

# Disability in America | A Brief History

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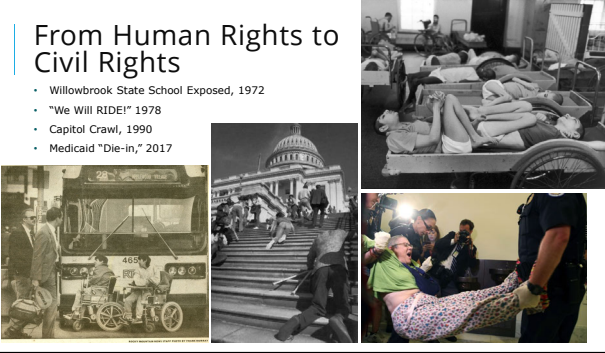
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## From Human Rights to Civil Rights

- Willowbrook State School Exposed, 1972
- "We Will RIDE!" 1978
- Capitol Crawl, 1990
- Medicaid "Die-in," 2017



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## From Human Rights to Civil Rights

### Important Legislation-

- The Rehabilitation Act (1973) prohibits discrimination on the basis of either physical or mental disability in federally funded programs. This was the first federal civil rights protection for people with disabilities.
- Education for All Handicapped Children Act (1975) Renamed in 1990 to Individuals with Disabilities Education Act (IDEA) equal access to public education.
- Americans with Disabilities Act (1990) The ADA ensured the equal treatment and equal access of people with disabilities to employment opportunities and to public accommodations.

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# Know the law!

## Americans with Disabilities Act (ADA)      The Rehabilitation Act

State and local governments regardless of the government entity's size or receipt of Federal funding requires that people with disabilities have equal opportunity to benefit from all of their programs, services, and activities. State and local governments are required to have physical accessibility and communicate effectively with people who have hearing, vision, or speech disabilities. They are required to make reasonable modifications to policies, practices, and procedures.

Section 503 prohibits federal contractors and subcontractors from discriminating in employment against individuals with disabilities (IWDs), and requires these employers to take affirmative action to recruit, hire, promote, and retain these individuals. Section 504 states that "no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under" any program or activity that either receives Federal financial assistance or is conducted by any Executive agency or the United States Postal Service.

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# Primary Models of Disability

Medical Model	Functional Model	Social Model
<ul style="list-style-type: none"> <li>Disability as a consequence of a health condition, disease or caused by trauma</li> <li>Disrupt the functioning of a person in a physiological or cognitive way</li> </ul>	<ul style="list-style-type: none"> <li>Disability is caused by physical, medical or cognitive deficits</li> <li>Limits functioning or the ability to perform functional activities</li> </ul>	<ul style="list-style-type: none"> <li>A person's activities are limited not by the impairment or condition, but by environment</li> <li>Barriers are consequences of a lack of social organization</li> </ul>

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**THE MEDICAL MODEL OF DISABILITY**

THE INDIVIDUAL PROBLEM

IMPAIRMENTS AND CHRONIC ILLNESS OFTEN POSE REAL DIFFICULTIES BUT THEY ARE NOT THE MAIN PROBLEMS

TRADITIONAL VIEW

PROBLEM → DISABILITY → IMPAIRMENT

**THE SOCIAL MODEL OF DISABILITY**

SOCIETY

SOCIAL BARRIERS

SOCIAL BARRIERS

ENVIRONMENT (SOCIETY) → ATTITUDES (ORGANIZATION) → DISABILITY (INDIVIDUAL) → PROBLEM (PERSON)

## Primary Models of Disability

The UDDC follows the social model of disability and believe that environment and attitudes cause barriers, rather than the person themselves.

