- [Melissa] The screen reads "Legal Obligations to People With Disabilities During the Vaccination Process for Arkansas Public Health Departments."

Above it is the Project ALIVE logo. ALIVE stands for Accessible Life-saving Integrated Vaccine Equity. The word ALIVE features a bandaid folded in the shape of a which replaces the letter V.

Below the typography are five symbols against blue squares: 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 interpreting, and a silhouette of a person's head.

Below the symbols is the text: Accessible Life-saving Integrated Vaccine Equity.

Next, please.

The slide reads "Welcome and About Us."

Next.

Welcome and introductions.

Project ALIVE, Accessible Life-saving Integrated Vaccine Equity is a short-term project from February through October of '22 that is a focused effort to remove barriers to COVID-19 vaccinations for people with disabilities living in rural areas of Arkansas, Montana, and Missouri.

The goal is to help those wanting a vaccine and needing support to access one.

I'm Melissa Marshall, and I'm an older white woman with shoulder-length silver hair that I'm wearing up today. And I'm wearing a print top, and I use she/her pronouns.

Next, please.

The Project ALIVE's logo is up on the screen, and it stands for Accessible Life-saving Integrated Vaccine Equity. Below the ALIVE logo is text in English and Spanish that reads “brought to you by / traido por” with the logos of the following organizations: Association of Programs for Rural Independent Living, APRIL, The Partnership for Inclusive Disaster Strategies, Southeast Arkansas Independent Living Services, Spa Area Independent Living Services, and Mainstream Center for Independent Living.

Next, please.

The population focus of Project ALIVE: ALIVE focuses on people with disabilities who live in rural areas of Arkansas who desire a COVID-19 vaccine. They want a COVID-19 vaccine, and experience barriers to access that vaccine. Also, people are hesitant but are still open to getting vaccinated. And also to strengthen the relationship between the Centers for Independent Living or CILs and Public Health departments.

Next, please.

The objectives: by the end of this module, you'll have a basic understanding of legal obligations of public health towards disabled people throughout the vaccination process, how vaccine sites can utilize a checklist to assess their compliance with these obligations, and resources available

to support compliance.

Next, please.

Disclaimer: material presented does not constitute legal or clinical advice, and it's for informational purposes only. If you're seeking legal or clinical advice, please contact a qualified attorney or clinician.

Next.

This training is an overview.

We sat down and decided what were the most important things you needed to know. So we whittled a lot out. When left to my own devices, I can do a five-day training on the Americans with Disabilities Act. But you're being spared now, so you can be happy about that and relax. But understand there are many things we've not included and we've left out because we wanted to present this in a condensed kind of version. This is the condensed version of the training. Thank you.

Next.

Now, I want you to keep in mind throughout this as we get into the weeds of what our obligations are and what they aren't, what is the goal during the vaccination process? The goal is getting vaccinations to everybody with a disability who wants one, in ways that are accessible and to minimize trauma.

Next, please.

What's not a goal?

The goal is not to have a vaccine-seeker leave a vaccination site because they're afraid, intimidated, confused, or overwhelmed. Or even worse than that, authorities being called unnecessarily, resulting in a vaccine-seeker ending up in jail or in an institution.

Next, please.

Now we're gonna look at your legal obligations.

Next.

The vaccination process must be accessible to people with disabilities. Now, when I say the vaccination process, I mean the whole process. We tend to think of getting the shot as the vaccine process. No, the vaccine process has a lot more steps than that.

It includes making an appointment online, by phone, and in person, checking in for the vaccine, signing up, waiting in line for the vaccine perhaps if there is a line, receiving the vaccine, getting the actual injection, and waiting after the vaccine. So you wanna think about all those components being accessible, not just getting the shot.

Next, please.

So what are some disability civil rights laws that apply to vaccine sites? The entire vaccine process must be accessible to people with disabilities under the Americans with Disabilities Act, the ADA, ADA 42 U.S. Code Section 1202 et seq.

And I just wanna say I'm reading everything on the screen today for people with visual disabilities and people that don't read print so you'll hear it all. So I put in the fancy lawyer numbers so that everyone could see it, and that's why I'm reading them out all aloud. It's not just to be pretentious, I promise. In the Rehabilitation Act, the Rehab Act 29 U.S.C. Section 701 et seq.

Next, please.

So before we go on to discuss what your obligations are, let's look at who has a disability. Under the Americans with Disabilities Act, there's lots of different definitions: there's Social Security, there's Veteran's Administration, those are all different definitions. But let's look under the ADA. Disabled people are individuals with a disability, with a physical or mental impairment that substantially limits one or more major life activities.

The words major life activities are in red for a reason. We want you to remember that. That's really important.

So you're gonna be substantially limited, have a substantial physical or mental impairment that substantially limits one or more major life activities. Substantially limits is compared to everyone else. So if I get exhausted after walking two miles, that's not substantially limited compared to everyone else 'cause the American public isn't that fit, as we would all like. So I'm not substantially limited. If I get exhausted walking from my seat to the end of my driveway which is short, I'm substantially limited in the major life activity of walking.

