

Disability Health Transcript – TBF meeting 1.21.25

Okay, so this is my welcome slide. Wendy, thank you for those great introductions. I'm not going to go through this one again. um, I do want to mention that on the um right side of the screen we do have the Tennessee Disability Coalition logo. um and I'm going to give a visual description of myself. I am a middle-aged white woman with, uh -oh, it looks red in this picture. It's actually kind of purple hair. I have a green shirt on and my background is um blurred so that you guys can't see my fur babies running in and out of the room. I will go to the next slide here if it's going to let me. Yeah there we go. Okay, so disability. On the top of the screen there is an image of, the actual image description of this was little cutouts of different people. that represent different disabilities, right? Some of them are holding hands or high-fiving, some of them are in wheelchairs, representing different various disabilities, cultures, backgrounds. This is one of the definitions of disability that I'm going to give you guys today.

So, a physical, mental, cognitive or developmental condition that impairs, interferes with or limits a person's ability to engage in or certain tasks or activities. I said one of them because I'm going to give you guys multiple definitions for a reason. So that is one of them. I'm going to the next slide and who are people with disabilities, right? A person with a disability can be a person, right, who has a mobility or physical disability, um sensory, (which could be vision, hearing) um intellectual disability, um psychiatric or other mental disabilities. and Also people with medical conditions um like you HIV AIDS epilepsy rheumatoid arthritis um and ,cancer. It's really important to remember that those are also covered under the ADA which we're going to go into more, but um important to remember those as well.

So on this next slide, um it is the disability alphabet um from JAN, the Job Accommodations Network. um and I just pulled some of these out, right? um In all of my slides and the notes, there's the link and then I know that you have the great resource guide that has um the resources on there as well, but I pulled these out um specifically. um and and On the top right of the slide there's a brain on there um and I pulled these out and these are not all of them, right? I could have just continued to go um on with this, but these are all disabilities that um can be associated with and or, you know, can be a cause, maybe a symptom. Maybe um could be something that a disability that um is acquired because of a brain injury. Or brain injury is acquired because of the disability, right?

But these are also things that sometimes um some of these are not commonly associated by the general um public as a disability right um I know sometimes um people say that um alcoholism isn't a disability, right? We know better, but just giving that one as an example. So we have alcoholism, um blindness, chronic pain, um which Wendy just mentioned a little bit ago, drug addiction, epilepsy, fatigue hearing impairments, um intellectual disability, Lyme disease, migraines neurodiversity, obesity, post-traumatic stress disorder (also known as PTSD) and Sleep Disorders. Right? A lot of those. I laughed when I started putting this together because I'm like, "Oh I remember these from Brain Links' Signs and Symptoms, right? A lot of these things are on there. So, um not that this is an exhaustive list. but it a list of some of those. um and

Disability by the numbers, right , Understanding the disability statistics. and This really depends on the definition and anything with those little three stars, um I learned this from Wendy, um it is something that is important, or that we're going to kind of cover later on, right? um and I'm going to go over this a little bit more, um but it's depending on the definition, right? and their ranges. From 37.3 to 61 million um and disability impacts all of us. um and This is from um the Center for Disease Control and

prevention or CDC. I kept wanting to say the acronym there. um but 61 million adults in the US live with their disability. and um Up to one in 4 or 26% of adults in the US um have some type of disability. and um It's like it says, "disability impacts all of us," right? So maybe you're not a person with a disability, but you know you probably know somebody. Maybe it's a family member, maybe you're a caregiver, but disability does impact all of us either now or in the um sometime in life. and On this page we have a, um um bigger than what I thought it was on my little screen, a really big um outline of the state of Tennessee in red and um in the center of that is the blue circle with the three stars that um, I say represent the different um regions. and um I think I'm right on that, but I've never asked so if I'm wrong.

Please tell me somebody. um but This is another definition of disability, right? The CDC um estimates or this is about disability. I apologize. The CDC estimates 29.5% or one in three Tennesseans are living with um some form of disability and, according to the CDC, that is higher than the national average of 25.6 or about one and four Americans. right so um another you know Tennessee is higher. um and So we're going to kind of go into disability history briefly. I'm not going to go over this a lot. um I know there's some good um disability history stuff in that resource guide. um

On the right hand side of this um slide is a picture. It is black and white. This is the Bethlehem Royal Hospital. um It is a Psychiatric Hospital in London. It is one of the um, I think it's said 1300's right? This is a pretty well-known image. but um It has several different um - it has a lot of people who are um have different disabilities and they appear to be laying on the floor right? um and deplorable conditions um as you know what these... um If you look at the history of this place, you will know why I chose this picture, but right? We have, um from the beginning of the history, you know there are people at disabilities. um and In colonial America, right, we had Almshouses, which was basically institutionalization um and then institutionalization, right, where there was experimental treatments. um Such as blood letting and lobotomies - just really horrific treatment of people at disabilities. right We moved um and then the Eugenics movement is also something that you hear about um where it was mass sterilization of people with disabilities. um The thinking was that if you don't let um people with disabilities reproduce, then disability will go away. Right? Not right. um It's not the way that works. um so and That is a little history there and we're going to go on to the next slide. um and I have "disability movements" um on this because, um as you see in the right hand side of the slide, is the um George HW Bush signing the Americans with Disabilities Act. We are still moving (forward) and we've come a long way but we still have a lot further to go. right so In 1964, the Civil Rights Act.

