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[Captioner standing by]

>> ASHLEY: All right. I see that we have some people coming in. Thank you. Welcome to our webinar today "How to Be Disability Inclusive." Next slide please.

I'm just going to go over a few logistics. My name is Ashley Price, coordinator of NDI. And I want to give a quick description of myself. I am a 29-year-old female. I have albinism which means I have white hair. And I have an NDI background behind me on the screen. And I'll go over some logistics for the webinar.

The audio can be accessed by using computer audio or calling in by phone. If you select "computer audio" make sure your speakers are on or headphones are plugged in and bluetooth is connected. If you do not have sound capabilities or would like to listen by phone, dial 187-7853 -- next slide please.

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For any questions or technical issues, you can use the Q&A box to submit any questions you have during the webinar and we'll address them accordingly. If you have additional questions after the webinar or if you're listening by phone and not logged into Zoom, please send your questions to Katie Metz or Brittney Thome at kmetz@ndi-inc.org or bthome@ndi-inc.org.

For any technical issues, please use the chat box to send a message to the NDI host or you can e-mail me, Ashley price, at aprice@ndi-inc.org.

Next slide. Thank you.

>> KATIE: Great. Thanks, Ashley. Can everyone hear me okay? Quick sound check. Great. Welcome. My name is Katie Metz. I am a middle aged woman with longish, reddish-brown hair. I'm wearing a black blazer with a light pink shirt underneath and I have an NDI, National Disability Institute, background behind me. Just a quick disclaimer, we would like to do visual descriptions of ourselves so those who are low vision or Blind have a full picture of who we are and the individuals talking.

So with that, next slide.

Again, I welcome you to this webinar today. We will talk a little bit about disability inclusion and how your programs and services can work more. If you have not heard of National Disability Institute before, it's my pleasure to introduce you to our organization and tell you a little bit more about who we are and what we do. NDI is the first national organization committed exclusively to championing economic empowerment, financial education, asset development, and financial stability for all persons with disabilities for the past 18 years. Our mission is to collaborate and innovate with diverse partners in the disability community and public and private sectors to improve informed financial decision-making and financial health for people with disabilities nationwide.

We do this in a variety of ways, including influential thinking, pioneering research, advocacy, policy development, training and technical assistance such as the webinar we're providing to you today, and other innovative initiatives. You can find out more about the work that we do by visiting us at nationaldisabilityinstitute.org. Next slide.

I want to kick us off by giving a huge thank you to JP Morgan Chase for supporting us for several years now. We couldn't do what we do without the support from funders such as JP Morgan Chase.

And I'd like to introduce Rita German who serves as the head of partnerships. This team identifies, develops, and maintains authentic ties with shareholders. Rita oversees a grant and stakeholder portfolio focused on national civil rights, disability, and consumer advocates. Prior to JP Morgan Chase, Rita served as the director of community and investing for John Hancock Financial, a financial services firm in Boston and has strong ties to the non-profit sector, having worked with The United Way with Massachusetts Bay for close to a decade and has served on numerous non-profit boards. So it's so great to have you Rita to introduce today on behalf of Chase. Rita, I'll turn it over to you.

[No audio]

[Silence]

>> KATIE: I'm sorry, Rita, we can't hear you. One second. Make sure you're not --

>> RITA: How do I change -- can you hear me now?

>> KATIE: It wouldn't be a real webinar without some technical difficulties. Now we can hear you.

>> RITA: I'm so sorry about that. I'll start over. I'm a Latina woman with dark hair wearing glasses in a white button down sitting in front of a light blue wall with a painting behind me. And I'm so excited to be asked to join this webinar today because as many folks at NDI will tell you, I've become very passionate about the work of NDI and greater inclusion of people with

disabilities, beyond the fact that as a large financial services firm, we really have a duty to be more inclusive of everyone in this community. But also I think it serves us better just as a firm and as individuals to really be more mindful and learn about the unique needs and contributions of this community.

And I've been very excited to work with NDI over the past three years that I've been with the firm to not only advance some of their great work and policy initiatives but just to learn and to really be more intentional about really being fully inclusive of people with disabilities in every conversation that we have at the firm. So I am unapologetic about every table that I'm at, every room that I am in, always asking the question "where is this community in our conversations" or "where is this community in our thinking around innovation?" A lot of the innovations we have found have come from being inclusive, including in banking, coming from people with disabilities.

So I'm personally excited to sit here and learn from everyone on the webinar not only on how to be more inclusive but how we as a firm can support the work that you are all doing in your communities and respective fields and industries and sectors. So if there's any question or ideas around further collaboration, NDI has my contact information. But I really am so excited to be a partner with them in the work that they're doing and just to be here today to learn from all of you and continue to be a partner to all of you and the work that you're doing. So thank you so much for having me. And I can't join for the entire time. I have to drop at 1:00. But again, happy to stay connected and in touch to collaborate in the future.

>> KATIE: Thank you so much, Rita. It's just really wonderful to have you here and to have a funder who is so interested in the work that we're doing, so we can't thank you enough for that. Next slide.

So very quickly, I introduced myself but as a quick background, my name is Katie Metz. I'm the director of the Financial Resilience Center at National Disability Institute. I have been with NDI for over 12 years now. And my prior career, I was ADA coordinator and manager of the City of Jacksonville's disability services in the mayor's office. So my background is in ADA as well as opportunities for individuals with disabilities and their families to learn more about financial wellness and financial inclusion. I'll turn it over to my colleague Brittany and you'll be hearing from both of us today. Brittany?

>> BRITTANY: It's wonderful to be here. I am Brittany Thome. I am a manager for Financial Empowerment at National Disability Institute. I have been here with ten years now. And I have a background with non-profit coordination. As well as I've spent time on Capitol Hill as well. During my time with NDI, I have supported and led systems change efforts and coalition building initiatives in the areas of employment, education, training, workforce development and, most recently, financial inclusion with people with

disabilities for the last several years. I'm also a certified community partner work incentive coordinator, which is someone who can provide benefits planning to individuals with disabilities who are receiving Social Security benefits who are interested in starting or returning to work.

