- [Regina] Hello everyone, this is Regina Dyton and I am an equity consultant with The Partner for Inclusive Disaster Strategies. And today I'm gonna be presenting, "Using a Trauma-Informed Framework for Mitigating Disability Bias." And later on, my friend and partner, Melissa Marshall, is going to join me in this presentation.

Next slide, please.

So, welcome, and I'm gonna tell you a little bit about us.

Next slide.

Project ALIVE, Accessible Life-saving Integrated Vaccine Equity, is a short term, that's February through October, 2022, focused effort to remove barriers to COVID vaccinations for people with disabilities in rural areas of Missouri, Montana, and Arkansas, the goal of which is help those wanting a vaccine and needing support to access one.

And we can go to the next slide.

All right now, the partners for ALIVE Missouri Partners are Project ALIVE, and on this screen it says, Project ALIVE, and the word ALIVE is all in capital letters, but instead of a V, there's a folded bandaid that forms a V, and also looks like a heart. Underneath it, there are five images. The first is the image of a wheelchair user moving forward. The second is an image of a full-bodied using a cane to guide themselves. The third is an ear with the dots going through it. The fourth are a pair of hands with the symbol for American Sign Language. And the fifth is the silhouette of a head. All of the symbols are white with a blue background, a blue square. Underneath that it says, Accessible Life-saving Integrated Vaccine Equity, brought to you in English and in Spanish, “brought to you” and “traido por” and then the partners, with the logos for the following agencies: APRIL, the Association of Programs for Rural Independent Living; The Partnership for Inclusive Disaster Strategies; RAIL, which stands for Rural Advocates for Independent Living; The Heartland Independent Living Center; and then MERIL, which is the Midland Empire Resources for Independent Living.

Next slide, please.

Our little disclaimer is that this material does not constitute legal or clinical advice. It's for informational purposes only. If you're seeking legal or clinical advice, please contact a qualified attorney or clinician.

Next slide, please.

I also want to let everyone know that this presentation is an overview of disability bias and its related trauma. Many specifics have not been included here.

Next slide.

This next slide covers our objectives. The objectives of this training are for you to be able to: recognize unconscious disability bias and ableism in healthcare; to interrupt disability bias during planning and service provision; to use the most appropriate disability etiquette; to understand the relationship between ableism, other forms of bias and trauma; and to design and manage an environment and process that best supports people with disabilities to receive COVID-19 vaccinations.

Next slide, please.

Let's think about some words associated with disabled people. Many people associate negative words with disability, such as: dependent, burden, suffering, and even violent, as related to mental health conditions.

Next slide, please.

Positive associations. How about that? Here's some positive words you might associate with disability: independent, thriving, educated, employed, entrepreneur, activist, advocate, happy, fulfilled, healthcare providers.

Next slide.

Around positive associations. In other words, what I'm trying to say is the same associations that non-disabled people have or should have of and for themselves are the same associations that should be made for people with disabilities.

Next slide, please.

We're gonna talk about positive stereotypes.

Next slide.

Now some so-called "positive" stereotypes that still harm disabled people are: brave, that we have compensatory abilities or senses. dependable. These can be harmful.

And to say someone is brave about just living their life really is an insult and doesn't serve, certainly doesn't. It's not a compliment, though it may be intended as compliment. The other is around compensatory abilities and senses. One, there's just no scientific thing to back that up. All stereotypes are harmful. You can't stereotype and say that all people with disabilities are brave or dependable. Hey, people are people. So, please keep that in mind.

Next slide, please.

