



TRANSCRIPT

Webinar

Disability in a COVID World: Employment, Communications, Physical Spaces & Mental Health

December 3, 2020 from 12:00 noon – 1:30 pm [Eastern Time]

>> **BARRY WHALEY:** Hi, everyone, welcome. I am Barry Whaley. I'm the Director at the Southeast ADA Center based in Atlanta. The Southeast ADA Center is a project of the Burton Blatt Institute at Syracuse University. We are pleased that you have joined us today for our webinar: Disability in a COVID World: Employment, Communications, Physical Spaces & Mental Health.

We are delighted to collaborate with the Consulate General of Canada in Atlanta to bring you this event in celebration of the International Day of Persons with Disabilities.

Since 1992, the United Nations has proclaimed December 3 as the International Day of Persons with Disabilities to promote the rights and well-being of people with disabilities in all aspects of society and to increase participation of people with disabilities in every aspect of political, social, economic, and cultural life.

The theme this year for International Day of Persons with Disabilities falls on I'm sorry, let me back up for a second.

This year, the International Day of Persons with Disabilities falls on the same week as the 13th session of the Conference of States Parties to the Convention on the Rights of Persons with Disabilities.

It is now my pleasure to introduce to you the Acting Consul General of the Consulate General of Canada in Atlanta, Mr. Kirk Duguid.

Mr. Duguid has been with Global Affairs Canada since 2008 and working at the Consulate General of Canada in Atlanta since last December [2019].

Originally from the Greater Toronto area, Kirk's previous postings include Argentina, Algeria and Venezuela. So, Kirk, I'll turn it over to you.

>> **KIRK DUGUID:** Thank you very much, Barry. Hello everyone, we are so happy with this partnership with the Southeast ADA. And thank you Barry, and Cindy and Marsha, I think this has been a great collaboration.

Recognizing some groups are disproportionately affected by COVID 19, in particular people with disabilities, the government of Canada welcomes the opportunity to celebrate this international day and also to engage in solution oriented dialogue.

Not showing there?

Okay.

From the onset of the pandemic, we worked hard to ensure the interests and needs of persons with a disability are being taken into consideration, and the decisions and measures adopted in response to the pandemic.

For example, in the spirit of “nothing about us without us” from the United Nations Convention on the Rights of Persons with Disabilities, in April 2020, the government of Canada established a COVID 19 Disability Advisory Group. This group provides advice on real time lived experiences of persons with disabilities during the crisis. And also, on issues, challenges and systematic gaps that exist. And on the strategies and measures to be taken to best address this issue. Or these issues.

While we have made great strides in fostering inclusive and equality for persons with disabilities, Canada's first accessibility law, the Accessibility Canada Act came into force in July of 2019, the Act establishes a framework to create barrier-free Canada through removal and prevention of accessibility barriers. While this is certainly a positive advance, it's also a clear indication that there's still much to be done to ensure that people, everybody has the opportunity to participate fully in society.

As the pandemic further undermines the lives and mental well-being of people with disabilities around the world. It's vital that we work together to fight this virus and the impact. So, for the Consulate, this webinar is a critical opportunity to support the tremendous local partners like the Southeast ADA.

And to introduce many of you [indiscernible] to organizations like SMILE Canada, who supports children [indiscernible] and families. The majority of whom are new [indiscernible] identify as Muslim, Hindu, or Sikh. So, our hope this afternoon is for a spirited and informative conversation that may spawn solutions and future collaborations.

As the government of Canada continues to work with the disability community, along with all interested citizens to include the social and

economic solution of people with disabilities, we look forward to this engaging opportunity. So, thank you.

>> **BARRY WHALEY:** Thank you so much for those remarks, we appreciate it and value you joining us today. In today's webinar we have a diverse group of presenters, actually some of the best people in the field as far as I'm concerned to discuss: Disability in a COVID World. We have three panels today. The first panel will deal with employment in a COVID environment. The second, protecting your mental health in a COVID environment. And the third, physical accessibility and effective communication.

When we begin each panel, we will also introduce you to the panelists. And I want to introduce you now to the individual who will moderate each of these panels. We are very pleased to have as our host today Yvette Pegues. So, Yvette, I will turn it over to you.

>> **YVETTE PEGUES:** Thank you so much, Barry. Thank you to Kirk, the Canadian Consulate and all of those in support and in attendance live and on replay. Well, what can I say, happy International Day of Persons with Disabilities.

So, in today's seminar or webinar also we will have three 30 minute panels and four pre-submitted questions for discussion, live participants as you have heard are welcome to submit your questions

through the Q&A tool. I want to bring attention to our QA and monitor and response team who will be taking your questions, Barry, Celestia, and Marsha. And Sally. Our captioner.

So, let's go ahead and get started. The panelists will discuss the following three topics: employment, mental health, and physical accessibility and effective communication. Let's get started.

So, on the employment panel we have our esteemed, yes, starting with Wesley Anderson, the Director of Training and Consultation Services at The ARC of New Jersey. Christopher Button, Supervisory Policy Advisor at the U.S. Department of Labor, Office of Disability Employment Policy, also known as ODEP. And we have Wally Tablit, Vice President of Mission Services at AtWork, Changing the Face of Employment.

We're going to go ahead and start with Wally. If you will, I will address this question to you. But our esteemed guests are welcome to pop -in if you have any feedback on that particular question.

So again, Wally, the first question: What are some strategies for fostering a collaborative culture when employees work remotely?

>> **WALLY TABLIT:** Good morning, everybody. Good afternoon, where you're at. I'm in Seattle, Washington, so it's still morning for me.

That's great question and looking at this in terms of the pandemic.

AtWork serves three counties in Washington State, so we're all separated. So, we had to do that.

Beyond the remoteness of COVID, it's just everyone is our service category and counties are. You know, the three kind of overlying things that we've kind of found is intentional. And I strongly underline that, intentional communication, creative gatherings and being gently persistence. And I put gently in parentheses, because sometimes you have to deal with a general touch.

We try to balance between communicating and overcommunicating. So, we've done as many things as possible. Our CEO sends weekly updates on video that says here where we are, here is what is new information, et cetera. We've had town halls, so people can drop-in, both our staff as well as family members et cetera to say what's happening, here is some questions. Or maybe I just need more information on something that's happening.

Our teams having, instead of each county having teams, we have regular smaller meetings to have more kind of focused conversations and focused strategies. We have a monthly manager meeting. We call it our zap meeting; we zap each other to zap everybody else. It's from an old cheesy 1980s, you see the video you will understand what I

mean. But it's a great concept and book. We've had these weekly topics and we've again being creative to say every Monday let's gather to talk about discovery.

Every Wednesday let's gather together to talk about job development, and every Friday let's gather to talk about job coaching and fading long term supports. We had a drop in so we could be both formal where someone would facilitate a conversation or very informal. We try to have, you know, also time to just foster collaboration beyond the work. Just to say this is a hard time we need to relieve some stress so every other week I do something called fun time with Wally. And it's just people who know me, kind of know what they're getting into. But it's just it's just fun together, we play some games, we have some really cool things, and what's great about it is you get to see the creativity and the ideas that come from the team. You know, it's just random things, but the things that come from that. And of course, I always have prizes because that's, you know, you foster it. I want to think also is that our state, I come from Washington State, we're pretty collaborative, and there's ways to do that beyond your four walls of your organization, be collaborate with the organizations that partner with you, because you could learn so many things from them and vice versa. Not to steal a line from high school musical, we're all in this together. How great that we

get to do this work together and how great that we can rely and lean on each other during all of this. So...

