- [Priya] Hello everybody and welcome to Project ALIVE's "Using a Trauma-Informed Framework for Mitigating Disability Bias."

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 dark green cardigan.

On the screen, you have a title slide with text that reads, "Using a Trauma-Informed Framework for Mitigating Disability Bias." The Project ALIVE logo is above this text. Project ALIVE stands for Accessible Life-Saving Integrated Vaccine Equity. The word ALIVE features a bandaid folded in the shape of a V, which replaces the letter V. Below this text are five symbols against blue squares. Those symbols are the wheelchair icon, an icon of a person with a white cane, an ear with a dotted line through it for hearing assistance, two hands forming the ASL

sign for interpretation, and a silhouette of a person's head. Below these symbols is the text, "Accessible Life-Saving Integrated Vaccine Equity."

I'm first gonna get started with a few accessibility and technical support reminders, and then we'll get started officially. So first and foremost, this training is being recorded and an accessible archive of today's conversation and training will be available in the coming weeks. It will include ASL interpretation on screen as well as closed captions.

Today, we have ASL, American Sign Language Interpretation and Communication Access Realtime Translation or CART captions available. CART is provided via Ai-Media and is already embedded in Zoom. You can access the Zoom CART captions via the CC button on the navigation bar at the bottom of your Zoom screen. Click once on the CC button and click show subtitles to have them appear. You can also edit the text of the closed captions via the edit settings button after you click the CC button. 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 Jennifer Figueroa and Nathalie Zintchem. They're already spotlighted for you, so you should be able to see them. If you're having trouble seeing the interpreters, you can change the size of the Zoom boxes. To do so, click on and drag the frames separating the interpreters from the slides, and drag that to the right or left to adjust the size of the slides and the interpreters.

A huge thank you to our accessibility team today. We appreciate everything you do to make this event possible and accessible.

There are several opportunities for you to engage in today's presentation. To respond to or ask questions, please 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 email your questions to priya@disasterstrategies.org. That's P-R-I-Y-A@disasterstrategies.org.

Some friendly reminders regarding accessibility for this training and access for the post-production. If you do voice any comments, please do identify yourself before speaking. An example of this is, "This is Jessie," and then the rest of the comment. As well as when you do voice, please do avoid using acronyms so that everyone is on the same page.

And with that, I'm gonna turn it over to Meg Traci with the Montana University Rural Institute for Inclusive Communities.

- [Meg] Thank you, Priya. And I'm Meg Traci, and I'm a research associate professor at the University of Montana Rural Institute for Inclusive Communities. My faculty affiliation is in the School of Public and Community Health Sciences at the UM. The UM acknowledges that we are on the Aboriginal territories of the Salish and Kalispell people, and we honor the path they have always shown us in caring for this place for generations to come.

And speaking as a member of the Rural Institute, I'm also a part of the Statewide Montana Aging and Disability Partners Network. And I really am honored to welcome our colleagues from the Association of Programs for Rural Independent Living and The Partnership for Inclusive Disaster Strategies to provide today's training and to be working closely with our Centers for Independent Living to bring that training to Montana and to public health.

(indistinct)

I wanna acknowledge Karissa Russell, who has been working with me to coordinate a standing call on Mondays at 2:00 to bring together our Aging and Disability Network partners to discuss how we can strengthen COVID-19 prevention efforts to reach people who are older or have disability, and invite folks to learn more about our Aging and Disability Network at the link provided here on this slide.

And I really want to promote partnering with our Centers for Independent Living that are disability-led organizations serving all of Montana. So if you need support to take some of what we're gonna learn today and what we learned last week into action in your communities, I really wanna promote them as essential partners, and I'm here and available to help you make those connections if needed.

And with that, I just want to welcome Regina Dyton.

- [Regina] Hello everyone. I am Regina Dyton. I'm a 68-year-old African American woman, tall, round, brown, and proud, living with a disability. I have waist-length dreadlocks and wear glasses. Today, my dreadlocks are wound into coils and my pronouns are she/her, and I'm wearing an orange turtleneck.

For our welcome and introductions. Project ALIVE, Accessible Life-Saving Integrated Vaccine Equity is a short term, February through October, 2022, focused effort to remove barriers to COVID-19 vaccinations for people with disabilities living in the rural areas of Missouri,

Montana, and Arkansas. The goal is to support those wanting a vaccine and needing support to access one.

Next slide, please.

This slide, the Project ALIVE logo, standing for Accessible Life-Saving Integrated Vaccine Equity is the slide that is now presented. Below the logo is text in English and Spanish that reads, "brought to you or traido por” with the logos for the following organizations, the Association of Programs for Rural Independent Living, APRIL, The Partnership for Inclusive Disaster Strategies, Living Independently for Today and Tomorrow, or LIFTT, and Summit Independent Living Center.

Next slide, please.

The population focus of Project ALIVE is on people with disabilities in rural areas of Montana who desire a COVID-19 vaccine and experience barriers to access the vaccine, people who are hesitant but are still open to getting vaccinated, and strengthening the relationships between Centers for Independent Living and public health departments.

Next slide, please.

Continuing nursing education. The nursing continuing professional development, this nursing, pardon me, this nursing continuing professional development activity was approved by Montana Nurse's Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. No individual with the ability to control the content of this activity has any relevant financial relationship within eligible companies to disclose.

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

The nursing continuing education availability is possible, thanks to the University of Montana Rural Institute for Inclusive Communities. If anyone has issues receiving their certificate, they can email Caroline Baughman at C-A-R-O-L-I-N-E@lcinsightsolutions.com.

Next slide.

A disclaimer, this material presented does not constitute legal or clinical advice, and it's for informational purposes only. If you are seeking legal or clinical advice, please contact a qualified

attorney or a clinician.

Next slide.

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

Next.

