

# RAP Sheet

The Latest in Disability Research, Advocacy, Policy, and Practice

Summer 2018 Issue

## DISABILITY AND CULTURAL DIVERSITY



### FINDING THEIR WAY

By Déodonné Bhattarai, Communications Specialist,  
Disability Rights Center-NH

**T**abla player Prem Sagar and singer Hari Maya Khatiwada are renowned musicians. They met in Varanasi, India when both were attending graduate school. Even as students, they were well known and performed extensively throughout India and in their home country of Nepal. After graduating, their musical careers continued to soar. Working around their concert schedules, they taught in the Music Department at Kathmandu's Tribhuvan University.

In 2011, the couple obtained visas through the Diversity Immigrant Visa lottery program and, with their five-year-old daughter, moved to the United States. After landing in Baltimore they made their way to Texas where they performed at a festival in Houston. When they were in Houston the Khatiwada's were enticed with promises of free room and board if they would come to work outside of Boston. The family relocated and were given a place to live. However, the time they spent working was considered "training" and for months they were not paid.

It was an awful and isolating time for the family. "We were always scared," recalled Hari Maya. Their situation was compounded by the arrival of their son, who was born nearly four months premature and weighed just over 1.5 pounds. The hospital where

*(Continued on page 3)*



*Prem Sagar and Hari Maya Khatiwada  
with their children.*

Courtesy of Khatiwada family

*Welcome to the Summer issue of the RAP Sheet. In the best of circumstances, obtaining an accurate diagnosis, finding appropriate supports, and navigating the maze of a bureaucratic service system can be overwhelming for individuals with disabilities and their families. These challenges are significantly compounded for those who are not members of the dominant or majority culture. In this issue we look at the importance of finding ways to meet the needs of diverse communities.*

SUSAN COVERT, EDITOR

A COLLABORATIVE EFFORT BY THE

DISABILITY RIGHTS CENTER-NH, INSTITUTE ON DISABILITY, AND NH COUNCIL ON DEVELOPMENTAL DISABILITIES

# THANK YOU MIZ JULIA!

It is with profound sense of gratitude that we dedicate this issue to Julia Freeman-Woolpert. After more than three decades of service and advocacy on behalf of individuals with disabilities and their families, Julia is retiring as Outreach Advocacy Director for DRC-NH. Among her many responsibilities, Julia has played a pivotal role in the planning and production of the NH RAP Sheet. She has been the author for many of the personal stories that put a human face on the issues confronting people with disabilities. We are incredibly grateful for her insight and compassion.

While Julia will no longer be keeping office hours, her commitment to social justice is unwavering and her ties to New Hampshire's disability and immigrant communities are unbreakable. Whenever there's a need for advocacy, you can bet she will be there. We wish her an amazing next chapter.



To learn more about the film's national release and to host a screening, visit [www.IntelligentLives.org](http://www.IntelligentLives.org)

What do we lose when intelligence is a number?



intelligent *lives*  
a film by dan habib

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## SAVE THE DATE



Join us in celebrating 40 years of service to people with disabilities in New Hampshire

NOVEMBER 29, 2018

*(Cover story continued)*

their son was born was an hour and half away and the family had to rely on others for transportation. With Prem Sagar unable to find a ride, Hari Maya spent the days leading up to their son's birth alone at the hospital. In the fifteen weeks that their son spent in the neonatal intensive care unit, the Khaiwada's were only able to visit him occasionally.

Communication during this period was challenging. While Hari Maya's English was improving, she often didn't fully understand what was happening and the use of medical terms made things even more difficult. In the days before her son's birth and throughout his lengthy hospitalization, the family was never offered an interpreter. Only once, when Hari Maya asked for an interpreter, was she able to talk with someone who spoke Nepali and that brief conversation was over the telephone.

While her son was an infant, Hari Maya, still a well-known vocalist within the Nepali and Bhutanese community, was invited to sing at a New Hampshire holiday festival. The visit was transformational. In stark contrast to their family's current living situation, in Concord she found a vibrant, inclusive, and welcoming community of new Americans who respected and delighted in her musical talents. Shortly after Hari Maya performed at the festival, the Khatiwada's moved to Concord.

Even though he was still young, the family began to worry about their beautiful, black haired baby. He did not make eye contact and did not respond to familiar voices. At two-and-a-half, he still had not started to speak and was constantly on the move. Like a little tornado, he would run from room to room grabbing at everything within his reach. In order to protect him from hurting himself or breaking whatever was within his reach, the family put locks on all the interior doors.

The Family Health Center in Concord connected the Khatiwada's with Community Bridges and their son began receiving early intervention services, including speech therapy and physical therapy. Because his speech therapy is based on English, the family now speaks a mix of English and Nepali at home.

In the fall of 2016, accompanied by their case manager from Community Bridges, the family was seen at the Manchester Child Development Center where their son was diagnosed with autism.

With early intervention services ending at the age of three, Community Bridges has helped the Khatiwada's with their son's transition to preschool. He continues to receive therapy in the school setting and has one-on-one supports. His current Individualized Education Plan (IEP) includes references to his short attention span and impulsivity and notes that his communication delay makes it difficult for him to indicate what he wants or needs. While the Khatiwada's like their son's school, they have not yet seen any positive changes in his behaviors. Despite his big-hearted nature, he has difficulty engaging with both the children and adults at his school. "They love him there," Hari Maya said, "it's just not enough time."

