

disABILITY WELLNESS

Promoting Health and Wellness for Arkansans with Disabilities

Summer 2008

ARKANSAS DISABILITY AND HEALTH PROGRAM

ADHP Highlights: Health Happens

Cross Disability Partnership And Mentor Development Summit

by Vanessa Smith

Do you desire a Bill at the Legislature to become Law?

The Arkansas Disability Policy Consortium (ADPC) is hosting the "Cross Disability Partnership And Mentor Development Summit" to educate individuals on the legislative process and advocacy. This Summit is free. The Summit will be held on Oct. 24, 2008 at the Comfort Inn & Suites, 707 Interstate 30, Little Rock, Ark. from 10:00 a.m. until 2:00 p.m. The Summit will discuss the State of State issues set out in an ADPC March 2008 Rally. Examples of the issues are: funding for waivers, additional programs for individuals with disabilities, increased pay for direct care providers, and building a seamless system of care for people with disabilities.

What is the Arkansas Disability Policy Consortium?

The ADPC originated through funding from the Foundation for the MidSouth in 1997. The ADPC became a non-profit organization operated by volunteers. This volunteer organization is composed of partners located throughout the state of Arkansas who are committed to working together to improve the quality of life for individuals with all types of disabilities and their families. The partners of the ADPC include individuals with disabilities, their families, organizations and others interested in the disability arena. Together the ADPC and its partners set out to accomplish the mission of the ADPC — to ensure the meaningful participation of individuals with disabilities and their families in

determining policies that will empower them to work towards a stronger, more inclusive and economically independent existence. The purpose of the ADPC is: (1) To promote a greater level of organization and collaboration among partners throughout the state to ensure Arkansans with disabilities have an equal opportunity to participate in our communities. (2) To provide information to Arkansans with disabilities and their families supporting the rights and ability to have a voice in determining disability related policy. (3) To educate policy makers by providing information on the issues and needs of our partners and others with disabilities.

For more information or a registration form for the **Cross Disability Partnership And Mentor Development Summit** send an E-mail to adpc2003@aol.com or contact Judy Brooks (901) 448-6553 or Rodney Farley (501) 682-1461.

Please feel free to copy and distribute the insert in this newsletter to others who may be interested.

Draft Agenda

- 10:00 a.m. – 10:15 a.m.** Welcome and Introductions
- 10:15 a.m. – 11:30 a.m.** State of State (addressing the ADPC Rally priorities)
A presentation on How the Silverhaired Legislative Process works and How the Independent Living Legislative Process works.
- 11:30 a.m. – 12:30 p.m.** Lunch with speaker on the AR Legislative Process
- 12:30 p.m. – 12:45 p.m.** Break
- 12:45 p.m. – 1:30 p.m.** Advocacy Training
- 1:30 p.m. – 2:00 p.m.** Priority Issue Development for Educating Policymakers.



Partners Perspectives

by Lee Russell & Vanessa Smith

2008 Annual Developmental Disabilities Conference
Community Together It's Better
Together Everyone Achieves More



Al Swain



Al Condeluci

Presented by the DD Network, the DD Council, Partners for Inclusive Communities and the Disability Rights Center, the annual event is, DDC Chair Judy Brooks says, “a place where people with disabilities, their families and professionals come together to be introduced to the latest innovations in service and support programs. Somewhere I heard that a community stagnates without the impulse of the individual and the impulse dies without the sympathy of the community,” Brooks adds. “No where is that more apparent than in the disabilities community.”

With that in mind, “a lot of what we’re doing for the conference is a matter of common sense. We’re doing what makes sense to us and making moves that we and other members of the disabilities community are comfortable with, Mary Edwards Director of the Arkansas Governor’s Developmental Disabilities Council explains.

As always the conference workshops and general sessions will focus on innovative strategies and best practices in a number of development disabilities community activities, including:

- **Education**
 - **Health**
 - **Employment**
 - **Family Support**
 - **Transportation**
 - **Advocacy/System Change**
 - **Direct Support Issues**
 - **Safety, and**
 - **Self-Advocacy/Independent Living**
- Selected to lead the conference

conversation about community are a pair of Als — Al Swain and Al Condeluci. “Their experience and their passion are especially suited to a program developed around community,” Edwards says.

Diagnosed with muscular dystrophy at a young age, Swain lost both his mobility and eyesight. For many that would have been enough to give up. Not for Swain. For him, it became an incentive to create and build upon what was given to, rather than taken away, from him.

Swain brings his background of professional excellence to his programs. He defines his programs on disabilities, diversity and multi-cultural concerns as having “irreverence, a dash of realism, and a liberal sprinkling of humor.”

Condeluci is no stranger to Arkansas. He has been both a DDC Family Leadership Project session leader and DD Conference presenter. An advocate and frequent catalyst for building community capacities and understanding culture since 1970, Condeluci received a Bachelors Degree in Psychology from Youngstown State University, and a Masters in Social Work and Ph.D. in Education from the University of Pittsburgh.

A Pittsburgh native, he has been an attendant, caseworker, advocate, planner and program director. Currently he is the CEO of UCP/CLASS of Pittsburgh, which he describes as “a family of corporations dedicated to working towards a community where everyone belongs.”

Condeluci believes “communities

are able to build amazing things.” But, he adds, “the people doing the building have to be a part of the community and very aware not to do anything that might abuse other members of the community. As advocates, we have to be very respectful of what the community wants, needs and expects.”

To register or learn more about the Annual Developmental Disabilities Conference and specific sessions, go to their Website at www.ddcouncil.org/conference.html.

On the Go

Choices in Living – A Conference for Adults with Physical Disabilities

September 25, 2008

8:30 a.m. until 4 p.m.