>> **YVETTE PEGUES:** Fun time with Wally, huh? I love it! Those are

>> **WALLY TABLIT:** You're invited, come on down.

>> **YVETTE PEGUES:** I really do want to join you. This is really amazing. Do any of our other guests want to chime in and talk a little bit about your strategies.

>> **CHRISTOPHER BUTTON:** This is Chris from the Office of Disability Policy. I love what Wally said. At the national level we are actually doing some of those same things in terms of increasing the interaction across the staff. I'm finding it really personally is resulting in getting to know people really at a different level of depth, which is really nice. Because then that leads to other kinds of collaborations. But because we are a policy office, we also have done a number of national initiatives to help us understand what's going on across the nation so that we can share that information or use it within the policy realm. Three things in particular I wanted to mention: Number one, we recently did a two part webinar series on job search and job development in a virtual world. Which kind of applies to the whole idea of working remotely and collaborating. The webinars are available to be viewed on the ODEP website. And they looked at things like the

structural design that [indiscernible] needs to have in order to be effective virtually. We did a national dialogue where we reached out to stakeholders across the nation, the Consulate General from Atlanta indicated that nothing without us or about us without us, right? So, we did a national dialogue to reach out to people with disabilities, to providers, to [indiscernible] systems, to families across the country, asking them for what they think would be helpful in a virtual world. In a time of high unemployment like we're facing right now.

That national dialogue just finished, the report is in development. And we are going to be presenting the findings in a webinar in January. All the learnings that we heard from people with disabilities across the country.

And finally, because a lot of the collaboration that happens is tied back to policy in a service delivery realm. We have pulled together through our youth policy development center a state by state analysis of COVID 19 policy. So, you can go into the map of the United States, click on your state and find out what innovations might be happening policy wise in your state specifically as it relates to youth. That's on our cape youth website. And Yvette and Barry, I will make sure that you get the links to all three of these items after the webinar.

>> **YVETTE PEGUES:** You read my mind, Christopher, that's some great information. Let's move on to the second question, if I can address that to Wesley Anderson. Here is the question: With the inundation of new tech and tools, how do I coming from the questioner, know what is right for my staff, second part of the same question: How do I implement improvements without confusing my team?

>> **WESLEY ANDERSON:** I think that's such a great question that I think anybody who is up at night wondering if there's a quicker way, faster way to do something or a problem to be solved. I think we all come into your managing a team with the mindset of trying to make things easier. I think one of the very first things you have to ask yourself is what problem are you trying to solve.

And a lot of the times I think the mistake comes when we try if there are four phases of implementing a cultural change or a technology roll out, one of the first kind of milestones that people hit and sometimes stay at is the desire to replicate. We want to take our, this kind of goes back to the culture question as well, we want to take our in- person meeting and we want to turn that virtually. And when we do, when we use Zoom and we're all kind of happy with that, that's not really changing anything. We're just replacing.

And if you stop there, if you're looking at solutions to improve your organization, if you stop at just how can I make this in-person function exist in a virtual space, you're going to miss a lot of the opportunities and you're going to get questions like, well, why are we doing this? We already had a way.

So, the first thing is to ask what am I trying to address, and then the after that, what am I trying to replace. It's really important that virtual work and this kind of movement that this field has come to, there are revelations that other industries have already come to. And one of those revelations is if you create a kind of a separation between the people who are working remotely and the people that are working in an office space, you're not going to be able to find solutions that speak to all of those audiences. So, you really need to come at this kind of transition with a mindset of all work is remote, just some people work in an office. What solutions can I find that speak to all those audiences. And my last kind of strategy would be you need to be patient and you need to have an implementation team. And that implementation team needs to include sea suite level or manage/director level or higher buy in. It needs to include people who are well versed in technology. And it definitely needs to include stakeholders from the group that will be most directly affected by the change. If you're implementing a new electronic health record system for your direct support professionals,

you need to have a direct support professional in the room and you need empower them to say I see what you're doing, but that might not be the best option.

And you need to listen to that feedback.

>> **YVETTE PEGUES:** Wonderful strategies. Thank you for illuminating those points. I'm sure everyone will love to hear that. So, for you and our esteemed guests prior if you want to pop those into a document, I think our audience would love to hear about that.

So, I am going to move on to our third question. I'm going to direct this one to Wally Tablit. Wally, what changes are you seeing in your community in regards to job losses? Job gain? And overall service delivery?

>> **WALLY TABLIT:** Yeah. It's different. A lot of stops and starts. But in some ways, it's better. And here is the thing what I mean by that. Because I've used that word in the middle of a pandemic, but what it made us realize is that you realize and identify we've always set our employers and our community are our partners and more so than ever you can see the ones risen to the challenge to say this is important. This has been something that has been in the middle of this, I'm going hold their job, we've had some of the bigger companies that we work with such as Amazon, Microsoft saying we're going to continue to pay

this person like any other staff member to say they're a valued member of the team. They're included in all of the conversations. And so, when we look at this it's different in different counties, right, so some of our biggest county, King county, it as a lot slower, but Spokane county, they're still finding those opportunities, but the work continues and employers are still engaged because our mission never stops, because our values don't change. And so, it, you continue to have the conversation and you continue to foster employer partners to become champions. And so, what's changed is that we have done the work differently and the conversations have maximized or manifested in different ways. But everything, the focus is still the same. So that hasn't changed. And that's amazing and a wonderful thing. So, props to the employers right now with everything that's going on, they have been more amazing than we can say.

>> **WESLEY ANDERSON:** That's a great point, Wally. One of the changes I've seen on the service delivery level is an increase in folks on the important conversation around what interventions, what strategies are we actually using, what strategies are necessary, rather than the default to in-person, hand-over-hand supports because it's not always viable. And it was never always viable but it was comfortable, I think, a lot of the times. Not just from the service delivery standpoint, but for the employers as well. And I think that the employers are now seeing

that there's a whole wider world of what supported employment means. And the value that the industry can bring. And but I also don't want to miss the fact that one of the changes in the community that we've seen is something that we still need to work on, which is reaching out to populations, individuals of color, individuals who have not typically been able to access services as readily. One of the big changes that we hope to see is an increased outreach to those communities. A.

>> **YVETTE PEGUES:** Thank you. Thank you for adding to that question. And thank you for those of you already popping your questions in the Q&A. So, we're going to wrap up with this fourth and final question before we open up Q&A, and I would like to direct that to Christopher Button. Here is the question: Does ODEP have suggestions for alternate ways someone with a disability can enter the workforce?

>> **CHRISTOPHER BUTTON:** Thank you so much Yvette. You know, there's a couple of points that I would like to make here, and one is kind of the broader umbrella for entering the workforce, particularly if you are someone with a significant impact disability who has too often just really not had that opportunity in the past. And that is this broad movement that is just rushing across the country called Employment First.

