Project Alive's "Making the Vaccine Process Accessible, Understanding Legal Rights and Reducing Trauma in Montana."

2022

- Hello everyone, once again, and welcome to Project Alive's "Making the Vaccine Process Accessible, Understanding Legal Rights and Reducing Trauma in Montana." 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 great dress and a green colored, 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 Montana." Above the title is the Project Alive logo, which includes the text that reads Project Alive. In the word "alive," a red bandaid in the shape of a V replaces the text V. Under the text, there are five symbols in white with a blue background. 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 to represent the individuals who are blind, an ear with a dotted line through it. The interpretation, ASL interpretation signal, which so shows hands in the ASL sign for interpretation. And finally, an outline of a head in white. Below the symbols is additional text that reads: "Accessible life-saving integrated vaccine equity." So I'm first gonna get started with a few accessibility and technical support reminders. And then we will go ahead and get started. So first and foremost, this training is recorded, and an accessible archive of today's conversation will be available in the coming weeks. The archive will include the ASL interpretation that's provided, and that ASL interpretation will be on screen. And it'll also include closed captioning. As I mentioned, today, we have American sign language or ASL interpretation, and we also have communication access realtime translation or CART captions available. Today's ASL interpreters are Kenya McPheeters and Brenda Wharton, and they're already spotlighted on screen for you. If you're having trouble seeing the interpreters in the Zoom box, you can change the sizing of the Zoom boxes. To do so drag the frame, separating the interpreters from the slides on your right-hand side, and you can drag that frame to the right or to the left to adjust the size of the slides and the interpreters. CART, which is provided by AI Media, is already embedded in Zoom, and you can access it via the CC button on the navigation bar at the bottom of your Zoom screen. You can edit the text via the edit settings button, access via the caret on the CC button. You can also open the CART in a separate window if that's more accessible to you. To do so, please follow the link put in chat. A huge thank you to our interpreters and AI Media for making this training possible. So we are going to encourage you guys to participate in the training as much as possible talk and ask questions, et cetera. To ask or respond to questions, please use the raise your hand button at the bottom of your Zoom screen, or you can type in chat. Please use the same process, either raising your hand or typing in chat for any technical assistance or to alert us to an issue. If chat's not accessible to you, please email your questions to priya@disasterstrategies.org. That's Priya, P-R-I-Y-A @disasterstrategies.org, and finally, just some friendly reminders regarding accessibility during this event and access for the post-production archive. Please do identify yourself before speaking. An example would be, this is Priya and so-and-so with my comment. Please keep yourself on mute when not talking. This helps folks using CART to follow the conversation. Please keep your camera off unless you are talking. This helps us create an accessible post-production. If you're having any trouble with your mute button or video, we will help you mute or turn off your camera. And finally, please avoid using acronyms so that everyone is on the same page. And with that, I'm gonna turn it over to you, Melissa.

- [Melissa] Thank you. I wanna welcome everyone and tell you a little bit about . I am Melissa Marshall. I am an older woman with silver COVID hair, was brown before that. I'm wearing headphones today because my internet has betrayed me and I'm connecting through my phone, and I am wearing a floral print top. So we wanna do some introductions. Project Alive stands for Accessible Life-Saving Integrated Vaccine Equity. And it's a short term from February to July of 2022 project. And it's a focused effort to remove barriers through the COVID-19 vaccinations for people with disabilities, living in rural areas of Montana, Missouri, and Arkansas. The goal is to help those wanting a vaccine and needing support to access one. Thank you so much. And I'd like to acknowledge my team members. You've already met Priya Penner, and Germán Parodi and Shaylin Sluzalis, our co-executive director. And Jean has also joined us, and I believe Regina Dyton is on the call as well. And I'd like to acknowledge the Association of Programs of Rural Independent Living, who are the grantees for this project, and Elissa Ellis and Sierra Royster, I believe, is on the call today. So thank you so much, and I'm gonna turn it over now to go to the next slide, to Germán to introduce the centers.

- [Shaylin] And this is Shaylin. I'll chime in here for this moment, and thank you, Melissa. Just wanna recognize our partners on the line and thank you all so much for joining us today and ongoing for all of the work within Project Alive's focus areas and scope. Want to recognize you all who are with us today from Living Independently for Today and Tomorrow, also known as LIFTT. We have Carlos Ramalho, Nancy and John Robison, and apologies if I mispronounced any names. And also from Summit Independent Living Center, we have Tami Hoar, Travis Hoffman and Susan Morris. And welcome everyone. I believe that's all of us. And thanks so much. Back to you, Melissa.

- [Melissa] Thanks. The next slide, please, Priya. So the population focus of Project Alive is, again, it focuses on people with disabilities in rural areas of Montana, who for your purposes, Montana, because you're all here of Montana and welcome, and thank you for joining us. People in rural areas of Montana who desire a COVID-19 vaccine and experience access barriers to access the vaccine, and people are hesitant but are still open to getting vaccinated. We're not trying to force the vaccine on anyone, but if anyone has any questions, anyone who's hesitant, we'd like to provide them with information if we can. Next slide, please. Disclaimer, material presented does not constitute legal or clinical advice and is for informational purposes only. If you're seeking legal or clinical advice, please contact a qualified attorney or clinician. Next, please. Some ground rules. Maintain confidentiality. You all work in centers. You know about confidentiality and how to do that. If you have a question involving someone, please don't reveal someone's specific name, specific location, any information will tie them to them. Questions are good. You won't throw me off track by asking questions. And if you haven't asked the question, probably someone else in the group isn't brave enough to ask it, or it'll occur to them on the way home, or it'll occur to someone else, so please ask your question, please do that. Also have fun. This is very serious material. Sometimes it's literally about life and death, but I'm gonna ask you for the next 90 or so minutes to take yourself a little bit less seriously, because this is very somber stuff, it's very important stuff, but don't be afraid to be light. It's okay. And to facilitate your having fun, I have with me today some virtual fabulous prizes. When I do trainings in-person, I give people fabulous prizes. Think toys you might get a children's birthday party. So you might get some virtual fabulous prizes today. And prizes are given for people who make comments and answer questions. Doesn't mean they answer the question correctly, so keep that in mind. Does anyone have any ground rules they'd like to suggest? Give you a second to type that in, if you would like. Priya, do you see any.

- [Priya] This is Priya. I don't see any hands raised nor do I see anything in chat.

- [Melissa] Okay, then let's move to the next slide. One thing I want you to know is this training is an overview. You might be sitting there or standing there or looking there saying 90 minutes I've got to listen to this? This is a really long time. How can she talk about this for 90 minutes? First of all, it's an overview and left to my own devices, I could and have talked to people for five days about just legal obligations under the Americans and Disabilities Act and the Rehab Act. So you're being spared that today, but no, it's a thumbnail sketch. We left a ton of stuff out and everything we put in, should we put in this or should we put on that? So we weighed carefully what went in and what didn't go in. So what the purpose of this training is to familiarize you with what we're presenting to public health agencies. So you're gonna know a lot of this stuff already, a lot of these materials already, and what we're presented to public health will include reviewing legal obligations and vaccine sites. So gonna be telling them about that in the next couple weeks, discussing ways to reduce trauma during the vaccination process and describing the vaccination checklist. So this is to familiarize you with all those things that we're telling public health. Next, please. And today's objectives for you is by the end of this training, we want you to be familiar with some of the legal rights of disabled people during the vaccination process, if you're not familiar with that already. You'll be a little bit familiar, you'll have an introduced to the vaccine checklist, and you'll know some maybe new ways to reduce trauma for disabled vaccine recipients. And if anyone has any objectives they'd like to share, please put that in the chat. Next slide please. So I want you to think about this. What is the goal during the vaccination process? And you're gonna say she's being Captain Obvious. The goal is getting vaccinations to everyone with a disability who wants them in ways that are accessible and minimize trauma. So again, the goal of the project, the goal of today is to strategize ways of getting vaccinations to everyone with a disability who wants them in ways that are accessible and minimize trauma. So let's go to the next slide, please, Priya. What is not a goal?

