- [Regina] Hello and welcome to Project ALIVE's "Using a Trauma-Informed Framework for Mitigating Disability Bias" training. ALIVE stands for Accessible Life-saving Integrated Vaccine Equity.

My name is Regina Dyton. I am a 68 year-old African American woman, tall, brown, round and proud, living with a disability. I have waist-length dreadlocks that are rolled up today into ringlets. I wear glasses. My pronouns are she and her.

On the screen you have the Project ALIVE logo with the phrase "Project ALIVE" and five symbols that are white against blue squares underneath. The word alive features a bandaid folded in the shape of a V, which replaces the letter V. Five symbols sit below the typography. 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. Before that there are symbols in texts that read Accessible Lifesaving Integrated [Vaccine] Equity.

Next screen please.

Welcome and about us.

Next screen.

Welcome and introductions.

Project ALIVE Accessible Lifesaving 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 Arkansas, Missouri, and Montana.

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

Next screen please.

On the screen we have the Project ALIVE logo. Below the Project ALIVE logo text in English in Spanish, it reads, "brought to you by / traido por" with the logos for the following organization; The Association of Programs for Rural Independent Living, APRIL; The Partnership for Inclusive Disaster Strategies; Southeast Arkansas Independent Living Services; Spa Area Independent Living Services, Inc; and Mainstream Center for Independent Living.

Next slide.

Our disclaimer.

Material presented does not constitute legal or clinical advice and is for informational purposes only. If you are seeking legal or clinical advice, please contact a qualified attorney or clinician.

And we'll go to the next slide.

This presentation is an overview. This presentation is an overview of disability bias and its related trauma. Many specifics have not been included here.

Next.

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

Next, please.

I wanna talk about some words associated with disabled people. Many people associate negative words with disability, such as dependent, burden, suffering, violent, in relation to people with mental health conditions.

Next slide.

Well, let's think about positive associations. Here's some positive words you might associate with disability. Independent, thriving, educate, employed, entrepreneur, activist, advocate, happy, fulfilled, health care providers.

Next, please.

Positive associations. In other words, the same associations that non-disabled people have, should have, of and for themselves.

Next.

Speaking of positive, let's look at some so-called positive stereotypes. The word positive here is in quotation marks.

Next slide.

Harmful positive stereotypes. Some positive stereotypes, types that still harm disabled people are brave, compensatory abilities or senses, dependable.

Well, you know, people are people. Some people are brave, some people aren't. Some people are dependable, some people aren't. And as you will see, as you watch the following little video clip from Stella Young, really need to be aware of some of these stereotypes and learn how they're harmful.

Now the video of Stella, here she's giving a presentation on a large stage in front of a crowd. Stella Young is a white woman who uses a power wheelchair, has short strawberry blonde hair and a nose ring. Let's listen to Stella.

Next slide.

Stella refers to several images on screen.

The first image is a full body underwater image of a young white male, who is missing the majority of his left leg, in a pool. Next to his image is a quote that reads, "The only disability in life is a bad attitude," which is attributed to Scott Hamilton.

The second image is of a young white child in an athletic manual chair holding a basketball on a basketball court. The text next to it reads, "Your excuse is invalid."

The third image is a white child with Down syndrome holding a piece of paper on a soccer field. The text reads, "Before you quit, try."

Please enjoy Stella Young.

(bright music)

(applause)

- [Stella Young] I grew up in a very small country town in Victoria. I had a very normal, low-key kind of upbringing. You know, I went to school, I hung out with my friends, I fought with my younger sisters. It's 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)

Yeah, and they were right.

You know, I went to school, I got good marks. I had a very low-key after school job in my mum's hairdressing salon and I spent a lot of time watching "Buffy the Vampire Slayer" and "Dawson's Creek." Yeah, I know! What a contradiction.

(audience laughing)

But they were right, you know. I wasn't doing anything that was out of the ordinary at all. I wasn't doing anything that could be considered an achievement if you took disability out of the equation.

Years later, I was on my second teaching round in a Melbourne high school and I was about 20 minutes into a Year 11 legal studies class when this boy put up his hand and said, "Hey Miss, when are you gonna start doing your speech?"

And I said, "What speech?" You know, I'd been talking to them about defamation law for a good 20 minutes.

And he said, "You know, like your motivational speaking. You know when people in wheelchairs come to school they usually say like inspirational stuff.”