um and I've had people say, "Well that wasn't about disability." Well it really was - because it started opening that up right? It was the first thing that that opened up um equal treatment of people. right. um and Then we have 1973 with the Rehabilitation Act, um 1975 the Individuals with Disabilities Education Act. I know a lot of us know that as IDEA. and Then we have the signing uh 1990 signing of the Americans with Disabilities Act. um 1996 is Olmstead. and Between 1996 and 2017... and I know uh looking at the chats there's a lot of people in this call today that um helped in the state of Tennessee. right? um Tennessee became the 14th state to close our large institutions for people with disabilities. um and The last one closed in 2017. um okay and Americans with Disabilities Act of 1990. right? Like I just said, civil rights law, um and it was origins of the civil rights law of 1964 and disability rights movement. and um You can find out more about the ADA it's um <https://ada.gov/> um and I have that on there twice for some reason. um but On this slide is also a weight. um and It's one of the weights that um it's kind of looks like a tripod to me but it has the plates on it where you know you can weigh things evenly um but there's that

picture in black and white. um and I'm going to go to the next slide. So ADA General requirements, right? Those are for physical access, effective communication. and I have those stars there because we're really going to go into... I should have had it for physical access too -for all of these, but we're going to really go into these later. um so Effective communication, reasonable modifications um of policies practices and procedures. um and The Americans with Disability Act does apply to anyone within the jurisdiction of the United States, regardless of their immigration status. um which and ...Meaning anyone present in the US can seek protections under the ADA. Right? That's the way it's supposed to be. so um I know that's been a question that I know I've personally gotten a few times um recently, so I wanted to make sure that that was in there. and The ADA definitions of disability right, this is why I had that one of the definitions, right? so The ADA defines a person with a disability in three different ways. right A person who has a physical or mental impairment that substantially limits one or more major life activity. A person with a record of an impairment, even if she or he does not currently have a disability. Or A person who does not have a disability, but is regarded by others as having a disability, is also protected under the ADA. and Again you can find out more in [HTTPS colon, forward slash, forward slash https://www.ada.gov.](https://www.ada.gov) <https://www.ada.gov/>

I always get those confused, sorry. um and Then the southeast ADA Center logo is on the top of this um and on the right hand side of this slide um there is a outline of the different regions that the ADA um covers um and the ADA has um different regions across the state, but um for the Tennessee right that is Region 4. um and It is a project of the Burton Blatt Institute at Syracuse University. and um That website is bbi.syr.edu and it serves the eight states in the Southeast region, which is Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee. um There is one partner um organization in each state and in Tennessee it is a Tennessee Disability Coalition. and Miss Donna DeStefano, who's on our call today, um is the contact for the ADA. and Her email address is Donna underscore d @ TNdisability.org. (brief interruption another person speaking) Carrie: "You're not on mute, sorry. "So ,we'll go to the next slide I don't think that was a question. um but so...

Health Equity, right? I know that I've been on the TBF calls and I know people have really covered this really well. So Health Equity is achieved when everyone has the opportunity to be as healthy as possible, right? So that is health equity. We've heard that it's in different forms. and It really can affect different cultures and populations and really regions in different ways. But So, Health Disparities. And... I'm going to do the image description last, but health disparities are preventable differences in health outcomes that are linked to social, economical, and environmental factors, right? Is achieved when everyone has the opportunity to be as healthy as possible, right? So that is health equity. We've heard that it's in different forms and It really can affect different cultures and populations and really regions in different ways but So health disparities. And... I'm going to do the image description last, but health disparities are preventable differences in health outcomes that are linked to social, economical, and environmental factors, right?

And again, that's something that we've heard multiple times. And on the right hand side of the screen, you have a outline of a person. And on the top, it's got the socioeconomic factors. With a line that goes to the outline that says 40%, right? And that's got education, job status, family. Support and income underneath that, and then physical environment right And then healthy health behaviors is underneath that And that one gets really hard for me to see. Healthcare, which is underneath that. So those are the different health disparities and different things that can affect The health of someone. Regardless of disability or whatnot. But so disability and health care access. One in four adults with disabilities 18 to 44

do not have a usual health care provider. One in five adults with disabilities 18 to 44 have an unmet health care need. Because of cost in the past year. I know that costs health care costs is nothing that Nobody on this call is unfamiliar with, right? And then one in four adults with a disability, 45 to 64, did not have a routine checkup in the past year I just have to decide of that. I'm sorry. Those are what prevents. I had a annual checkup yesterday for something, right? And I'm like, oh, it's prevention. But again, those healthcare costs, it comes down to that a lot of times for people.

And I'm going to go into ableism and uh a lot of these topics that we're covering today, we have whole presentations on them as a regard to ableism right On the right hand side of the screen is an image of A huge set of stairs or escalator right representing ableism. But ableism is a discrimination and prejudice against people with disabilities. Based on the assumption that they're inferior to non-disabled people. It can lead to biases, prejudice, and discrimination. Which can prevent people with disabilities from reaching their full potential. It can include harmful stereotypes It can also include misconceptions and generalizations about people with disabilities. And I wanted to say in this slide that not all forms of ableism are intentional. A lot of times they're not. And so just wanted to make sure that I remember to say that. And it'll, you know, I'll kind of cover that a little bit more here soon.

