Welcome everyone we have a wonderful 3rd webinar going on today. Um, people with intellectual and developmental disability, experiencing abuse, tips, tools and strategies for providers.

Couple of housekeeping. I just wanted to kind.

Have presenters introduce themselves as they come in to present, um, couple of housekeeping announcements if you're looking for closed captioning, it's it is going to be found.

The icon is on the bottom left hand corner and you can turn your closed captioning.

On we are recording the video, the webinar, we will make it available in within a week of today's date, uh, power points.

Any resources that our presenters, um, talk about will be also made available. I will also put.

The resources and the links in the chat as we are mentioning them.

So, that way, you can capture them, but if you don't don't worry, we'll put everything on our YouTube channel and email you once everything is up. So you may you'll be able to have everything available to you.

Um.
So, today's webinar is in partnership with the National Center on Criminal Justice and disability, and it is part of a healthy brain webinar series.

And it is presented by the health matters program we're located at the University of Illinois at Chicago, and, um, with an additional partnership with national task group on intellectual disability and dementia practices,

we are funded by the Centers for Disease Control and prevention through the healthy brain.

An initiative, um, the contents are, uh, so sole responsibility of the webinar presenters and do not represent the official views of the CDC.

We have 3 presenters today.

I will let each presenter introduce themselves to save on time. So we can have.

Um, additional, about 10 to 15 minutes of question, and answer at the end of this webinar. So, the 1st presenter is Leanne.

I will let each presenter introduce themselves to save on time. So we can have.

I will let each presenter introduce themselves to save on time. So we can have.

I will let each presenter introduce themselves to save on time. So we can have.

There you go. Yes, thank you. And I, I just realized I still have my David's name on there, but, um, I recently changed my name. So, my name is Leanne.

I'm the senior director of disability and justice initiatives at the arc of the United States.
And if you've been following our series, you've heard me introduce myself before. But I have been at the arc for 27 years focused on the intersection of people with intellectual and developmental disabilities who come in contact with the criminal justice system.

And through that work, we've been doing quite a bit around supporting victims with disabilities, and that's why we've been working with Jasmine and Beth with their work. I really looking at some of those key issues and, um, I will pass it over to Patty.

I'm hearing criteria, disabilities, posing protecting commission.

It says a salt and Massachusetts.

Hello, everyone my name is weather and I am a CO character that peer support network.

I am also a advocate advisor.

I am the treasure paltry chair of the California state with the presentation cancel and my regular social employment is they usually charge, et cetera. Pleasure to be here.

Looks like, so, um, I just wanted to give an overview of what we'll be talking about in today's webinar.
Um, we have had some pretty interesting webinars to date hearing from healthcare providers people with disabilities.

30 "Leigh Ann Davis" (1418838784)
00:06:09.559 --> 00:06:15.569
So, we're furthering that work by focusing on, um, this issue around bias.

31 "Leigh Ann Davis" (1418838784)
00:06:15.569 --> 00:06:27.749
And looking at how we can address that in health care. And so, what we're going to do is look at some recent survey data and help help you to learn how these.

32 "Leigh Ann Davis" (1418838784)
00:06:27.749 --> 00:06:33.929
Pervasive attitudinal barriers are still there in health care today and we have, um.

33 "Leigh Ann Davis" (1418838784)
00:06:33.929 --> 00:06:38.309
Some pretty interesting information from a recent.

34 "Leigh Ann Davis" (1418838784)
00:06:38.574 --> 00:06:45.474
New York Times article that highlighted a survey around this topic. So we wanted to share some of that information with you.

35 "Leigh Ann Davis" (1418838784)
00:06:46.104 --> 00:06:58.284
Uh, we would like you to learn how providers can practice effective ways to interact and communicate with people with disabilities. And thank you to Patty. And kiesha who will be giving.

36 "Leigh Ann Davis" (1418838784)
00:06:58.309 --> 00:07:13.034
Being their, their own lived experience around this, and what has worked for them and then also understanding the role of peer support and coalition building. These are really 2 promising practices that can reduce bias.

37 "Leigh Ann Davis" (1418838784)
00:07:13.304 --> 00:07:18.224
And we'll talk about how that can look and then just as a little teaser for our.

38 "Leigh Ann Davis" (1418838784)
00:07:18.309 --> 00:07:24.479
Next webinar, um, we'll be going more into detail about how that can really.
Help get to some of those underlying foundational issues that keep bias alive in our culture in health care, and policing in so many areas, um, in the lives of people with disabilities.

So that is what we will be focused on today.

Next slide please. So of course, we want to, um.

Remember that supported decision making is key to really addressing bias to addressing, um, stereotypes of people with disabilities.

We have looked at, um, 1 article showing that some small studies reported positive outcomes with many saying that they were more confidence.

Happier and better able to do what they want when they have supported decision making in place.

Um, we know that this sort of movement kind of gain momentum with the 2006 approval of the U. N convention on the rights of persons with disabilities.

However, of course, this wasn't actually signed by the United States, but we do know that there is. that there is

Momentum in this area, but we want to see how it can.

Beat practice in healthcare specifically there still needs to be quite more done in this area for that to happen. Um.
We've been doing work actually in the international community around justice issues, and we see this type of advocacy really growing so that's something that we wanted to address and realize that when you're doing this work within your own area, know that you're not alone, even though sometimes you may feel that there are others really wanting to work to bring this into states.

Communities throughout the country, and then lastly, making your own decisions is at the heart of what it means to be a person. And we've talked quite a bit about that on this panel, preparing for today's webinar with you. This includes whether the person is a patient or a survivor.

So, we do have a source document that, um. Can be dropped into the chat now and we can provide to you later.

This was from the New York Times and opinion piece around guardianship and Britney Spears. I'm sure many of you have followed that, um, that story as Britney was fighting for her own independence. Actually, that did quite a bit for us to be able to raise the issue. That this is an issue for people with disabilities.

And that we need to be talking about the rights of people to make
their own decisions. This was a pretty good piece to just kind of highlight that and a way to talk to people. Maybe not in the disability community those in health care, who may not.