And you know, I brought a video here that's gonna really, I think, help look at some of this. Stella's great, but before Stella starts, I wanna do some description. So the video that is about to play is of Stella Young. She's giving a presentation on a large stage in front of a crowd. She is a white woman who uses a power wheelchair and has short strawberry blonde hair and a nose ring. She refers to a couple of images on the screen. So I'm gonna talk about what those images are. And the first is an image of a full body underwater white male who's missing the majority of his left leg. He's in a pool. And next to the image is a quote that reads, "The only disability in life is a bad attitude," which is attributed to Scott Hamilton. The second image you're going to see is of a young white child in an athletic manual chair holding a basketball on a basketball court. And next to it it says, "Your excuse is invalid." Which is, oh my goodness, whatever! Just another way of saying, Oh, you could be that poor child in the wheelchair. Yeah. The third image is of a white child with Down syndrome holding a piece of paper on a soccer field. And then there the text says, "Before you quit, try."

So we're ready to start playing this video, please, of Stella Young, entitled, "I'm Not Your Inspiration."

(bright music)

(audience applauding)

- I grew up in a very small country town in Victoria. I had a very normal low-key kind of upbringing. You know, I went to school, I hung out with my friends. I fought with my younger sisters. It was all very normal. And when I was 15, a member of my local community approached my parents and wanted to nominate me for a community achievement award. And my parents said, "That's really nice, but there's kind of one glaring problem with that. She hasn't actually achieved anything."

(audience laughing)

- [Regina] So, yeah, Stella's great. I hope you find time, you know, later on to discuss some of the things that Stella made you think of. The main thing that comes for me in watching Stella and other people with disabilities talk, and that just whatever, that are just fab people, is I wonder how often an able-bodied person would even consider that somebody's life with a disability might be something for them to admire or maybe even envy, that maybe, you know, the quality of it has something that their own life lacks. So, I just want you to think about that.

And next we're gonna go onto comfort and discomfort with disabled people.

Now you may be more comfortable with disabled people when you have a relationship with them, like with the members of your family, friends or colleagues. You know, as you just get to know people, that's true of all people who we think of as different from ourselves.

Next slide, please.

Now more about comfort and discomfort with disabled people. You may be less comfortable with disabled people when you do not have a relationship with them. You are uncomfortable with their disability, afraid to ask questions, don't know what to do very often. And there's a kind of simple thing to do: To get to know some people. Talk to someone. So many people were raised to not look, don't talk, just don't acknowledge people. Starting by saying "Hello" is good. Not complicated. It's a good thing to do.

Next slide, please.

So now we're gonna talk about bias. And when we say bias, what do we mean by bias? Prejudice in favor of or against one thing, person, or group compared to another, usually in a way considered to be unfair.

Often bias is unconscious. You know, when you think of it, you yourself would never be biased. We think, "I'm not biased." Well, what do we do when you see someone else do it? So that's something to think of, and it, you know, you may not see it. It's harder to see things in ourselves. I think that's true of of everything. But yeah, even if you're not biased, think about how might you interrupt it if you see someone else do it.

Next slide, please.

Unconscious bias. Unconscious bias is a bias or prejudice of which the holder is unaware. It may not be easy to identify. It communicates that the person the bias is directed toward is less valuable than others. And people toward whom unintentional bias is directed may or may not be consciously aware of its existence and effects.

Next, please.

Ableism. We're defining some terms here. Ableism is a noun, and the Miriam-Webster dictionary definition of ableism is, "Discrimination or prejudice against individuals with disabilities."

The other definition we are using today is from my colleague and friend Melissa Marshall, who defines ableism as, "Oppression based on physical, mental, intellectual, cognitive, sensory or other ability or perceived ability."

Next.

Another important term that you may be familiar with already is intersectionality. Intersectionality is a way to analyze the interlocking effects people with multiple marginalized disabilities, I'm sorry, identities, experience. People of color, religious and ethnic minorities, low income and other multiply marginalized people with disabilities experience disproportionate rates of bias, ableism and discrimination. And the term here, "intersectionality," was initially coined by Kimberlé Crenshaw, where she noted that Black, Indigenous, People of Color - also referred to as BIPOC - and other multiply marginalized people with disabilities experience these disproportionate rates of bias, ableism and discrimination, as we said.