(audience laughing)

- [Regina] So Stella says it so well. The expectations, the words we think of when we think of people with disabilities. There's no reason for them to be different than expectations of what life should be like for anyone regardless of their abilities.

Next slide, please.

(chiming)

Comfort and discomfort with disabled people.

You may be more comfortable with disabled people when you have a relationship with them. They may be members of your family, friends, or colleagues. You know, it's important as you make conversations and get to know people your comfort level will increase. Comfort and discomfort with disabled people, continued. You may be less comfortable with disabled people when you don't have a relationship with them because you're uncomfortable with their disability. You're afraid to ask questions or you don't know what to do.

Next slide, please.

Well, as you get to know people, let's just say the discomfort goes down less.

Let's talk about bias. What do we mean by bias?

Bias is prejudice in favor of or against one thing, person or group compared to another. Usually in a way considered to be unfair. It's often done unconsciously, and I just want you to think about this, although I'm sure you would never be biased. What might you do when you see someone else do it?

Next slide.

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

Next slide, please.

As we continue to look at some terms. The next term here is ableism.

The Merriam-Webster definition of ableism is, it's a noun. Definition of ableism: discrimination or prejudice against individuals with disabilities. The next definition, by my friend and colleague Melissa Marshall, is oppression based on physical, mental, intellectual, cognitive, sensory or other ability or perceived ability.

Next slide.

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

Intersectionality is a concept initially coined by Kimberly Crenshaw, that BIPOC, that is Black, Indigenous, People of Color and other multiply marginalized people with disabilities experienced disproportionate bias, ableism and discrimination.

When I think of intersectionality as I've lived in intersections, I see a picture of myself standing in an intersection, maybe one with more than four crosses. May have five or six streets coming into this intersection and being run over by a bus, at least a bus coming down each road. One is coming down, it's gonna run me over because of my color. Another because of my gender, another because of my disability, another because of my sexual orientation. It's the compound effects of bias and oppression.

Next slide, please.

Privilege. It's really important to talk about privilege. Privilege can be understood as anything from which one benefits that they did nothing to earn. And we all have some type of privilege. It's difficult to see our own privilege. Another way of saying that is fish in water don't know they’re wet. Privilege can make the condition and needs of others invisible to us and lead to unconscious bias.

You know, here I'd like to own some of my privilege that people, a lot of us think, oh, they think of privilege as you were born with a silver spoon in your mouth. You never worked for anything. That's not what it means. I go back to you have benefit that you didn't do anything to earn. I was born an American citizen. I didn't do a bit of work to be born an American citizen. Indeed, it's a privilege. It's a privilege in terms of the quality of life I have, but it is also a privilege in that I can do the most unethical, illegal, immoral things and I will not be put out of the only land, the only country, culture, that I've ever known as home. There are lots of things that could be done with me, but I will not be deported.

English is my first language. Standard English is my first language, due very much to the hard work of my parents and their parents. I was born of two college educated African American people and raised in the northeast and sent to very good schools, but I didn't do a thing to earn that.

Next slide please.

The effects of privilege. People with privilege often don't think about people without it when planning and conducting services and activities or just everyday life. That's the fish in water, don't know they're wet.

I think, consciously, about how I can utilize my privilege. One, to remind myself to think of those without it and then to use it to be an ally and an advocate for justice in all situations.

Next slide.

Acknowledging our privilege. It's important to acknowledge our privilege because it helps us to remember those without that privilege. We can use our privilege to advocate for those without our particular privilege. We can use our positioning and privilege to educate our peers.

You know, sometimes if you're the one with an identity against whom the bias is being directed, someone with more privilege in that area may have more credibility and influence, which helps to label a playing field.

I'll give an example here. I talked about English being my first language and Standard English being my first language that I spoke with ease, no one had to teach me. That said to me that it was important to learn as much Spanish as I could, 'cause that's a common language where I live, and though I'm not very good at it, I'm good enough to support someone who either doesn't speak English or is having a hard time with English. I know enough to interrupt bias against people for whom English is not a first language or maybe not a language they speak at all. I interrupt when I'm in a public place and someone should be helping someone and they're treating them poorly because of that. I can interrupt it, object to it, and then assist the person who speaks Spanish.

So, next slide please.

Just wanted to give that example of things that people can do.