So that's a little bit about me. And I'm really excited to be here today and to share a lot of this very important information with you all.

>> KATIE: Next slide please. So what is the purpose of today's disability awareness training? The purpose of today is to provide each of you with information to assist you in interacting more effectively with persons with disabilities and their families. Of course, in 90 minutes, we cannot cover everything disability, right? And many of you may already work with people with disabilities and may already know some of the information we'll provide with you today. But we hope to give you tips and tools you can use in your programs and services to create a more inclusive culture for persons with disabilities and their families.

We will do this by becoming familiar with different definitions and types of disability, discussing stereotypes and myths so we can avoid any unconscious biases that may exist. We will provide basic tips on interacting with persons with disabilities, including becoming familiar with language and etiquette to help stimulate meaningful and empowering more comfortable interactions with your customers. Because having conversations today really helps us all to interact more effectively and more comfortably. And finally, we will have a conversation about effective ways to ask the disability question.

We really encourage you today to engage with us in the chat. And if there's anything specific you're interested in talking about today, time permitting, we'll try to answer your questions. And if we cannot, we will be sure to give you ways to follow up with this. Next slide.

Accessibility is giving equitable access to everyone along the continuum of human ability and experience. So why this definition? The definition of accessibility is broadening beyond public accommodations and job opportunities. We often think of the ADA in accessibility. But it's not just about the physical environment. It's also about access to and representation in content for all. We must integrate those concerns into these definitions as well. Our understandings of accessibility include the legal definitions at ADA but we're also striving for inclusive design, going beyond compliance.

Equity is the fair and just treatment of all members of a community. It requires commitment to strategic priorities, resources, respect, and stability, as well as ongoing action for progress towards achieving specific goals. Why this definition? Equity is the goal of our work. It requires deliberate attention so we ensure everyone is given the tools and resources they need to be able to participate equitably. It is collectively a step recognizing past exclusion and

achieving genuine inclusion. Equity is not the natural state of things so we have to be deliberate applying time, resources and consideration to achieve this goal.

In addition, we must develop relationships of trust and understanding. And finally, we're hoping to become more disability inclusive, right? That's why we're here. Inclusion refers to the intentional, ongoing effort to ensure that diverse individuals fully participate in all aspects of our work, including decision making processes. It also refers to ways that diverse participants are valued as perspective members of an organization or community. We want to truly be inclusive. It's important to remember that while truly -- a truly inclusive group is necessarily diverse, a diverse group may not always be inclusive.

We need communities, programs and services in which diverse participants are truly integrated and valued beyond just token participation. The measure and success of being inclusion, must include all perspectives. Ensuring that our interactions and our services provided are accessible and inclusive to all. And in the context for today, to persons with disabilities. When we do this, we're taking a great first step towards ensuring equity and inclusion for everyone.

So I want to ask you, share with us in the chat what does disability mean to you? And as you're doing that, we're going to give you a few seconds. Let's also discuss this image. In the chat, you're also welcome to share with us any thoughts or reactions you may have to the image here. All too often it's common for us to meet people and express our impressions of an individual. It usually includes their physical appearance. Then we demise what we believe are their abilities and make snap judgments. Unfortunately, when people come into contact with individuals with individuals, especially with those with physical or easily recognizable disabilities, most the time they have a low expectation and assume individuals with disabilities are not capable of higher achievement, which can minimize the many abilities that individuals do have. Our goal is to look at ways of thinking how we can change the way we are seeing individuals for their abilities rather than their disabilities and also remembering and recognizing that not all disabilities are recognizable. Visually, a great number are hidden and invisible. We know there's a need for definitely -- a need for -- oh, I'm getting a couple of messages that the chat is not available. So we apologize for that.

If you want to put in -- they're entering the Q&A. Our apologies. So we'll find a way to fix that or you can also put it into the chat -- excuse me .

A person with physical challenges is an example of what disability means to you, it can also be those with hidden disabilities. And I did want to take a quick minute to talk about this image. Historically, we have often used

more stagnant image of a person with a disability in a wheelchair. We recognize that -- oh, good, we got it fixed. Thanks. Looks like the chat is now working.

So we all want to recognize that imagery is often important, right? We need it for universal access to determine where disabled parking may be. But it's also a good example -- this image in particular, where we can break down some of those common stereotypes and not have such a stagnant image. So this is an individual in a wheelchair. Kind of like a stick figure but it's more motion censored, leaning forward as if they're going to go quickly in their wheelchair.

All right. So we've got the chat working. Thanks for being patient with us on that. A person with an ability that may differ from mainstream ability. Something that may limit a person's condition. Different than the norm or unique. So we all have different ways to think about what disability may mean. Today we'll talk a little bit more about what those definitions are and give you more insight on how we can communicate better with individuals with disabilities.

So with that, I'll turn it over to Brittany.

>> BRITTANY: Thank you, everyone. And as we move to the next slide, I realized in my assignment to get us started today, that I forgot to give you all a visual description of myself. And one of the things that we recognize is part of this disability inclusion training is we all have make mistakes, like I did with forgetting to give a visual description. So I'll practice what we preach and say you apologize, correct, and move on.

So thank you again. I am Brittany Thome, I am a, I'll admit, a middle aged white woman with red hair, long red hair. I have pretty heavy bangs. I am sitting with the NDI background in the background for me and I am wearing a white button down shirt.

With that, we want to start talking about the definition of disability. We have heard now what disability means to you. Let's talk about what it means legally. And there are a number of different legal definitions of disability. The one that we're going to focus on today is the Americans with Disabilities Act. It's a great place to start when you're learning and talking about inclusion. The Americans with Disabilities Act or ADA as we refer to it is the civil rights law. It became law in 1990 and it prohibits discrimination against individuals with disabilities in all areas of public life. So jobs, schools, transportation, in all public places or places accessible to the public. And in order to understand who is protected by the ADA, it's really important to start at how the ADA defines disability.

ADA defines disability as one, a physical, sensory, cognitive or mental impairment that substantially limits one or more major activities. Two, an individual who has a record of such impairment. Or three, as regarded as

having such an impairment. So there's this three-part definition. And the language has a record or regarded as having such an impairment was added in the Americans with Disabilities Act amendment Act, which we refer to as the ADA AAA. A lot of acronyms. That was passed in 2008 and it provided further actions for peoples with disabilities from discrimination.