With no available childcare, Hari Maya has quit her job at Walmart to be home with her son. "We can't bring him to anyone's house, he would destroy it." She now works nights as a part-time cleaner at the State House and Prem Sagar works mornings as a driver for a senior center. "We can't perform anymore because there's no one to take care of him," Hari Maya said. Her voice filled with emotion.

While every family struggles to maneuver the confusing maze of disability services, the Khatiwada's have had to do so while learning English and adjusting to life in their new country. They are both now United States citizens. The family is grateful for the supports they receive from Community Bridges and the local school district. It is clear, however, that they do not have a full understanding of their son's rights to services or how to access the services he needs. Even though their son receives services through the school district, they seemed unfamiliar with the term IEP and had never heard of the Parent Information Center, located just a couple miles from their home.

As the family waits to hear about additional services, including SSI and respite care, Hari Maya keeps her vocals sharp singing to her son well into the night. It is one of the only things that calms him at the end of the day.



# RIGHTS TO LANGUAGE ACCESS FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

By Lynne Parker, Esq., Executive Director, New Hampshire Legal Assistance

**W**hile the majority of people in New Hampshire can speak, read, write, and understand English, there are many for whom English is not their primary language. Individuals who have a limited ability to speak, read, write, or understand English are considered limited English proficient (LEP). While federal law provides protections from discrimination based on language, much more work is needed to ensure that the rights of LEP residents in New Hampshire are protected.

## ***Diversity in the Granite State***

New Hampshire's immigrant population peaked in the early 1900's with the mill-economy driving the state's immigrant population to over 20% and over 40% in Manchester<sup>1</sup>. Today 6% of New Hampshire residents are foreign born, while 7% are native born U.S. citizens with at least one immigrant parent<sup>2</sup>. Since the early 1980s over 7,500 New Americans from more than 30 countries have been resettled in our state. Refugees comprise less than 1% of New Hampshire's population. In 2016, among New Hampshire residents at least five years old, 8% spoke a language other than English at home. Currently, there are over 136 languages spoken by students attending New Hampshire schools, including Spanish, Chinese, Bosnian, Russian, Arabic, Vietnamese, Indonesian, Maay, and Nepali.

Due to language, cultural barriers, or disability, some individuals have difficulty communicating and are at high risk of not receiving the critical assistance they need. For those with limited English proficiency, language can be a barrier for accessing services, exercising important rights, or complying with obligations and responsibilities.

## ***Legal Protection for LEP Individuals***

Title VI of the Civil Rights Act of 1964 (Title VI), provides that *"no person in the United States shall on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."*

The U.S. Supreme Court has found that national origin discrimination includes discrimination based on a person's inability or limited ability to read, write, speak, or understand English. All institutions receiving federal funds are required to take reasonable steps to reduce language barriers that can prevent meaningful access to important benefits, programs, and services. On August 11, 2000, President Clinton signed Executive Order 13166 requiring federally funded programs to improve access to individuals with limited English proficiency. Since then, most federal agencies have created their own guidance regarding access to language and communication assistance.

## ***The Challenge of Protecting Vulnerable People Seeking Basic Services***

Much is at stake for individuals with limited English proficiency who are applying for or receiving federally funded services or benefits. Individuals receiving Temporary Aid to Needy Families (TANF) may not understand the written notice requiring them to recertify, and consequently may suffer a significant loss of income. A tenant in subsidized housing may face eviction by the housing authority because she did not understand what was said during a hearing and the housing authority failed to provide her an interpreter. An applicant for Aid to the Permanently and Totally Disabled (APTD) may

<sup>1</sup> Ward, Young & Grimm. Immigration to Manchester, New Hampshire: History, Trends and Implications. Carsey Institute Regional Issue Brief #39, Spring 2014

<sup>2</sup> Immigrants in New Hampshire, American Immigration Council State, October 13, 2017 <https://www.americanimmigrationcouncil.org/research/immigrants-in-new-hampshire>

miss a deadline to appeal the denial of the benefits because he could not read the appeal notice and no one explained it to him.

### ***How the Law Applies in New Hampshire***

A vast array of public and private agencies and institutions across New Hampshire receive federal funding. Hospitals and other medical facilities, public housing authorities, the New Hampshire Department of Health and Human Services and the Department of Labor, are just a few examples of federal funding recipients. Institutions receiving federal funds must follow the LEP guidance issued by the federal agency that provides their funding, and must create their own language access plan.

Language access plans are informed by an individualized assessment which takes into consideration a number of factors. The plan outlines the methods that a state agency or other recipient of federal funding will use to communicate with individuals who have limited English proficiency to ensure they have meaningful access to all the agency's programs and services. Quality communication assistance must be provided without charge to LEP individuals.

For example, the New Hampshire Department of Health and Human Services (NH DHHS) must follow the LEP policy guidance document developed by the U.S. Department of Health and Human Services. The NH DHHS Office of Health Equity has two full time staff dedicated to communication access, Anela Kruščica, Communication Access Coordinator and Joan Marcoux, Hearing Speech and Vision Specialist. They both can be reached by email at [healthequity@dhhs.nh.gov](mailto:healthequity@dhhs.nh.gov) or by telephone at (603) 271-3986.