I think of it as being in an intersection and all these buses are coming from different directions to run over you. You know, there's the ableism bus that's hitting me on one side, right? And then here comes the racism bus hitting from the other side. And the sexism bus, you know, is coming from yet another place, you know. Whatever, a lot of buses. Maybe the buses are lined up at that intersection the classism bus and so forth and so on. I think that's an easy way to think of it, because we all have more than one identity.

Next, please.

All right, now, privilege is yet another term here. Privilege can be understood as anything from which one benefits that they did nothing to earn. And we all have some type of privilege. It's difficult to see our privilege. I like to say fish in water don't know that they're wet. Privilege can make the conditions and needs of others invisible to us, which can lead to unconscious bias.

Next slide, please.

The effect of privilege is that people with privilege often don't think about people without it when planning and conducting services and activities. People are often uncomfortable being told they're privileged or having that said. They think it means you had a cushy life and everything came easy and you didn't work hard for anything. That isn't what it means. I'm going back to, "Anything from which we benefit that we didn't work to earn."

And so I'm gonna start by naming my own privilege. I think that's really important to do. I was born a US citizen. That's a privilege in terms of the quality of life I enjoy, as well as no matter what crazy, stupid or horrible thing I do, I'm not gonna get put out of my home country for having done it. I also have the privilege of having standard English as my first language. I did nothing to earn that. I didn't have to go somewhere else to learn English. I didn't have to practice it. I didn't have to go to school to learn proper grammar. That's because I was born of two college-educated parents. My parents and grandparents worked very hard for that to be the case. But I did nothing. I'm cisgender. Hey, what's in my brain matches the way my body looks. That's a privilege.

And so I just wanna say that, you know, for me, it's not the fact that one has privilege, but what do you do with privilege.

Next slide, please.

Acknowledging our privilege. It's important to acknowledge our privilege because it helps us remember those without that privilege. And we can use our privilege to advocate for those without our particular privilege. And we can use our position and privilege to educate our peers. You know, my parents' kitchen table was an afterschool homework spot for a lot of children whose parents were illiterate, functionally illiterate, or you know, just weren't prepared to advocate for their education and help them with homework. So I thank them for being that example of helping me to see what to do with my privilege.

Next slide, please.

So we're gonna look at some more key terms and principles. I hope this whole definition thing doesn't feel like we're reading the dictionary, but it forms a good basis for where we're gonna go. So of key terms and principles, I wanna point out that, "Microaggressions are the everyday slight, put down, indignity, or invalidation unintentionally directed toward a marginalized group." And that's from Dr. Derald Sue, Professor of Psychology and Education.

Microaggressions can be the result of unconscious bias or unacknowledged privilege. Microaggressors don't intend any harm. And microaggressions may be a sign of one's discomfort. Microaggressions point out differences.

Next slide, please.

Disability microaggressions. Here are some examples: the tone in which one speaks, a patronizing tone, and words such as "honey, baby, dear." An infantilizing tone, speaking to an adult as if they were a baby. Word choices. Let's go back and remember Stella, using language that expresses bias, such as "brave, courageous" for having done nothing exceptional.

Next slide.

Other disability microaggression examples include: touching someone's wheelchair or other device without permission. Is it okay for someone you don't know to touch you or your property while speaking to you at the first time, say in a grocery store? Or touching that person

without permission, for example, helping someone put on a jacket without asking if they need help. It, one, assumes that they don't know how to put on their own clothes, and that's too much to assume. Would it be too much for anyone to assume that when you go to put on your coat someone needs to take it from you and start putting it on you? Really do think about that in terms of the expectations that you have for respect and dignity and autonomy in your life. And know that people with disabilities must be afforded the same thing.

Next slide, please.

This last bit of example, though it's certainly not all the examples, of disability microaggression is bringing attention to differences. So say like telling someone using a scooter or a wheelchair, that you're going to give them a speeding ticket, that's really about someone's discomfort and that they're then going to point out the difference. The person using a scooter or a wheelchair knows they're using a scooter or a wheelchair. The person making the comment is uncomfortable, so something just kind of falls out of their mouth to try to make the situation funny.