ODEP has been very involved in the Employment First movement and in advancing Competitive Integrated Employment (CIE). We've worked actively in 27 states to align policy, funding and strategies so that this system can work together more efficiently. And that is really what I'm broadly defining as an alternate way for entering the workforce, because when the systems are not working together efficiently or effectively, then people have doors just shut in their face. Or I'll give an example: Somebody wants to enter CIE, that's the goal, competitive integrated employment, but one system might not reimburse a provider as much as is needed for that. They might reimburse a higher rate for a less integrated setting. But that can be aligned. That can be fixed at the state level. Policy funding and strategies need to all be coordinated. And again, this is an area that ODEP has invested a great amount of effort into in order to achieve CIE and aligning those three areas of policy, funding and strategies.

Beyond that, there are specific areas of work that we have focused on, most recently an area that's a great area emphasis for the Department of Labor, both ODEP and the Employment and Training Administration, as well as the Rehab Services Administration down the street, is apprenticeship, inclusive apprenticeship. There are apprenticeship opportunities with employers across the nation, people with disabilities should have equal opportunity to participate in apprenticeship

opportunities. And that includes people with a full range of disability. ODEP is winding up a multi-year initiative to identify and develop inclusive apprenticeship models with employers. Again, this has just finished up. We have several policy and design papers that are available, and again, Yvette, we will be sending out following the webinar to help people understand some of the models that have emerged through the apprenticeship and inclusive apprenticeship initiative.

We also are currently in the middle of a sixth pilot apprenticeship initiative, partnering with the VA and with the DOL Vet's office on inclusive apprenticeship for veterans with disabilities. We are in six states again trying to identify models to help in this case, veterans with disability, who have not been successful with other approaches to find their way into an apprenticeship.

And the third point I wanted to make is the area of self-employment and entrepreneurship. This in an environment that we're facing right now, is an area that is beginning to really receive additional focus. As a matter of fact, the Rehab Services Administration just recently funded a National Technical Assistance Initiative to increase an advanced self-employment amongst job seekers with disability through the rehab system [indiscernible] being implemented through Virginia Commonwealth University in partnership with Griffin and Associates.

We also have increased guidance coming out from the Employment and Training Administration which oversees the Workers Innovation Opportunity Act, the Job Centers all across the country. And part of this guidance that's in development is focused on increasing opportunities for self-employment.

And so, these are strategies that I think we need to really keep at the forefront of our mind. We need to have our policy coordinated and we need to think about approaches such as self-employment, that apprenticeship while we're thinking about coming back into the workforce.

>> **YVETTE PEGUES:** Well said, Christopher, I couldn't agree with you more. I would like to open the floor for questions. I understand there are questions, and I'm not surprised with our esteemed guests. So, I would like to see if our Q&A monitor and response team have specific questions that I can communicate for either one of our panelists to speak to briefly. In the meantime, I would like to share with you that there is a disability and employment webinar that the Southeast ADA Center produced, it's a four part series. And we will share that information. It is an archive. So, we will definitely share that information. And I now am going to turn it over and see if we have specific questions that we can speak to in the last four minutes of this session.

>> **BARRY WHALEY:** Yvette, Jenny asked a question, “Is any organization providing free training on how to set up and manage virtual meetings?” There's info online, but for individuals with learning processing disabilities like herself, they're not user friendly. So, I think that's an excellent question for our panel.

>> **YVETTE PEGUES:** Okay. If one of you can speak to that in the last four minutes of this panel, I would love to hear back from you.

>> **WESLEY ANDERSON:** Yeah, this is Wesley. I actually responded to Jenny in the chat as well. But one of my suggestions is there are a lot of organizations that provide a la carte services depending on the state. For instance, in New Jersey my program through The ARC of New Jersey works directly to customize trainings, but there are broader organizations as well. The one that I linked in the chat is the Association for Professionals Supporting Employment First, APSE.org, and they have a great series of really just excellent webinars on virtual work that I think can meet some of those needs. In this case, if you are a member, the live trainings that they provide, the kind of customized trainings have experts that can speak directly to different learning styles and needs.

>> **YVETTE PEGUES:** Well said. And perfectly timed. This panel of our esteemed guests have been amazing. Many thanks to each and every

one of you in the employment panel, Wesley Anderson, Christopher Button, and Wally Tablit.

Thank you so much and if you are still in the Q&A with questions, I believe there will be an opportunity to get those questions answered. Thank you to everyone. I would like to move on to the next panel.

Our next panel is on mental health. This is a big one. So, second up we'll talk about our guests on this particular panel. Sukaina Dada is the Executive Director of SMILE Canada. Dr. Doreen Marshall, Vice President of Mission Engagement at the American Foundation for Suicide Prevention. Also known as AFSP.

Andi Sparrow is a Clinical Social Worker and Faculty at the University of Kentucky, College of Social Work. And finally, Mike Yow, President and Chief Executive Officer at the Fellowship Hall Drug and Alcohol Recovery Center. Welcome to each of you.

I will dive direct into the questions starting with Andi, if you will. This question is specifically , how have your programs and services adapted to the new normal? Andi?

>> ANDI SPARROW: Good afternoon. So as a mental health provider the services that I provide have been adapted by the technology that we are currently using, even in webinars and telehealth and videoconferencing. This has really been a great way to have more

accessibility in reaching populations who maybe have more difficulty taking off work to come to a session or getting transportation to come to a session. And so, the use of technology through looking at videoconferencing or telehealth has enhanced that and also makes it easier for things like confidentiality. So, if individuals are a little leery about broadcasting the reasons why they have to go to a doctor's appointment or missing work, that they can.

I have clients that go out to their car for lunch break, and I have 50 minute session with them to check in, see how things are going, and it helps them to be able to talk to me about their day and so again the technology we're using right now just really helps to enhance mental health service provision and one that I hope continues beyond the pandemic, if you will. That insurance companies are continuing to cover these services and we're seeing again increased accessibility, increased service provision to various populations and reaching a variety of people throughout my state, at least in Kentucky and hopefully that's occurring throughout different states as well.

So yeah technology. I'm glad that telehealth services do exist, and I've seen a lot of progress and success from them as a mental health provider working with those populations.

>> **YVETTE PEGUES:** Absolutely. I love that the infrastructure will be in place regardless of what happens with this pandemic. We have amazing panelists. If you would like to speak specifically to question Number 1, the floor is open.

>> **MIKE YOW:** I will chime in. Thank you, Andi, and thank you for having me. And to Andi's point, as an organization we weren't doing really a whole lot of telehealth and certainly not in kind of Zoom platforms as far as treatment was concerned.

Mid-March when things started to change so rapidly for all of us in the country, within a matter of days our IT department and therapy department and development department got up to speed.

We're not by ourselves, I'm in a working group of CEOs with six other like organizations, we're also members of the National Association of Treatment Providers and around the country organizations quickly had to figure out how to continue to offer treatment services utilizing the technology that's available to us.

And so, you know our intensive outpatient program for instance continues to be on a Zoom platform because we just can't, you know, gather in groups. You know, our aftercare groups were on a Zoom platform. We are having some smaller groups on-site now with all the COVID pre-screenings and protocols in place. We have a traditional

four day in-house family program that we're not hosting live at this point, but we figured out ways to do seminars online, education videos, question and answers, similar to this. I mean, you know, telehealth, we've had to make some adaptations and do some innovative thinking on how we can we offer services to people that we know were in need of those services.

So, like many organizations, we've been able to do exactly what Andi pointed to, that's utilizing existing technology that we weren't before in a new way to continue to offer treatment and my suspicion is that this will be an ongoing process.

