



ReachOut e-Diversity News

An Electronic Publication of the Ohio Developmental Disabilities Council

It is the policy of the Ohio Developmental Disabilities Council to use person-first language in items written by staff. Items reprinted or quoted exactly as they originally appear may not reflect this policy.

October 2016 Edition | Volume 10, Issue 5

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Read, Pass on to Friends, Family Members, Colleagues & Constituents



Hispanic Heritage Month

Hispanics have had a profound and positive influence on our country through their strong commitment to family, faith, hard work, and service. They have enhanced and shaped our national character with centuries-old traditions that reflect the multiethnic and multicultural customs of their community.



Inclusion Works

Today, disability has rightfully taken its place in the larger conversation about workplace diversity. Leading companies are now actively working to align diversity with their corporate brand, both internally and externally.

Disabilities Around the World



People with disabilities in the United States have overcome many obstacles to have opportunities to live the American dream. Everything is not perfect when it comes to equality for people with disabilities, yet we're better off than many others across the world.



Terms to Avoid When Writing About Disability

National Center for Disability and Journalism is publishing a list of terms and updated style guide intended for journalists and members of the general public who are seeking the appropriate and accurate language to use when writing or talking about people living with disabilities.

A thank you from the Commissioner



The purpose of "Reach Out" e-Diversity newsletter is to promote interagency collaboration and coordination that result in agencies providing culturally competent services to the unserved/underserved populations in Ohio



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Hispanic Heritage Month

September 15 - October 15, 2016

Mes de la Herencia Hispana



During National Hispanic Heritage Month (September 15 to October 15) we recognize the contributions made and the important presence of Hispanic and Latino Americans to the United States and celebrate their heritage and culture.

Hispanics have had a profound and positive influence on our country through their strong commitment to family, faith, hard work, and service. They have enhanced and shaped our national character with centuries-old traditions that reflect the multiethnic and multicultural customs of their community.

Hispanic Heritage Month, whose roots go back to 1968, begins each year on September 15, the anniversary of independence of five Latin American countries: Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. Mexico, Chile and Belize also celebrate their

independence days during this period and Columbus Day (Día de la Raza) is October 12.

The term Hispanic or Latino, refers to Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. On the 2010 Census form, people of Spanish, Hispanic and/or Latino origin could identify themselves as Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or “another Hispanic, Latino, or Spanish origin.”

Today, 55 million people or 17% of the American population are of Hispanic or Latino origin. This represents a significant increase from 2000, which registered the Hispanic population at 35.3 million or 13% of the total U.S. population. **[See chart depicting the estimated number of Hispanic/Latino Americans with disabilities.]**

According to Frances Vega-Costas, Hispanic Groups include: Argentine, Bolivian, Chilean, Colombian, Costa Rican, Cuban, Dominican, Ecuadorian, Guatemalan, Honduran, Mexican, Nicaraguan, Panamanian, Paraguayan, Peruvian, Puerto

Ricans, Salvadoran, Spanish, Uruguayan, Venezuelan. To assume that all Hispanic cultures are the same, or lumping all Hispanic cultures into one demographic is a critical mistake. These groups are separated by different origins, customs and traditions. They don't eat the same foods, dress the same, talk the same, or view the world the same.

Some of the barriers to service delivery individuals from these groups face include:

- Language
- Culture (customs, beliefs)
- Lack of representation in the media
- Limited marketing on services for families of youth with disabilities
- Lack of familiarity with the health, education systems and other agencies
- Citizenship Status

The following are recommendations that service providers can consider in order to facilitate the provision of more culturally competent services.

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Hispanic Heritage Month September 15 - October 15, 2016 Mes de la Herencia Hispana

- **Use the family's preferred language**
 - ✓ Find a fully bilingual interpreter
 - ✓ Learn some Spanish yourself
 - ✓ Put individuals with disabilities and their family members in touch with bilingual staff

embrace the family culture as a whole.

Let's join in the celebration of Hispanic Heritage month and continue to focus on providing culturally appropriate services that will meet the needs of the Hispanic and Latino population.



