

Meeting Notes

7/20/2022

Present: Mary Obideyi and 180 other attendees.

Next meeting: April 20, 2022, 10:00 am – 12:00pm

Welcoming Remarks and Introductions

- The welcome and introduction remarks were given by Mary Obideyi. She highlighted the use of a zoom webinar platform for the panelist webinar and the inclusion of closed captioning for both English and Spanish, along with ASL interpreters. She asked for everyone to please add in the chat box their name, job, and currently located. Mary introduced the topic of the webinar and provided the QR code and link in the chat box for the follow up survey.
- Mary stated that July is Disability Pride month and gave a brief history of how it was started and the importance of a dedicated month. Disability Pride month stems from a 2018 study found negative stigma towards those with a disability and by creating an awareness month this can negate negativity and promote visibility, awareness, and positivity.
 - Quote by Taneasha White “I believe that Disability pride is important especially if there is an emphasis on the ways that folks within marginalized identities and intersections deal with these complications at an exponential rate.”
- A poll was conducted by Mary, which asked for sectors represented by the participants of the meeting. The result showed a majority representing healthcare and public health sector. Others included community member, government, healthcare, public health, housing planning, community-based organizations, social services, mental health, and other.
- Purpose of the Coalition was briefly mentioned as we plan to meet quarterly to share knowledge, highlight innovative practices, provide community empowerment and how we can work together.
- The Health Equity email (RivCoHealthEquity@ruhealth.org) was shared in the chat.

Inclusive Language with Persons with Disabilities Presentation:

Veronica Castro, RUHS-PH, CCS.

- Mary introduced Veronica and shared her biography.
- “A disability doesn’t have to be a social barrier. Good etiquette begins with inclusion not exclusion”. Robert Hensel.
- Poll question – Are you aware of inclusive language? Such as person first or identify first language.
- What is inclusive language?
 - a. Being cognizant of how words are used to describe individuals with disabilities.
 - b. Refraining from using words, expressions, slang and descriptions that exclude individuals and/or groups of people.
 - c. Changing our language to be purposely inclusive.
- Cultural competence and humility:
 - a. Being cognizant of how words are used to described individuals with disabilities.
 - b. Refraining from using words, expressions, slang and descriptions that exclude individuals and/or groups of people.

- c. Changing our language to be purposely inclusive.
- Where can we start in the process of changing our language to be purposefully inclusive?
 - a. Utilization of open-ended questions can foster a conversation (ex. How would you like me to..?)
 - b. Allow opportunities to be corrected (ex. Please correct me if I am wrong, but I believe I heard you..?)
 - c. Be mindful that not all individuals want to share about their disability.
 - d. We must also consider the uniqueness and diversity of each individual and/group of people.
- Linguistic preferences
 - a. Person first language- deviates from using exclusionary or biased languages.
 - b. Identity first language- Celebrates identity of person with a disability.
- Examples of inclusive language
 - a. Addict, alcoholic, junkie – use “someone with a drug/alcohol addiction”
 - b. Defect, defective- person with a congenital disability- use “person with a congenital disability”
 - c. Cripple, cripp- Avoid unless someone wants to be described as such.
 - d. Deaf- use “deaf and hard of hearing community”

Panel Introduction

- Mary introduced the panelist; Renee Griffin (Building Bridges for Special Needs), Martha Barragan (GANAS), Kendra Smith (Desert Recreation District- Adaptive), Lisa Price (Center on Deafness Inland Empire [CODIE]), and Esteban Ortiz (State Council on Developmental Disabilities [SCDD]).

Renee Griffin (Building Bridges for Special Needs)

- Provided contact information and a brief history of the organization and where they are now.
- Began with a group of parents that worked together to improve the quality life of for individuals and their support system by providing resources and education, inclusion, and full access to all services especially those underserved.
- Partner with organizations to help with families, individual and care givers.
- They currently have 15 active organizations.

Martha Barragan (GANAS)

- Co-founder of the nonprofit, found by herself and another mother.
- She saw firsthand the difficulty parents experience to navigate through the systems and wanted to create the organization to help families and those receiving the services get quality services.
- Goal is to start with the parents, setting that foundation- and then focus on the individual, to gain the independent quality of life. Improve quality life for everyone overall.

Kendra Smith (Desert Recreation District- Adaptive)

- Located in Coachella Valley (around for 70 years).
- Provide recreational services to over 380,000 residents and growing.
- Improve quality of life through recreation systems (facilities, parks).
- Inclusive- incorporate everyone and anybody no matter of ability into their programs.
- Inclusivity is key- leads to independence.

Lisa Price (Center on Deafness Inland Empire [CODIE])

- Use of ASL interpreter.
- Expand on communications of deaf language, ASL- it's a visual language, one without a written text; it is throughout the community.

- Provide collaboration to provide services to the community, a hub for the deaf community (part of the community, mental health counselling, working with other organizations, create connections to individuals).
- People know their rights and can make the proper decision with the proper knowledge.