59 "Leigh Ann Davis" (1418838784) 00:10:11.729 --> 00:10:19.079 Understand this issue yet to bring this out to them and help them understand just why this topic is so important.

60 "Leigh Ann Davis" (1418838784) 00:10:20.814 --> 00:10:32.184 Next slide and so I had mentioned before that I am with the National Center on criminal justice and disability at the arc of the United States.

61 "Leigh Ann Davis" (1418838784) 00:10:32.814 --> 00:10:40.164 We are celebrating 10 years at the end of this year. And a key issue that we talk about is supported decision making.

62 "Leigh Ann Davis" (1418838784) 00:10:40.729 --> 00:10:46.829 1 of the projects that we have is the talk about sexual violence project that is bringing.

63 "Leigh Ann Davis" (1418838784) 00:10:46.829 --> 00:10:50.009 Supported decision making into the discussions of.

64 "Leigh Ann Davis" (1418838784) 00:10:50.009 --> 00:11:01.409 Helping people with disabilities decide when, and if to report sexual assault so we're looking at the different nuances around this topic and really helping kind of.

65 "Leigh Ann Davis" (1418838784) 00:11:02.874 --> 00:11:14.604 Pinpoint where are the specific kinds of decisions where people need when they're making those decisions they need support to do that? So that's part of what we do at the National Center.

66 "Leigh Ann Davis" (1418838784) 00:11:14.784 --> 00:11:21.234 Really advocating to create reform in criminal justice systems and where this issue.

67 "Leigh Ann Davis" (1418838784) 00:11:21.409 --> 00:11:23.549 Such as healthcare as well.
Next slide just a reminder if you ever need support around criminal justice issues, you're trying to support a victim.

As someone who's been a victim of a crime, sexual assault or any type of abuse, we are there to, to provide any support. We can to put you in contact with the right.

Individuals, uh, make sure that anyone who's been a victim of a crime that has an intellectual developmental disability can get the support they need. So.

Feel free to reach out to us about that at any time.

Okay, next slide and now we go.

Oh, go ahead. Go ahead. Got that. Leanne. I am. I'm I'm going to give you a, uh.

A keyword outline for the video.

He should go to her doctor kitchen and her caretaker go to the doctor.

Because she has an infection, the caretaker tells the doctor.

Why they are there he should is quite and not feeling. Well.
The doctor invited her caretaker to the wedding room.

He should begin to feel more relaxed.

He should tell her daughter, she hurt.

The doctor notices a bruise on her arm and examines it.

Though a nurse, he knows who’s invited in.

Room is present with her, the doctor matches something.

Sometimes people were intellectual the very natural disability, unless sex says it happened to her friend.

So, Keisha, pitcher chart was finding parts as key to where it hurts because it’s very hard to talk to you about it because she was traumatized.

Explain that she has been forced to have sex and he hates it.

The doctor and she should have a conversation John, the nurse gives kids a card with a resource number to call for support.

The doctor nurse had gentle tones to their voices and make eye contact with Keith, which is very important.
They were jelly concerned about her Bruce on and affection.

Even though Kishore was traumatized.

Felt comfortable talking with their doctor and nurse about what happened to her.

Both a doctor and nurse use everyday language.

So, Keith could understand what was going on.

Thank you, keisha. Thanks for providing that overview of this case scenario. And this is the scenario that we've been using throughout the series to highlight different.

And so kiesha, you've been such an, an important role play, such an important role in all of this work and, and being in the videos. Yourself I wanted to ask.

You a question.

You a question.
Based on this case scenario, and as.

You're answering that. I'd actually like to throw this question out to everyone out there in webinar land with us today and also ask you the same question. And if you want to start responding in the chat.

So we can see some of your answers. The question that we had.

On this case scenario that I'll turn over to you 1st, uh, kiesha.

Is what can you do if the resources.

What's the next step? The next step is if the resource is nice accessible, then I go back to my case manager at my regional center.

Or other case management agency to find other resources, I don't give up. And that's very important because you may, even though you talk with your case manager.

Um, it's, um, it's very important.

That you don't give up until you find the resources unique next slide please.

And as we're going to that next slide, um, let's see if we had any responses in the chat as well. I'm looking for. I'm looking. I'm
trying to look at that too.

It looks like we did talk to the case manager for support to find other resources.

Yes, thank you. Ask for help.

From the supported decision, making team another great idea. So thank you for those.

I think 1 of the things that we've talked about as we've all Patty and myself, we've been doing this work for a while is when things don't go to plan.

What are we going to do? And to help individuals with disabilities understand that.

You can't keep going and you can't keep trying, but you do often need support to do that. So kiesha Thank you for providing that example.

And helping others understand that they can move forward and keep trying and not giving up it's tiring. And it can be exhausting. Um, but you are a great example of what can happen when you can continue to do that.

And thank you for sharing just your personal experience on that.

Okay, so let's move on to the next slide now that we have, um.
The foundation of our webinar today with that case scenario.

Thank you so when, uh, opening the webinar today, I mentioned a survey that we wanted to raise some key points from this.

This New York Times article and survey so the name of the article.

Is doctors admit they don't want patients with disabilities a pretty strong title? And what this article is looking at is a.

Professor of medicine at Harvard. Her name is Lisa.

And she wanted to understand why people with disabilities kept reporting that they were receiving substandard care.

Ah, she was saying, I thought I needed to start talking to doctors, so she decided to do some focus groups and look more deeply into this issue.

And ironically, you know, she had said in the article that when she was doing these focus groups since they were virtual.

The doctor she was talking to, you didn't know that she herself was in a wheelchair.

So some of the themes that we really wanted to share, and that.
You will hear come up again as you hear from Patty and Keisha today.

133 "Leigh Ann Davis" (1418838784)
00:19:09.029 --> 00:19:14.579
Is around this idea of wanting the doctor to be on your side but then in reality.

134 "Leigh Ann Davis" (1418838784)
00:19:14.579 --> 00:19:19.229
That's not always the case. So, 1 of the things mentioned.

135 "Leigh Ann Davis" (1418838784)
00:19:19.229 --> 00:19:27.239
Was this 1st bullet here that patients using wheelchairs were told to either go to a supermarket a grain elevator.