So someone doesn't actually need to identify as being a person with a disability to be protected by the ADA. And that's a very important takeaway that I want you all to be aware of. Both, like I said, the ADA and the ADA AAA use a three-part definition of disability. And again, remember you only have to be -- to be considered a person with a disability, you only need to meet one part of that definition. So not all three parts. If you meet one part of that definition, you or any individual is covered by the protections of the Americans with Disabilities Act. At National Disability Institute, we like this very broad definition of disability that the ADA has. And we work to serve all persons with disabilities.

And I want to come back to that first part of the ADA, which talks about a physical, sensory, cognitive or mental impairment that substantially limits one or more major life activities. What do you consider to be a major life activity that you think might fall under the ADA? Feel free to add them in the chat. Thanks again, we now know it's working. Or if you feel free to just think of them on your own if you'd like. And I'll give you just a moment to write those in.

Someone said day-to-day living such as grooming. Yeah. So caring for oneself. Performing manual tasks. Someone wrote, normal physical movement, processing, cooking or shopping for oneself, transportation. These are all really good examples.

So caring for oneself, performing manual tasks, walking, talking, seeing, hearing, speaking, sleeping, standing, working, lifting, bending, breathing, speaking -- the list goes on and on and on. I could we could speak almost all the webinar to talk about what those are today. We can do a nice job of adding those into the chat.

So we now know what the definition of "disability" is under the ADA. And on slide 14, I want to talk more about the promise of the Americans with Disabilities Act. The ADA was introduced to ensure that people with disabilities get equal opportunities to fully participate in all aspects of community life. And the promise of the ADA is that our nation has a responsibility and goal to assure a quality of opportunity, full participation, independent living, and economic self-sufficiency for people with disabilities.

I want to emphasize that economic self-sufficiency. You can see it as bolded on our screen for a reason. And that is because at National Disability Institute, we emphasize that economic self-sufficiency because that has not yet

been achieved. And we know that people with disabilities live in poverty at much higher rates. And we have a mission to build a better financial future and to build economic self-sufficiency for people with disabilities and their families.

So there is work to be done yet to fulfill the promise of the ADA. We want to talk about who are people with disabilities? People with disabilities are rich, poor, middle class. They are Black, white, all different races and ethnicities. They speak different languages. They practice different religions. People with disabilities span across all aspects of our societies and our communities. They also vary by disability type. There are different disabilities -- seeing, hearing, limited mobility. There are individuals with mental health, cognition, physical health or some combination of these different disabilities.

But it's not just differences in the disability types. There's also differences in the severity. Two people with the same diagnosis may have very different levels of severity within that same disability category. For example, an individual with cerebral palsy may have difficulty with speaking or moving while another person with cerebral palsy may have more limited effect to their functions.

An individual born blind will have a different experience navigating the world than someone who has become blind as an adult or later in life because the former may have learned to use assisted technology from a very early age to adjust to the world while someone who has become blind as an adult may have a very different experience in the way that they now need to interact and have accessibility with the world.

We do know that data that people with disabilities have disproportionately lower levels of employment, lower incomes, lower levels of education, are more likely to be in financial stress and also live in poverty at greater rates.

Judy Human is a disability activist who contracted polio as a child. She's a wheelchair user. What does she have in common with someone with bipolar or a blind musician or someone with down syndrome or an older adult who has had their whole life to accumulate assets but loses their sight or ability to walk as they age?

There is a common element. Despite all of these differences, very different experiences that all people with disabilities have with the world, there is a very common element which is why we wanted to point out and talk about people with disabilities as a group. The common element is that we bother to think about people with disabilities as a group because they're all at risk of being excluded from the financial mainstream. And that is something that we can do something about.

So if we move on from the next slide, we talked a lot about who people with disabilities are. But there are some really interesting statistics from the 2015 American Community Survey and the 2015 National Health Interview Survey. These are national surveys that get updated periodically. I think there's some new information coming out that's come out this year with new census data coming out. And these help us to relate with persons with disabilities and understand what a very large demographic we are actually referring to in this country.

And these aren't just individuals who have self-disclosed and identified as being a person with a disability. So we know these numbers are probably much higher. So we know there are 54 million people in the U.S. with disabilities. That's about between 13 and 20% of the total population. Like I said, we know that that number is actually higher. So it's probably closer to that 20%. And 26%, that's one quarter -- one in four households has a member of the household with a disability.

And keep in mind that that prevalence increases with age. And again, there's diverse -- it's diverse in terms of the type of disability, race, age, age of onset, and the socioeconomic association and lived experience of people with disabilities. So disability is much more common than we think or realize. And they're already intertwined in the households and the individuals that you are probably currently already serving.

There are so many different types of disabilities as well. We talked a little bit about some of them already. You'll continue to hear more about them. But there are many disabilities such as mental health, emotional and health conditions. For example, epilepsy is one considered a hidden disability. But again, those also remain protected under the ADA and they are recognized as disabilities. And despite all of the differences we've talked about across the spectrum of disabilities and people with disabilities and people without disabilities, we all have much more in common than we don't. So remember as well this is a community or a demographic that any one of us can join at any time. And also, more than likely, we will join at some point in our lives, even if for a brief period of time, especially as we age.

So something to think about there. I also want to talk a little bit more about not every disability being visible. Katie mentioned it and I've mentioned it now a couple of times. But we know disabilities come in many forms. And most people are familiar with visible disabilities such as a wheelchair user, someone who's blind. But what about someone with a disability that's not visible? We do know that they are protected by the ADA. We mentioned that before. But people with disabilities who are not visible, we often refer to those disabilities as hidden disabilities. Sometimes you'll hear them called invisible disabilities or non-apparent visibilities. And hidden visibilities can be defined

as physical, mental, or neurological conditions that are not visible from the outside yet still can limit a person's movements, senses, or activities.

