We create opportunities for independence for people with disabilities through research, education, and consultation.
Disability, Diversity & Intersectionality: An American Journey for CILs

Pre-Conference Workshop
APRIL Conference
October 5, 2018
How do you sustain a culture of inclusivity? By making sure it’s always at the top of your list and not just something you have to address every year because you have to check it off somewhere. Also, looking at the trends, your policies and talking to your staff.

~ Elsa Quezada, Executive Director
Central Coast Center for Independent Living (Salinas, CA)
What You Will Learn

• What disability, diversity, and intersectionality means for CILs.

• How to partner with other organizations that represent culturally and ethnically diverse communities.

• What your CIL can do to prepare for, welcome, and meaningfully support racially and ethnically diverse consumers.
Disability, Diversity and Intersectionality (DDI) Project

• Independent Living Research Utilization (ILRU) in collaboration with Public Research and Evaluation Services (PRES) conducted a three-phase research study entitled, Disability, Diversity and Intersectionality (DDI) project.

• The study was designed to determine how centers for independent living are designing, implementing, and evaluating culturally and linguistically competent policies and practices to improve services, programs and outreach for racially/ethnically, culturally, and linguistically diverse groups.
Sites Selected for Case Studies

- **Access Living** (Chicago, Illinois) – Marca Bristo
- **Center for Independence of the Disabled in New York** (Manhattan, New York) – Susan Dooha (presenter)
- **Central Coast Center for Independent Living** (Salinas, California) – Elsa Quezada
- **Central Iowa Center for Independent Living** (Des Moines, Iowa) – Reyma McCoy McDeid (presenter)
- **Community Resources for Independent Living** (Hayward, California) – Ron Halog (presenter)
- **disABILITY LINK** (Tucker, Georgia) – Kim Gibson (presenter)
- **IndependenceFirst** (Milwaukee, Wisconsin) – Lee Schulz
- **Metropolitan Center for Independent Living** (St. Paul, Minnesota) – Jesse Bethke Gomez (presenter)
You will find:

• Background and purpose of the Disability, Diversity & Intersectionality project
• Nine CIL Case Studies
• On-demand webinars in the series
• Slide presentations from NCIL and APRIL workshops
The organization’s mission is focused on diversity and meeting the needs of all individuals; it is part of who we are.

~ Lee Schulz, President and CEO
Independence First (Milwaukee, WI)
Overview of Today’s Agenda

• Brief review of the research project with an emphasis on what we learned – Judith
• How the findings apply to CILs serving rural areas – Darrell
• Language and Terminology – Brooke and Stan
• Organizational Culture and Infrastructure – Jesse
• Using Data and Community Mapping – Susan
• LUNCH
• Breakout activity – Each group will have discussions with lots of Q&A about what this means for your CIL
• Report and conclude
DDI Project: Definitions Used

• **Diversity**: Differences in culture, ethnic or racial classification, self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance and other factors that distinguish one group or individual from another. (Adapted from Goode & Jackson, 2009)

• **Intersectionality**: The multiple social group memberships and identities that expose an individual to different types of discrimination and disadvantage. (Sue, Rasheed and Rasheed, 2016)
“...The HHS Advisory Committee on Minority Health has described living as a member of a racial or ethnic minority group with a disability as a “double burden” due to the added sociopolitical challenges encountered” (p. 1).

(US Department of Health and Human Services, as cited in Blick, Franklin, Ellsworth, Havercamp & Kornblau (2015))
The DDI Project

The DDI project included the following steps—

1. Developed a list of CILs that were identified through interviews and a focus group.
2. Contacted 38 CILs who had been nominated to gather further information.
3. Completed 20 telephone interviews regarding their interest and eligibility.
4. Interviews were reviewed and rated by a panel.
5. Nine (9) CILs were selected for in-depth case studies.
The Journey of 9 CILs: Some Lessons Learned

• Hesitant about being seen as “exemplary.”
• Shared their story, understanding that it is about the progress on an ongoing journey.
• The journey is a moving target (changing demographics, change-over of staff, board terms).
• Your CIL must be proactive and responsive.
• You may need to rethink/restructure aspects of how your CIL functions—board, staff, core services, outreach.
• The journey involves new partners and often moving outside your comfort zone.
I feel like everything we do is a work in progress…. We are a little uncomfortable with being raised as the icon on this issue because we still have a long way to go.