136 "Leigh Ann Davis" (1418838784)
00:19:27.239 --> 00:19:32.609
A cattle processing plant, or a zoo to be weighed.

137 "Leigh Ann Davis" (1418838784)
00:19:32.609 --> 00:19:42.269
So, you know, when you go to the doctor and you get weighed, um, you have to provide your weight, this was happening to people, um, using wheelchairs.

138 "Leigh Ann Davis" (1418838784)
00:19:42.269 --> 00:19:45.929
Another key point from this was that.

139 "Leigh Ann Davis" (1418838784)
00:19:45.929 --> 00:19:52.649
Uh, disable patients take too much time is what some of the doctor said it's disrupting our clinic flow.

140 "Leigh Ann Davis" (1418838784)
00:19:53.729 --> 00:19:57.089
Another point was all went well, until.

141 "Leigh Ann Davis" (1418838784)
00:19:57.089 --> 00:20:02.759
A person mentioned, he had a wheelchair, and then all of a sudden his appointment was canceled.

142 "Leigh Ann Davis" (1418838784)
00:20:02.759 --> 00:20:07.709
So, we have heard this from the disability community as well that.

143 "Leigh Ann Davis" (1418838784)
00:20:07.709 --> 00:20:15.209
For fear of not having what people think they need, or not wanting to.

144 "Leigh Ann Davis" (1418838784)
00:20:15.209 --> 00:20:22.919
Um, bring in people with disabilities for whatever reasons that all of a sudden their appointments can get canceled.

145 "Leigh Ann Davis" (1418838784)
00:20:22.919 --> 00:20:36.209
Oh, they also talked to people with disabilities themselves in this article and in the survey 1 person with disabilities said some will find every excuse to not see you.

146 "Leigh Ann Davis" (1418838784)
00:20:36.209 --> 00:20:42.299
And then the last 1, I really don't know what to do with you. Maybe you should go elsewhere.

147 "Leigh Ann Davis" (1418838784)
00:20:42.299 --> 00:20:51.749
Was something that health care provider told a person with a disability so, this just really kind of sets the stage of why it's so important.

148 "Leigh Ann Davis" (1418838784)
00:20:51.749 --> 00:21:05.429
That we are doing this kind of education and helping healthcare professionals, understand just how harmful this can be this type of attitude where they may not even realize.

149 "Leigh Ann Davis" (1418838784)
00:21:05.429 --> 00:21:16.224
That people with disabilities are understanding that they're being discriminated against they may, or may not. But the issue is, we have to do more education around it.

150 "Leigh Ann Davis" (1418838784)
00:21:16.464 --> 00:21:25.404
And so we want to talk today about how we can address this and make sure that we are organized around this more efficiently.

151 "Leigh Ann Davis" (1418838784)
00:21:25.429 --> 00:21:28.079
How do we provide.

152 "Leigh Ann Davis" (1418838784)
00:21:28.079 --> 00:21:38.909
Individual responses to this, but then how do we collectively provide responses that can actually change things over the long term?
Okay, let's move to the next slide. So what I'd like to do now is open it up to our panelists today.

Uh, we want to hear from survivor self advocates.

Around this topic specifically, so I'm going to start with you on question 1.

Can you tell us what have you experienced and what have other shared.

Yes, definitely. 11 of the things that, um, I have experienced.

And others have experienced as well.

Is that my support, like, when I go into an appointment might have put person is the focus for the healthcare provider and not to.

Not not not the individual with disability. There's no fresh contact between the healthcare provider and, uh, person with disability. I mean.

When that happens to me, I absolutely feel totally visible. Like, if I'm not even in the room, because they're having conversations about me.

But, but not with me, and that's how that goes back to the disagree
model that says nothing about us without it.

164 "Kecia Weller" (2154702592)
00:23:10.349 --> 00:23:17.639
So is essential for the healthcare provider to talk to the disability.

165 "Kecia Weller" (2154702592)
00:23:20.724 --> 00:23:32.454
Are we are we also need to infer that the healthcare provider is the same gender when talking about sexual violence if the person who assaulted you,

166 "Kecia Weller" (2154702592)
00:23:32.844 --> 00:23:37.554
it's the same gender as the healthcare provider. This can definitely.

167 "Kecia Weller" (2154702592)
00:23:37.639 --> 00:23:38.759
Be a trigger.

168 "Leigh Ann Davis" (1418838784)
00:23:40.739 --> 00:23:45.869
Great point, keisha, thank you so much for that. And, um, that that.

169 "Leigh Ann Davis" (1418838784)
00:23:45.869 --> 00:23:50.249
Feeling of being invisible um, really.

170 "Leigh Ann Davis" (1418838784)
00:23:50.249 --> 00:23:58.259
Can make people not want to go back to see that doctor or to see that nurse. So you've raised such an important.

171 "Leigh Ann Davis" (1418838784)
00:23:58.259 --> 00:24:08.159
Point there, and I really, thank you just for being that honest about your experience, and helping us really get a window into what people are experiencing.

172 "Leigh Ann Davis" (1418838784)
00:24:08.159 --> 00:24:12.869
So, let's hand it over to Patty. Patty, what do you think about this question?

173 "Patricia Quatieri" (1252077824)
00:24:14.369 --> 00:24:19.109
I am not always clear well. Mm. Hmm.

174 "Patricia Quatieri" (1252077824)
00:24:19.109 --> 00:24:25.469
Now, I am giving, I mean, not giving going to Russians.

And why am I am both to.

So, I can fuse.

In it really helps.

When I am talking to.

And Joe, what I have to do.

Like, when I need to take my blood pressure.

Yeah, good another good example. So providing clear directions is very important. And I think 1 of the things that can get in the way of that is even having enough time in the appointment for that to happen. And I know that we're going to talk a little.

About that here in a 2nd as well.

So, let's move on to the next slide. So let's talk about bias and get a little bit more examples from you.

So we're talking about bias and healthcare and what that looks like. Um, 1 example that.

We had talked about is assuming competence and that sometimes
healthcare providers.