Even when we return to live treatment, if you will, which more residential facilities as well, we will continue to offer this on some level as I think a lot of recovery organizations and recovery processes will do. Because the one good thing that's come out of this is that people who are homebound or have transportation difficulties or you know can't leave the house for other reasons, this technology has offered people a lifeline in some respects. So, we've been able to utilize that as best we can.

Also, to Andi's point, CMS has been involved in that, we're a profit non-profit and about 93% of our patient population have some type of health insurance. We had to, we got the state involved what's in the

plans recently where it looked like they were going to stop covering telehealth by the end of December. Which made no sense. So, we just were notified that one of the big providers is going to keep covering telehealth services until June of 2021. We hope other healthcare providers will or third payer agencies will continue to do that, but it's vital that this is a way to continue to offer care and support to people who need that care and support.

So, it's been interesting.

>> **YVETTE PEGUES:** Absolutely. As someone with a mobility challenge, I kind of like the option. It's amazing. And thank you for bringing up that point. And speaking to that, we have our second question. I'd like to direct that to Mike Yow. And that question specifically is how has the pandemic had an effect on people with mental health issues and/or those who have substance use disorders?

>> **MIKE YOW:** Well, you know, what we've seen and what I'm aware is happening again around the country is that and I don't think this is any shocking insight, that this COVID epidemic and pandemic has been incredibly anxiety provoking. Right? It's also I think brings to the table huge amounts of isolation to people. I think there's a lot of depression that happens with this or there's a lot of fear. And those three things combined for someone who's stable and doesn't suffer with a mental

health disorder or substance use disorder is bad enough. If you're a person who has a condition along those lines, then these are just aggravating circumstances to the point that can make it an existing mental health issue or substance abuse issue dramatically worse in my opinion.

And that's what our experience has seen. You know, we've seen a huge uptick in calls. And the nightmare I think with that is that with the amount, our increase in calls there's been a marked decrease in people who are able to access care. They've lost jobs, they've lost finances, they've lost health insurance, they've got children at home they're taking care of people, they're gotten sick, you know.

And so, we've seen a 15 to 40% reduction in our census over the past eight to nine months, that's pretty standard around the country for what I'm seeing for providers like ourselves. We've seen an uptick over a 10% increase in callers who don't have resources.

So, there's a perfect storm there, right? For people who are isolated, people are who cut off from support systems, people, you know, substance use disorders, people often say addiction disease is a disease of isolation, I think that's true. People who there's been an increase in alcohol sales around the country. I just read a report yesterday you may have seen between April of '19 and April of '20, there's been

76,000 overdose deaths which is the most ever. And for that calendar year I think we will be shocked of what that number looks like by the end of December.

People who are on MAT can't get to providers, you know, some providers aren't able to proceed to those services like they need. How do you do you virtual counseling for those folks? I mean, it's just, you know, it's just it's terrible.

So, I think that as we've continued to navigate these waters, you know, one of the things that we've made an effort to continue to do is to stay open and continue to provide the services that we know we can provide and try to find more creative ways to get people engaged in the treatment. Which for us has included a scholarship fund, finding partners to partner with so people can come to residential treatment and continue to get care after they leave our services as far as housing is concerned and intensive outpatient services are concerned.

But I think those are the three big things, you know, anxiety, depression, and isolation. It's, you know, a triumvirate of horror for people that are suffering for those disorders, those are circumstances that make things worse. So there has to be an integrated healthcare model, if you will, that we know for a fact that people's physical well-being is directly tied to their mental health and vice versa.

So, you have to be able to give people holistic care, if you will, that addresses all those needs in one setting to the best of your ability. Then trying to make sure that people understand there is help available and that there are people who are able to respond. And that there is recovery continues to be an option, it's just more difficult to access at this point. I don't think that anybody's going to tell you that that's not true. You know?

>> **YVETTE PEGUES:** Right.

>> **MIKE YOW:** I would be curious what the other panelists have to say on this.

>> **YVETTE PEGUES:** I agree. Before we turn it over to our other panelists, you used the acronym MAT. Would you tell me what that is, please?

>> **MIKE YOW:** Medication assisted treatment. People who are on either drug replacement therapy important methadone or people who are using some of those medications for their recovery or people taking the Vivitrol injections, anti-craving medications and those modalities also continue to have a counseling component so people continue to work through, you know, issues around those substance use disorders and also what I know is existing trauma issues for folks and the families

that are involved with exposure to addiction issues and need support as well.

So, you know, MAT is just one of the modalities happening as far as substance use disorders are concerned.

>> **YVETTE PEGUES:** Thank you for that, and if you will share that scholarship in the Q&A, I'm sure there would be some people very interested. Sukaina, did you want to chime in on that last question?

>> **SUKAINA DADA:** I did, actually, I'm speaking to you here from Toronto, Ontario, and the organization SMILE Canada support services, we support children with disabilities and their families, and we did weekly wellness calls, and over the last two, three weeks we've been hearing something, Mike, that's a bit different now, given that it's getting dark at about 4:30, and we're covered in snow, and also we're we've entered flu season.

So, there's now an added challenge increased anxiety around whether or not children are going to get the flu and what does that mean, you know, COVID symptoms and flu symptoms. There's also an increased inability to go out. We're also on lockdown here. So, there's just these added challenges that I think are, we have to consider that what do we do when it's dark at 4:30 and you can't go out, like what does that mean for one's mental health.

>> **YVETTE PEGUES:** Well said. Thank you for that. It's a dark time. No pun intended. But your input has been very important to the conversation. But while we have you on deck, Sukaina, I would like to direct the next question to you, is that okay?

>> **SUKAINA DADA:** Yes, of course, thank you.

>> **YVETTE PEGUES:** I'll read it out. So, what recommendations do you have to help people deal with the anxiety and uncertainty brought on by the pandemic? Go ahead, please.

>> **SUKAINA DADA:** Thank you. So, I mean, the recommendations that I'm going to share I've been reflecting on this quite a bit, and they seem very, very simple. But they're not easy to do.

And the first one is whoever you are working with or supporting, be it clients, employees, children, students, parents, whoever it is, asking two questions on an ongoing basis. Number 1: How do you feel? And Number 2: What do you need?

As somebody who is working for a grassroots, nonprofit organization, I know that the latter part of that question or that latter question sometimes we're a bit afraid to ask what do you need because we know our resources are limited and we don't have the funding.

But, you know, now more than ever we have to be providing strategies and solutions that are coming from people and, you know, we have to be making sure that we are actually listening to what people need.

And one of the beautiful things I've been noticing about this panel already and the previous panel is people have been sharing creative and innovative ways, and I think this is something really that the pandemic has taught us. Is how to be creative and how to be innovative in whatever it is that we're doing.

The second strategy is while we might all be in this pandemic together, just reminding ourselves that we're not all experiencing it the same way.

And so just really encouraging everyone to reach out to people of different communities, you know, different ages, different backgrounds, different races, faiths, you know, everything. Make sure that that dominant narrative is not taking over and speaking for everyone. And so that we can really, can really understand the people that we're working with and the people that we support.

>> **YVETTE PEGUES:** Very well said. So how do you feel, what do you need now. I love that. And because this feeling of isolation is independent of each person, the experience is different, and those are

really powerful points. Does anybody else on the panel feel led to comment on this question?