Esteban Ortiz (State Council on Developmental Disabilities [SCDD])

- Represents the following counties: Riverside, San Bernardino, Inyo and Momo.
- State and federally funded agency.
- Vision is for Californians with developmental disabilities are guaranteed the same full and equal opportunities for life, liberty, and pursuit of happiness as all Americans.
- A council advocate to help with activities and system navigation, advance public policy and systems change to help people gain more control over their lives.

Panel Discussion

- **Outreach**

1. How do people find out about the services you provide?

- *Renne*- Facebook page and extensive email page. Mainly through parents speaking to each other, information is learned via word of mouth. Other organizations promote us such as GANAS and Desert Recreation.
- *Martha*- GANAS: similar ways as above, along with networking, handing out paper flyers, and their website.
- *Kendra*- They send out an activity guide 3 times per year. Adaptive programs are listed followed by the title and location. Along with the collaborative email they use their Facebook page and also via word of mouth.
- *Lisa*: As the others have stated, they use similar ways to for people to learn about their services; advertised before, word of mouth, Facebook page, promotions, and events.
- *Esteban*- Very similar as the other 4; word of mouth (when parents are denied services, SCDD is listed to help families with the appeal process) and social media presence.

- **Barriers to access**

- *Barriers Faced by Clients*

2. What barriers have you seen in your community that prevent the inclusion of people with disabilities? (Examples of barriers: employment, education, social relationships issues, policies)

- *Renee*- It starts with lack of information and awareness. Communication plays an important role when it comes to barriers to preventing inclusion of people with disabilities. In addition, there is understaffing and closing down programs at organizations due to the pandemic and many families aren't able to receive services they need and/or don't know what services are available. As result, many families are facing various challenges, including mental health aspects. We need to work together as a parent group.

- *Martha*- We also share the same barriers Renee mentioned. Main barrier we face is lack of understanding and processes involved in receiving the services. For example, a parent talks to a receptionist at a school, thinking the person is the go-to person for her questions. However, later becomes frustrated because the person was not the appropriate channel for her questions. Therefore, knowing how to communicate and who to communicate to can be a real barrier.
 - *Kendra*- Most frequent barrier we see is having programs at appropriate times when all can participate. There are transportation and financial barriers, which could prevent inclusion of people with disabilities. Even though the programs are offered at discounted rates and grants and other financial assistances are available, clients are not aware of how to access the program. Therefore, getting the information out there for people to access and communicating to needed families could be barriers.
 - *Lisa*- Language and knowing how to access could be barriers. Addressing issues such as having access to an interpreter, for example, could help individuals be able to learn about the services and access them. In addition, providing training necessary for individuals to access the services is important and could be a barrier.
 - *Esteban*- When you are trying to return something to a store, there is a return process that one has follow and it is universal. However, each store has its own system it follows and it is a unique process for individual stores. You have to understand that each system is different and unique. It could be a frustrating experience. There could be many barriers, including language, transportation, funding, and communication issues. I try to provide individualized responses, as different logistics play into the process. I try to let my clients know that there are different systems and different
- *Barriers faced by Providers*
3. What clinical disparities have you seen in your community and what suggestions do you have in addressing these disparities? (Examples: Clinical disparities in different capacities in Inland Empire- long wait times to see a provider, not enough interpreter, and mental health services for the community, not aware of the logistics of obtaining health services and not knowing the struggles that providers are dealing with internally to help their patients.)
- *Renee*: Learned what agencies must go through and has come to appreciate that and wants other parents to understand the struggles also. If organizations can help families understand the challenges, they might be able to help own it. Resources are critical to help parents understand, that will help ease problems and frustration that they may face.
 - *Martha*: Barrier between providers as AVA services are more intensive and could be a full-time job. Also due to the many services available, many families do not understand the differences which may lead to not aggreging with the recommended strategies being proposed to them.

- *Kendra*: A difference in Adaptive is that they do not require a diagnosis. Therefore, they see a lot of individuals who may not have a diagnosis yet. These individuals are starting at baseline and are still figuring things out still and waiting months for the appointments. So many people are running into difficulties
- *Lisa*: Communication access; that is the goal and that is throughout everywhere. Find other organizations to help with translating and providing resources. Taking responsibility and access for that individual.
- *Esteban*: States that he has background as a resource developer in South Central Los Angeles; and saw the clinical providers disparity. Came across a report (2019) with extensive work from We Reach Out and work force development of San Bernardino and Riverside County. Found that 90 primary care providers for 100,000 residents nationwide (34.5 PCP per 100,000 residents- clear disparity). This healthcare provider services disparity leads to delay in services. The goal: work collaborative with nonprofits, educational institutions, private entities, and insurance companies to address the clinical disparities, create avenues for the referral process, and develop sustainable business model.

Due to time constraints question 4 and 5 were combined into one question.