- This is-

- [Melissa] It is not a goal that a vax-

- Melissa.

- Yes.

- [Germán] Carlos has a question on the chat: "Can you define-

- Sure.

- [Germán] Or give examples of trauma during the vaccination process?"

- [Melissa] I am going to do that, and it's really great that you asked that, and I'm gonna be getting there. One about my questions is I might say I'll get there in a minute, I might say I'll get there at the end. I might say that's a very good question, I'll answer it offline, or I might say, I don't know the answer, I'll have to get back to you and do some more research, but I will give you a ton of examples, Carlos, not to worry. Okay? So what is not a goal? It is not a goal for vaccine-seeker to leave a vaccination site because they're afraid, intimidated, confused, or overwhelmed. Also not a goal for authorities to be called, unnecessarily resulting in a vaccine-seeker ending up in jail or in an institution. So as we're going into the weeds of this, what the ADA obligations? How do I mitigate trauma? All of these things, think, does it get you closer to your goal of getting people vaccinated, or does it get you closer to people maybe leaving or being institutionalized? So the goal always you want to move to is having people receive vaccines in a way that is as least traumatic as possible. Next, please. So now we're gonna look at some of the legal obligation sites to disabled people. Next, please, Priya. The vaccination process must be accessible to people with disabilities. What's the vaccination process? It's not just about going in and getting the shot in the arm. It's making an appointment online by phone and in-person, checking in or registering for the vaccine, waiting for the vaccine, whether it be three minutes at the pharmacy or there's longer lines, receiving the vaccine, getting the injection in the arm, and waiting after the vaccine. So it's the entire process. It's not just the shot has to be accessible. All of these components of it that make you able to have the vaccine. Next. Next, Priya. I am not seeing the next slide.

- [Germán] This is Germán. We're on definitions of disability. First one.

- Okay, my slide didn't move. And that's because I have been disconnected from... So I'm gonna go into my own. I'm gonna go into my own slides. Hold on one second, folks. Okay, so let's look at the definition of disability. Under ADA, and you probably know this already, under the ADA, disabled people are individuals with a physical or mental impairment that substantially limits one or more major life activities. One or more major life activities is involved. I'm gonna talk about that in a minute. Someone with a record of having an impairment that limits one or more major life activities or someone regarded as having an impairment that limits one or more major life activities. Okay, next please. I am following along here. Hold on one second because I've lost my screen. Okay, and I am on slide 18, the definition of disability, Priya, and under the ADA Ammednments Act,. so we have the definition of disability under the ADA was those three prongs. My friend says, this is as poetic as lawyers ever get, calling them prongs. We had prongs to the definition. But what we're noticing is people that everybody knew were disabled were being decided not to be disabled when it came to ADA litigation, like this is one guy who, and we didn't wanna mess with the ADA, we didn't wanna open it up. But the straw that broke the camel's back for me personally was there was an individual who graduated in a self-contained special ed classroom, graduated from high school with a certificate of education and not a diploma and had a job coach and worked in a a supported employment setting. It was fun not to be disabled because you could drive a car. So we decided that it was time to amend the ADA Act, the ADA, with the ADA Amendments Act. And what it does is it includes as a major life activity or major bodily functions. And that includes, but not as limited to functions of the immune system, normal cell growth and digestive bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. Next slide, Priya. And under the ADA Ammendments Act Of 2008, other major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. So as you can see from the ADA Amendments Act, and you may or may not be aware of this, probably you are aware of this by now, is the definition of disability is construed very broadly. And what they have said in creating the ADA Amendments Act is the burden goes on the entity itself to prove that the person didn't have a disability, not on the person with a disability. So that's just significant. Press next slide. So can you get examples of people protected under the ADA or the Rehabilitation Act? By the way, the definition is the same under the Rehabilitation Act. Who can give us some examples? They could be obvious examples. That's totally okay. Do we see any examples?

- [Germán] This is Germán. Not yet. And if it's easier for folks to take themselves off mute, you can do so.

- [John] This is John from LIFTT. People have disability issues, or I'm sorry, movement issues. People with loss of vision.

- This is Melissa. John, what was the first one? You said people with what issues? I didn't hear the word.

- [John] movement issues. People confined to a wheelchair, maybe perhaps.

- Oh, movement. Movement. I didn't hear the word. Okay, thank you, John. Yes. Yes, John gets a fabulous prize for being the first person to speak. And John gets a matchbox-sized, real small red Corvette. Just seeing what you get here, a virtual one.

- [John] Oh, I love those!

- [Melissa] So I owe you one when I see you, when I come to Montana, and I've always wanted to go to Montana, I will owe you one.

- Sweet.

- And I see someone, I see Nancy putting in people with anxiety, and yes, if it arises to the level of substantially limiting one or more major life activity. And you get a green and purple super ball. A little one. Others? Okay. That is great. Well, thank you. Those are some examples. And what was clarified under the ADA Amendments Act, it didn't actually changed the law at all. As I said, this is what we mean. This is how we interpret it. People with HIV, people with cancer, it's clarified that people with disabilities like that are considered as having a disability under the ADA. Next slide, please.

- [Germán] This is Germán. I saw Mariah nodding, anything you want to add, Mariah?

- No, not right now.

- Thanks.