Don't assume that you can answer things they may like you were saying, Kiesha, they may automatically go talk to the support person, assuming that you wouldn't be able to answer for yourself.

or give you the opportunity to get support to answer a question for yourself. So, um, let's talk a little bit more about.

This specifically, Keisha can you give some more examples about bias?

Yes, of correctly, and many times when I go to the doctor.

The doctors naturally assume.

I don't have the competency to make my own decisions. Like they thought, I couldn't make an informed decision about a minor micro procedure.

And, I mean, that was really quite frustrating because just, um, just because people.

People have disability does not mean.

You know, I want to repeat that does not mean that we're incompetent.

Good point and what about you, Patty? I know you had shared some things around this as well.
Yes, God, I have.

A hard time to understand me.

They don't give me a.

To help you. Okay. I use my phone.

I have an app I made.

The pitches on it.

How can I open.

Use my.

Some don't have time.

Okay, yeah, I do remember Patty when, as we prepared for today's webinar that that was an issue that kept coming up again. And again, is that issue around time and, um.

Making sure that there is enough time to even have.

The support you need to be able to communicate and really understand your doctor and for your doctor to understand, you.
So, let's move on to the next slide. How does bias influence how you are treated by healthcare professionals?

So, let's look at some of these kind of key areas around lack of respect.

Devaluation and discrimination and Keisha, I think you're going to talk about those 1st, 3 bullets. Do you want to give us more of your, um, kind of your insight into that?

Yes, of course, lack of respect is foundational for everything we're talking about was basically basically means that we are, we need.

And what healthcare providers to treat people with disabilities like human beings.

As human beings we all are, and the lack the lack of respect is actually a form of ableism.

The valuation disability, or not often believed even if we are.

Believe nothing happened. Healthcare providers do not take.

Um, accent what we tell them what, um.

Quite quite often is about 90% of the time.

Discrimination whose care providers may say we are filled up when
someone with a desperate asked for appointment.

219 "Kecia Weller" (2154702592)
00:29:23.309 --> 00:29:27.479
See, the New York Times article about discrimination.

220 "Leigh Ann Davis" (1418838784)
00:29:29.429 --> 00:29:36.899
Thank you, keisha, thank you for that. Overview of 3 key areas. And now, Patty, do you want to talk about the last 2?

221 "Patricia Quatieri" (1252077824)
00:29:39.029 --> 00:29:43.349
Focused on paying attention.

222 "Patricia Quatieri" (1252077824)
00:29:43.349 --> 00:29:48.299
My grandma more trained nurses.

223 "Patricia Quatieri" (1252077824)
00:29:48.299 --> 00:29:53.549
And social workers can help out of the.

224 "Patricia Quatieri" (1252077824)
00:29:53.549 --> 00:29:59.009
The focus on my guilty, not a drama experience.

225 "Patricia Quatieri" (1252077824)
00:29:59.009 --> 00:30:04.799
So people just don't they always focus on disability.

226 "Patricia Quatieri" (1252077824)
00:30:04.799 --> 00:30:10.229
Because they think that we don't know anything.

227 "Patricia Quatieri" (1252077824)
00:30:10.229 --> 00:30:13.229
And they should focus on comment and stand.

228 "Patricia Quatieri" (1252077824)
00:30:13.229 --> 00:30:17.909
Everybody everybody has drama.

229 "Leigh Ann Davis" (1418838784)
00:30:17.909 --> 00:30:25.319
In the lifetime Yeah and patty's speaking of that, I mean, I know that we had talked about.

230 "Leigh Ann Davis" (1418838784)
00:30:25.319 --> 00:30:31.469
That you feel like you've personally experienced that happening to you where someone focused on your.

231 "Leigh Ann Davis" (1418838784)
00:30:31.469 --> 00:30:35.219
You know, on your disability and not your trauma can you just talk about.

232 "Leigh Ann Davis" (1418838784)
00:30:35.219 --> 00:30:38.849
How that experience was for you, or how that made you feel.

233 "Patricia Quatieri" (1252077824)
00:30:38.849 --> 00:30:41.909
That feels like when.

234 "Patricia Quatieri" (1252077824)
00:30:41.909 --> 00:30:46.559
That if so many.

235 "Patricia Quatieri" (1252077824)
00:30:46.559 --> 00:30:51.809
Treat you like a child? Yeah.

236 "Patricia Quatieri" (1252077824)
00:30:51.809 --> 00:30:56.399
Um, they, they had to cut to somebody.

237 "Patricia Quatieri" (1252077824)
00:30:56.399 --> 00:31:01.469
Mm, hmm and what to go about trauma.

238 "Patricia Quatieri" (1252077824)
00:31:01.469 --> 00:31:06.029
And so, Jeremy, the guy has me.

239 "Patricia Quatieri" (1252077824)
00:31:06.029 --> 00:31:11.279
If my occasion Why ask them.

240 "Patricia Quatieri" (1252077824)
00:31:12.389 --> 00:31:16.169
Explain and trauma, and they don't know what it is.

241 "Leigh Ann Davis" (1418838784)
00:31:16.169 --> 00:31:27.899
Yeah, so, you know, we've heard that from different people with disabilities, um, who've been victimized as we've supported a number of victims.
With intellectual developmental disabilities over the years, you've come to us looking for support and we've heard this before as well.

This issue of if someone has a disability that becomes the focus, rather than digging deeper and asking about trauma and seeing how is trauma affecting that individual.

And, um, and yet we know that so many people with disabilities are affected by trauma. We know the data shows just how often people with.

Intellectual disability specifically are sexually assaulted at 7 times the rate.

Compared to people without visibility. So this is a big issue if you can, if you imagine going into your doctor's office and no one's asking you about trauma or seeing if you need support around that.

So, that really kind of brings to light why it's incredibly important. That we find different ways to.

Get these messages to healthcare providers.

So, let's move on to the next slide. So now we're moving at to some key takeaways from this section of our presentation today. And what I'd like for kiesha for you to start with.

Is tell us, what do you think is needed from.

Health care providers. Well, 1 of the big things that I think is needed, um.
We need healthcare providers to have an open attitude for people with disabilities.

And a willingness to learn.

Because because they have a well willingness to learn.

About all all kinds of people and all kinds of situations that may be bringing the person with disability into the medical practice then. So.

