

National I&R Support Center  
Webinar: ADA National Network Overview  
August 8, 2017

[ stand by for realtime captions ] >>

Welcome everyone. Before we get started just give us a moment to get the recording going.

I think we are good.

I want to welcome all of our listeners to today's webinar that will provide an overview for the Americans with Disabilities Act or ADA National Network.

My name is Nanette Relave and I manage the Information and Referral Support Center. Let me cover a few housekeeping items before we get started with our presentation.

The slides, audio recording, and transcript from today's webinar will be posted to the website within the next several days. Please visit the section of our website for the national I and our support page. The web link is also provided in the chat box for your reference.

All of our listeners are on mute during the webinar to help reduce background noise. We welcome your questions and comments through the Q&A function that is available to you on your screen. Please feel free to submit your questions at any time during today's presentation and we are going to address questions at the end following the presentation.

We also have real-time captioning for today's webinar. On your screen, you should see a media viewer panel down towards the bottom. On the bottom right, this is where the captioning will appear.

You can minimize this panel if you do not want to see the captioning or you can have it open to view the captioning. It will not interrupt the slide presentation. You may need to enter your name and organization and click submit in order to be able to view the captioning in the media viewer.

I am so pleased to welcome our presenter Michael Richardson, director of the Northwest ADA Center back to join us. Michael presented at the AIRS's spring conference on assessable healthcare under the ADA. That presentation is available under the website. Today's presentation will help us learn about the ADA National Network more broadly and also address a couple of additional key topics.

So with that, Michael, I am going to turn it over to you to get us started with the presentation.

Thank you. Thank you everybody for having me. This is Michael Richardson and my goal today is to try to get to this presentation as quickly and as painlessly as possible and definitely leaving enough time at the end for questions that we can address. Again thank you. I am excited to

be here. I did have a good experience meeting many individuals in your field by attending the AIRS conferences in May and presenting there. It really opened my eyes to the front line staff and the hard work they do in interacting with consumers from all walks of life with disabilities and those who are aging into disability and my goal today is to give you some resources and opportunities to collaborate with a ADA national network in order to benefit from each other's efforts.

A little bit about me. I direct the Northwest ADA center which is the region 10 office and we will talk about the regional such as in a minute. My background has been in disability services ever since I was in college. I am a person with hearing loss. I grew up with hearing aids and aggressively getting worse hearing loss. I now use a cochlear implant to facilitate communication. I also have American sign language skills I am actively involved in the deaf community as well. And one of my specialty areas is effective communication in ensuring people with communication related barriers have full, access to communication in all walks of life.

Switching over to the next slide.

The learning objectives today include learning more about the resources available through the ADA national network. As many of you work with people with disabilities, you may have questions about accessibility. Even from an out in the community perspective such as how can you empower your consumers to be better equipped to go out and request accommodations whether they are attending doctors appointments or participating in a job interview. And you may also have questions about accessibility from a service accessibility perspective. How do I go about securing silent which interpreter for Temple for a conference or things like that. Probably be able to give you a gist of what we can offer to support you in those efforts.

We will also understand the basics of the Americans with disability act and three of the five titles that we talk about and how it applies to communities especially aging individuals. And also understand the requirements of effective medication and physical access in healthcare and communities. The reason I want to bring that up is effective communication is a pretty hot topic under the ADA issues and I think it is just good to touch base on it briefly to give you an idea of some of the requirements and responsibilities of the ADA when it comes to ensuring that people have equally effective communication, processes put in place when they are out in the community.

Next slide.

What is the ADA national network? Well it is made up of 10 regional centers that provide a wide range of information, guidance, and training on the Americans with disabilities act in order to make it possible for everyone with a disability to live a life of freedom and equality.

So the ADA national network has 10 regional centers located throughout the United States and we would like to consider it your comprehensive one stop resource for ADA information, guidance and training.

Next is a map and overview showing the 10 regions across the country. And within the 10 regional centers, there are often associated affiliate or some stakeholders that do partner and work with us quite often including independent living centers and even aging resource centers such as the office that many of you folks are working in. We do have our connections out there and whether you want to connect directly with the national network, it is also a good idea to connect locally with your resource center as quite often our regional center staff areas are focused on axis issues that are unique to the area. For example region nine covers California has a big emphasis on ensuring accessibility and emergency preparedness and things like that. Northwest area tends to have a focus also on healthcare and accessible Parks and Recreation and things like that. Each region has its own unique identity. At the same time we collaborate together to produce products and try new opportunities and resources for folks like yourself.