But what does ableism look like or what can ableism look like, right? So beliefs, it is an assumption that people with disabilities need to be fixed or defined by their disability. Language, right? Using euphemisms To avoid saying the word disabled. Behavior, avoiding people, a person with a disability because you're uncomfortable interacting with Employment, withdrawing a job offer because somebody has Because the person you find out the person has a disability And... healthcare, ableism can affect interactions with doctors healthcare policies and health outcomes. I wasn't going to add much to this slide, but I just wanted to say I got an email. I sit on my local family support council and got a council an approval for family support funds And the physician and the letter used wheelchair bound as one of their The term that they used on the letter. So I thought of this slide automatically, right? And I just, I kindly wrote that, you know. That they should please let them know that that wasn't appropriate language anymore. But I'm sure he meant no harm and I wanted to, you know, hopefully they told him that but Just, again, unintentional, right?

And that's So on this slide is, it says disability etiquette. And on the left hand side, there is an image of a man and a young girl And they're sitting in what I say is a kitchen, I think, right? And it says disability etiquette, the Tennessee Disability Coalition logo is there And it says how to connect with people with disabilities. If you don't know the Tennessee Disability Coalition, we have a disability etiquette guide And please, somebody correct me if I'm wrong. Donna, Paula, Alice. This is our third version of it, I believe. Yes. The theory? Okay, I thought so. I was like, ooh, am I right? Yes, but it's we, you know, uh. It's updated and a lot of people within the disability community gave a lot of feedback on it. So it's really exciting that it's updated. And I think it looks great. And it was a little bit expanded too for this version. Initially, I'll just be brief. Initially, it was first developed in the ADA. Yeah, please. Passed in 1990 and it was really targeted towards businesses Because that was where a lot of the pushback on passage of the ADA came. And so that was the main thrust. And became a little bit more refined with the second one and this one even more so. And a lot more import too from folks with disabilities.

Yeah, no, thank you for that. Yeah, because, and I know that they're I see. I saw some names on hair people who are like, yeah, I provided input. And then there's people who aren't on the call today that I know provided a lot of input also. It's exciting to have all that. And yes, it expanded. I know like

neurodiversity is a new section in there this time and So yeah, but I'm going to go over some of that. So on the left-hand side of this page, you have little nemo Right, orange and white clownfish and dory She's on the right, she's a blue and yellow tang. And this is from Finding Nemo. And I thought this picture fit. But how to connect with people with disabilities, right? Remember, a person with a disability is a person with feelings. Treat him or her as you would like to be treated. And then let common sense and friendship break down any barriers. Oh, that period should not be there. You may encounter so right this fits because in the beginning out for anybody, I don't want to spoil the movie great movie But with these two, right, their friendship broke down those barriers and they really became friends and started treating each other Nemo was a little stubborn in the beginning. So he started really treating Dory with respect like he should have, right?

So that's why I put that in there. Disability Etiquette 101. Right. Where people, sorry. Where people who may or may not identify as having a disability .And I think that's really important for people who are not in the disability community and space to understand that just because you think somebody has a disability and they might use a chair or have a cane or, you know, something doesn't mean that they identify as having a disability. And I think that's hard for people to understand sometimes. It's okay to ask us if we need anything. Actually, it's preferred to ask, not just do, right? It is not okay to just do things for us and more to come on that too. And it is okay to interact with us like you would anybody else. It is okay to ask us to repeat something or let us know that you don't understand. I know that's really important. I've been in those situations where people did not understand what the person said, you know, the smile and nod well That that's... bad don't do that. You know, it's okay to ask people. I ask people all the time, you know, can you repeat that? And sometimes it just takes a little bit of time for made a process what they've said also.

It is at the bottom of this, it says, it is okay to be patient with me and I'll be patient with you. Again, right? Patience can go a long way. Especially when you're interacting with somebody the first time. And there's that. And then meeting a person with a disability. And on the, I'm going to explain this picture a little bit more in a few minutes, but on the upper right, it has a stoplight so There's a red dot in the top, a yellow one in the middle, and then a green one on the bottom. And it says not everybody is okay with hugs or handshakes speak directly to your person with a disability We are not here to be your inspiration. And don't act like you understand when you don't. It is okay to use common expressions like see you later or I better run. And don't change the way you speak to people. I'm smiling for a reason and treat adults like adults.

And I started smiling because i I've used this example a couple of times. I don't know who knows me on this call, but I have a couple vision things that I'm losing my sight, right? And I have a lady who I work with very, very closely on a couple of things. And when she found that out, she now talks to me very, very, very loud and slow. And so every time that I read that, I think of her. And I've tried to explain to her, you know, she doesn't have to do that, but it's something that she does now. But I do have the stoplight here because um says not everyone is okay with hugs or handshakes. I know that the Tennessee Disability Coalition started having are at DDH, right? Our name tags have red, yellow, or green representing if we're okay with hugs, handshakes That type of thing. Yellow is, you know, I'm okay with you getting Close to me, but I don't want you hugging me or, you know, just kind of keep your distance. And then green is, you know, you can just hug me or do whatever, right? Not whatever. But, you know, what is acceptable between you and that person That came about because of COVID. But we learned that we learned You know, some people really like that aside from, you know, we're still in a pandemic

obviously But, you know, it does help people because not everybody does like to just be hugged or, you know, that personal space is really important to a lot of us. So that is why I have that stoplight up there also. And interacting with a person with a disability Speech is not indicative of a person's intelligence. Pay attention to the person.

