>> Lauren: Good afternoon everyone and welcome to our webinar today. Thank you for joining us as we begin RespectAbility's fifth installment of our eight part webinar series: including people with disabilities in philanthropy and nonprofits. My name is Lauren Appelbaum and I'm the Vice President of Communications here at RespectAbility. I'm going to kick off today's webinar about how to ensure a welcoming lexicon and inclusive storytelling. Before we begin, RespectAbility would like to thank 18 of our equity and access series partners from foundations to nonprofits. We thank all our partners for their help in promoting the series today. We have about 500 registered participants for today's webinar and we are thankful for each and every one of you as well. So, why are we doing this? We know that organizations are at their best when they welcome, respect and include people of all backgrounds. This of course includes people with disabilities. People with disabilities can be extremely successful if given the right accommodations and support. For example, Stephen Hawking, Whoopi Goldberg, Richard Branson and Steve Jobs, to name a few of the people - their images are on the screen right now - are all people with disabilities. I want to highlight one of the individuals that we have their head shot up on the screen right now is Greta Thunberg. She was named Time's Person of the Year this morning and she is the youngest person to ever receive that title. 61 million people in the United States have a disability, which comes out to be roughly one in five Americans. And so, this is the largest marginalized group within the United States. People with disabilities want to work, succeed and reach their full potential just like anyone else. It's important when talking about adults, that one in four adults in America have a disability and that is especially important as people with disabilities age, that they have the proper support and services in place to live and thrive. Disabilities - we are going to be talking about language later. Our speakers will go into much more detail on this. But disabilities can be temporary. You could break your leg or can be permanent. They could be visible or nonvisible. They could happen from birth or they can be acquired later in life. So, now I'm going to introduce our fabulous speakers. I am so excited to have two really amazing experts joining us today and I'm going to first tell you a little bit about Kristin Gilger. She is the director of the National Center on Disability and Journalism and the associate dean at the Walter Cronkite School of Journalism and Mass Communication. She helped bring the national center on disability and journalism to the Cronkite school and provides administrative oversight for the organization. As an associate dean, She directs the school's 50-plus part time faculty members and oversees the school's professional programs. She also serves as the executive editor of the national news 21 program headquartered at the Cronkite School. She was the director of student media at ASU from 2002 to 2007, and spent 21 years in various reporting and editing roles at newspapers across the country. She regularly conducts training at newspapers and for newspaper associations nationally and internationally. I will introduce Dr. Donna Walton in a little bit but I'm going to pass it over to Kristin.