>> **ANDI SPARROW:** If I can, I would like to share some things that I think have been helpful.

>> **YVETTE PEGUES:** Thank you, Andi.

>> **ANDI SPARROW:** You're welcome. Along the lines of what's been previously said too, as an individual, I encourage people to be aware of your self-talk, be aware of how hard you are on yourself and the expectations saying I should have, could have, should be doing better, the should of, could have has led us into intense feelings of guilt and then it brings us to focus on what we're not capable of. And then that kind of creates that negative loop pattern and causes lots of problems there.

And so be aware of your self-talk. Focus on the areas in your control. You have no control over the COVID 19 thing, I'm so sorry, I wish I could too, but we have control of how we can respond to it, how we can keep ourselves safe, how we can take care of our mental, physical, spiritual health, you know, if it is walking, if it's sitting beside a window at 3:30 instead of 4:30 in Canada, right, getting some of that light, to control of what we eat, control of what we watch on the news and in social media.

Because there are many things that are increasing the stress, the anxiety, and the depression when you're inundating yourself with all the negativity. And so be aware of what you watch. Be aware of what you read. And eat. And focus on again the aspects of control.

Thirdly, I encourage people to celebrate the small measures of success.

All right? If you are struggling with getting out of bed today and you found out, and you did, I don't care if you got dressed or you were still in your robe and your comfy clothes, but you got out of bed, I want you to say thanks for getting out of bed. That is sometimes the hardest thing that we have to do. So, celebrate the small successes.

I tell my students at UK it's like you may have a lot of papers to do, but I want you to focus on celebrating for every sentence that you write for that paragraph. And before you know it, it's a little less you know, overwhelming. Celebrate the small things, not get so overwhelmed by all the big stuff. So that's just kind of some things, be aware of your self-talk, focus on areas in your control, celebrate those small successes.

>> **YVETTE PEGUES:** Well said. And in the final eight minutes for this panel, I would like to bring Dr. Doreen Marshall in for the next question. I'll read it quickly. Tradition is very important during the holiday season. Here is the question: How can we handle doing things

that might not include our traditions this year or might be totally different? Doreen?

>> **DOREEN MARSHALL:** Thank you. And thanks to the panelists, I couldn't agree more with everything that's been said. And in particular this idea of maybe engaging our creativity this year. But also recognizing that we don't all experience the holidays the same way. That some people look forward to the season and will feel some disappointment maybe at changes while others may actually dread the holiday season.

And to not judge ourselves around that. To be okay and allow ourselves to be flexible well what we do and what we can't do. But also, I think to be tuned into how each other is doing. And the comments earlier about asking what do you need is so important.

There's another question I think that's important to ask: If you're worried about someone's mental health, particularly through this holiday season, to be okay to ask directly about if they're having thoughts of suicide. We're often afraid to ask that question but what we know is that asking doesn't put the thought in someone's head.

And that for someone who is struggling, asking lets them know that you're there to listen, that you're tuned into what they're going through. And to not be afraid to ask. In the United States there are

crisis hotlines that are being utilized right now as Mike mentioned really quite a bit not just for people in crisis, but also for people who are struggling with anxiety or finding this holiday season particularly difficult.

The other thing I'll say really briefly is that, you know, we've recognized so many people are experiencing loss this year. And going into the holiday season missing loved ones, not being able to connect with loved ones or really acknowledging the loss of life that we have had this year.

And so just to allow room for all of those feelings for that to be okay.

And to know that the best way to take care of your mental health sometimes is also, it's by diagnose some things but also by not doing some things. So, where we need to set boundaries, where we need to take care of ourselves versus doing all of the things that we might want to do but may exhaust us. And really just tuning into what we need to support our mental health this holiday season.

>> YVETTE PEGUES: Doreen, thank you so much for bringing in the mental health into the traditions and the holidays. Especially where some of us may have an empty seat at the table. You said that so beautifully and eloquently. I appreciate that. I would like to open up the floor for questions after I thank my guests on the mental health panel. Sukaina Dada, Dr. Doreen Marshall, Andrea Sparrow, and Mike

Yow. Each of you really contributed to this panel and I just want to thank you before we open up for questions.

Handing it over to our Q&A monitor and response team.

>> **MIKE YOW:** Mind if I add one thing.

>> **YVETTE PEGUES:** Absolutely not, you're the direct.

>> **MIKE YOW:** I appreciate the input from the panel. I'm a person in long term recovery so that's been important to me. But around both the recommendations and traditions, you know, what I've encouraged people really to think about what's been important to me personally is to try to maintain some sense of routine, you know, even though some of the things I was doing before the pandemic I can't do, I've replaced them with substitutes that seem to be working for me.

And then trying to find and maintain some sense of community with my peeps, if you will, you know, just using technology or whatever formats I can do that. But I think that recreating what that might mean as far as the holidays are concerned, how do you get together or not get together or what will that mean, but continuing to do things that seem important to me to continue to offer me some sense of structure that I can lean into so I don't kind of float away, if you will.

You know. I think that's I think we're all kind of saying that.

>> **YVETTE PEGUES:** Yes. Yes. That's definitely a common thread. And in the Q&A box it looks like questions have already been answered. So, Mike if I can just add on and maybe even ask a question. Not so much about those already suffering with substance abuse or underlying mental health, how about those new cases where you either never knew or didn't even think that you could fall into a place of depression? How are we supporting that? Are you seeing a rise there?

>> **MIKE YOW:** It would be hard to know if we're seeing a rise in new cases, so to speak. But I think what has happened is that people have found themselves in a hole that they didn't anticipate falling into. You know.

So, I think to Doreen's point, it's okay to ask somebody are you okay. Or, you know, even if you had somebody that you're close to and love and they don't seem okay, to say, look, you don't seem okay. You know, I'm I've noticed that you've had four glasses of wine while we were sitting here. Or, you know, you seem really sad. It's okay to ask people those questions.

You know, this is unsettling but I read this report a while back that I forgot what the number is, 80% of family doctors don't ask their patients about substance use because they don't want to embarrass them. And they don't know what the questions are so they don't ask.

That's not useful. If you're sitting with somebody and they're overdrinking and you notice that, it's okay to go, wow, you know, are you stressed? You know. What can I do to support you or help you? I think that's a real thing. I think that would be the message I would send to folks who are feeling extra sad.

I think to Doreen's point, you know, that I've run into people all the time around this time of year who go, I hate the holidays. And what they're really saying is I've got huge amounts of unresolved trauma from holidays in my past and all this grief I've never addressed. So, the holidays didn't do anything to you, it's these issues sitting there that make the holidays a terrible experience, so to speak. I'm not saying they need to be a great experience, but I'm saying it's okay to ask people what do you need and how can I help you. Or are you okay and is there anything I can do for you. I think those, it's my opinion that people in pain are, want to be found out. I think that's true. And so, asking those questions is really a form of love as far as I'm concerned and if you're going to ask someone then you're agreeing to support them if you can.

>> **YVETTE PEGUES:** Thank you. Thank you. Very well said. Very well said. This is a very sensitive topic, and each of you, Sukaina Dada, Dr. Doreen Marshall, Andrea Sparrow, Mike Yow, thank you so much for your contribution. And if you'd like to learn more on this subject, the

Southeast ADA Center produced a webinar in November, Protecting Your Mental Health in the Pandemic and Holidays. So, a link will be provided for you as we move into our next panel.