Assistive devices are part of that person. Don't touch them. Don't talk to the interpreter, speak to the person. Use plain language. And I put these down there because, okay, so this says sleigh, cap, snatched skivvy and IFYKYK, right? And I put those in there because when I was doing this presentation, my nine-year-old daughter came in and they use all of this creative language, right? And these are all, I know what these mean. If you know, you know is that last one, right? The acronym. But I put these in there because that's an example of using plain language, right? I have to ask her. What does that mean? And some of the the acronyms and the things that we say might not might need an explanation, right? Especially if it's something like that you're not familiar with. Sometimes I walk on my doctor and I'm like, I have no clue what they just said because they're not speaking in plain language.

And then silence in the form of patience is golden, right? Sometimes it just gives you just have to give people time to communicate. Like I'm thinking of people who use communication devices, right? You should always make sure that you give that person time to to communicate and to interact. And I'm going to go more into that. And don't talk to the interpreter, speak to that person. And something that I've learned that I'm shocked I forgot to put this in there. But if you're using, if you have an interpreter, you need to, if the person would like. It is really good practice to give that person time to interact with that interpreter before, say, a meeting or a webinar so that they can get a rapport before they start Before that person starts interpreting for them. Or providing ASL. And then this on the right hand side of the slide is gray and black and it says fill in the blank right So insert your own disability or chronic Health condition, it says if you've met one person with blank, you've met one person with blank.

I know so many organizations and different disabilities that use this. It basically means, you know, if you've don't umbrella that person's disability or their chronic health condition, right? We all have different needs, different access needs. We're all different in what we need. And that goes to this next slide. It says culture. And on the right hand side, it has an umbrella with lots of raindrops that have so many It has things like LGBTQ+. It has alcoholism, so it has culture, it has disability, it has different identities for a person. And it says, having a disability is one piece of a person's identity. It does not define them. And I'm not going to elaborate anymore on that. I think that that's pretty self-explanatory, right? Our disability. We have so many different things, right? I do not say, hey, I'm Carrie, I'm going blind. You know, that is not how I introduce myself to people usually, never.

So just keep that in mind. And then on this picture, it is a blue road. The disability symbol in the middle and it says inclusion. And I'm going to take a drink really quick. Keep going. And on the right hand side of this, it has a circle and And as an image of different people representing. Well, so there's a puzzle pieces. There we go. I can't find my words. And it looks like the world really and then there's a person with a chair. There's somebody with a cane. And I think that's a briefcase in somebody else's hand, right? But representing Very different, different people doing different things. And this is person-centered. It says, are you giving the person a seat at your table Are you a guest at their table? And I'm going to look at my time here. This is going to kind of keep going into this. Am I done at two? 2.30.

No, and keep going. No, the whole thing goes till 2.30. So if you like 210 Yeah, 2015.

Okay. Okay. Thank you. I was checking. I was like, oh, wait, hold on. What time?

Okay, thank you, Wendy. Okay, so including people with disabilities, and I'm just going to read these really quick so That's policies, procedures. And procedure development, website access, intake process design inclusive meeting practices, event planning, and social media, right? And I'm going to go through all of these. Um so This was going to be interactive, but I knew I didn't have enough time. So when I'm going through all of this. Think about the steps that you take as a person Or how do you know that you need a service, right? How do you know that you need to go see a physician, right? Do you have symptoms? Do you have a physician referral? Does a family member tell you? Where do you see a Facebook ad and you're like, oh, we need that, right? Sounds good. It sounds like what I need. How do you find that need, right? Do you ask friends? Do you go to Google, do you have a case manager, right? Does your church help you? How do you contact them, right? Email, call, text, go to their office.

How do you get to and from that appointment, right? Walk, car, bus. I bet a lot of us would get in our car, right? Depending, I would, depending on the two time, right? After four o'clock right now, I kind of have to stay home. Um but and um How do you fill out that paperwork, right? Do you need assistance? I know that a lot of times I can't fill out the paper paperwork. I need to see it on my phone or my computer. How do you pay for that, right? Again, that was one of those things that most people have problems with, right? Payments. So think about that as I'm going through this. We're going to talk about accessibility in the digital and physical world. And on this slide, there's a big keyboard, right? And in the middle of it, it has got the disability symbol It has got an ear.

For hearing impairment and then it has got a person outlined with a white cane. And I'm going to go to the next slide. And it says website accessibility. And on the right hand side of this screen, I pulled this image off of the internet And there is a lot of things going on here, but there's a rainbow. You know, it's red blue in the background. And then there's a lot of different words. And a door at the bottom. Now I cannot see a lot of this because it is not accessible to me. So I pulled it off of there as an example. And you guys might be seeing something else, but just a really good example of something that's not accessible, right? So is your website accessible? Well, how do you know like have you had somebody with a disability check that, right? Do you have a program that checks that. And do you have good color contrast like this does not. I know the TDC, we have a program integrated into our website, but we still have people with disabilities check that for accessibility once a year.