>> Kristin: Hello. So first I want to apologize that I'm fighting a cold here so I might sound just a little bit froggy. But to follow up on what Lauren said, first thing you have to ask yourself is what is a disability. And just real quickly, next slide, Lauren. You know, the government defines it in this way and I won't read it, but basically it's broad. And as Lauren said, it can be temporary. You broke a leg, you're having trouble walking. It can be a permanent condition that involves anything ranging from being able to handle a manual task, hearing, speaking, breathing, learning, or working, all covered by the ADA. Next slide, Lauren. So, this kind of breaks down what the most common disabilities are. Ambulatory is the top one and part of the reason for that is senior citizens. Many of us, probably all of us, will have some kind of disability as we age. Ambulatory may be one of them and hearing also may be another. So, you can kind of look through the list here to see what types of disabilities are most common. I think the almost 30% are cognitive is an interesting one. We don't think about that one very much. Next slide, Lauren. We will kind of go through these quickly so we have plenty of time for questions. So, getting into language. First of all, the National Center on disability and journalism, we try not to be the language police. We don't want people to be afraid of talking about, writing about, communicating about disability. So, this is not like, oh, I got you. You did something wrong here. It is really our effort to try to make people more comfortable with language so that they are willing to use it and put stories out there. Our focus is particularly on journalism. But we have to start from the point of view that it is not monolithic. And we don't want - I think the most powerful way to think about this is we wouldn't say the Asians or the Jews or the African Americans as a monolithic group. So, you wouldn't say the disabled in the same way. So, we tend to encourage people to use disability more as an adjective than as a noun. That's not always the case. But it is sort of a good rule of thumb. Let's go to the next one. Basic rule number two. People with disabilities do not want to be seen as lesser than other people. They have full and active lives. Sometimes more full and more active than those who live without disabilities. And so, there are some words that you want to avoid. Suffers is an easy one. Stricken is another good example. You're not suffering from cerebral palsy. You are living with it or you have it as part of who you are. Not as a condition that makes you less than somebody else. So, there are some words that - I just said we don't want to be like the language police. But there are a few words you probably really want to avoid and suffering and stricken with are two of them. Go to the next one. So, there's a whole complex discussion about people-first language or not. So, people-first language, basically the idea is that you're putting the person first followed by whatever the disability condition might be. So, you say, you know, an author who lives with a disability. A community activist who lives with epilepsy, for example. It is putting the person and then the disability. And the idea - the reason behind that is that you want to view people as people first, not being defined entirely by their disability. But this is not a universally agreed upon thing. Within the disability community there are portions that really want to own the disability in a way, say no, the disability is so much a part of me that I want that to be the primary definer. So, if you go to the next slide, you will see the identity-first language examples. People within especially the Deaf community and the autistic community, many prefer autistic and deaf as the primary - as the first words and that is called identity first language. And so, really what you come down to as a communicator of any kind is you need to be conscious of how different communities like to be or prefer to be identified and be conscious of that and respectful of that. And if you don't know and we keep coming back to this all the time in our guide. If you're not sure, ask. How do you prefer to be identified? And go with that as long as it's clear and accurate. And that's the next slide. Ask, ask, ask. We don't do that enough and I think sometimes it is because we are afraid of asking. Do I really want to bring this up? Well yes, you want to bring it up. It is respectful to bring it up and as a communicator, you want to be as accurate as possible. And this is a way to do that. So, ask. Next slide, Lauren. So, one of the things that we hear a lot about is should we use the word disability or disabled at all. And in general, people within the disability community would say yes to that. That it is - it's not a bad word, right. And that there are some words you want to avoid. Disability and disabled is generally not one of them. There are other terms that are applied that I still see, like special needs or differently abled. Generally we would recommend against those terms and just go with disability or disabled. Next Lauren? So, I want to talk a little bit about some examples in our style book. So first I want to tell you about our style book. I think that is the next slide. Yeah. We have a disability language style guide that we have developed over a number of years and we have it both on our website at ncdj.org but we also have print copies. If anyone want a nice little - oh, can I show it. I might be able to show it. A nice little handbook. We have this available and I will ship it out to people. We were able to update our style guide recently and translate it into Spanish. So, actually the manual has both Spanish and English terminology. We were able to do this because of a grant from the Ford Foundation which has been incredibly helpful to us in our work. Again, I will ship these out to people who want them. We have mailed these out to news organizations throughout the country in the effort to try to help journalists feel more comfortable and guide them as they use language. So in our guide, it is about a hundred words and terms and we are going to go through just a couple of examples to kind of show you what's available. You can do the next slide, Lauren. So, here's an example. Attention deficit disorder. What we try to do first in the guide is give some background, like okay, What is this? And then link often to other resources that give you more information about that particular disorder. This one links to the National Institute of Mental Health. And we acknowledge where there's not a hundred percent agreement on the use of the term. And that may be - that actually is surprisingly common. We just said the disability community is not monolithic. That is also true of disability organizations that advocate on behalf of people with disabilities. They don't always agree on what the terminology should be. So, we will acknowledge that. And then we make our recommendation. Often in this case, we say - and we often say this, that - use the terminology only if the information is relevant to the story, or if a licensed medical professional has diagnosed the person. Is there a diagnosis? That's because medical language is often misused. It is not - journalists and communicators are guilty of this, of saying, oh, it's this disorder without really knowing that that is the medical diagnosis. I want to talk just for a little bit about what that word "relevant" means. A lot of times we identify disabilities when it is not pertinent to the story or to the piece of information that you're communicating. And I want to give you an example. So, if there's a story - and I always approach this from a journalistic perspective so I hope it is useful to all of you. If a journalist is doing a story about a community that's complaining about airplane noise over their houses and they interview someone who is using a wheelchair and that person is complaining about "all these airplanes flying over my house and it is way too much noise and they need to redirect the flight patterns," is it relevant that person is in a wheelchair? Well, the answer I think, pretty clearly, is no. So, you don't have to reference that at all. If it is a story about a group of hikers and a person - one of the hikers is blind and that person gets lost and the blindness contributed to what happened, is that relevant to a story? Yeah. That might be relevant. So you always have to ask yourself, is it pertinent and important and relevant to the story that I mention the disability at all? And if I do mention it, have I accurately said what it is? Often you just have to ask to get to that accuracy. The third thing that we do in the guide is the last thing is AP style. Some of you may be familiar with the Associated Press style book. This is sort of the Bible of Journalists. It is a manual with all kinds of words and phrases and helps guide what language and words you use for all kinds of things, ranging from street addresses to titles. One of the reasons we developed the style book is that the Associated Press style book really doesn't have very much on disability language. And so, we always note in our entries whether or not AP style book addresses that issue at all. The next example, Lauren, does have an AP style - oh Can we skip one and then come back to accurate? Yeah. This one. So, this is about mental condition references like anxiety disorders and schizophrenia. The AP style book in this case does pretty much agree with what our recommendation is, which is be as specific as possible rather than just saying someone has a mental condition. What does that mean? And so, in some cases, the AP style book does reference things that we also reference, but we tend to give more information, links and some context that AP is not able to do. So Lauren, let's go back one slide about the accuracy issue. As journalists, we are most concerned about being clear and accurate in all of our language choices. So, I love this example of wheelchair bound, which is a phrase I still see. I'm sort of surprised by that. I don't see it nearly as much as I used to but you still see it pop up in the media. It is not only sort of disrespectful and it is - it's actually inaccurate and misleading, because wheelchairs can liberate people, allowing them to move about and people are not bound to wheelchairs all the time. We try to talk to journalists about being accurate about their language choices and this resonates with journalists because it is a foundational principle that we operate on. Accuracy is number one importance to us. Along the lines of accuracy, there is some language that is recommended by some organizations and advocacy groups that we do not recommend that journalists use just yet because another foundational principle for us is that we're clear. And there's some language, and I will use the example of prelingually deaf. Many people within the general reading or viewing audiences are not going to understand what that means. So, we recommend that a journalist either use a different phrase or explain it. Use it and explain it. So, there are sometimes where the language kind of gets ahead of the audience and journalists have to be that intermediary in terms of explaining what it means or using a different word or phrase to get to the same understanding. Okay, Lauren. Let's jump ahead. So, there's some other discussions about able-bodied or normal. Again, I don't want to be too prescriptive here but we recommend against using terms like able bodied or normal because what is normal? Well that is a really wide range. And in some ways we are normal and we are not normal. I think that is true for all of us. We also recommend avoiding terms like describing people with disabilities as inspirational or courageous. Because that - I don't know, I think of it as using them. It is using them for us to feel better or for us to have a certain emotion. And that's objectifying. And so we really encourage journalists to talk about people with disabilities as they would anybody else. They might be doing something inspirational. Just having a disability is not necessarily inspirational. And so, that is something we also try to communicate to our users. Go ahead, Lauren.