I'm gonna look at that in just a second. If I have a record of having such an impairment, or if I'm regarded as having such an impairment.

Next slide, please.

Let's look more at major life activities. And under the amendment to the ADA, we included, we clarified, Congress clarified what it meant by major life activities. Because it was up to some supposing before, and some things were inferred and it wasn't clear. So they didn't really change the law, but they clarified what their intent was.

Anyway, a major life activity can include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, my favorite, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, or major bodily functions. That's a big one. So those are all major life activities. I read them all out to you so that people that don't read print can see those, can hear those.

And let's look more at major bodily functions.

Next, please.

When they did the ADA Amendments Act in 2008, they added major bodily functions. They didn't add it. They clarified that major bodily function was intended to be there. And as functions of the immune system, normal cell growth, and digestive, bowel, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

So that makes it clear that people with cancer are covered under the ADA, one that substantially limits one or more major life activities. People with Crohn's disease are covered under the ADA when it substantially limits one or more major life activities. People with HIV/AIDS are covered when it substantial limits one or more major life activities, et cetera. So that's just something to be aware of. People with diabetes are covered when it substantially limits one or more major life activities. So the definition of disability is broader than you might think and that other people might think and members of the public. I could be someone who has diabetes and not think of myself as having a disability, but I might be legally considered somebody with a disability.

Next, please.

The ADA has five parts. We call them titles. Title I is Employment. Title II is State and Local Government Entities. Title III is Places of Public Accommodations. Title IV is Telecommunications for the established, the relay system. Title V is Miscellaneous where they include miscellaneous provisions, most of which are redundant and already stated in the ADA, but they state it again. In this module, we're gonna discuss obligations under Title II, ding, ding, ding, and Title III.

Next, please.

So who has obligations under the ADA?

We're not talking about employment today, Title I, but under Title I and Title II, state, counties, municipalities, cities and towns have obligations. Or if you have a city water department or a government water department or something like that, any government-owned entity has obligations under Title II. That's really important. That's public health. That's you folks.

And also under Title III, certain private providers have obligations. Entities covered under Title III are places you go. Like it might be the movie theater, it might be a restaurant. Those are the fun places. It might be the mall. Those are fun places. But private providers are your doctor's office, your pharmacy. Get it? Places where you might go to get a vaccine.

Next, please.

And under the Rehabilitation Act, any recipient or subrecipient of federal funds has obligations under the Rehab Act. The good news is these obligations are virtually identical to obligations under Title II of the ADA. So if you're state or local government, you're Title II. You don't have to learn anything else.

It's the same as when you get federal money. Now, that means any amount of federal money that you get, you have obligations.

What's a subrecipient? So if the federal government gives the state public health department directly money, and then the public health department gives a portion of that money to a vaccine clinic, that vaccine clinic is a subrecipient and they have obligations too, even though you're just giving them a dollar.

However, next slide, please.

A government entity can't contract away Rehab Act obligations. So the government entity retains obligations under the ADA and Rehab Act.

So what does that mean? You can't say, "Oh, because I gave it to a clinic, I gave it to a county and the county gave it to a clinic. And the clinic gave it to someone else who's coming to the door who's providing services,"that the state and the county don't have obligations. You retain those obligations. Just because you contract them, you don't give them away. You still have those obligations, and are responsible for them being fulfilled.

You can put it in their contract that they should do these things. And you should put it in their contract, and it should be budgeted for. So you should budget for it. Department of of Public Health should budget for it. And they should also put it. So if there's an RFP, it should also allow money for things like sign language interpreters and access and lots of things we're gonna talk about later. Thank you.

Next, please.

Obligations under Title II and the Rehab Act. They include providing equally

effective communication to people with disabilities, people with communication disabilities. We'll talk about that.

Non-discrimination in general operations, and providing program and facility accessibility.

Now, what all does any of that mean? Let's look. Next slide, please.

First understand the vaccination sites have obligations like we talked about before, during all parts of the registration process to do the things I just talked about. That's during online registration, phone registration, registration or checking in at the site, vaccination access, and vaccination waiting areas. And again, let's look at some of the types of vaccination sites where you have obligations.

Types of vaccination sites can include pharmacies, doctor's offices, hospitals, mobile sites, pop-up sites. We're using these less and less, but sometimes drive-through sites. And sometimes mass vaccination sites, which again, we used more in the beginning of the pandemic, and in-home vaccinations. And we're gonna be talking about both of those things later.

Next, please.

So I said that you have the obligation to provide equally effective communication. What does that mean?

That means that during the vaccination process, vaccination sites must provide equally effective communication to people with hearing disabilities, visual disabilities, and speech disabilities. That's what's considered a communication disability under the ADA and under the Rehab Act.

Next, please.

What do I mean by equally effective communication? Equally effective communication is communication that is as effective for people with communication disabilities as people without disabilities.

Next.

