that, but we need public health to know that, because somebody with a good intention might say, "This person is out of control, this person is angry, "this person is speaking loudly. "From loud speaking and anger, I infer dangerousness," 'cause we've had lots of mass shootings, so I understand where people get to that, but there's no weapon or anything like that. People infer dangerousness, they infer violence, and some people think that calling 911 will help keep that person and everyone safe. What happens when you call 911 for someone in a vaccine site? That's not rhetorical, I'm asking specific people in the audience, who can tell me? LaDonna, are you there? Rob, anyone else?

- I'm here.

- What happens when you call 911?

- Well,

- What's that?

- I'm here, I would just say that that almost causes more chaos.

- Causes more chaos at the vaccine site. Then nobody wants to get vaccine then.

- [LaDonna] Because other people then get upset, and that's my opinion.

- Exactly, and then, "So-and-so got locked up "when they went to get a vaccine. "You better not go there tomorrow." It causes more chaos, but also, what happens to that person? They could end up going to jail. They could end up in a psychiatric facility, a psychiatric unit in a hospital, a psychiatric facility, locked up. What happens when people are locked up? They're more likely to get COVID amongst the hold, and they're deprived of liberties and all the reasons we know we don't want people to be locked up, either in jail or a psychiatric institution or any other kind of carceral facility. We don't want people to be locked in institutions. And also, guess what? Go back to the goal, what's the goal? The first goal I talked about at the beginning of this. What is the goal of the vaccine site, anyone?

- Just to get people vaccinated. Right, to get people vaccinated.

- Get people vaccinated. So this person can end up in jail, in a hospital, or in other bad situations, and they still don't have their vaccine. So calling 911, if someone has a weapon and is brandishing a weapon, obviously, call 911, but you want people to have a really clear understanding of when they should call 911 and when they shouldn't, and mostly, they shouldn't call 911. And we have a bias toward people in institutions. We all know about the core service that's still unfunded to help move people out of institutions. How many of your centers work on moving people out of institutions? Raise your hands, please, if you can.

- We do.

- Your virtual hands. Yeah, yeah, so you spend lots of time and energy and money in getting people out of institutions. You don't wanna do anything that contributes to getting people in institutions, okay? Okay, so let's do a role play, I'm gonna ask, Rob, can you be game for this?

- Sure, I have limits, though.

- What's that?

- I said sure, but I have limits, though. Go ahead, so what do you got?

- It's not gonna be a hard one. I'm someone from public health in another state. This is not from Missouri, this is someone else, but I happened to call you and I have your number, so I'm not anybody from Missouri and I call you and I say, "Hi."

- I'm gonna go ahead and get-

- "I heard," what's that?

- I'm gonna go to the captions to hear what you said. I can understand you better, okay, go ahead.

- Okay.

- I'll catch up.

- Okay, so could you hear me now?

- Yes. Okay.

- Are people having difficulty hearing me?

- I could hear you, but it's better for my understanding. Sometimes I miss words.

- Okay.

- So I wanna use captioning.

- Yeah. Yeah, great, no, just 'cause I'm using a mic today and I wasn't sure if people could hear me or not, but that's fine. I'm running a vaccine clinic, and I hear that there's this law that I have to let animals into my vaccine site and I have to let people that are crazy into my vaccine site and all these people, and I have to let them do whatever they want at my vaccine site, why is that? That seems un-American that we have to have all of these people in our vaccine site. They're just gonna disrupt things. Can't I just turn away some of them so everyone can get a vaccine? Help me understand this, I don't get it. Rob, feel free to ask any of your colleagues to help -

- Well you could certainly, okay, am I on?

- By the way. Because I'm reading the captioning.

- You're great.

- Okay. So I would say hey. I would just say you've got relatives and you've got friends that have disabilities. Let's make sure that everyone like them get vaccines, 'cause it's is important for everybody. 'Cause if everyone's vaccinated, then it'll protect you and it'll protect your family members, so it's really critical that we try to work with everyone here. It may take a little while, but everyone has their own lives and their own situations. It's really important that we try to work with everyone. That's what I would do.

- What if they bring a gun in? What if I have someone who's had a history of mental illness and they take a gun in?

- A gun's a safety issue. You need to call the cops or the security people. That's not allowed anywhere. I mean, if you have a no-gun policy, they shouldn't be in here, especially if they're making other people uncomfortable. I think that's really important that you address that and ask them to leave, especially if they're not shooting up the place, but if they're taking aggressive action with the gun, obviously, you need to call law enforcement, or, if there's security available, maybe get those folks involved.

- What about this thing with those dogs? My friend got bitten by a dog last year and their staff person, and they're afraid of dogs and they don't wanna get bit by dog. Do I have to let those dogs in here?

- Most of these individuals have trained service animals and they work for the individual, and they're under very good behavior. Now if a dog is misbehaving, you should certainly ask them to leave because that's not the role of a service animal, if the dog is misbehaving.

- Really? So if they misbehave, I can ask the person with the dog to leave?

- No, if the dog is misbehaving, if the dog is not acting appropriately, then you can, but you can ask them.

- Yeah, okay. So if the dog is misbehaving, I can ask the person with the dog that's misbehaving to leave.