Next slide, please.

This slide is of a young man in a wheelchair sitting at the bottom of a flight of stairs of a facility that's outdoors. In my mind it's a school, but I don't know what it is. It's a young white man in a manual wheelchair and he's staring at these concrete steps. The designer of this building did not intend to discriminate against wheelchair users. And that's a big piece of being aware of one's privilege every day. If you walk without assistance, know that it's not because you worked hard to earn that ability. It's because it's a privilege. The more one is aware of it, the more one might be able to consider when designing a building, access, full access, for people who can't walk up those stairs.

Next slide, please.

Disability microaggressions. Here's a microaggression equation. If you add microaggression to microaggression to microaggression, it equals macro effects of alienation, frustration, low self-esteem, ableism, discrimination, all of which contribute to lower productivity. And discrimination and ableism within disability communities is yet another result. Very often oppressed people grow to not like themselves or one another very much.

Next slide, please.

Here we're looking at reducing disability bias.

Next slide.

Language is important. Use the terms "people with disabilities" or "disabled people." Avoid language that presupposes the negative, such as, "victim of, suffering from, challenged." Avoid language that groups all people, "the mentally ill, the disabled." You know, that's stereotyping, you know? And be aware that language is always changing.

Next slide, please.

Reinforcing again with language to avoid endearing terms like, "honey," "sweetie," and "dear." This kind of language is for personal, not professional relationships, and it's not for people that are just meeting, or, you know, have very informal relationships, really, "honey," "sweetie," "dear." And infantilizing terms like "mamma" and "baby."

I, oh my goodness, as my disability becomes more visible in the way I walk, because of my gait, more and more people call me "mamma." I think they probably mean it well or respectfully, but it really sounds like, "You pour old thing." And I'm doing just fine. Okay, thank you.

Next slide, please.

So though they didn't mean it, you know, those young men and women calling me mamma and opening the door, though they didn't mean any harm, it felt rude.

So let's talk about disability etiquette.

Next slide.

Disability etiquette. The following slides address some specific types of disabilities and is not inclusive of all disabilities. These suggestions may not work in every situation. So make sure to communicate with the disabled person and ask them what they need. The source of this is, "Etiquette: Interacting with People with Disabilities." The resource is, "Disability Etiquette."

Next slide, please.

Offering help. It's okay to offer someone who appears to need assistance to offer the help, but respect their response. And always ask permission before helping someone.

Next slide.

Disability etiquette for blind and low vision. Identify yourself and others when entering a room. And let the person know when you leave the room. Offer a tour of the facility to a new person. Assist with navigation, if asked. Offer your arm if they ask to be guided. Do not take the person's arm. And if you don't know what to do, ask the person if you can assist them in any way.

Next slide.

More on disability etiquette for blind and low vision. If the person has a guide dog, walk on the opposite side of the dog. Describe the setting and any obstacles as you walk with the person. Narrate events as they happen during the appointment. Keep walkways free of obstructions. Keep doors all the way open or all the way closed.

Next slide.

More on blind and low vision disability etiquette. Inform people about furniture and structural changes. If asked, be willing to read information or assist with completing and signing paperwork. Make sure websites are screen reader accessible.

Next, please.

Disability etiquette for Deaf and hard of hearing. Ask the person for their preferred communication mode. Face the person directly when speaking. Don't block your lips. Be open to using alternative communication methods requested such as writing or assisted listening devices. Do not assume that all Deaf/hard of hearing people use sign language or read lips.

Next, please.

More on disability etiquette in Deaf and hard of hearing situations. If the person uses an American Sign Language interpreter, speak directly to the person, not the interpreter, okay? Do not yell, over-enunciate, or eat or chew gum when talking. Use a customary tone of voice unless otherwise requested. Speak slowly and clearly. And gently tap the person on the shoulder or wave to get their attention.

Next slide, please.