Auxiliary aids and services. Auxiliary aids and services, we call them accommodations, may be required to provide equally effective communication to people with communication disabilities. And like I said before, auxiliary aids and services are often referred to as accommodations. What they are are people or things that you need to make communication more effective. And we're gonna be exploring that in just a second.

Next, please.

Let's look at some examples of accommodations or auxiliary aids and services, if you wanna go all multisyllabic, could include a sign language interpreter, a tactile interpreter, and that's for people who are DeafBlind. Someone who feels the sign or maybe someone's finger spells out letters into someone's hand, or someone follows with the hand. An oral interpreter. An oral interpreter is someone who mouths words with lots of training. It's not as easy as you would think for someone who is skilled at lip reading but doesn't use sign language. Or Communication Access Real-time Transcription or CART. And under very limited circumstances, written notes.

Now, why do I say under limited circumstances, written notes? Wouldn't that make life easier? It would, except if your first language is ASL, you might not be that proficient or proficient at all in English. So if it's something simple like where's the restroom, you can write a note for that. You might be able be able to point to that, escort a person, show someone where the restroom is. Something basic like that. But if someone says effects of the vaccine, what will happen? That's where you want an interpreter, when it's complex communication or any detailed communication, but certainly something about anything medical.

Next, please.

Some examples of effective communication for people with visual disabilities, and some auxiliary and services or accommodations could include readers. So if you have something that's just on one page in a few sentences, you can have someone just read it.

Large print. We all have the capacity to produce large print by making something I would say 18 points font or larger. We want our material to be screen reader compatible for someone who's using a screen reader. So just because I create a document on my computer doesn't mean a screen reader can read it. It has to be made accessible by somebody who knows what they're doing. I'm not one of those somebodys that knows what they're doing. And I have someone on my team review that. Yay, people on my team that can do that. But everything is not accessible to people with visual disabilities. Your websites where people register, and we're gonna talk about that in a few minutes, may or may not be accessible to people with disabilities.

And lastly, we're gonna talk about Braille. Probably around 6% of people that are blind, the last time I checked, use Braille. So it's a small percentage. But when something is complex like medical needs, if you're giving written literature to someone, they might request it in Braille. You don't have to stockpile 40 or 50 copies of material in Braille. You need to be able to provide it within a reasonable amount of time, relatively quickly. You have to know who a Brailler is, how quickly they can do it. Maybe you wanna have one of them ready ahead of time. That's just something to be aware of.

Next, please.

But the ADA never requires you to stockpile things that you don't know you're going to use.

Next.

Let's look at effective communication for people with speech disability. Accommodations, auxiliary aids and services could include communication boards. Typically, someone with a speech disability, with a communication board has letters of the alphabet, numbers, commonly used phrases on the board, and they'll point to them or indicate with a stylist or a head wand or something like that.

Written notes if that works for them. Paper and pen if that works for them. That could help you communicate with someone with a communication disability. Unless they have a disability like cerebral palsy, or they've had a stroke that limits their ability to write and maybe to read. So you wanna play that by ear. Bottom line, you might wanna allow additional time for appointments. Take the time to understand someone. Never say “uh-huh.” There's very few rules in this, but never say “uh-huh” when you don't understand. If you don't understand, get someone to help you. If they have someone with them, ask the person with the disability permission if they can help. And they're probably gonna say yes. Stay in eye contact with the person with the disability. Respect them, keep them there. You don't wanna panic and you never wanna refuse anyone information. The message you wanna give someone is: "We're gonna figure this out together. I'm not understanding you. Know that that's okay. Take a couple of deep breaths. We're gonna figure this out together." And I'm gonna figure this out.

Next, please.

Primary consideration. Primary consideration should be given to the specific type of auxiliary aid or services requested. The entity might choose an accommodation other than what is requested if that auxiliary aid or services provides effective communication.

What all did I just mean by any of that? So bottom line, what we say is if the job is to get from point A to point B by car, and a Ford will do the job just as well. You don't have to bribe someone with a fancy sports car. Unless the fancy sports car has something that's absolutely needed for the person with the disability to get there. So if someone asks for a certain kind of software that has lots of whistles and bells, you don't have to give them the lots of whistles and bells unless there's a reason that they need that for communication to be effective.

Next, please.

Plain language.

Plain language is communication that can be understood by its intended audience and meets the purpose of the communicator. I'm aware of the irony of me talking about plain language. But I have learned to write in plain language, so that's a step in the right direction. And it provides access. And it's a really good practice and you should do it. But it's not required under Equally Effective Communication provisions of the ADA of the Rehab Act. Plain language is just a great practice. So please use that. Next, please.

Next, we talked about equally effective communication. Now we're gonna talk about non-discrimination in general operations.

Service animals. You have the obligation to allow service animals at any area of the vaccine sites. Services animals include adopting and complying with a policy to allow service animals in all areas members of the public are allowed. That is recommended that you do that.

Next, please.