Examples of hidden disabilities can include chronic pain or fatigue, things like fibromyalgia, mood disorders, depression, bipolar, mental health conditions, epilepsy, chronic dizziness, ADHD, autism, other learning disabilities, traumatic brain injuries, diabetes is another one. And many of these individuals may not even know themselves that they have a disability until it's diagnosed with a doctor and with appropriate diagnostic tests.

And also keep in mind that many people with hidden disabilities choose to not disclose because there is still a very strong social stigma, especially with hidden disabilities, especially with disabilities related to, you know, mood disorders or mental health conditions in particular. And unfortunately, the very fact that these symptoms are invisible can lead to misunderstandings, false perceptions and judgments. And I think many of us can think of examples that we see -- that we have seen ourselves, that we've seen in the media, things like that where that comes into play.

So while someone may have an invisible disability or hidden disability, it can be just as life effecting as a visible disability. They're just not as talked about or understood. And a person with a disability not visible may find it difficult to talk about their disability and the daily challenges that they face as well. So those are really important things to keep in mind.

And then on the next slide, I want to talk a little bit more about not getting swept up into stereotypes. Katie talked about this where there's some visual imagery that we have looked at that can impact our own bias about disability. And when working with people with disabilities, it's extremely important to avoid stereotypes. We want to debunk common stereotypes and myths. And we'll talk a little bit -- and you can see on the slide below, that these are some key items to note about people with disabilities.

We've said this before, people with disabilities are of all ages and they come from diverse cultures and diverse financial backgrounds. Not all people with disabilities are poor. Certainly not all people with disabilities are rich. They come from a very diverse backgrounds. People with disabilities work and are productive members of society. That is a common misperception, that people with disabilities are, you know, all receiving benefits such as supplemental security income or Medicaid or other type of public benefit and that they don't work.

Many people with disabilities are working and are very productive members of society. And I'll add that even if they are not and someone is not working, someone who's receiving supplemental security income or other kind of public benefit is certainly no less than anyone who is working.

People with disabilities have goals and dreams just like anyone else.

They do not always necessarily need or want assistance. We're going to talk a little bit more about that later. And you'll see a little funny video that sort of humorously brings that into context. People with disabilities are capable of doing most anything that people without disabilities are able to do. Just keep in mind they may have a little bit different way of going about it than someone without a disability might.

And then finally, persons with disabilities do not want to be seen as inspiring necessarily. This is important to remember. We don't want to show pity or put people on pedestals. We want to treat everyone as equals, regardless of their abilities. And I just want to point out this picture because this is someone doing something I know I certainly have not been able to do and probably will never be able to do. This is a picture of Aaron Fotheringham. He is a wheelchair user but he certainly is not letting that wheelchair getting in the way of participating in extreme sports. You can see him using his wheelchair and his hand is -- he's upside down on his hand on a half pipe. And he's very fully participating in the sport that he loves.

If we can move to the next slide, slide 19. So bottom line --

[Frozen]

-- and we should also not jump to assumptions on what a person can or cannot do based on perceived differences to the norm. And with that, we'll turn to our first polling question that will come up onto your screen. And that question is: Do you currently serve persons with disabilities and/or family members? Many are saying, yes, we are currently serving people with disabilities. Some are saying, no. And some are also not sure. So we're glad that you're here. We're glad that we can share this information with you. And thanks for sharing that. I think the poll is closed out now. And if we could go to the next slide.

So we're going to pivot a little bit now. We talked a lot about who people with disabilities are, what the definition of disability is. And next we'll talk about the type of language we can use when talking about or to people with disabilities. And if you're thinking, why is inclusive language important, I would even say it's imperative. Language has an absolutely enormous amount of power. I think as adults, we've all learned the power of what words can have. And they have very positive or very negative impacts depending on how words are used.

It has -- words have the unique ability to make people united or divided, feel included or excluded, feel welcomed or uncomfortable, or feel heard or ignored. And these are very powerful feelings. We've all heard the phrase "sticks and stones may break my bones but words will never hurt me," but again, I think we can all agree that is just a flat out not true. Words are extraordinarily important. So it is very important to be mindful of our own

language.

If we can go to the next slide, you'll see that we'll talk about being mindful of our language. When writing or speaking about people with disabilities, it's important to put the person first. Group designations such as the blind -- I feel repulsed saying this because we've moved on from this but "the retarded" or "the disabled" is absolutely inappropriate. When you group individuals like that, it does not reflect that individuality, the equality, and dignity that people with disabilities and all of us have a right to.

Using words like "normal person" implies that the person with a disability isn't normal, whereas if you instead use "person with a disability" or "person without a disability," you are being descriptive but not being negative. So avoiding phrases like "normal." One trick I like to do is take the "ed" out of your language. For example, "handicapped" or "disabled." So we don't say "disabled person." When we're talking about people with disabilities, a great deal rule of thumb is to always think about putting the person first.

I also like to take out the word "the" and put "the person" first. So instead of "the blind," you can say "a person that's blind." Using inclusive language is important. It acknowledges the diversity and conveys respect to all people. And it promotes equitable students for all individuals who you may be coming in contact with.

Using inclusive language often involves making a very intentional effort. Katie talked about the intentionality of a quality. And make an intentional effort to avoid the use of uncertain expressions or words that may lead again to the exclusion of an individual or a particular group of people. In this case, people with disabilities.

So if we can move to the next slide, slide 22. You may be asking yourself if you are unsure of what language to use at this point, what type of language is empowering and inclusive? And this is not a settled topic amongst the disability community. This is still a big topic of discussion. And we know language changes over time. And this is a conversation that there's not a consensus and it's very nuanced. So someone unfamiliar with disability language, it can feel a little tricky. You may be asking yourself, what do I say then? And that's okay.

So my -- there's a couple of people with disabilities right now that currently prefer language to be used in. The first is person first language. Person first language names the person first and the condition second. And it emphasizes that individuals are people first. By using person first sentence structure, the speaker articulates that the idea of a disability is a secondary attribute. And it's not a characteristic of a person's identity. It's a good disability etiquette, way to approach inclusion and inclusive language. And an example of this would be "I am a person with a disability" or "she is a person

with cerebral palsy."