Ask a person to tell you how they communicate. I'm sorry, disability etiquette for speech disabilities. Ask the person to tell you how they communicate. Ask if they want to write, use a communication board, or a speech generating device. If the person has brought someone else to help them communicate, be sure to speak directly to the person, not the person assisting them. Allow time for delayed responses. Don't try to guess what the person is saying.

Next, please.

You never want to say, "Uh-huh, I understand." You don't wanna do that.

Disability etiquette for autism and sensory disabilities. Eye contact may be distracting or uncomfortable, so don't pursue eye contact. Large groups, high noise levels, and harsh lighting may be overstimulating for some people. So dim the lights and minimize noise. Respectfully allow a person's self-soothing strategies, such as stimming, or whatever else they need to do to self-soothe, whatever methods they use.

Next, please.

Continuing with disability etiquette for autism and sensory disabilities. Sudden changes can be upsetting. So try to be as consistent as possible. Communicate changes as soon as possible. Allow for longer processing time during communication. Be open to using alternate forms of communication, such as text-based communication and American Sign Language interpreters.

Next, please.

Disability etiquette for mobility device users. For people who use wheelchairs or scooters, the wheelchair is part of their personal space. Don't touch, lean on or reach over the chair. Don't ask to put a coat or a package on a person's lap. Ask if someone wants help. If they say yes, ask for specific instructor. Don't just start helping them. This can create potentially dangerous or uncomfortable situations. All of this should be informed by your relationship with the person. It's never appropriate with a patient or consumer. Just as you have different boundaries with friends and family than with coworkers, you know, and non-disabled patients. In short, I'm thinking, you know, how would you feel if you were sitting down and you're able-bodied and somebody just puts their coat on your lap? So yeah, that's an easy way to remember it.

Next slide, please.

More disability etiquette for mobility device users. For people who use wheelchairs and scooters, offer to reach items from high shelves or push out of reach buttons. To converse, position yourself to permit eye contact. Pull up a chair. If standing, back up a few steps so you're not over someone.

Next slide, please.

More on mobility device users. People who use canes, crutches, walkers or similar devices need their arms to maintain balance. Don't grab the person's arm. Give them extra space to use their equipment. Walk at the pace of the person you're accompanying. Make seating available to avoid prolonged standing. Chairs with arms and higher seats are often easier for people to use. Do not take their device and position it beyond their reach. That shouldn't have to be said, but it's been done.

Next slide, please.

So now we're going to talk about disability bias and trauma.

Next slide.

Bias and oppression are traumatizing. Traumatic events are those that scare us, make us feel unsafe, fearing that those negative experiences will be repeated. This is sometimes based upon experiences of repeated bias or abuse. And a lot of us can relate to fearing that the bad thing that happened in the past is going to happen again. And the more it's happened, yeah, the greater the trauma.

Next slide, please.

Generational trauma occurs when trauma is passed from one generation to the next. This sometimes happens in the case of inherited disability.

Next, please.

Intimate oppression. This is an important term. Intimate oppression occurs when a loving person, usually a parent, transfers their bias to a child, other family or community member. An example is a mother teaching her disabled daughter that a woman's value lies in her ability to get a husband, while sending a message that no man will want to marry her because of her disability. You know, we believe what those who love us and are close to us tell us.

Next, please.

Internalized oppression is when people come to believe in their own inferiority and often the stereotypes about their identity group. So that that mother's intimate oppression message could become internalized. Then this young woman would believe that about herself and possibly about other women with disabilities.

Next, please.

Trauma in healthcare. People with disabilities disproportionately experience medical traumas. This is due to ableism and the fact that people with disabilities have more contact with medical providers.

I remember going to try to find out many, many years ago what was going on with my back, why it hurt so much, why I was having a hard time walking. I also was without medical insurance at the time. So I was in a clinic for low income people and the doctor actually yelled at me after the exam saying, "You don't need a wheelchair. You can work. You - you don't need to try to go get disability."