Some more key terms and principles.

Microaggressions. "Microaggressions are the everyday slight put down in dignity or invalidation unintentionally directed toward a marginalized group." And that's per 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. Microaggressions point out differences.

Some examples of disability microaggressions can be in the tone, patronizing tone in words such as honey, baby, dear. An infantalizing tone: "There now."

Also word choice. Using language that expresses bias such as brave and courageous. Or as Stella said, trying to give someone an award for waking up, remembering her name and watching Buffy the Vampire Slayer.

It's not always what you say, but very often how you say it.

Other examples of microaggressions is speaking to a person that would be perceived to be an aide because they're with someone with a disability.

Now, before my disability was apparent, I would often be with a friend of mine who uses a wheelchair and we were also business partners for a while, and then also with my cousin who uses a wheelchair. It was so funny. My friend is white. I would be with her. We are friends, very good friends. It was a racial microaggression to assume I was her aide. On the other hand, it was a disability microaggression for people to speak to me as if through her.

The same with my cousin, who's like a genius. She's 1,000 times whatever. Just super, super brainy, super smart person who taught herself to speak five languages and to read them. But because she's using a wheelchair, people are looking to talk to me instead of directly to her or say things like, "Can she talk?" There's a microaggression, and a microaggression, and a microaggression.

Let's go to the next slide.

Some other examples include touching someone's wheelchair or other device without permission. Ask yourself, when we talk about same expectations, is it okay for someone you don't know to touch your property while speaking to you? Just come up and start maybe rubbing your pocketbook or your shoes or fondling your coat? Touching a person without permission. An example might be helping someone put on a jacket without asking if they need help.

Next slide.

Another example of a disability microaggression is bringing attention to differences. Telling someone using a scooter or a wheelchair that you're gonna give them a speeding ticket. So, it's tired, it's old, and it really just represents the speaker's discomfort.

Next slide.

Here in this slide is an image of a young white man in a manual wheelchair staring at some concrete steps that are before him. The designer of this building did not intend to discriminate against wheelchair users. The designer was likely an able-bodied man who didn't know he was in the water. I'll say an able-bodied fish who didn't realize he was in water; he didn't feel wet.

Next.

Going on with key terms and principle, here's a microaggression equation. That microaggression plus microaggression plus microaggression equals macro effects of alienation, frustration, low self-esteem, ableism, discrimination and lower productivity. Discrimination and ableism within disability communities is yet another result of microaggressions.

Next slide please.

Let's talk about reducing disability bias.

Next slide.

Language. It's important to use the terms "people with disabilities or disabled people." Avoid language that presupposes the negative, such as victim of, suffering from, challenged. Avoid language that groups people like, the mentally ill, the disabled. Kind of brings to mind, you people. We should all be aware too that language morphs, it changes, and we need to pay attention and keep up.

Next slide.

Language again, I'll just repeat it. To avoid endearing terms like honey, sweetie and dear, and infantilizing terms like mamma and baby. Such language is for personal relationships, not for professional relationships or not with people you don't know. As my gait is more visible and different, as my disability progresses more and more, I'm referred to as mamma. I guess telling me I'm old, but mostly saying you're old and disabled and yeah, it's kind of like, you poor old lady. And I go back to Stella again because I think, you know, some of you wish you had my life. Just don't know how rich it is.

All right, next slide please.

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. It's the most important thing.

The source for this information is, "Etiquette: Interacting with People with Disabilities," and the resource is, the source rather, from the resource, "Disability Etiquette."

Next slide.

Offering help. It's okay to offer help to someone who appears to need assistance. Respect their response. Always ask permission before helping someone.

Next slide.

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 if asked. Offer your arm if they ask to be guided. Do not take the person's arm.

Next slide.

More disability etiquette on blind and low vision. If the person has a 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 the clock as a reference for navigation. For instance, say, "We're turning at three o'clock," and, "There's a box at noon."

Okay, next slide.

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

Next.

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

Next slide.

More disability etiquette on deaf and hard of hearing. If the person uses an American Sign Language interpreter, speak directly to the person, not the interpreter. Do not yell, over annunciate, eat or chew gum when talking. Use a customary tone of voice unless otherwise requested. Speak slowly and clearly. Gently tap the person's shoulder or wave to get their attention. It's important to be aware that American Sign Language or ASL, is a language unto itself with its own grammar, syntax and word order.