Going to the next slide, our mission is to facilitate and ensure compliance with the Americans with disabilities act and also we do as part of grant requirements we do research design to reduce and eliminate barriers to employment and economic self-sufficiency and to increase the civic and social presentation of Americans with disabilities. For example in our region we are doing research on healthcare access issues. Quite often we find that even in today's climate, we still experience barrier to successful healthcare for people with mobility and communication related disabilities. That is part of the research. It is also to get out there and work with consumers and healthcare who have disabilities who are aging and gather information about their experiences and hopefully take that data and making use out of it to help draw policy changes and systemic change in healthcare access thousand and.

Next briefly many of you may be familiar with the administration for community living. Where grip resources come from. The national Institute on disability and independent living and rehabilitation research. Or the acronym known as NIDILRR. And NIDILRR is part of the administration for community living in the U.S. Department of Health and human services.

Now historically we were funded by the Department of education and had been housed under ACL now for two years. Some of you may know us from previous terminologies of our regional centers although we are called the ADA centers historically we have been known as the DBTS although our work continues to be the same.

Next slide, services provided by the ADA national network, the network provided information on the Americans with disabilities act and related disability, rights, and laws in three ways. We all share a one 800 line. That typically automatically gets directed to your regional center based in your area code and the phone you are calling from. But our

toll-free number is pretty much open 8 AM until 5 PM Monday through Friday in the region. And we have pretty well trained staff that are able to provide live assistance in answer any questions ADA related. We also tried to answer questions that are associated with other federal and state laws that address disability access issues. For example fair housing. We get a lot of calls from individuals and apartment complexes wondering what the disability rights are for parking and or modifications to their living facilities and quite often a lot of that falls under fair housing. Also the AIRS access carrier act regarding accommodations when flying. Also other state laws. State laws have broader, more comprehensive protection for people with disabilities and they trump the ADA in some areas so we are able to answer questions about your local state laws and where maybe there are some differences in which law whether the ADA or state law would apply.

We also have a wealth of resources at our national website and there you see the address to our website. We have a wealth of articles, a lot of fact sheets that we produce that are free for dissemination and reproduction. For example we have a fax sheet on service animal. Difference between service animals and emotional support animals. We have fact sheets on effective communication, disability parking. We also have information on ensuring you have an assessable doorway because of the specific hardware and things that are required to ensure that you have access to a building. Just a short example of the many available pieces of information pretty much at your fingertips through the website. And again you are able to reproduce and draft as you see fit.

As I mentioned before also check with your resource center website as well as quite often they will have other sources of information and fact sheets that may be not found on the website or maybe more relevant to the regional areas.

Some of the ADA centers also provide ADA site surveys are site assessment. If any of you are working buildings and administrations where you hear of a request for somebody who is wondering if there building is fully assessable, you can certainly check in with your local regional center and see if they have somebody on staff who can come out and possibly do an assessment of what seems to be in compliance and what is not in compliance and give you a report on some easy to fix things and most cost-effective things to fix and things like that.

So in a nutshell just to summarize on the next slide number eight dish when we do? We provide technical assistance by phone, we provide training, educational awareness, material dissemination mainly in the form of fact sheets. Although we do have other guidance sheets as well that can be several pages long. We do research and most especially we get out there and educate and provide public awareness.

Switching over to slide number nine. Who is served by the ADA national network? We work with the educational institutions. Quite often we may get questions about what are the rights of students with disabilities when it comes to accommodations in the classroom, even from the K-12

sector or higher education. Even accommodation rights when it comes to dorm living. Sometimes living in a dorm and University will affect your ADA or fair housing as well. We work with family members and people with disabilities. We take quite a few calls from individuals wondering about their rights when it comes to either accessing a movie theater or doctor's office or disability parking question. We worked directly with his assist. As you probably know businesses have an obligation to make sure that their goods and service are as assessable as possible to people with disabilities. We also did quite a bit with employers and employees. Quite often regarding title I of the ADA which has to do with ensuring reasonable accommodations for employees with disabilities. We also worked directly with small governments -- local state and national dates below the federal level providing guidance on what the guidance is for program access and reasonable accommodations and things like that. The public sector organizations, we do a lot of work with architects, contractors and code officials that have new questions about new facilities and renovating old facilities. And of course we connect with a lot of disability organizations and advocate. Since we have moved into ACL, we are really focusing our efforts and connecting with many folks like yourself, working in the AAA and a DRC because we know that is a huge age population out there and we want to be sure we are able to connect those individuals and let them know that they have right also under the ADA when it comes to age onset disabilities. We can talk more about that in a second.