Not why I went, but yeah, that was traumatic. And, you know, what it said to me, I must not be trying hard enough. I know good and well that those of you in Missouri healthcare don't want to do that to anyone. And I'm not even saying that this physician woke up that morning deciding that he wanted to traumatize someone. I don't know the reasons for his actions. But it's the kind of thing we really need to make sure we're not doing to people.

Next slide, please.

Some traumatic experiences in healthcare include: being refused services; not being believed; being spoken to in less than respectable ways, such as patronizing, pitying, and yes, scolding, which I just referred to; being forcibly restrained; being blamed for one's disability or medical condition; and services being inaccessible. Those are just some.

Next slide.

There are many, many symptoms of trauma. So I've just listed a few examples here that come from a Trauma Symptom Checklist, 40(TSC-40) Elliot and Briere, 1992.

Some examples of trauma symptoms are headaches, weight loss without dieting, flashbacks, sleep difficulty, anxiety attacks, sadness, uncontrollable crying, dizziness, difficulty breathing, passing out, anger management issues, and the desire to physically hurt yourself or others.

Next slide.

I wanna talk about trauma-informed care. It shifts the focus from "what's wrong with you" to "what happened to you?" Healthcare teams need to have a complete picture of a person's life situation in order to provide trauma-informed care.

Next slide, please.

The objectives of trauma-informed care are that trauma-informed care seeks to: realize the widespread impact of trauma and understand paths for recovery; to recognize the signs and symptoms of trauma in patients, family and staff; to integrate knowledge about trauma into policies, procedures and practices; and to actively avoid re-traumatization. It's really important to implement trauma-informed care at the clinical and the organizational administrative level.

Next slide.

Benefits of trauma-informed care. Many people with trauma have difficulty maintaining healthy, open relationships with a healthcare provider. By utilizing a trauma-informed approach, you'll be able to improve patient engagement, improve treatment adherence, improve health outcomes, and reduce unnecessary treatment and excess costs. It may also help reduce staff burnout and reduce turnover.

Next slide.

The principles of trauma-informed care are: safety. Throughout the organization,

patients and staff would feel free, would feel physically and psychologically safe. That's really important. Trustworthiness and transparency. Decisions are made with transparency, with the goal of building and maintaining trust. Peer support. People with shared experiences are integrated into the organization and viewed as integral to service delivery.

Next, please.

Continued principles of trauma-informed care: collaboration. Power differences between staff and clients, and among organizational staff, are leveled as much as possible to support shared decision making. Empowerment. Patient and staff strengths are recognized, built upon and validated. Humility and responsiveness. Biases and stereotypes and historical trauma are recognized and addressed. These slides about the principles are adopted from the Substance Abuse and Mental

Health Services Administration's "Guiding Principles of Trauma-Informed Care."

Next, please.

Supporting people with disabilities during the vaccination process.

Next slide.

Please avoid triggering environments, which would include vaccine sites that are crowded, noisy, unpredictable and confusing. Triggering behaviors include using a raised voice, even if it's only meant to provide instruction. People feed off of our energy and you know, as providers, what are we bringing to the environment? Another triggering behavior is expecting people to be able to move and speak quickly.

Next, please.

Perceived inappropriate behavior. What to do: Approach the person and calmly talk and interact with them. Ask how you can help. Brainstorm solutions together. De-escalate.

Next, please.

De-escalation. Some de-escalation strategies are to be empathetic and nonjudgmental. Respect personal space. Use non-threatening nonverbals. Keep your own emotional brain in check. Set limits. Choose wisely what you insist upon. Allow silence for reflection. Allow time for decisions.

Next, please.

What to do to make the vaccination process more comfortable? You should, I know this has been said a number of times in this training and in Melissa's training, but really important here, ask what the person needs. Invite them to a quiet, low stimulation area if needed. Invite them to move to the front of the line and explain what will happen next, if this is your practice. It's okay not to know what somebody needs. You just need to ask. It's okay not to know an answer. Assure the person that you'll figure it out. It's never okay to ignore a person.

Next slide.

