Hello, everybody and welcome to Project ALIVE's "Legal Obligations to People with Disabilities During the Vaccination Process for Montana Health Public Health Departments."

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 pink shirt and a blue and pink floral cardigan. On the screen, you have a title slide with text that reads Legal Obligations to People with Disabilities During the Vaccination Process for Montana Public Health Departments. Above the title is the Project ALIVE logo. Project ALIVE stands for Accessible Life-saving Integrated Vaccine Equity. The word ALIVE features a bandaid folded into the shape of a V, which replaces the letter V in the word ALIVE. Below the typography is five symbols against blue squares. The first symbol is the wheelchair icon. The next an icon of a person with a white cane. The next one is an ear with a dotted line through it for hearing assistance. The next line is two hands forming the ASL sign for interpretation. And finally we have a symbol of a silhouette of a person's head. Below the symbol is text, Accessible Life-saving Integrating Vaccine Equity.

So I'm first gonna go ahead and get started with some accessibility and technical support reminders and then we'll get started.

So first and foremost, this training is being recorded and an accessible archive of today's conversation will be available in the coming weeks. The archive will include ASL interpretation on screen as well as closed captions.

Today we have CART, which is provided by Ai-Media and it's already embedded in Zoom. You can access the CART captions using the CC button on the navigation bar at the bottom of your Zoom screen. Click once to show subtitles in Zoom. You can also edit the text and how it appears on your screen using the edit settings button next to use - once you click the CC button. And then you can also open the CART transcript in a separate window if that's more accessible to you. To do so, follow the link put in chat.

Today's ASL interpreters are Roberta Goldberg and Jennifer Figueroa and they're already pre-spotlighted for you so you should be able to see them. If you are having trouble seeing the interpreters, you can change the size of the Zoom box. To do so, click on the frame separating the interpreters from the slides and slide that frame to the right or left to adjust the sizing.

A huge thank you to our interpreters as well as Ai-Media for making this event accessible. This presentation is going to be really interactive.

We really want to hear from you. To ask or respond to questions, you can use the Q&A feature or you can raise your hand to verbalize your question or ask your question using sign language. Please type in chat or raise your hand for technical assistance or to alert us to an issue.

If chat is not accessible to you, please do email us your questions at priya@disasterstrategies. That's P-R-I-Y-A@disasterstrategies.

And then finally, just a couple of friendly reminders before we get started. Please, if you are asking a question, please do identify yourself before speaking. An example of this is, “this is Priya” and then ask your question. And then please do avoid using any acronyms so that everyone has the same understanding.

And with that, I'm gonna turn it over to Travis Hoffman with Summit Independent Living.

- [Travis] Thank you.

For those who don't know me, my name's Travis Hoffman. I am the project coordinator at Summit Independent Living.

And so on behalf of the Montana Centers for Independent Living, Summit here, headquartered in Missoula and Living Independently for Today and Tomorrow, headquartered in Billings. I wanna welcome everybody who's has taken the opportunity to join us today.

I wanna also give a special thanks to the Association of Programs for Rural Independent Living, for making this training possible and to The Partnership for Inclusive Disaster Strategies for really doing the groundwork and the research and all of the hard work that's gone into formulating this training.

And so with that, I will turn it over to Melissa Marshall, who will be our trainer today.

- [Melissa] Thank you, Travis. And on the screen in front of you, you have a slide that says welcome and about us and if we could go to the next slide, please.

So under some welcome and introductions, Project ALIVE. First of all, my name is Melissa Marshall and I'm an older, I say with a cringe. Older white woman with shoulder-length silver hair that I'm wearing up today. I'm wearing a black jacket with a print top and I use she, her pronouns. I'm a director of The Partnership for Inclusive Disaster Strategies.

And I wanna acknowledge Shaylin Sluzalis and Germán Parodi in the background. You've already met Priya Penner so thanks to our team. And I also wanna acknowledge Elissa Ellis from APRIL and thank you for being here. Elissa's not actually physically here because she's running her conference, which is happening right now, and she's with APRIL, the Association for Program for Rural Independent Living that Travis just said.

So I'm reading the slides and for those of you that aren't familiar with accessible presentations, the reason we're reading every word on the scribe and - slide - and decide ascribing ourselves is so that people with visual disabilities or people that don't read print will see that. So that's why that's happening. So I'm gonna read every word on the slide, not gonna skip them over. Will add to them. And just so you know that why we're doing that and what that is, if that's something you haven't seen before or seen often.

So Project ALIVE stands for Accessible Life-saving Integrated Vaccine Equity. And as a short term from February of '22 to October of '22 focused efforts to remove barriers to 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.

And next slide, please.

And again, thank you to the PIDS team. Thank you to APRIL. Thank you to everyone involved.

Next slide, please.

Now you see images and you'll see the Project ALIVE logo, that Priya described above and ALIVE stands for, Accessible Life-saving Integrated Vaccines. And below the ALIVE logo is text in Spanish and English that reads – just a second – that reads “brought to you by” / “traido por” with the logos for the following organizations: Association of Programs Rural Independent Living, APRIL; The Partnership for Inclusive Disaster Strategies; Living Independently for Today and Tomorrow, LIFTT; and Summit Independent Living Center. So those are the partners.

Next, please.

So the population of focus of Project ALIVE. Focus is on people with disabilities who live in rural areas of Montana who desire a COVID-19 vaccine and experience barriers to access to the vaccine. So we're not trying to make anyone get a vaccine that doesn't want to, and so people that want a vaccine that are experiencing barriers. For people that are hesitant but are still open to getting vaccinated and strengthening the relationships between the Centers for Independent Living and the public health departments.

Next, please.

Now you can get nursing CEUs for participating today. And I wanna welcome all the nurses that have joined today and I'm really glad that you are here. And the nursing continuing professional development activity was approved by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission and Accreditation. No individuals with the ability to control the content of this activity has any relevant financial relationships with ineligible companies to disclose.

To earn your certificate, learners must attend this entire webinar session and complete and submit an evaluation.

The nursing CE availabilities is possible thanks to the University of Montana Rural Institute for Inclusive Communities. And we really wanna thank you, thank the people at the University of Montana Rural Institute for Inclusive Communities, Meg Traci and all others for making the CEUs possible.

Next, please.

So here's a 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.

So what are we here to learn today? What do we want you to come away with this?

Our objectives for you, you may have others, but our objectives for you, and you can certainly ask questions around this, is that by the end of the module you'll have a basic, underline the word basic, understanding of legal obligations and limitations for those obligations of public health to disabled people throughout the vaccine process. How vaccine sites can utilize a checklist to access their compliance with these obligations, and resources that are available to you to support compliance.

Now there's some ground rules. I don't have a slide for the ground rules, I'm just gonna say them to you, is maintain confidentiality. We all know that we're all professionals, don't give any specific names, specific situations don't give away any information. Ask any broad questions, but not something that would give the way identity of any person. Sure, we all know that.

Next one is ask questions. I welcome you to ask questions at any point. You can put them in the chat, is where they're going or are they going in the Q&A. Priya said which - which they're going into. Put your questions in the Q&A, I believe?

- [Priya] Yes.

- [Melissa] In the Q&A, thank you so much.

Put your questions in the Q&A and let me know what they are, you won't distract me. Priya is gonna go through the questions and ask the questions. Sometimes we'll get duplicate questions so you might not get your exact question brought up, duplicate comments. So we're gonna go through this and we have a short amount of time. We'll get as many questions in as possible. So please, please, please ask your questions. Be the person brave enough to ask the questions.