- Yes, or at least, I mean, most service animals, of course, are well-trained and they know how to act in public, so they shouldn't be misbehaving. A lot of these individuals might bring in a pet or a pseudo service animal or whatever, and they need to be educated that service animals are well-behaved. Even if the dog is a service animal and they're not behaving well, they need to leave.

- Well, that makes me feel a little bit better.

- Yeah, I mean, the goal is really to get everyone healthier. These vaccines really do help people, but we have to run a vaccine site that's advantageous to all, and if there are issues, if there are some potential disturbances, then we would certainly have to take action as we need to.

- Well, that makes me feel a little bit better.

- Hopefully, I make you a lot-

- That makes me feel-

- Go ahead, I was-

- That makes me feel a little bit better, okay. Now I'm gonna call LaDonna. LaDonna, are you available for call?

- LaDonna, yeah.

- LaDonna. That's what I said, LaDonna? Is LaDonna available for a call, or is she on mute? Okay, you know who I'm gonna call on next? I'm gonna call on Shaylin. Are you available for a call, Shaylin?

- Sure.

- Okay, so you're The Partnership for Inclusive Disaster Strategies. I hear you know things about disabled people.

- [Shaylin] We are led by people with disabilities, so we do know quite a lot, yes.

- And you know about these vaccine sites?

- [Shaylin] We are able to provide information about vaccine sites that are nearby and helping with identifying accessible and accessibility, yes.

- Okay, I have a question for you, and I hope this isn't an offensive question, but I don't know what to do with this question. I'm afraid I called you 'cause you're national, 'cause I'm afraid I've broken the law or something and I don't know what to do. One of my staff did this and it wasn't on purpose, but we had someone come to a vaccine site, and we have people with service animals all the time and their dogs, and someone even came with a horse. I never heard of that, but I guess that's okay, but someone came with their emotional support animal, and it was a tarantula, and the staff person turned them away because they were phobic about tarantulas, and I don't know if they broke the law or not and I don't know what to do, what do I tell them?

- [Shaylin] Well, it's always good to ask the question, so thank you so much for calling and asking, and it's okay. First, I'll start by saying that service animals, which are different than emotional support animals, service animals are legally required to be allowed in public spaces without questioning throughout all public spaces. And service animals include dogs or miniature horses, which is why maybe you've seen miniature horses in the past, but emotional support animals are not technically covered under the Americans with Disabilities Act under our civil rights protections. So it is okay to ask folks to not bring their emotional support animals, but perhaps providing or asking the person about other ways that you could support them in the vaccination process, perhaps with a peer support, like somebody else with a similar disability that could help talk through the process or go through the vaccination together, but technically, the emotional support animals are not legally required to be allowed in.

- So I could say to the person, "You can bring "your friend or your family member, "but not your emotional support animal "because it's disruptive, 'cause there are people there "that were afraid of it?"

- That is correct.

- Wow, that really helps me a lot. So I'm not gonna get sued, I didn't break the law?

- [Shaylin] Correct, yes, and it's good to ask these questions, and better to ask than not, so thank you.

- Thank you, Shaylin, and thank you for being put on the spot like that. One of the things is emotional support animals are not required on the site, but it might be a good idea, not somebody who's gonna be provocative, the unconventional support animals. And the Department of Transportation says they're only using conventional animals as emotional support animals and not going with exotic animals, and they're saying, "Too bad to everyone else," so there's gonna be some lawsuits around that. There's gonna be some litigation, but if someone tries to bring an emotional support animal, now, if someone wants to bring their emotional support cat, maybe that's something that you wanna consider because it helps them, or a dog that is not a guide dog, not a service dog, rather. So if you have a dog, and your dog's function is to comfort you, not to pick things up for you when you drop them, not to lead you, not to notify you when you're about to have a seizure or when your med level is off, then you could bring that dog, perhaps. And that's something that a vaccine clinic might wanna consider doing because it makes it easier for that person, but then again, there's a certain person, when they're things like spiders and snakes, enough people are phobic about those things that you wanna consider that it's disruptive to other people. And you could say it's a fundamental alteration to the nature of your program to have a spider or a snake in there, conceivably, 'cause enough people have phobias about those particular animals, does that make sense?

- [Elissa] This is Elissa with APRIL. You and your emotional support tarantula may wait in the car, and I will send someone out to give you the vaccine at your car, or your boa constrictor.

- This is Melissa, provided the person giving, you don't want someone anxious giving injections, either. I really don't want my vaccinator to be someone who's anxious, but yes, if the vaccinator's okay with that, that's the way to do it. And it's funny, I say spiders because that's my phobia, and, yes, and boa constrictors. It's a whole other thing, you do out at someone's car. There's lots of places you can do it, lots of ways that you can do it. So the goal for today is to get you folks more comfortable with what the obligations of vaccine sites are and how to support vaccine sites and complying with those obligations, to get you a little bit familiar with the checklist, just a little bit, samples of the checklist, you'll see the full checklist within the next two weeks or so, and then to have some ideas when someone from a vaccination clinic calls you and things you wanna talk to them about. You want strategies, why you don't wanna just call 911, because people don't do things out of bad intentions, usually. People do things with the best intentions. Sometimes they don't have the information that we'd like them to have. Sometimes they're frightened, and when people are frightened or anxious, they don't always make the best decisions. And they're not always at their best personally. in terms of interacting with people. When people are afraid and people don't know what to do, they'll do and say the, air quotes, wrong thing, does that make sense? So you wanna support public health in doing this, and you've got great folks in your public health, and they probably know lots of this already, but you wanna make sure that they know these things and that you know these things. How many people learned something about the ADA and 504 today that they didn't know when they came here? Just a show of hands.

