

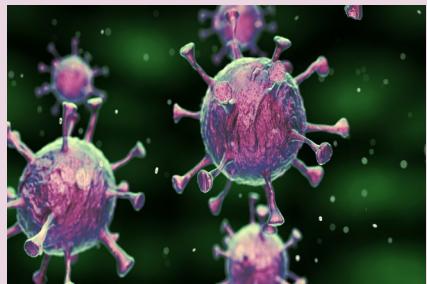
## Hello from the RBHS Office of Disability Services!

Would you like additional information or a presentation in your course? Let us know: [odsrhbs@ca.rutgers.edu](mailto:odsrhbs@ca.rutgers.edu)

We invite your feedback <https://www.surveymonkey.com/r/2RH3NWV>

The RBHS Office of Disability Services (RBHSODS) provides the necessary tools, resources and support for disabled students to become responsible decision-makers and self-advocates in charge of their own future. We are also here to support faculty and staff.

### The Myth of “Mild” COVID



In the social media and other arenas, the Disability community has been criticizing the use of the word “mild” to describe the impact of the Omicron variant of COVID. News media use the term to convey that Omicron symptoms have been less severe than the Delta variant, despite its virulence.

However, what may be mild to some people could be severe to others, depending on the nature of their disabilities or limited or unequal access to adequate healthcare. Those who have experienced significant symptoms bristle at the idea that Omicron is “not a big deal” as @phylogenomics says on Twitter. In a January 6<sup>th</sup> report, the World Health Organization [warns](#) that using the term “mild” is a mistake.

In a recent *CBS Mornings* news [segment](#), Dr. Celine Gounder, epidemiologist at New York University and host of the podcast, “Epidemic” clarified the use of the term “mild” for a confused audience. Among healthcare professionals a respiratory illness is considered mild if it only affects the upper respiratory system (head, nose, ears, throat). Severe illness is when a virus like Coronavirus enters the lungs and leads to significant symptoms such as a drop in oxygen levels.

Even a so-called mild case could lead to [Long-COVID](#) complications according to [Dr. Fauci](#), Director of the National Institute of Allergy and Infectious Diseases.

For people with compromised immune systems or other disabilities, even the upper respiratory symptoms could have a major impact, thus “mild” is an unfortunately weak descriptor for Omicron symptoms.

Long-COVID may cause temporary or long-term impacts on students’ cognitive skills, concentration, memory, energy levels, and other functions, or exacerbate systemic disabilities such as diabetes, HIV or heart disease among others. If students request excused absences or other accommodations as a result of having COVID, DRC’s are well-advised to follow their usual in-depth documentation review and accommodation determination, even when a medical report uses the term “mild.”

<https://www.ahead.org/professional-resources/publications/hub/jan-2022>

### Disability Related Student Organization

According to the CDC, one in four people in the United States are disabled. RBHS students might work, take classes, and socialize with disabled individuals, or are disabled themselves. ODS is working toward creating a student organization focused on issues that impact disabled people. The organization will focus on promoting disability education, advocacy, and awareness on campus and beyond. This will be the first RBHS student organization that is not school or program specific. If you are an RBHS student and you have an interest in issues that impact disabled people (or if you are a faculty or staff member with an interest in servicing as an advisor for such a group), please contact Jenna Rose at [jer298@rbhs.rutgers.edu](mailto:jer298@rbhs.rutgers.edu).

### Patient-Provider Communication:

#### A Speech-Language Pathologist Talks Communication Access for All

Guest Writer: Stephanie Hubbell, M.S., CCC-SLP

Director of Clinical Education,

Rutgers MS Program in Speech-Language Pathology

Communication is a human right, yet one that is often overlooked within the demands of healthcare settings. From sharing prognoses and medication lists, to detailing exercises and care plans, providers have a lot of information to share and tend to drive much of the conversation within patient exchanges. But what happens when the patients we work with struggle with language production and comprehension? How do we make room for the give and take that true communication requires, making sure our messages land? The good news is that there are simple steps providers can take to promote effective, bidirectional communication - steps that can be started right away in order to take patient care and access to the next level!

**Interpretation:** While this tip isn’t specific to individuals with communication impairments, all patients and caregivers have the right to receive information in their preferred language! Don’t presume language preferences based on your perceptions of a patient’s language proficiency – ASK to make sure! (Understanding a simple conversation is much different than understanding medical terms and conditions in one’s second language!). Learn how to use interpretation services to support your conversations.