And the third most important rule, you might not have heard this in a training, is to have fun. We know that people learn better and more efficiently and more effectively when they're relaxed and laughing even and having a good time. So to facilitate you all having fun with this legal training, even though it's my idea of a good time any day of the week, we are giving you virtual fabulous prizes. If I were seeing you in-person, I'd be giving actual physical fabulous prizes. But these are virtual fabulous prizes but they're fun. Think small gifts you might get a child's birthday parties. Nothing to get really excited about. It's of no value that creates no conflict of interest or anything like that, especially since they're virtual. Prizes are given not for giving the right answer, but if the person is brave enough to raise their hand to say, I have a comment, or I think I might know the answer to this question.

Next, please.

Know that this training is an overview. You might be sitting, I'm sitting here for 90 minutes and it's an overview. I have been known to give five-day long presentations on the Americans with Disabilities Act. Shorter ones are three days. So this is really, really, really condensed. We sat down and said, what are the most important things for people in public health, people that are vaccinators, people that are involved in this process to know and tried to call out the most important things? But no, you're just getting a bird's eye, you're just getting a thumbnail sketch.

Next slide, please.

So I want you to come back this as we get into the weeds of things we're gonna get into and we're using the checklist, I want you to think about what is the goal during the vaccination process for everybody. It's getting vaccinations to everybody with a disability who wants them in ways that are accessible to them and minimize trauma.

Okay, we're gonna a lot more about trauma in the later workshop. I don't have the data but we're gonna be talking about mostly about the legal obligations today.

Next, please.

So what is not the goal? What is not a goal is having a vaccine seeker leave a vaccination site because they were afraid, intimidated, confused or overwhelmed, or and this is really important, authorities being called unnecessarily resulting in a vaccine-seeker ending up in jail or in an institution, we really don't want that to happen. And I know that's obvious but we just wanna keep that in mind what our goals are and what our goals are not. Thank you.

Next, please.

Now we're gonna talk about legal obligations and I'll try to slow down. I tend to get excited about this and speak quickly. And I'm from the Northeast and I speak quickly for someone from the Northeast. So if you need me to slow down, say Melissa, please slow down.

So we're gonna get into some legal obligations now.

Next, please.

Now, when I say legal obligations, this means, people think, well, what do you have to do to make a vaccine accessible? Well, you go to the place, you get the shot, you get the injection, that's what you have to make accessible. Just the shot process.

It's more than that and you're gonna learn about that. It's about making an appointment and it's more than ramps and physical access, which we also gonna learn. So it includes making an appointment online by phone and in-person, checking in for the vaccine once you're there, waiting in line if there is one for the vaccine when you're there, receiving the vaccine, which is the thing we all think about, and waiting after the vaccine.

Next, please.

Now we're gonna look at some laws that apply to vaccine sites. The entire vaccine process must be accessible to disabled people under the Americans with Disabilities Act. And indulge me here, I'm gonna give you the legal citation because I put it on the slide. It's the ADA 42 U.S. Code Section 12102 et seq. - that means to be continued - and the Rehabilitation Act or the Rehab Act, and that's at 29 U.S.C Section 701 et seq. Every now and then I feel the need to speak and legalese and do that but that's so you can cite it. I'm just reading what is on the screen.

Next, please.

You might be wondering what does she mean by disabled people? Or you might think I know what she means by disabled people. Well, let' figure out what the truth is 'cause it's probably somewhere in the middle.

Under the Americans with Disabilities Act and the Rehab Act has the same definition, the ADA applies to individuals with a physical or mental impairment that substantially limits one more major life activities. It's bolded because there's a lot around that. So if you have a physical or mental impairment that substantially limits one or more major life activities, you're someone with a disability. If you have a record of having such an impairment, you're someone with a disability. And if you're regarded as having an impairment, you're someone with a disability.

This is a whole morning's presentation I could do. But we're just gonna talk about it for a couple more slides.

Next, please.

Now it wasn't clear what that definition meant and people decided in 2008 to clarify the meaning of the definition of disability, specifically major life activities. So under the ADA Amendments Act of 2008, major life activities are included but not limiting to, and again, I'm reading all of these for people that don't reprint, or visual disabilities. Caring for one self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

Those are major life activities and we're going onto our, not our most important, but our most complex major life activity.

And the next slide, please.

Major bodily functions. So under the ADA Amendments Act of 2008, majorly bodily functions was added. Wasn't added, it was always there, clarified that it was there. And that includes functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

So if we're wondering if someone with cancer was covered and the cancer substantially limited one or more major life activities, the answer is yes. If there's any concern or question as to someone with HIV was covered, when it's substantially limit one or more major life activities, the answer is yes. When we wondered if someone with Crohn's disease was covered, the answer is yes when it substantially limits one or more major life activities.

So I'm not giving you a list of the conditions, I'm giving you a categorical definition, okay? Functional definition, excuse me, rather than a categorical definition.

Next, please.

I have a question for you. Who can gimme an example of some people protected under the ADA and the Rehab Act? Raise your hand at this fabulous prize.

Priya, do we see anyone yet who has an idea of someone who might be covered under the ADA or the Rehab Act?

- [Priya] This is Priya. I do see a hand.

- [Melissa] I was gonna say you can do this folks, you can do this one. Okay. Yep.

- [Priya] Yep. I encourage folks who can use chat to put your answers in chat.

And I see Tracy sharing, "Someone with mental health."

Bridget shares, "Someone who has had a stroke."

- [Melissa] And mental health disabilities, mental health conditions, when they rise to the level of substantially limiting a major life activity, they're covered. If someone has a stroke and that substantially impairs one or more major life activities, they're covered.

So who is the first person to give the answer?

- [Priya] Tracy.

- [Melissa] Tracy, you get a red matchbox-size Chevrolet? Not the Chevrolet, Corvette. And who is the other person?

- [Priya] Bridget is the second person. I also wanna read a third comment.

Mariah shares that peer advocate Tammy Miller in Montana shares, "someone who is blind."

- [Melissa] Okay and all of you get, it's not as good as a matchbox car but you get soap bubbles to blow. See, if this was in real life, you get actual soap bubbles and you blow them to your colleagues that have soap bubbles in your office later.

But okay, I'm gonna move on from there just so that I want us to make sure 'cause we have lots to cover today. Okay.

Now the ADA has five titles, that's lawyer for sections. It's five parts to the ADA. Title I is employment. I'm not seeing that come up. Thank you. And Title II is state and local government entities. That's if you work for public health, ding ding, ding ding ding, that's your title. It's things like state agencies like public health, like your governor's office, like your office for people with developmental disabilities, all the state agencies, like Office of Banking, all the state agencies and local governments. That's cities, towns, counties. If you have a municipal run like water project, that's like government entity that's covered under Title II. Next, please.

Title III places of public accommodation. That's places you go includes fun places like restaurants, the mall and the movie theater. It also concludes doctor's offices, most vaccination sites and pharmacies. That's how that ties in here. Title IV, please. It's telecommunications which is important and establish the relay system. That's all we're gonna say about that. And Title V is miscellaneous. We won't be touching upon that today, but I just wanted you to know that it's there. Next slide, please.

And today we'll discuss obligations under Titles II and Title III. Title I is employment and that applies, but we're not touching upon employment today.

- [Priya] As we move to the next slide, I just wanna read a comment from Meg.