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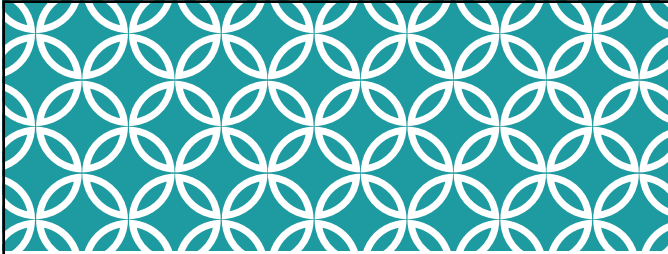
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# Etiquette, Language and Inclusion

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## Etiquette



- Always ask before you help.
- Don't touch a person's cane, chair or service animal without permission.
- Speak directly to the person, not interpreter or support person.
- Don't judge ability to perform a task or participate in an activity.
- Use person first language.
- Ask the person how they like to be referred to e.g. Deaf v. Hearing Impaired.
- It's ok to use idioms! "See you later" or "walk to lunch."
- Don't interrupt, rush someone or finish their sentences.
- If you don't understand, ask the person to repeat it.
- Treat adults like adults.
- Make eye contact.
- Respect reasonable requests that may seem strange without questioning them.
- Be patient and be polite.

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## Language Matters

### Say:

1. People with disabilities
2. He has a cognitive disability
3. She has a mental health condition
4. People without disabilities
5. She needs or she uses
6. He uses a wheelchair
7. She communicates with a device/eye, etc.
8. Accessible parking
9. He has difficulty with some tasks

### DON'T Say:

1. Handicapped, crippled or disabled
2. He's retarded
3. She is mentally ill/ emotionally disturbed
4. Normal/ healthy/ typical people
5. She has special needs
6. He's confined to/ wheelchair bound
7. She's non-verbal
8. Handicapped parking
9. He has the mind of a six-year old

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## Language Matters

When writing about people with disabilities, UDDC recommends using the National Center on Disability and Journalism's *Disability Language Style Guide*.

The Guide is available in several languages and can help to send a message that empowers people and encourages the use of disability identifiers only when it's relevant to the story.

**Words carry extraordinary power to liberate us from - or bind us to - limiting beliefs.**

**- Darrell Lynn Jones, "Becoming Myself"**

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## Creating an Inclusive Setting



**What does inclusion mean?**

1. Physical integration
2. Functional inclusion
3. Social inclusion

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## Why be inclusive?

Do We Believe:

- People learn best when they are segregated?
- The best way to learn is in a simulated environment?
- Best choices are made from limited experience?
- Life without expectations is an ideal world?

- Serena Lowe, Former Senior Policy Advisor  
Administration on Community Living



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## Common Barriers to Participation

### Attitudinal Barriers

#### Stereotyping:

- quality of life is poor
- unhealthy because of their impairments

#### Stigma, prejudice, and discrimination:

- tragedy
- something that needs to be cured or prevented
- as a punishment for wrongdoing

### Communication Barriers

#### Difficult and/or technical language

#### Auditory messages may be inaccessible when:

- Videos are without captioning,
- Oral communications used without accompanying interpretation like American Sign Language.

#### Written messages may be inaccessible when:

- Use of small print or no large-print versions of material,
- No Braille available,
- No versions for people who use screen readers.

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## Common Barriers to Participation

### Physical Barriers

- Stairs and curbs
- Narrow aisles or rows of chairs
- Mammography equipment that requires standing
- Absence of a weight scale that accommodates wheelchairs

### Programmatic and Policy Barriers

- Denying opportunity to participate in or benefit from federally funded programs and services
- Denying reasonable accommodations
- Inconvenient scheduling
- Lack of accessible equipment
- Attitudes, knowledge and understanding of persons with disabilities

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## Common Barriers to Participation

### Social Barriers

#### Education

- Less likely to graduate HS
- (23.5% compared to 11.1%)

#### Employment

- More likely to be unemployed

#### Low Socio-economic Status

- More likely to live in poverty
- (21.6% compare to 12.8%)

#### Violence

- More likely to experience violence as children

### Transportation Barriers

- Lack of access to accessible or convenient transportation



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## Accessibility and Inclusion

### Social Accessibility

- Find a person's ideal form of communication.
- Find value in everyone's ideas and opinions.
- Support and equipment needed to participate is available.