>> Lauren: Thank you so much. I want to say that if you're interested in a hard copy of the style guide, if you email my colleague Eric Ascher at EricA@RespectAbility.org, he'll compile a list of names and mailing addresses and then send it over to Kristin's team. So that is EricA@RespectAbility.org. I also want to mention that there are captions being generated live. A few of you have asked questions about that. You can turn that on at the bottom of your screen. Before we go on to our next speaker I would love to say a few words about Dr. Donna Walton who is the author - oh, it's Eric with a C. Thank you. So, Dr. Donna Walton is the author of a newly released book Shattered Dreams Broken Pieces, an eye opening tale of reinvention that chronicles the decades that she spent working to rebuild her world through disasters, setbacks, trials and tribulations after a dangerous form of bone cancer threatened both her life and then forced the amputation of her left leg above the knee. Since then, she went on to found and now is the President of the Divas with Disabilities Project.

>> Kristin: Which has got to be the greatest name ever.

>> Lauren: Yes. I love the name. Dr. Walton has made an unprecedented impact in both the disability and women of color communities as a hub for thoughtful discussion on issues, self love and shaping the perception of what disability looks like by promoting women of color through various media platforms. After Dr. Walton speaks, we will have a chance for people to ask questions to both of our speakers and you can do so by typing them into the Q&A box and we will answer them at the end of this webinar. If we don't get to your question during the webinar, don't worry. We will follow up via email. For now I would love to turn it over to Donna. Take it away.