Meg says, and I believe this is an answer to your question of who qualifies under ADA. And Meg, if that's incorrect, please feel free to please do correct me in chat. Meg says, "People who are excluded from employment or access to community resources based on perceived limitations."

- [Melissa] Yes and we're not gonna get into the employment and that's complex. But that is true based on perception of a disability, yes.

And Meg gets a fabulous prize. Meg gets a dinosaur shaped water squirter so she can have fun with the rest of her day, yes.

Okay, so who has obligations under the ADA? Like I said, under Titles I and II, it's state, county, municipalities have obligations and Titles I and III, it's certain private providers. And again, Title I is employment and that's not within the scope of what we're doing in our near 90 minutes today.

Next slide, please.

The Rehabilitation Act. If you can just raise your hands, I'm not gonna pause long, but you can raise your hands if you've heard of the Rehabilitation Act. What the Rehabilitation Act says that any recipient or sub-recipient of federal funds must have equal access in all programs and services when viewed in their entirety.

These obligations are virtually identical to obligations under Title II of the ADA. So here's the good news. You don't have to learn the Rehab Act and the ADA 'cause under Title II, they're the same. They're virtually identical.

Priya did we get any raising hands for people having heard of the Rehab Act?

- [Priya] This is Priya. We did, we had a couple of hands, several hands now sharing.

- [Melissa] Okay, so give yourself a fabulous prize of your choice if you raised your hands. And if you didn't raise your hand and you've not heard of the Rehab Act, give yourself a prize for being here and having the opportunity to learn about it. We wanna teach the people that haven't had the most experience in this particular area because when you're in public health and when you're certainly in nursing, you know a whole lot more than I do about many, many, many, many, many, a lots more, many things.

Next, please.

So government entity retains, it keeps its obligations under ADA and the Rehab Act. What does that mean? It means the government entity: the county, the city, the state, the federal government can't contract away its Rehab or ADA obligations. In other words, you could have a contract with a private provider to provide vaccines, but you can't say, oh, we don't have an obligation to provide sign language interpreters. That's the contractor's problem. Unless you put it in their budget to do that, you have the highest level of obligations as the government entity and always comes back to public health or whatever the government entity is, okay? Just know that.

And someone said to me last week, is this real? We're preparing presentations. Is this real? Would anyone ever do this? It's like, you'd be amazed how often that happens.

Next, please.

So obligations under Title II of the ADA and the Rehabilitation Act include equally effective communication, non-discrimination in operations, and providing program and facility accessibility.

What all does that mean? We're about to find out.

Next, please.

Now again, vaccine sites have obligations to provide these things during online registration, phone registration, registration at the site, vaccination areas, and vaccination waiting areas.

Next slide, please.

Some types of vaccination sites and these have morphed and changed over the course of the pandemic. But right now, pharmacies, doctors' offices, sometimes hospitals, sometimes mobile sites or pop-up sites, sometimes fairs and festivals or football games, you'll see vaccinations going on. Drive-through site. We used to do more of mass vaccination sites at the beginning and at home vaccinations. Those are different kinds of vaccination sites.

Next, please.

So you said before, you have to provide equally effective communication at these sites. What does that mean? During the vaccination process, vaccine sites must provide equally effective communication to people with hearing disabilities, visual disabilities, and speech disabilities.

Next, please.

Equally effective communication is communication that is as effective for people with communication disabilities as people without disabilities.

Next, please.

We're gonna talk about how you get to have it be equally effective. Provide auxiliary aids and services or accommodation. Auxiliary aids and services are a fancy way of saying accommodations. They're the things you get or the people you involve to make, in this case communication effective. So auxiliary aids and services might be required to provide equally effective communication to people with communication disabilities. And as I said, they're often referred to as accommodations.

Next, please.

So effective communication for people with hearing disability. Those are auxiliary aids and services. They can include a sign language interpreter, a tactile interpreter for people who are DeafBlind, an oral interpreter. An oral interpreter is someone for someone who does not use sign language. And an oral interpreter makes the language accessible maybe by slowing it down and clearly mouthing words for someone who is skilled at reading lips. Communication access real-time translation or CART which we're using today. And written notes under limited circumstances.

I wanna make this really clear that people whose first language is American Sign Language or another sign language, that's their native language where they're most comfortable. That doesn't mean they're necessarily proficient in English. For instance, I know a little bit sign, I've had four semesters of college sign. If you would explain something medical to me in sign, forget it. You might be able to get out of me, where's the restroom? So if it's a simple communication like where's the restroom? How long do I have to wait? Something like that. You might use a written note. If it's a, excuse me, can you tell me about the side effects of the vaccine? That's where you need an interpreter. Not all Deaf people are fluent in English. That doesn't mean they're inarticulate, it means they're not fluent in English.

Next, please.

And some auxiliary aids and services for or accommodations for people with visual disabilities could include readers. If something short, if you have a short pamphlet that says these are three things you need to do, you could have someone read it to them. Again, if it's long and complicated, you might look at another alternative to make it accessible. Ask the person what they want is rule number one. Ask the person what they want. What's easiest for them? Might be something more simple than you think. So readers are an option.

Large print is an option. The nice thing is if we get text, it's not PDFd and we can edit it. We can make it 18 or point font or larger and make large print.

Screen reader compatible electronic material. Just because I create a document in my computer doesn't mean it's accessible. People with some very specific skills need to make accessible and people with people's certain skills need to check to see that it's accessible.

So don't assume that your registration [web]site is accessible 'cause in many cases it's not. Haven't looked at Minnesota's, but in many cases it's not. So it needs to be screen reader compatible.

And Braille. Most people with visual disabilities do not use Braille. But when something's long and complex, I notice that there are a substantial number of people who still use Braille. Doesn't mean you have to stockpile 40 copies of something in Braille. It means you need to be able to get Braille within a reasonable amount of time. So you don't wanna stockpile, but you need to know how to get Braille, how to do it quickly. Thank you.

Next, please.

Now let's look at providing equal effective communication for people's speech disabilities. And accommodations or auxiliary services could include communication boards. Typically people use communication boards, have letters of the alphabet, commonly used phrases on a board that they point to or indicate with. Sometimes a stylist wand that's on their head or sometimes they use in their fingers.

Written notes. Many people with speech disabilities can write. Some people with speech disabilities like cerebral palsy or other speech disabilities cannot write. They can't hold a paper or pen that they can't write. So written notes won't work for them. Sometimes a paper pen and written notes will work. Allowing additional time for appointments. The worst thing you can ever do, and we're gonna be talking about this in a later workshop, is say “uh-huh, uh-huh” when you don't, particularly when it's about someone's health. But even if they're talking about the weather, you need to be respectful because they know when you don't understand them. People with speech disabilities always tell me that all the time.

Next, please.

- [Priya] This is Priya. As we move to the next slide, we do have a question. "Can you clarify differences between CART and AI captions for example, from a legal perspective and effective communication support perspective?"

- [Melissa] Sure, thank you. That's a really, really good question. And your fabulous prize is you get a plastic rainbow colored slinky. How cool is your day now?

AI isn't as accurate in a nutshell and feel free to jump in with this, Priya. AI isn't as accurate. We use CART whenever we can because it's more accurate. It's live. Zoom misses a lot. I know people will insist that AI doesn't missed - miss and it's perfect. Well, try turning off your volume and looking at Zoom is just not as accurate. And your job is to provide equally effective communication. And that's people with, so it's the same as, it's not better than, the same as for people without communication disabilities.