### Behavioral Accessibility

- Diversify staff training by including:
- Disability awareness
  - Customer service training
  - Multicultural education

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## Accessibility and Inclusion

### Communication Accessibility

- Web and mobile application access ([www.webaim.org](http://www.webaim.org))
- Printed materials
- Audiovisual presentations

### Physical Accessibility

- Built environment
- Accessible Equipment
- A location that can be reached via public transit.

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## Guidelines for Inclusion

1. Objectives Include People with Disabilities
2. Involvement of People with Disabilities in Development, Implementation and Evaluation
3. Program Accessibility
4. Accommodations for Participants with Disabilities
5. Outreach and Communication to People with Disabilities
6. Cost Considerations and Feasibility
7. Affordability
8. Process Evaluation
9. Outcomes Evaluation



National Center on Health, Physical Activity and Disability

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## Inclusion in Action

### Examples of program alterations:

- A presentation on nutrition may need handouts with large print for someone with a visual disability.
- An aerobic exercise class may need a person using a wheelchair to do exercises without standing.
- Training materials to include captioning in videos.

### Examples of policy alterations:

- Funding opportunities specifically require the inclusion of people with disabilities as a requirement to be funded.
- Program goals and objectives specifically include people with disabilities.

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## Inclusion in Action

### Examples for printed and marketing materials:

- Use high contrast (black and white)
- Use 18 point font when you have the space, but never less than 12
- Use the built-in page parts and functions in Microsoft Office documents, so screen readers can clearly read the document.
- Use simple serif or san serif and limit decorative and cursive fonts.
- Use widely known icons and symbols
- Include photos of people that include people with disabilities
- Use plain and simple language
- Avoid ALL CAPS, hyphenated words and word splits between two lines.

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## Inclusion Thorough Culture & Language Competence

The Utah Developmental Disability Council is dedicated to communicating effectively and conveying information in a way that is understood easily by diverse groups, including those who have limited English proficiency, those with limited literacy skills, those with disabilities, and those who are deaf or hard of hearing. The UDDC is committed to making appropriate accommodations to meet each person's communication needs.

**Definition:** Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by individuals, families, and their communities.

**Vision:** A culturally competent organization is one that values and reflects diversity, conducts regular self-assessment, manages the dynamics of difference, acquires and institutionalizes cultural knowledge, and adapts to diversity and the cultural contexts of individuals and communities served. A culturally competent organization is able to work with people from all cultural and linguistic backgrounds in a way that promotes respect, dignity, and self-determination.

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## Still unsure?

When working and interacting with **ANY** culture or group which you are less familiar, **ASK** the group or individual if you have questions about the best way to assist or have questions about needs and wants of the group or individual.

Remember, as silly as it sounds, we as individuals, are the experts about ourselves and what we need and want.

**Don't** make assumptions. Ask the experts!



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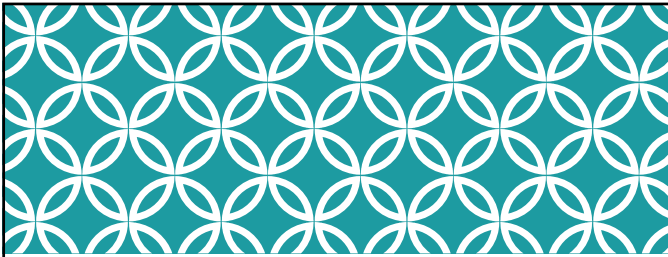
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## Reporting and Monitoring

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## Quarterly Reports

The quarterly report is the primary source of information on the progress of the contract or grant, and is a requirement for reimbursement. In short, it captures the major activities and outcomes, as well as information about the people served or participating, and if there were changes to systems that impact people with developmental disabilities. You will receive a template from UDDC staff. The schedule is as follows and as applicable to the project period:

Quarter	Reporting Period	Quarterly Report Due Date
1	October 1 – December 31	January 31
2	January 1 – March 31	April 30
3	April 1 – June 30	July 31
4	July 1 – September 30	October 31

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## Monitoring and Technical Assistance

Monitoring helps both UDCC staff, as well as contractors and grantees be sure that goals and objectives are being met. Monitoring is done through a variety of methods including technical assistance, desk review, on-site visits and regular communication, as well as the quarterly reports you submit. You will receive the *UDCC Contract and Grantee Monitoring Guidelines and Forms* document.