Is very, very important for them to do that because when they have a winner willingness to learn that they have the ability to see the disability as a human being.

The health care providers is also important for them to.

To be patient, listen to the patient and so if so people with disabilities have.

Different ways of communicating, like, tell my friends, they, they are ACC, uh, to telecommunication users.

Like a, like, for example, they, they have a little machine that talks with them for them, but just.

As a person is using a machine to communicate does not mean that the health care providers should be evaluating them.
And, uh, and not to not listen to the patient. A other important thing is other study, the point portrait of accessibility. Like, I have quite a few friends that use wheelchairs. For for their mobility, and I am, I know from the healthcare providers perspective when a person in a wheelchair is difficult, right? They are people with disabilities to not be saying. To them. Look, you, you go to the supermarket or or the, um. Or other portions of accessibility is communication, like, have pitcher tracks available and also also have the ability of having people. In your in your medical practice, like, get an NDA Americans with disabilities at review of your medical practice, make sure it's successful. Thank you.

Really good point, keisha and I'm so glad you added the we did quite a bit of training around title do the ADA state and local government
services through our national center,

273 "Leigh Ann Davis" (1418838784)
00:36:05.874 --> 00:36:07.914
and ensuring that, um.

274 "Leigh Ann Davis" (1418838784)
00:36:08.219 --> 00:36:14.369
Things are accessible and there are resources out there for those who want to.

275 "Leigh Ann Davis" (1418838784)
00:36:14.634 --> 00:36:21.984
Like, have a checklist of how to tell if, if your practice is accessible, different places in the community,

276 "Leigh Ann Davis" (1418838784)
00:36:21.984 --> 00:36:34.284
anyone who provide services in the community state and local services are required by law to ensure accessibility. So, thank you for raising that. keisha. Now, Patty what about.

277 "Leigh Ann Davis" (1418838784)
00:36:34.369 --> 00:36:35.129
You.

278 "Leigh Ann Davis" (1418838784)
00:36:35.129 --> 00:36:38.189
Let's hear from you about what you think is needed.

279 "Patricia Quatieri" (1252077824)
00:36:38.189 --> 00:36:42.809
Need it what about the disability?

280 "Patricia Quatieri" (1252077824)
00:36:42.809 --> 00:36:46.019
101, um.

281 "Patricia Quatieri" (1252077824)
00:36:46.019 --> 00:36:50.549
In this building go on to, behind people that.

282 "Patricia Quatieri" (1252077824)
00:36:50.549 --> 00:36:56.009
Um, disability you have many of.

283 "Patricia Quatieri" (1252077824)
00:36:56.009 --> 00:37:07.469
I tell them fellow mental international so you need to learn about all the because, because you don't.
People are just gonna say, they wanna see you.

You have to get to know them too, in.

Need to learn the other 1 is to provide enough time for people because sometimes the.

Have the in the information.

So, when they don't get the information.

That, um, let me, I.

My God, I have to write things down for me, but I can't get the information right away.

And when I get home, I say my brain now.

And you learn about and coming from you are coming from.

No survivors of any people disability, because.

If you should be patient in being more.

Cheering not like.
You know, young kids, but it's more.

You kind of and you'll see you, you're killing.

Kindness and then you get trained that cluing people with disability.

And subscribers as a part of the team.

I always work with the team on my area.

Thank you Patty, I love that part. That last part, especially of making sure that people with disabilities are part of any training team.

And, um, I guess that, you know, you're talking about health care, but really anyone that you're providing training to right about people with disabilities.

Yes, I wanted to mention 1 thing that you said around.

Learning disability 101, so providing that kind of foundational information about disability. We have recently been working with the National adult protective services administration to provide webinars around these same kind of topics.
And, um, and we did a survey with those agencies,

307 "Leigh Ann Davis" (1418838784)
00:39:19.345 --> 00:39:28.525
and we asked them what was the number 1 thing that they wanted to know
more about because we're trying to figure out how do we bring more
information to.

308 "Leigh Ann Davis" (1418838784)
00:39:29.490 --> 00:39:35.730
As well, and the top 1 that they said was disability 101.

309 "Leigh Ann Davis" (1418838784)
00:39:35.730 --> 00:40:03.150
So, um, we do see that there is interest in certain fields around
this. So I think now we got to figure out a way to do it.

310 "Leigh Ann Davis" (1418838784)
00:39:45.535 --> 00:40:03.150
That's really meaningful, providing information and training to the
healthcare profession profession group. That is meaningful. That's
honest. Um, and in a.

311 "Leigh Ann Davis" (1418838784)
00:39:55.730 --> 00:40:03.150
In a time frame, where they have the ability to have the time to hear
all of this information as well.

312 "Leigh Ann Davis" (1418838784)
00:40:03.150 --> 00:40:07.500
But Patty, I did want to just follow up with you on that.

313 "Leigh Ann Davis" (1418838784)
00:40:07.500 --> 00:40:20.160
The 1, about providing enough time, um, I think you may have mentioned
that currently when the doctor that you see has been able to provide
enough time for you and your appointments. Is that right?

314 "Patricia Quatieri" (1252077824)
00:40:20.160 --> 00:40:28.710
Yes, because 1 thing I train and training my God this with my
disability.

315 "Patricia Quatieri" (1252077824)
00:40:28.710 --> 00:40:32.970
You know, who else? I had speech problems sometimes I want to pick up.

316 "Patricia Quatieri" (1252077824)
00:40:32.970 --> 00:40:36.690
And sounds I was trying.
Though she will take time we should she tells me.

Play me mean play language I call it means easy. Was.

Explain what she's doing explain the procedure.

So, she needs to.

She gave them out. Okay.

So so that's a great example of what happens when things go well and things, right? But it sounds like you said, you were training her on that it sounds like she was willing to learn. So that's good. Right?

Yeah, all right. Thank you so much for providing those key takeaways and I think that Segways pretty well into looking at the next few minutes. We'll be talking about solutions.

From you, so, 1 of the biggest things as we all know, who have been in this field for any amount of time is that attitude the attitudinal barriers,

the bias that people may have that they don't even know that they have, you know, we all do have bias.