Next slide.

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

Next slide.

Disability etiquette, autism and sensory disabilities. Eye contact may be distracting or uncomfortable. Do not 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.

Disability etiquette, more on autism and sensory disabilities. Sudden changes can be upsetting, so try to be as consistent as possible. Communicate changes as soon as possible. Allow for longer processing time during communication. Be open to using alternate forms of communication, such as text-based communication and ASL interpreters.

Next.

Disability etiquette, mobility device users. People who use wheelchairs or scooters. The wheelchair is part of their personal space. Don't touch, lean on or reach over the chair. Don't ask to put a coat or a package on the person's lap. In other words, don't treat a person like a piece of furniture. Ask if someone wants help. If they say yes, ask for specific instructions. Do not just start helping them. This can create potentially dangerous or uncomfortable situations.

Now all of what I said is informed by your relationship with a person. It's never appropriate with a patient, consumer, and just to take certain liberties around their personal space. Just as you have different boundaries with family and friends and with coworkers. And you know, once again, it should be the same. Just repeating there. It's never appropriate with a patient, consumer. Just as you have different boundaries with family and friends than with coworkers and non-disabled patients.

Thank you. Next slide please.

More on disability etiquette for mobility device users. 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 if standing, back up a few steps.

Next slide.

Continuing with mobility device users. People who use canes, crutches, walkers or similar devices need their arms to maintain balance. Don't grab the person's arm. Give them extra space to use their equipment. Walk at the pace of the person you are 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, please.

Disability bias and trauma.

Next.

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 slide.

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 slide.

Intimate oppression. Intimate oppression occurs when a loving person, usually a parent, transfers their internalized oppression to a child, other family or community member.

Example. A mother teaching her disabled daughter that a woman's value lies in her ability to get a husband while sending a message that no man will want to marry her because of her disability.

Next slide.

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

Next.

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

I want to offer an example here that I experienced. It was very, very traumatic for me. I had breast cancer and they were doing an exam. Previously they had put what they call tattoos, they're just little dots to the area so they know where to aim the radiation. When I went in for the radiation treatment, first of all they put you on this table and they crank it up so you're up in the air. I'm well aware that I'm not able to jump down and get off of it or run away.

While I am up there, the technician says out loud to I guess whoever else was working in the room. "Oh my goodness! I don't know if these are tattoos, freckles or what? She is so Black that I can't tell where the markings are." Yeah. And then when I said I wanted to get down and leave, it was like being held captive. “No, you can't.” Short of the rest of the story, I got out.

But yeah, and I know that's, well, to me that's a horrible story. But yes, it's definitely a trauma with health care. Made it difficult to go back and get the rest of my treatments.

Next slide.

Traumatic experiences in health care. Some experiences include being refused services, not being believed, being spoken to in less than disrespectful ways like patronizing, pitying or scolding ways. Being forcibly restrained, being blamed for one's disability or medical condition, and services being inaccessible.

Next slide please.

Here's a few examples of trauma symptoms taken from the Trauma Symptoms Checklist of the National Center for PTSD. This is not an inclusive list. Headaches, weight loss without dieting, flashbacks, sleep difficulties, anxiety attacks, sadness, uncontrollable crying, dizziness, difficulty breathing, passing out, anger management issues, and the desire to physically hurt yourself or others.

And that's just a partial list and that's a lot.

Next slide.

Trauma-informed health care. This is important. Trauma-informed health care shifts the focus from "What's wrong with you?" to "What happened to you?" Health care teams need to have a complete picture of a person's life situation in order to provide trauma-informed care.

Next slide.

Objectives of trauma-informed care. Trauma-informed care seeks to realize widespread impact of trauma and understand paths for recovery. Recognize the signs and symptoms of trauma in patients, family and staff. Integrate knowledge about trauma into policies, procedures, and practices, and actively avoid re-traumatization. It is important to implement trauma informed care at the clinical and organizational level.

Next slide.

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

Next, please.

Principles of trauma informed care are safety. Safety throughout the organization. Patients and staff should feel physically and psychologically safe. Trustworthiness and transparency. 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 as integral to service delivery. Here I wanna stress the importance of planning with patients, not for patients.

Next.