So what you need to do is have CART when you can. They're also gonna look at your resources 'cause CART can be expensive. So they're gonna look at the best approximation. So sometimes you're gonna need CART in some circumstances and some you're not.

I'm giving my favorite scholarly legal answer which is, it depends. Priya, do you have anything to add to that?

- [Priya] This is Priya. I would just reiterate the accuracy is the main difference between CART and AI captions. And when we're talking about legal situations, accuracy is very, very important. We need to make sure that the communication is effectively translated like Melissa said. And AI captions just simply don't work in the vast majority of situations.

- [Melissa] I would add that legal situations and I underlined three times also in medical situations.

- [Priya] Absolutely, yes. Everything requires -

- [Melissa] Right, right.

- [Priya] Anything that requires, truly hinges on situations that you know could be life or death or other life changing, life altering situations. It is important to note that CART is more expensive and is something that you will need to budget for.

But as we say here at The Partnership, it's vital to include that as a budget item because it's super important.

- [Melissa] And if you're writing a request for proposal for a grant, make sure you have that as one of the items people should budget for. And if you're responding to an RFP, make sure you budget in for CART and sign language interpreters. And like I said, it's particularly with specialized language. Like if you're a sign language interpreter, if you're doing medical, legal and some other categories of sign language where there's specialized vocabulary, you need special certification and that you need different certification that.

So just those areas, but just understand it. So that's a great question. Enjoy your virtual slinky.

Next, please.

- [Priya] This is Priya as we move to the next slide or are we on the next slide? No, I think we have to move one more.

- [Melissa] Yeah.

- [Priya] Someone added, "And AI captions means artificial intelligence, also called autogenerated captions." Yes, thank you so much.

- [Melissa] Thank you very much. And you get a rainbow color top to spin. A little tiny one to spin on your lap desk or your desk a little one.

Okay.

Primary consideration. So primary consideration should be giving to the specific type of auxiliary aid or service the accommodation that the person requested.The entity can choose the accommodation other than was requested if the accommodation requested provides effective communication.

What all does that mean? In very plain language, if the job is getting from point A to point B, you can give someone a Ford, you don't have to give them a Lamborghini if they ask for Lamborghini. If they have a specific reason that the Lamborghini will help them in the ways you don't know that the Ford doesn't, you need to consider that. So if someone asks for a certain kind of software and it's really expensive, you can't do that and there's another software that you think is equally effective, you can ask them about that.

Ask them, create an interactive process, just ask them about that. So look at what they need first. Give that first consideration. You don't automatically have to give the person the first thing they ask as long as it provides what? Equally effective communication. Thank you.

Next, please.

Plain language. I get that I write in plain language, believe it or not sometimes, but it's a little bit hypocritical for me to talk about plain language but I try. Plain language is communication that can be understood by the intended audience and meets the purpose of the communicator.

Understand plain language is a great, really, really, really important practice. It's not required under equally effective communication provisions of the ADA and the Rehab Act.

Not required under those provisions of the ADA and is a really important practice to making things accessible so do plain language.

Next, please.

It makes life easier for just about everybody. So we looked at effective communication. Now we're gonna look at non-discrimination in general operations. First example of non-discrimination general operations, service animals. Obligations are on service animals include adopting and complying with policy to allow service animals in all areas where the public are allowed.

Next, please.

What is a service animal? Service animals are dogs or miniature horses that are trained to assist a person with a disability with specific set of tasks. Service animals must be housebroken and under the owner's control.

Okay, next please.

Now I have questions for you. Who can provide an example of a situation where service animal would be allowed at a vaccine site?

- [Priya] And this is Priya. As people are thinking on the question, just wanted to remind folks that please feel free to put your answer in chat or if you would prefer to voice your question, or need to access the ASL interpreters to ask your question, raise your hand so we do the back end tech stuff.

Jen says, "Someone who needs a service animal for emotional support."

- [Melissa] Service animals, and this is another training that we're developing. Service animals and emotional support animals are different service...

Emotional support animals provide emotional support and comfort. They're not service animals. Emotional support animals have recently, like the last couple years, HUD has said that disaster shelters of housing. However, vaccine shelters are not necessarily vaccine areas where you're getting vaccinated. Places where you get your vaccine are not necessarily required to allow emotional support animals. Disaster shelters, yes, in where you get your vaccines, they're not required to do that. Emotional support animals are required to be allowed in housing and in transportation. And if your vaccine shelter, you wanna allow emotional support animals to get people there and have people to be comfortable. Like I say, this is a training in and of itself.

So next, please. Do we have other comments?

- [Priya] This is Priya, we do.

Tanya shares, "Guide dog" and very similarly Lidas shares, "A blind person."

Peer advocate, Alicia Manuel in Montana shares, "How about emotional support animal?" which you just covered.

And then we also have a question regarding, I believe the service animal versus emotional support animal. The question is, "All situations? Maybe in a small town, a service animal may have a known situation that may be difficult to negotiate."

- [Melissa] Okay. All situations where the service animal is under the owner's control and house broken.

And for all of you that ask service animal questions, you are all getting very small, thumbnail size, plastic, miniature horses. So you're getting a very, very miniature horse.

Did that answer your questions? And I recognize how complex this is, but next please, Priya.

- [Priya] Melissa, I just wanna ask if you wanted to ask the second question.

- [Melissa] Oh sorry, who can give an example of a situation where an animal's not allowed to be at a vaccine site? Sorry about that.

If we're not getting examples, I'm gonna give my own example and that is when an animal isn't under the owner's control. Other than that, assuming the animal is under the owner's control and housebroken, they're always allowed. So it's a one word answer.

I see "What about people with allergies?" from Mariah? Sorry, Priya, I just thought I saw that come up.

So for people with animal allergies and I'm one of 'em and I'm allergic to horses and it'll be interesting when they become more popular, I'm gonna have to carry an EpiPen everywhere. What you can do is ask for an accommodation. If your allergies rise to level of substantially limiting one of more major life activities, you're covered under the ADA. But if you're not, you can just ask anyway for them to do that to you for courtesy to give it to you in a different area. Maybe you get yours from your car, maybe you move to someplace else. So it's hard 'cause I could tell you things like wash the animals with certain shampoo, that doesn't work. I've got real significant allergies. So I get that and I appreciate it.

What if the animal's not something other than a... Oh sorry, go ahead, Priya, I cut you off.

- [Priya] That's okay. This is Priya.

Someone shares, "When it's not a service animal."

- [Melissa] They can exclude pets. I'm gonna go on to the next slide if we can.

- [Priya] Yep, as we move along, I just wanna read Travis's comment. “When the animal is not actually a service animal or is something other than a service dog or service miniature horse.”

- [Melissa] Unless it's a service, the only service animals are dogs and miniature horses. Yes.

Okay, let's look at another non-discrimination in general operations for prohibitions, surcharges. Surcharge is prohibited.

What is a surcharge? Is when you charge somebody with a disability for an accommodation. So you can't charge somebody with a disability for an accommodation and can't charge, say for a sign language interpreter, can't charge for Braille, those kinds of things.

Next slide, please.

Can anyone give me an example of a surcharge for people with disabilities that would be prohibited at a vaccination site? And can anyone give an example of a surcharge on a person with a disability that might be permitted at a vaccination site?

And I'm gonna move us along and I went into some of those examples. You can't charge somebody with a disability extra. You have a speech disability and your appointment takes longer. Well, we're not charging anyone for vaccines anyway, so we're not gonna charge you but we're not gonna charge you for your interpreter, we're not gonna charge you for the temporary ramp that we had to put into the building, those kinds of things.