Now I'd like to go over the objectives for this training. The objectives are for you to be able to recognize unconscious disability bias and ableism in healthcare, interrupt disability bias during planning and service provision, use most appropriate disability etiquette, understand the relationship between ableism and other forms of bias and trauma, design and manage an environment and process that best supports people with disabilities to receive COVID-19 vaccinations.

Next. Just a few ground rules, very few.

Please maintain confidentiality, ask questions, and have some fun. Does anyone there have any ground rules they'd like to suggest?

Okay, if not, we will go to the next slide.

And we'll begin by talking about word association.

Next slide, please.

Words associated with disabled people.

Now, many people associate negative words with disability. Words such as dependent burden, suffering, and even violent, especially when it comes to thinking of people with mental health conditions.

Next slide.

Thinking differently. Can you think of some possible words to associate with disability? How about it? What do people have to say?

Okay, if not, let's go to the next slide.

- [Priya] This is Priya. Meg shares, "Colleague."

- [Regina] All right, great. I was just about to say I can't see the chat the way I'm set up, so I'll ask if people put things in the chat for Priya to read them. So colleague is a great one. Anybody have another one?

- [Priya] Tanya shares, "Resilience."

- [Regina] Indeed.

- [Priya] Patricia shares, "Determined."

Bridget shares, "Adversity, strong."

Travis shares, "Person."

- [Regina] There you go.

- [Priya] Tracy shares, "Able, not disabled."

- [Regina] Okay.

- [Priya] Morgan shares, "Perspective."

- [Regina] Wait just a second to see if more come up.

You can always add anything to the chat at any time.

So those are all great words that came in and I want to offer these. Here's some positive words you might associate with disability, independent, thriving, educated, employed, entrepreneur, activist, advocate, happy, fulfilled, healthcare providers.

Yes, next slide.

Positive associations, in other words, the things I just offered and the things that people offered. The same associations that non-disabled people have and should have of and for themselves. Love it. I think it was Travis who said it. People, all right.

Next slide.

Talk a little bit about positive stereotypes and the word positive here is in quotation marks on purpose.

Next slide.

Harmful positive stereotypes still in quotation marks. Some positive stereotypes that still harm disabled people are brave, compensatory abilities and senses, dependable. Did anybody wanna say anything about why or how these are harmful?

- [Priya] This is Priya. I just want to remind folks how, give a friendly reminder for participation. Please do raise your hand if you would like to come off mute or share your question via ASL. You can also add comments in the chat and ask questions in the Q&A.

- [Regina] Thank you, Priya.

- [Priya] Absolutely.

Bridget shares, "Belittling."

Anna says, "They assume that folks are okay with how they are feeling or having to manage their situation."

Travis says, "Inspirational."

- [Regina] Hmm, yeah, definitely. a harmful stereotype that makes me... Yeah, and I wanna emphasize that all stereotypes are harmful. So the first issue is just stereotyping at all. Let's hear a lot more about that as we watch this upcoming video.

Next slide, please.

Message from Stella Young. This video of Stella Young giving a presentation on a large stage in front of a crowd. Stella Young 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 screen and we'll pause the video to briefly describe each image. Okay. And so let's start the video of Stella, please.

The title of her presentation is, "I'm not your inspiration."

Oh, I'm not hearing it. Is anybody hearing it?

- [Priya] My apologies. I need to hit a specific button. One moment, please.

- [Regina] Okay, thank you.

(chiming)

(upbeat music)

(audience applauding)

- I grew up in a very small country town in Victoria. I had a very normal, low-key kind of upbringing. 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, "Hmm, that's really nice, but there's kind of one glaring problem with that. She hasn't actually achieved anything.

(audience laughing)

- [Regina] That's fine. All right. So yes, I'd like to start a little discussion here. Discuss a time when you were completely comfortable with a person with a disability and less comfortable or did not know what to do. You get some extra points here if your response is related to healthcare planning or service delivery.

So let's see what we've got in the chat or through raised hands.

While we wait, does anyone on the presentation panel here want to say anything about a time they were completely comfortable or less than comfortable or don't know what to?

- [Melissa] This is Melissa Marshall with The Partnership and I'm glad to share that, except I see there's some things in the chat, so I will fill in at the end.

- [Regina] All right, great.

- [Priya] This is Priya.

Meg shares, "At Camp Bull Wheel fly-fishing with a friend on an accessible boat."

- [Regina] All right.

- [Priya] Michelle shares, "I believe I have always been comfortable around disabled people. I don't see them as disabled."

Meg shares, "At a conference with colleagues when there is no ASL interpreter services or CART provided."

This is Priya. As you share your experiences, please do note if it was a time that made you comfortable or uncomfortable.

Tracy shares, "I have a grandson with autism and was uncomfortable at first, but it just took time for me to learn about autism to become comfortable."

- [Regina] Mm-hmm. I want to contribute that I think for most of us are raising, well, maybe perhaps it depends on who raised you and how old you are, but I'll speak for myself. As a young child, I didn't feel a discomfort, but was taught the discomfort by adults who said, "Don't look, don't ask, don't acknowledge."

- [Melissa] This is Melissa. I have cerebral palsy, which is relevant to the story 'cause my first boss in an adult job also had significant cerebral palsy and it affected his speech and he drooled. And I remember him drooling and that was very present for me. He would drool on his tie. And when it went away, when the discomfort, and I shouldn't feel uncomfortable with someone with cerebral palsy, I have cerebral palsy, and I'm working in disability and all those things going on in my head.

And when it became, when it went away for me, is the first time I had to talk him into doing something. Either supporting a piece of legislation or posing it, I don't remember, I was probably 23. I don't know if I was right or not, but it went away then when we engaged, when we engaged in an argument, a friendly argument. but like we're just talking like colleagues, it just all went away.

- [Regina] Mm-hmm, yes.

- [Priya] This is Priya. I want to read a comment from Alicia.

Alicia shares, "Throughout my 12 years of school growing up."