What are service animals? Lots of people ask questions about this. Service animals are dogs and miniature horses that are trained to assist a person with a disability performing a specific set of tasks. Again, dogs, miniature horses trained to assist a person with a disability witha specific set of tasks. Service animals must be housebroken and under the owner's control.

Next, please.

Now, our next non-discrimination obligation we're gonna talk about is surcharges. And surcharges are extra charges for an accommodation to the disabled person. And they're prohibited. Can't do it. People with disabilities can't be charged for an auxiliary aid or service or an accommodation. You just aren't allowed to do that. Next, please.

Let me give you some surcharge examples that are prohibited. You can't charge a fee for a sign language interpreter for a deaf person. You can't charge a fee for material in braille. You can't charge a wheelchair user for a portion or all of the cost of a ramp.

Next, please.

The next non-discrimination in general operations is eligibility criteria. You can't have eligibility criteria for program participation that screens out people with disabilities.

Next, please.

Here's an example of prohibited eligibility criteria. You can't require a driver's license to get the vaccine. Well, you're saying, "Yeah, why are we requiring ID in the first place?" You can't require specifically that it be a driver's license, because that would affect a disproportionate number of people. Disabilities don't have driver's licenses. Another example is you can't require a physical signature when someone has a disability, such that they can't write and they use a stamp. You have to accept their stamp.

Now, nobody got up that morning and rubbed their hands together when they wrote that and said, "I'm gonna discriminate against people with disabilities by making them write their name or making 'em have a driver's license." That's done unintentionally. That's done unconsciously. And it's something you have to look for, to see if there's bias in what you're doing and if there's things that you're doing that aren't legal. And just like I said, you don't do that intentionally. It just happens: something that happens by accident.

Next, please.

Let's now look at a non-discrimination in general operations, which is reasonable modifications to policies, practice, and procedures. Reasonable modification to policies and practices and procedures must be made when modification does not fundamentally alter the nature of the program.

What do I mean here? I'm gonna give you some examples. So you have a policy, it's an unwritten policy. It's just how you do things. It's your procedures, how stuff is done. You don't assist people. People fill out their own form. An example of a reasonable modification to policy or practice is assisting someone who can't write. Simply. You probably do that normally anyway.

Next is notifying a person wearing noise-canceling headphones due to disability in the waiting area, that it's time for them to advance in the process, or it's time, that their waiting time is over.

So those kinds of things are reasonable modifications of policy, practice, and procedure.

Next, please.

Also, another one is allowing someone with a behavioral health disability, a mental health condition or an intellectual disability, to have a support person with them. You had a policy, perhaps at a different part of the vaccination process, but you had a policy where only one person was allowed in at a time. An example of a reasonable modification to a policy or a practice is allowing someone with that disability to have a support person with them.

Now, modifications are not required when they cause a fundamental alteration to the nature of the program.

And what do I mean by that? I'm gonna give you an example.

Let's say I'm someone who has a sensory disability and I need to be in quiet places. And I contact the pharmacy, and I contact that pharmacy and say, "I need you to clear the pharmacy and clear everyone out of the pharmacy." Well, that's kind of a fundamental alteration of the nature of the pharmacy, which is to sell drugs and to give vaccines and to sell the goods that they give. What you say to the person is is that's a fundamental alteration, nature of the program. What you don't say to the person is you can't have a vaccine. You say, "No, that's the fundamental nature of our program. We don't have to do that. Maybe we can do the vaccine in your car. Maybe we can do it at home." And look for other ways for them to get the vaccine.

Next slide, please.

Now we're gonna go on and talk about program and facility accessibility. All programs must be accessible to and usable by people with disabilities when viewed in their entirety. Next, we'll talk about what that means more.

What this means, it's a structural, it's a structural standard. It's an architectural standard. And it means if constructed before 1990 under the ADA,every building or every area of every building must be accessible. If it's constructed before 1990, not every building or every area of every

building must be accessible. Not all vaccine sites must be physically accessible. But, and this is a big huge but, there must be accessible vaccine sites within what is known as a reasonable geographic proximity. Open I would say the same hours or longer, and providing the exact same services. So if you are in a situation where you have competing pharmacies across the street and one of 'em has one step and the other one doesn't, they don't both have to be accessible. But if it's far away, it's not on the bus street, it's not open the same hours and the same days, then they both have to be accessible. I hope that makes sense to you.

Now, accessible vaccine sites must have accessible entrances and exits, obviously, registration areas, vaccination areas, waiting areas. And that they provide them restrooms.

Next, please.

Now there's a limitation on obligations. When something's an undue burden, an undue financial burden or administrative burden, it doesn't have to be done. Know that the undue burden standard for Title II entities, state and local government entities, is a very, very high one. They're not just gonna look at your department's budget. They're gonna look at your state's budget. They're gonna look at bigger budgets. They're not gonna look at your small budget. And it's a very high standard.

Fundamental alteration we just talked about. And that's another limitation on your obligation. So your obligations aren't without limits. And I always say that when I'm doing trainings, I try to tell people what their obligations are under the law, but also what they are not under the law because I want everyone to know that.