More principles of trauma-informed care are collaboration. 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 and responsiveness. Biases and stereotypes and historical trauma are recognized and addressed. The principles on these slides are adopted from the The Substance Abuse and Mental Health Services Administration Guiding Principles of Trauma Informed Care.

Next slide.

Supporting people with disabilities during the vaccination process.

Next.

Avoid triggering environments. Vaccine sites that are crowded, noisy, unpredictable, and confusing.

Triggering behaviors. Using a raised voice, even if it's only meant to provide instruction, please avoid that. And expecting people to be able to move and speak quickly.

Next.

There's perceived inappropriate behavior. What to do. Approach the person and calmly talk. Interact with them calmly. Ask how you can help. Brainstorm solutions together. De-escalate.

Next.

De-escalation. Some de-escalation strategies are: be empathetic and non-judgmental; respect personal space; use non-threatening nonverbals; keep your emotional brain in check; set limits; choose wisely what you insist on; allow silence for reflection; allow time for decisions.

Next.

What to do to make the vaccination process more comfortable? You should ask what the person needs. Invite them to the quiet, low stimulation area if needed. Invite them to move to the front of the line and explain what will happen next if this is your practice. Ask what the person needs. It's okay not to know what to do. It's okay not to know the answer. Tell the person and assure them that we'll figure it out. It's not ever okay to ignore a person.

Next.

What else can we do to make the vaccination process more comfortable? Be flexible. Give an injection in a space outside of a designated injection area. Permit people to walk or move. Walk or move with people if they want. You may think of more examples.

Next slide.

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

Next.

Now we're gonna go onto some scenarios and my friend and colleague, Melissa Marshall, is going to join us and we're gonna work those together. I'm going to read the scenario and then Melissa and I will act it out. I will be calling Melissa, asking for her help. I'll be at a direct service site and she'll be at the health department.

Scenario 1, please. Next slide. Scenario 1.

A person in line to receive a vaccine motions for you to come to them. As you approach, they begin to talk faster and louder and becoming angry. They tell you they cannot stand much longer, they're in pain and that there are no chairs. They say that you are violating the ADA and if they fall or get hurt, they will sue you. They talk faster and louder with increasing anger.

Oh my God, I better call Melissa!

Melissa?

- [Melissa] Hi Regina. What can I do for you today?

- [Regina] Oh my God! So, you know, I'm here at the vaccine clinic, okay? And there's a woman coming to me, she's talking faster and louder. She said that she can't stand much longer and that she's in pain and there's no chairs. Now I've got somebody running to bring a chair outta my office, there's one, but they say that we are violating the ADA and if they fall or get hurt, they're gonna sue us.

What should I be doing? Should I call a lawyer? Should I call the police? What's the matter? What should I do?

- [Melissa] Okay, first of all, do not, under these circumstances at all, even think about calling the police. We don't want her to go to. What do we want? Let's go back to our original goals. What do you want?

- [Regina] I need to do the vaccine.

- [Melissa] You want her to get the shot.

- [Regina] Yes.

- [Melissa] So you want her get the shot in the most comfortable environment possible. So want her to get that shot and you wanna facilitate her getting it. You wanna get the chair to her as soon as possible. Forget about the lawsuits, forget about the ADA. That's not your problem. That's mine if it becomes a problem, it probably won't. You don't wanna get a lawyer. What you wanna do is meet her needs. She's probably, there's a couple of things going on. She's in pain and she's experiencing anxiety. And you know, as a public, as health provider, that when people are in pain, they get more anxious.

So first, see what you can do to minimize her pain. What can we do? Can we move

you to the front of the line? Can we help you model the calm that you want her to be? And remember that she is literally, when she's receiving the vaccine, she's literally a patient. Other than that, she's not a patient, she's somebody with a disability who's just there. So you wanna think about her, not as a patient, but as a person with a disability getting the vaccine, unless you're literally giving her medical treatment.

So just understand, model what you want, let her know that you'll fix, ask what she needs.

- [Regina] Okay.

- [Melissa] Well, you'll fix it. And if a problem comes up and you don't know how to solve it, say, “We'll figure this out together.” And what you could do if you want, is bring me over on the phone so in case you need any help, I can be there to support you and her.

- [Regina] Oh good. Thank you so much.

- [Melissa] You're welcome.

- [Regina] I think I just need to calm down. When I heard this ADA violation

- [Melissa] Right.