### The UDCC is responsible for monitoring awards and providing reasonable assurance that awardees are:

1. Doing what was proposed and approved
2. Meeting programmatic, administrative and fiscal requirements
3. Remaining consistent with the plan for programs/projects
4. Identifying and resolving problems/issues
5. Receiving needed technical assistance

### The goals of monitoring are to:

1. Provide accountability and oversight
2. Ensure proper spending
3. Visit programs that may need assistance
4. Measure sub-recipient performance
5. Identify opportunities for improvement
6. Serve the needs of the sub-recipient
7. Provide a helpful environment

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## Invoicing and Payments

Your agreement with the UDCC includes direction for billing and invoicing. Follow the terms in your agreement. However, to ensure that payments and/or reimbursements are paid to you in a timely manner, submit invoices to the UDCC within 30 days after the last day of service for the billing period. Payments are generally made within 15 days when a complete and correct invoice, including necessary progress reports, is received by the UDCC. Also be aware of the following dates. It is your responsibility to communicate with UDCC staff about whether these dates impact your specific agreement:

- June 30 State Fiscal Year End
- September 30 Federal Fiscal Year End
- 1<sup>st</sup> of each month (invoice received by 1<sup>st</sup> generally paid by the 15<sup>th</sup>)
- 15<sup>th</sup> of each month (invoice received by 15<sup>th</sup> generally paid by the 30<sup>th</sup>)

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## Match Requirements

The UDCC cannot issue a grantee or contractor more than 75% of the total project cost. This means that you as the awardee must contribute a 25% match for necessary costs supported by this award. For example, the UDCC can provide \$10,000, your match is \$3,333.33.  
( $10,000 \cdot .75 = 13,333.33$ )

### Suggestions to provide to UDCC when documenting match :

- Full description of leveraged item or service
- The work space area, expressed value per square foot
- Rationale for determination of match value
- Name of contributor
- Dates of donations
- In cases of discounts – an acknowledgement by the provider that the discount is based on the nature of the Program Activity and is not available to the public.

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## Types of Match

The non-federal share of the costs may be provided in cash or in-kind, fairly evaluated, including plant, equipment or services [§126(c) (1)]. The non-federal share required of each recipient of a grant from a DD Council may vary [§126(c) (3)].

45 CFR 92.3 Third Party In-Kind Contributions	Property or services which benefit a federally assisted project or program, and which are contributed by non-federal third parties without charge to the grantee or a cost-type contractor under the grant agreement.
45 CFR 75.2 Third-party in-kind contributions	The value of non-cash contributions (i.e., property or services) that: (1) Benefit a federally assisted project or program; and (2) Are contributed by non-Federal third parties, without charge, to a non-Federal entity under a Federal award.
45 CFR 92.3 Cost sharing or matching	The value of the third party in-kind contributions and the portion of the costs of a federally assisted project or program not borne by the Federal Government.
45 CFR 75.2 Cost sharing or matching	The portion of project costs not paid by Federal funds (unless otherwise authorized by Federal statute). This may include the value of allowable third party in-kind contributions, as well as expenditures by the recipient.

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## Required Disclaimer

UDDC grantees and contractors MUST include the following disclaimer on the first page or preface of ALL documents and webpages produced, all or in part, with ACL funding:

"This project was supported, in part by grant number 2001UTSCDD-02, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy."

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## Take Away

- People with disabilities are people, first.
- Disability is a part of a person- not the whole.
- These are all generalizations- we are all unique.
- There are a lot of resources available for guidance.
- If you aren't sure- ASK!
- Let's work together to create an inclusive culture!

*"If not us—who? If not now—when?"*  
-John F. Kennedy

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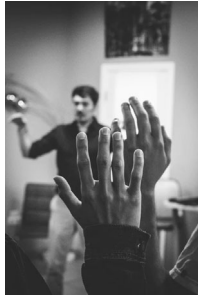
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## Questions?

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