So you still have to have to go through the measures of getting it checked, right? And then on the next slide is again a rainbow right If you can't tell, I love rainbows. And it goes from purple to red, I'm sorry, red to yellow, green, blue, and it gets large at the top and goes smaller at the bottom. And down at the bottom of this, a little bit to the right, it says a rainbow colored swirly lines moving from top to bottom. And that is... example of an alt text or an image text right So it says marketing and digital content accessibility up here. So do you add Add alt text to images, right? So that people who use screen readers can use those. I don't use a screen reader all the time. But I appreciate the alt text. Me and Hannah, who is our amazing comms person We differ about the alt text, right? Because I want every detail you can give me So that I can know what's on there. But I've been cited or I'm a sighted person, right? So I'm I visualize things differently than somebody who may have been born not being cited, right? That's going to be very different depending on the person. I'm just saying that to say that it's different for everybody, but I want all the details. So if you're making it for me, please give me all the details. Are you adding

captions to your videos? I know Brain Links does a great job of making sure their videos are captions. Providing the alt text. And are you providing those documents, those flyers, infographics, and alt text so that somebody can use that to read it, right? Infographics are usually not accessible. And then on the left side, I have a tablet, iPad, electronic device that is representing a communication device, right, for somebody who needs that. It says effective communication. And it's got, you know, it says ask on here, right? We have to ask people if they need something to participate, right?

Whether that's ASL or American Sign Language, large print documents. Braille and patience and time again. And then... how and when, right? Do you offer in-person or hybrid services or appointments? Or you go to that person. Is your office an accessible location? Do you have an accessible building? Are you on a bus route? Those are things that people should consider, especially when you're talking about, remember, we started this with, you know, how do you find services? How do you get there? And on the right hand side is like a image of a map and it's got a big red pinpoint To show a location, a smaller blue one, and then an even smaller orange one. To represent locations.

And then intake process. How long does it take? I know that when I worked at the domestic violence center here in Memphis Sometimes that intake process can take four to six hours. Like that is a really long time like Most people can't do that no matter if they have anything you know uh I'm going to say a small child, if you have a disability where you sitting still is hard, right? A lot of people can't do that no matter what. Is it electronic paperwork or there are options? I use myself as an example And has the language been checked, right? Is it accessible? And you rely on family members to assist with this process. And I have there this can be harmful And I say that I'm going to go through this quickly because Because people... There are studies have shown that people who are getting services like a doctor's office right. They will disclose to that person they're a trusted person to them given the opportunity if they need help, right?

But if you're relying on their family member or their paid caregiver Right. To provide interpreting services between that person with a disability And say that physician, I'm going to use them as an example. That person is never going to be able to disclose that they need help to you. That's why I put that there, that it could be harmful, right? You always want to provide them with um other services that they need aside from bringing a family member. And also you got to think about, you know. Sometimes that for people that's their child too sometimes, especially I'm thinking people um who speak a different language who are who are over migrants in the country, right? Sometimes they have to rely on their children to interpret things. We always want to provide that for them. And then other considerations, right, visual what is the light like low lights is it too busy in there?

Auditory things, right? Noisy. I know I had PTSD on one of these slides in the beginning Right. If you've got loud noises that happen automatically, like doors slamming, it could be a trigger for somebody. The physical space, right? Is there a long walk between the door and And where you where the services are being provided. Do they have high or low shares, right? I know um Sometimes my father-in-law has a hard time getting off my couch, right? So we had to get him a different chair, right? It's just He has a bad knee, right? So do you have accessible restrooms, Ray? Do you have an adult size height adjustable changing table, right? Those are things you need to consider. I'm in smells. I did not know this until working at the coalition that some smells can be toxic for people, right? So you want to avoid like perfumes and plugins and things like that.

Okay, so... I'm going to get through this by then. I'm determined. So the intersection, right? On this right hand side There is lines that are intersecting and going different ways to represent that intersection. Before I go any further, I want to give a plug to the Tennessee Disability Coalition puts out, this is our third year. Yes, to put out a scorecard. Jeff Strand, our director of public policy and the policy team put this out. It is based off of statistics, not our opinion, right, statistics from different sources. The sources are in there But the topics are family caregiving. Housing, mental health, access to justice, aging, employment, and transportation. So that's big intersections with some of the presenters for TBF. So I encourage you to look at this. On the right hand side of this page, it is the infographic for the 2024 disability scorecard. It's got a circle with a D. That's the grade that the state of Tennessee got this year on the scorecard. And then it's got images and lettering for the topics that I just went over.

And so on this one, there's a little emoji in the middle with a zipper for mouth and it looks terrified It is certified and it says the disability community has the highest rates of sexual assault of any group in America, right? And people with disabilities experience higher rates of domestic violence and sexual assault than non-disabled people. 70% of people with disabilities experience some form of abuse and are three times more likely to be sexually assaulted .And it says because of misogyny. And ableism, disabled women are especially vulnerable. And it says 80% of women with disabilities have been sexually assaulted. Sorry, that bullet should not be there. And they experience intimate partner violence at a rate 40% higher than non-disabled women And not only not only is the likelihood of violence Hi. But the acts of violence themselves are also more frequent. And severe. I lost that. I apologize. So also more frequent and severe.