There's another kind of camp that people talk about when talking about positive language. And that is identity first language. This puts the disability first but intentionally as a mark of that individual's identity. For some people who prefer identity first language, that voice is about empowerment. It conveys that disability isn't something to be ashamed of. It isn't. And it's part of that person's identity in an empowering way.

Among autistic people, among deaf people, identity first language is particularly popular often because they feel it's such a strong part of their identity of who they are. And it's not something that's happened to them. It's something that they -- who they are. This conversation is up for debate in the disability community. So you may be asking yourself, which should I use? And I'd like to offer three rules of thumb for people who are unsure of which language to use. The first is if you have a chance, ask. That's always the best way.

We talked about, for example, the autistic community uses more frequently the identity first language. The deaf community. So autistic person or "I am deaf" or the Deaf Community. And again, if you still aren't sure -- falling back to that person first language is consistent with the ADA, as well as the United Nations National Convention on the Rights of Persons with Disabilities. So if you're unsure, person first is a great approach.

And then one last note, talking about positive language is don't refer to a person's disability if it's not relevant to the conversation. It's a sign of respect, a matter of respect. And a person's disability does not need to be put on display because it can be very self-conscious or even disrespectful for someone.

So if we can go to the next slide, we talked a little bit about what to say. Now a little bit more about what to say. And because the use of language, like I said, is always changing and has changed over time, the things that we've said in the past we don't say now. And it's important that people are aware of the meaning behind words that they are using when they're talking to or referring to or working with the disability community.

And the language that we use as a society can shape someone's beliefs and ideas. Language is very powerful again. Inaccurate or inappropriate descriptors perpetuate negative stereotypes. They create barriers for a person to overcome, that they shouldn't need to. And disrespectful language is exclusive. It makes people feel excluded and it is a barrier to full participation.

NDI created a guide called "Positive Language Empowers." It has a really helpful chart you can use so you can make sure you're using positive and empowering language, while avoiding negative phrases. And it includes many examples that you can see here on the screen, not using phrases like "handicapped" or "crippled." Certainly not using that R-word. Instead saying

"person with a disability." Using words like "handicapped" or "crippled," they're offensive and outdated. And physical disability or intellectual disability are more appropriate terms to use instead.

Using euphemistic language. You see this a lot as differently-abled or special needs. Just use person with a disability. Language like special needs suggests that disabilities are special or that they need extra rather than the bare minimum. Just use person with disability as a good rule of thumb there. You know, another one is confined to a wheelchair. Instead use a phrase like wheelchair user or uses a wheelchair. Saying confined to a wheelchair really perpetuates that myth that wheelchair user's legs are limited and that's something that we know is simply not true. Wheelchairs are liberating, assistive devices and they enable people to live actively as they want.

And then language that suggests that disabilities are bad, they suffer from a disability. Suffering assumes that that disability is negative and that may not be the case. So instead you can use language like "lives with a disability" or "has a disability." And then again, we want to avoid that pity or pedestal quagmire where we're saying that someone is so brave and courageous because they have a disability. People with disabilities are people living everyday lives just like anybody else. So avoiding phrases like that is really important.

So we are going to jump far deeper into effective communication. I am going to turn it over to Katie to start us off on that.

>> KATIE: Great. Thanks, Brittany. And I just have to say, I love reading in the chat all the comments. You know, it's a really great way to start a conversation and not accidentally harm or insult an individual. And we do so here kind of use older terms and easily correcting someone I think is okay. So now that we've talked about language, we're going to talk about communication because I think as we all know, we communicate with more than our words, right? We communicate in a lot of different ways. So next slide.

We're going to start with the basics. And then later we're going to dive a little deeper into general tips based on a person's type of disability. But here's best practices for engaging the disability community at large. So ask yourself, what can you do to make interactions with people with disabilities a positive experience for both of you? Opt -- first of all, let's focus on the person, right? We talked a lot about person first language. Focus on the person, not the disability. We all want that kind of respect, right? We want to be seen for who we are, not what we look like or our perceived abilities. So we want to opt for equity and communicate with confidence.

We all remember that golden rule, don't we? The way you treat a person with a disability should be identical to the way you treat a person without a disability. Treating people as we want to be treated, focusing on the person and

not the disability. Persons with disabilities are like everyone else. They are people first and want to be independent and live fulfilling, productive lives just like we all do.

We want to treat adults as adults, value their ideas, thoughts and dreams. Never assume that an individual can or cannot do regardless of their type of disability. Treating adults as a manner befitting adults, not differently based on someone having a disability. So if we're addressing people with disabilities by their first names, we do that only if we're extending that same familiarity to all others.

Shaking hands. If an individual has disabilities with their hands, offer to shake hands. Shaking with the left may be okay for someone without a right hand. It's okay to shake. Shifting from that mindset that sympathy or pity to empathy. Empathy is stronger than sympathy and goes beyond feeling compassion. It's the ability to sense other people's emotions coupled to imagine what someone else may be feeling. So putting yourself in another's shoes without having sympathy to them.

Avoid labels. Normal has no meaning if we are all different with different abilities and different thoughts. Think twice before calling someone an inspiration. Be sensitive about physical contact. For example, person's wheelchair or mobility device is an extension of their body. And I know it may sound funny, but I have seen it -- try not to hang on it or lean on it, taking it away. There's some different examples.

We're looking to really have direct communication with the person with a disability. Speak directly to the person. I can't tell you how many times my sister and I were out somewhere -- she was a wheelchair user and they would ask her a question and look at me as if she couldn't speak for herself. It's a common mistake.

[Frozen]

If you're talking with someone who is blind or low vision, they can tell by your voice if you're speaking to them or someone else. And removing barriers whenever possible. If you're playing an event, consider the needs of the person with disabilities ahead of time. If it's an insurmountable barrier, then let them know about it prior to the event. And finally, kind of one of the basics is just relax. You know, use common expressions. It's okay. Sometimes we may be afraid of interacting out of the fear of saying or doing something wrong. It may mean looking beyond their exceptions and looking at their abilities rather than their disabilities. Don't be embarrassed if you use expressions like "see you later" to someone who is blind or "did you hear about this" and someone is deaf. Just apologize if it is uncomfortable. Correct and then learn and move on. We all make mistakes, right?