~ Marca Bristo, President and CEO
Access Living (Chicago, IL)
Setting the Stage for Today

• This workshop is designed to help you think about your CIL and how you are addressing DDI.

• We would like to hear your story too and there will be time this afternoon for sharing and in-depth discussions.
Where is Rural in All of This?

Presenter:
Darrell Lynn Jones
The community that you serve has to feel that you are a part of them….People know me, see me, and trust me. It’s the same with the rest of the staff. Those are the kinds of things that validate us because we are part of the community and that’s how we are able to provide that level of service.

~ Liz Sherwin, Executive Director
Illinois Iowa Center for Independent Living (Illinois/Iowa)
Acknowledging What Is Different

• What is often different in rural areas are
  - Higher rates of disability.
  - The logistics, distances to negotiate.
  - Fragmented healthcare delivery system.
  - Stretched and diminishing rural workforce.
  - Certain target populations (e.g. farm workers).
  - Fewer or no resources and options of all kinds.

“…rural people with disabilities participate in their communities less and have few opportunities to take advantage of community resources, even at the smallest scale” (Sage, Myers, & Ravesloot, 2017).
Rural or Urban—The Goal is the Same

• All lessons learned in the DDI project apply to CILs regardless of geography. It wasn’t an exploration of where CILs were located, rather their success in involving and serving underserved racial, ethnic, and linguistic populations.

• The 9 case studies CILs represent a range of geographies, and most of the lessons they shared transcend location. You will be hearing about some of their strategies, successes, and challenges today.
Rural or Urban—The Goal is the Same, cont’d.

- All 9 CILs learned that they must address:
  - Who (Who is our community and who are our consumers and potential partners/collaborators?)
  - What (What do they need/want?)
  - Where (Where are they located and where do we best serve/collaborate with them?)
  - How (How do we reach out, connect, and engage them?)
  - Why (Why does it matter?)
- The last question (Why?) should be answered first.
Rural Insights from Case Studies CILs

- Illinois Iowa CIL (Liz Sherwin) – A large part of IICIL’s service area is rural, and public transportation is not an option for getting to services. Therefore, IICIL makes sure that the budget allows for effective outreach and presence in those communities. Due to the lack of transportation, people are isolated from both services and socialization. Staff travel to these locales and reach rural consumers, including people who are elderly and/or members of ethnic/diverse groups, increasing their knowledge of IICIL’s services and programs.
Illinois Iowa CIL, cont’d.

• Community involvement is key. Staff work with organizations that serve individuals with disabilities, the NAACP, the Martin Luther King Jr. Center, all Chambers of Commerce including the Hispanic Chamber of Commerce, community and neighborhood groups, and the various Human Services Councils that serve rural communities.
Rural Insights from Case Studies CILs, cont’d.

- Central Coast CIL (Salina, CA) (Elsa Quezada) – The CIL’s geographic area comprises a rural agricultural community. Noting the limitations of transportation in rural areas and the digital divide, CCCIL staff do not wait for their consumers to come to them. They take their services to the consumer in the community, meeting them in libraries and other safe places. The staff also attend community festivals, fairs, and meetings of other coalitions.
Central Coast CIL, cont’d.

• CCCIL was asked to join the board of a low income housing developer focused on housing for farmworkers. CCCIL joined with the idea of creating a new collaboration opportunity with an agency building much needed housing but were narrowly focusing on "farmworker" housing. This was an opportunity to teach that many farmworkers were individuals who might have a disability. CCCIL knew many farmworkers with immediate and extended family members who had hypertension, mental health disabilities, and diabetes who did not identify as individuals with disabilities and often did not speak English nor understand the complex navigation of systems. After the CIL served as a board member and Chair for two years, the developer is now designing developments with "access for all" in mind.
Rural Insights from Case Studies CILs, cont’d. 3

- disABILITY LINK (Atlanta, GA) (Kim Gibson) – The CIL serves a 12 county area including rural communities. To reach rural populations they emphasize using health fairs, support groups, vocational rehabilitation referrals, senior centers, churches, international days. And using partnerships with local organizations to access spaces to hold meetings in those communities.