- [Melissa] Mariah, you get a blue and yellow, two blue and yellow balloons for nodding. Just saying, participation is important, and everything counts. So there are five titles of the Americans with Disabilities Act. Title I is employment, Title II is state and local government entities, Title III is something called places of public accommodation, Title IV is telecommunications, and Title V is miscellaneous. Next slide. Who has obligations under the ADA? And today we're gonna be talking about Title II and Title III of the ADA. We're not talking about employment, 'cause we can't get to that. We just don't have time. I would love to if I could. Title I's one of my favorite titles of the ADA, but we don't get to do that today. So who has obligations under the Americans with Disabilities Act? State, county, municipalities have obligations under Title I and Title II of the ADA. Certain private providers have obligations under Titles I and III of the ADA as well. And as I said today, we're gonna be discussing obligations under Title II and Title III. So that's gonna be Title II, it's gonna be public health, Title III is gonna be private providers. Title III is gonna be ding, ding, ding, Centers for Independent Living. Talking about all of those things. Next slide please. Now, the Rehabilitation Act, any recipient or subrecipients of federal funds has obligations under the Rehabilitation Act. These obligations under the Rehab Act, usually section 504, sometimes section 508, but typically section 504 of the Rehabilitation Act are virtually identical to obligations under Title II of the ADA. So don't worry specifically, is it Title II or is it Rehab Act necessarily. What triggers the Rehab Act? Can anybody put in the chat what triggers the Rehab Act? Federal. Anyone think you're saying dollars? Federal money. How much federal money does it have to be? A penny. If you receive any federal money, you have obligations on the Rehab Act. Doesn't mean if you get a billion dollars or $10 billion or 45 cents. Okay? Next slide, please. So another important thing, and I'm on slide 24 now. Another important thing to remember is that a government entity can't contract away its obligations under the Rehab Act. Now what does that mean? It means public health can't say we hired a private provider to do that, and it's all their obligation. Or Red Cross is handling that and we have no obligations. Or a clinic is doing a clinic is doing that and we don't have any obligation to make it accessible. It always comes back to the federal government. The federal government always has those obligations. Does that make sense? So you can't contract it away, and government entities try to do that all the time. A public health department, I once worked with a public health department that has 700 vendors. And they said, oh, all the 700 vendors have obligations. We don't anymore. And I kind of said, well, it's your obligation to make sure those 700 obligations are complying with your level of obligations. So it's just something to know and to be aware of. And the public health department I was working within that state didn't know that. It was a large public health department, and they just didn't know that. Okay, next slide please. And so obligations under Title II in the Rehab Act include providing equally effective communication, non-discrimination in general operations and programming facility accessibility. And we take some time to unpack that starting in the next slide. Now, vaccine sites have obligations. Remember said we had obligations throughout the whole process. That's during online registration, phone registration, registration at site, in the vaccine areas and in the vaccine waiting areas. Next slide. Now let's look at types of vaccine sites because vaccination sites have changed throughout the course of the pandemic. Some sites include pharmacies, which we do now a lot, physician's offices, hospitals, maybe an emergency room, mobile sites, popup sites, drive-up sites, we used to do a lot more in the beginning of the pandemic, mass vaccination sites, which we used to really do a lot more during the pandemic, and at-home vaccination sites. We'll we talking about at home vaccination sites a lot more later. Next, please. Now you said you've gotta provide equally effective communication. What does that mean? During the vaccination process, vaccination sites must provide equally effective communication to people with hearing, visual and speech disabilities under the ADA and under the Rehab Act. Next, please. Equally effective communication just means communication that is effective for people with communication disabilities, which I just said above, as people without communication disabilities. Next, please. Sometimes auxiliary aids and services may be required to provide equally effective communication to people with communication disabilities. Okay, let's put this into English. What do I mean by an auxiliary service? Typically we call it an accommodation. So an accommodation might be required to provide equally effective communication to someone with a speech, hearing or visual disability. Okay? And like I said, auxiliary aids and services are referred to as accommodation. Next, please. So let's look at communication for people with hearing disabilities. Sometimes accommodations could include a sign language interpreter, a tactile interpreter for someone who's deaf blind, an oral interpreter for someone who reads lips, but needs a supplement augmented by an oral interpreter, communication access realtime transcription, CART, or under very limited circumstances, written notes. Written notes is when someone comes into the vaccine sites and says, excuse me, where's the restroom. That's okay to say "in the back" or "to your left." It's not okay to not have an interpreter to have a written note for explaining what consent is, what the vaccine side effects are, what's gonna happen during the vaccination process. So you want it for just very, very simple kinds of rudimentary, kind of basic simple communication. Next, please. And effective communication for people with visual disabilities, auxiliary aids and services could include readers. If it's a one-page document that says welcome to the site, we hope we won't be waiting a long time, or thank you, you don't have a long wait, or thanks for coming, or here's your information, you can have someone read that, large print, we can all make large print documents on our computers, or on our tablets. We can even print them out on paper. Screen reader compatible electronic material, not everything that's electronic is okay with the screen reader, and braille, a small percentage of blind people use braille, but for long documents, it is essential to them, and complex documents, it is essential to them. So don't dismiss braille, 'cause not a lot of people use it. Next, please. And let's look at equally effective communication for people with speech disabilities. And I am on slide 33, and auxiliary aids and services could include a communication board, again, providing someone with a written note, assuming they can write, a paper and pen, if that works, or allowing additional time for appointments. Also taking time, taking the patience, listening to what the person says. If you don't understand what they're saying, find someone who does. What's never okay is to say "uh-huh," "uh-uh," you know, it's just, you always don't pretend you understand someone when you actually don't. And now I'm going to slide 34, and on slide 34, it says primary consideration. What primary consideration means is you don't have to give the person with the disability the auxiliary aid or service to provide equally effective communication if you can provide something else that is as effective. And what we say is that the job is getting from point A to point B, you can provide someone with a Ford, you don't have to give them the fancy sports car. You don't have to give the Corvette that I gave to John, even though everyone wants that Corvette. Okay? Next, please.

- [Germán] This is Germán. That has been a lot of to process. Just checking if there may be any questions. Back to you,

- [Melissa] There is a lot of what, Germán? I didn't hear what you said. What was that?

- [Germán] It was a lot of information. Just checking if anyone had any questions, but looks like we're good.

- Mm-hmm, yes and please, please, always interject your questions. It's always, always okay, and it's always, always encouraged. Now we're gonna go, I'm on slide 35, which is Plain Language. Plain language is communication that can be understood by the intended audience and meets the purpose of the communicator. It provides access for lots of people with disabilities. It's not required under equally effective communication provisions of the ADA. You could probably argue it under some other provisions of the ADA, but it's not in there. It's not a slam dunk, but plain languages is a good practice. Please. Now we're gonna look at non-discrimination in general operations, service animals. These obligations include adopting and complying with a policy to allow service animals in all areas where members of the public are allowed. Okay? Service animals are allowed in all areas of a vaccination site that the public is is allowed. Okay? So everyone understand that? And I'm gonna go to the next slide, which is also about service animals. Service animals are dogs and miniature horses that are trained to assist the person with a disability. Service animals must be house broken and under the owner's control. Emotional support animals are not required to be admitted to a vaccination site, but they may be allowed. That's up to the site, and it's up to their policy. So everyone should allow service animals, and everyone should have a policy about it, because I can't tell you how many times service animals are excluded from vaccinations centers, shelters, all kinds of public places. Next, please. Now, I have a question for you. See, if you don't answer questions or you don't ask questions, I'll ask questions of you. I'm sure you like that. Who can provide an example of a situation where a service animal would be allowed at a vaccine site? And who can give an example of a situation where an animal, a service animal, where an animal would not be allowed at a vaccine site? Either of those examples, when would a service animal be allowed? And when would an animal not be allowed? And people can raise their hands and speak, certainly, if that's the preference, too. I'd really love to hear someone else other than me talking, and members of my team talking.

- [Germán] This is Germán. In the chat, Nancy shares, "They would always be allowed."

- [Melissa] Yay. Nancy gets a fabulous prize. Nancy gets a finger skateboard. You can skateboard with your finger. It's very little. Yes, service animals are always allowed at a vaccination site. When might an animal not be allowed? I'm gonna give you that answer. If it's a not service animal, also if it's a service animal that's not housebroken, not under the owner's control. Okay, but service animals are typically well-behaved and they're always allowed at vaccination sites. So thank you, thank you.

- This is Germán.

- Mm-hmm?

- Tami in the chat shares, "Not allowed if the animal is uncontrolled."

- Exactly.

- uncontrolled.

- [Melissa] Exactly. Exactly. You are right Tami. You're right, Tami. You get a plastic dinosaur.

- [Germán] Mariah asks, "Not allowed if not on a leash?"

- [Melissa] Service animals have to be on a leash. That's what makes 'em a service animal. Anything else? Okay, let's go to the next slide please. And we're gonna talk about the surcharge part of non-discrimination general operations. Surcharges are prohibited. Now you first, what you might wonder is what does she mean by surcharge? Surcharge is a cost for an accommodation. So you can't charge a person with a disability for an accommodation. Okay? Next slide, please. And I also wanna say, that means you can't charge for an interpreter, you can't charge to build a ramp, you can't charge for materials, et cetera. I have a couple questions for you. Who can provide an example of a surcharge for people with disabilities that would be prohibited?