- **Keep current on the demographics of the communities you serve, and build relationships with community partners so you can get feedback about the cultural appropriateness and respectfulness of your services**
- **Make sure your materials are not only in Spanish but culturally relevant, use artwork or pictures who reflect the Hispanic culture**
- Remember that to **understand different cultural beliefs and practices** requires flexibility and a respect for others view points
- **Honor and validate the position of the father within the family and make sure you**

Table D-5.
Prevalence of Disability by Sex and Age - Hispanic or Latino: 2010
(Numbers in thousands)

Sex and Age	Total	Margin of Error (±)	With a disability			
			Number	Margin of Error (±)	Percent	Margin of Error (±)
BOTH SEXES						
All ages	49,129	****	6,497	307	13.2	0.6
Less than 6 years	6,395	204	182	60	2.8	0.9
6 to 14 years	8,304	204	886	104	10.7	1.2
15 years and older	34,430	****	5,429	251	15.8	0.7
15 to 24 years	7,916	****	576	77	7.3	1.0
25 to 64 years	23,876	170	3,476	232	14.6	0.9
65 years and older	2,638	170	1,377	120	52.2	3.4
MALES						
All ages	25,238	****	3,080	177	12.2	0.7
Less than 6 years	3,260	151	107	43	3.3	1.3
6 to 14 years	4,254	151	543	78	12.8	1.8
15 years and older	17,724	****	2,430	151	13.7	0.8
15 to 24 years	4,088	****	361	58	8.8	1.4
25 to 64 years	12,448	104	1,556	145	12.5	1.1
65 years and older	1,189	104	514	79	43.2	5.4
FEMALES						
All ages	23,891	****	3,417	221	14.3	0.9
Less than 6 years	3,135	124	75	32	2.4	1.0
6 to 14 years	4,050	124	343	63	8.5	1.5
15 years and older	16,706	****	2,999	191	18.0	1.1
15 to 24 years	3,828	****	215	48	5.6	1.3
25 to 64 years	11,428	110	1,920	164	16.8	1.4
65 years and older	1,450	110	864	85	59.6	5.0

Source: U.S. Census Bureau, Survey of Income and Program Participation, 2008 Panel, Wave 6 Topical Module, May-August 2010.

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Inclusion Works

By Jennifer Sheehy

Deputy Assistant Secretary of Labor for Disability Employment Policy

I've worked in the disability employment policy arena for more than 20 years, and a lot has changed in this time. Looking back, the progress I'm most thrilled about isn't just the policy action we've seen. Rather, it's the significant shift in how we as a nation talk about disability and employment.

Today, disability has rightfully taken its place in the larger conversation about workplace diversity. Leading companies are now actively working to align diversity with their corporate brand, both internally and externally. This is because they know that inclusion works. They know that groups representing a range of perspectives outperform those with superior, but similar, skill sets. And they know that, as one of the nation's largest minority groups, people with disabilities are an essential voice to have at the table.

Reflecting this perspective, #InclusionWorks is the theme for National Disability Employment Awareness Month 2016. NDEAM is a nationwide campaign

that celebrates the contributions of workers with disabilities and educates about the value of a diverse workforce inclusive of their skills and talents. We invite you to use the hashtag, post images and stimulate discussion on social media about the many ways "inclusion works." I'm looking forward to the dialogue!

I think we'll hear a lot about how inclusion works for workers. I know it certainly does for Adeline Joshua, an information analyst with the U.S. State Department and a Georgetown University School of Foreign Service alumna. Joshua, who has cerebral palsy and uses a motorized wheelchair, credits inclusive youth leadership experiences – especially involvement in Girl Scouts and an internship she obtained through the Workforce Recruitment Program – with laying the foundation for her career success. I think we'll also see how



inclusion works for employers. It does for companies like Northrop Grumman, Lockheed Martin, EY and others on Diversity Inc's "Top Nine Companies for People with Disabilities." All of these companies, many of them federal contractors covered by Section 503 of the Rehabilitation Act, proudly proclaim disability inclusion to be a core corporate value — because they find doing so helps attract a wider pool of talent. And as the nation's largest employer, the federal government also knows well that inclusion works, and is taking steps to increase it by strengthening Section 501 of the Rehabilitation Act.