Switching over to the next slide. This is just a few slides on what is available on professional development from the ADA national network. Education and training opportunities, you will find a list of different programs and resources on the ADA national website. For example every year, we host the ADA symposium which is our largest conference and that typically happens in or around Midwestern states to make it easier for people to travel to. It is a great opportunity with three days of session continuing education credits are available. As well anything from learning about service animals to government access issues, building codes, it is a great opportunity for people to really learn what the ADA is and are about. It is also a great opportunity to develop a skill set surrounding knowledge about the ADA. Many of you may be working with state agencies which have a requirement to have an ADA coordinator. Summary who is in charge of addressing any ADA accessibility issues whether it is visible or consumer-based. Those are great. This symposium is a great opportunity for ADA coordinators to come about and learn more about their role as a coordinator. There is also accessibility online webinars available. You can find information about that on the website. We do accessible technology webinar series as well which focuses on assistive technologies and technologies that are out there to enhance the lives of people with disabilities and eliminate barriers.

We do ADA audio conference webinars. Again raining from various topics. I just put an example. We had a recent one about planning accessible temporary vans dish events such as state fairs. We also have legal webinar series available which covers primarily recent legislation and recent court cases that address disability access issues. Because quite often court cases set precedent for how the ADA

is interpreted. So for those of you who really like the legal side of things that is a great webinar you should look at. There is also ADA online learning to get certificates and ADA basics. Also emergency preparedness is a big focus we have for lots of resources and materials to understand that when you are developing emergency planning, to ensure that you have in your mind accessibility built in there to ensure those with disabilities have access whether it is a shelter or programs related to emergency planning and disaster recovery.

Moving to slide 11 -- this is a review of national project highlights. Again the national website has general ADA resources and basically highlights. For example we have some sort of toolkits and fact sheets surrounding titles to government services and things like that. Employment is also a focus for those of you who may be in the HR field or in charge of hiring. There are good resources such as ADA employment web course and HR tips to build knowledge about what the requirements and responsibilities are in providing reasonable accommodations to applicants and employees with disabilities.

With state and local government resources again we also have industry-specific resources such as we have a website actually with one of our regional centers focused on the ADA and hospitality which has great selection of videos and facts about hotels and hospitality industries which is good about people especially older Americans maybe using mobility walkers or wheelchairs. It helps them understand that when they do go to hotels and travel that they can request accessible rooms that have either walking showers or accessible desks and things like that.

Skipping over now to slide 12. Just again more national project highlights. One thing to look at is the anniversary toolkit. Roughly every July 26, is that ADA anniversary. It has been 27 years since they passed the ADA. But if any of you ever think about hosting a small recognition about the importance of the ADA, you have the ADA anniversary toolkit that you are able to protect materials and find banners and flyers for free to use at your event. Again the ADA audio conference series. There is a web link there. This series provides in-depth information on the ADA and designed to enhance individuals existing knowledge base or facilitate continued learning regarding regulations and trends within the ADA. One thing that is pretty cool and sort of a self tutorial is called ADA basic building blocks web course. This is something that is free. Basically you can learn basics of the ADA and test your knowledge. You get a little certificate at the end which might be something to give to your staff when you want them to build a general knowledge base of what the ADA is and what it covers.

And skipping to the next slide again. Slide 13. More national projects. Like I mentioned before the ADA web course, there is a link there. That is all but reasonable accommodations in the workplace. Also have some resources on employing people with disabilities which is sort of an eight minute video featuring the importance of ADA compliance -- especially relating to employing qualifying people with disabilities that can be used in training programs as well. And that of course in a

chart tips website which contains articles, checklists, and a glossary link to useful disability resources to help HR professionals follow and comply with the ADA.