- [Germán] Well, Melissa, we have a couple messages in the chat.

- Good.

- [Germán] Tami shares, "That is not always true. Due to some disabilities, a leash may not be accessible or feasible. The factor is the animal is controlled."

- Yes. Yes. I apologize. I was wrong about that. I sit corrected. Absolutely, positively. It's gonna be under the owner's control. Sorry about that.

- Travis shares.-

- I said the wrong thing.

- [Germán] Travis shares, "They can be off of a leash if they are under voice control of their owner, where at least maybe may pose a danger to the person with a disability. The requirement's that they are under their control."

- [Melissa] Yes, and I misspoke. And you both get the fabulous prize of your choice. I'd go for the sports cars if I were you guys, but yes, absolutely, positively. They must be under the owner's control. They do not have to be leashed. Yes, I wanna ask-

- And Mariah-

- [Melissa] Mm-hmm.

- [Germán] Mariah expresses appreciation for the clarification.

- [Melissa] Yes. Thank you. And I wanna ask you, 'cause I didn't ask you folks already, but show of hands, how many people feel pretty familiar with the ADA and the Rehab Act? If you could just raise your hands. And Germán, if you can tell me who's raising their hands.

- [Germán] Travis, Nancy, Tami. John. It looks Mariah seems to, yeah.

- [Melissa] Cool. Is there anyone who doesn't feel familiar with the ADA and 504?

- [Germán] Just in case, Tami did raise her hand as well. She knows it.

- [Melissa] Okay. Anyone who doesn't feel familiar with the ADA and 504? It's okay if you don't.

- [Germán] And we're with family, these are Seal people. They know the ADA and the Rehab Act. No hands up.

- [Melissa] Okay. Good for you guys. Well, that's not true of all Seal people, and it doesn't have to be true of all Seal people. But I like to kind of check in to see if I'm leaving people totally behind, or if this actually is review. Next slide, Priya. Okay, eligibility criteria for program participation can't screen out people disabilities. What does that mean? That means you can't say someone has to stand to get a vaccine. Now probably no one would ever say that, but every time I come up with a ridiculous, absurd example, something like that comes up, or people with certain disabilities aren't eligible, people with contagious diseases aren't eligible for a vaccine because we don't want contagious people in here with other disabilities. That's gonna be a medical decision, but you can't have eligibility criteria for the vaccine itself screen out people with disabilities. Let's say you're someone who can't receive injections in your arms, and you need to receive injections in your legs. You can't have the eligibility criteria be that you get that you get the vaccination in your arm. You have to figure out how to do that another way. Okay? And that's a general example. Next please? Okay, sorry, I'm losing things here. Okay, now, on slide 42, please. Non-discriminating in General Operations, Reasonable Modifications. This is really, really important and really overlooked. Reasonable modifications to policies, practices and procedures must be made when the modification doesn't fundamentally alter the nature of the program. This is where you get a lot of mileage out of Title II of the ADA and Title III of the ADA. Next, please. Let's go to some examples of reasonable modification in the context of a vaccine site. Your policy is you don't, your person writes their own name. If someone can't write because of their disability, helping them with a form, filling in the form for them, notifying someone who's wearing noise-canceling headphones due to disability in the waiting area that is time for them to advance in the process. Normally you don't do that, but the modification of policy of practice of procedure to make the program to not discriminate against people with disabilities. Next, please. Another example is allowing someone with behavioral health disability or an intellectual disability have a support person with them. Modifications are not required, as I said, when they cause a fundamental alteration to the nature of the program. Now let's go to the next slide, please. Questions for you. Can you give some examples and modifications to policies and practices that might be required during the vaccination process that I haven't talked about? Anyone have their hands up or comments in the chat? I'm gonna give you, while you're putting that in the chat, I hope you can multitask and listen to me and type in the chat at the same time. I'm gonna give you an example of something that would probably be a fundamental alteration to a program. Let's say I want... It was back when we're doing that mass vaccine sites, and there's a mass vaccine site, it holds hundreds of people and it's in this big stadium, it's in this collosseum. And I say I have a sensory disability where I can't be around a lot of people, so I need you to evacuate the entire colloseum or stadium. That's a fundamental alteration of the program. It kind of messes the whole program up, having this massive evacuation. What you don't get to say is, "We don't have to do that, so go home, you don't get a vaccine." What you do have to do is, "Okay, how can we get the vaccine to you?" Maybe you could have it outside, maybe we can go to your home. So you don't get to brush the person off and say, "No, that's a fundamental alteration. You can't get it." You say, "No, that's a fundamental alteration to the program. Let's see what other methods we could use." So does anyone put in any other examples of ways a policy, practice or procedure might be needed? Might be required to give someone a vaccine? Reasonable modification of a policy, practice or procedure?

- [Germán] This is Germán. Not yet. And reminder that folks can easily take themselves off mute if they want during this time.

- [Melissa] Yeah, please don't be shy. We're gonna be seeing more throughout the presentation. So more will come up. And if you think of any, please put them in the chat. So for now, I'm gonna go to the next slide. And that is slide 46, Priya. Program and Facility Accessibility. And so all programs and facilities must be accessible to and usable by people with disabilities in their entirety. You've probably heard that before, right? Next. I'm on slide 47. What does this mean? It means new construction and by new, they mean construction before like 1992, under the ADA, and some 1997 under part of the Rehab Act for some construction, so new is not really new. And so if the construction is after, then it needs to be accessible, but not all vaccination sites must be accessible. Wait, what you're saying? Every site doesn't have to be accessible? What does she mean? What is she saying? It must be accessible, there must be accessible vaccine sites within a reasonable geographic proximity to each other, beyond similar bus lines, open similar hours or longer and provide the same services. So if you have two pharmacies next to each other on opposite size of the streets, which happens in some larger areas, you'll have two competing pharmacies there. If they're open the same hours and one is accessible and one has a step getting in, that's okay. Okay, or two clinics. That's okay. But if one is on the other side of town, both of them have to be accessible. Next, please. And again, accessible vaccine sites must have accessible entrances and exits. You gotta be able to get in. You gotta be able to sign up for your vaccine. You gotta be able to go get your injection. You gotta be able to wait in the area beforehand and afterwards, and there needs to be an accessible restroom if a restroom is offered. So it's not just the part where you get the shot. It's getting in. It's getting out. It's having a clear path of travel. It's having all of those things. Has anyone in the audience ever done access surveys before? Is there any hands raised?

- Yes, in the chat.

- Yes. How many?

- [Germán] Tami and John.

- Yay. That is music to my ears. I'm rubbing my hands together, but you can't see it. Yay, Tami and John.

- This is Priya. Also is Susan. Yep, Susan's joining as well, saying that Susan is familiar with access surveys.

- Can I get a blue?

- Yay.

- Dye cast car this time.

- Yay. Say that again?

- [John] I said, Ooh, can I please get a blue dye cast car this time? Woohoo.

- Can you get a what?

- A blue dye cast car.

- Sure. You can get a blue. What model do you want? I gave you, what do you want now?

- [John] Mustang. '76 Mustang.