- Uses Zoom technology, video conferencing that can be accessed on any phone/computer for all classes. Allows distance participants to participate and feel part of the group. Has captioning ability.
More Opportunities for Rural Perspective

• Peer sharing with Case Studies CILs in breakout groups after lunch.
• RTC: Rural presentation on Sunday at 1:30 “Expanding the Reach of the IL Philosophy: Building Successful Community Partnerships”
Why Words Matter:
Self-Identity, Labels, and Microaggressions

Presenters:
Brooke Curtis
Stanley Holbrook
One of the major practices here is the inclusion of all people that starts at the front door to say “is it inviting to all?”

~ Kim Gibson, Executive Director
disABILITY LINK (Atlanta, GA)
What You Will Learn

• Micro-aggressive behavior is a form of aversive racism.

• Microaggressions have real-life effects on those who are the target.

• The classification of microaggressions.

• How to handle micro-aggressive behavior if you are the target.
Icebreaker Activity

• Everyone will receive a piece of paper with an adjective.
• Read the adjective to yourself.
• Then, exchange your piece of paper with the person next to you.
Icebreaker Activity, cont’d.

• How do you feel about the adjective you were given?

• Do you identify with it or feel that it describes you?

• How did you feel when you gave the adjective to your neighbor?
Terminology

• **Self-Identity/ Self-Concept** – collection of beliefs about oneself (includes personality, skills and abilities, occupation and hobbies, physical characteristics, etc.)

• **Racism** – a system of power, a system of structuring opportunity and assigning value based upon the social interpretation of how someone looks (what we call “race”). Unfairly disadvantages some individuals and communities, while unfairly giving advantages to other individuals and communities. (Jones CP. Confronting Institutionalized Racism. Phylon 2003;50(1-2):7-22.)

• **Labels** – represent a way of differentiating and identifying people that is considered by many as a form of prejudice and discrimination.
Microaggressions Defined

- Subtle, verbal and nonverbal slights, and insults based on gender, ethnic and other stereotypes.
- Communicate hostile, derogatory, or negative viewpoints.
- Microaggression goes beyond race and touches all marginalized populations including:
  - Race
  - Gender/Gender preference/Sexual Orientation
  - Ethnicity
  - Disability Status
  - Labor Roles & Social Class
  - Age
Classification of Micro-aggressive Behavior: Microassaults

- **Microassaults:** Conscious and intentional actions or slurs, such as using racial epithets, displaying swastikas or deliberately serving a white person before a person of color in a restaurant (Sue, 2007 *American Psychologist* (Vol. 2, No. 4)).
Classification of Micro-aggressive Behavior: Microinsults

• **Microinsults:** Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's racial heritage or identity. An example is an employee who asks a colleague of color how she got her job, implying she may have landed it through an affirmative action or quota system. (Sue, 2007)
Classification of Micro-aggressive Behavior: Microinvalidations

- **Microinvalidations:** Communications that subtly exclude, negate or nullify the thoughts, feelings or experiential reality of a person of color. For instance, white people often ask Asian-Americans where they were born, conveying the message that they are perpetual foreigners in their own land.
## Examples of Microaggressions

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascription of Intelligence</td>
<td>“You are so articulate”</td>
<td>It’s unusual for someone of your race to be intelligent.</td>
</tr>
<tr>
<td>Color blindness</td>
<td>“When I look at you, I don’t see color.”</td>
<td>Denies a person of color’s racial/ethnic experiences.</td>
</tr>
<tr>
<td>Denial of individual racism</td>
<td>“My best friend is Black.”</td>
<td>I’m immune because I have friends of color.</td>
</tr>
</tbody>
</table>
### Examples of Microaggressions, cont’d.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>“So who’s the man in the relationship?”</td>
<td>Implies that a relationship must involve a man and a woman</td>
</tr>
<tr>
<td>Disability</td>
<td>Without being asked, a man helps a disabled person board the train.</td>
<td>You can’t function independently.</td>
</tr>
<tr>
<td>Class</td>
<td>“That’s ghetto.”</td>
<td>Being poor is associated with negative/undesirable characteristics.</td>
</tr>
</tbody>
</table>
Discussion

• What are your experiences with microaggressions?
The Impact of Microaggressions

• Internal dilemmas
  – What did (s)he mean by that?
  – Should I say something?
  – Did I interpret that correctly?