- [Regina] And suing and all that, I just, yeah, went up.

- [Melissa] She's scared, she's anxious, and understand she's in pain and she's also probably anxious about getting the vaccine too.

She might be.

- [Regina] Okay, all right.

- [Melissa] Keep all that in mind.

- [Regina] Thanks so much!

- [Melissa] Thank you for calling. I appreciate it.

- [Regina] Sure, sure, thank you.

All right, next slide.

Scenario 2. A Deaf person is checking into your site. And let's see, and for a vaccination. He preregistered and requested an ASL interpreter who's at the appointment.

Two men waiting to register, start to complain loudly, oh my goodness, and rudely that this person is taking up too much time with all these weird hand motions and that it's as bad as those people who don't speak English. Other people are visibly uncomfortable. My goodness! Wow! That's one.

So let me call Melissa.

Oh my goodness. Melissa?

- [Melissa] Hi Regina. What can I do for you today?

- [Regina] It's more drama. There is a Deaf person here checking in. They've requested an interpreter. The interpreter's at the appointment. Everything should be fine, but no.

- [Melissa] Good, good. That's good news.

- [Regina] There's two men waiting to register and they're complaining that this person is taking up too much time with all those weird hand motions. And they're saying it's as bad as those people who don't speak English. You know, the other people are clearly, like, upset. Like, what? What do I do with these guys? I mean.

- [Melissa] Again, like you did yesterday, take a couple of breaths and relax. Understand the people at a vaccine site are anxious, period. They might be afraid of the vaccine, they might be afraid of the needle and not want to admit that. They might have be having to take time out of their day. They might be losing pay from being at work. All of those kinds of things. And you might wanna say that's American Sign Language if it's ASL that you're seeing, that's American Sign Language that you're seeing. And we do that. And, I try to impress on people is in order to treat people equitably and fairly, we don't always treat them the same way. That there's a difference between those two things.

- [Regina] Okay! Of course.

- [Melissa] And that sounds like something you tell a child. But I work with a lot with lots of adults who, when you frame it that way, understand it. But just, this is what we do here. This is our practice. And you don't wanna say, if you don't like it leave,

- [Regina] Oh! Right.

- [Melissa] 'Cause you don't want anyone to leave, you do not want any to leave. Your goal is to defuse that anxiety, defuse the tension, bring and model the calm that you wanna see at your clinic to your clinic and assure them that they'll get a shot. Maybe ask them if there's anything they need. Maybe they wanna chair, maybe they wanna drink of water. Maybe they want –

- [Regina] Oh! Of course, of course.

- [Melissa] Something like that.

- [Regina] Yeah, you know, I'm writing this down. So I just remember I've written down breathe, like be calm, make notes to myself on these things because yeah, yeah.

- [Melissa] You're doing great. And when doubt call me, I never ever mind. It's always simpler. It's always simpler to call me while the issue's happening than after it's happened. But you're always welcome to call after it's happened too.

- [Regina] Thank you so much. You're just so good. Thanks a lot.

- [Melissa] Have a great day, Regina.

- [Regina] Okay, next slide.

Inclusivity suggestions. 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 not be equality. Once again, you have to plan with, not for people. Those closest to the problem are closest to the solution.

Next. Involve people with disabilities.

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

Next slide.

Resources.

Next slide.

Resources. Local resources - center - local Centers for Independent Living, or CILs, are your Mainstream Center for Independent Living; Spa Area Independent Living Services; also known as SAILs, Southeast Arkansas Independent Living Services, or SAILs; and Sources for Community Independent Living Services, Inc.

Next slide.

More resources. Plain language resources.

The Self-Advocacy Resource and Technical Assistance Center, SARTAC, “COVID-19 Vaccination Information in Plain Language,”

Autistic Self-Advocacy Network, or ASAN, it's A-S-A-N. “COVID-19 Vaccination Fact Sheet in Plain Language.”

Association of University Centers on Disabilities, AUCD, “Tools for Using Plain Language and Easy Read.”

And CDCs National Center for Health Marketing. “Plain Language Thesaurus for Health Communications.”

Next slide.

Resources. Vaccines.

CDC: “Pre-vaccination Checklist for COVID-19 Vaccines.”

CDC: “In-home COVID-19 Vaccinations.”

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

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Thank you so much for participating in this training!