Holiday Inn Presidential Hotel
600 Interstate 30 (I-30 and 6th Street)
Little Rock AR

At the time this article went to print, this was still very much in the planning stages. Possible session topics include:

- Physical Health and Nutrition
- Self Advocacy
- Consumer Direction and Direct Worker Registry
- Emergency Preparedness
- WIG Working Disabled
- Independent Choices
- Keeping Yourself Safe/Crimes Against People with Disabilities
- Dealing with Social Security
- Waivers
- Money Follows the Person
- ICAN

For free registration information call toll free 1-866-801-3435.

Health News Updates

by Vanessa Smith

On Thursday, July 17 the Embassy Suites in Little Rock hosted the **Fifth Arkansas Preparedness Conference**. This conference was co-sponsored by Arkansas Children's Hospital, Arkansas Department of Health, Arkansas Department of Emergency Management, Arkansas Hospital Association, Arkansas Office - Federal Bureau of Investigation and the University of Arkansas for Medical Sciences. Their main focus was **Populations at Extra Risk in Disasters**. Dr. Michael Fox from the University of Kansas and co-author of Nobody Left Behind shared research finding. Nobody Left Behind followed hurricanes Katrina and Rita survivors collecting their stories (why they didn't evacuate, how they made it out alive, and what they have done in the years since). The theme of "How to Effectively Prepare" addressed many targeted populations: including children with special healthcare needs; individuals with mental illness; the elderly; animals in disasters; and evacuation planning for individuals with disabilities.

Wendy Rice, Denise Willis, Melissa Brown and Emma Maxwell outlined the emergency plans they put into place for the children they serve who are ventilator dependent. Paula Bosch with the FBI spoke about disaster victims with mental illness. She emphasized tips for responding to disaster victims who have mental illness. Those include:

1. Speak directly to the person
2. Listen
3. Be calm, non-threatening, and reassuring
4. Allow them to use the techniques they know to calm themselves
5. Be honest
6. Make sure they are safe before you leave

Joshua Klapow spoke on Psychological First Aid and how we can change our reaction to stress by recognizing the pattern.

If we can work on changing our appraisal of an event, we can change our reaction, thus reducing our stress. Imagine you are stuck in traffic. Do you become angry, yelling, worrying about being late? Or, do you enjoy the music and just know you will get there when you get there? It is this appraisal of the situation that directs our reactions.

As the responsibility for emergency preparedness has shifted more to the individual, people with disabilities need to be more involved in their community in general and community planning specifically. Each county in Arkansas has an Office of Emergency Management and a Local Emergency Planning Committee which is open to the public. It is our responsibility to make sure we are involved in our emergency planning at work, in our home and in the community. A flier developed by the University of Kansas as part of their Nobody Left Behind project has been inserted in this newsletter to help individuals get started in their community disaster preparedness.

Viewing Supports from the Outside In

by Roberta Sick

I was speaking at a conference recently where people with disabilities and staff attended the same sessions. The sponsors had certificates for each session and the rule was that folks had to stand in line and get their certificate after the session was over. For a presenter this is kind of a daunting task as people are also trying to talk to you about whatever you spoke about. After this session it included a man who was talking to me after seeing the video "End the Silence" and who had shared something very personal in front of this large group. As I was talking with him, still handing out certificates, one person was in line and I started to hand him a certificate and he said "No, I don't need one, - he got in for me," pointing to the man with a disability who was speaking to me. I turned and asked him, "do you want a certificate from this training for yourself?" He said yes so I handed his staff member another certificate. Why do we think that people with disabilities who come to workshops are not interested in certificates? Maybe they don't have to document their in-service hours — but in my experience — they are equally as proud of being there and I also like it when I go to someone's home and see their certificates proudly displayed in some place in their home.

Send your thoughts to sickrobertae@uams.edu.

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By Eldon Schultz

Professor and Section Chief,

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Antibiotic Over Usage: What you can do

The cold, flu, bronchitis, sore throat and viral infection season will soon be upon us and individuals with disabilities need to be aware of the issue of antibiotic over usage. While bacteria cause the minority of these infections, viruses cause the great majority. Antibiotics are often prescribed and used unnecessarily in treating common viral infections, for which antibiotics simply don't work. More than 50 million unnecessary antibiotic prescriptions are written each year in the United States, according to the CDC.

Why are antibiotics overused? One common explanation is that doctors think that parents expect a prescription for an antibiotic when they take their children in when they are sick. Help fight this myth by: 1) Ask whether an antibiotic is likely to be beneficial for your child's illness. 2) Ask what else you can do to help your child feel better sooner. 3) Do not administer an antibiotic if your child has a viral infection like a cold or the flu. 4) Administer the antibiotic exactly as the doctor tells you - do not save some of antibiotic for the next time your child gets

sick. 5) Do not give your child an antibiotic that is prescribed for someone else. 6) And to stop the transmission of bacteria, always remember to wash your hands and your child's hands after you and your child have been in contact with others, held objects others have touched, used the bathroom or before eating/preparing food.

It is important to note that among children who have disabilities, recognition of illness may be problematic. Children who have disabilities may have difficulty expressing what they feel or may be less able to maintain their hydration status. They also may have medical conditions that make them more vulnerable to viral illnesses. Thus, an illness may not be recognized until the later stages. The key to preventing antibiotic overuse in children with disabilities is to ensure that the child has a good medical home. The medical home entails that the child will have a consistent health provider who knows the child's health status very well. As part of the medical home, this health provider will also provide coordinated, accessible and family centered care.

If you have any questions

or if the staff of the AR Disability & Health Program can be of assistance, do not hesitate to contact us:

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