This is the final panel. And it's about physical accessibility and effective communication. So, let's talk about the amazing and incredible panel guests. Starting with Cheri Hofmann. Cheri Hofmann is the ADA Distance Learning and Training Coordinator for Southeast ADA Center. Anna Lawson is the Professor of Law and Project Coordinator and Principal Investigator for Inclusive Public Space (IPS) project at the University of Leeds in the United Kingdom. Namel Norris, he is a hip hop artist and disability rights advocate. His organization is called 4 Wheel City (the number four, wheel city). And finally, Kimberly Tissot, the Executive Director at ABLE South Carolina.

Let's jump right in. This is a really great topic. The first question I'd like to shoot that over to Anna Lawson, if you may. Here is the question: Does the pandemic offer any opportunities in terms of enhancing the accessibility of the built environment? Anna.

>> **ANNA LAWSON:** Thank you so much, Yvette, and thank you to the organizers as well for inviting me to share this virtual space with you this evening from Yorkshire. So that's a great question, and I think it's very easy to think about the restrictions that the pandemic brings, but

there are also opportunities that it can bring. So here in the UK we've experienced a couple of lockdowns now, and that gives us a chance to experience the world in a different way. I think in particular it's led to a dramatic reduction in car, in vehicle traffic. And also, the shutdown of various shops and cafes and businesses. So, I'm basing some of what I'm saying emerging interview data from people disabled and older people in Leeds and Glasgow who are interviewing as part of the project, we haven't started doing the fieldwork in the United States yet, but we will be soon. So, they've said that some of them have pointed out that the fact that cafes and shops are closed in city centers has made navigating around those spaces a lot easier because there isn't same amount of clutter. There aren't the same signs and tables and chairs and things that have to be negotiated.

And restrict the space available.

Some people who use scooters and wheelchairs have said the reduced traffic on the road has made it a lot easier and feel a lot safer to get around generally. Some people with learning disabilities have said that they find it much easier and more friendly to just use streets and crossroads because there's less traffic.

But on the other hand, some people have visual impairments have said that actually it can be more challenging without the traffic because the

traffic is useful orientation guide. And I think that's useful in terms of thinking you know what can we do, can we move towards a world which has fewer cars in our cities, which is good for accessibility, good for the environment. And can we do that in a way that's that increases inclusion for everybody. And that may mean that like for visually impaired people who miss the sound of the traffic as an orientation guide, that we have to think of other types of orientation guide that could be used instead.

So, I think there are huge opportunities. They depend on close involvement and consultation with disabled people. But, yes, opportunities definitely.

>> **YVETTE PEGUES:** Very well said. Some of those points I had not even thought about which is why inclusion is so important. Because it includes us all. Any other panel members interested in chiming in on the first question?

>> **CHERI HOFMANN:** This is Cheri from the Southeast ADA Center. And to just piggyback on what she had said is that the business owners have always had the ongoing requirement to remove barriers, even prior to this pandemic. So, they have had to come up with some very creative ways to allow their customers to navigate the actual structural area. Like you said, cafes are putting tables outside and blocking

sidewalks and for somebody whose visually impaired or uses a wheelchair it's going to cause a lot of issues with them navigating the actual environment.

And not quite the built in environment but for somebody with a vision impairment, they are also placing a lot of signage and their putting little stickers on the floor for a person to physically stay 6 feet away from someone in a store. So that's caused a lot of issues too.

>> **YVETTE PEGUES:** Well said. Thank you, Cheri. Anyone else on the panel interested in chiming in?

>> **NAMEL NORRIS:** I'll agree.

>> **YVETTE PEGUES:** Is that Namel?

>> **NAMEL NORRIS:** I'm just agreeing right now, especially about what Anna said about places being able to like less traffic and things like that. Or making things a little more accessible like spacing wise. But disability has so many different levels and criteria, everybody's different.

So, one thing might make something better for one demographic of people with disabilities and take away from someone else. Like she said, somebody who's blind, I didn't think about that. You know. So, there's different, like, relationships and capabilities what's going on right now. But got to just ,I guess adjust, like most of us with disabilities

have been doing since we had disabilities anyway, been adjusting and figuring out ways to, you know, find our place and be included in society.

>> **YVETTE PEGUES:** Well said, Namel. Thank you for your voice, my fellow wheelchair user. And since we already have you on the floor, I would like to direct the next question to you. Is that okay?

>> **NAMEL NORRIS:** Sure.

>> **YVETTE PEGUES:** All righty. So, the next question is, what sort of risks and challenges do physical distancing rules pose for access to the built environment?

>> **NAMEL NORRIS:** Yeah. It's an interesting question because it's like going back to the first question a little bit, it's like me being a wheelchair user, prior to the pandemic, you know, going out and having to call places and make sure they're wheelchair accessible, you know, things of that nature. Curb cutouts and crowded places. I did, that was like, that was a typical risk thing for me prior to the pandemic.

And now I feel like with a lot of more social distancing and everything that there's been like, there's kind of been a shift in a way, because people are not getting out as much anymore. The lockdowns and I feel like a lot of it has been more emotional and it's been like, it's been trying to find a way maybe even do it from home now and find ways to

be included in different things. I think access now is more like a peace of mind of just getting through the day in a sense of what I'm trying to say, because we're not getting out as much anymore.

So, my, me being an artist that talks about things, about being able to go to stores, I haven't been going out as much since March. So that's not really my thing right now. Now is more like access to like having a peace of mind every day or finding a way to be included in something that's going on like this now. And I can do it right from my home, right?

So, it's like, I see accessibility a little different right now as I used to see it now like there's a lot of things that we have to think about. Going back to the beginning like somebody who has a disability who has to depend on somebody to come help me, you know, if I have a caretaker, I need access to my caretaker now more than I did to the store, right?

So, it's like those things. Those risks like caretakers, things like that, that's one example. Your groceries, your supplies. These things that things that have to come to you now seems like have to be more accessible.

And you have to be more on top of things and on top of people and knowing where things are coming from and how to protect yourself that way and get in the mass and everything, these are things that now like before I would call to go out, now I'm calling for things to come in

more. So, I feel like that's more of trying to find that accessible approach because sometimes when this first started I was nervous, I was scared, I was like how am I going to get my supplies? What if my caretaker can't come in what if, it wasn't like what if that place wasn't accessible, this place wasn't accessibility, so I think now it's like for people with disabilities I was trying to piece together our lifestyle.

For a lot of us I think we kind of have been living under a lot of the conditions now like some people have been going to school remotely for a long time because maybe their school wasn't wheelchair accessible like when I first got injured going back to high school was a big thing, because my high school wasn't wheelchair accessible and I had to go to another high school or stay home and learn. And I didn't want to stay home and go to school. But all the kids have to do that and they might not have a disability. So, there's things like that. So now the mindset is just like having I think as accessibility but just access. Like I think the keyword now is like access. Like what can you have access to right where you are now. And I think those are the things to really think about as far as like the risk in terms of, you know, staying safe under those things, like some of us might be in desperate situations and maybe we can't be in the most safest way possible to like call somebody to help us with something. So, it's those things that we have to really, I think take heed with right now.