While a number of New Hampshire's federal fund recipients have developed plans or put policies in place to assist LEP constituents, this is just the beginning. Language access plans must be well implemented and enforced at every level of the organization and all staff

must understand the policies and how to use them. It is critical that there be a shared understanding of the reason for language access policies and the obligation to adhere to them.

The website LEP.gov, <https://www.lep.gov>, provides excellent information and resources for those seeking to learn more about the rights and protections available to LEP individuals. The site also includes a link to instructions on how to report a potential civil rights violation or file a complaint with the Civil Rights Division of the U.S. Department of Justice. Those seeking additional information also may contact the Civil Rights Division toll free at 855-856-1247 or 202-514-3847.

### **Disability and Intersectionality**

Intersectionality is a concept used to describe the ways in which racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, and other forms of oppression are interconnected and cannot be examined separately from one another. Intersectionality creates overlapping and interdependent systems of discrimination or disadvantage. A person who belongs to more than one marginalized or oppressed group - a transgender teenager with autism, an older refugee who is deaf, or an African American woman with mental illness - face significantly greater challenges and barriers and are at higher risk of abuse and discrimination than other people.

*Our personal values, assumptions, and experiences influence every aspect of our lives. Developing an understanding of intersectionality helps us to move beyond the limits of our own worldview as we work to create a just and inclusive society.*



## THE PUMPKIN VINE

By Lesley Richardson

**H**ibiscus sabdariffa, aka sorrel, is a native bush of the tropics with bright red flowers. Although it can be grown in containers, it prefers open land. In the intense humid heat at the equator it produces a prolific harvest that when dried is the basis for the traditional drink that my family introduced me to as a small child.

A first-generation Canadian born to parents of West-Indian decent, I grew up in a bicultural, multi-lingual home. I flourished in an environment that included a diverse collection of foods, drinks, jokes, and social norms. On Sundays our home was filled with the scents and sounds of the Caribbean Islands. Regardless of how many centimeters of snow had fallen on our Toronto pavement, inside was perfumed with pots bubbling all manners of deliciousness. There was chicken curry to be ladled over white rice and my brother's favorite, buss-up-shut, a flakey Indian flatbread that turned golden brown and was busted-up between the hands of an ad-hoc family member we respectfully called Auntie. That coveted meal was washed down with an equally coveted drink called sorrel, a steeped tea using dried leaves and perfumed with warm spices like cinnamon and clove and bathed in sugar. Poured over a tall glass of ice, it was the most wonderful thing a child could drink.

These Sunday gatherings, which we called a lime, were made up of our nuclear family and family members adopted in by blood or by proxy. This was the pumpkin-vine. If you've ever seen how pumpkins grow in a patch you understand that who begot who is a moot point. Late into the night, as the lime was at its sweetest, family members would bounce ideas off of each other in a pumpkin-vine style that was a critical part of our growth and development.

It really never mattered much to us how one was actually related; it was always about love. The love of our culture, food, music, and people. Like people from many countries around the world, we also shared a sense of one-love. Our personal successes were not just our own. If one succeeded, the group succeeded. Pruning the Trinidadian bush only made it stronger.

When one went abroad, two would follow. My parents were part of a generation who helped each other relocate for the betterment of their families and in their new land helped maintain their heritage.

One could rest assured if a cousin or friend traveled to some part of Canada there would be an expat in waiting. The leaves on one bush would begin to shake and word would spread. Someone would take them in and give them a place to thrive, just like any Hibiscus plant being propagated. It's wonderful being a part of a culture that has strong roots and is beautiful and exciting and bold. It's wonderful having people to reach out to for advice and support and comfort and traditions. It's wonderful seeing the offshoots of the pumpkin vine and following the path of that new growth along the trellis, under the fence, and over the road.



Courtesy of the Dangal Family

*Lesley Richardson, Damanta Dangal, and Bhawani Dangal on the day Damanta and Bhawani became US citizens. Lesley and Bhawani work as an interpreting team for the deaf Bhutanese community.*

Now I'm a first generation naturalized United States citizen living in New Hampshire. Through my work as an interpreter I have met immigrants coming from Nepal and Bhutan. They regale me with stories in a language that we can share visually, Sign Language. Although they are Deaf and new to this country, we

*(Continued on page 9)*



# CONNECTING WITH REFUGEE AND IMMIGRANT COMMUNITIES

By Jacqueline Manirambona and Stephanie Patrick, Executive Director Disability Rights Center-NH

Immigrants and refugees with disabilities typically arrive in America with little understanding of the services they are entitled to receive or where to go for help. Disability services agencies in our state need to do more to connect New Hampshire's immigrant and refugee communities.

Immigrants and refugees face a number of barriers to accessing services. For those who do not speak English, or have limited English, communication is a significant challenge. Some refugees and immigrants are not aware that the term disability can include not only physical disabilities, but also intellectual disabilities and mental illness. While resettlement agencies provide some initial supports for refugees, this help is time limited. Community organizations, religious communities, and family and friends are willing to help, however, immigrants and refugees with disabilities have complex needs that typically require greater support than these groups can provide.