• Psychological Consequences
  – Anxiety
  – Depression
  – Helplessness
  – Diminished confidence
What can be done about microaggressions?

• When you’re the micro aggressor
  – Don’t dismiss the experience of the microaggression as an isolated incident.
  – Apologize and reflect.

• When you’re the target
  – Give the benefit of the doubt.
  – Criticize the microaggression, not the person.
  – Develop your own strategy to handle microaggressions.
Discussion

• What are ways we can handle microaggressive comments directed toward us in an empowering way?
Creating Supportive Organizational Culture and Infrastructure

Presenter:
Jesse Bethke Gomez, MMA
It is important that we seek to understand and have an appreciation for world views and for value systems, for how people see themselves. Doing so requires a high degree of cultural nimbleness and diplomacy and always seeking that understanding. When applying independent living philosophy, which has as its assets a deference to the aspirations of people we work with, it works in concert for us to know not only the aspirations of a person, but the culture and language context by which a person makes those aspirations known.

~ Jesse Bethke Gomez, Executive Director Metropolitan Center for Independent Living (St. Paul, MN)
Topics for Today…

- Institutional discovery of universality of independent living for all people in elevating meaning, commitment and organizational infrastructure in advancing DDI.
- Strategic Model Mission, Vision, Values (MVV) that reflect commitment to DDI.
- Leadership, human resources and services – opportunities for nurturing organizational culture that reflects mindfulness of DDI.
- Bridging welcome for board, management and employees to disability, diversity & intersectionality.
- Strategies for recruiting, hiring, and supporting staff who are culturally and linguistically diverse.
Background – Metropolitan Center for Independent Living (MCIL)

- Established in 1981
- Service area is seven county metropolitan Area of Twin Cities of St Paul & Minneapolis
- 75 staff
- Reach approximately 2,200 consumers annually
- Budget $7.3 million
- 612,000 people with disabilities live in Minnesota, 50% are located in the St. Paul Minneapolis Area.
- More than 100 languages spoken at home in Minnesota (11/5/15 MinnPost).
Institutional Discovery of Universality of Independent Living for All People in Elevating Meaning, Commitment and Organizational Infrastructure in Advancing DDI

Discovery question: What is universal about independent living for all people?

• Small group discussion creates safe conversation.
• Awareness about humanity – what we all share.
• Language, culture, and community are all part of the journey of self awareness and meaning by humanity.
• Learning and discovery of meaning are key.
Strategic Model Mission, Vision, Values (MVV) that Reflect Commitment to DDI

The magnetic North Pole Will always pull the needle of a compass true north.

Mission, Vision, and Values create similar guidance for an enterprise.

Much like the compass!
Role of Mission, Vision, Values (MVV) for an Enterprise

• Mission – why there is the need for the enterprise (CIL).
• Vision – create the reality we behold from within.
• Values – the means by which we decide action.
So How do we Create MVV?

So how do we create Mission, Vision, and Values?
1. We look internally within the enterprise and
2. Externally, outside the enterprise and
3. Ask people for their input…
4. Create a plan as a result.

Within this construct we bring into the conversation our learning about the populations in our service area and how do we embrace DDI?
Strategic Planning Process

• The strategic planning process for MCIL led to a new **mission**, a first time **vision**, and a first time set of **values (MVV)**.

• Within all we do we are committed to DDI.

• The strategic plan articulates
  - A pathway forward about the universality that all people seek in their lives towards life, liberty, and the pursuit of happiness.
  - DDI goals.
MCIL – New Strategic Plan (2018)

**Mission:** “Removing Barriers, promoting choices.”

**Vision:** “We believe in a world of opportunities, choices, and the freedom to live those choices.”

**Values:** Mindful & responsive
- Stewardship – Transparency – Trustworthiness
- Collaboration – Partnership – Systems Advocacy
- Self-empowerment – Self Determination
Leadership, Human Resources and Services – Opportunities for Nurturing Organizational Culture that Reflects Mindfulness of DDI, Mission, Vision, Values (MVV) are vital.
Bridging Welcome for Board, Management and Employees to Disability, Diversity & Intersectionality, Mission, Vision, and Values (MVV) are Vital.
Nurturing Organizational Culture

• Leadership internalize discovery and meaning and align action in nurturing culture of organization.
• Become inviting and expect welcome.
• Intentionally hire people who bring intrinsic alignment with MVV and DDI.
• Recognize that intersectional issues are disability issues.
• Bring positive energy, openness to learning, seek to understand, adjust along the way.
Strategies for Recruiting, Hiring, and Supporting Staff Who are Culturally and Linguistically Diverse.