The next slide again additional projects and highlights that are available to you through these links. We also have accessible technologies, web-based resources. A lot of information about either how they apply to and private sector or the public sector. And it also covers accessible websites which I think is important. It is an important thing to think about when you are trying to invite the public to your services and ensuring that those who may have vision issues or mobility issues are able to access your website and get good and clear information.

Shifting gears a little bit, the next slide -- what the ADA does not do. This is something I like to make clear. First about we are not an enforcement agency. We are not here to slap wrist and red flag people. When you call us for assistance, guidance, or questions -- your call is confidential. We are here to provide information so you can make informed questions on -- choices on how you want to proceed. We do not provide legal advice although we can refer individuals to legal resources should they want to file complaints or obtain legal services for discrimination complaint.

We don't enforce the ADA. We don't perform mediation. And we do not serve as an advocacy organization. Again we can refer people to advocacy organizations, but our role is to just give information and that is what we have been doing.

Going to the next slide. Just briefly to give everybody a reminder or a refresher if you have not looked at the ADA in it while -- who and what does the ADA cover? We spend much of our time focusing on the top three titles of five titles. Title I has to do with employment. Basically title I protects qualified applicants with a disability from discrimination and employment as well as permanent or probationary employees. Title to state and local governments and transportation. Title II is designed to protect people with disability in all services, programs and activities provided or made available by state or local government and their affiliate agencies. So every government service that is available to the public must be accessible to all. So -- in towns and communities there have been times that may be a building is not fully accessible but there is a program inside. And they have to figure out how to move that program. Maybe 70 has a wheelchair and may not be able to access the building. They just can't simply say sorry we can't get you in. They have to figure out how to make that service assessable. Title III public accommodation is a term we use for the private sector pretty much. That states that owners of public accommodation facilities must be moved -- must remove physical barriers wherever possible to allow full access to goods and services.

Going to the next slide 17. This is where our work becomes more important and tensely collaborating with folks like yourself. How does the ADA view aging?

Some age-related impairments will meet the ADA definition of disability and others will not. So the definition of a disability under the ADA is basically an impairment -- physical or mental -- that is substantially limiting one or more major life activities. So it basically impacts her ability to walk, see, hear, braid, usually you would be covered under the ADA. The ADA you would consider dish wouldn't consider -- such as Crohn's disease. People with all kinds of conditions are often protected from discrimination under the ADA and in some circumstances in order to deal with symptoms they may be eligible for accommodation whether it is education or employment.

Also the definition includes having a record of social impairment. The ADA protects individuals from dissemination based on a history of having a disability. For example maybe somebody right now who is effectively managing significant depression through therapy and medication and has not shown symptoms in years -- that person still has protection under the ADA from discrimination. That could be based on assumptions for example. Somebody's refusing to hire an African because they have heard through the grapevine the person had nervous breakdown a few years ago. And are concerned it may happen again which is discrimination. That's an example there. Or the individual is regarded as having an impairment. This is a unique definition. 70 may not have a disability but because it may be the way they look or maybe the way they dress or maybe the behaviors it could be assumed to have a disability. And somebody can still indirectly or directly discriminate based on assumptions of a person having a disability. That person would have protections from discrimination under the ADA.

Moving to sign 18.

This is a chart I have up. I will explain easily in case we have any viewers with visual impairments. The slide is not exactly assessable right now but it is sort of a chart graph showing a range of ages as people get over and the percentages of those having a disability. The title of the slide is -- boomers are relatively wealthy, active, spend freely and travel hospital wrong. We met "five and nine and 74, the rate of having the ability to really increase. Quite often this is a result of age onset disability such as decreasing vision and hearing and mobility and cognitive capacity as well.

So basically despite being healthier than their parents from a generation or two ago, aging baby boomers cannot escape developing disabilities. So according to the administration on aging, since 2016 I believe, older people are present over 14% of the U.S. population right now or about one in every seven Americans. And as we all know, this group is growing and growing. By 2040, this age group is expected to increase to over 21%.

Common among all the folks you would see cognitive decline, hearing decline, seeing and speaking.

Quite often and they understand that as affected life without understanding there are accommodations for accommodation and participation in their communities.