In different ways and the important thing is that we.
Learn to accept that and then we start realizing how is that affecting how we interact with other people.

328 "Leigh Ann Davis" (1418838784)
00:41:59.430 --> 00:42:12.420
How does that affect how I do my job either in health care? Or as a disability advocate as a person with a disability we all have biases. Um, but in healthcare.

329 "Leigh Ann Davis" (1418838784)
00:42:12.420 --> 00:42:19.950
We really want to be able to address this with kind of key messages that we can collectively share.

330 "Leigh Ann Davis" (1418838784)
00:42:19.950 --> 00:42:26.490
To the healthcare profession group and and Patty, I'll start with you as we think about.

331 "Leigh Ann Davis" (1418838784)
00:42:26.490 --> 00:42:31.290
What are some key messages that you'd like to share? Um, and.

332 "Leigh Ann Davis" (1418838784)
00:42:31.290 --> 00:42:36.330
With health care providers, and we can go to the next slide. Sorry about that.

333 "Patricia Quatieri" (1252077824)
00:42:39.540 --> 00:42:45.840
So it is, we expect people with disability.

334 "Patricia Quatieri" (1252077824)
00:42:45.840 --> 00:42:49.680
As eagles listen.

335 "Patricia Quatieri" (1252077824)
00:42:49.680 --> 00:42:57.480
Leave an act provide grain by people disability.

336 "Patricia Quatieri" (1252077824)
00:42:57.480 --> 00:43:01.440
Allow 1 going into the.

337 "Patricia Quatieri" (1252077824)
00:43:01.440 --> 00:43:04.950
No, why nothing.

338 "Patricia Quatieri" (1252077824)
00:43:04.950 --> 00:43:10.740
Both as without as it is a point.

339 "Leigh Ann Davis" (1418838784)
00:43:12.810 --> 00:43:19.920
And and Patty, I was wondering, just about the respect issue that is so important in.

340 "Leigh Ann Davis" (1418838784)
00:43:19.920 --> 00:43:24.180
And, and as a person feeling like, you can be heard.

341 "Leigh Ann Davis" (1418838784)
00:43:24.180 --> 00:43:32.460
I'm wondering, you know, you gave the example of the doctor providing more the time that you need. Right?

342 "Leigh Ann Davis" (1418838784)
00:43:32.460 --> 00:43:40.440
That helps you feel respected? Yes. Is there 1 other example you can give where you felt like your doctor was respecting you.

343 "Patricia Quatieri" (1252077824)
00:43:41.850 --> 00:43:47.370
Well, 1 thing he respect me because that.

344 "Patricia Quatieri" (1252077824)
00:43:47.370 --> 00:43:51.930
They really, I wish sat down.

345 "Patricia Quatieri" (1252077824)
00:43:51.930 --> 00:43:55.290
Let me show you reach back down.

346 "Patricia Quatieri" (1252077824)
00:43:55.290 --> 00:43:58.350
Then I'll give you the respect.

347 "Patricia Quatieri" (1252077824)
00:43:58.350 --> 00:44:02.790
That's how I work. Yeah.

348 "Leigh Ann Davis" (1418838784)
00:44:02.790 --> 00:44:14.820
So, it's a 2 way street. Yes, but that can be I guess it can be difficult when you're when you're needing something. And I guess it's about saying it in a way that's in a respectful tone.

349 "Patricia Quatieri" (1252077824)
00:44:14.820 --> 00:44:19.080
Or if someone's not providing after tone.
Be patient, but I ask a question.

Mitch brought me.

How I say it.

And he has melco time as the.

Can you please say temple.

If they can't draw a picture for me in an image that me to.

Do I what I need.

Got it Thank you. That's a great kind of practical example.

And then, keisha, what do you think in terms of.

Um, attitudinal barriers.

Well, 1 thing is that 1 thing that is rather important is communication, because when when people with disabilities go to healthcare providers.

A lot of times the healthcare provider doesn't know really how to
communicate with the person with the disability that is in their medical office.

362 "Kecia Weller" (2154702592)
00:45:26.755 --&gt; 00:45:29.814
And so, like I was saying before.

363 "Kecia Weller" (2154702592)
00:45:30.060 --&gt; 00:45:36.810
Communication communication is so important like, um, like, um.

364 "Kecia Weller" (2154702592)
00:45:36.810 --&gt; 00:45:47.460
Sitting down on eye level to the pursuit disability and making eye contact with them having had we had gentle tone. Like, um.

365 "Kecia Weller" (2154702592)
00:45:47.460 --&gt; 00:45:52.530
Like, a doctor, the kitchen in and, um.

366 "Kecia Weller" (2154702592)
00:45:52.530 --&gt; 00:45:59.010
In the case it goes to the doctor video digest described as just saying.

367 "Kecia Weller" (2154702592)
00:45:59.010 --&gt; 00:46:07.050
Is that I'm always use everyday language with the person so that they can understand what's going on.

368 "Kecia Weller" (2154702592)
00:46:07.050 --&gt; 00:46:11.940
And I am in terms of a gender disability.

369 "Kecia Weller" (2154702592)
00:46:11.940 --&gt; 00:46:21.870
Cultural sensitivity, language and images and pitchers and icons is is important for the healthcare provider.

370 "Kecia Weller" (2154702592)
00:46:21.870 --&gt; 00:46:26.280
To understand and and.

371 "Kecia Weller" (2154702592)
00:46:26.280 --&gt; 00:46:35.580
And possibly communicate with the person about the gender identity like you have, if they're pronouns.

372 "Kecia Weller" (2154702592)
00:46:35.580 --&gt; 00:46:39.390
Or they didn't accept it.

And just just say, yes, there are particular identity.

This is like, non non binary.

Not so I'm not, I'm not he him, but they them also having a disability and cultural sensitive language.

Like, if a person comes in from a, from a other country.

Or it's been living here for a while butter, like, um, in the Spanish community.

In the Spanish connect community, they are, they see doctors as and other health healthcare providers as the authority figure.

They have a very, very hard time.

Communicating.

And, um, and not in, like, getting a 2nd opinion.

I love the community members.