- Rethink human resources as an enterprise platform.
- MVV, DDI, and Talent Management.
- Best practices for recruiting, hiring, retaining, and supporting diverse employees.
- Grow beyond affirmative action plans.
- Create welcome, opportunities to grow.
- Mentoring and support.
- Reach out to establish ongoing relationships with diverse communities.
- Host DDI events, forums, conversation.
Instituting Intentional Engagement

Staff Engagement

• Train staff on intersections of disability & diversity.
• Enhance recruitment practices.
• Change onboarding process to reflect MVV and DDI importance and set tone from the beginning.
• Ask questions in interviews with prospective staff to let them know this is important to identify alignment with MVV and DDI.
• Constancy of MVV and DDI work together in the hearts and minds of people who comprise your enterprise.
Data Mining and Community Mapping to Address Diversity

Presenter:
Susan Dooha
We believe our mission includes a mandate to remove barriers that are embedded in law, policy, structure, and practice; and it is these barriers that result in disparities for people with disabilities, which are much more extreme depending on your race and ethnicity.

~ Susan Dooha, Executive Director
Center for Independence of the Disabled in NY (Manhattan)
Center for Independence of the Disabled in New York (CIDNY)

- Founded in 1978 and located in Manhattan.
- Majority of staff are bicultural and bilingual.
- People with disabilities comprise 63% of staff.
- 53% speak at least 2 languages; together they speak 23 different languages, including: Arabic, Bengali, Cantonese, Haitian Creole, Russian, Spanish, and Urdu.
- Majority of staff are people of color, representing the diversity of New York City.
CIDNY Partnership with University of New Hampshire (UNH)

- Provided assistance using American Community Survey (ACS) data.
- Funded by HHS through the National Institute on Disability, Independent Living, and Rehabilitation to improve use of disability statistics at the federal, state, and local level to improve disability policy.
- Improve federal, state and local policy within areas of education, employment, income, poverty, health, housing, food, transportation, family status, among other areas.
- Independent living centers are a key audience for the data as we are advocates for improving the lives of people with disabilities.
Why does CIDNY partner with UNH?

- Our goal is to serve people with disabilities of all races, ethnicities, genders, and sexual orientations in an equally effective way.
- As a key audience for data developed by UNH, we seek to–
  - Understand our communities.
  - Measure progress in reaching all people with disabilities.
  - Identify disparities to educate.
  - Plan community-based outreach and media use, etc.
  - Set goals for advocacy.
  - Find coalition partners.
  - Affect the views of policymakers.
  - Ensure legal and regulatory compliance.
What kind of information does UNH provide?

American Community Survey Questionnaire

ACS covers rate of disability in each community by age, gender, race, ethnicity, specific disability; and captures the status of people with disabilities for education, employment, income, poverty, food, housing, transportation, family status, health coverage and more.
ACS Questionnaire

Makes it possible to compare the lives of people with disabilities – for each disability, comparisons among races and ethnicities related to status on different topics, comparison between people with disabilities and those with no disability – to show inequities.
How does the ACS define race/ethnicity?

This is an example of how the ACS defines race. It defines what groups can be considered Asian American. There is a separate question to ask about Hispanic/Latino/Spanish Origin that includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, Spanish.

6 What is Person 1’s race? Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native — Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Filipino
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.
How do we gain a deeper understanding of our communities?

Map of the five New York City boroughs with breakdown of racial demographics. You can see significant variations in the prevalence of each racial/ethnic group in each borough.
Do barriers to our wellbeing affect us to the same extent? Poverty for example.

For issues facing New Yorkers by county & race/ethnicity we start here, looking at poverty. In NYC, 35% of people with disabilities live below the federal poverty level. Poverty rate is higher among people in some racial/ethnic groups. In some counties, the poverty rate is significantly higher.
Do barriers to our wellbeing affect us to the same extent? Poverty for example.