Finally, I'm confident we'll also

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see that inclusion works for innovation. It certainly did at Sassy Outwater's workplace. Outwater, who is blind, had trouble applying for a prospective job opportunity due to an inaccessible online application process. With resourcefulness, she completed the process and got the position. She then urged her new employer to use her experience as a catalyst for making its technology more accessible across the board. Now, all qualified candidates can apply to work for the company. Through TalentWorks, a new tool from the



Office of Disability Employment Policy-funded Partnership on Employment and Accessible Technology, we're helping more employers do the same.

These are just a few examples of the many ways #InclusionWorks. Let's share what's working in Ohio!

Did You Know?

The unconscious bias that diversity creates conflict can impact hiring and the creation of teams. Without realizing it, leaders may be reluctant to add diversity to a team or to assign colleagues with different backgrounds to work together, in response to a fear of the tension and difficulty that could ensue.

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Disabilities Around the World

By Shari L. Cooper



People with disabilities in the United States have overcome many obstacles to have opportunities to live the American dream. Everything is not perfect when it comes to equality for people with disabilities, yet we're better off than many others across the world.

How do other countries and continents view or service their populations with disabilities?

ITALY

In Italy, people have been known to give money to people with disabilities as well as people who are poor. Italians fear receiving the evil eye from one with a

disability may result in everything from being cursed to being stricken with a disability. I find this superstition very amusing. If this worked on everyone I've ever given the "evil eye" to, I'd be a very wealthy woman and there would be many more people with disabilities on the Earth.

AFRICA

Upon researching, I've found Africa to not be a very disability-friendly country. Many non-disabled Africans view children with disabilities as being cursed by God and think the overall population of people with disabilities is useless and can't contribute to society. Women suffer great sexual abuse in Africa. To make matters worse, there's no information in Braille for those who are blind or have low vision and there's rarely any health professionals who know sign language to provide information to hearing impaired individuals.

CHINA

If one has a disability, it must

mean their parents sinned in their past life, causing the impairment, according to some areas of China. Interestingly enough, Chinese people have more compassion for people who acquired a disability than ones who were born with one. Also people with disabilities in China who live in rural areas where health care facilities are scarce rely on prayer at temple and residing priests to perform rituals in hopes of making them better. The term "canfei" means "handicap" or "useless," and is commonly used in China when referring to people with disabilities, instead of the term "gong neng zhang ai zhe," which means "person with disability." I take it there's not a lot of people-first language being used in China.

FRANCE

Did you know one of the world's largest tourist attractions isn't entirely accessible? Although there's an elevator that takes you halfway up Paris's Eiffel Tower, there are steps preventing a person with mobility issues from reaching the second elevator

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in order to get to the top. The majority of public transportation is inaccessible and out-of-order elevators, lack of ramps, and cobblestone streets limit people in wheelchairs from fully accessing the community.

This is just a glimpse into ways other countries view and service people with disabilities. Although

my findings on these countries make me sad and a bit angry, it doesn't deter me from wanting to visit, for I'm hopeful that in time, things will get better. My findings also make me appreciate the United States even more. We may have issues, but the U.S. is the best country by far when it comes to equal access for all.

GWESMV Blog Reprint

Shari Cooper is a Sinclair Community College graduate and currently works as the Community and Staff Relations Associate at Goodwill Easter Seals Miami Valley. She is an active advocate for people with disabilities, serving on the Governor's Council on People with Disabilities, the Secretary of State's Americans with Disabilities Act Council and as 2008 Ms. Wheelchair Ohio. In 2008 she was elected to the Board of Directors for the National Association of Councils on Developmental Disabilities.

Did You Know?

Disability disproportionately affects vulnerable populations. Lower-income countries have a higher prevalence of disability than higher-income countries. Disability is more common among women, older people and children and adults who are poor.

Did You Know?

Over a billion people live with some form of disability -

This corresponds to about 15% of the world's population. Between 110-190 million adults have very significant difficulties in functioning. Rates of disability are increasing, due to population ageing and the global increase in chronic health conditions.

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Terms to Avoid When Writing About Disability



National Center for Disability and Journalism is publishing a list of terms, in conjunction with an updated style guide, intended for journalists and members of the general public who are seeking the appropriate and accurate language to use when writing or talking about people living with disabilities.