Next, please.

And again, I said examples, I use an interpreter, material in Braille or a ramp and those are examples of prohibited surcharge.

Next please, Priya.

- [Priya] This is Priya. I just want to voice this question. I think this is an interesting question or answer.

"Being asked to come at a different time of day than options given to the public."

- [Melissa] That's prohibited but it's not a surcharged.

- [Priya] Okay.

- [Melissa] Is that for someone with allergies, are we still talking about or?

- [Priya] That was an answer to surcharge example, I do believe.

- [Melissa] Yeah, no, surcharge's around money. That's just around money. But asking someone to come at a different time may probably be prohibited.

Next, please.

Eligibility criteria for program participation cannot screen out people with disabilities.

Next slide, please.

And examples of that. And I don't think anyone gets up in the morning and rubs their hands together and says I'm gonna create discriminatory eligibility criteria against people with disabilities. They happen unconsciously and they have happen accidentally. Something like requiring people, driver's licenses to get vaccines. Now you shouldn't be requiring ID at all, but if you require a driver's license, that disproportionately impact people with disabilities that don't have driver's licenses because many people can't have driver's licenses because of their disabilities.

Okay, just a quick exa - Requiring someone to sign their name and not use a stamp print, that's another example of that eligibility criteria. No one did it on purpose but it just kind of happens where you require a signature and sometimes people misinterpret it because they haven't had training. It's usually not the policy of the entity to require people physically sign things rather and not use a stamp. But it's the person hasn't necessarily been trained in that.

Okay. Yes, reasonable modification. Really, really, really important.

Reasonable modifications to policies, practices and procedures must be made when the modification does not fundamentally alter the nature of the program. So it's reasonable modification of policy, practice or procedure.

So if you say to someone, the procedure, the informal procedure or policies, everyone fills out their name and their own registration information. And if you say to someone I can't write because of my disability, you modify that policy by having someone write for them, having someone fill the form in, having someone move to the front of the line sometimes We're gonna be talking about that later. Some might fundamentally alter the nature of the program. The store is really gym packed and crowded. It's a pharmacy and you say I need everyone to leave because I get overstimulated by crowds, and you say that's gonna fundamentally alter the nature of the program of getting the vaccination. Or if it's an auditorium that's really crowded - public auditorium - that's gonna fundamentally alter the nature of the program.

You don't just say to the person, oh, then you can't get a vaccine. You say to the person, what can we do that's next best? Can we bring the vaccine to your car? If it's nice weather, are you comfortable getting the vaccine outside? Other ways we can do it, maybe you wanna get a vaccine at home. So you don't just say, oh, we can't do that as a fundamental alteration. You don't have to empty out the facility but you still need to try to get the person the vaccine.

Next please.

And I gave most of those examples as assisting an individual who can't write and notifying a person wearing noise canceling headphones due to disability that in the waiting area, that's time for them to advance or letting someone know when their time is ended as well. Their waiting time is ended.

Next, please.

Next example is allowing someone with a behavioral health disability or a mental health condition or an intellectual disability to have a support person with them. That's a reasonable modification policy and practice having someone with someone that helps enormously. And again, modifications aren't required when they cause a fundamental alteration to the nature of the program.

Next, please.

Question for you. Can you give us some examples of some modifications to policy and procedures that might be required during the vaccine process?

- [Priya] This is Priya. Just as a reminder, feel free to put your questions in chat rather your answers in chat and any questions you have in the Q&A feature. If you would like to voice your question or comment, raise your hand so we can allow that and make that possible.

- [Melissa] And I think I've given you some examples. So unless we have something to share, I'm gonna move us along if that's okay.

Priya, do we see anything?

- [Priya] This is Priya, we can move forward.

- [Melissa] Okay, next slide, please. I'm just moving us along 'cause we have a lot of material and I wanna make sure we get as much covered as possible.

So we did effective communication, non-discrimination general obligations. Now we're gonna talk about program facility accessibility. All programs must be accessible to and usable by people with disabilities when viewed in their entirety. What all does that mean?

Next, please.

What this mean, program facility accessibility is, even though it says program, it's an architectural standard. So if it's constructed before 1990, in some situations under 1977 under the Rehab Act, not every building or every area of every building must be accessible.

Theoretically, not all vaccines must be physically accessible and that's only theoretically. But there must be accessible vaccine sites within a reasonable geographic proximity, open similar hours and open the same hours or longer, providing the same services. So if there's two competing pharmacies, I'm not gonna say any names, on office opposite corners of the street, but they're literally just street, they're on the other side of the street from each other. One of 'em has a step in, one of 'em doesn't. As the provider of the vaccine, you have obligations. You can have one not be accessible because if the other one is open the same hours and provides the same vaccines and provides the exact same programs within a reasonable geographic proximity, it's open the same hours or longer and it's providing the exact same services.

Functionally, all the vaccine sites need to be accessible 'cause it has to be within reasonable geographic proximity. Doesn't literally have to be next door to each other but on the same block are pretty close. I would go to go as far as to say. So not every place has to be accessible but they kind of sort, they should. Not should as illegal required.

And new constructions, anything after 1990 so new isn't so new anymore. Thank you.

Next, please.

Now what does it mean to have an accessible vaccine site? It means you have accessible entrances and exits, registration areas, vaccine areas, waiting areas and restrooms. Really important, restrooms if they're provided.

So you're looking at all of those things you want. Can you get in? Can you get out? Can you get the registration area without there being a ton of stock or a ton of things in the way? Get the vaccination? Can you get the waiting areas or a place for you to be not just having lots of chairs but without wheelchair accessible spaces? And is the restroom accessible?

Next, please.

I always say it's important to tell people what their obligations under the ADA and the Rehab Act are not as well as what they are. There are some limitations on your obligations. When something's under financial burden, you don't have to do it. Understand that under Title II, undue burden is a very, very, very high standard. So they're not gonna look at your budget, they're not gonna look at your department's budget. They might go as far as looking at your state budget. And we've already talked about fundamental alteration. If I request something fundamentally alters the nature of your program, you don't have to do that for me, but you have to offer me another alternative.

Next, please.

Can you give some examples of barriers you or people you know have encountered in the vaccination process? And do you think these barriers are prohibited under the ADA or the Rehab Act? It's a real important question.

Otherwise I might have to hum the jeopardy music if you can't come up with anything. And it's a whole vaccination process, it's not just going in and getting the shot, it's registering. And some barriers could be around things like transportation, getting accessible transportation, getting available transportation. I live in a place where there's certainly accessible transportation. All the buses are accessible, but they're all very few and far between.

- [Priya] This is Priya.

Someone shares, "Sign-up systems were not accessible to blind individuals who use screen readers."

- [Melissa] Yes, yes.

Anyone who's working in public health needs to make sure that electronic registrations are accessible to people that use screen readers. That's really, really important. Many of the ones that I have checked are not, and I don't technically check. It's people like Priya that do that kind of magic. But I have asked to check and they have told me and sometimes even I can tell when they're not accessible. So that's a big huge one that you need to be thinking about.

I'm gonna go to the next slide, Priya. And - what was that?

- [Priya] Sounds good.

- [Melissa] Okay, thank you.

So this is gonna be an overview of a checklist that you're going to be getting or have just received, I don't recall which. And you're gonna be getting this checklist as a vaccine checklist and I'm gonna go over it with you right now. I'll be referring to pages. This will be archived, you'll be able to see this later. We'll do post-production on it and you can refer to these things or jot them down or record them in some other way. But we will have the checklist to you shortly, I believe. You don't have it already. I think you might have it already. Is that correct Priya, do you know, or Shaylin?