Poverty rates in NYC are higher than at state and federal level. We use this info to talk with local policymakers about key issues in their jurisdictions to understand who is most affected when talking about policy solutions.
If we go further and map the data what will it show us about how to target resources?

Bronx: People with a Disability &
Bronx: People with a Disability in Poverty
Can we use mapping to see gaps in services that result in inequities?

NY Subway Accessibility and Disabled Population in Poverty
How can we use data to help in an emergency to target resources?

Breakdown of Queens by Neighborhood, SSA Population, and Languages

<table>
<thead>
<tr>
<th>Queens</th>
<th>Neighborhood</th>
<th>SSA Population</th>
<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>11355</td>
<td>Flushing</td>
<td>1,536</td>
<td>Chinese</td>
</tr>
<tr>
<td>11368</td>
<td>Corona</td>
<td>2,487</td>
<td>Spanish</td>
</tr>
<tr>
<td>11372</td>
<td>Jackson Heights</td>
<td>1,552</td>
<td>Spanish, Chinese</td>
</tr>
<tr>
<td>11373</td>
<td>Elmhurst</td>
<td>1,812</td>
<td>Spanish, Chinese</td>
</tr>
<tr>
<td>11375</td>
<td>Flushing, Forest Hills, Lefrak City, Rego Park</td>
<td>1,595</td>
<td>English, Spanish, Indo-European, Chinese, Russian</td>
</tr>
<tr>
<td>11432</td>
<td>Jamaica, Brianwood, Hillcrest, Holliswood</td>
<td>1,562</td>
<td>English, Tagalog, Spanish, Urdu, Bengali</td>
</tr>
<tr>
<td>11433</td>
<td>Jamaica, St. Albans</td>
<td>1,512</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>11434</td>
<td>St. Albans, Springfield Gardens</td>
<td>1,512</td>
<td>English, Spanish</td>
</tr>
<tr>
<td>11691</td>
<td>Far Rockaway, Bayswater</td>
<td>3,995</td>
<td>English, Spanish</td>
</tr>
</tbody>
</table>
Has data helped us select community partners?

- New York Immigration Coalition and Make the Road by Walking work with us to address health coverage and access issues.
- Henry Street Settlement House seeks our assistance with benefits eligibility and applications for the Asian-American community on the Lower East Side.
- The Right to Counsel coalition joins us together with many groups with a mission or the experience of representing a particular racial/ethnic community including University Settlement, Los Sures, Camba, Min Kwon, and more.
### How do we measure our progress?

<table>
<thead>
<tr>
<th>U.S. Census Categories for NYC</th>
<th>CIDNY Community</th>
<th>CIDNY Consumers</th>
<th>CIDNY Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>32%</td>
<td>19%</td>
<td>27%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>22%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>Hispanic/Latino/Latina</td>
<td>29%</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
<td>Native American/Alaskan Native</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>14%</td>
<td>16.2%</td>
<td>13%</td>
</tr>
<tr>
<td>Other Race</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Race Unknown</td>
<td></td>
<td></td>
<td>10%</td>
</tr>
</tbody>
</table>
Do you have comments and questions?
Lunch!
Going into a community with a ‘helping hands strikes again’ perspective oftentimes does more harm than good…. You have to go in with humility and the expectation that you will have to ask the community you’re trying to help for help for help yourself.

~ Reyma McCoy McDeid, Executive Director
Central Iowa Center for Independent Living (Des Moines, IA)
Select and Participate in a Discussion Group

- Playing Well with Others (Ron Halog, Judith Holt facilitators)
- Center Infrastructure & Culture (Jesse Bethke Gomez, Stan Holbrook, and Reyma McCoy McDeid facilitators)
- Creating a Welcoming CIL (Kim Gibson and Susan Dooha facilitators)
Discussion & Activity
Individual Reports and Wrap Up
Instead of having people go to us, we’ve started to go to them….If you really want to make an impact go out to the community, find out who is out there and find out the community you want to work with.

~ Ron Halog, Executive Director
Community Resources for Independent Living (Hayward, CA)
Closing Comments & Evaluation
It always seems impossible until it’s done.

~ Nelson Mandela
CIL-NET Attribution

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