What is considered acceptable language regarding disabilities has changed dramatically over time, and standards continue to adapt as understanding and perceptions evolve. Many of the terms below were once widely used and were not always considered offensive, but now are widely considered to imply inferiority or have other negative connotations. Others are outdated medical or colloquial terms.

Here are a few terms to avoid:

Abnormal: Inappropriate when used to describe an individual.

NCDJ Recommendation:

- The words abnormal or abnormality are acceptable when describing scientific phenomena, such as abnormalities in brain function. However, avoid using abnormal to describe a person.
- Avoid referring to someone who does not have a disability as a “normal person” as it implies that people living with disabilities are deviant or strange. “Typical” is a better choice.
- Be cautious when using the term “abnormal behavior.” Explain what it means in the context in which it is being used.

Afflicted with: Implies that a person with a disability is suffering or has a reduced quality of life.

NCDJ Recommendation:

- It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: “He has muscular dystrophy” or “he is living with muscular dystrophy.”

Able-bodied: Refers to a person who does not have a disability. The term implies that all people with disabilities lack “able bodies” or the ability to use their bodies well.

NCDJ Recommendation:

- The term non-disabled or the phrase “does not have a disability” or “is not living with disability” are more neutral choices. Able-bodied is an appropriate term to use in some cases, such as government reports on the proportion of abled-bodied members in the work force. In some cases,

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the word “typical” can be used to describe a non-disabled condition.

Crazy, insane, nuts, psycho: All are considered offensive and should not be used except in direct quotes.

NCDJ Recommendation:

- Avoid these words when reporting on mental illness unless they are part of a quote that is essential to the story.

Deaf and dumb/deaf-mute: Avoid these terms as they are often used inaccurately and can be offensive.

NCDJ Recommendation:

- Avoid these terms as they are often used inaccurately and can be offensive.

Defect, birth defect, defective: Avoid these terms when describing a disability because they imply the person is somehow incomplete or sub-par.

NCDJ Recommendation:

- Avoid using defect or defective when describing a disability. Instead, state the nature of the disability or injury.

Demented, senile: Avoid describing someone as being demented or senile. Use people-first language when describing someone with dementia, such as “a person with dementia.”

NCDJ Recommendation:

- Refer to someone as having dementia only if the information is relevant* to the story and a licensed medical professional has formally diagnosed the person. Use people-first language when describing someone with dementia, such as “a person with dementia” or “a person living with dementia.” Avoid describing someone as being demented or senile.

- When possible, reference the specific disease, such as “someone with Huntington’s disease” or “someone living

with Huntington’s disease.” When referencing Huntington’s disease or Parkinson’s disease, do not shorten to Huntington’s or “Parkinson’s.”

Epileptic fit: The term seizure is preferred when referring to the brief manifestation of symptoms common among those with epilepsy. Avoid stating that the person had a fit or an epileptic fit.

NCDJ Recommendation:

- Refer to someone as having epilepsy only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone has epilepsy, is living with epilepsy or has been diagnosed with epilepsy rather than referring to him or her as an epileptic.

- The term seizure is the preferred term when referring to the brief manifestation of symptoms common among those with epilepsy. Avoid stating that the person had a fit

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or an epileptic fit.

Mentally retarded: Always try to specify the type of disability being referenced. Otherwise, the terms mental disability, intellectual disability and developmental disability are acceptable. See entry on mentally retarded/mentally disabled, intellectually disabled, developmentally disabled.

NCDJ Recommendation:

- Always try to specify the type of disability being referenced. Otherwise, the terms mental disability, intellectual disability and developmental disability are acceptable. **Use people-first language. For example,** instead of using “the mentally disabled” as a collective noun, use “people with mental disabilities” or “people living with mental disabilities.”
- At times, words that are considered outdated may be appropriate because of the story’s historical context. In those cases, attribute the term

or note its historic use. For example, “The doctor said he was retarded, a term widely used at the time.”

Midget: The term was used in the past to describe an unusually short and proportionate person. It is now widely considered derogatory.