- [Melissa] Okay, Mustang. Of course a Mustang. It's totally a Mustang. So fellow access surveyors, I am an access surveyor. I started my career, one of the first things I did when I was a consultant, I'm a former center director, too, so I've done all kinds of things, but I've surveyed lots of schools, universities, colleges, corporations, and I love doing access surveys. So yay, access survey people. And it's hard work, and it's good work, and it's wonderful. So, you know, the access entrances, exits, registration areas, vaccine areas, waiting areas, restrooms. Next slide. And I've already talked about the limitations and obligations. If something's an undue burden, or something's a fundamental alteration. Undue burden means costs too much. That's a very, very, very, add a couple "very"s for, you know, for goodwill, high threshold. It's hard to meet that standard. Fundamental alteration is what I talked about, something that drastically alters the nature of what you do. Okay. Next slide please. And I have a question for you folks. Can you folks give examples of barriers that you or consumers have encountered during the vaccination process? Can be any of the barriers we talked about. Can be structural barriers, can be communication barriers, can be any kind of barrier that people have encountered that you know about, because public health needs to know about them.

- [John] The lack of ADA access or ramp access into clinics for people in wheelchairs.

- [Melissa] Thank you. Thank you. We'll make note of that. That's really important that they know that. Anything else off the top of your head? And please feel to put these-

- It's Germán.

- [Melissa] Mm-hmm.

- [Germán] In the chat, Travis shares, "Lack of accessible information, lack of an accessible means of registering."

- [Melissa] Thank you. This is really, really helpful for us.

- [Germán] Travis, if possible, there's different types of equally effective communication and certainly different barriers within accessible registration. If you could provide more granular examples or later on, that would be useful. Carlos adds, "The ADA is completely ignored in LIFTT's service area."

- [Melissa] That's important to know. That's important to know because we need to communicate that to public health when we train them that the ADA is being ignored. If you could come up with some specific, Carlos, for us, that would be really helpful. You don't have to do that right now, but it'll be helpful for us to know some specific examples. I don't need the time and date and place, the person or anything like that, but if we can know that interpreters aren't being provided or, you know, it's registration processes aren't accessible, all those things. That would be really helpful for us to know. So thank you.

- This is Travis.

- Anything else?

- Mm-hmm?

- Just to chime in with a couple of specific examples. So like the health department here liked to put out constant videos, but none of them were ever captioned or were they done with an interpreter, and then signing up for vaccines, everybody was required to go to their website, but not everybody had access to internet. The forms that they were using, I don't believe that were ever tested for screen reader accessibility, things like that.

- Thank you.

- So it was just expanding, and expanding the availability of accessible communications and information and making sure that registration, there were multiple that people could sign up and think that, but.

- [Melissa] This is really helpful. This is Melissa, and it's gonna inform the training that we do for them in a couple weeks. So thank you so much for this. This is really, really helpful.

- [John] So this is John again. So another one I've been coming across in couple of my areas is people that have visual issues, can't see too well, they were sent out flyers in certain areas about the COVID vaccine.

- Right.

- [John] And so they were sent out flyers. They can't read them. That's a little bit of an issue.

- [Melissa] Yeah. That would be illegal. An ADA violation. Yes.

- Mm-hmm.

- [Melissa] Thank you. Thank you. So let's go to the next slide, please, 51. And I'm gonna give you an overview of the checklist that we will be sharing this with you. You should be getting it in the next couple weeks, I'm thinking, and we're giving it to public health, but you'll have copies of it, especially since there's folks that do access surveys on the call, we'd love for you to see the checklist. And you'll probably get questions about the checklist. So we're gonna give you an overview of what the checklist is, but you'll know much more what it's about when you actually see it. Okay. Next slide please. So the vaccine site checklist, it contains sections that can be used independently of each other. So it doesn't have to be the same person doing it all, but it should be used in its entirety to assess the accessibility of vaccination sites. It should be used for all vaccination sites, including walk-in, drive-through, popup, mobile units, okay? And it addresses questions and obligations and considerations for at home vaccines as well. Person's home doesn't have to be accessible. It gives them tips, and you still have a sign language interpreter there. Sort of some questions, some checkbox about that, and some guidelines about that. Next, please. So section one of the checklist is vaccination, registration and appointment checklist for non-structural elements. What the heck is she talking about? What that is, it gives instructions for people with disabilities, provides instructions for people disabilities registering for the vaccine online or by phone. And so it says, have you made this accessible? Is it screen reader-compliant? Is it screen reader-compatible? Are you telling people they can have interpreters? How do they get interpreters? So it's also tool to assess how to provide equally effective communication, and the vaccination sites' capacity to provide access to people with disabilities that are nonstructural in nature. So this is all the nonstructural stuff. This is before you even get to the site. So that's section one of the checklist. Next, please. I gave you example. And I'm on slide section two, an example from the checklist, and I'm on slide 54, and section two, examples from the checklist. Check it. Is there policy allowing companions to accompany people with disabilities who need onsite assistance? Yes or no. Do you have that policy? Yes is the right answer, hint hint. Next slide, please. Are sign language interpreters available on-site to interpret for individuals who are deaf, hard of hearing, or deaf blind during registration, the vaccination process and while waiting after the vaccine is administered? Yes or no. Next slide, please. Which dates and times are sign language interpreters available? Is the availability of the sign language interpreter posted on the virtual registration site? Next slide. Are peer support specialists available on site or virtually to assist individual psychiatric disabilities who may need support while waiting at the vaccination site? Yes or no. And next slide, 58. Is there policy allowing service animals to accompany people with disabilities? And most importantly, are vaccination site staff provided training on the animal policy? Because we all know that a policy isn't as good as the screen is typed on or the paper it's written on if there isn't training for that policy. So we're getting into some of the nitty gritty there. Next, please. And next is are there circumstances where someone would be allowed to move forward to the front of the line because of their disability? Next slide. Please describe examples of these circumstances, and if yes, have staff been instructed on what this practice is and when they should do that? Again, policy is no good unless you implement it. Next. And now we're going to structural checklist. So everyone who does access surveys is gonna be disappointed now 'cause they only have one slide here. And basically I'm just gonna tell you about it. It's a tool to assess in detail the adherence of structural elements of the vaccine site with the Americans with Disabilities Act Guidelines, ADAG, so it gives lots of detail and pages and pages and pages, and gives you all the measurements and how to do it, and when I do this from public health, I have tools and tips and resources, show them tools that I use. We have, I link them to a short video that shows people how to measure latch side clearance and some of the more complicated things that are harder to do without demonstrating, but that's all in there and you'll see that when you get the checklist. Okay? Next, please. Now Carlos. Supporting people with disabilities during the vaccination process. We're finally getting to trauma, and a really, really important section. It's last in our presentation, but by far not least. Next slide, please. So we wanna look at what to do to make the vaccination process more comfortable for people with disabilities. One thing you can do is create a lower stimulation environment, and these things are not legally required for the most part. So these are not in the "what you have to do" section, they're in the, "what you can do to make it more comfortable for people with disabilities." Create a lower stimulation environment by asking people to speak in low tones, by modeling speaking in low tones. You don't wanna yell at someone, "Speak in a low tone." If you whisper, people will whisper back. You know, teaching people about that. We're gonna be talking to public health about all of these things, obviously, 'cause you guys probably know them. Using incandescent lighting, wherever feasible, because fluorescent lighting is a trigger for lots of people, particularly when it buzzes. Also providing objects that are soothing, such as fidget devices, weighted blankets and noise-canceling headphones, and one Center for Independent Living offered a clinic where they did this and they had much better results, because people were just plain more comfortable because they had objects around them, they were familiar. It was okay and they didn't have to hear the noise. They could have the weighted blanket while they got the injection if they wanted, they could use a fidget device, and just made it a lot more accessible and welcoming to them. Next slide, please. What else can we do to make the vaccine process more comfortable? Be flexible, and some examples of flexibility, what the center did is giving the injection and space outside of the designated injection area. That happens to me. I'm a scooter user. So when I go to my pharmacy to get a vaccine, they have the big barrier up and they come outside of the barrier 'cause it's hard for me to get around it, not really that accessible. They come around it, not in the designated area, and they give me my injection and, poof, and I'm vaccinated just like anyone else. And I have that protection just like anyone else, and that's a great thing. Permitting people to walk or move, moving or walking with people if they want. Now, remember the slide I told you about having, they had weighted blankets and fidget devices and things like that, and incandescent lighting? They also would walk with people or move slightly away from the area. And there's this one individual, and he came with family, and his family had said he had a hard time getting vaccines. He was an adult and he had a hard time getting vaccines. And they said to the individual, would it help if we just walk? We're not gonna walk while we give the shot, but would you like to walk over here and then we'll give you the shot? Just by moving to a slightly different area, it was the easiest vaccine that person had ever had, just by walking a little ways with him and then giving him the injection. No one had ever thought to do that before. Walking with people can be real, moving with people can be really powerful. Another thing is when it's not feasible for someone to go to a site for a number of reasons, maybe they're immune-compromised, maybe it's anxiety provoking for them to be in any kind of environment, even a low stimulation environment, considering an at-home vaccine, an at-home vaccination. Do you guys have any more, any examples of ways to make a site more usable, more comfortable for somebody with a disability? I'll let you take some time to fill some things in the chat, or please raise your hands.