And, I mean, accessibility is still the thing, you know, going to stores and being around people 6 feet, you think right now for a lot of us with disabilities stay at home, it's more like how can we make things accessible coming in to us.

>> **YVETTE PEGUES:** Right, there's definitely been a pandemic pivot, if you will, and because you've already built your built environment, you now have the safety of knowing that it's safe, but I haven't even thought about the shift from making sure things are okay going out, from making sure things are coming in.

>> **NAMEL NORRIS:** I used to be a person to go out all the time, whether it's performing, going to a party, whatever it is, but now it's like I'm trying to have access to things coming in more now, and that's been more of a challenge more than anything. I'm not really thinking about what store is not accessible as much anymore as to like what place can I call to order somebody. Who has the most safest way to, you know, be in my environment.

>> **YVETTE PEGUES:** Very well said. Thank you for allowing us to see it through your lens. Anna, was there something you'd like to contribute to Namel's point?

>> **ANNA LAWSON:** Thank you very much, I should have mentioned, I am blind. I'm sorry for not mentioning that before. I'm sorry for not looking at the camera; I find it hard to know where it is.

So, it was mentioned in a way in the previous comments by my fellow panelists that accessing the built environment includes a really strong interactional element. So, it's not just about physical structures that important though they are, it's also about interactions with other people. So, a lot of us when we're out and about on our own depend on help from strangers. And that can be much harder in terms of physical distancing when people are nervous over approaching us.

And then the other thing is I think an example from the UK, in the last lockdown a lot of supermarkets and other shops had rules based on physical distancing which prevented more than one person entering a shop at a time. Which meant that you couldn't go in with somebody who would help you shop even if they were a family member. Which meant that effectively access to certain buildings that provided facilities or offered services were denied to disabled people. And we've got a lot of litigation coming out of that.

>> **YVETTE PEGUES:** Wow. That would never be something I would have thought of. Wow. Thank you for making that point. Wow. Thank you so much.

So, we have two more questions. I would like to ask Cheri Hofmann to speak to this one: The question starts with a statement. Since the pandemic began, governments are sharing a great deal of information on websites and social media. What are their requirements to ensure this information is captioned and, where possible, has sign language interpreters, which we have on this call, and on this webinar. But Cheri, if you can speak to that?

>> **CHERI HOFFMAN:** I sure can. You know, the internet captioning rules only apply if video programming was shown on TV in the U.S. with captions. However, it's not going to minimize the standards the ADA requires that Title II or your state and local governments and Title III entities, which are your businesses and your nonprofit organizations that serve the public, that they communicate effectively with the people who have these communication needs. People who are blind and people who are hearing impaired or Deaf, and people with speech impairments.

So, the overall goal is to ensure that communication with people with disabilities is equally effective with the same communication needs that people who do not have disabilities.

So therefore, if entities are putting this information out on the internet and social media, they should ensure that people can communicate with it, receive from it, and convey the information to others.

Now, a little quick scenario on that is I work a technical assistance line with Southeast ADA Center, and to broaden that a mother who was Deaf called about having to take a program to sign a contract as a learning mentor for her son in school. And they had to view videos and they had to take these tests and then they had to sign a contract saying that they understood.

Pardon me.

Well, turns out this that the videos were not captioned. And she did contact the school prior to this saying that she was an individual who was Deaf and would need to have accessibility to this information. And she said the school kind of played her off. Well, with us what we did was we just built her capacity to teach her how to advocate for herself and who to contact. And I just found out prior to this webinar that she was able to advocate for herself and all the videos are captioned now and she was able to successfully sign the contract that she understood the material that was going to be presented to her child and that she felt comfortable now being the child's learning mentor.

So those are really important things. Other things are understanding that Facebook is not completely accessible to a lot of people. And we have these live pop-ins come in about pandemic and COVID and they're just not accessible. I think people could be a little bit more cognitive to those that are not able to hear what they're saying or see what they're saying, to broaden it with some type of transcript if they're able to do any kind of real time ASL interpreting, captioning with CART, speak to text apps are my go to. And as Anna said earlier, I'm also a person who is Deaf and hard of hearing, although I have good speech, I can't hear. So, I have a go to which are apps and I'm able to provide those to the listeners today if they want to know some that are out there that work wonderfully when you're in the supermarket or the doctor's office or on Facebook with these quick pop ins. So, understand, again, that it's just effective communication. The internet is going to be a little bit more difficult when it comes to this. But we do have a lot of materials that we can provide at the end of this. And resources that we will provide to the listeners today.

>> **YVETTE PEGUES:** We definitely want to hear about those apps, there's got to be an app for that, right? Kimberly, did you want to speak to this question as well?

>> **KIMBERLY TISSOT:** I think another component often missed with accessibility is reaching individuals with intellectual and developmental

disabilities as well. So, something that we've been pushing is plain language and easy read. A lot of complicated things have come out about COVID that's not really easily understood. So, simplifying the language is something that we've been pushing as well.

And I'm so happy that the parents with disabilities has come up. We have seen so many barriers within parents who have students at home learning virtually. We have seen curriculum that it's not accessible for blind parents. We've seen parents with intellectual disabilities struggling with teaching their children and needing other services to step in. So that is a, another topic on its own that we're looking at strategies to address as well.

>> **YVETTE PEGUES:** Thank you, Kimberly. All of us are struggling with something to some degree, but those homes where ID, intellectual disabilities, is definitely a sensitive area. Thank you for adding to the response. While I have you, if I may direct the next question to you, do I have your permission to do that?

>> **KIMBERLY TISSOT:** Absolutely.

>> **YVETTE PEGUES:** Okay. Let's go forward with question Number 4. The final question in this final panel. What is being done to ensure all clinics that provide COVID 19 testing and related services are completely accessible? There's some examples here. Physical barriers.

Uneven pathways, stairs, hard to reach spaces or hard to reach equipment and attitudinal barriers, architectural and attitudinal are huge. Those social stigmas against disability and the denial of essential services. Kimberly.

>> KIMBERLY TISSOT: Yeah, in the very beginning of this we were very we were afraid of medical rationing. We saw medical rationing happening in our states. So, we had to take steps early to prevent it. So, a lot of advocacy came into play. And with that clinics. Making sure that clinics are being accessible to people with disabilities and also providing that instruction in accessible formats.

We had a really great example of something gone wrong within the hospital systems as an individual with an intellectual disability actually went to go get tested and they actually were positive for COVID. They did not understand the instructions whatsoever because of how the instructions were delivered. And the individual kept going out into the public without a mask and taking safety precautions.

>> YVETTE PEGUES: Wow.

>> KIMBERLY TISSOT: So, making sure, you know, is critical for all information to be made in alternative formats. Making sure that websites, the platforms that physicians are using now that are disbursing information to patients, making sure that the PDFs they are

sending are accessible. So, there's all types of things. But also, it's really important right now as we start talking about vaccination is that people with disabilities advocacy groups are stepping in and making sure that people with disabilities are priority populations because we are at increased risk. Our priority populations within how the states are planning on COVID vaccination distribution.

So that is another important component to the talk about as well.

>> **YVETTE PEGUES:** Thank you for bringing that up. I think being the CDC and some of the other officials are making that decision as we speak to prioritize our medical teams and our frontline workers and as you mentioned, priority populations. Thank you so much for that. We have probably about three minutes in this final panel. Is there anyone else on this esteemed panel that would like to just make a quick comment on this question?