And keeping a sense of humor and a willingness to communicate is

definitely the first step. We are going to share a short little video with you. It's only about three minutes. It's -- I think it's fine to the point -- and you're welcome to use this video. We will provide you a link to that to share with staff or others. So with that, Kara, would you go ahead and share the video?

[VIDEO WITH CAPTIONS]

>> KATIE: Perfect. Thanks so much. I hope you guys enjoyed that video. It's just a really good little, you know, comedy but really I think impactful video to talk about disability sensitivity. And again, I encourage you to share that video with others, whether it's staff or however you may choose. So I have a quick question.

So looking at that, I have a number one tip that I always give out. What do you think the number one tip may be? Before we move to the next slide, put in the chat what you think that number one tip may be. Respect, yes, ask! Ask, yes.

The number one tip is always ask before you act. If you're unsure. It's important as a society that we want to help with one another, but it's also important that we also enjoy making our own choices in our lives and people with disabilities are no different. Always ask before assisting and wait. Then ask the person with a disability for instructions on how you can assist them.

For example, someone in a wheelchair looks like they're struggling to get through a door or maneuver your facility, ask before grabbing the chair and pushing them. If someone is blind and using a cane to come into your facility -- we try to not just grab them by the arm but still ask, can I offer my elbow? Ask. Or if they're about to walk down a subway stairs and they're blind, don't assume they'll fall down. They don't always need a rescue. They've been doing this a while and can figure it out.

I encourage you to share that video and just be open about relaxing and asking questions. So on the next slide, we'll dive a little deeper with regard to specific disabilities and tips for engaging. I will run through these a little bit quicker for the sake of time so we can also get to how do we ask that disability question. But I believe Ashley put in the chat, we will have the slides and the recordings available to you. And we'll send out e-mails to all that registered today to how you can access those.

So on the next slide, we'll talk a little bit about speech disabilities. Some may say "impairment." I try to stay away with that language. Impaired sometimes means somebody is broken. So we try to keep that more of a person first. So speech disabilities. And just a few tips here. Be patient, listen closely. If you don't understand something an individual says, don't pretend not to. Be patient. Allow time for them to speak as they just might need some more time to respond. Never finish sentences to them. Avoid the urge to interrupt or complete a sentence. Allowing them to finish speaking before we begin

talking. We know that's not always an easy one for most of us. Myself included. As you can see, sometimes I talk a little fast. Seems like we're always in a hurry. Free and voluntary if necessary, just ask the individual to repeat what he or she said and repeat it back to them to make sure we got it right. Be patient and concentrate on what the individual is saying, taking as much time as necessary. And then if you're still having difficulty understanding, consider writing as an alternate means of communication.

But first again, ask the individual if that's acceptable and only as a last resort. On the last slide, we'll talk about deaf and/or hard of hearing. The deaf and hard of hearing community is very diverse, like any other community. And sometimes it is used to refer to people who are severely hard of hearing too. But HOH is hard of hearing, is more appropriate in those situations.

I quickly want to address, many people will often ask why the difference in the capital D and the lower cased d. So those with the capital D is those who have been deaf all their lives. Deaf communicate with a capital D as sign language as their first language. For most Deaf people, English is a second language and understanding complicated messages in English can be a barrier at times. There is a very strong and close Deaf Community with a sense of identity and culture based on this shared language.

Here's a few tips we have with communicating with someone who may be completely Deaf or hard of hearing. First, gaining the person's attention first. Maybe making eye contact or waving your hand. Of course, not directly at their face but simply gaining their attention through some type of visual cue. Keeping excessive noise to a minimum, especially for those that are hard of hearing. Maybe consider moving to a private location with little to no background noise if possible. Ask for their communication preferences.

Not all individuals who are deaf or hard of hearing know and use ASL. And if there's an interpreter, look and directly talk to the person, not the interpreter. When it comes to interpreters, it's important to remember that they are there to act simply as that, an interpreter of language. A conversation is still between oneself and the individual. An interpreter should not act as an advocate or voice their own opinions. They're simply there to interpret the conversation. When speaking with someone who is reading lips, look at the individual, face the light, speak clearly, don't hide your mouth. And do not over-exaggerate. Some people who are deaf speak quite clearly. Others may be non-verbal. If you don't understand, ask the person to repeat it or write it down.

So again, it's important to remember as we were talking about earlier, Deaf culture can be different for everyone. Some people who are Deaf often don't even think of themselves as a person with disabilities the way that they were born. So it's really important to remember should an individual come in

for services and you write back and forth -- also again, sign language could be their language. American Sign Language or another sign language may be their first language. So the grammar may be off or difficult to understand but that's because it's not their first language. It does not reflect the individual's intellectual capabilities. Don't be surprised if a person with Deaf or hard of hearing has great writing skills or is able to speak clearly orally. For example, when communicating through lip reading.

Now we're going to talk a little bit more about limited mobility and/or wheelchair users, which I think many people often think as a more common type of disability or something that they can actually see. And there are many types and degrees of physical disabilities. Not all requires a wheelchair. Some people may use mobility aids such as canes or walkers. When interacting with a person with a mobility disability, keep in mind this. Do not push or lean, hold onto their mobility aid or device. Don't take any mobility aids away from users unless they request it or it's required for safety reasons. And it's absolutely necessary to let the user know exactly where their equipment is being placed so they have access to it.

Try placing yourself at eye level when talking, especially if you're speaking with someone more than a few minutes. We all want to be able to speak with one another on a same eye level. Do not assume the individual wants to be pushed. Again, ask first. It's okay to offer assistance but assuming that the individual needs assistance, we need to be careful of that. When assisting and going up and down a curve, ask if the individual -- curb, ask if the individual prefers going forward or backward. When going through the elevator, turn the person around so they face the open doors, not the wall. Never patronize someone by patting the wheelchair user on the shoulder or head.

Having worked in the disability community for over 20 years, I think I've seen -- well, maybe not all of it but I've seen quite a bit. So speak to an individual, not the companion much like we talked about with an interpreter. At least leave 36-inch clearance for maneuvering. Arrange furniture to accommodate a wheelchair user before the person arrives and before it becomes awkward. That's if you know they're using a wheelchair. And it's okay to use words like "run" or walk. Wheelchair users use these words too.