>> Dr. Walton: Thank you very much, Lauren. And Kristin, to your point, it is a fabulous name because the reason why the name divas was sort of created was to show that diva and disability could coexist in a single person and we wanted to show that when you think of imagery and you think of the word diva you want to see that, and people with disabilities particularly women with disabilities can absolutely exude diva in their lived experiences. The Divas with Disabilities project was started as a digital campaign, but it was created out of the need to show that more Black women, Black and brown women, could be represented in mass media. There was a lack of - and there still remains a lack of - images of Black and brown women in mass media. So, the mission of Divas with Disabilities is to reshape what disability looks like by promoting Black and brown women through various media platforms, particularly through advertising and through film and in literature to just see our stories reflected. And that was the primary reason, is to see more women of color reflected in mass media. In doing that, Divas with Disabilities uses itself as a platform to actually promote women with physical disabilities through various media platforms in mass media. Next slide, please. So, imagery tells a story, and the importance about divas is that you don't necessarily combine the imagery of a person in a wheelchair with flying a plane. You might not see a woman who has cerebral palsy, for example, and she dances. You may not see a young woman with a wheelchair who as you can see in this image here doing a wheelie, for example. And then you see rejoicing. You see these images are reflecting the actual vision of what women themselves see themselves as empowered. Wanting to show that their disability does not define - it is not who they are. It is just a detail or a characteristic they live with. And that's what these images are there to express. And in organizations and through media, for example, very important to illustrate and highlight positive images when stories are being told or reflected in the mass media. That is very important to show that, you know, women with disabilities are varied in their lived experiences and therefore reflect their images as such and in this case as divas. Next slide please. Beauty with a twist - I just wanted to have this visual here so that you - it's a newly released book and - I'm stumbling over my words because I just got this orthodic in my mouth, that's ok, But anyway, excuse me for that. This is an image of a newly released book by a diva. Her name is Rasheera Dopson. Her book is titled "Beauty With a Twist". Now, if you just saw the words and did not see the image, I wonder what you would envision. So, if you see the book cover here is a beautiful book. The color is pink and it has beautiful daisies around, frame the words beauty with a twist. I will give you a hint. This particular individual has facial difference. And so, she titled her book, "Beauty with a Twist", to illustrate her story about her living with facial difference. And so I wanted to just show this. It is coming soon, of course. But I wanted to show how if this particular book was in a classroom, for example, how powerful it could be illustrate or to tell a story about a woman who has facial difference and is now living her life out loud, positively and empowered. And it doesn't have the connotation that you would think that society, I guess, portrays her as a woman with disfigurement, which is a medical term that we try not to use anymore. But facial difference. Next slide, please. So, I gave - this slide here that just talks about the number of people that are impacted by disability. And African Americans in particular. There are 54 million Americans in the U.S., yet 3.4 million of those Americans are African American and live with some form of disability. I focused in on African Americans with disabilities and particularly women because as I mentioned earlier, we are clearly underrepresented in the mass media, underrepresented in employment. We don't get the opportunities that other majority races do and then - I guess when you go down the bullets here - Latina women and Hispanics with disabilities follow, women with disabilities in general and then of course LGBTQ individuals with disabilities. All these are minority demographics and they really show the images, if you were to go out and look at these images, what image would you see of a woman with a disability in any of these domains? I wonder what you would actually see. Well, the Divas with Disabilities project was created just for that particular reason, as I mentioned earlier, to show that women with disabilities come in all fashions. And we are fashionable. We really - we love, we have children, we are women and we reflect our lives through the way we dress and by the way we speak. And I think sometimes society is not ready to see African American women in particular be as brave, if you will, and be as courageous and those terms are used a lot when people are just really living out their lives and that may feed into the next slide which talks about inspirational porn. Next slide please. This slide doesn't, but Kristin talked about inspirational porn and I want to just - There it is. So, this particular image just reflects just that. You see this young boy. He has his prosthetic legs on and he is running a race. Someone may say about this image, oh, he's so great. He's doing such a wonderful job. You know, that in turn is really kind of insulting because in a way, this individual is living his life. He has a talent and he is expressing himself in that talent. So, it is not about that particular entity that he has to be, you know, complimented on. So, when we talk about women with disabilities in particular and you see one who is fashionably dressed, which, these comments are really interesting. Like "oh, you really good for a person with a disability", or "I really like that dress for a woman who has one leg, "You really look good with that dress" or just focusing on the disability and - It just can't be the person but it always has to be focused on the disability. And that is something we have to really more ourselves away from. Inspirational porn is when people with disabilities are called inspirational or brave for doing something as simple as exercising or being invited to a prom. And so in this case, women with disabilities or Divas with Disabilities are sometimes called inspirational just for living out their lives, for being beautiful and sexy and being able to dance and have dates and get married. It is sometimes looked upon as we are doing something really extra special and we really are not. Next slide please - or I guess, go back to the other slide. Thank you. So, the best way, the best way to accurately represent people with disabilities and particularly black women with disabilities is to include them in the storytelling process. Because, what happens is that when you tell the story, you get to know the total lived experience of individuals. In this particular graphic, each of these individuals has a story to tell. There's one gentleman who sits in a wheelchair. Now there's many, many aspects of why he could be sitting in that wheelchair. But I think that is not really the detail we want to always emphasize. We want to emphasize the individual because there's probably many more details about his life that probably never get told because we want to always focus on the wheelchair. I guess in saying that, is when we think about telling a story or reporting a story, if you will, you want to be able to express details that are not as significant to the disability because people with disabilities have a whole range of lived experiences. And like I said, the disability is just one particular detail or characteristic of an individual. Next slide please. So, the book that Lauren - I'm so proud to have here - is "Shattered Dreams, Broken Pieces" and it really does chronicle my journey of going through surviving cancer and having an amputation and that whole experience of how society dealt with me after my amputation. And this was in 1976 when cancer and amputated legs with young girls was not really seen. It wasn't noticed a lot, so I got a lot of attention. And I still get a lot of attention today but for different reasons. But this book really talks about the sort of journey that I walked from 18 years old and moves up to getting jobs and to going to school, to dating. It really tells about all that. And the one thing that sort of is taken from this book is that no matter what I accomplished, no matter what I do, my disability seems to always be center front and center. And I'm hoping that one day, that it will be that if I'm introduced to someone, that my disability is not an issue. The fact that I walk with a cane or walk with a limp may not always be the story that has to - I don't always have to lead with that story. It could be other details about my life that could be important. Next slide, please. Okay. So, we have actually come to the end of my presentation. So, basically I just want to conclude that storytelling is extremely important in mass media and the way we get those stories told is to basically identify individuals, any individual and you will be amazed what may emerge and it could be a major surprise that the person does have an invisible disability that we sometimes don't even take into consideration.