And then substance use, right? Disability and substance use disorder can be a common pair. People with disabilities are more likely to live with substance use disorder. Than the general population and they're also likely to are also less likely to receive treatment. And people with addiction are also more likely to become disabled. Either through accidental injury thinking brain injury here are through long-term side effects of substance use or substance abuse also, right? That intersection And people with physical disabilities experience substance use or SUD at two to four times higher the rate Than the general population. So there's substance use, mental health, right? Adults with disabilities report experiencing frequent mental distress almost five times as often as adults without disabilities And in 2018, an estimated 17.4 million, or that's 32.9% of adults with disabilities Experience frequent mental distress defined as 14 or more reported mental unhealthy days in the past 30 days, mentally unhealthy days in the last 30 days. And then frequent mental distress is associated with poor health behaviors. Increased use of health services. Mental disorders. Chronic disease and chronic disease and Limited. And limited and daily life. I think that's says it weird. So limited in daily life, right? So that's for mental health. I found those statistics. I know that I've heard them before, but every time I hear them.

I find them really alarming on that one. And then homelessness, this is one of two. There's a strong correlation between homelessness And disability, people with disabilities are more likely to experience homelessness than the general population, and people experience homelessness. Are more likely to have a disability. And the second one, two of two. So the prevalence of disability, that is nearly half of people experience homelessness. Have a disability half Well, it's two and a half times higher than the general population. Chronic homelessness. 31% of people experience chronic homelessness, have a disability, and 65% of those people are unsheltered, meaning they're living on the streets. Usually are sometimes cities have, I don't think, no, tent cities are not included in that the Somebody correct me if I'm wrong, but I think the unsheltered means that they're living on the streets. Eligibility. How did

somebody come after and say something? No. Okay. Eligibility, 84% of disabled people with low income are eligible for housing assistance but don't receive it, right? There are many different reasons for that. Discrimination, people with disabilities face discrimination and housing. Healthcare and employment or employment and wages Accessibility, many shelters are inaccessible to people with disabilities. Um and Yeah, healthcare expenses, right? People with disabilities are more likely to live in poverty than those without disabilities I don't know why those are in there. I'm sorry. But job-related injuries, people who work in jobs. With a high risk of injury. Like carnival workers may become homeless if they're disabled, right? Because they don't have uh a lot of them don't have a lot of them you know like we have a disability right if we get injured on the job and things like that so that's why They that... I'm assuming on that one that they will become homeless.

And no job security, right? If they can't travel, there's that. Okay, so TBI. Traumatic brain injury and disability. So right, athletes with LD means learning disability or ADD. Or ADHD. Are more likely to sustain a concussion and have prolonged symptoms. And then 47.4. Percent of individuals age 40 and over in the United States with history of head injury, live with a disability. And I know Wendy's going to go back over her thing I believe so But there's that one. And then disability two of two. So individuals with pre-existing disabilities who sustain a concussion may struggle with An inadequate testing and diagnosis, unusual symptoms unique mental health challenges disability stigma and disability stigma in healthcare.

And again, these resources are in the notes, so you can go back and look more into those. And disabilities with the increased likelihood of sustaining a concussion So individuals with the following disabilities may have an increased fall risk or um fall risk or reduced stability to be aware of their surroundings. This possesses a risk of running into other objects or people, right? So individuals who are Individuals who are blind or visually impaired I can't tell you how many times I've fallen up the stairs in like the last I'm going to say 30 days, right? Because I don't see the other stair or opposite Disability, so I lost that. Individuals who are blind Are impaired and disabilities with increased fall risk such as those with developmental disabilities gait dysfunction, muscular weakness. So those things where individuals are going to need probably, well, they're probably going to need assistance when they get up, right? Or they might be a little unsteady on their feet. Neurological disorders such as epilepsy. And intellectual disabilities.

And I'm done. I made it. I got that. So I'm going to give it back to Wendy now.

Wendy: Awesome. That was great, Carrie. Before we get into questions.

For you so let me take over the share. I'm just going to get to Go back here. And Carrie, that was awesome. What I neglected to say when I introduced you is that Carrie used to be with us in brain lengths And now she's all the time with the Tennessee Disability Coalition and We met her being with us. But so she knows all about brain injury in addition to Knowing about the disability as well. And I have learned so much from Carrie. We all have on making our powerpoints accessible and knowing how to do the the alt text behind it. And I always think of you because you've told me if you're if you're But in the alt text for me, but a lot of detail. So I always think about you.

When I'm doing my alt text. So that was just fabulous and we're happy to happy to have had you and really honored to have had you do this for us today. So just jumping back before we give lots of questions for Carrie.

I want to jump back to disability and brain injury just to bring that full circle. We talked about that it's often an invisible or a silent epidemic with brain injury, it's often the disabilities are not seen. And as you were talking, it made me think about new disability versus old disability because I come from working in a hospital with people who are newly injured and you talked about like not just opening a door or not doing things for people with a new disability. It's a little bit different. And in my experience, you'd better open that door because otherwise you're very rude. I know when I had my knees had surgery. Last year and I was on a walker for a little bit and I was on a cane for a little bit. If anybody had ever walked by me without opening that darn door for me.

I would have been very upset. So it's so complex in my kind of basic opinion about it just so there's so much and you covered it so well. Carrie covered all of the different kinds of disabilities and we see them all after brain injury.