Meg clarifies, "The fly-fishing experience was a moment of comfortability and accessing information at a conference when her colleagues could not was a moment of uncomfortability."

- [Regina] Okay. Anything? Well, I'll add one too.

For me, less than comfortable in healthcare was working for a hospital and needed accommodations were not present or there was something inadequate about the hospital capacity, what the hospital was providing. That was very uncomfortable for me, but not 'cause I wasn't comfortable with the person, and even though I wasn't the one remiss or responsible, I still felt very uncomfortable and angry.

- [Priya] This is Priya. Absolutely.

Tara shares, "I had a patient when I worked for a spine doctor and that had a mental disability. She was in her 30s. Her verbal skills were not good. She was just screaming and not being cooperative. That made me very uncomfortable. By the time I saw her again for her pre and post-surgical appointments, I got more comfortable as I learned how she functioned and how to communicate with her."

- [Regina] Mm-hmm.

- [Priya] Mariah shares, "Being with my peers in this special education classroom throughout my academic career, I wanted to drop out in high school because I needed accommodations and had to leave the general classroom and was made fun of by my, quote unquote, 'normal peers.' My group of people held me accountable and I was the first to graduate high school in my family."

- [Regina] Okay.

- [Priya] Meg shares, "Like with anyone example given, you have something stuck in your teeth, giving people feedback about something that may be amiss with outward appearance and how someone may want to present."

- [Regina] Mm-hmm.

Okay. If there's no more, let's go to the next slide.

Comfort and discomfort with disabled people. You may be more comfortable with disabled people when you have a relationship with them. Members of your family, friends, colleagues, kind of things we just talked about, it's really important when you're just getting to know people and you're having conversations with them that brings about comfort.

Next slide.

More about comfort and discomfort with disabled people. You may be less comfortable with disabled people when you don't have a relationship with them because you are uncomfortable with their disability. You're afraid to ask questions, you don't know what to do.

That's a big thing. A lot of times for people, they don't know what to do. They are afraid to ask questions. And I'll go back to, I don't think I'm the only one whose elders said, "Don't look, don't ask, don't acknowledge." So yeah, people need to learn new things.

Next slide.

We're gonna talk about bias. What do we mean by bias? Prejudice in favor of or against one thing, person, or group compared with another, usually in a way, considered to be unfair. Often, bias is unconscious. Now, each of us likes to think of ourselves and we're probably right, but we'd never be biased.

But I wanna put this out to you. What do you do when you see someone else do it, when you see someone else demonstrate bias? Let's take a few minutes to get input on that.

And Priya, you can let us know if we have anything coming in. Sure it takes a minute for people to type in or speak in.

- [Melissa] This is Melissa and feel free to call on me.

- [Priya] Oh yes, please.

- [Melissa] Okay, I don't wanna jump ahead of anyone else, and those of you that met me last week and know me know I kinda like to talk, but especially about disability bias, that's kind of my favorite thing to talk about, so this is great. And I think we have choices. Sometimes we can interrupt it, sometimes we can just watch it and witness it, and sometimes we can add to it.

When I talk about bullying, I talk about this. And I think interrupting is a good thing. You don't wanna embarrass anyone, but sometimes, you wanna deflect. If someone's being really patronizing towards someone, "Look how she can get around this building in a wheelchair

by pressing a button." Well, that makes it sound like I can't do much else other than press a button to get around a building. But if you say, "Yeah, and she's really good at chess, or "She really knows a lot about movies' and she's read all the latest books," or just kind of deflecting that way, you never wanna call someone in front with someone, you don't wanna embarrass anyone. You might wanna take a colleague aside if you have that kind of relationship with them. And you can say, "She has all this other expertise," and kind of talk about it. Maybe talk about if you have a culture where you can do that, and I see this stuff on the chat so.

- [Regina] All right.

- [Priya] This is Priya. indeed, there are comments in chat.

Larry says, "Hi, I call them on it and try to educate them on what they are doing wrong."

Meg shares, "Decisions made quickly maybe more vulnerable to bias. So ask for a longer timeline that will allow us to ask community partners for input."

- [Regina] All right, thank you very much. Next slide.

Another term here, ableism.

- [Priya] This is Priya. One moment, please.

- [Regina] Oh sure.

- [Priya] A couple more comments coming in.

- [Regina] I'm sorry, I'm so sorry.

- [Priya] No worries, no worries.

Alicia shares, "I've noticed it within going to the grocery store or going to the mall, just pretty much any public place."

Frida says, "Bias can also include not wanting to change the, quote unquote, 'status quo' and fear of offending someone."

- [Regina] Hmm, good point.

Okay, I think we're ready. Next slide.

Ableism is a noun. The definition of ableism, according to Merriam-Webster is discrimination or prejudice against individuals with disabilities.

And I welcome yet another definition by our own Melissa Marshall. Ableism is oppression based on physical, mental, intellectual, cognitive, sensory, or other ability or perceived ability.

Melissa, do you wanna say anything more about that?

- [Melissa] Sure, two things.

Discrimination, the reason I didn't like that definition is discrimination is a legal term. So ableism isn't discrimination. Ableism is the oppression. And what's really exciting for me is I did not coin the word ableism, but I started using it in the very early '80s, very late '70s.

And I'm just thrilled that it's something that's being talked about a lot and we're hearing the word more and more, because otherwise, when we say it, it sounds like we're not being nice to those disabled people. We're not being nice, we're being unfair. We're being even biased is not a strong enough word. Sometimes, we're being ableist and we need to call people out on that, and it is not the same as sexism, it is not the same as homophobia, it's not the same as those other isms, but there are parallels.

- [Regina] Thank you, Melissa.

- [Melissa] You're welcome.

- [Regina] Wanna just add that ism in ableism in this case is always about perceived superiority and inferiority.

Next slide.

Another term here is intersectionality. Intersectionality is a way to analyze interlocking effects of people with multiple marginalized identities and what they experience. People of color, religious, ethnic minorities, low income, and other multiply marginalized people with disabilities experience disproportionate bias, ableism, and discrimination.