**Clear and simple:** Communicate in the simplest and clearest terms possible, noticing and avoiding jargon. Medical terminology is difficult to understand for any patient, and when expressive and receptive language difficulties are layered in, the words we choose matter more than ever!

**Pacing:** It can be tempting to rattle off information quickly in order to get to the next patient or task, however, this only serves the provider and rarely the patient. Instead, slow things down. Pause between statements. Chunk information into shorter, bit-sized units.



## Multiple Means of Learning, AKA: Universal Design for Learning (UDL)

UDL is a framework to improve and optimize teaching and learning for all people based on scientific insights into how humans learn. <https://www.cast.org/impact/universal-design-for-learning-udl>

The strategies listed below can make learning – in person, online or hybrid – **more accessible for a variety learners**: those who are disabled by the learning environment, second language learners, learners who need to multitask (think parents caring for parents or children), and more.

### Communication

- Captioning:** Turn on captions to all videos and media including live and recorded Zoom meetings. Ensure outside source videos (YouTube) have a closed-captioning option. **Who does this benefit?** Deaf/hard of hearing populations; English language learners; those who learn better through reading; those who need to learn with the volume turned off or turned down, and more.
- PowerPoints & VoiceThread:** Offer brief audio summaries to PowerPoints or Notes. **Who does this benefit?** Visually impaired individuals; auditory learners; those who may not have optimal visual technology, and more
- Screen Reader:** Encourage the use of Immersive Reader in Microsoft Office. **Who does this benefit?** Visually impaired individuals; auditory learners; those who may not have optimal visual technology, and more

### Syllabus:

- Offer clear, consistent guidelines, due dates, office hours.
- Provide multiple modes of contact (office hours, email, telephone) with reasonably expected response times.
- Have a clearly defined resources sections (including a disability services statement) letting students know how to access frequently requested services. **Who does this benefit?** All students as well as service providers.

### Materials:

- Captioning:** Turn on captions to all videos and media. **Who does this benefit?** Deaf/hard of hearing populations; English language learners; those who learn better through reading; those who need to learn with the volume turned off or turned down, and more.
- Assessments:** Consider alternate forms (essay, short answer, multiple choice, presentation) rather than sticking to one type of assessment. **Who does this benefit?** Students who can better express what they know within the various types of formats
- Engagement/Participation:** Consider alternate forms. **Who does this benefit?** Students who learn more effectively using the various types of formats
- Textbooks:** Provide options for electronic textbooks and/or digital reading material. Encourage the use of ReadSpeaker in Canvas.
- Dictation Tools:** Encourage the use of Speech-to-Text Dictate or Transcribe Tools (click on the microphone) in Microsoft Office Word.
- Visuals:** Use visuals including graphic organizers, charts, graphs, videos, to enhance content and make it available in BlackBoard.

### Assignments: Who Benefits? All students

- Directions:** Clearly state directions and due dates for assignments.
- Products:** Consider offering a choice for product outcome/ assignment (student can choose between two assignments to show understanding of information).
- Timed Tests:** Consider the need and relevance for "timed" tests and assignments.
- Due Dates:** Consider flexible "Due Dates" and times for all.

For more UDL information, please visit: [UDL in STEM Increasing Accessibility with UDL](#), [UDL At-A-Glance](#)

(patient provider communication cont'd)

**Check for understanding:** Every patient deserves to fully understand the information that affects their care, and check-ins are a great way to gauge understanding. Avoid closed questions ("Do you understand?") when checking for comprehension, as you may get an inauthentic answer. Instead, have clients summarize back to you key points ("Can you tell me in your own words the three things you need to do next?") so you can assess if your message was received.

**Use visuals:** A picture truly is worth a thousand words. When you give a handout or draw and write down key words when interacting with clients you give them a tool they can reference in and after the moment. We know that all brains struggle to take in new information in emotional and pressured situations, so providing visuals is helpful for all!

**Involve patients in choice making:** Every patient deserves to take part in their care to the fullest extent possible, no matter how much or little they speak. When you can, offer choices. If offering a yes/no, make sure to ALWAYS include a third choice "something else." (After all, what if they're unsure? Have questions? Need time to think? A simple yes/no doesn't leave room for grey).

**Speak TO (not about) patients:** At the end of the day, patients are people who deserve to be treated with basic respect. It is always better to err on the side of over communication – telling patients what is going to happen next and why – than to steam ahead into your plan.

**When in doubt, consult a SLP:** Speech-language pathologists are trained to open up channels of communication for ALL individuals. If a patient of yours has communication needs, turn to your team for support, advice, and strategies. Communication access is the first step in person-centered care!