See that they can't get a 2nd opinion for a medical.
Medical oxygen, because they and they feel that the healthcare provider is.

The authority, right? They're comfortable. They don't go get somebody like that.

Also having having images and I can't.

Like, a personal we'll talk.

Also focusing on the abilities of the strengths of somebody.

Not the disabilities, because I'm all humans have have abilities strengths.

And it's not all about their disabilities.

Although I want to address invisible disabilities.

Because because a lot of people have invisible disabilities.

Here and they people their health care providers may not see the disabilities, even though that they have some.

And they and people within visible to invisible disabilities also have a hard time communicating with healthcare providers,
because they may not disclose the bodies to the host of wire. But I just wanted to bring in to highlight.

396 "Kecia Weller" (2154702592)  
00:49:12.050 --> 00:49:19.920  
In people with people with in physical disabilities in their webinars. Well.

397 "Leigh Ann Davis" (1418838784)  
00:49:19.920 --> 00:49:23.400  
That is a great point. keisha. And.

398 "Leigh Ann Davis" (1418838784)  
00:49:23.400 --> 00:49:32.040  
It can be more difficult, I think, for people with disabilities that are more harder to see.

399 "Leigh Ann Davis" (1418838784)  
00:49:32.040 --> 00:49:45.660  
For those individuals to get the support that they need, and we definitely see that among crime victims with disabilities in the criminal justice system, too. That that can often happen. Um, and.

400 "Leigh Ann Davis" (1418838784)  
00:49:46.770 --> 00:49:50.760  
It's, it's when when the disability isn't that.

401 "Leigh Ann Davis" (1418838784)  
00:49:50.760 --> 00:49:56.160  
Noticeable and nobody's asking for that support or that help.

402 "Leigh Ann Davis" (1418838784)  
00:49:56.160 --> 00:50:02.700  
Things can be messed easily if if no 1 is supporting someone.

403 "Leigh Ann Davis" (1418838784)  
00:50:02.700 --> 00:50:11.910  
To help them speak out about a sexual assault, for example. Well, what happens if that trauma continues in, that person's life addressed.

404 "Leigh Ann Davis" (1418838784)  
00:50:11.910 --> 00:50:23.670  
And this can really cause all kinds of other health care issues in that person's life. So, bringing up that issue around invisible disabilities is really key and.

405 "Leigh Ann Davis" (1418838784)  
00:50:23.670 --> 00:50:38.155  
So glad that you brought that up um, so we did touch on effective communication, but I, I wanted you both to speak to that a little bit
more because it's so core to everything when we think about going to the doctor,

00:50:38.395 --> 00:50:43.615
or working with health care professionals. So, Patty, do you want to talk a little bit more about.

00:50:43.670 --> 00:50:46.260
Just effective communication.

00:50:46.260 --> 00:50:56.370
Yeah, I hear you show me kick coverage survivors.

00:50:56.370 --> 00:51:00.750
July and coping skills I use all time for me.

00:51:00.750 --> 00:51:04.800
Help them understand they have choices.

00:51:04.800 --> 00:51:20.580
Um, help them understand.

00:51:20.580 --> 00:51:29.790
And using support intuition, making.

00:51:29.790 --> 00:51:36.300
And when I go to the gardens, I may hear people talk slowly.
Use the simple words my garden spend time.

418 "Patricia Quatieri" (1252077824)  
00:51:36.300 --> 00:51:39.360  
It'd be time limits.

419 "Patricia Quatieri" (1252077824)  
00:51:39.360 --> 00:51:43.380  
You don't work when important is feeling.

420 "Patricia Quatieri" (1252077824)  
00:51:43.380 --> 00:51:48.780  
Comma as as.

421 "Patricia Quatieri" (1252077824)  
00:51:48.780 --> 00:51:52.800  
Disability find the right. Got them.

422 "Patricia Quatieri" (1252077824)  
00:51:52.800 --> 00:51:57.060  
For you for what you need.

423 "Leigh Ann Davis" (1418838784)  
00:52:00.265 --> 00:52:13.795  
Thank you Patty and and I will point people back to that article that was shared the New York Times article that mentioned the study that was raised quite a bit around the time limitations.

424 "Leigh Ann Davis" (1418838784)  
00:52:13.795 --> 00:52:23.430  
And Patty, I really liked that you brought out. It's not just about needing accommodation.

425 "Leigh Ann Davis" (1418838784)  
00:52:23.430 --> 00:52:33.480  
Was around disability, but, um, around being traumatized.

426 "Leigh Ann Davis" (1418838784)  
00:52:33.480 --> 00:52:43.680  
keisha, what do you think on this 1 on effective communication?

427 "Kecia Weller" (2154702592)  
00:52:43.680 --> 00:52:43.680  
Well, 1 thing is for communication, I think that we should have accessible formats, including American sign language.
Captain, what are you constantly.

I can't and pictures like, I'm I can push a chart.

For for survivors with disabilities in case, they are having a hard time articulating.

What what they want to say.

So, I'm just like, kiesha goes to the bathroom video that I described earlier.

The doctor and that should know your case scenario.

He, uh, the doctors told keisha, icons of picture track so that she could point to where she was hurting.

I saw a very important thing is universal design, universal design, facilitate people with different abilities.

Agent health care systems office.

Professionals to be patient, patient and user failing. Like a king example of universal design is when the city of Los Angeles pick and.

Several universal design playgrounds for for.
For kids with disabilities so that they can be so that they can play with their negative appears.

So everybody could play on this tape out using universal design.

Universal design environment means professionals and spaces must promote equity for everyone.

For example, we use icons the sexual violence project when I can't articulate what I want to say, I can always use.

I can always point to the icon. Great. Thank you, keisha. And now that we've been able to kind of look at.

Those solutions in both attitudes and effective communication. Let's move on to the next slide.

Where we break it down into, uh, what can we do about it? So we wanted to look 1st that.

Individual impact, so imagine that you're talking to your doctor after a sexual assault what does the doctor need to say? When explaining about.

Taking medication, so we're going to use taking medication as an example, and ask both of you to respond to this. So kiesha, what would you.