It's critical that New Hampshire's disability services agencies work with immigrant and refugee communities to ensure members in these communities who have disabilities are getting the services and supports that they need. There are steps that agencies can take to build ties with the immigrant and refugee communities. These include :

- ◆ Reaching out to community leaders, including religious leaders, elders, heads of community groups, and respected community members.
- ◆ Identifying one contact person within the organization to work with immigrants and refugees who are seeking information and/or services from the agency.
- ◆ Recognizing that for immigrants and refugees with disabilities services are scarce and often less formal in their countries of origin. Agencies should start with the basics and adequately support individuals with disabilities and their families through the process of applying for services.

- ◆ Taking the time to build strong relationships and make personal connections within immigrant and refugee communities. Opportunities to connect with these communities include: participating in cultural celebrations, attending multicultural festivals, and, when invited, accepting invitations to family dinners and gatherings.



## Uma's Story

Before coming to New Hampshire, Uma had survived war in her country and lived for many years in a refugee camp. It was a dangerous and traumatic time; there were no services and even food was scarce. Uma, who is an older woman, arrived from Africa without any supports.

On her first night in New Hampshire, Uma panicked and did not know what to do. She ended up in the hospital emergency room where she received some basic help. Uma didn't speak English and, with limited interpreter services, she left the hospital with no idea what to do next or where to go for help. She did not know what post-traumatic stress disorder (PTSD) was and was not aware that there were agencies that could provide the treatment and supports she needed.

Members in her community tried to help, but it was not enough. The resettlement agency that welcomed her when she arrived tried to teach her skills that she would need in her new community. However, Uma's mental illness made everything harder for her. Eventually, she learned about with Riverbend Community Mental Health. Riverbend understood the unique challenges Uma faced and adapted their program to meet her needs. She now has a case manager who along with an interpreter visits regularly to help her manage her mental health challenges. With the right supports, Uma is settling into her new life in America.



# CULTURAL COMPETENCE: CRITICAL TO EVERYONE'S SUCCESS

By Bhagirath Khatiwada, Cultural and Linguistic Competence Coordinator, NH Department of Education

Today's youth are growing up in a sophisticated virtual world. They are more interconnected than any generation in human history. Their contacts reach well beyond their town or city and now include the most culturally and linguistically diverse social network the world has ever known.

Race, ethnicity, sexual orientation, gender identity, religion, and physical and mental abilities are no longer occasional considerations. Diversity is now the way of life. New Hampshire businesses, educational institutions, and health and social service organizations are serving increasingly diverse communities. How can we meet the needs of our diverse population and leverage the strengths of this diversity to gain a competitive edge in the global economy?

One strategy is to increase our cultural competence and ability to work cross-culturally – both at individual and organizational levels. Cultural competence does not mean fully knowing all cultures. Rather, it is having an awareness of our own biases, being interested in learning about other cultures, and strengthening our ability to respect differences. Strengthening our ability to work effectively with **all** people begins by recognizing that we all have our own unique culture, and every human interaction is a cross-cultural interaction.

Improving an organization's cultural competence includes developing systems, policies, and practices to eliminate disparities and improve the quality of services to a diverse community. [The National Standards for Culturally and Linguistically Appropriate Services \(CLAS Standards\)](#) and the [Culturally Effective Organizations Framework](#) are both effective tools for organizations undertaking this work. Implementing these frameworks can help organizations to improve outcomes, meet legislative mandates, compete in the marketplace, and decrease the likelihood of liability claims.

To ensure continuous improvement, organizations should regularly evaluate their progress in implementing the domains of the CLAS Standards or Culturally Effective Organizations Framework.

The essential elements, or domains, for improving organizational cultural effectiveness include:

- ◆ **Data Collection and Use:** Organizations should review their service outcomes data by collecting REaL (race, ethnicity, and language) data, as well as other social determinant of health domains, such as income. Resources for effective data collection include the [US HHS Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status](#) and the Sexual Orientation and Gender Identity (SOGI) data collection best practices identified by the Fenway Institute and the [Williams Institute](#). Additionally, staff should be appropriately trained and comfortable explaining how data collection contributes to better quality services for everyone.
- ◆ **Staff Cultural Competence:** Organizations should support ongoing professional development for staff members to advance their own individual cultural competence.
- ◆ **Workforce Diversity and Inclusion:** Organizations should reflect the communities they serve and implement practices that ensure employees from all backgrounds have the opportunity to contribute, advance, and thrive. Recruitment networks can be broadened to include non-English publications and other media, as well as outreach to community churches and organizations that serve specific ethnic groups. Hiring, promotion, and retention data should be reviewed regularly to identify areas in need of improvement. Organizations that value the cultural diversity of their workforce see dividends in employee satisfaction and retention.



- ◆ **Community Engagement:** Organizations should develop strong relationships with the community and support community involvement in organizational decision-making. This may include engaging community leaders to serve on boards, to advise the development of strategic plans, and to help with community needs assessments.
- ◆ **Language and Communication Access:** All staff should know how to acquire interpretation services for a variety of encounters, including face-to-face meetings and telephone and video interactions. Translated written materials should be made available in the most common languages.

Becoming culturally effective does not require us to do different things, but it does require us to do things differently. All New Hampshire residents will benefit as organizations work to increase their capacity to provide high quality, culturally competent care and services.