>> Lauren: Thank you very much, Donna and thank you Kristin. I'm going to now - I'm looking at the questions that have been submitted. Some via the Zoom webinar chat and some via the Q&A. So a reminder, if you have a question you would like to ask, you can click on the Q&A button and type in your question and we would be glad to get to that. So, I have a question from Kate, Saying this might be a basic question, but is whether someone has a disability defined by that person or by an objective definition? She's particularly wondering about mental illness. Do either of you want to take that?

>> Kristin: Is my sound on Lauren?

>> Lauren: Yes. Yes. You have been unmuted now.

>> Kristin: It is all about context. If you're a journalist and you're reporting on a story that involves someone who has a mental disability of some kind or mental challenge of some kind, then the question is, is that relevant to the story, which is something I mentioned earlier. So, so, the answer is it depends. And that - whether or not it is relevant might be defined by different people. If it is a crime situation, for example, that might be defined by law enforcement. Although you have to question their language choices often and challenge the language choices to see if that is their conclusion or if that is a medical diagnosis. And then be very careful about that. And then sometimes it is going to be up to the person that you're interviewing, the individual, to define that for you. Again, it is about context. You're going to have to weigh each individual situation to try to arrive at a good answer to that. Donna, do you have anything to add?

>> Dr. Walton: I agree. I totally agree. It is very situational in terms of, you know, who wants - some person may not even want to disclose that information. So, I totally agree with you that it is the context by which it is occurring.

>> Lauren: And if - someone was wondering about the numbers that we have, for example, numbers that come from the CDC or from the census - those are self reported numbers and there are individuals who will self identify or maybe not publicly but identify as someone with depression or anxiety, for example, and may not even realize that that falls under the umbrella of disability and that happens a lot, so whenever we ask questions, we always give a very short definition based on the Americans with Disabilities Act of what a disability is to help individuals be able to answer the question of if they self identify as having a disability. Another question, also from Kate, is asking about how public schools still use the term special needs.

>> Kristin: [Sighs] It is actually a really good point about how language changes and evolves. So, language is changing all the time around disability. And that's actually a real challenge for us because even in the ten years we have been working on this guide, we've revised all kinds of things. And so, some of it is there are segments of our society that are not keeping up as much as you would like. Part of that, when it comes to government entities like public schools, is tied to law. So, you know, there are - there's certain legislation that refers to disabilities in certain ways that we still use. Handicap parking is an example of that. And so in the disability style guide we say, the official word for this is handicap parking so if it is like the only time you want to use the word "handicap" is in handicap parking. I wish that would change. But we are sort of as communicators also having to reflect what official references are. And so, sometimes those kinds of phrases still are entering our language uses.

>> Dr. Walton: Yeah. And it is going to be - you're right. They are attached to laws in many cases because I know when I was teaching school, I taught in a classroom that was mildly educatable "mentally retarted" so we have moved - clearly, we are definitely moving with language in terms of titles. I work in the federal government as well and some of our forms still have the word handicapped on them. So, I think in defining the terms - it is going to be in the home where these terms can be challenged. So, say, for example, if kids are being called special needs at school, but when they go home their parents and their families can redefine that for them.