Now the term intersectionality is a concept initially coined by Kimberle Crenshaw, that Black BIPOC, that is Black, indigenous, people of color, and other multiply marginalized people with disabilities experience disproportionate, biased ableism discrimination.

For me, that paints a picture of me standing in an intersection, maybe one with more than four roadways coming in, well, might be five or six. And there's a bus coming toward me from each of those. Sometimes, it feels like rows of buses. But it's like getting run over in an intersection by buses. One bus is running over me because of race. One bus is running over me because of disability. One bus is running over me because of my queer identity. Another bus is running over me because I'm a woman, and so forth and so on. Just wanted to add that because that's, whatever, I think it brings some feeling and intensity. The intensity of the feeling helps to share that.

Does anybody else wanna, I guess, share intersections of identity and what that's like?

And while that's coming up, I wanna say that the way that the dominant culture treats or marginalizes people sometimes creates difficulties within each of us because it doesn't support us in embracing and valuing all of our identities. It does quite the opposite.

Yes. Anybody on the on this team, or otherwise, wanna say anything more about intersectional identities?

Okay, yeah, if not, we'll go to the next slide.

All right, which is about privilege. Privilege can be understood as anything from which one benefits that they did nothing to earn. We all have some types of privilege and it's difficult to see our privilege. And a great way of saying that is fish and water don't know that they're wet. Privilege can make the condition and needs of others invisible. Invisible to us and lead to unconscious bias.

Next slide.

Effects of privilege. People with privileges often don't think about people without it when planning and conducting services and activities.

So I wanna offer naming some of my own privilege here 'cause I think it's very important. One privilege I have is that of being born a US citizen. Definitely, that's one where most of my life I was that fish in water not knowing I was wet, until I began to not only just know of but know undocumented immigrants and had the stark realization that no matter what heinous, horrible thing I might do, and I'm not minimizing that, if I were convicted and sent to prison that that's horrible and I'd be discriminated against and oppressed on many levels of many identities. But one thing that would not happen is that I would not be put out of the nation, the culture, the only place that I've known as home for all of my life, that won't happen. And I need to own that as a privilege.

The other is that standard English was my first language because I was born to two college educated parents who raised me in a middle income family, who were both educators, who knew how to assess a school system and demand that it educate me well. I did not a thing to earn that. My parents and especially their parents having come up through the depression and raised in segregation did a lot of hard work, but the privilege was mine.

I am cisgender, huge privilege. My sense of self in my brain matches my body.

So I just think that it's really important that we own our privilege. And let's go to the next slide and take a little look at why.

- [Priya] As we do that, I wanna read this comment from Mariah.

Mariah shares, "Being a white woman with a disability, I've noticed that often other individuals are comfortable expressing their microaggressions to me as if I agree. However, I ensure to hold them accountable and let them know to educate themselves and reflect on where these beliefs come from."

- [Regina] Thank you, Mariah. Yep, that's what you do with privilege, yes, yes.

And I really always wanna hold up and appreciate all of my allies who do that with and for me. Acknowledging our privilege, it's important to acknowledge our privilege 'cause it helps us to remember those without that privilege. We can use our privilege to advocate for those without our particular privilege, and we can use our position and privilege to educate peers, as Mariah just said.

Sometimes, if you're not the one with a particular characteristic that's targeted for oppression and bias, you have a certain level of credibility and influence, and you can use that to help level a playing field. And sometimes, these microaggressions building up are just too much, and the people being oppressed by them need a rest. I've often said as an African American woman, my greatest ally, my happy day is when someone white watching me being attacked goes in front of me to wage the fight. I don't necessarily mean a physical one, and I get to stay behind and cry, not when they cry 'cause it was so horrible, and I'm still out there fighting. And so I tried to be that people for transgender people, for people who don't speak English, for immigrants documented and undocumented, it's really important, yeah.

Next slide.

So key terms and principles. We're gonna start with microaggressions, which a couple of us just mentioned. Microaggressions are the everyday slight, put down, indignity, or invalidation, unintentionally directed toward a marginalized group. That is from Dr. Derald Sue, Professor of Psychology and Education.

Microaggressions can be the result of unconscious bias or unacknowledged privilege. Microaggressors often do not intend any harm. Microaggressions may be a sign of discomfort and microaggressions point out differences.

Next slide, please.

Let's talk about disability microaggressions.

Examples include tone. Using a patronizing tone or words, such as honey, baby, dear, an infantilizing tone. (mimics baby talk)

Also word choice, using language that expresses bias, such as brave and courageous. Sometimes, it's not what you say but how you say it.

A couple of microaggressions I wanted to offer as examples and then I'll open it for more, you might wanna start typing them now, is speaking to a person perceived to be an aide.

I had that experience with a friend of mine who uses a wheelchair and we were friends and business partners. And so when we would go out socially and she's white, I'm Black, I would often be perceived to be her aide and that would both get microaggressions in that way. There was the racial microaggression to me and the disability microaggression to her because they would often speak to me, rather than speaking directly to her. And I had the similar experience with my cousin who's also Black. And when she began using a wheelchair, even though my cousin is one of the smartest people I know, people would talk to me instead of her or ask me things like, "Can she talk?" I was like, "Please."

So those are just, yeah, couple examples. I know we could all name a lot more. So does anybody you know wanna offer some examples of microaggressions?

- [Melissa] This is Melissa. Glad to start us out as people are chatting or typing in the chat. Is that okay, Regina?

- [Regina] Sure, that's great.

- [Melissa] I have so many, but one that leaps to mind is I was out shopping with a friend at a clothing store and I'm not a plus size, but I'm in the large end of regular. And we're in the store that sells just teeny tiny clothes and that's okay, we're shopping, we're having fun, we're the center of my town. And she's teeny tiny, and she goes to try on her things, and I'm looking at scarves because they'll fit me.