*Note: This article was produced in partnership with the NH Department of Health and Human Services Office of Health Equity.*



*New Hampshire's Cultural and Linguistic Competence Coordinators, Bhagirath Khatiwada and Amy Parece-Grogan.*



### ***New Hampshire resources to support cultural competence include:***

- 1) NH Department of Education - Cultural and Linguistic Competence Coordinators - Bhagirath Khatiwada and the Office of Student Wellness, Amy Parece-Grogan
- 2) NH Department of Health and Human Services - Office of Health Equity
- 3) Foundation for Healthy Communities - the NH Health & Equity Partnership
- 4) NH Children's Behavioral Health Collaborative - the Behavioral Health Equity Work Group
- 5) Manchester Community Health Center - Culturally Effective Organizations online toolkit and webinar.



*(Continued from page 6)*

relate on so many levels. They too have native food and drinks that boast the vibrant gold color of turmeric. They too steep loose leaf teas and add sugar and milk and call it chai. They too look to each other for support and answers to unknown questions. They too reinforce for the next generation that they come from a royal and interesting heritage.

As I learn about them and they learn about me I know one thing is for certain. Although we grew up on different ends of the earth, we share a love and respect not just for our immediate family, but also for the pumpkin-vine family.

I can't wait to find out what fruit, flower, or vegetable best describes the blend of us on our community banquet table.



## COMING OUT

Last fall my child came out to me as transgender. My child was diagnosed early on with Asperger's, a high-functioning autism disorder, so I was already familiar with parenting a child who often felt like the "other". In a world that already wants to mold my child to make "normal" people feel more comfortable, adding the layer of LGBTQ+ identity can be daunting.

Being queer myself and having LGBTQ+ friends and family, I didn't worry that this was a phase. I know from experience, finding our sense of self is an evolutionary process. I understood the support my kid needed. I asked what pronouns and wardrobe were preferred and was told to use gender neutral pronouns, they/them/their. They weren't asking for hormone therapy, they were asking that I respect their pronouns and take them shopping for a wardrobe that reflects their identity. I was proud that my nearly teenage child felt empowered to have bodily autonomy.



I sent an email to the IEP team about the changes my child was going through. I wasn't prepared for the school's struggle to use the proper pronouns or for the cruelty of some kids and - at times - their parents. This has been the hardest school year to date. In addition to addressing my kid's needs through the IEP process, it is emotionally draining to deal with the culmination of homophobia, and transphobia that is the result of a lack of LGBTQ+ education and supports within the

school. At first teachers and support staff consistently failed to use the proper pronouns. I saw how exhausting it was for my tween to constantly, and with extraordinary patience, remind adult after adult of their pronouns and preferred name. Other children sometimes refer to my kid as "it," and made taunting statements such as, "I identify as a toaster."

I watched my child go through a crisis, not because of their gender identity or disability label, but because of how other people reacted. My child has felt rejected and bullied at school. When we go out in public people stare. When trying to play with kids in our neighborhood, parents will call their children away. Something as simple as using a public restroom causes anxiety. "I can't use the bathrooms here. Why can't they just have unisex bathrooms?"

I have been told my child needs to stop talking so much about their gender or LGBTQ+ topics. Trust me, I know how tiresome it can be when a person obsesses on a topic. ASD (autism spectrum disorder) kids have a particular knack for perseverating. However, there are very few adults and children my child can relate to on this matter and I realize how challenging and isolating this must feel at such an important moment in their development. I wonder if my kid felt properly supported when they came out, would they feel the need to talk so much about all things gender?

Therapy has been invaluable in helping my child cope during this difficult time. While it took several months of negotiation and advocacy, most of the teachers and support staff are making an effort to use the proper pronouns. My tween has access to a unisex bathroom and there's been an improvement in the level of respect for their gender and support at school. With these positive changes, everyone has noticed an overall improvement in my child's behavior and academic performance.

While we still need more resources in our community, there has never been a better time to be raising an

*(Continued on page 15)*



# HAVE YOUR AREA AGENCY SERVICES BEEN REDUCED OR TERMINATED?

## Learn About Your Rights!

Some people receiving developmental services from Area Agencies have had their services cut back or ended against their wishes. Sometimes this is because of lack of State funding, rather than a decision related to that person's service needs. Some of these people also are not receiving the notice and appeal rights to which they are entitled.

It is your right to disagree with a decision to cut back or end your services. If you agree with that decision then your rights to notice, appeal, and continued services are not triggered. Below you will find information about your rights to notice, appeal, and continued services. You can also go to <http://drcnh.org/AAcomplaints8x11.pdf> for more information about your right to complain.

### Your Services

If the Area Agency is considering cutting back or ending ANY of your developmental services there is a process that the Area Agency must follow.

- ◆ Your services can ONLY be reduced or terminated for one of two reasons:
  - a. You can function without the service.
  - b. The service is no longer necessary because it has been replaced by other services.
- ◆ Your service coordinator must meet with you to discuss the recommendation to cut back or end your services.
- ◆ Any recommendation must be in writing.
- ◆ You have a right to another meeting to review the written recommendation.
- ◆ After this meeting, you have a right to a written report that indicates whether your service will be continued, reduced, or terminated.