This happen to me personally. Just less than a year ago I went to see a musical at one of our large performing arts centers in Seattle Washington. I attended a night where they had captioning available because of my hearing loss. It is very hard for me to follow the lyrics. So I sat in a section where they had captioning to the right of the stage. I had full access to the performance. Afterwards I was talking with the person providing the caption and I was approached by three separate individuals date older Americans -- when was in tears and she came up to me and she said what is that going across because for the first time in 15 years I was able to sit here and understand everything and this performance and it is wonderful. This is one example of an older generation of Americans who -- fortunately her husband had dragged her to the performance and it opened her eyes but we think many individuals are at home not wanting to go to performances or other community events because maybe they can't hear it or they are afraid they can't see much of it. But our role is to let those old individuals know that they could be able to ask for accommodation such as requesting captioning for a musical Orman or for a community lecture and things like that. That is why it is important for aging colleagues and friends and family members to recognize that they have right under the ADA when they have significant age onset disabilities.

Switching gears with slide number 19. I just want to briefly spent a few slides on effective communication because that is a good portion of what the ADA covers as far as ensuring that people have access especially this applies to older Americans who are seeing declines in the hearing, seeing and cognitive functions. Under the ADA for effective communication, we all know that different disabilities impact the way we communicate. But the ADA says information must be as clear and understandable to people with disabilities as it is people who do not have disabilities.

Again this goes back to my example of the theater performance and the reason I want to discuss the is because you have the ability to empower your consumers to request access when you pursue community services, performances or more importantly healthcare services.

So effective communication also continuing with the definition using healthcare providers as an example. You can imagine this could be government services or theater healthcare providers have a duty to provide appropriate auxiliary aids and services when necessary to ensure that communication with people with disabilities is as effective as communication with others. And switching to the next slide, under effective communication we have to make images days one shows what we call a FM system. It's a listening system used in theaters and performance halls. Those are requested in court houses for example to help individuals with hearing loss to have amplified sound and government officials for example especially courthouses are required to have these on hand to enable people whether they are jurors or actual participants in a court of law to have communication access. Now there is also an image of a doctor holding up what looks like to be an iPad of a tooth. And even simple things such as visual images can help facilitate communication. Especially for those who may have cognitive

disabilities or reading comprehension issues. Helping individuals understand levels of pain using diagrams and charts can meet the needs for effective communication.

We may have older Americans especially with declining vision. They should be eligible to request enlarged document with enlarged print so they are able to sign forms and read them and understand exactly what they are requesting of them. Those individuals who may have significant vision loss or fully blind, may request documents in an electronic format. For example doctors offices should be. Paired to send documents laconically to individuals so they can read them at home with their screen reader software. These are just small examples to providing auxiliary aids and services to allow for effective communication.

Moving to slide 22 -- this is also important to note. The ADA, when they talk about who is eligible for receiving auxiliary aids and services -- it is not so much the actual patient or consumer. But if they have a spouse or partner or significant family member that needs to be part of a discussion and that person request or requires auxiliary aids and services or accommodations. They have the right to as well. The ADA since customers clients and other individuals with disabilities who are seeking or receiving the services of the medical enter. It may not always be the patient's of the healthcare provider for. Auxiliary aids and services may need to be provided to spouses, partners and family members with disabilities. For example we have a deaf parent of a child patient. That deaf parent would have a right to receive services during a hospital visit. For example Lamaze classes. Back in the day when we were having babies. I went to a Lamaze class and requested captioning because I was anticipating in that even though I am not the one that was pregnant. It was important for me to understand how the Lamaze technique work and I was able to support my wife as much as possible.

Those are examples of how individuals who are also eligible for accommodations who may not be the actual patient and consumer.

On the next slide, basically the means used to provide effective communication is determined on a case-by-case basis based on a person's needs and situation. Basically you are working with individuals who may require some communication aids or services. It is always good to consult with the individual to determine what communication method or technology will be effective for him or her. Now we could spend an hour talking about this -- what about simple written back and forth communication? That might be okay for a very brief office visit not lasting more than a few minutes. But if a deaf individual requires interpretation for a lengthy discussion, that involves complex and important information than you want to ensure that they have access to a ASL interpreter to ensure equitable communication.