>> Kristin: To go one step further, there is the official lexicon. But even within the school, you could talk to the school about how they are referring to it and refer to it differently when you're interacting with a child. For example, a quote unquote "special needs child." And I think you're right. We can help change the language in our own use of it even if we haven't yet affected the official language.

>> Dr. Walton: And that is a really good point. I have to piggy back on that because I remember when I was going through the prosthesis, getting adjustments to my leg, they would call my leg a stump. And I clearly said, "can we move from stump to residual limb?" That helps me with a more positive identity for my amputated leg.

>> Kristin: And going back to how language changes, special needs was seen as an advance in the way children were referred to. That was an advancement at the time. So, we keep evolving.

>> Lauren: Thank you both very much for a very detailed answer. We have a question from Karen saying, according to our HR paperwork, she knows of an individual who does not identify as having a disability, however, he very clearly has limits to his ability to use his arms. For example, unable to drive. So, she is concerned about asking questions. What do you suggest?

>> Dr. Walton: Okay. I'm sorry, Kristin, do you want to take that?

>> Kristin: No. Go, Donna.

>> Dr. Walton: That is a very, very good question. From the standpoint of HR so, the person his a visible disability and so, the employer, as much as they would want to evade that, cannot and should not even ask the question. However, if the employer is a supervisor or a manager and he finds that the individual's performance is not where it should be, then the employer or supervisor could clearly say, "I noticed on X Y assignment you did a fantastic job. This assignment you didn't do as well. Is there something I can help you with? Is there an accommodation that you may require?" It has to be tackled, if you will, and Kristin you can add to it, tackled from the standpoint of an accommodation, but not from challenging like what is wrong with you or do you need my help.

>> Kristin: Yeah, I was going to say the same thing. It doesn't have to be a formal disability acknowledgement. It could simply be, "is there something I can do to help you to do your job better?" That's all it needs to be. The person doesn't have to say "I have a disability." They could say, "you know what? I really could use a different kind of workstation." We all do that. I have a workstation that I can lift so I could stand up and work and many of us are doing that for physical reasons. It is no different than that.

>> Dr. Walton: And identity is a really touchy thing because not everyone who has a disability, if you will, as we define it, identifies with that. I know that I incurred my disability later in life. There are some individuals who were born, have congenital disabilities, They do not see themselves with disabilities. Their families didn't see them with disabilities so therefore they don't use the term and they stay away from the term. I know that we talked about "differently abled" and "physically challenged" and all these great words that have come about, some individuals use those terms. Those are very appropriate terms for those individuals because they do not see their children or their family members as disabled.

>> Lauren: There's a question from Alyssa that is along those lines about what language and terms can we use to be most inclusive of asking for information from people on our demographic form for collecting information about our community members? We had someone with a disability ask that we use the term diverse abilities instead of disability. What are your thoughts on that term?

>> Kristin: My answer to that is, is that a clear question to everybody? If I saw that on a firm, I'm not sure I would know what it means. It has to be about clarity, right? So I think I would ask about accommodation, do you need any accommodation, which is very clear. Diversibility, I kind of like the term, but it is not common enough now I think you could use it on a form and have everybody understand what you're talking about. Do you agree, Donna?

>> Dr. Walton: I totally agree. I'll give you another example, I don't know if this really applies but again, going back to the days - I was challenged on - I used to always call myself physically challenged. "Oh, I'm physically challenged." Then one day someone challenged me and said, "if you're physically challenged then you can not hold others accountable, for example, if you were to board a bus and the hydraulic stair did not lower because they'll say, in their minds, well, if she's physically challenged we don't have to do that. Sometimes you set yourself up for not being accommodated. Not to push disclosure, but terminology is important in helping us define ourselves and helping others to define how they may or may not treat us.

>> Lauren: And to go along with that because the questioner said it was specifically for a demographic form, and oftentimes there are specific language that is used in terms of talking about different races and nationalities, and just like with disability evolving in terms of sexual orientation and the like. And so, thinking about what are the technical terms, and disability is the legal term, would be appropriate for a demographic form, while recognizing that there are people with disabilities who choose to use different words to describe themselves.

>> Kristin: I agree with you, Lauren.

>> Dr. Walton: Totally.

>> Lauren: We have a question from Owen, saying are there any training resources such as canned presentations that we can refer for larger staff, specifically best practices to engage with people that have autism or related. I know that there is accreditation program for zoos, theme parks, etcetera, but the cost is prohibitive for some non profits. So, are there other accrediting programs for this type of training?