### You Have a Right to Written Notice

If the Area Agency decides to cut back or end ANY of your services, you have a right to notice that:

- ◆ Must be provided at least 30 days before ANY of your services can be cut back or ended;

- ◆ Is in writing;
- ◆ Includes the reason for reduction or termination;
- ◆ Includes your right to appeal;
- ◆ Includes your right to continued services during the appeal; and
- ◆ Includes a description of the appeal process.

### You Have a Right to Appeal

When ANY of your developmental services are cut back or ended (even if you continue to receive other services) you can appeal that decision.

- ◆ You have a right to a hearing and decision from a neutral hearing examiner.
- ◆ You have a right to continued services throughout the appeal and until the hearing examiner has made a final written decision.
- ◆ The Area Agency must show the reduction or termination of services was for one of the two reasons:
  - a. You can function without the service.
  - b. The service is no longer necessary because it has been replaced by other services.
- ◆ You have the right to be represented by a lawyer or other advocate, although the State and the Area Agency do not have to provide or pay for your representation.

If your developmental services have been cut back or ended, and you do not think they should have been, contact the Disability Rights Center at 228-0432 or [advocacy@drcnh.org](mailto:advocacy@drcnh.org) for further information or possible assistance.

Some of your rights are time sensitive. Do not wait to appeal or seek assistance if you may want to challenge an Area Agency decision to cut back or end your services.



## WHAT IS HEALTH EQUITY?

By Dr. Trinidad Tellez, Director, Office of Health Equity, NH Department of Health and Human Services

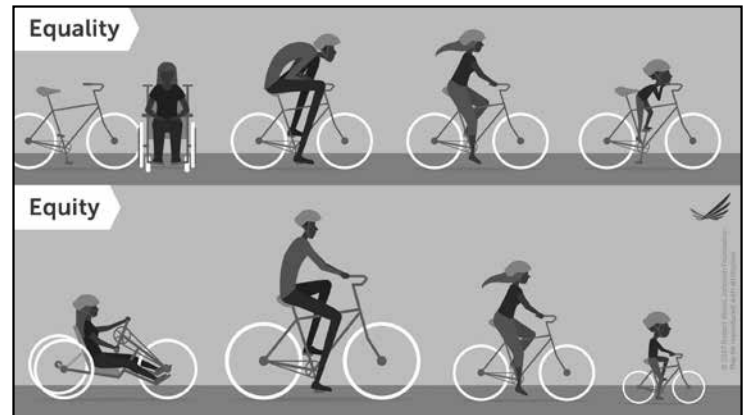
Last year, the New Hampshire Department of Health and Human Services, Office of Minority Health and Refugee Affairs changed its name to the Office of Health Equity (OHE). The name change reflects our expanded mission. *The Office of Health Equity assures equitable access to effective, quality DHHS programs and services across all populations, with specialized focus on racial, ethnic, language, gender and sexual minorities, and individuals with disabilities.* The Office of Health Equity is committed to bringing an awareness – both internal and external to the Department – to the issues that affect traditionally underserved, excluded, or marginalized groups. Access to social and economic opportunities; adequate resources and supports in our homes, neighborhoods, and communities; quality education; workplace safety; and clean water, food, and air all play a critical role in determining our health. (These conditions are collectively known as the Social Determinates of Health.) By focusing on health equity, we are better able to address the structural barriers to health care and the social determinates that impact health. Approaching our work through the lens of equity benefits many more people than directing our efforts to any one particular group.

In its 2017 report *What is Health Equity?*, the Robert Wood Johnson Foundation provides the following definition:

*Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*

Additionally, the report notes that pursuing health equity entails striving to improve everyone's health while focusing particularly on those with worse health and limited resources to improve their health. Equity is not the same as equality. Those with the greatest needs and least resources require more – not equal - effort and resources to improve their health.

The contrast between equality and equity is effectively captured in the RWJF infographic, Visualizing Health Equity: One Size Does Not Fit All.



To build a culture of health, we must first ensure everyone has the basics to be healthy. And when it comes to expanding opportunities for health, thinking the same approach will work universally is like expecting everyone to be able to ride the same bike.

There are a number of resources to learn more about health equity. The Robert Woods Johnson Foundation *Achieving Health Equity: Why health equity matters and what you can do to help ensure we all have the basics to be healthy* is a great place to start. This webpage includes useful tools and links to additional information. The Centers for Disease Control and Prevention Disability and Health, Inclusion Strategies webpage is another good online resource. And our own UNH Institute on Disability is working in collaboration with the Division of Public Health Services to improve the health of people with disabilities through the NH Disability and Public Health Project. The project's webpage provides links to strategies and best practices to improve health, data briefs and reports on health disparities, and opportunities for training and technical assistance.

For further information, or to ask questions on any of these or related items, please contact the Office of Health Equity at [healthequity@dhhs.nh.gov](mailto:healthequity@dhhs.nh.gov) or (603) 271- 8557.



# OPPORTUNITIES FOR LEADERSHIP TRAINING

By Ann Dillon, NH Leadership Series Coordinator, NH-ME LEND Faculty, Institute on Disability - UNH

**T**wo programs at the Institute on Disability at UNH are seeking to recruit people from diverse backgrounds who have an interest in disability and health issues and who want to develop leadership skills. If you know of emerging leaders, please help spread the word about both of these unique training programs. If you are personally interested in leadership training, please contact [Ann.Dillon@unh.edu](mailto:Ann.Dillon@unh.edu).