What do you think on this 1 example?
Of when when I stopped using my medication, and I got very sick. After after after that.

I decided to on my own to take it, but I'm using. Health check with buyers, you need to teach back, especially when healthcare. Health care provider is prescribing medications am a good example of a teach back. It's after the appointment.

Is finished, the main part is finished the health care provider can say to the patient. Can you, can you paraphrase back to me?

What you what had happened during the appointment and I, I would say something like you, you told me to take my medication. Twice a day, like something like meditation that I'll take it for 2 times a day. For each. I, I am, I will say back I'll say that back to the healthcare provider and the healthcare provider can correct me if I got. Something wrong that's the example I teach back.
Great Thank you. I think that's a great example. Patty what do you think on this? 1?

Well, my daughter explain why it happened when you take a medication.

They need to tell.

You about signing facts you get angry.

Daily put you in an jacket.

Even in room home, they give you your choices.

If they would be the men's work.

That's fine if not.

That you should have choices. Yeah, that is such a great example of just helping people with disabilities understand what their choices are around taking medication.

And I think this is such an important place for supported decision making is really important.

Just, like, when I mentioned earlier about if you're a sexual assault victim, and how do you get support to make decisions around what to do about that? And with medication, it's similar issues. I mean, these are important issues and.
Again, back to it means, what does it mean to be able to make your own decisions that you feel valued and respected as a human being.

And so we're trying to build that right? Where that has been lost, um, the history of people with disabilities, not being able to experience that.

And so, um, these really practical examples are exactly what we need to hear more of. And, um, what this project will continue to do.

I'll talk about sexual violence project.

So, let's move on to the, um, I think we're running a little bit.

I'm going to say is where we're at right now actually is moving into the collective.

For over, I want a little bit a little bit of time. Um, we actually have only 3 minutes and we have some pretty nice questions.

So, I don't know if you want to just sort of conclude and then we can move into some of these questions. We want to make sure that we get into.

Attendee questions and get some of these.
A collective impact, and we will be going over some of that we can move this to the, our final webinar. So I do think this is a good place to kind of wrap up for now so that we can get to some of those questions.

Perfect all right so the 1st question 1 of the 1st questions was as a provider, just getting ready to start practicing.

I'd like to have some picture charts and hand like Keeshan. Patty suggested is there a good place to look for or purchase.

This is Keith I am, I saw a chat that somebody.

Uh, no, um, boggy rang.

In nor, nor is an excellent recommendation from from this person chat, because nor is.

Has has a website that says disability without a boost dot com and, uh.

Nor is a job is a, um.

Sexual sexual assault, so contest that works with with, with people with disabilities and and and sexual assault and so I am, I would recommend.

Cooking on her email in the chat and contact her for that. She, she, she's a very good resource for finding out. Once you purchase push your charts and stuff like that.
Me and boy, Omega.

I'm going.

Which resource Patty can you say that again?

Do America what.

Oh, board maker, thank you. Yes. Board maker and if we do have a website for that, we'll get that in there. Thank you.

And I did add 12 in the chats already mentioned that the talk about sexual violence project that she and I work on together. We created specific a specific.

Picture chart just for sexual assault issues.

As well, so that is also in the chat. Great question.

Thank you, um, the, the next question.

It has to do with a bias in training new staff, coming into agency.

Um, this person stresses the importance of assuming competence and giving assistance when needed but they noticed a lot of staff just doing things for the person they're supporting. If anyone has tips and.
Training in this area.

Um, they would love to hear from, um, from, you.

So, keisha or Patty do you have any ideas of how.

Like, any training specifically that addressed that issue that that's a really tough 1 it kind of reminds me of in the criminal justice world where I do a lot of our work from the Center's perspective that officers, um.

Think that they're doing someone a favor when they're actually just treating them maybe like, younger than their age and things like that. And so what we do is, we try to come in and not just train on the,

Kind of basic here's what disability is.

And here's how you identify disability, but we really try to help them understand how that makes a person feel.

When you treat them a certain way, so that really kind of helping them understand. Um, how.

How that makes individuals with disabilities fill when they may have never even thought about it at that deep of a level. So, are there any trainings like that? Um, or Patty that you can think of that you'd like to.

To share, I think they could go to their logo. We throw this.
So any local resources, that's actually a good idea, too, with the chapters of the art. So we have 600 chapters throughout the country.

So connecting with the local chapter of the art to see if they're doing any education with healthcare providers in their community. Uh, we do have some pretty exciting projects. projects

Out there around educating health care so feel free to reach out to me directly for more information on that.

In in, for my part of that question, I am, I am, I paying my staff.

I am I pay my support staff that, uh.

That when when they want to support somebody with a disability, like myself to, um.

To ask, not not assume that you like, for example, if, when my friends and wheelchair going to a door.

That doesn't have a push button.

I always ask, can I open the door for you?

Sometimes sometimes they say, no. Oh, man, but it's, it's important. It's important to ask before you help.
Great point, thank you. Sir. Thank you. This is yasmine again. Uh, Patty. keisha. Leanne. Thank you so much for this amazing information.

524 "Jasmina Sisirak" (1639960064)
01:04:54.385 --> 01:05:01.345
We will stick around for a few more minutes. We are at the hour. We have recorded this. Webinar please join.

525 "Jasmina Sisirak" (1639960064)
01:05:01.695 --> 01:05:11.325
On May 10th I put it in the chat box for our last webinar in the series beyond silos trauma, informed care for people with intellectual and developmental disability.

526 "Jasmina Sisirak" (1639960064)
01:05:11.325 --> 01:05:21.225
And this is we will be picking up where where we left the discussion off today. Thank you. Everyone. If you have any questions feel free to put.

527 "Jasmina Sisirak" (1639960064)
01:05:21.370 --> 01:05:36.030
In the box, um, there's a QR code to, um, access additional information and the speakers and feel free to email any of us. Um, with any questions um, have a great rest of the day. And thank you.

528 "Jasmina Sisirak" (1639960064)
01:05:42.150 --> 01:05:47.400
And thank you, thank you all looks like no questions.

529 "Jasmina Sisirak" (1639960064)
01:05:47.400 --> 01:05:47.904
So.