>> Kristin: On the NCDJ site we list disability organizations and we list some resources and - I know there are some groups related to autism in there, but I don't know if they offer training. But the question is a really good one because there isn't enough of this kind of training available. Lauren, you might be able to address this.

>> Lauren: I'm honestly not positive about ones that do accreditation. And I know individuals have asked us about this webinar series which we are doing, and as I mentioned at the beginning this is number five of eight and each webinar focuses on a slightly different aspect of accessibility and inclusion in the realm of nonprofits and foundations. And so this, which we are offering completely free to everyone who wants to join, does not have an official accreditation. However, we are glad to write a letter of completion or something like that, if that could be useful for you in your place of work, if that would be helpful. But I don't know the answer in terms of official accredited programs. But it is something I can ask around and get back to you, Owen. We have a question specifically for Donna from Elizabeth. Can you say more about what you mean by your last comment about not always having your disability be front and center? How do you get around that? For example, she has a public health and nonprofit background and also happens to be deaf. She is currently working on accessibility for people with disabilities in the arts. So, her disability will now be front and center in this work. She recognizes that she has an important skillset in this area and goes back and forth about being recognized as that person with a disability working on this issue.

>> Dr. Walton: So, when I say that I don't want not having my disability front and center is that, that doesn't always have to be how I lead with my identity. It is important to my identity, but I don't want that to be the main thing that people focus on. I have other skills and other things that are more important than the fact that I walk with - that I'm an amputee. In your case, yours is communication. So basically, having interpreters. To me, it is the diversity of who you are. I think you bring great diversity with your disability and that is another thing. I like to think of myself as being diverse in who I am and not so much let the disability lead to be the focus. So, I think that when I say front and center, yes, it's visible when it's front and center, but I'm speaking in terms of I don't want that to be the narrative all the time. I don't necessarily want that to only be the focus. I like for individuals to focus on other things. I'm leading this wonderful organizations with the Divas with Disabilities project. I have taught school. I'm a leader in other areas. So, I just think that our other attributes can be brought forth before it's alway about the disability leading first.

>> Lauren: Thank you very much, Donna. We have a question from Wendy as well as from Alexandra. They are both asking a question. The term self care was used at the beginning of the presentation. Can we hear a definition of what that means in the context of disabilities? How do you define self care, for example, versus independent living? This was about the slide displayed at the beginning. Alexandra talks about training her staff on inclusive service delivery last month and used CDC stats for her city but wondered how they were defining two different labels because it was not clear to her.

>> Kristin: Boy, you know, It is a good question and I was looking through the style book as I saw that question. We don't have it in here. So, I'm making a note that we need to add self-care versus independent living and try to answer that question. Thank you! And actually, that brings up another point. If people who use the guide see things that we haven't addressed, we will get on it and add to the resources.

>> Dr. Walton: Great.

>> Lauren: I think that is one of the things I love about the style guide as a resource because it is something that their team is constantly updating as language changes and as people have questions where they realized it wasn't included. So, we will make sure to get that more fleshed out and back to you.

>> Kristin: And if the person who asked that question has some thoughts on it, I would love to hear them.

>> Lauren: Yes. Any questions or any follow up you could send to my colleague, Eric, as I mentioned, EricA@RespectAbility.org and he will make sure that your question gets to the appropriate person. I have another question from Susan, also for Dr. Walton. She appreciates you talking about women of color with disabilities. Do black and brown women with disabilities face particular or unique obstacles? She has heard folks speak about this for disabled asian women and how they can feel excluded from the mainstream and predominantly white disability community. She also has heard from colleagues about the scarcity of finding ASL interpreters who are black.

>> Dr. Walton: Absolutely. The barriers and the challenges are greater in many aspects. I will use it in employment, for example. Typically or in most cases - well, I use this researcher who wrote on - her name is Eddie Glenn and she talked about the intersectionality of being Black, female and disabled. And those three triple threats, if you will - being marginalized on those three identities always - and you never know which one is operating - always create certain barriers. So when you go to a job interview, for example, and you know you are totally qualified as a black woman, a woman of color, and you don't get that job, you walk out of that room and you never know which of those identities that you're marginalized on and didn't get that job. Was it because you were female, was it because you were black or was it because of your disability? You are always kind of constantly - because there's so much racism and so much classism and there's so much - the isms are just more pervasive among women of color than they are other groups. And so yes, the barriers exist and that is one of the reasons the Divas with Disabilities project exists, to somewhat help move some of those barriers, to show there is a population of women who are ready and able, if you will. And we could sort of debunk some of the myths and stereotypes that may be existing out there.