Next, please.

Now I'm gonna give you an overview of the vaccination site checklist. This is really exciting. I know most people don't get that excited about checklists, but it's a really great checklist and I really like it and I'm excited about the checklist. And it's not what you think of. So we'll go into some detail about what it is.

Next, please.

So here's what the checklist is.

It contains sections that can be used independently of each other. Not one person has to fill out the whole checklist. You can have a couple or three people fill out the checklist or more. The checklist should be completed in its entirety to assess the accessibility of vaccination sites.

And it should be used for all vaccination sites, including walk-in, drive-through,

pop-up, and mobile unit. It needs to address obligations and considerations for at-home vaccinations.

Next, please.

Now, section 1 of the checklist is vaccination registration for appointment checklist for non-structural elements. Well, that's a mouthful. Who wrote that? I did. What it means is when you're registering to make an appointment, it's not a structural. When you're re registering to make an appointment on the website, maybe over the phone, other ways to register for the checklist, excuse me, for the vaccination.

So let's look at say your website. The checklist provides instructions for people with disabilities registering for the vaccine online by phone. So it gives instructions to people as to what they can get.

It also is a tool to assess equally effective communication and the vaccine site's capacity to provide access to people with disabilities that aren't structural in nature, that aren't physical.

Let's go on to the next slide, please.

So you'll be receiving a checklist, and here's some examples from page 7 of the checklist. For check in, I'll just give you some samples so you can get a feel of what it's like, generally speaking. Is there policy allowing companions to accompany people with disabilities who need on-site assistance? And you can check either yes or no.

Next, please.

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? Check yes or no.

Next, please.

Also, in page 7, and it's still section 2, Examples From the Checklist, which dates and times are the sign language interpreters available? Is the availability of the sign language interpreters posted on the virtual registration site? Look at what that does. It tells people you don't have a sign language interpreter there all the time, but you've gotta designate dates and times. And you've gotta post that availability on the virtual registration site. So it's an instructive tool, not just a checklist.

So this is exciting. Next, please.

And the next one is: Are peer support specialists available on-site or virtually to assist individuals with psychiatric disabilities or mental health conditions who might need support while waiting in line at the vaccination site? You can check yes or no. This is not legally required by the way as providing a sign language interpreter is. It's just a good practice. So you can check yes or no.

Next, slide please.

And page 9: Is there a policy allowing service animals to accompany people with disabilities? Check yes or no. Is there a policy? You don't have to have a policy but you have to allow it, and the best way to do that is to have a policy. This is really important. Are vaccination site staff, including volunteers, provided training on the service animal policy? Because that's where things break down. You might have an administrator who knows that service animals are allowed. You might have a supervisor who knows that service animals are allowed. But it might be that person on the ground that doesn't know that information. It's most important that they know that information.

Next, please.

And on page 9, are there circumstances where someone would be allowed to move to the front of the line because of their disability? Yes or no. Not required, but you might wanna do it as a good practice.

Next, please.

And please describe during check in, and please describe examples of these circumstances. And if you said yes, that there's a policy where people with disabilities can advance to the front of line, have staff been instructed on this practice? Because again, if staff hasn't been instructed, it's not meaningful anymore because that needs to be communicated to staff, and they need to receive instruction and training.

Next, please.

Now we're on section 3, the structural checklist for driving and walkthrough vaccination sites. This is more what you think of as a checklist. This is a tool to assess the adherence of structural elements, physical elements of vaccine sites with the Americans with Disabilities Act Guidelines, or what is known as ADAAG.

Now, what I wanna stress too is that when we hear structural checklists, we tend to think of people with mobility disabilities. We tend to think wheelchairs than maybe broader people with mobility disabilities. Part of structural access is having visual fire alarms, is having tactile signage. So it's not just people with mobility disabilities are involved in structural access. It's just something to know.

Next, please.

Now, what we have in the checklist that is great are hints. And the hints talk about different things that we're gonna go over for a couple minutes. It talks about measuring tools you have. A rigid tape measure. If we have more time, I'd show you how to use them. I'd show off my tools and the things that I use to measure. An electronic measuring device that you can get at a big box store for about, I wanna say about $50 in theories. And what that does is it tells you something that's three inches away or four inches away or 12 inches away. They save time. They're easier. They take a lot of the guess work out. So if you can invest in that, that's a nice thing to have, but you don't have to have it. A two-foot level which is necessary for measuring slope. And a spring gauge or a door pressure assessment device to ascertain door pressure weight, the pressure.

Next, please.

Now, when you're doing a survey, start on the outside and work your way in. Now, that might seem obvious, but what happens is you're excited about doing this. Your team's assembled inside and then someone goes off and measures a restroom, and someone goes off and measures another area. Or you go from a restroom to another area if you're doing it yourself and you forget things. Trust me, it's easy to forget. I have a pretty good memory for doing these things, and I forget things.