- [John] Try relaxing music.

- [Melissa] Relaxing music. Yeah. Yes, yes. That's a great thing to do. Go the next slide. And if you think of any others, just type them in. Next slide, please. And talk a little bit about triggers and mental health triggers. And triggers, as you probably know, are events, things, experiences, or potentially even people who cause mind and body to react. These reactions present themselves differently, depending on the type of emotional trigger. That can mean processes and environments can trigger people with disabilities. We all kind of know that. So how do we make them not triggered? Let's go to the next slide. A triggering environment can be a vaccine sites that are crowded, noisy, unpredictable, you don't know what's happening, and confusing. That can trigger somebody with a disability. Next slide, please. Sometimes behaviors are triggering. Examples of triggering behaviors that include using a raised voice. Even it's only meant to provide instruction, expecting people to be able to move and speak quickly, do this, do this, do that, go over here, go over there and come back to me. And people who are triggered sometimes act in ways that are perceived as inappropriate or inappropriate. And I think about triggering behaviors, the very first time I got vaccinated was the beginning of the pandemic and we had a drive-through site, and there was someone from the military yelling at my car, move over here, move, move, move, move. And I'm not particularly somebody with PTSD, but I do have generalized anxiety. I'm thinking, wow, this could be really hard. And they weren't yelling at me to be mean. They were just trying to tell me to move my car. And the next time I went, it wasn't military people and they weren't uniformed and they just kind of signaled me to move and I understood what they meant, so that was a good thing. Next slide please. So let's look at some strategies for prevention or mitigation. This could be providing a quiet area of a vaccine site, even if it's just a physician's office or a pharmacy, providing ear-protective or noise-canceling headphones, adapting your expectations. We're gonna talk about that in a minute. And in-home vaccinations, and we're gonna talk about that more, too. Next slide, please. Now, one thing is adapting your expectations, and it requires you to take a look at your own assumptions regarding acceptable public behavior, and this is what we're gonna be telling public health, and we know that you guys already know this. You folks already know this, but some perceived inappropriate behavior could be pacing, stimming, sitting on the floor where other people are sitting in chairs, and not sitting at all, asking many, many questions, covering ears, or maybe even crying. Now, when you look at those things, those aren't harmful in and of themselves. I'm not harming anyone by pacing. I'm not harming anyone by crying. I'm not harming anyone by covering my ears, but sometimes people get labeled, that person's doing something I didn't expect. They must be a problem. I should approach them and get them to stop engaging in that inappropriate behavior. And that's how people either leave or get asked to leave. Next, please. So what do you do when there's inappropriate behavior or perceived inappropriate behavior or someone seems to be in distress, someone's crying? You can leave them alone, but you could also approach the person calmly. If they're yelling, you could approach them calmly and talk with them. Ask how you could help. You seem to be upset. What can I do to help? Let's come up with this solution together. And deescalation. Next slide, please. Do deescalation strategies, and, again, probably are familiar with these, but we're gonna be passing these on to public health, are being empathetic and nonjudgmental. It looks like you're having a hard time. Is there anything I can do? Respect personal space, especially in times of COVID, by not getting in someone's face, using nonthreatening non-verbals, not crossing your arms or putting your hands on your hips or something like that, or pointing your fingers at someone. Just neutral body language. Keeping your own emotional brain in check, focusing on feelings rather than actions. You're pacing. Well, what are you feeling what's going on? And it's okay to pace, by the way. Next, please. Other deescalation strategies. Readdress or refocus a non-relevant question. I hear you're asking that, but I'd really like to talk about, I'd like to talk to you about that later, and that's a really good question. Right now, let's talk about you getting your vaccine. On setting limits. wisely what you insist upon. Pacing's not hurting anyone. Allowing silence for reflection. Just being comfortable in that silence, always challenging for me. Allowing someone time to make a decision, because when someone's anxious, when someone's triggered, it takes more time to make a decision, and they're already overstimulated. Next, please. Other strategies. Move to a quiet area, such as a space in the vaccination, quiet space in the vaccination site. Breathing. Now, one of the important things you can do about breathing is not just saying to the person, "Takes some breaths." Saying to the person, "Breathe with me." And breathe in and out, and that does two great things: it relaxes the person who is anxious and it relaxes you. Another deescalation technique is to call upon a peer support specialist. Really important to have a peer support specialist. You're not gonna be able to get a peer support specialist at every site, but maybe you can get someone online. Maybe it's a peer support specialist that works at a Center for Independent Living, or a local mental health organization that's consumer-led. And the other thing finally is crisis line support. If you think something's really serious, someone should know they can call the crisis line. Next slide, please. Again, things you can do to make the vaccination process more comfortable. Ask the person, because they're the experts what they need. Invite them to the quiet, lower stimulation area. Invite them to move to the front of the line and explain what will happen next if this is your practice. I'm gonna ask you to move to the front of the line, 'cause it seems really hard for you to be sitting here and we're gonna move you up, and what's gonna happen is you'll be second in line. You'll get a vaccine right after the person right ahead of you. Is that okay with you? Does that feel all right? Not giving people orders. Actions to avoid.

- So-

- [Priya] I'm sorry. Go ahead.

- [Melissa] Actions to avoid during an incident. Don't call 9-1-1 unless someone is threatening to hurt themselves or others physically. People with disabilities can end up in institutions. Now, that's not one of the goals. We don't want someone end up ending up in jail because somebody didn't like their behavior. We don't want someone to end up in a psychiatric institution because someone didn't like their behavior, because two things will happen. They'll be incarcerated. They'll lose their liberties. There'll be liberty deprivation, and they won't get a vaccine, moving us away from our original goals. Any questions or feedback at this point, Priya? Were you responding to something?

- [Priya] Yes, I was. I didn't wanna interrupt you, but ended up doing so anyway. Apologies.

- [Melissa] That is totally fine.