>> **KIMBERLY TISSOT:** I think also making sure virtual events, I've seen an increase of virtual events being put out. I think it's really critical that they are made accessible. And it's a really easy way to show how access can be put on. But also, how inclusion really exists when we do make sure that our platforms are accessible and making sure that there are captioning and even the registration links that people use making sure that we ask if there are any other accommodation needs that are

needed during the virtual event. So, we always follow three steps as making sure that we're always having captioning, making sure that we have live captions, live descriptions, and also making sure that we have audio and then we ask additional questions about ASL interpreters and other needs.

>> **YVETTE PEGUES:** Very well said. I appreciate that. In fact, if you would like to learn more, ADA Live episode Number 89 features Dr. Anna Lawson discussing the International Day of Persons with Disabilities and her work on inclusive public spaces project. That link will be provided.

And since we don't have specific questions in the Q&A box because our amazing Q&A monitor and response team have been responding outside of the Q&A box and this moment that we've set up.

I'd like to take this moment to wrap up just a little bit and thank our esteemed guests on this particular panel, Cheri Hofmann, Anna Lawson, Namel Norris, Kimberly Tissot. You have all been so amazing. Thank you for your contribution on this panel and all of the previous panelists, this has been amazing.

I know there are some final words, but before we go there, definitely want to thank all those who have made this possible. Consulate, and all of them that said yes when this went out to put this together to

celebrate this day. It's an international day. So, we have this world class panel for this last 90 minutes that everyone has been so patient and kind and supportive. I am grateful for being asked to moderate today. I had the secret pleasure of meeting all of you since I got to be on every panel with you. So, thank you for that and I'd like to turn this back over to our ADA Director, Barry. Is there any final words that you'd like to close this out with?

>> **BARRY WHALEY:** Before we wrap up, and we do have a couple of minutes, we did have a question come into the chat, what can a person with a disability do when they go to the doctor and they experience barriers and the management is not sympathetic to having the conversation or doing anything about it? This questioner says I've been mistreated at most of the offices I go to. They just pacify me. They never do anything to correct the physical barriers to getting accessible treatment. And being a wheelchair user I experience so much adversity on this issue.

So, Kimberly and Namel, Cheri, Anna, if someone could respond to that, that would be great.

>> **YVETTE PEGUES:** Great question. Our esteemed panelists for this last panel.

>> **NAMEL NORRIS:** I would like an answer to that too. Because I experience that sometimes myself.

>> **YVETTE PEGUES:** Likewise.

>> **NAMEL NORRIS:** Sometimes because sometimes I've been some, I don't know if sometimes if they're not specific to dealing with whatever disability you have or injury you have, it's like sometimes they don't want to deal with it directly, they would rather send you off to let you deal with regularly and so I've dealt with that too myself.

I would say, try to learn as much about yourself as you can, your own condition to be able to articulate like even if they don't know, they act like they don't know, you can tell them, you know, exactly or direct them to like what you need. So, you know the name of it, if you do have a doctor or somebody who does know, they can contact and make sure you have that contact so they can be in contact with. You know, try to follow up with the doctors that you deal with that really understand your situation as soon as you can. And try to like, get it corrected. Every way you can possibly.

>> **YVETTE PEGUES:** Thank you for that. Anyone else?

>> **KIMBERLY TISSOT:** I think this is where people need to be vocal in educating people about their rights and also the Americans with Disabilities Act, because that is overlooked. But also, I feel like people

with disabilities often do not make complaints, and I would love to see more complaints happening against healthcare providers to making sure that we enforce the accessibility laws. Because nothing we should have very clear access to being able to go into our medical offices and get examined and treated the same way as everybody else.

So, I do encourage people to make complaints if they cannot work with their provider and educate them.

>> **YVETTE PEGUES:** Absolutely. And this was an anonymous question, and if you're still listening to this live or you're listening on the replay, I am so sorry. I'd like to share my condolences because it's hard enough, we talked about workspaces and built environments, which already make it difficult, but when you move into a space where there's architectural and attitudinal barriers, I can't say I know how you feel, but I know how I would feel in that situation. So, thank you for posing that question.

Thank you to the panel for recommending advocacy, education, bringing someone with you that is comfortable making statements and demanding the support that you need. And I like the complaints but I also feel like you are the client, the customer, the patient. And you should be accommodated regardless of your disability or if you're

neurotypical and you should be the most important thing that's happening in that room. You deserve that.

So, your worth has been recognized, your question was amazing. And before I close out, again, I want to make sure that our Q&A monitor and response team don't have any other final words before I turn this over to our Director of the Southeast ADA Center.

>> **BARRY WHALEY:** Seeing none at the moment, let me wrap up. Let me first say thank you to all of our panelists; you guys were just fantastic today. Great session. Yvette, you're wonderful. You did such a wonderful job pulling this together and keeping us focused. I want to thank the Canadian Consulate for partnering with us on this event. It certainly was value added. So, thank you so much, Ashante, as well.

Before we close out, if you feel your rights have been violated or you just don't know, you are always welcome to call the Southeast ADA Center or the ADA Center in your region. That number is 1-800-949 4232. You will talk to delightful people like Cheri Hofmann who can tell you about your rights and responsibilities under the Americans with Disabilities Act.

So again, thank you to all of our panelists. Yvette, you were wonderful. Thank you for our listening audience. For participating in this webinar.

Disability in a COVID World: Employment, Communications, Physical Spaces and Mental Health.

As a reminder a Certificate of Participations is available for this web. To receive a certificate for this webinar, you must meet four requirements:

1. You must be registered for this webinar.
2. You must listen to all of this webinar.
3. Your attendance to this entire webinar must be verified.
4. And fourth, you need to complete an online questionnaire for this webinar.

I want to introduce you, if you could push the next slide, Marsha. This is Sadie. Sadie is a beautiful black lab. Her human is our panelist Andi Sparrow from the University of Kentucky. And Sadie is our Easter egg for today to assure that you listened to the entire webinar. So, I am sure that Sadie will turn up as a question at the very end.

>> **YVETTE PEGUES:** Barry, do I have your permission to, do I have your permission to welcome the panelists who are able to open their cameras even if the audio is closed just to say good bye, is that okay?

>> **BARRY WHALEY:** Go right ahead, yes.

>> **YVETTE PEGUES:** Let's see your faces, your volume can continue to be turned down so Barry can close us out so we can say good-bye.

>> **BARRY WHALEY:** After you submit the Post Test and we verify your attendance, you will get a link to print your Certificate of Participation for this webinar.

A copy of the Certificate of Participation will also be sent to the email address you gave for the Post Test for this webinar.

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We encourage your colleagues and friends to share the link to archives at: adasoutheast.org/webinars/archives.php.

Thank you again for being with us for this webinar: Disability in a COVID World: Employment, Communications, Physical Spaces & Mental Health.

Finally, if you have questions about the ADA, you may contact your regional ADA center, as I mentioned. That number is 1-800-949-4232. Or email adasoutheast@law.syr.edu.

Remember that all calls and emails are confidential. Happy holidays, everybody. Thank you for being with us today. And take care.

End of Transcript

Webinar: Disability in a COVID World: Employment, Communications, Physical Spaces & Mental Health

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