Switching slides. I am showing a picture here of what we called communication access real-time translation. This was a service that was very similar to what I received in the performing arts Hall. It shows somebody doing a lecture. There is a woman in the lower left who is using a court stenography machine to quickly type verbatim what the

lecturer is talking about. Now this is a great concept of universal access because it may be benefiting one person who has profound hearing loss. It also benefits many in the back who may have trouble hearing what the lecturer is saying. This is an idea where somebody may request captioning for a lecture or performance the next slide they slide 25 is another image or situation where captioning is used. I want to use this because this is something that is important to let our aging parents and folks know about. This is a picture of a group of people sitting at the table and there is a stenographer in the lower right using a machine to type everything as we sit going directly to a laptop. The woman on the left needed to understand what was going on. Imagine you are older and for some reason we have experienced a significant decline and you had been told to come in to have it meeting with your surgical team to come in and talk about a heart bypass surgery. A big surgery and there is all kinds of information about their surgical procedure, the physical therapy, it would be fighting to go into that and try to listen and have difficulty understanding what is being said and try to retain that information. Especially in a time of a crisis like this when you are experiencing a health condition and you have a big surgery coming up. This is where captioning could be a great accommodation to enable people to fully participate in their surgical planning meeting. Just an example of how you can encourage people who may be in that situation to go to the hospital ADA coordinator and request that a service if necessary to enable full participation in the healthcare service.

Switching gears again on slide 26 what I am putting up here is an image of some of the things we typically work around and respond to questions about. This picture of the woman using a scooter in a medical, clinical office and what the ADA requires is clear floor space. That is all about measurements and space to allow access for a wheelchair. The ADA says that medical services should be fully assessable. Patients should be asking for and accessible exam table. That they are able to transfer from a wheelchair onto an exam table or chair. Making sure there is adequate space and all that stuff. And also what I want to make clear is when it comes to assessable healthcare that get patient should be able to have full assessable healthcare employment. Many times I've run into an individual where for example I ran into an older woman a while back -- large woman with multiple sclerosis who had been in a wheelchair for many years. And she had not had a routine reproductive health appointment in 15 years. The reason for that is not because she did not do it. It was because where she lived, doctors refused to try to figure out how to get her out of her chair and give her the exam she needed. You can imagine how one's health can be compromised by not having full access to healthcare. You have heard of individuals who have never been weighed during a routine healthcare appointment because it is no way to get them out of the chair supposedly or there is no assessable weighing scale.

Feel free to reach out to the 88 network in your region about questions pertaining to assessable healthcare because that is a hot topic days especially with the post that you work with and aging folks as well.

So as we wrap down the next slide is just contact information about the ADA national network and these slides will be available. But again we will show the 1-800-949-4232 number. We have an email address that will take you to the national Center that I do encourage you to look up your regional Center to get contact information and connect with them. The website information, also the Facebook page. Many regional centers will have social media pages which are fun to look at and provide updates on disability access information and recent court cases and things like that. This includes a twitter account.

The next slide -- just in the midst of the great Helen Keller and the reason I bring this up is -- many of you may be new to disability and the effects of the age onset abilities. This is where the ADA national website will support your efforts. Likewise we want you to reach out to the older citizens to understand the rights under the ADA. So there is still much work to be done out there in terms of creating a fully assessable society and I believe that ADA national network and the folks like yourself have great collaborative potential to address this. And in the words of Helen Keller she says -- alone we can do so little, together we can do so much.

So that concludes my presentation. If you have any questions, I am happy to take them now.

Great. Thank you so much Michael for that presentation. And all the helpful tools and resources that you share. As you were describing the one story of the woman who had not had a medical exam in 15 years -- one of our listeners shared the comment that a mammography machine can also be really hard to find for people that use wheelchairs. We recently were doing work in the world of oral health and dental care. Very similarly it can be hard for people to access dental care and that can lead to a whole host of nutrition and health problems. So we do want to encourage our listeners -- if you have any questions, please feel free to send them into the Q&A. We do have a couple that have come and so far. I will start with the first one. Looking back to the beginning of your presentation days one of our listeners ask how closely do the ADA regions aligned with that ACL regions?