So I try to do things systematically when I'm doing an access audit. Start with the parking, the walkways, the drop-off areas, any exterior ramps, and entrances. Don't allow you yourself to say I'll do that later, I'll do that on the way out, because you'll forget. Or it might be raining or it might have gotten dark, or you're exhausted and you're not going to wanna, just do it there in the beginning. Have that be your system if at all possible.

Next, please.

Use the comments, the comments space provided in each section to describe conditions that need attention, they need correction. You wanna add details. It doesn't quite fit into the yes-no box. You're not sure. You can also photographs. Use your phone to take photographs. That's the best thing to do. I'll take 200 pictures sometimes at a site and not take enough photographs. So you want to add the detail too, 'cause it's always something you forget to take a picture of. So add written detail, take a photograph. And in the questionnaire, recorded comments ensure that faulty memory, the bane of accurate assessment, does not produce inaccurate evaluation results. I promise you, you'll do an assessment and you'll forget to put in certain details. And so try to set it up so you don't have to go back if at all possible. Sometimes you have to go back to one site and check it. But write things out. Some people can draw and draw things out. I'm in awe of those people. I'm not one of them. Take a photograph, which is what I do. And just do that.

Next, please.

Next hints, use the glossary.

Pages 11 and 12 of the checklist contain a glossary section, the glossary on section 3. It's gonna be really helpful because it's not just a glossary of definitions. It's a glossary that's a teaching tool. So read the glossary and it will help you. It will help you understand things. It'll help explain things. It will help clarify things. So read the glossary section first.

Now we're gonna do some scenarios.

And I'm being joined by Regina Dyton who's the equity consultant with The Partnership team.

Regina, do you wanna introduce yourself?

- [Regina] Yes. Hello, everyone. I'm trying to get my video started. Hi, everyone. Good to see you. I'm Regina Dyton. I am an African American, I guess middle brown, pleasantly round woman with dreadlocks. And right now they are wrapped up in coils. Glad to be here.

Hey, Melissa.

- [Melissa] Hey. So we're gonna do some scenarios. Let's go to the next slide please. And what I'm going to ask you to do is I'm gonna read the scenario, which is you get a call from a vaccination site asking what to do when a person is rushing out of the vaccination site, covering their ears and saying, "I can't stand this."

So Regina's gonna be calling me.

- [Regina] Melissa. Melissa.

- [Melissa] Hi, how can I help you, Regina?

- [Regina] Oh my goodness, I'm so glad you're there. I'm here at the vaccination clinic, and there is a person running out of the site covering her ears and saying, "I can't stand this." What should I do?

- [Melissa] Okay, the first thing I want you to do is take some deep breaths, and I want you to be calm and model the calm you want from her. Relax yourself. Don't chase her. If she leaves, she leaves. That's okay. That's her right. But if she's walking by you quickly or running by you, say, "Is there anything I can do to help you? Can I make this easier? What do you need? How can I help?" And if she continues running, that's certainly fine. That's her choice. But “how can I help? What can I do?” You wanna model the calm that you want in the situation.

Probably she's somebody with a sensory disability. That's okay. And hopefully we can get her, we can call her, and she can come back sometime or you can get in touch with her in some way if you have her information. And tell her, explain to her, if you do get her, explain to her that maybe you can give her the vaccination in her car, if she came by car. Or maybe if it's a nice day there, I dunno what the weather's like there, you can get the vaccine outside. Or take her to quieter part of the vaccination area if you can reach her. Does that make sense?

- [Regina] Those are great ideas.

- [Melissa] Okay. Good luck.

- [Regina] Thank you so much. I've taken my breaths. I'm much calmer. I'm gonna take some more breaths. And she's still in here. I can see she's still here. So I'm gonna walk over to her.

- [Melissa] You wanna be non-threatening. Okay, thank you, Regina. Call anytime.

- [Regina] Surely.

- [Melissa] Next scenario. You get a call from vaccination site asking what to do when a wheelchair user is at the vaccine site that is not structurally accessible. I'm the public health person by the way.

- [Regina] Hey, Melissa.

- [Melissa] Hey, Regina. How are you doing?

- [Regina] Hi. I'm alright. I didn't think I'd be calling you again this soon. I just spoke with you this morning, but now -

- [Melissa] It's okay.

- [Regina] So you know this site over where we are on Clark Street, it's not structurally accessible. But there's someone here at the bottom of the stairs with a wheelchair. Now, there were people here who were like, "Oh, we'll just pick..." I'm like, "No, I know you can't pick a person up. You cannot do that." That's bad for a lot of reasons. But other than that, other than knowing what not to do, I don't know what to do.

- [Melissa] Well, first of all, like yesterday, take a deep breath and relax a little bit. And you said absolutely the right thing. You never carry someone using a wheelchair. That's not legal. It can injure the person. It can injure the person carrying the person, and it's a violation of people's dignity. It's also a violation under the Americans with Disabilities Act. So you never wanna carry a person. So you got that right. Now, there should be another vaccine sitewithin a reasonable geographic proximity. Is there a site across the street?