- [Shaylin] This is Shaylin. Everyone will receive the slide deck that is being shared today and the vaccine access checklist that Melissa will go through and provide some examples on in a moment immediately following the webinar today.

- [Melissa] Thank you. And this is Melissa again and Shaylin told me that, I don't know, 30 seconds before we went on but it kind of went out of my head. So thank you, Shaylin.

Let's go to the next slide, Priya.

So the checklist isn't your typical checklist, that's why we're giving you an overview. It contains sections that you can use independently of each other. The whole thing should be completed, it should be completed in its entirety to assess accessibility of the vaccination sites and should be used by all vaccination sites including walk-in, drive-through, pop-up and mobile units. And it also addresses obligations and considerations for at-home vaccinations.

So the checklist has these three sections. You should do the whole thing. They all don't have to be done by the same person 'cause they're not all about physical access. I do a lot of structural and physical access work. So when I hear checklist, I automatically think structural access, but it's more than that.

Next, please.

So section one of the checklist is vaccination registration for appointment checklist and for non-structural elements. Doesn't that sound fancy? Vaccination registration and appointment checklist for non-structural elements.

What does this mean? It means you're looking at the part where you register and make an appointment to get the vaccine, hence the non-structural.

And it asks, is your registration screen reader accessible, compatible? It provides instructions for people with disabilities registering for the vaccine. It provides instructions for people with disabilities registering for the vaccine online or by phone. Tells 'em how to do that in the checklist. It's also a tool to assess if you're providing equal effective communication and the vaccine site's capacity to provide access to people with disabilities that are non-structural nature.

Next, please.

So we'll say things like are sign language interpreters available on site to interpret for individuals who are Deaf, hard of hearing, or DeafBlind during registration, the vaccination process and while waiting after the vaccine is administered? Yes or no? Well, that lets me know I have to do that.

Oh, next slide, please.

Then we go a little bit deeper onto, and this is also from page seven of the checklist and says, and you'll be getting this immediately after this, which dates and times do the sign language interpreters available with a blank space for you to fill in. You don't have to have an interpreter there all the time. You can do it by appointments now that people are setting appointments for their vaccine, you can do it at certain hours. If you're doing walk-in, you can do certain days, but is it there? And is the availability of sign language interpreters posted on the virtual registration site? So that's making your registration site more accessible and it's also making the vaccine process more accessible through the section one of this checklist.

Next, please.

And this is section two examples from the checklist. This is on page eight and it's for the check-in. Are peer support specialists available onsite to virtually assist individuals with psychiatric disabilities who might need support while they're waiting at the vaccine site? Or people with intellectual disabilities or people with other disabilities they would add? Yes or no?

Is that required under the ADA? No. Is it a best practice or a good practice? Yes, absolutely.

Next, please.

Is there policy allowing service animals to accompany people with disabilities? Check yes or no. Is there a policy?

And this is the important part. Are vaccination staff provided training on the service animal policy? Yes or no? Because if a policy and it's just sitting in somebody's office on somebody's screen somewhere on a hard drive, that doesn't help a lot unless the staff are actually trained.

Next, please.

Are there circumstances which somebody with a disability would be allowed to move to the front of the line because of a disability? Check yes or no.

Next, please.

Please describe the examples of these circumstances. And if yes, if staff been instructed on this practice. So not enough for staff to know that sometimes some people might get to go to the front of the line.

Maybe the policy is if someone has a hard time standing, maybe as if someone seems really uneasy, if someone's pacing or someone indicates that because of their disability, they need to go to the front of the line, those kinds of things. You wanna have the policy to do that. And most importantly, you wanna train staff on it.

Next is what we typically think of as a checklist. And this is section three of the structural checklist for drive-through and walk-in vaccination sites. Is it physically accessible? And by physical accessible, I don't just mean people with mobility disabilities or people use wheelchairs. I mean, are there visual fire alarms, is there tactile signage? All of those things. But they're all related to structure. So it's a tool to assess the adherence of structural elements of vaccine sites to Americans with Disabilities Act Accessibility Guidelines, affectionately known as ADAAG.

Next, please.

So here's the best part. There's two best parts of the checklist. Here's one of the best parts of the checklist. It has hints. And we're gonna give you some hints now.

Kinds of measuring tools you wanna use: a tape measure, a rigid tape measure. Sometimes even more time I show you how to use these and I get to show off my tools. You can get an electronic measuring device, I think around 40 to $60 at your local big box hardware store or big box store. And it can tell you something's 12 inches away or 10 inches away or nine inches away. And you don't have to measure it and you don't have to question yourself. And it really, really helps, it speeds the process along.

Another team I work with doing access work made fun of me for using it, but they adopted like halfway into the day because they saw how much faster was making things go.

Might have a two-foot level to measure slope. We're gonna talk too about that.

And a spring gauge or door pressure assessment device to ascertain door pressure weight. In other words, door pressure. It's not how much the doorway weighs, it's how much pressure the door gives.

Next slide.

More hints. Start from the outside and work your way in. It's really natural to be in the vaccine site, you're all excited, you're gonna measure it there. Let's start an inside, let's start where people sign in. No, start from the outside 'cause you wanna consider parking, walkways, drop off areas, external ramps, exterior ramps and entrances. Start out and work your way in. That way you won't forget things. I've done this. This is tedious and takes a lot of concentration and you will forget things. So make it as easy as possible not to forget things. So start from the outside and work your way in.

And next, please.

Use the comments space. There's a comments space provided each section to describe conditions that need attention or correction or add to details that can't be adequately addressed. So you wanna write down something about a condition? Please take photographs. You can use your phone, assuming you have a smartphone, take photographs. So if you wanna remember the condition, that really helps. And in the questionnaire recorded comments ensure that faulty memory, the bane of accurate assessment, does not produce inaccurate evaluation results. I've got a really good memory and I've got a really good memory for details when I'm doing access surveys and I really forget a lot. Sometimes it's when I'm doing sites all day or something similar sites all day or something like that. But it's easy to forget. Have the description, have the picture 'cause the picture's not necessarily gonna capture all the detail that you want. And write the description, write the question you have. It's off by half an inch. Does that matter in the circumstance? Probably not, maybe it does.

Next, please.

This is my favorite part of the checklist. It is a glossary and pages 11 and 12 of the glossary on section three. So pages 11 and 12 contains the glossary on section three. It's gonna be really helpful when you do the access surveys because it's not just a glossary defining terms, it's instructive in telling you how to measure. It's instructive in telling you what requirements are. So it's not just a glossary, it's really a teaching tool. That's why I love the glossary much. I'm not normally a big glossary person, but we all can do that.

Next, please.

Questions for you. What are your questions?

Now this is just a thumbnail sketch of how to do a checklist that you haven't used yet. So you might not have questions or you might have questions. Please put them in the chat or the Q&A. The Q&A, excuse me.

And Priya, let me know when you're seeing things.

- [Priya] This is Priya. I'm not seeing anything yet. I know we went over quite a bit so I think folks might just need a moment.

- [Melissa] Right, I'll give folks a moment.

And also as I go on, if you have questions that you think of that occur to you, please feel free to put them in the chat even though they're not about the section I'm talking about 'cause it won't throw me, I promise. Or it might throw me, but I'll recover. It's okay.