And the store comes up to me and she said, "Who are you with?" I'm thinking, does she think the clothes won't fit me and I shouldn't be here? Is that microaggression? And she said, "But who are you with?" I said, "My friend, my friend is in in the dressing room trying on a suit." And she said, "But who are the two of you with?" And I realized she wanted to know who our staff was. Now we just come from a professional meeting. We're both attorneys so you were dressed in like business attire and she wanted to know who our staff was. And my friend from her perspective is in the dressing room. She hears my voice saying, "We're both attorneys." And she's like, "Oh lord, what happened?"

But that kind of assumption that two of us professionally dressed people who use wheelchairs should have staff attending to us. And I thought about that when you're talking about the staff thing.

- [Regina] And I'm going, and whose business is like, why is that our business?

- [Melissa] And people assume, I'll tell one more, I'm sorry. People assume the people with me are staff, like my family. Like I once went out to get one of my kids, he was going off to college, so I'm going off to college food. There's like eight pounds of tortillas and cheese and just 20 something young man food, and it's all there, and I pay for it, I pay for it. I give the person my card and she goes to give my son back the card and says, "Here's a coupon for when you shop for her next time."

- [Regina] Oh my God.

- [Melissa] I think, obviously, it was familiar relationship and I didn't wanna say to embarrass my son 'cause it's kinda like that age where your mom's buying your stuff ready to go to college and you're 20 kind of stuff. But here's something when you take her shopping next time. It was so obvious it was like 20 something guy food, you know? And yeah. (Regina laughs)

I'll stop now. Sorry. (laughs)

- [Regina] Yeah. Priya, got anything coming for us?

- [Priya] Absolutely. Meg shares a couple of words to avoid and would be considered microaggressions, special, wheelchair bound, chemically unbalanced.

- [Regina] Hmm, yeah.

- [Priya] Another one that I think of is home bound.

- [Regina] Yes.

- [Priya] Meg adds, "People use these with good intentions."

- [Regina] When I first heard the term wheelchair bound, it didn't make sense to me because what came up in my mind right away as a teenager was wheelchair freed. Without the wheels, right, my friend wouldn't be able to move around so that's not bound. Okay, and I just was like, hmm. And unfortunately at that time, just where my experience had been and lack of validation. I just thought, "Yeah, Regina, your mind is really strange, 'cause you're thinking wheelchair freed." Because before she had the chair, she had to depend on somebody else to take or anywhere. So I thought wheelchair freed.

- [Priya] This is Priya. I think that's such an important thought process because for many of us who use mobility devices, myself included, we consider our wheelchairs or mobility devices freeing to a certain extent. They give us freedom to do things, to be part of our local community, and such. And that, exactly like your thought process was when you first heard the word, it is freeing, absolutely.

Frida shares, "Bound anything just has a negative feeling." Absolutely.

- [Regina] Yes, yes, yes.

- [Priya] I see Tanya has their hand up. I'm going to... Go ahead, Tanya. If you're talking, Tanya, you're on mute.

- [Tanya] Thank you for letting me know. I just would've went on and on. This is Tanya Thomas over at LIFTT. I was just gonna share an example of what always makes me frustrated about when we go out to restaurants and they ask the people that are with me what I'll have to order makes me crazy. And I was just talking about this subject the other day with one of my friends and I think, it goes a lot to educating not just the people that you run into that are microaggressive, but the people that are around you that are supporting you to help them learn how to, how would you say it? To bounce that back. I always ask that they tell the person, "She can absolutely order for herself. If you'd like to ask her, go right ahead."

- [Regina] Yes.

- [Tanya] And those are the kind of things that I think it helps educating the people around us, the people that do things with us and care about us, that they understand too how to handle, how to deflect that.

I always get followed around. I'm visually impaired and I'm not totally blind, but I'm partially blind, and I always get followed around in the stores because I pick up everything to feel it, touch it, look at it, and security always generally thinks I'm stealing. (laughs) I get followed a lot. I had a security guard come up to me and ask me why I was smelling this piece of jewelry. And I'm like, "I'm trying to see what the price tag says and I can't read the price tag." And it was just little things like that, but thank you guys. I never knew what these were or what to call them. I'm learning so much today so-

- [Regina] Great. Oh, I'm glad, you're very welcome, yes. Any other microaggression examples or comments on them?

- [Regina] Well -

- [Priya] Apologize, this is Priya.

- [Regina] Yeah, go ahead.

- [Priya] I apologize, Tanya, if you had another thought, please do feel free to add.

- [Regina] I wanna offer a bit of humor that just came to mind of, somehow I was reminded of a friend of mine who uses a wheelchair is gay and has AIDS. And we talked about people not meaning any harm. He said he was sick and tired of being gang blessed. It was a microaggression that somebody was always going to cure him of something, of homosexuality, of make him able to throw away his wheelchair, get rid of AIDS, be like, "I'm just fine and please stop with this gang blessing."

So it's like, I thought that was a humorous but good serious way of describing it. But that's Brian. Next slide.

- [Priya] This is Priya. I just wanna read a couple more-

- [Regina] Oh sure.

- [Priya] Comments.

Alicia shares, "Being a Native American in Montana getting followed around in stores whenever I was with my siblings, or cousins, or grandma when we were just looking around at clothes, not giving any of the customers or staff any trouble at all."

This is Priya speaking now, I can definitely relate to that. I've been followed around as a disabled person of color a lot and it's always a matter of determining which identity I'm being discriminated for. Is it because I'm a person of color? Is it because I'm a disabled person? And therefore, I don't have any money to spend.

I've come to the conclusion that it's always both 'cause you can never separate identities and how people perceive you.

Mariah adds, "Students with IEPs are perceived by other peers as getting 'special treatment,' quote unquote, or quote, 'favored more' unquote, because of their accommodations for schools."