- [Regina] Oh, you know what? Yeah. Just not quite a block away. Across the street and down the corner. Yeah, I forgot about that.

- [Melissa] You have two things you should do. One is you can refer the person to that site, and the other thing is you can ask the person if they came by car, if they'd like to get their vaccine in the car or if they'd like to get it outside. They may or may not wanna do that. You should call the vaccination site down the street. And I'm gonna call them too and say they should fit this person in. What we've gotta get better at, and this isn't your fault, we've gotta get better at notifying people ahead of time that the accessible site is down the block. It's just like a half block; it's open the same hours. Not every vaccination site has to be accessible. And I really wanna look at either moving, we really need to move your vaccine clinic to an accessible site 'cause they all really need to be accessible so as to avoid this.

- [Regina] That makes so much sense. Thank you so much. Yep, I'll go speak with them right now.

- [Melissa] You're welcome.

- [Regina] Take care.

- [Melissa] Take care. Next slide.

So the next slide. I get an email from a Deaf person who was vaccinated last month saying they got a bill from an ASL interpreter getting a vaccine.

- [Regina] Hey Melissa, it's Regina again.

- [Melissa] Yes.

- [Regina] Well, yesterday went smooth, but here it is Wednesday morning and I'm calling you again. But this time the person is not here. This is an email. I remember when this person came in. So this was a Deaf person who got their vaccination last month emailing me to say they got a bill. I can't believe this. For ASL interpretation after getting their vaccine.

- [Melissa] Yeah, it's not legal to do that. We don't do that. That was a mistake. Tell the deaf person you'll take care of it. Forward it to me. Copy me on it and saying they absolutely should not pay, and we'll give that worked out. You never charge someone who's deaf for a sign language interpreter, just like you never charge a blind person for Braille or someone with a mobility disability for a ramp, putting a ramp in. That's called a surcharge. That's just not allowed.

- [Regina] Okay, thanks a lot.

- [Melissa] Charging someone to allow their service animal, and you can't do any of that stuff.

- [Regina] And thank you for dealing with medical billing, because it wouldn't do any good for me to call.

- [Melissa] I don't look forward to it but I will do that.

- [Regina] I'll be happy to email this person and say, "Just don't even think about that bill." That's great. Thanks a lot.

- [Melissa] Thank you.

So the next slide you get a call from a 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.

- [Regina] Hey, once again, Melissa, I'm so glad you're there.

- [Melissa] I'm so glad you're doing the hard work. I have the easy job.

- [Regina] But you just never know what any given day will bring.

- [Melissa] Exactly.

- [Regina] So now I've got a person here who is so upset because there's somebody else here who can't stand very long and is in pain when she stands for a long time. And just being here for a long time, even if she sat in a chair. And so I told the staff working, say, "Yes, move her to the front of the line." Now this other person is upset, feeling like somebody cut in line. And I know I need to handle this.

- [Melissa] Okay, here's what you do. First of all, get the person who's moving to the front of line. Get that person vaccinated as soon as you can. And get her in the waiting area, and just approach this person. And don't forget, everyone going to get a vaccine, almost everyone is nervous. They might be afraid of the vaccine. They might be afraid of the needle and not wanna admit it. They might just be uncomfortable. They might have bad memories of getting shots. It's crowded. For everyone it's kind of stressful. They're taking time maybe outta their workday. Maybe they have a childcare issue.

So understand that they're under stress. So again, you wanna model the same kind of calm, and approach this person calmly. You can't say the person has a disability 'cause they go ahead. But what you could say is we give everyone a vaccine, and sometimes you have to be fair. You have to treat different people differently or something to that effect. What you wanna do is create a culture where everything is okay, everyone's gonna get what they need. And I'd ask this person what they need. Can I get you a chair?

- [Regina] Oh, right.

- [Melissa] Do you need some water? What do you need? What's making you uncomfortable? Maybe they're upset because there's someone there without a mask. See what they need and focus it on them. What can I do to help you?

- [Regina] You just reminded me of something I already know. So often, people present by being upset about what someone else has or what someone else was given, when the real issue is they feel that they don't have what they need.

- [Melissa] And lots of times when people display bullying or aggressive behavior, it's because they're dealing with lots of issues in their lives.

- [Regina] Yeah, and I don't know why, but we're so into this not enough for everybody. If you got something, then I lost something.

- [Melissa] Right, it's not a pie that we're cutting up. There's this vaccine, everyone can leave with a vaccine. Today is the good news.

- [Regina] So that's great. That's great. Thanks a lot.

- [Melissa] Thank you, Regina. Take care.

- [Regina] Bye-bye.

- [Melissa] In the next scenario, you get a call from vaccine seekers saying they were told to leave their miniature horse outside of the vaccine site. So I get the call and I'm calling Regina. I was saying, "Hey, Regina."

- [Regina] Hey, Melissa. What's up?

- [Melissa] Hey, role reversal. Like you know how you're calling me? I get a call from somebody. It got to me saying that someone was told that they couldn't take their service miniature horse into the vaccine site. Do you know what's up with them?