- **Challenges they have faced and overcome (Success)**

4. What is a memorable success story of how a client has benefited from your services?

- **Take Aways/Call to action:**

5. In what ways could we, other organizations attending this panel today, be more inclusive of people with disabilities?

- *Renee*- We are working together with our clients and try to eliminate exclusivity altogether. We opened our arms and welcomed everyone. We have created a zoom community, with different activities for each day. In addition, we had a client, a single mother with medial crisis that needed help. We helped with meal preparation for the family and assisted her daughter to ensure her schedule was not disrupted. We all came together to help this family.
- *Martha*- There was a couple of parents, who needed help and they independently sought out help. They reached out to appropriate people and asked for what they needed. Within two days, they were able to obtain all the help they needed without going through the frustration and emotional roller coaster.

A take-away on the professional end is that we all need to focus on transparency to gain trust from clients, but at the same time be honest about the limitations they could face.

- *Kendra*- Success story- Desert Recreational District is fully inclusive already. We are trying to get athletes into appropriate programs. We have graduated many clients from our programs over the years. We are working with our clients with inclusivity in mind.
A take-away is Inclusivity is not too hard to implement. We need to treat our clients as human beings. We need to treat them with respect and kindness. We need to be authentic to each other. Do not assume and ask questions if in doubt.
- *Lisa*- Success story- We created a survey in ASL and took us eight (8) months so our clients could provide us with their feedback on our services. We provided a two (2) week training on how to take the survey and how to answer the questions. We are excited about the survey, as it will help us to break down more barriers that may exist among our clients.
A take-away- We are always trying to meet the needs of people with sensitivity. We want to be more culturally sensitive. We want to respect them. As we do, more clients will have courage to look at their culture and identity first. Then, people would be able to thrive.
- *Esteban*- A mother completed a psychological assessment but did not know how to use it to receive needed services. She did not even submit her psychological assessment. So, I explained about the importance about the test and having the results available in digital format, so the process would be easier when applying for services. Afterwards, she completed the assessment digitally and I was able to help the family with all the services she needed. Later, she was accepted to the program.
A take-away- It is important to practice inclusivity with your clients. It teaches others how to interact with people with disabilities. It encourages others to treat people with disabilities with respect and dignity.

Panel Q/A

- a. Marcella encouraged participants to put in the questions in the Chat box, if any.
- b. Andrea Morey- As a service provider, how can we communicate to public that we are willing and able to assist anyone with questions and needs?

Esteban- We are working on developing employment opportunities for our constituents. One of the goals is developing QR codes, where people would know that when they shop at that organization, this organization hires individuals with disabilities. We may even look into creating coalition of organizations with assistance to linking clients to a referral service where others can get their needs addressed.

Mary thanked the participants and for their participation. She thanked all for their amazing work and for helping to promote inclusivity at work. Mary encourage all to do their part in promoting inclusivity.

Break (5 minutes)

Partner Updates

- Judith Martinez, Alzheimer's Association. There are two (2) new support groups for caregivers for Alzheimer's and dementia patients. The agency has many support groups in Riverside County and classes for caregivers.
- Maria Veracruz, RUHS-PH Injury Prevention Services. Inviting everyone to a community meeting on August 4. The program is building a coalition to educate and engage community members on trauma informed care to build resilience in the community. Everyone from Riverside County is welcomed.
- Renee- Building Bridges for Special Need works with other organizations to sponsor many informative Zoom meetings. We have one in collaboration with RUHS on Thursday, July 28 from 7 pm to 8 pm. It is a hybrid event, where people can attend in-person. This event is for caregivers of special needs ones. Siblings of Special Need has parent coffee hour, July 26 at 9:30 am at IW Coffee Bar, if interested.
- Curlee Palmer- Perinatal Equity Initiative is sponsoring Inland Empire Perinatal Equity Summit on September 16 and 17th at Cal Baptist University.
- Lisa –Deaf Awareness Month is on September 17 at CODIE parking lot. Vendor application is available.

Wrap Up

- Health Equity program update- Mary introduced a new funding opportunity. RFA is due July 27 and if you have any question, please email Selena Methias.
- Wendy- Since the completion of the county-wide Health Equity Strategic Plan two (2) years ago, RUHS passed racism as public health crisis. Currently RUHS is working on the Action plan for the resolution. She got disconnected and the remaining info was not available. Wendy's information will be shared to all participants via email.
- Mary encouraged participants to fill out the survey, which was dropped in the chat-box. She mentioned that everyone's input is very important. QR code was shared for the survey.
- If you are interested in being included in the email list and/or require additional resources, please contact the program via Rivcohealthequity@ruhealth.org.
- Mary expressed a big thank you to all the participants and the panelist for sharing helpful information regarding people with disabilities.

Next meeting is scheduled for Wednesday, October 19, 2022. Please share our coalition meetings with others.

Meeting adjourned at 11:54 am.