## NH Leadership Series (NHLS)

NHLS offers leadership training to family members who have a loved one with a developmental disability, chronic health or mental health condition, or learning disability, and to individuals who experience a disability. The eight-session series is held September to April, with students spending one Friday and Saturday per month engaged in group work, discussions, and lectures. NHLS prepares graduates to be effective legislative advocates, serve on community councils and boards, take on leadership roles within organizations, run for elected office, and make a positive impact for people who have disabilities. NHLS covers the expenses for students' meals and overnight accommodations. Students enrolled in Granite State College will receive 9 credits for successful completion of NHLS.

Recruitment occurs in the spring for each fall class,  
for more information:

<https://iod.unh.edu/projects/nh-leadership>

## NH-ME LEND

New Hampshire and Maine Leadership Education in Neurodevelopmental Disabilities, is a leadership training program for college graduates and who are interested in serving children who have disability and health issues. The program runs from September to May in Durham, NH and includes a weekly seminar, as well as part time clinical and leadership placements. There is a generous stipend to support participation in this program.

Recruitment occurs in the spring for each fall class,  
for more information:

<https://iod.unh.edu/projects/nh-me-lend>



*NH Leadership Class of 2018*

***"Before starting Leadership my automatic thought regarding anything was - I can't do it. Now I no longer have that feeling and my first thought is usually - How can I do it? - because I know I probably can."***

***-Maya Levin, Class of 2018***



Kile Adumene, 2015 LEND graduate, is a nurse at the Manchester Community Health Center. She is also a Program Coordinator with the Equity Leaders Fellowship at the Southern NH Area Health Education Center. Kile's background and her LEND training have prepared her to be an effective advocate for children who experience disabilities.





# TRAINING & EVENTS

## Growth Mindset for Educators

Many educators face significant and continuous pressure to support all students to achieve to their greatest potential. The Growth Mindset, as introduced by Columbia University's Carol Dweck, provides a sound sense of direction, personal and professional control, and focus for the classroom teacher to support all students to achieve to their greatest potential. This day long workshop introduces the theoretical framework of the Growth Mindset and provides opportunity for educators to apply its functions in their personal and professional work.

**Date:** July 19, 2018  
**Time:** 9:00 am - 3:00 pm  
**Location:** IOD Professional Development Center,  
56 Old Suncook Road, Concord, NH  
**Cost:** \$125

## nTIDE Lunch & Learn Webinar Series

On the first Friday of every month, corresponding with the Bureau of Labor Statistics jobs report, the Employment Policy and Measurement Rehabilitation and Research Training Center offers a live broadcast via Zoom Webinar to share the results of the latest nTIDE findings. In addition, we provide news and updates from the field of Disability Employment, as well as host an invited panelist who will discuss current disability related findings and events.

**Dates:** August 3 & September 7, 2018  
**Time:** 12:00 pm EST  
**Location:** [www.researchondisability.org/ntide](http://www.researchondisability.org/ntide)



## Building Trauma-Informed Communities of Hope, Resilience, & Care: MTSS-B Summer Institute

Establishing a safe school environment using a multi-tiered system of support is related to improved outcomes for all students. The 2018 Summer Institute will focus on implementing trauma-informed principles and practices within a multi-tiered system.

This conference, in its 12th year, provides educators, students, and community providers with an opportunity to explore programs and tools that have been proven effective in helping every student to be successful in school, home, and community.

**Date:** August 15-16, 2018  
**Time:** 8:30 am - 3:30 pm  
**Location:** Plymouth State University,  
17 High Street, Plymouth, NH

## Coaching for Instructional Excellence

This training will equip teacher leaders with the knowledge, tools, skills, and dispositions necessary to provide coaching for evidence informed instructional practices in the classroom. This work will focus on 3 areas: coaching competencies, evidence-informed classroom practices, and implementation strategies for sustainability (including teaming structures to provide leadership for school and/or district based implementation).

**Date:** August 15-17, 2018  
**Time:** 9:00am-3:00pm  
**Location:** Granite State College,  
25 Hall Street, Concord, NH  
**Cost:** \$300, \$250 for teams of 4+ within same SAU

## 5th Annual NH Leadership and ABLE NH Charity Golf Classic

This event was started by family and friends of people who have lifelong disabilities. As graduates of the NH Leadership Series and members of ABLE NH, we are working to provide training and create support for full lives in the community for ALL!

**Date:** September 21, 2018  
**Time:** Registration: 12:30 pm | Start: 1:30 pm  
**Location:** Windham Country Club,  
1 Country Club Rd, Windham, NH

## 5th Annual Advocacy: Learn It! Live It! Love It! Conference

The Advocate NH Annual Conference is the ONLY conference in New Hampshire by & for self-advocates. Join us for a day of fun, educational presentations and activities. Gain advocacy skills, meet new people, and learn to be the star of your own life! Presentation topics include: Navigating a Mental Health/IDD Dual Diagnosis, Dealing with Bullying, Staying Safe in Your Community, & Exercising Your Right to Vote.

**Date:** September 28, 2018

**Time:** 9:00 am - 3:00 pm

**Location:** NH Police Standards & Training Council Facility, 17 Institute Drive, Concord, NH

## AT Makers Fair: Making AT for All

The *AT Makers Fair* will help grow the collaboration of assistive technology makers and users and explore fast, affordable, customized, and satisfying solutions to everyday problems!