On the next slide, we'll talk a little bit more about intellectual or developmental disabilities. These are some common tips again. Be polite, patient, supportive but not condescending, not speaking to someone if they're an adult like a child. Speak to the individual directly and simple to understand components without being patronizing and in a normal tone of voice. If you're in a public area with distractions, consider, you know, moving to a quieter location. Give one piece of information at a time and repeat it if it's needed.

And also, be prepared to repeat what you say orally or even in writing for individuals. And that can go for any of us, right? Offer assistance completing forms or understanding written instructions and wait for the person to accept. Wait for the individual to accept to offer the assistance. Do not speak for the individual or attempt to, again, finish sentences. Sometimes it may take longer to communicate but that's okay.

Maybe consider having a script ready. So if you have frequently asked questions that you ask for programs or services you're providing, consider having that in written form available for volunteers or individuals you're working with to share these with individuals, utilizing the services. So that they can have a better understanding. Many individuals, most of us -- a lot of us -- can understand better through written form versus oral conversation or vice versa.

And always leave some extra time for decision making. It's sometimes difficult to make quick decisions. So be patient and allow the individual to take their time. Be patient, again, and concentrate on what the individual is saying, just taking as much time as you need. In the next slide, we'll talk a little bit about blindness and low vision. If you're working with someone who is blind or has low vision, again, I try to lessen the words "visual impairment" but blind or low vision, which is a decreased ability to see to a degree that causes problems for needs like glasses or contacts. So blindness is the inability to see or from light to dark. You may hear of people with low vision or blind say that they are behind.

Greet individuals and identify yourself by name. When you enter a room, let them know you're present. Use their name and identify yourself by name when approaching a person before extending your name or entering a conversation. Just remember to give those visual cues. Hey, it's me, Katie. And by the way, Brittany is with me. So again, visual cues. Speaking in a normal voice, not shouting. In a group, identify yourself when you speak so the individual knows who is speaking. Offer to give descriptions of the layout of a room. When welcoming an individual into a room that they do not know, you can give them a description of the layout.

Not attempting to lead an individual without first asking. But if they do want assistance, you can offer your arm or elbow instead of just taking their arm and guiding them. Some people may prefer to place their hand on your shoulder. Some people may find it helpful for you to read things to them. And others may prefer to have information in an accessible format for them. I would say good lighting is also really important for people with low vision. And be descriptive. Let them know if there's an obstacle or stairs in their path.

For example, if there are steps, mention how many and the location such as "to the left" or "to the right." If acting as a guide, gently place your hand on

the back of the arm. Never feed, pet, or distract a guide dog without permission first. They're working and they're doing a great job and we don't want to distract them.

On the next slide, we'll talk a little bit about mental health conditions. We'll give you a couple of good resources as well. It's often not possible to know if an individual has mental health issues. It's a hidden disability that we often talked about or invisible disabilities. A mental health condition or illness is a condition that affects a person's thinking, feeling or mood. It may affect someone's ability to relate to others and to function each day. Each person has different experiences, even people with the same diagnosis. I think that's really important to remember. Issues and ailments within the scheme of mental health could be a variety of conditions. It could be schizophrenia, bipolar, ADHD, OCD, depression, anxiety, eating disorders, addictions, and even more. But people living with these disabilities often have their own experiences. And it's fine to understand that no two people are alike in any of their disabilities, including those with mental health conditions.

And symptoms can vary widely, from trouble concentrating to trouble relaxing, sleep difficulties, excessive worrying, all kinds of different ways. So it's just important to remember that even though you met maybe one person with a mental health condition and maybe the first diagnosis, doesn't mean that the next person is going to have the same experiences or symptoms as well. We have a couple of stats. One in five U.S. adults experience mental health illness each year. I think with the pandemic, I think we can say a lot of us had some issues around our mental well being. And so it's important to remember and have that empathy that we talked about earlier. Not sympathy but empathy.

If an individual seems anxious or agitated, just speak calmly and offer to repeat information. Be willing to break things down step by step. Stress can be an aggravator of mental health issues. Talk in a place comfortable where there aren't interruptions or distractions. Speak in a calm manner, be a good listener, show respect and understanding for how they can describe and interpret their feelings. And again, it's okay to just ask "how can I help? ."

We'll turn it over to Brittany and we'll do another poll question.

>> BRITTANY: Thanks, Katie. We have another poll question as we move into the final part of our webinar today. And there are two questions in this poll. The first is: Do you currently have a demographic question that asks if an individual or a member of their household has a disability?

And then the second question is: What is your level of comfort asking your client if they have a disability? So we're going to start that poll up. And we'll give you about 30 seconds or so to answer those. Some of you are and many of your organizations are not. If you're not, please consider. Some are comfortable asking about disabilities and some are in between. A few people

are not quite yet comfortable. So hopefully this training today is helping you feel more at comfort and better able to ask if someone has a disability and talk to people about their disabilities.

So we are going to close the poll. And I'll turn it back over.

>> KATIE: We're going to talk a little bit more about disability, question, why we ask it and maybe some tips on how to ask it. Why ask about disability? It can be awkward, uncomfortable. But across the country and across human sectors, NDI often hears this, right? That individuals have hesitation or uncertainty about how to effectively ask someone if they have a disability. And that's helpful. It's not easy. may feel insensitive or as if you're probing. So understanding why the question is being asked can be very helpful. Knowing why it's on the intake form and how to explain why they're asking -- broader picture of one's needs. And as counselors, coaches or other service providers, we know that demographic information can provide better information on who we're serving, which offers us the ability to provide a more holistic approach to a person's needs, especially when we're building financial wellness. We want to ensure that individuals are receiving all the potential services and incentives for which they are eligible. They may be eligible for additional services or benefits or tax credits.

So what if they're there are receiving benefits such as SSI or SSDI, there may be more ben its to explore, such as opportunities to work and secure additional income without affecting benefits or other work incentives.