- [Shaylin] This is Shaylin, I see two hands up. Thank you.

- Yay! Glad you learned something today. Glad you learned something or it triggered something that made you think. How many people learned something about minimizing, mitigating trauma, making trauma less for people with disabilities, reducing trauma?

- [Shaylin] I see Rob saying in the chat, "Always learning." That's what we like to hear.

- We're all always learning, and I'm always learning from you. I learn whenever I do a training, I think I learn more from the people that I'm doing the training with than I do as the trainer, so that's always great to hear other people's perspective. And I think we still-

- Melissa, I just wanna remind you that we have a couple of slides, just two, with some resources to mention that are available for folks.

- Yes, yes, yeah. Yeah, I'm not done yet. I realize it, let's go to the resource slides.

- [Elissa] This is Elissa with APRIL. Can I just add one real quick comment before we move on?

- Sure, please.

- Just a suggestion that, if you get a call from a health department, like you were just hypothetically saying, it might be good to just refer them to the ADA so that they can familiarize themselves with what they are legally obligated to do. If you can narrow it down to this section, that would be-

- Are you saying refer them to the law itself?

- Yes, if you have that handy, if you can narrow it down, 'cause it's a big, complex document, but it would help to say, "I'm not just telling you this. "Here is where it actually is in law."

- I'm just gonna interrupt. Good luck picking up your grandkid, LaDonna, who missed the bus, I totally get it. Okay, so thanks for being with us. Yeah, you can refer people to the ADA. What I tend to do, if we can go to the next slide, Slide 72, and we've got some resources, and one set is for vaccines, and that's the pre-vaccination checklist for COVID-19 vaccines, which is great. That's from the CDC, and the Immunization Action Coalition has screening checklists for contraindications for vaccines for adults. And then under access surveys is, when you talked about referring people to the ADA, there is an ADA Information Line that you can call, and they will give you information. Doesn't have to give out an access survey, but they can give you information about any area of the ADA, and they're good. They're under the Department of Justice, but also there is the Great Plains ADA Center. How many people use the Great Plains ADA Center for ADA information?

- I see three hands.

- Three hands?

- Yeah, we got that.

- Yay! Yay, so the Great Plains ADA Center is a great resource, and I think you could refer people to the ADA itself, but sometimes when people see legal words, they get scared. I'm a lawyer by training, and I don't like referring people to laws because I know how intimidating they can be, and I'd rather hear a human voice, but it's up to the person. You can certainly refer them to the law itself. You can say, "Hey, why don't you call "the Great Plains ADA Center? "They'll have information about this," or, "Hey, you could also call the ADA Information Line "if you haven't gotten a hold "of the Great Plains ADA Center." And then specifically for accessibility things, you can call to the U.S. Access Board. You can go on their website and you can get links to their materials.

- [Shaylin] This is Shaylin, Pat, wanna make sure, do you have a question or comment to add?

- [Pat] Yes, I do, thank you. And this is off the subject a little bit, but it's related to the grand and the survey. I was having a conversation on the phone earlier today with Regina, and we got the surveys yesterday. This coming weekend and early next week in Missouri, we're having our Independent Living Summit, so we'll have 175 people. And Regina asked me if we were going to circulate the survey, and I said I'd like to, and so I'm asking, is that okay for us to do that when we do have all these people coming in for the IL Summit in Branson, Missouri Sunday, Monday, and Tuesday?

- This is German.

- Go ahead, German.

- [German] Oh, in a couple of minutes, we wanna just, for post-production, finish this presentation, and we'll stick around for a couple extra minutes to cover your questions and others, Pat, on the survey.

- Okay.

- And let me wrap up quickly, 'cause we're pretty much there. If we can go to the next slide, it's more resources, and they're resources on plain language. And there's a resource from the self-advocacy resource and technical assistance on COVID-19 information in plain language. Then from the Autistic Self Advocacy Network, COVID-19 vaccine fact sheet in plain language, and then the Association of University Centers on Disabilities. And they have tools for using plain language and easy to read. Easy to read is different than plain language. Easy to read has pictograms in it. So before we go to the questions about the survey, if we go to the next slide, I just wanna give you a heartfelt thank you. Sitting here is hard, listening to all this overwhelming material can be hard. Don't be overwhelmed by it. It's something you'll figure out as you go along. You've had a lot of information. You've been sitting here for close to 90 minutes, and that's a lot. And I wanna thank you for being here today. And I always wanna thank APRIL, so thank you so much. And thank you, Elissa from APRIL. Thank you all, so shall we shift to post-production?