- [Priya] Mariah shares that for our office in Ronan, Montana, we have plants that surrounded the room, we have local resources, brochures for community members. It helps because many people with disabilities are constantly in medical clinics, and we have had several comments of being in a comfortable environment to be in and is a change of the, quote unquote, usual service-providing offices.

- [Melissa] Nice, nice. That sounds like a really good practice you have going. So congratulations to you, yes. Any other questions, feedback people like to share? If not, I'm going to go some scenarios. Let's go with first scenario, Priya. So you all work at centers, and you happen to be the person that picks up the phone. You get a call from public health, asking what to do in a situation where a person is rushing out of the vaccination site, covering their ears and saying, "I can't stand this." What do you say to them? Maybe it happened yesterday and they're saying, "Gee, this happened yesterday. What should I have done?" Maybe it's happening now. What would you say to that person? Open it up to the floor.

- [Priya] This is Priya. As folks are typing in chat with their responses, and as a reminder, of course, you're more than welcome to unmute and respond directly to the question. As folks are doing that, I just wanna address a question in chat from John. John asks, "This presentation will be available in two weeks, you all said, right?" Yes, John, this presentation, the slide deck in particular, will be available sooner than two weeks, will be available in the next coming days. The archive will be available in the coming weeks. And that'll have the presentation here today.

- [Melissa] This is Melissa, but the checklist will be in two weeks is my understanding. Is that correct, Priya?

- [Priya] The checklist will also be in the coming weeks, yes.

- [Melissa] Yeah, exactly. Exactly. Yeah, I apologize. The check will be, yeah. And I see a common chat that I can't read 'cause I don't have visibility in that. Can you read that, Priya, please?

- Absolutely. John says, "Okay, thank you. I'm really interested in the slide deck." Absolutely. And just as a note, of course, as all of our resources are, the slide deck will be fully screen reader-accessible.

- [Melissa] Yes. And the post-presentation will be interpreted and captioned and all of that.

- [Priya] Absolutely.

- [Melissa] Okay, so any responses scenario? I'm calling you. Right now, I'm calling you. What do you say?

- This is Priya. I'm not seeing any hands or any comments.

- [Melissa] Person's rushing out of the vaccine site covering their ears saying, "I can't stand this." What do I do? What should I have done? You're the experts. You're the Centers for Independent Living. I'm told you folks are the experts. I'm told people with disabilities, the experts, so tell me what to do.

- [Priya] We have a couple of comments. Susan says, "Follow the person out and to them to try to out a way for them to get their shot in a calmer place." John suggests, "Move the person to a calmer area and talk with them."

- [Melissa] Yep. And it's about if someone's running out fast, then you can see, you know, they're running out. They run out, but if they're kind of rushing out, walking fast, maybe saying, "Excuse me, could I talk? What's the way we can make this better for you?" And "Can we talk when you're outside?" All those kinds of things.

- Yeah, I was gonna say... Hi, this is Mariah from the Ronan office. And I would say beforehand, just kind of looking for distressed body cues as well before it could escalate into the person leaving as well.

- [Melissa] Right. If someone's covering their, putting their hands over their ears while they're in line, or while they're walking into the building, you might wanna say to them, "Hi, I'm Mariah" or "I'm so-and-so, and I'm at the clinic today. And I wanna know if there's anything we can do to make this process better for you. Is it gonna be hard for you waiting?" Or even if it's a short line in a doctor's office, a physician's office, is this really stressful for you? What can we do to make this better? What can we do to make this easier? So look for those distress signs ahead of time, before the person goes running out. That's a really, really good point, Mariah. Thank you. I see something else in the chat.

- [Priya] Absolutely. Susan says, "Yes" with an exclamation point, and John says, "Great response." I absolutely agree. That was a fantastic response from Mariah.

- [Melissa] So thank you. Thank you, Mariah. Next slide please. Next scenario. You get another call from public health asking, what do when a wheelchair user is that a vaccine site that's not structurally accessible. What do you say? The call saying, from someone at public health, or the person who runs a clinic, doesn't necessarily have to be public health, or someone at the clinic calls you and says "My site's inaccessible and it's only got two steps. There's this person with a wheelchair that wants to come in and wants a vaccine, and I don't know what to do. What should I do?"

- [Priya] This is Priya. John says in chat, "Meet them outside."

- This is Mariah from the Ronan office. I would also include, so if there isn't a ramp or anything, maybe making it to where the nurses could go to the vehicle and just kind of schedule ahead of time or put it, you know, hey that this individual is gonna be outside in their vehicle, so then that way the nurses are prepared, as well as the person.

- [Melissa] Right, and there's two things going on here. One, there's an obligation that the site be accessible unless there's one nearby, but you got the person there. Going outside of the person's vehicle, or maybe doing it outside, weather permitting. If it's winter and it's freezing cold, you might not want to do that. And they might have taken a bus. What are you gonna do about that? And sites need to know if they're accessible, if they're not accessible, and talking out and going outside and asking the person, "Is it okay?" The thing that's not okay is to bump that person up those steps, because that is dangerous, and that's not something permitted under the ADA. That make sense? But I think you have great responses.

- [Priya] I think all of these responses deserve fabulous prizes.

- [Melissa] I do too. Yeah. I'm gonna give you a group fabulous prize at the end. And if I was in-person, I'd be running low, and I'd never run low in fabulous prizes actually, but I'd be deep into my fabulous prize bag right now. I used to buy out the kid's birthday party section at the party store that I used to go to. So that is really good. And then you might want to say to the person, the clinic, by the way, there's an obligation to be accessible and find out who set the clinic up in the inaccessible place, where it can be moved to, and how it can be accessible. If they say, well, there's an accessible one on the other side of town, well, if they're using federal dollars, that's not legal, and if they're a state and government program, local government program, that's not legal either. That's violation of the ADA. Okay? Next slide. You you get a call from a consumer this time. You get an email from a consumer this time. And the email from the consumer says, "I went, I got my vaccine. That was a good idea. I had some side effects, but I'm okay. And I'm really glad I did it. And that was good. But I got a bill for the interpreter. What am I supposed to do with this?" What do you say?

- [John] I'm drawing a blank.

- [Melissa] Who just said that they're... Is that John?

- [John] Oh, sorry. I thought I was on mute. Sorry. Sorry. Yeah, I'll say that.

- Is that John?

- [John] I'm drawing a blank, yeah. I wouldn't know what to tell them.

- [Melissa] John, you another fabulous prize. This time it's a Lamborghini, and it's yellow just 'cause. And the reason you get a fabulous prize is okay to say you're drawing a blank, and it's really okay to make the mistake of not knowing you're off mute. 'Cause we've all done that at least once. So that's okay.

- But this is against law for them to do that though, correct?

- [Melissa] What's that?

- [John] It's against law to sit, in this situation for them to get a bill from-

- Yes.

- Okay. That's what I thought.

- Yes.

- It was illegal. Thank you.

- [Melissa] It is a surcharge, and you can't charge someone for their interpreter. That is a violation of the ADA. So you say to the person, "You don't have to pay the bill. Don't pay the bill." You call the entity that's charging them and say, "This is not legal under the ADA, and you have to pay it." And they can fight about which government entity pays for it, which government entity pays the check, whether it's the county, or it's the state, or it's the town, or if it's the city, whatever. But they get, the consumer should not be involved in that. Just like you can't ask someone to pay for a ramp.

- [Priya] This is Priya. Nancy said, "They should never have gotten the bill."