Your brain's responsible for everything so you can have a disability in anything. And like we said, chronic pain is a very big issue for people with brain injury. It could be lifelong. Like I said, the study that I'm quoting here was up to 30 years which is tremendous for a study, but people have sometimes lifelong. Brain injury has been designated finally, this last year as a chronic health condition by the Centers for Medicare and Medicaid, yeah, that was a very big deal because it is lifelong and it can be, doesn't have to be, but can be. And it's finally being recognized for that. And I just want to share one document that we developed at Brain Links. In working, this came from our work with uh DIDD, the Department of Intellectual and Developmental Disabilities. Because we would get the question of well, what if the person, how are you going to use these signs and symptoms tools that we have for each age my person doesn't communicate with words. What are we going to do? What are we going to look at? And that just makes it more complicated and more complicated and basically, the answer there is to look for change. So we're not just looking for a communication problem because maybe there was one there already.

We need to look for a change in that communication problem. Or issue that they have. This can help you to kind of look for some signs when the person can't necessarily tell you that they have a sign. That they have a symptom. So like touching or holding their head over on the right hand corner and there's a QR code to get to that. Document on our website. But I want to pause here and see if anybody had any questions for Harry. Anything? Is it going to be one of those quiet days? Or she answered everything beautifully. Yes. And John... Yes, go ahead.

I was like, ooh. Yeah, all of it. That's awesome.

Carrie: So yeah, so Wendy, I will speak to the, you know, opening the doors, you know, and that kind. And so much of it depends on who you are, what you do, right? So there are some places businesses as well as health facilities that what they do is have somebody there to open the door for everybody. So it's kind of equal opportunity and um it's not, oh, it's because you can't. I'm going to. It's because I open it for everybody or I'm here to assist everybody. And that's a kind of different thing. And it sends a different message too. And so it's really more welcoming in a lot of respects. And sort of, again, sort of equal opportunity for everybody. So I just wanted to interject that.

Thank you. Thank you.

Yeah, that's good. Thank you, Donna. And I also, I was going to say this and I don't know why I didn't but A lot of it too. Well, I feel, and I've heard people have said this to me before, like, you know. Asking people like, you know, opening the door or, hey, can I take that for you right Because like I said, that device is like part of them, right? I've seen so many times people just like. Move somebody's cane or just start wheeling them somewhere and they're not prepared. Like it's that like you know And some people don't... do it you know they don't mean any harm by it a lot of times, but it's like, you know. Kim, I'm sure that it could be scary if somebody just starts wheeling you somewhere. Where am I going? Where are you taking me so I know I get really mad when people try and do things for me because like for me, it's like, I can still do this. Like, let me do it while I can type thing. Like my father-in-law always wanted to drive for me. Yes, I still drive. I know people are like, oh, you drive But I'm like, no, it's light outside. I'm fine. Like, I got this. So for me, I think I'm just very stubborn. So that's me. And I'll also go ahead and share something from one of the folks I've been on panels with many years ago now.

A young woman who was deaf And very competent person at, you know, actually did the walk across America, some sort of freedom march in the 60s with a friend of mine. It's like, how do you know each other? Anyway, but...She used to tell the story when we were doing training that she had an experience where she got off an airplane. She needed to know what the next gate was. And so she communicated in a different fashion. She could speak. But in her hearing, she has hearing disabilities. And what happened is the airline attendant did this, held up the index finger like wait a minute took off, comes back with a wheelchair, just pushes her into the wheelchair and takes her to the gate. And so it's just like, okay, I didn't need that accommodation. I actually didn't need an accommodation. I just need to know what the gate number was. So that was always such a really vivid, great example of some things that happens. Yes. Right, right. Yeah. And my husband has been around the disability world living with me for many decades. And we were after my knee surgery, I was in a wheelchair and we were with some friends he's wheeling me and every single time they would stop to chat I stayed pointing this way and they were all behind me talking. So I don't remember you saying anything about like include the person who is in the wheelchair as well.

But if he just kind of makes me laugh. Because it was me.

Wendy: Great. Any other questions, comments for Carrie, for Donna? Yes.

Wendy, this is Paula. Happy New Year, everyone. Thank you all for being here. What a great, great information, Carrie. Thank you. And Donna. I just wanted to interject. Sometimes I keep thinking about the comments made about opening the doors and doing this and that for people and folks asking for help when they need help. But I also wanted to have people think about folks that have challenges as a result of their injury on not being able to read social cues.

Not knowing how to ask You get to a door and if you just think for a moment all that takes place when you walk up to a door And you have to process. Lift my arm, grab the knob, turn the knob, pull the knob, get my sorry little butt through the door. Before it hits me, that's a lot of activity. And there are many of us that look absolutely fine on the outside. And they don't have that ability. So I think that's a whole nother level of disabling conditions. So I just wanted to throw that out because it's just something that it's important to think about.

That it might not be a visible, you might not be able to tell that the person really could benefit from you holding the door or me um carrying a package for them. It's just not, they might want the help and need

the help But it's just not on the plate to ask for help. Until they get a social cue Or they're just stubborn like I have been over time.