More on what to do to make the vaccination process more comfortable. You can create a lower stimulation environment by asking people to speak in low tones and modeling it. Using incandescent lighting where feasible. And provide objects that are soothing, such as fidget devices and weighted blankets.

Next slide.

More of what you could do to make the vaccination process more comfortable. Be flexible. Give injections in the space outside of the designated injection area. Permit people to walk or move. Walk or move with people if they want.

Next slide, please.

Actions to avoid during an incident. Do not call 911 unless a person is threatening to physically hurt themselves or others.

Next slide.

Now we're going to do some scenarios. And here's Melissa Marshall. I'm gonna invite her to introduce herself and then she's going to read the scenarios and then I'm going to be calling her.

Melissa.

- [Melissa] Hi everybody, I'm Melissa Marshall. I'm the Director of Operations to The Partnership for Inclusive Disaster Strategies. I'm an older white woman who has long gray hair that I'm wearing up today. I wear glasses and I'm wearing a floral top, a print top, rather, and a black jacket.

- [Regina] All right, next slide, please.

- [Melissa] I use – I use she/her pronouns. Sorry

- [Regina] That's all right, thanks Melissa.

Next slide, please.

Melissa's going to read this and then we'll start acting.

- [Melissa] Scenario one. A person in line to receive the vaccination motions to you to come to them. As you approach, they begin talking faster and louder and become angry. They tell you they cannot stand much longer. They're in pain and that there are no chairs. They say that you are violating the ADA and that if they fall or get hurt, they will sue you. They talk faster and louder, with increasing anger.

- [Regina] Oh, Melissa, oh my goodness! I'm so glad you were right there at the phone. So I'm over here, you know, in the clinic, and this woman is walking toward me and she's going, she's coming fast and she's getting louder. She's getting angry. She's talking faster and louder. She's not moving very quickly. But anyway, I'm like meeting her halfway. She's struggling to get to me, I'm rushing to get to her. She says that she can't stand up much longer, that she's in incredible pain, that there's no chairs here, and that we're violating the ADA and if she falls or gets hurt, she's going to sue us. And she's just getting mad. She is just getting mad.

What should I be doing? You know, she's...

- [Melissa] Okay. Step one, I want you to take a few deep breaths. And I want you to relax, 'cause when you go out to see her, I'd like you to model the calm that you wanna see. We wanna create the calm environment yourself. You must have a chair in your office you could carry over to her so she could sit and immediately get a lot more comfortable.

Then, I would suggest, I think you have the protocol that when people have a hard time standing in line, they get to go to the front, and invite her to go to the front of the line. But bring the chair to her immediately. Don't be worried about her suing you. Don't worry about that, that's my problem, not yours.

But I think one of the things you need to remember is she's in pain, she's telling you that. She's uncomfortable. Getting a vaccine is inherently stressful. She might be scared, scared of getting a shot. She might be scared of the vaccine itself. She just is nervous and she can't find any chair. She might be hot, she might be cold. She's feeling powerless. So bring her the chair, ask her if she'd like to sit down. Don't say, "Sit here." "Would you like to sit down?" And say that we can, that you can bring her the front of the line and just bring her right to it.

- [Regina] Oh, thanks so much.

- [Melissa] Model the calm you want to be. You're welcome.

- [Regina] Okay, thanks a lot.

Next slide, please.

- [Melissa] Scenario two. A Deaf person is checking into your site for vaccination. He pre-registered and requested an American Sign Language interpreter, who is at the appointment. Two men waiting to register start to complain loudly and rudely that this person is taking up too much time with "all those weird hand motions" in quotes. And, that it is as bad as the, in quotes, "As bad as those people who don't speak English." Other people are visibly uncomfortable.

- [Regina] Oh, hey, Melissa.

- [Melissa] Hi, Regina.

- [Regina] It's Regina again. Oh, my goodness. We thought, you know, we thought we had it right. But anyway, there's a man here checking in, right? And he's Deaf. He pre-registered and he requested an ASL interpreter. That was going good. The ASL interpreter is here.