That is a very good question. And to be honest with you I am not sure there is a big difference in how they are divided up. But one of the main reasons I am doing this on behalf of the network is to build stronger relationships with those ACL counterparts. And again as I mentioned towards the last slide -- see where we can leverage our support to each other to achieve all of our objectives, ensuring that you folks for example have all the resources that you need and support from us to provide access not only to employees but also to consumers and for you to help us figure out what is the best way we can connect with the folks that you serve especially the aging folks. We do want to create new documents and products and fact sheet that might be more sort of on their language dish don't be afraid to have a disability. Yes, you are older but you still have rights to access in the community. I am not sure that answers your question but I could find out for you and get back to you on that one.

Thank you. We have had another question a more come and one of our listeners ask -- what progress is being made to protect the rights of parents with disabilities? And she references the situation with her daughter having her parental rights terminated due to cognitive delays. I don't know if there is any resources within your network that help in this type of situation?

As a matter of fact there has been recent discussion on that. And one of my counterpart in region five is focused on this. I am taking notes on this. I will set up a list of resources and I will email and you could share with the group. That has been a hot topic because quite often unfortunately parents are denied custodial rights for their parent/child because of the people making the decisions on those issues do not have a lot of information about the disabilities. There have been court cases that address those issues and I believe there is a local/regional issue to address that issue to figure out how we can leverage more folks to provide efficacy and support. Let me make a note of that. This is something that has been addressed and I think again I can mention court cases are starting to crack down on some of the situations in which it has been determined that an individual had perfect ability and capability to raise a child where in fact the other agency did not see it that way. I will gather resources and shoot them over to be shared.

Thank you. And Michael, resources that you sent to me, we can also post in the webinar archive material. Just to let the audience be aware that is where you can find those. I want to jump in here and share a resource as well. When I saw that question it reminded me of a great product put out by the National Council on Disability. It is called rocking the cradle to, ensuring the rights of parents with disabilities and their children. This was a major report put out by NCD providing a toolkit for parents with disabilities. It is easy to find that online if you just search for rocking the cradle. Has a very compelling title. That may be something that can help our listener as well.

This is Michael again. That is an excellent resource. That just triggered my memory on that article I read. That came in a year and half ago I think yes that is a great resource. Check that out as well.

We have had some more questions come in. Here is one that we have talked about in the context of training for professionals in I&R. It is very tricky but is there an exhaustive list that explains the major life activities or is that list or concept always being redefined?

Let me -- I am rereading the question again on the captions.

There were some 2008 amendments act with a broadened definition of disability including conditions that might have typically historically been looked at as not being significant enough. What they have done over the years is Congress realize that many eminent court cases -- they were spending too much time questioning whether a disability was significant enough to qualify for protection. That is why they shifted the amendments act to focus not so much on whether a disability is big enough, but whether in fact discrimination did occur. And

dissemination does still occur in many situations where the disability may not be significant enough to warrant accommodation for example. But a list can be pretty extensive. Again covers -- covers the conditions -- for example individuals who may have Crohn's disease for example. May manage the effects very well but at the same time they are eligible for accommodations at the University because I used to work with students just like this to allow the opportunity to start classes late or to be excused from class to address some unexpected symptoms. Where as in the old days, in the past, one may look at that individual and say well you seem to be managing her symptoms pretty well. We doubt you qualify as a person with disability. Things have shifted to ensure that those with intermittent disabilities and hated disability status especially health related -- do have protection from discrimination. I would not say the list is constantly changing but I think it is an individual case-by-case basis. And how the discrimination occurred and where to go from there.

All right. Let me move on to our next question. One of our listeners asks -- if you could take briefly about some of the work or collaborations that are being done with ADRCs I don't know if there is an example you can share?

Yes -- let's see. As a matter of fact, some of our regional counterparts, what we are doing is trying to get out and participate in some of these committees and groups that are supported by local aging disability resource centers to address livable communities. Sometimes we can then lend assistance to providing ADA technical expertise -- the actual physical requirements of an accessible sidewalk for example. So communities focusing on aging, we do some work there was helping try to collaborate with some of those planning committees and organizations. We are getting out like myself these days to help get to the national conferences such as the AIRS last May to again do some training on topics that are pretty hot and possibly crossing into your pathways. For excess dish for example assessable healthcare always being a hot topic. I guess to answer your question we are in the beginning phases of really trying to collaborate with the local ADRC centers and connecting with them and say how can you use us and vice versa? But we do want to see more folks at ADRC and AAA calling our centers and saying we need some help in training. We are there to provide not only training and technical assistance, but help collaborate with developing new resource material or helping you review wording on a policy on accessibility and things like that.