**Image Caption:** Did you know that the Joint Commission lists communication access as a standard for accreditation? Following the Patient Communication Bill of Rights ([National Joint Committee for the Communication Needs of Persons with Severe Disabilities](#)) is one way to ensure you are meeting your patients' needs.

From a [Buzzfeed article](#), the quotes below are from Reddit users who describe what having Autism is really like for them

by Victoria Vouloumanos, BuzzFeed Staff

"People have the misconception that we 'lack empathy.' We often have a hard time 'reading' people, but we certainly do not lack human empathy."

**1. "People who are 'high functioning' or 'don't look or act autistic' are still having a hard time. A lot of us do this thing called 'masking,' where we basically act as if we are neurotypical based on the stuff we learn from others. It is very exhausting to keep up that fake persona." —[u/jakobbeef98](#)**

"The effort of masking is a huge drain of resources. Imagine if you lived in a world of autistic people, and any time they see you do anything non-autistic, they like you less. They also will claim up and down that they would never treat you differently for being non-autistic. But you've had so many consistent experiences of losing jobs and income and social connections and opportunities, that you know you can never slip up and must maintain the mask at all times. . . . So you're essentially an undercover agent your whole life. An undercover agent with no home office, no training, no fancy spy equipment, no manual, no team, no country, no mission, just an intuitively-perceived imperative that you must maintain your cover at all times or face serious consequences.—[u/intensely-human](#)

**2. "Ever hear of the game called Mao? It's very similar to Uno, but it has rules you can't know about. The only rule that you can explain to others is this one: Every time you break a rule you get another card. It's up to you to figure out the rules, by trial and error again and again. Plus, each person introducing their group to Mao may have their own version of the rules, as everything is made up by the one who knows how to play the game. That was the entirety of my childhood."**

"Everyone had advanced knowledge of a strict set of rules that they were able to follow at all times. They had different sets of rules that they could follow, tailor-made to the relationships between their teachers, parents, friends, strangers, and so on. No one told me any rules.

Through trial and error, I had to learn them as if they should have been on flashcards. I have to be aware of them at all times because if I screw up, someone gets angry. By now, I've been able to keep a good grasp of the rules to appear normal, but sometimes, I still feel inhuman. I allow some of my weird immaturity out to a select few who understand." —[u/commiecomrade](#)

For more on Autistic People Are Describing What Autism Is Really Like <https://www.buzzfeed.com/victoriavouloumanos/autistic-people-share-what-autisms-like>



#### Payan vs. Los Angeles Community College District:

#### How You Can Help

**What can you do to help? Sign the following petition to tell the LACCD to Back Off the Americans with Disabilities Act: <https://form.jotform.com/220128109863150>**

A group of blind students sued the Los Angeles Community College District (LACCD) stating that their textbooks, handouts, websites, and other technology needed for their education were inaccessible. They sued in federal court under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

The students won their case in the federal district court. The federal judge ordered LACCD to make materials, websites, and software accessible to blind students, and to remedy other technological barriers on campus.

LACCD went on to appeal in the Ninth Circuit Court of Appeals, however, the district did not argue that their programs and services are accessible to blind students, or that providing the access fixes would cause an undue burden or a fundamental alteration. Instead, the LACCD argued that the student plaintiffs should not be allowed to bring claims under the ADA or Section 504 using the "disparate impact" theory of discrimination. Disparate impact discrimination is defined as discrimination that is unintentional.

The students won the appeal, and LACCD's argument was rejected. The majority ruled that "Section 504 and the ADA were specifically intended to address both intentional discrimination and discrimination caused by 'thoughtless indifference' or 'benign neglect', such as physical barriers or access to public facilities."

However, the story does not stop there. Lawyers for LACCD plan to ask the U.S. Supreme Court to take case and decide whether disabled plaintiffs can bring claims under the ADA or Section 504 for "disparate impact".

The actions of the LACCD presenting this case to the U.S. Supreme Court could have grave consequences for the disabled community. If the LACCD succeeds, the Supreme Court will rule that the ADA and Section 504 do not prohibit "disparate impact" or unintentional discrimination. This ruling would make it impossible for disabled people to challenge unintentional discrimination, which could impact access to education, housing, businesses, and more.

**What can you do to help? Sign the following petitions to tell the LACCD to Back Off the Americans with Disabilities Act: <https://form.jotform.com/220128109863150>**

Cindy Poore-Pariseau,  
ODS Director



Jenna Rose,  
ODS Coordinator