NCDJ Recommendation:

- Only refer to a person’s short stature if it is relevant* to the story. It is best to ask people which term they prefer to describe them. Avoid the term dwarf unless it is being used in a quote or in a medical diagnosis. Avoid using the terms vertically challenged and midget.

Paraplegic: Avoid referring to an individual as a paraplegic. Instead, say the person has paraplegia. See entry on paraplegia/paraplegic.

NCDJ Recommendation:

- Avoid referring to an individual

as a paraplegic. Instead, say the person has paraplegia. Sometimes people with paraplegia refer to themselves as a “para.” If so, use in quotes.

Psychotic: Avoid using psychotic to describe a person; instead refer to a person as having a psychotic condition or psychosis.

NCDJ Recommendation:

- Use the words psychotic and psychosis only when they accurately describe a medical experience. Avoid using psychotic to describe a person; instead refer to a person as having a psychotic condition or psychosis. Avoid using the terms colloquially.

Quadriplegic: Use people-first language, such as “a person with quadriplegia” rather than quadriplegic.

NCDJ Recommendation:

- Use people-first language, such as “a person with quadriplegia” or “a person living

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with quadriplegia” rather than quadriplegic, since this implies that the condition defines them. Sometimes people with quadriplegia refer to themselves as “quads.” If so, use in quotes.

Schizophrenic: Use people-first language, stating that someone is “a person with schizophrenia” or “a person diagnosed with schizophrenia” rather than a schizophrenic or a schizophrenic person.

NCDJ Recommendation:

- Refer to someone as having schizophrenia only if the information is relevant* to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone is “a person with schizophrenia,” “a person living with schizophrenia” or “a person diagnosed with schizophrenia” rather than a schizophrenic or a schizophrenic person. Do not use the word schizophrenic colloquially as a synonym for something inconsistent or contradictory.

Spastic or a spaz. It is acceptable to refer to someone as having spastic cerebral palsy, but it is derogatory to refer to someone as spastic or a spaz. See entry on cerebral palsy.

NCDJ Recommendation:

- It is acceptable to describe a person as “someone with cerebral palsy” or “someone living with cerebral palsy,” followed by a short explanation of what the condition entails. When describing specific symptoms, it is always best to ask the person what terms he or she prefers.

Stricken with, suffers from, victim of: These terms carry the assumption that a person with a disability is suffering or has a reduced quality of life.

NCDJ Recommendation:

- It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: “He has muscular

dystrophy” or “he is living with muscular dystrophy.”

Vegetable: Use people-first language, such as “a person in a vegetative state.” Avoid referring to someone as a vegetable or “veg” as such words dehumanize the person. See entry on vegetative state/comatose/non-responsive.

NCDJ Recommendation:

- It is preferable to use precise medical terminology or, if that is not possible, terms such as comatose or non-responsive. If using the term vegetative state, use people-first language, such as “a person in a vegetative state.” Avoid referring to someone as a vegetable or “veg” as such words dehumanize the person.



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DEPARTMENT OF HEALTH & HUMAN SERVICES

Administration for Community Living
Washington, D.C. 20201

August 31, 2016

Mark Seifarth, Chair, and
Carolyn Knight, Executive Director
Ohio Developmental Disabilities Council
899 E. Broad Street, Suite 203
Columbus, Ohio 43205

Mark *Carolyn*

Mr. Seifarth and Ms. Knight,



On behalf of the U.S. Department of Health and Human Services Administration for Community Living - Administration on Disabilities, I would like to thank you both for your essential role in planning and executing our visit in Columbus, Ohio.

The seed was planted over a year ago based on the Council's initial outreach to plan an activity for the winter of 2016. I do not think any of us was prepared for what was to transpire almost a year later as we executed the first joint State Independent Living Council and Developmental Disabilities Council meeting in U.S. history! The effort truly helped illuminate to the country the breadth and scope of work that takes place across our network and how we can all work together to accomplish our shared goals.

Thank you again for entertaining such a bold idea and opening your doors to us. I wish the Council members and staff continued success in your present and future endeavors!

Sincerely,

Aaron Bishop

Aaron Bishop, M.S.S. W.
Commissioner
Administration on Disabilities
Administration for Community Living
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