- [Priya] We just wanna add that Montana CIL staff are available to assist using the checklist and developing an action plan based on the checklist. And that was a wonderful reminder from a commenter. So thank you so much.

- [Melissa] See, I was gonna thank Priya for that reminder. So thank you commenter.

Whoever that was, you get a fabulous prize and you get a plastic miniature service dog of your choice of the color. It can be any color you want.

If we're ready we can go on to the next one, please.

So we're gonna do some scenarios now. So now we get to play.

Next slide, Priya.

Okay. So imagine you're in public health, that's not what you do normally. Imagine you're in public health or maybe you actually are in public health and you get a call from a vaccination site asking what to do when a person is rushing out of the vaccination site, covering his ears, covering their ears, excuse me, and saying I can't stand this. What do you tell them?

So I call you and say someone's at the vaccination site, and I don't know what to do. They're rushing out of the vaccination site and they have their ears covered saying, I can't stand this, I can't stand this. What should I do to? You're my boss, what do I do? Someone has to tell me 'cause I'm calling you on the phone. Or maybe it's a panic text.

- [Priya] This is Priya. Right before I read these responses, feel free to put your responses in chat for folks who that reminder would benefit.

Hillary says, "In small communities there are often minimal options for locations for a vaccine clinic -" Oh, I apologize, this is a question about the checklist. So I'm gonna go ahead and read this and then we'll jump to the scenario.

- [Melissa] Sure. And it'll give people time to put information about the scenarios. That's great, perfect. Thank you.

- [Priya] Absolutely.

So Hillary asks, "In small communities there are often minimal options for locations for a vaccine clinic. This was especially true during COVID when the locations were needed for multiple clinics. How would you use this checklist to make this decision?"

- [Melissa] Where the clinics would be is you're saying? I'm not sure what your question is. Priya, can you repeat it again?

- [Priya] Absolutely. And I do think that is what Hillary is asking, but Hillary do feel free to clarify your question.

But Hillary asks, "In small communities there are often minimal options for locations for a vaccine clinic."

- [Melissa] Got it.

- [Priya] "How would you use this checklist to make this decision?"

- [Melissa] I would use the checklist to see which is the most accessible. Keeping in mind it has to be physically accessible if it's the only one.

- [Priya] Yep, and Hillary clarifies "Where there are clinics that don't meet all the components in the checklist."

- [Melissa] I would need to talk to you one on one and I suggest this is something you talk to Center for Independent Living about 'cause they can give you some more specifics about it.

- [Shaylin] And this is Shaylin. I would like to just add that the checklists also, you may find that many clinics or sites do not meet all of the components and that is okay. That is part of the whole point of having the checklist is identifying where some of those gaps may be and where to prioritize sort of what site may be more accessible to everyone versus another.

- [Melissa] Right. And you might have a site where it's easier to get interpreters too for some reason or something like that or yes. Okay, so can we go to scenarios now? Do we have any responses on this?

- [Priya] This is Priya. Yes, absolutely.

Bridget says, "Go meet with them and see if you can offer them their vaccine in the car or separate room, et cetera."

Mariah shares, "Read the person's body language before becoming triggered and put into a fight or flight state."

Alicia shares, "Calm them down by speaking to them calmly, also seeing what would work for them."

Tara shares, "If you have the staff, you can follow the person and check to make sure they're all right. Let them know that it's okay and that they do not need to get the vaccination."

- [Melissa] Yes. Okay, all of you gave great answers. You all get virtual monster finger puppets in a color of your choice. They're plastic finger puppets that are shaped like monsters and have arms that stick out and they're just lots of fun. But you get your monster finger puppets.

All of those answers are great. Telling 'em they don't need to get the vaccine now,

they can get it another time. They don't need to get it at all if they don't want, you don't want someone running out.

And one of the things that we did, this is a role play when we had a smaller audience last week. One of the things that I said, I was playing the person on the phone and one things that I said to the person first, to the public health, to the vaccination staff persons. Okay, first I want you to relax and take a couple deep breaths 'cause they were calling me in this panic voice. It's like, okay, you relax and then go on and do this. And all of those suggestions are great. Thank you.

Next scenario, next slide please.

- [Priya] This is Priya. As I'm moving to the next slide, I just wanna read this response from John.

John says, "Go down and see them. I would speak to the individual about what is going on."

- [Melissa] Yeah, and if they're out, you don't go chasing after them. You don't go running after them. You're just kind of, hi. And if they leave, they leave, that's okay. It's not the end of the world. You just want to be calm and trying to bring the calm to the site that you wanna model that level of calm. And I think you all kind of touched on that either directly or indirectly.

Okay. Our next scenario is you get a call for me and I'm saying there's so many our vaccination site and our site isn't accessible. There's a two step to get in there. Wheelchair used, what do I do? You're my boss, what do I do? You're my funder, what do I do? What do you tell me?

This is by the way, why you want all your sites to be structural accessible. And moving to pharmacies has helped that significantly because in many parts of the country they're likely to be accessible.

Okay, I see some things coming in through the chat. If you could read this, Priya.

- [Priya] This is Priya, absolutely.

Emily shares, "Offer to give the vaccination to them in their vehicle.

Patricia says similarly, "Offer to bring the vaccination to them."

And Tara shares, "Ask if you can give them the vaccination in the car."

- [Melissa] Yep, those are all good options. If it's a nice weather, some people might want it outside. If they don't drive there, say they've taken the bus or something. The other thing is, if there's an accessible vaccination site across the street, ask them which they prefer or down the block, ask them which they prefer. My guess is if it were me, I'm a scooter user so I get to guess what someone might say but it doesn't mean that they would do the same thing. I would wanna get my vaccine over with and I wouldn't care. But some people might care and might wanna go to an accessible vaccination site and then you call the accessible vaccination site and said, there was a little mistake, there's a little snap. Someone came here to our site that's inaccessible. Ideally you have relationship with them and say, we're the inaccessible one, you're the accessible one, can you get them in now? And very highly prioritize them if the person wants to go to a site that is accessible rather than get it in their car, then come in a car or rather than get it outside. Or if they've come by para transit, they've been dropped off for a while. That's the other thing too.

- [Priya] This is Priya. I wanna add a comment of my own and then read a couple more comments from folks. This connects to the question about what if the site isn't accessible and meets all the needs stated in the checklist as long as there is an alternative close by option. And Melissa can say that in in legalese as we joke. As long as there's an alternative accessible option that meets the needs of the individual and/or you are trying to meet the needs of the individual at the site itself, then not all things in the checklist need to be right accessible, need to be checked, I should say.

Hillary shares, "I would look to bring the vaccine to them. Hopefully, you know this in advance and are planning for this before people show up at the door." It's a good point.

Alicia shares, "Modify the appointment so the vaccine can be given to the person and the vehicle instead."

And then finally someone shares, "In small towns, there may be an indoor facility that is well known and situated to provide vaccines. And if there are access barriers, maybe planning would include additional staff training, a greeter to help with accommodations. Accessible porta-potties outside, a drive-through option. And for some individuals, home delivery options coordinated with paramedics."

- [Melissa] Right and the in-home vaccine option is really important. They usually say for people that are in "home bound," people tend not to be home bound, people tend not to have transportation, not have the proper equipment. So people might not have accessible housing themselves and doing it at someone's house. And the checklist allows for that possibility. So that might mean coming to someone's house and giving them a vaccine. That way, if that's something that they want and arranging that ahead of time. And if you ask people to identify their disability on your registration form, you'll have that information.