It's also important to know that data collected is anonymously reported. And like all demographic data, it's important to have current information for all to benefit. It helps us to determine and solidify the need in the community. And we find that often when you explain this to individuals, they're more than willing to be able to give you information so that we can be able to have a clear understanding of what their needs are and what the needs of the disability community may be.

So how to ask the disability question. The most important thing is to recognize that it's awkward, right? Like we saw in the video, some things can just be that way. And recognize, too, that much like talking about finances, asking about someone's personal life, including whether they have a disability or not is not always easy. So first, don't assume. And be patient when asking. Because I mentioned earlier, individuals who are Deaf will often say they don't have a disability -- that's how they were born. So it's okay to ask the question and then explain why we're asking the question.

Be prepared how to respond if a person asks you why you're asking the question. Consider what you're going to say in advance. Maybe develop a plan ahead of time for asking about disability. Maybe even practice with your colleagues. I would also say don't just expect the person to check a box. It's

okay if you have that question on your disability forms. But they may not check that. It's also important to explain why the question is being asked. For example, do you have a disability? It may help me identify if you're eligible for any additional services or benefits. Do you receive Social Security benefits such as SSI or SSDI? I'm asking because I may be able to help you identify work incentives that may help you maintain your benefits and explore additional income.

Explaining why we're asking something make people more at ease to be able to understand and be comfortable telling you about that they have a disability or not. Not just, do you have a disability or do you receive SSI or SSDI? Do you receive anything from Social Security? By asking multiple ways, we will determine what the individual needs are and the holistic picture of them. Also asking if anyone in the household has a disability because that also could offer up opportunities for additional maybe tax credits or assistance the individual or family could have.

If it's applicable, ask again in different ways. Maybe at a different counseling session as you build trust and Rapport with an individual. On the next slide, also take advantage of those just in time moments, right? Just in time moments. If there are times in your conversation when an individual may discuss co-pays for transportation costs or special delivery needs, adaptive technology, cost related to care giver support for someone in their household. These points in time during conversation may provide opportunities to ask the question again or to ask it a different way or an additional question. However, without probing but allowing the individual to organically provide information throughout the conversation.

Rephrase the question or give an example. It's okay to share personal experiences too or show empathy, as long as you're allowing the individuals to own and share their own stories and experiences. Let them have their own conversations and talk. Remind individuals that information is kept confidential. I think this puts a lot of individuals at ease, knowing that this won't be shared with others. I think it's important you can have written materials available explaining why you're asking and if we're going to be fully inclusive; having that available in different languages if possible.

People may not choose to disclose right away or at all and we have to respect that decision. Next slide.

Respecting an individual's privacy is really the most important thing, right? If someone does disclose a disability to you, do not refer to a person's disability unless it's relevant or avoid asking personal questions. Be patient. Let them share their story and their experiences in their own words and time. And if a person chooses not to disclose, that's okay. We respect that decision.

On the next slide, we talk a little bit about rights to self-determination.

And at NDI, we truly believe that every individual who has a disability or not has the right to self-determination. They have the right to have the freedom to dream, to make their own decisions, plan their own life, have the authority to control how their money is spent. The person has the support needed to family, friends, and from people they choose. And that the individual takes responsibility to do what they say they will do. I think that these are all important pieces in the right to self-determination, that we all have the ability to choose, to have support, to make our own decisions, but also to have the responsibility of those decisions as well.

On the next slide, I just want to kind of briefly go over these key takeaways, right? The golden rule. Next slide. Treat others the way you would like to be treated. Everyone has their own experiences. Make a mistake? Just apologize, correct, learn, and move on. Communication is key. And don't assume. It's okay to ask questions how you can assist.

>> BRITTANY: I think for this poll, maybe we can leave it up a little bit longer while we're going through the rest of the slides. Just to give people some time. I think you can move them on your screen if that's preferable so you can keep seeing the slides. But our final poll question is, if your organization would be interested in training in some of these different areas. On the slide, you can see that we have disability inclusion and disability accommodations separated. We have them combined in the poll. So if you're interested in either of those topics, feel free to select that. I think there was a number of options we have a limit on. And also, how to ask the disability question, inclusive language, tax services and credits, things like VITA, EITC, racial equity and inclusion, ensuring disability as a part of diversity and equity initiatives. Financial education for persons with disabilities, employment opportunities for persons with disabilities, small business opportunities for persons with disabilities, and able account opportunities for persons with disabilities.

There is so much more. We have just scratched the surfaces of all the topics we could possibly talk about. Maybe we can go two slides forward. Since I don't think we'll have time for questions today, Katie and I will provide our e-mails at the end. So if you do have questions, please, please, please do feel free to reach out to us and we will make sure that we get back to you as quickly as we can. But we do not want to end this webinar without saying a huge thank you to our partners at Detroit, Pittsburgh, and Houston. In the past couple of years, we've been working to address that intersection of race, disability, and poverty specifically. We know people in those -- at that intersection are experiencing far greater levels of poverty, less access to resources and we're working really hard to address that and turn that around. So we're very grateful to our coalition members in all three of those cities. To

the leaders especially for their commitment and ensuring that all people are fully included in the Pittsburgh, Detroit, and Houston communities. That work is filtering out all the way across the rest of the country, those best practices and solutions that we have been working with you all on.

We also, again, could not make any of this happen without the generous support of JP Morgan Chase. So we're very grateful. And finally, we want to thank you all for listening, joining, staying with us, learning and sticking through, especially for all of you who are still sticking around until the end. We hope you learned at least one new thing that you didn't know before. Hopefully more as well. The next slide, Katie and I have our contact information. Again, please, please, please do feel free to reach out if you have any questions. And I am seeing some people asking questions maybe about the coalitions Katie has also put a link to the coalitions in the chat and you can scroll down and look at the information about each individual city and the work that's being done there.

Thank you all so much again. And we really hope to offer more trainings like this in the future as well. This recording will be posted on those coalition web pages within the next week or so along with scripts and a transcript. This recording will be available until the end of May. So if you have colleagues that would benefit from this information but they didn't get a chance to join today, they can still view this recording and we really encourage you to share it broadly within your organization. So thank you all so much. And have a wonderful rest of the day.