>> Lauren: And Elizabeth mentions she would love to see a webinar on intersectionality issues particularly as it relates to disability and people of color. So that's something that - this series that we're doing is very much on accessibility, but Intersectionality is something that to us as an organization and Donna has served both on our board and now is an advisor to us - is important and the Divas with Disabilities project offers are they monthly calls?

>> Dr. Walton: They are monthly conference calls that you could certainly join in. And we have that topic regularly. So Lauren can make sure you get the information about that.

>> Lauren: And those calls are free, correct?

>> Dr. Walton: And those calls are free.

>> Lauren: Wonderful. We have a few other questions. Now this was already addressed but I figure if it was asked, someone may have joined late or not heard, So, I will give you the opportunity - both Donna and Kristin - to address this about specifically how to educate others on how terms affect people with disabilities, in terms of what we hear, how that really affects individuals. And also if you want to bring it back around to your thoughts on the terms I know you already mentioned, Kristin, but if you want to bring again thoughts on the term special needs in a recap and wheelchair bound.

>> Kristin: That is a really good question and I don't know that we have really answered it. It is how to educate people. And there are different ways of doing that. From a communications point of view, from a journalism point of view where we could do that by using and modeling language and explaining language. But in a one on one or in an interpersonal situation or a one to many personal situation, I think it really has to do with asking what is the appropriate term and acknowledging what you know and you don't know and being open to being corrected. And I think with people with disabilities and I know many like this who speak up, who advocate, you know, for changes in how people are using language or depicting people with disability And they don't have to be terrible conversations. These can be very friendly and helpful conversations. And I know that I appreciate it when someone corrects me in a nice way and says, you know, you should really think about asking it this way or have you thought about this, or there's a different term I really prefer. And I think what holds us back is that we're afraid to have those conversations. And so, if we can just get over that and look at the person as a person and have the conversation like you would about anything that is significant in their lives, then that's a big step that we can take. I'm not sure that answers the question, but I think we have to open ourselves up and we have to advocate. In a nice way.

>> Dr. Walton: That is a very good point. We do. Another point, however, I think adds to that and until there is just a sort of infusion of people with disabilities in our communities, in the grocery store, at the movie - I mean, when we truly have full access and it is a common thing, if you will, to see a person with a disability, various disabilities, I think that is when language will absolutely become more relaxed. Because you will be encountering individuals all the time. It won't be like there's a person using a wheelchair, what do I do.

>> Kristin: Donna, that is true with any kind of diversity, right? Same thing.

>> Dr. Walton: Same thing.

>> Lauren: So, we had promised this webinar would only last an hour and I know everyone has very busy days. If you have additional questions, as I mentioned, reach out to us. We will answer them and we will loop in Donna and Kristin for answers as well. We do not see this webinar as a one and done. We are here to continue the conversation with you. We hope that you will join us for our upcoming webinars. We are taking a break until January. The second week of January we will have two webinars that week, back to back. The first is on how to ensure accessible websites, social media and inclusive photos. That will be on a Tuesday. And that Thursday, we are going to have a premium skills workshop in social media accessibility. This one on Tuesday is really for everyone within a nonprofit or foundation where it will kind of be bigger picture. And then the one on Thursday is really for folks in your organization that are the ones who actually create the social media posts, publish things to YouTube and Vimeo because we will do a really great how to and give opportunities for people to as their doing to have examples to do their own and work with them and to really make sure that you learn the skills because all of these - all the tips, most of them are completely free to do and we want to make sure people have the opportunity to actually learn them as well. And then we will end the series with our legal aspect - less interesting to some, but very important to all - on January 15th, will be how to ensure legal rights and compliance obligations, exploring the rights of employees and participants and the obligations of nonprofit organizations under the law. All of our webinars, as mentioned before, will be posted online. The PowerPoints, the recordings and the transcript, and they will be found at RespectAbility.org/Accessibility-Webinars You can find that for everything and we will send out an email with this information as well. And we are very, very thankful to all of you. The reason that we started doing this was because of a study where and if you're interested in learning more about the study, that is at RespectAbility.org/inclusive-philanthropy. We really got a chance to learn what it is from all of you who are participating, what it is that you wanted to learn from us. We very much thank you and hope everyone has a great day!

>> Dr. Walton: Thank you.

>> Kristin: Thank you for sticking with us and thank you, Lauren.

>> Dr. Walton: Thank you.

>> Lauren: Thank you so much to our speakers today.