Now there's always gonna be some people that just show up 'cause they wanna just show up without telling you ahead of time. Kind of just like everyone else, if anyone else can just walk in and get a shot, I wanna be able to do that. Sometimes I realize it might make more sense for me to let people know ahead of time, but people are gonna do that regardless of what you tell them to. We're dealing with the general public and people do things differently.

Okay, next please.

So you're calling me because you get an email from a deaf person who was vaccinated last month and the Deaf person's saying they got a bill for an ASL interpreter after getting the vaccine. Or I call you with that, what do you tell me? Well, calling me saying, I just got this email from a Deaf person. They were billed for the ASL interpreter. What do I tell them?

Anything in the chat for a fabulous prize?

Oh sorry Priya, go ahead. Just 'cause I saw it.

- [Priya] Yep, no worries.

Jed shares, "That should not have happened."

- [Melissa] Yes, that is correct. That should not have happened.

And you fix that. And you get a fabulous prize. You get a blue and yellow Super Ball, little one, little small Super Ball. It just bounces all over the place.

Okay.

- [Priya] Just wanna read a couple more of these responses.

Tracy shares, "That you don't need to pay for that because it's a free service."

Nancy shares, "You tell them that they should not pay it and that you will take care of it."

Someone anonymous shares, "Contact the location where the shot was given." And they also share, if it's the same person, that they wanted the ball. Maybe you can get the fabulous ball next time.

- [Melissa] No, you get the Super Ball for answering. The Super Ball is for everyone but you could change it if you wanted to.

- [Priya] Mariah shares, "Call Disability Rights Montana and talk to an advocate."

- [Melissa] Yes, that is a really good thing for the person to do. If they call you at the vaccine site, you should just fix it. But if they're giving you a hard time, a person with a disability could call Montana Disability Rights and ask to talk to an advocate. You also get a Super Bowl, Mariah.

Next, please.

Next one, Priya. On slide 75. Yes. Ah, there is, okay.

So you get a call from vaccination site asking what to do when a person without an apparent disability is upset because someone with a disability was perceived to cut in line. So say, anyway, I think I don't wanna have a brawl, I don't wanna have a situation here and someone's really upset because they think someone cut them in line and there's someone with an apparent disability. What should I do? What if there's an upheaval? What do you say to me?

- [Priya] This is Priya.

Meg shares, "This is not an airplane."

- [Melissa] I saw this. Sometimes I don't have visibility in my screen and sometimes I do.

Yes. Okay, Meg.

Meg, first of all, gets a miniature purple Lamborghini. That's what Meg gets, it's a miniature one though, matchbox. What else do you do?

- [Priya] This is Priya.

Tara shares, "Calm the person down. Let them know everyone will get a vaccination."

- [Melissa] Yeah, everyone will get a vaccination and just calm, model the calm you wanna see. Get the person to the front of the line who's getting and get them and maybe ask the person 'cause many people are nervous in line getting a vaccine, maybe is their first shot, it's the first vaccine for COVID. Maybe they're nervous, maybe they're uncomfortable, maybe they just don't wanna be spending the time, maybe they're hot, maybe they need a chair. Something I can get you. Do you need a chair, sir or ma'am? What would help? And what's that last comment?

- [Priya] Yep, this is Priya.

Larry shares, "Tell them that it is a reasonable accommodation and that they will get a shot."

- [Melissa] I don't know about saying it's a reasonable accommodation. That's a tricky one 'cause you don't wanna disclose that that person has a disability unless they choose to do. You might say sometimes with circumstances where some people have to go to the front of the line something like that even not identifying with a disability. But that's a really good idea. That's a really good idea.

Next, please. Next slide.

- [Priya] I'm gonna read just one more comment before we jump to the next section.

Alicia shares, "Let the person know to be patient and that the other people are waiting in line, not just them."

- [Melissa] Yep. Okay, next slide please. I'm gonna give you the answer to the scenario. So for the time sake, you get a call from a vaccination seeker saying they were told to leave their service miniature horseoutside the vaccination site. How do you respond?

Horse has to be allowed in if it's a service horse,a miniature horse under the owner's control and housebroken.

And I'm gonna go to one more scenario that I'm just gonna read out loud to you. And it's a scenario where you get a call from a vaccination site asking what to do when a deaf person request an interpreter ahead of time, shows up the site and there's no interpreter. What I would be looking for from you is can you get video relay interpreting? What can you do?

Ask the person what they would like to do. That happens unfortunately and that's a horrible thing. You don't want that to happen. You wanna make sure your interpreters are confirmed. But see if you can do VRI as an alternative. And I'm gonna go a couple of slides that I just wanna read and then I'll get to more questions and comments.

So Priya, if we can go past the resources slide. There are resources that you can look at afterwards. But I wanna get to slide 84. This one, yes.

And I just wanna make sure that I read this in it's entirety. So nursing continuing education credit, we wanna thank the Rural Institute of the University of Montana. Thank you me, Meg Traci. And the nursing CE is available and it's possible thanks to the University of Montana Rural Institute for Inclusive Communities. And there's a QR code. And to receive your certificate, please complete the evaluation form here and you'll be getting that on the slide deck when you get it after this presentation. And if you encounter and there's URL there, if you encounter any issues receiving your certificate, you can email Caroline Bowman as the Caroline's email, which is caroline@lcisightsolutions.com.

And I just wanna thank you the Rural Institute of University in Montana. And on the screen is the Rural Institute logo, which has an off outline of a ML and text that reads Rural Institute of Montana. And also on screen is a QR code that I mentioned, which you can use your phone to scan and access the CE evaluation to receive your certificate. And you can complete the evaluation and it gives you a URL right there. I just wanna make sure that that went in.

- [Shaylin] And this is Shaylin. Melissa, if I could add to that. After you submit your evaluation form, you should receive your certificate in email a few moments after you submit. If you don't receive your certificate in your email inbox, do look at your spam box in case it went there. And please don't hesitate to reach out to Caroline if you have any troubles receiving your certificate at all.

- [Melissa] Thank you so much, Shaylin. And I wanna go onto the next slide, Priya, because we have another presentation immediately after this, like as we speak.

Again, Project ALIVE and on screen is the Project ALIVE logo. And below is text that reads, “Project ALIVE is supported by the Centers for Disease Control and Prevention, by the U.S. Department of Health and Human Services, HHS, as part of a federal assistance award totaling one $1,900,000 within a hundred percent funded by Centers for Disease Control and Health and Human Services, the CDC/HHS. The contents are those of the author or authors and do not necessarily necessarily represent official views of, nor an endorsement by CDC, HHS, or the United States government.”

So I just wanna thank you. And I hate to wrap up so quickly, but as I say, our entire team is going to a presentation next. You have been a wonderful group. Give yourselves all of virtual fabulous prizes as parting gifts.

So thank you so much. Thank you for being here. Thank you to our interpreters, our CART captioners, the entire team. Thank you to Meg for getting the CEUs and everyone else. And as always, thank you to my team and The Partnership for being wonderful.

- [Shaylin] And this is Shaylin. We'll see you next week for part two with Regina Dyton on October 19th at 10:00 a.m. Mountain Time, same day of the week, same time, same link if you've already registered for both trainings. And it will be on using trauma-informed framework for mitigating disability bias. And we shared the link that you can also share with your colleagues to join us as well. And more information to come. You should be receiving an email in your inbox right now with the information from today. And please don't hesitate to reach out in between. See you next week, everyone.

- [Melissa] Thank you all, bye-bye. See you next week. I'll be there too.