Carrie:

Paula, you say that and I'm trying not to laugh because Not just that, but so I've told you guys, most of you guys know about my vision but I don't see red very well. So we came to a door where you had to push a button. That was the only way you could get into this door was to push a button. It's pouring down rain. I can't find them. I don't know where the button is. I'm like, I don't see the button. Where's So I stood there for the longest time, like looking for the button and Crystal got out of the car and was like, mom, like she pushed, she's like. You know, I was just going to stand there because I couldn't see the button. So you said that it made me think like yeah like Those situations too. I never would have, I would have left because I never would have found that button. Yeah, and it's opportunities like this to have a conversation where we can all learn from each other and how whatever community you're a part of, how are these situations, how will they play out in my world, whether it's a day-to-day or it's professional, personal or whatever We just... tend to it just slips off the radar sometimes. And again, that's why TBF has been so successful in being able to bridge those gaps of understanding and knowledge.

Yes.

Jennifer:

I have a comment. We're kind of talking about these different types of accommodations and disability etiquette and It reminded me of 20-ish years ago in a different job that I was working with people great people and thoughtful people who did good things for others in their job but Disability etiquette was brand new to them and we were having a training about it. And I remember thinking, oh, I'm going to learn something about disability because I was in a rehab counseling program at the time and was learning about these things. And when the person started talking about changes to make, they said, we really should in this room that we're in. Have an empty spot because we were jammed into a tight room with every space taken with chairs, they said we should have a space available for somebody that won't need a chair that has a wheelchair or that uses something else, a roll later. And she also said it would be great if you had a chair that had arms so that if someone who can sit in a chair but really needs to push up. Using their arms to get up could use it. And every chair in the room had no arms, was rolled And we never had space. Some people even had to stand because we were always so squeezed into that spot. And I just remember after that meeting people saying, wow, we have to buy new chairs or we have to do something for somebody who's not here. That doesn't need, we don't even need that today. And it was just really interesting to hear that. And then now on a regular basis when i um I'm interacting with places and I think about my aging parents they really need something with arms. They have to have something with arms to get up and down.

They can't step down into a seat. If it's lower than the rest of the floor, it has to be level. They can't go up a bunch of stairs to go to something. So there are a lot of restaurants, just for example, where you might have a really inexperienced host. Seeding you that has no idea how helpful it would be to open the door when someone comes up to take them to a seat that's safe.For them. And it just brings me back to thinking that accommodations are All accommodations are something that helps everyone. Not everyone may need it as much as the other person, but they all are helpful to everyone.

And I wanted to ask if you will, Carrie, while we still have a little bit more time for the people that are on here that on a regular basis are working directly serving people. Since you shared about your visual impairment and your experiences. What is something, just as an example that you would recommend that they keep in mind if they're working with someone that they know has visual impairment. Some things that they might want to ask or might want to keep in mind in better serving them.

Carrie:

One. Ah. Yeah, so a few things, like I said. I can't tell you how many people have said to me Recently. My mom was one of them that used to say this to me. Why don't you just learn braille? It'd make your life so much easier. You know, like it's not for you. Donna's laughing because she knows, but it's not forever. You know, like, I'm like, well, that is... Saying that, you know, that is basically learning a whole new, I know it's not a new language, but yeah, it is. It's a whole new way of life. And, you know, I'm so that like not Like I had the umbrella, not just saying, you know, oh, since you're going blind, you do this because that's what some people with your disability do, right?

So that's one thing, just not assuming that that person is, for one there yet right because I know a lot some even some people on this call don't know. I had just gotten, Paula just hired me with Project Brain at the time. And I found out between starting with Project BRAIN and getting hired that I have this condition right so I'm not even 10 years diagnosed. So there's a lot of things that I'm just not there yet with it. So that too, like people just assume that, you know, I'm in this space where if I wanted to learn Braille i could But I'm not there yet because it's not something that I'm not everybody's ready to just do things, especially when it's not a disability. It's a new disability like Wendy. I like that. You know, you said new, you know. It's new, yes, almost 10 years, but it's still new, right?

So that's one thing. But as we talk about accommodations and adjusting things like the visual descriptions, right? Like I want all of it like that's another thing like I don't just... I don't use one form of accessibility. Sometimes I use my screen reader, sometimes I don't. It's like we're having this conversation. It's based on that person and I keep thinking about the accessible thing A lot of places like I was at the doctor yesterday, they gave me papers to fill out, right? And I asked them, hey, can I get this email to me? Because I can't You'd think that black and white would be something easy to see, but I can't read papers anymore. So, and they didn't have that available. So I'm like, you know, oh, great. So just things like that, offering people different ways to do things. Especially when you're talking about visual impairments because it's so different for other For different people but different people but And especially with my Condition.

I don't know how many people on this call work with kids. But it's very hard to diagnose. Macular degeneration in kids is very hard to diagnose. And I've been saying since I was little that I had something wrong with my eyes and because I don't Now I do, but until like two years ago, I didn't need glasses So people just said, oh, you're fine. You don't need glasses. So I'm having an issue with my daughter's school right now that They're not giving me things that I can see. Because it's not accessible. So I worry about all the little kids in that situation who might not be able to see that either because they're not diagnosed. They might not even have the communication skills yet to communicate what they need, but also that like I know that was a long explanation, but just, you know, just because somebody isn't diagnosed with something yet either doesn't mean that they're not having those problems.

Wendy: Thank you, Carrie. And thanks for so readily sharing your story and all.

Oh, yeah. Absolutely.

Allowing us ask you some questions. I just want to quickly, what I was supposed to do was go to the next. This one close out for the people who are watching the recording. Sorry, Jen. No problem.

So you can... You can give this to people who have not been here today. They can take this survey at the end.