Larry says, "I had a thing come up with a doctor, I was in the same day care and the doctor asked my wife if he could get up on the table. And I answered, 'I can get up on the table.'"

- [Regina] Hmm. Thank you, thank you all.

Okay, next slide.

Other examples of disability microaggressions include touching someone's wheelchair or other device without permission. It's not okay to do that for a non-disabled person. Is it okay for someone you don't know to touch your property while speaking to you or touching a person without permission? For example, helping someone put on a jacket without asking if they need help.

Next slide.

Another example of disability microaggression is bringing attention to differences. For example, telling someone using a scooter or wheelchair that you're gonna give them a speeding ticket. That really just speaks to the discomfort of the speaker.

Next slide.

Here we have an image of a young white man in a manual wheelchair at the bottom of a flight of stairs staring at these concrete steps. It's really important to think about this that the designer of this building did not intend to discriminate against wheelchair users. But obviously, was unconscious of their own privilege.

Next slide.

Key terms and principles. Here's a microaggression equation. Microaggression added to microaggression added to microaggression equals macro effects, and results in alienation, frustration, low self-esteem, ableism, discrimination, low productivity. And I wanna add that discrimination and ableism within disability communities is another result.

Next slide.

In this section, we're talking about reducing disability bias.

Next slide.

To reduce disability bias, consider language. Use the term people with disabilities or disabled people. Avoid language that presupposes the negative, such as victim of, suffering, from challenged. Avoid language that groups people, such as the mentally ill, the disabled. To me, that's a pseudonym for you people.

We should all be aware that language does morph and change. I think especially as oppressed people seek to self-define.

Next slide.

More about language. Avoid endearing terms like honey, sweetie, dear, and infantalizing terms such as mama and baby. Such language is for personal, not professional relationships. I noticed that the more pronounced my gait gets as my disability seems to grow with my age, more and more people want to, I guess, affectionately call me mama. I don't think I gave birth to you, I don't think I raised you, but it's not like, oh mama, mommy. You know, it's like,you poor old lady you. Yeah, no, no, I don't know you like that.

Let's go to the next slide and 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. Make sure to communicate with the disabled person and ask them what they need. And the source of this advice is "Etiquette, Interacting with People with Disabilities," "Resources: Disability Etiquette."

Next, please. Offering help.

It's okay to offer help to someone who appears to need assistance. Just respect their response and always ask permission before helping someone.

Next, disability etiquette, blind and low vision. Identify yourself and others when entering the room and let the person know when you leave the room, offer a tour of the facility to a new person, assist with navigation only 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, continue disability etiquette regarding blind and low vision.

If the person has a guide dog, walk on the side opposite 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. And here's a tip, you can use a clock as a reference for navigation. For example, we're turning to your right at three o'clock. There's a box at noon.

Okay, let's go to the next one.

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

Next.

Disability etiquette regarding 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 assistive listening devices. Don't assume that all Deaf/hard of hearing people use sign language or read lips.

Next slide, please.

Continuing disability etiquette for Deaf and hard of hearing.

If the person uses American Sign Language interpreter, speak directly to the person, not to the interpreter. Do not yell, over enunciate, eat or chew gum when talking. Use a customary tone or voice unless otherwise requested. Speak slowly and clearly. And gently tap on the person's shoulder or wave to get their attention. I wanna add that ASL is a language unto itself with its own grammar, syntax, and word order. It's not a way to translate spoken English. It is a language of its own.

Did anybody, Melissa, did you wanna offer anymore about ASL?

If you're speaking, you're muted. You don't have to speak.

- [Melissa] I was speaking, of course. And of course, I think Regina, you said it really well and I know we're kind of on a crunch for time, so I just wanna keep us moving, so if we can-

- [Regina] Okay.

- [Melissa] We can get through the slides, I'm not gonna add anything. So thank you so much though.

- [Regina] Sure, all right, next slide.

Disability etiquette regarding speech disability.

Ask them 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, that's a universal. Allow time for delayed responses. Don't try to guess what the person is saying.

Next slide.

Disability etiquette for autism and sensory disabilities.

Eye contact may be distracting or uncomfortable. Don't pursue eye contact. Large groups, high noise levels, and harsh lighting may be overstimulating. Dim lights and minimize noise. Respectfully allow a person's self-soothing strategies, such as stimming.

Next slide.

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 tech-based communication and ASL interpreters.

Next. 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 package on the person's lap. If someone wants help, ask if they want help. And if they say yes, ask for specific instructions. Do not just start helping them. This can create potentially dangerous or uncomfortable situations.

And of course, all of this is informed by your relationship with the person. It's never appropriate with a patient or a consumer. And just as everyone has different boundaries with family or friends than with coworkers, we just need to respect people's space and never treat them like furniture.

Next.

- [Priya] This is Priya. I just want to jump in with an question that I will answer. Michelle asks, "What is stimming?

Stimming is a way for an autistic or neurodivergent person to regulate their emotions, their body. This often looks like, maybe they're clapping, maybe they are jumping up and down, or rocking. Essentially, they're self-soothing strategies for that individual to either get more stimulation or help them through a period of too much stimulation.

- [Regina] Thank you, Priya. And thank you for the question.

Disability etiquette for mobility device users or people who use wheelchairs or 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 or standing back up a few steps.

Next. Continuing with mobility device users.

For people who use canes, crutches, walkers, or similar devices, they 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.

Next slide.

Going into discussing disability bias and trauma.

Next slide. Bias and oppression is traumatizing. Traumatic events are those that scare us, make us feel unsafe, fearing that the negative experiences will be repeated. This is sometimes based upon experiences of repeated bias or abuse.

Next. Generational trauma.

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

Next. The term intimate oppression.

Intimate oppression occurs when a loving person, usually a parent, transfers their internalized oppression to a child, or other family, or community member. An example is a teaching her disabled daughter that a woman's value lies in her ability to get a husband, while sending the message that no will want to marry her because of her disability.

Next.