- [Regina] My goodness. No, I didn't know that that happened. And I bet, if we think of it, we have some new people working here, and we usually do certain trainings like on the calendar. But we need to do something different because there's certain things they need to know day one when they come in and that's one of them.

- [Melissa] Yep.

- [Regina] 'Cause I'm sure they probably don't think of a miniature horse as a service animal. And they're like, "What are you bringing a horse here for?"

- [Melissa] Exactly. Exactly.

- [Regina] I'm gonna go out and let them know right now.

- [Melissa] And great. And include that in your training and do it just in time right now. But do it as people start. Sorry to bother you with this, but thank you so much. I know you'd be great at dealing with it.

- [Regina] Yeah, that's good. Thanks. Yeah, I've got that right away. All right.

- [Melissa] Next slide, please. You get a call from a vaccination site asking what to do when a Deaf person who requests an interpreter ahead of time shows up at the site and there's no interpreter.

- [Regina] Hey Melissa.

- [Melissa] Hey Regina.

- [Regina] So here's what's up today. So there's a woman here who's Deaf. She requested an interpreter. I remember I made all the arrangements myself in plenty of time. Well, she's here. There is no interpreter. and I do not know American Sign Language, nor does anyone else here.

- [Melissa] And even if you knew American Sign Language, you're not a qualified interpreter. You're not certified to interpret.

- [Regina] That's true.

- [Melissa] A little bit of sign language, that's not good enough. So that's okay. Press an interpreter, you get interpreter. What I would do is I would contact the place, because maybe the person's late or maybe there's some confusion. Sometimes that happens. Make sure that the interpreter gets it, that they had the notice. The other thing you wanna consider, and you can't do this right now, is having something called VRI, which is video relaying recording, video relay interpreting. And that's a device where you can have an interpreter available for situations like this. Some people from the Deaf Community like it, some people don't like it as well. But it would do in a situation like this. So you wanna consider, if you don't have VRI already, which I don't think you do, consider having that.

But again, get in touch with the site. Hopefully you won't have to reschedule because you wanna get an interpreter there if at all possible, and see if there's any backup people possibly available. Because it's really critical that this person gets their vaccine, and you don't wanna turn them away. So do whatever you need to do, and see if they can pull out all their stops. And I can't guarantee anything. And we'll see what happens. But also get VRI as a backup.

- [Regina] Okay, I'm gonna call the company. And definitely we would do the video, the video recording, that interpreting. That does make a lot of sense. We've got a backup.

- [Melissa] Also, you could use the video relay service that they might wanna do. They might wanna use the relay service as well as another way of doing that. So those are the things you can do.

Next slide, please.

So those are our scenarios.

Next slide.

And thank you to Regina Dyton for being a great actor.

So we're gonna talk about some resources. And the main resources we wanna talk to you about are your local Centers for Independent Living, otherwise known as CILs, C-I-Ls, and the CILs in your area, in your state, are Mainstream Center for Independent Living, Spa Area Independent Living, Services, Inc., called SAILs, Southeast Arkansas Independent Living Services, SAILs, Sources for Community Independent Living, Inc.

Next slide.

And those are your Centers for Independent Living.

Plain language resources: The Self-Advocacy Resource and Technical Assistance Center, SARTAC, has “COVID-19 Vaccination Information in Plain Language,” which is really good for public health. And it gives you the vocabulary, different ways of saying different words that you all use that other people might not understand. ASAN, the Autistic Self-Advocacy Network has a “COVID-19 Vaccination Fact Sheet in Plain Language.” The Association of University Centers on Disabilities, AUCD, has “Tools for Using Plain Language and Easy Read.” Easy read is even plainer plain language. It sometimes involves pictograms and even less complicated wording.

Next slide.

And some resources around vaccines. The CDC has a “Pre-vaccination Checklist for COVID-19 Vaccines”. CDC also has resources for in-home COVID-19 vaccinations. And the Immunization Action Coalition has a “Screening Checklist for Contraindications to Vaccines for Adults.”

Next, please.

And some more resources are for the ADA, is the ADA information line, the Southwest ADA Center, the U.S. Access Board. And specifically for doing architectural work, we have from the U.S. Access Board, maneuvering at doors, which will help you with the checklist. And clear floor space for wheelchairs. And that's the ADA Accessible Guidelines for Buildings and Facilities.

Next, I want to thank you for coming, and thank you for all of your attention and being here today. And it's a delight for us to do this and we're glad you're here.

My name is Melissa Marshall, and my phone number is (860) 916-6786. And my email is melissa@disasterstrategies.com.

And there's the Project ALIVE logo above that.

Next slide.

And Project ALIVE, we have a Project ALIVE Logo. “Project ALIVE is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services, HHS, as part of financial assistance, award totaling $1,000,900, with 100% funded by the CDC/HHS. The contents of those are those of the authors, and do not necessarily represent the official views nor an endorsement by CDC or HHS or the U.S. Government.” Thank you very much for participating.