- [Melissa] Yes, exactly.

- [Priya] And Tami follows it up with, "Don't pay it. Let us help to advocate to get this back to the vaccine clinic."

- [Melissa] Yes, yes. And Nancy gets a dragon-shaped water squirter. Just saying. Next slide, please. Next scenario. You get a call from public health, what to do when a person without an apparent disability is upset because someone with a disability was perceived to cut in the line, I call you say, "There's a situation happening here." Or "You wouldn't believe what happened yesterday. What should I have done?"

- Hi, this is Mariah from the Ronan office. I would just kind of ensure that it's kind of the clinic operators' accountability to make sure things are fair and equal, so just making sure that those protocols are in line.

- [Melissa] Right, that's true Nancy, but the person with a disability, might be air quotes, cutting in line, because they've been advanced, because they're anxious, because there's a disability issue, because they need to use the restroom frequently, some kind of disability issue, because they have a physician's appointment that's urgent that they've had for, you know, six months they have to get to, so they're being advanced from the line, so just it's just saying to the person, they're not cutting in. There's a reason for them cutting in. And sometimes you have to explain to adults. I often have to explain to adults that in order to treat people fairly doesn't mean you treat everyone the same, and no, they're not just cutting in line and, you know, be calm. No, they're not cutting in. They were advanced for reason. It's okay. Your turn will come soon enough. That make sense?

- [Priya] This is Priya. As we transition to the next slide, I just wanted to add Susan's comment in chat, which says, "Maybe there's a reason they need to go first."

- [Melissa] Exactly, exactly. Doesn't mean you disclose the reason. Oh, if they have a psychiatric disability and suffer from, and have anxiety and experience. No, you don't go there, but just, you know, there's a reason they're getting it. Next, please. And I withdraw the word "suffer," 'cause I don't know why that came out of my mouth. I never used that word. Okay. You get a call from a consumer telling them that they were told to leave their service miniature horse outside of the vaccination site. What do you tell that consumer? They're calling you from the site and they say they're being told they have to leave their miniature horse outside the vaccination site.

- [John] Sure, everybody's speaking up really quick-like, so I guess I would just explain to him, "Hey listen, for whatever reason, you know, they're not allowed. You know? So just get in there, get done real quick. Then get back to your horse and get on out of there. I mean-

- It's a miniature horse.

- It's a miniature horse.

- [Melissa] John, what kind of service animals are there? Dogs and what else?

- Dogs. Dogs.

- And miniature horses.

- There you go.

- And miniature horses.

- It's the horses.

- [Melissa] And I put this... And miniature horses. You get one of those little word games that you have a kid's birthday parties where you move the letters around.

- Yeah.

- [Melissa] It's kind a cool word game thing.

- [John] I'd rather have blue dye cast car, sorry.

- [Melissa] You've got three cars already. Come on.

- Okay. Got it.

- [Melissa] So it's the luck of the draw, so. And I don't look into the fabulous prize bag, usually, when I give them out. So miniature horses, what the regulation said is the only service animal is a dog, with the exception of miniature horses. So they make it confusing, but dogs and miniature horses are two types of service animals. Now they have to be house broken and they have to be under the owner's control. Service animals are more common in some... Or service miniature horses are more common in some areas than the others. So the consumer calls you back again and says, so what about my miniature horse? What do you say? I'm gonna suggest, maybe call the vaccination site and say, "If that's a miniature horse, that's a service horse, that's allowed, and it gets to come in and by the way, it's house broken and it's not gonna disrupt anything. It's under its owner's control."

- [Priya] This is Priya. That is Susan's suggestion, "Put whoever is running it on the phone." Tami says, "It's an opportunity for education," and Susan adds, "It is a service animal."

- [Melissa] Yes. Thank you. Thank you. Thank you. Okay, our final scenario. You get a call from public health or provider asking what to do when a deaf person who requests an interpreter ahead of time shows up and there's no interpreter there? What do you say? What do you do? Aside from avoiding the phone in the future.

- So I know at our... Hi, this is Mariah from the Ronan office. I know at our office, at previous April conference that I attended, we've got an emergency grid, like where people, if they're deaf, like they could point to it. So maybe just have like those, you know, a written paper just saying, "Hey, our interpreter isn't here yet." And be able to provide at the vaccine site.

- [Melissa] So you can have that, right. But there's no interpreter there. You can communicate that there's no interpreter there. They'll figure that out, but what do you do? This really isn't a fair scenario, 'cause it's really hard to know what to do, but I like to make it hard. One of the things you wanna do is be able to find backup interpreters, and you probably won't be able to get a live interpreter on site, but you might be able to get VRI. So there's an interpreter there, maybe you can get VRI standby for some of the sites and do it that way. And that's something you wanna set up ahead of time, the sites wanna set up ahead of time. So it's not a lot you can probably do on the spot, unless you setup ahead of time, but you wanna set up ahead of time. Next slide, please.

- [Priya] Absolutely. As we move to the next side, just to add to that scenario, you definitely would tell public health, you know, if they don't already have ASL interpretation provided on specific dates or times, that they should work with the individual to set up a date and time with the interpreter present to get their vaccine shot or booster. Part of that communication definitely is highlighting, of course, that public health needs to work with the deaf person to see when the interpreter needs to be on site. So essentially rescheduling.

- [Melissa] And Priya gets a blue and yellow top with some magenta in it. A miniature top for her answer. Thank you, Priya.

- Absolutely.

- Thank you. Questions you folks have in the last two minutes, and our last slides are all resources and you can look at those resources that we have and you'll be getting them shortly. Questions and comments that you have? Again, this is an overview, and it's an overview of what we're gonna be telling public health, and it's also an overview of obligation. So we've left out a bunch of things, but we've included as much as we thought was important, we thought was the most important in our 90 minutes with you today. Together with you today, I should say. Questions, comments, concerns, thoughts? We're gonna be sending you a survey following. Are you gonna be talking about the survey Germán?

- [Germán] This is Germán. Thank you Melissa. And thank you everyone. Following, we will send you a survey. It will be anonymous and help us learn how to always better execute our trainings. And in the coming days, you will receive the slide deck, this presentation, fully accessible. And in the coming weeks, you will receive the fully accessible post-production. We wanna thank our CART provider and our ASL interpreters, always do wonderful work, and I'll pass along to Shaylin to close us up.

- [Shaylin] This is Shaylin, and I wanna echo everyone's remarks and thank you all for joining us and to our team for all of the work that goes into putting trainings together and want to remind folks that we will be holding our next Alive training next week on Wednesday, June 1st at 2:00 PM Mountain Time. And that'll be led by our equity consultant for Regina Dyton on navigating vaccine hesitancies. So looking forward to seeing you all again next week. We'll be sending out information following via email. I do ask if there's question of the survey in digital format, we will be following up. Yes, it will be in digital format and we can also provide other formats if needed and should be easy to use on a tablet, Mariah. And certainly don't hesitate to reach out if anything, on any access needs. Melissa?

- This is Melissa. I just wanna thank you all for being an amazing engaged audience. I really appreciate it. It makes my job a lot easier and a lot more fun, and fun is the most important thing. And thank you all. And I hope that you've learned something today and I hope you had as good a time as I did. So thank you. Shaylin?

- [Shaylin] This is Shaylin. Thank you, Melissa. And thank you everyone for joining us. Have a safe rest of your week. We'll see you again next Wednesday. Be on the lookout for emails and take care. Thanks everyone.

- [Melissa] Stay safe. Bye bye.