Internalized oppression. Internalized oppression is when people come to believe in their own inferiority and often of the stereotypes about their identity group or groups.

Next. 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. And I know 'cause we're trying to move through with time, not gonna ask for examples and I know that you have them.

Next slide, please.

Some examples of trauma in healthcare include being refused services, not being believed, being spoken to in less than respectable ways, such as patronizing, pitying, scolding, being forcibly restrained, being blamed for one's disability or medical condition, services being inaccessible.

Next slide.

Here are some examples of trauma symptoms.

This is not a inclusive list. This is a partial list. Headaches, weight loss without dieting, flashbacks, sleep difficulties, anxiety attacks, sadness and uncontrollable crying, dizziness, difficulty breathing, passing out, anger management, desire to physically hurt yourself or others. This comes from the trauma symptom checklist from the National Center for PTSD or posttraumatic stress disorder. So those are just a few.

As healthcare providers, we don't want to be doing that to anyone.

Trauma-informed care.

Oh sorry, next slide.

Trauma-informed care 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. Trauma-informed care acknowledges that healthcare teams need to have that complete picture of a person's life situation past and present in order to provide effective care with a healing orientation.

Next slide. Objectives of trauma-informed care.

Trauma-informed care seeks to realize widespread impact of trauma and understand paths for recovery. To recognize the signs and symptoms of trauma in patients, families, and in staff, it seeks to integrate knowledge trauma into policies, procedures, and practices, and actively seeks to avoid retraumatization.

I want to stress that it's important to implement trauma-informed care, not just at the clinical level, but all throughout all levels of the organization.

Next please. The 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 will improve patient engagement, improve treatment and adherence, improve health outcomes, and help reduce unnecessary treatment and excess cost. It may also help reduce staff burnout and reduce turnover.

Next.

The principles of trauma-informed care are safety, safety throughout the organization, situation where patients and staff feel physically and psychologically safe.

Next principle is trustworthiness plus transparency, that decisions are made with transparency and with the goal of building and maintaining trust. Peer support, people with shared experiences are integrated into the organization and viewed and treated as integral to service delivery. It's important here that we are planning with patients not for patients.

Next slide.

Continued principles of trauma-informed care are collaboration, that to the best of our ability, power differences between staff and clients and among organizational staff are leveled to support shared decision making. Empowerment, patient and staff strengths are recognized, built upon, and validated. Humility plus 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 of the Department of Health and Human Services Publication, Guiding Principles of Trauma-Informed Care.

Next.

We'll take a few minutes here, I think, just maybe for a few questions and discussion. Have you seen examples of disability bias in healthcare policies and practice? These are the questions on the screen. Do you see improvement in the elimination of biases? And can you cite examples of trauma-informed care in your organization? I know that we all see examples of bias.

I would ask that in this, and Priya or anyone else, you're welcome to comment if you think we should go another way. But if we focus on do you see improvement in the elimination of biases and can you cite examples of trauma-informed care in your organization?

- [Melissa] This is Melissa. I think that's a great idea, Regina, and I'm gonna make the suggestion. If you're comfortable with this, that people put those in the chat, but you move on just in the interest of time, if that works for you.

- [Regina] I was gonna say the same thing.

- [Melissa] Oh great minds think alike. I knew that.

- [Regina] That's exactly what I. All right, perfect.

So moving on, we are looking at supporting people with disabilities during the vaccination process.

Next slide.

Avoid triggering environments, vaccine sites that are crowded, noisy, unpredictable, and confusing. Let's avoid that.

Also, triggering behaviors might be using a raised voice even if it's only meant to provide instruction, and expecting people to be able to move and speak quickly.

Next.

If there's perceived inappropriate behavior, what to do? Well, approach the person and calmly talk, interact with them. Ask how you can help, brainstorm solutions together, and deescalate.

Next slide.

Some deescalation strategies include, be empathetic and nonjudgmental, respect personal space, use non-threatening non-verbals, keep your emotional brain in check, set limits, choose wisely what you insist upon, allow silence for reflection, and allow time for decisions.

Next.

What to do to make the vaccination process more comfortable? You should ask the person, "What do you need?" Invite them to a low quiet stimulation area if needed, invite them to move to the front of the line, and explain what will happen next, if this is indeed your practice. Ask what a person needs. It's okay not to know what to do and not do the answer. Tell and assure the person that, "We'll figure it this out together." What's never okay is to ignore a person.

Next.

More of what to do to make the vaccination process more comfortable. Create a lower stimulation environment by asking people to speak in low tones and modeling it using incandescent lighting more feasible. Provide objects that are soothing, such as fidget devices and weighted blankets.

Next. More on making vaccination process more comfortable.

Be flexible, consider giving an injection in a space outside of designated injection area, permit people to walk or move. Walk or move with people if they want. Gonna go by the examples, bypass examples here.

Move to the next slide, which is scenarios where we have two scenarios and Melissa's gonna help me with these two scenarios, all right?

First, I'll read the scenario and then we'll go into our acting mode.

- [Melissa] This is Melissa. I'm gonna suggest we do one scenario because we have three minutes left.

- [Regina] Okay, sounds good to me.

- [Melissa] That scenario, okay.

- [Regina] That'll make it work. So let's do scenario one.

A person in line to receive a vaccine motions for you to come to them. As you approach, they begin talking faster and louder and becoming angry. They tell you they can't stand much longer. They're in pain and that there's no chairs. They said that you're violating the ADA. And if they fall or get hurt, they will sue you. They talk faster and louder with increasing anger. What do you do? Let's see.

I'm gonna call Melissa. I'm calling Melissa at the health department. Melissa?

- [Melissa] Hi Regina. How are you today?

- [Regina] I'm alright, but I'm a little bit panicked here. I'm over here, as you know, at the vaccine. And this woman motioned for me to come over to her and as I'm going, she is talking louder and faster. She's saying she can't stand up much longer. Now I have somebody running to bring a chair to her 'cause she's saying that she's in pain, there's no chairs, but here's what I'm really worried about. She said we're violating the ADA and if she falls against her, she's gonna sue us and she's getting, what do I do? She's just upset.