- [Melissa] Very good.

- [Regina] You know, helping get him checked in. However, there's two other guys here, right, waiting to register. They are complaining and talking loud. They're being rude, saying that the person is taking up too much time with, as they call it, all those weird hand motions. And then, further, they're saying that it's as bad as those people who don't speak English. Now I could see other people are getting uncomfortable. I don't want this thing to get out of control.

- [Melissa] Absolutely. And a couple of things that I'd like you to remember is we want everyone who wants a vaccine to get a vaccine. So we wanna make everybody comfortable in getting a vaccine. I suggest maybe you consider askingthe person who's deaf with an interpreter if they wanna move to the front of the line. That counts down the amount of time the interpreter has to be there, so you might wanna do that, that frees 'em up to interpret for more people. And ask them, you know, that might be part of your standard protocol already.

As to the people. So I'd get that person to get vaccinated and waiting. And as to the people, they probably don't even know what a sign language interpreter is. They sound like they're pretty threatened by the environment. Everybody has the right to get a vaccine, whether we agree with their political views or not. You know, we want everybody vaccinated. We want everybody healthy.

You might say to somebody, something like, “To treat people fairly, you don't always do the same thing.” That's something that, you know, that I've had sometimes have people "get," you know. Like I've had trainings where I've said that to people who are a little bit hostile about accommodations. And once I said that they went, "Oh!" And I saw the light bulb go on over their head. And just be with those people and ask them, “Is there anything I can get you?” Do they need chairs? Are they uncomfortable? Would they like a glass of water, or bottle of water, however you're doing it, if you're doing water in the vaccine area, which you might not be.

- [Regina] We are, we are. Yeah.

- [Melissa] But whatever you're doing, ask how you can make them comfortable. Make them feel, not like they have power over people, but they have control of their own situation. And model that calm to everybody. So if people are getting visibly, you just wanna diffuse.

- [Regina] Thank you so much. And I'm gonna remember that, you know, in order to be fair, it doesn't mean the same thing for everybody. I'm gonna use that over and over again. Thanks so much.

- [Melissa] You're very welcome.

- [Regina] Okay, next slide, please. Some inclusivity suggestions.

Next slide.

Very important to involve people with disabilities. People with a wide variety of disabilities should be included in all aspects of planning and implementation. Because without our involvement, there will not be equity.

Next slide.

Yes. Continuing with involvement. Create a culture where it's easier to include people with disabilities in planning by: Plan physical meetings so they're always in accessible spaces, and on a bus route, If your area has public transportation. Create accessible material, inviting people to, and that is disseminated during and after meetings, for people who don't read print. Ensure sign language interpreters are provided when necessary.

Next, please.

Some resources.

Next slide.

Resources. Your Local Centers for Independent Living, your CILs. The Midland Empire Resources for Independent Living, MERIL. The Heartland Independent Living, HILC. Rural Advocates for Independent Living, RAIL.

Next slide, please.

Resources. Plain Language.

Self Advocacy Resource and Technical Assistance Center, SARTAC. “COVID-19 Vaccine Information in Plain Language” is the source.

The other resource, Autistic Self Advocacy Network, ASAN. Source: “COVID-19 Vaccine Fact Sheet in Plain Language.”

The Association of University Centers on Disability, AUCD. Source: “Tools for Using Plain Language and Easy Read.”

The CDC National Center for Health Marketing. Source: “Plain language thesaurus for health communications.”

Next.

Resources continue. Peer support: “Missouri Peer Support Services.”

Vaccine resources: “CDC Prevaccination Checklist for COVID-19 Vaccines.”

Immunization Action Coalition: “Screening Checklists for Contraindications to Vaccines for Adults.”

Next, please.

Resources, access surveys, and ADA. The ADA Information Line. The Great Plains ADA Center. US Access Board: “Door Access.” US Access Board: “Maneuvering at Doors.”

Next.

Thank you!

Thank you so much for joining us today.

And there's one more slide, please.

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