I just have to second that and put in a plug for how good the ADA centers are with training. There is such a complicated process and there is so much to explore. I definitely recommend for AAA or ADRC to connect and explore what kind of trainings are available.

We have a question that asks -- you mention that state law takes precedence or can take precedence over federal ADA rules. Do you know of any circumstances where there is a discrepancy in rulings for issues like fair, equitable treatment? >> That is not my area of expertise but I would not be surprised if there are some local state laws that provide greater protections. Each state's individual and even

municipalities and city states that is where I would encourage you to connect with your regional Center to find out what information is available. Now for those of you who are trying to wrap your head around the concept of whether state law versus ADA law trumps whatever days I will give you a good example. The ADA says title I of employment applies to employers with 50 or more employees which means any employer that has 15 or more employees must provide reasonable accommodation upon request. To an employee. Now Washington state law says eight or more employees. That is the law that applies. Technically somebody can't call me and say I am an employer with 10 employees and I do not need to comply with ADA do I? And I say no matter what you need to comply with state law. That was a side example.

Thank you. We did have one question coming from a listener. And I think you are probably referencing a part of the conversation. Clarify your question. I don't know if we have enough details to answer but -- or you are welcome to send your question to me or and I could forward it to Michael for a response. Michael I think I will ask the last question. This really comes back to the communication piece. Which is so important. Many of the information and referral encounters that we have are done over the telephone. And you were talking about the communication importance. I was thinking about in I&R this is the medium that we use much of the time -- not to say that we don't do home visits -- can you think of any good resources to help our I&R programs intended to enhance their capacity to provide effective communication by telephone? Or is that something you can come back into training for us on?

I think there could be training available around effective communication. Taking the phone for example. There is no requirement for you to have TTY or videophone for deaf consumers. What you are required to do is to understand and recognize and accept a video relay call or telephone relay call which usually comes from a deaf individual who is communicating via sign language to an off-site interpreter by video who is relaying the call to you. Just be sure you recognize what those calls are and answer them and talk with them as you do with anybody else. There have been court cases in the past where a deaf individual has sued service agencies for refusing to answer a relay call. So after several attempts and being hung up on a lot, that person successfully filed a discrimination case and won. Just be aware of some of those days usually the call will be identified as think this is a relay operator number 75 and we have a deaf caller or they may not be any kind of announcement. For you hang up on any phone call, be sure you know exactly who and what is calling. But also thinking about materials that you may be sending out to individuals whether it is by snail mail or email -- sometimes PDF documents may not be accessible to summary with screen reader software. It might be a simple matter of switching over to a word document version. There is no need to protect the document but there are accessible PDF documents available out there as well. And that is where you can enlist the support of the ADA centers to help you figure out how can I make my materials and websites and information over all accessible?

Thank you. Our very last question with Cynthia who provided clarification. She is wondering how come -- how can I help with communication limitations -- may be connecting with the ADA center would be helpful. Please share your thoughts?

Definitely. Definitely connect with your local resource Center. Besides providing legality information, we also spend time doing disability Ellen -- etiquette and awareness training. That could be a situation where you can have a staff training by one of your local, regional staff to come out. This we have them have an open conversation presentation about various disability categories and groups and how you can build comfort levels and understanding and interact with people with disabilities because quite naturally people who have never experience interacting with somebody with a significant disability maybe sort of unsure of how to best communicate or provide instructions on how to locate a restaurant or things like that

We show people how to use correct terminology to how to have them help feel comfortable with working with somebody the disability just like you would with anybody else. And we help with the potential awkwardness and the shyness I guess.

We met thank you again. We have come to the top of the hour. Michael, I want to thank you so much for the great presentation and for all the helpful answers you have provided to our listeners questions and also thank our listeners for joining us today and our captioner as well. Again the materials from today's webinar will be available on the website in the next several days. Any supplemental materials that Michael sends we we will post there as well. Again I want to thank everyone and wish everybody a good rest of the week.

Thank you very much.

[ event concluded ]