- [Melissa] Okay. Slow down yourself. First thing I want you to do is take a couple deep breaths. You wanna go into the situation calmly 'cause when you go out there and you interact with her, you want to model the calm that you wanna see on the site. And also I would ask you to, don't worry about her suing you or not suing you, that's not your problem, that's my problem. Don't worry about that. She's in pain. She needs some chairs. Get her a chair, ask her if there's anything else she needs, what you can do to make this experience easier and better for her. Maybe sitting and then having to move a chair's hard, maybe you move her to the front of the line. Ask her what she wants.

Keep in mind, everyone getting a vaccine is a little nervous. She might be afraid of the vaccine, she might be afraid of the needles, she's somebody with a disability, she might have posttraumatic stress around medical settings. And just be calm, be the calm that you wanna be for her and talk to her in a slow voice. If she starts panicking, you consider, "Would you breathe with me? Do you wanna do that?" if she's interested in doing that. That way you both have more opportunity to relax. How's that sound?

- [Regina] That sounds great. Thank you so much. I've been taking some breaths since you started telling me to, and I'm ready to calmly handle this.

- [Melissa] And if you want, bring the phone with you and I'll stay on. We can do it together.

- [Regina] Perfect.

- [Melissa] Thank you so much. Anytime, Regina.

- [Regina] Take care.

- [Melissa] Bye bye, bye bye.

- [Regina] All right, let's go to, not to the slide, I'm sorry. Let's go to inclusivity suggestions slide. We're skipping scenario two.

Inclusivity suggestions. Next.

Involve people with disabilities. People with a wide variety of disabilities should be included in all aspects of planning and implementation. Without our involvement, there will be no equity. It's just not possible. Underscoring here that you plan with people, never for people. And that those people closest to the problem are closest to the solution. Reminding us that it's not the people with the problem, but the societal institutional response to us as people.

Next. More on involving people with disabilities.

Create a culture where it's easier to include people with disabilities in planning. By planning physical meetings so they're always in accessible spaces and on a bus route if your area has such public transportation. Create accessible material inviting people to and material that's disseminated during and after meetings for people who don't read print. Ensure sign language interpreters are provided as necessary.

Next.

Here we had questions or comments, which some are going in the chat.

Next. Resources.

Next. Resources.

Your local centers for independent Living. The Summit Independent Living, the Summit; Living Independently for Today and Tomorrow, LIFTT; Montana Independent Living Project, MILP; North Central Independent Living Services, NCILS.

Next.

This is a ID map of Montana that's color coded and identifies the four CIL coverage area by county and tribal nation. A key site to the bottom right indicating which CIL is marked by which color.

Find the map and this information in accessible HTML format by going to the link of the slide title.

Next.

More resources, plain language resources, Self-Advocacy Resource and Technical Assistance Center, SARTAC, resources on COVID-19 vaccine information in plain language; the Autistic Self-Advocacy Network, ASAN, COVID-19 vaccine plain sheet in plain language; the Association of University Centers on Disabilities, AUCD, tools for using plain language in easy reach; and finally on this slide, the final one is CDC's National Center for Health Marketing, plain language thesaurus for health communications.

Next. Resources.

Montana and Aging Disability Partners Work Together to Share COVID Information. Peer support, the Montana Peer Network. For vaccines, the CDC Prevaccination Checklist for COVID-19 Vaccines and Immunization Action Coalition, screening checklist for contraindications to vaccines for adults.

Next.

Nursing continuation education credit.

Thank you to Rural Institute Montana. On the screen is the Rural Institute logo, which is an outline of a mountain and text that reads, "Rural Institute University of Montana." On the screen also is a QR code you can use with your phone to scan and access the evaluation form to receive your continuing education credit. It says the rest of the text is, yes, the nursing continuing education availability is possible, thanks to the University of Montana Rural Institute for Inclusive Communities.

And to receive your certificate, you complete the evaluation form that is at https colon forward slash, two forward slashes, L-C-I-N-S-I-G-H-T-S-O-L-U-T-I-O-N-S, insightsolutions.com/?page id=813. If you encounter issues receiving it, your certificate, you can email Carol Baughman at C-A-R-O-L-I-N-E@lcinsightsolutions.com.

- [Shaylin] And this is Shaylin with The Partnership for Inclusive Disaster Strategies. Thank you, Regina, for another wonderful training today with everyone, and Melissa.

Just wanna reiterate that in the chat, the link for the evaluation form is available in the chat. You can also take a screenshot, as Regina mentioned, of that QR code that's in the slide on your screen. And as soon as you submit your evaluation form, you should receive your certificate via email. And if you don't receive it, do give it a moment maybe as well as check your spam folder in case it went there. And please don't hesitate to reach out to Caroline if you have any issues receiving your certificate. And again, many thanks to Meg Traci and all at the Rural Institute at the University of Montana for making this nursing continuing education credit possible.

- [Regina] Yes, thank you, Shaylin. And one last slide before thank you.

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Next. And finally, thank you.

Thank you so much for participating in this. Any closing words from Priya or any other members of this team?

- [Shaylin] This is Shaylin. Again, thank you, as Regina mentioned, and for everyone's participation and for joining us for these two-part trainings. As we did last week, we will follow up with an email following this call today with the slide deck that was shared as well as an accompanying inclusivity checklist for your use and reference.

And in the coming weeks, we will be following up with the recordings and final accessible post-production of these trainings for your future use and reference moving forward. So please don't hesitate to reach out in between. Our contact information is on the slide as well as we'll continue to share via email. And please, don't hesitate to reach out.

And thank you all again in Montana for joining us and participating in this. Otherwise, we're closed up for today. Please don't hesitate to reach out. Stay safe and take care, everyone.