Featuring: A keynote and panel presentation/discussion with national AT maker movement program leaders, workshops with hands-on learning, a Make AT Café, an exhibit hall of vendor/program booths.

**Date:** September 29, 2018

**Time:** 8:00 am - 4:30 pm

**Location:** Grappone Conference Center, 70 Constitution Avenue, Concord, NH

**Cost:** \$199

### 3 EASY WAYS TO REGISTER!



online

[WWW.IOD.UNH.EDU/Events](http://WWW.IOD.UNH.EDU/Events)



call to register or to request a registration form

603.228.2084



mail a completed registration form

INSTITUTE ON DISABILITY  
56 OLD SUNCOOK ROAD, SUITE 2  
CONCORD, NH 03301

*(Continued from page 10)*

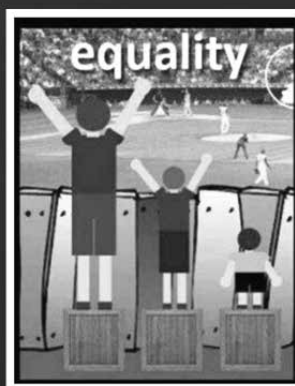
LGBTQ+ child. My kid has found solace in Ashley Mardell's book The ABC's of LGBTQ+, and her YouTube channel About All Things LGBTQ. I passed along Am I Blue? Coming Out From the Silence, a book from my childhood, as well as Queer There and Everywhere: 23 People Who Changed The World by Sarah Prager, and First Year Out: A Transition Story by Sabrina Symington.

PFLAG is a valuable parent resource with connections to local chapters, online communities, and support groups. I also highly recommend Adele Faber's book How to Talk So Kids Will Listen and Listen So Kids Will Talk.

To cope with this whole experience, my child and I are undertaking a collaborative project. We are publishing *Bearded Lady*, a newsletter for LGBTQ+ youth and their families, featuring resources, essays, and art. The first issue will be coming out this summer. Our goal is to raise awareness, promote tolerance and inclusion, and give LGBTQ+ youth a stronger voice. We hope to create a safer community for all the "others" out there. Watch for *Bearded Lady* on social media and in independent bookstores and small businesses in central New Hampshire.

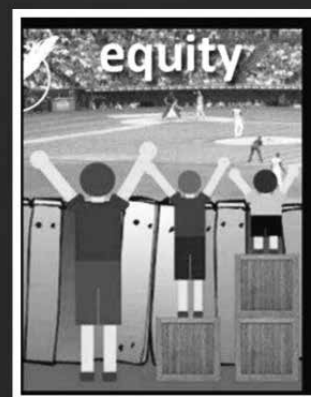
*Given the widespread prejudice, hostility, and stigma experienced by transgendered people, the author and her child wish to remain anonymous.*

## Equality vs. Equity



EQUALITY=SAMENESS

GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place



EQUITY=FAIRNESS

ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

# RAP Sheet

## NH COUNCIL ON DEVELOPMENTAL DISABILITIES

2½ Beacon Street, Suite 10  
Concord, NH 03301-4447

**RETURN SERVICE REQUESTED**

## INSIDE THIS ISSUE

- ◆ *Cultural Competency*
- ◆ *Rights to Language Access*
- ◆ *Health Equity*
- ◆ *Personal Stories*

## DISABILITY RIGHTS CENTER - NH

64 North Main Street, Suite 2, 3<sup>rd</sup> Floor, Concord, NH 03301-4913  
Voice and TDD: (603) 228-0432 ◆ 1-800-834-1721 ◆ FAX: (603) 225-2077  
TDD access also through NH Relay Service: 1-800-735-2964 (Voice and TDD)  
E-mail: [advocacy@drcnh.org](mailto:advocacy@drcnh.org) ◆ Website: [www.drcnh.org](http://www.drcnh.org)  
"Protection and Advocacy System for New Hampshire"

*The Disability Rights Center is dedicated to eliminating barriers to the full and equal enjoyment of civil and other legal rights for people with disabilities.*

## INSTITUTE ON DISABILITY/UCED AT THE UNIVERSITY OF NEW HAMPSHIRE

[www.iod.unh.edu](http://www.iod.unh.edu) | [facebook.com/instituteondisability](https://facebook.com/instituteondisability) | [twitter.com/unhiod](https://twitter.com/unhiod) | [youtube.com/unhiod](https://youtube.com/unhiod)

Durham Office:

10 West Edge Drive, Suite 101 | Durham, NH 03824  
Phone: 603.862.1769 | Relay: 711 | Fax: 603.862.0555

Concord Office:

56 Old Suncook Road, Suite 2 | Concord, NH 03301  
Phone: 603.228.2084 | Relay: 711 | Fax: 603.228.3270

*The IOD promotes full access, equal opportunities, and participation for all persons by strengthening communities and advancing policy and systems change, promising practices, education, and research.*

## NH COUNCIL ON DEVELOPMENTAL DISABILITIES

2½ Beacon Street, Suite 10  
Concord, NH 03301-4447

Phone: (603) 271-3236 ◆ TTY/TDD: 1-800-735-2964 ◆ Website: [www.nhddc.org](http://www.nhddc.org)

*Dignity, full rights of citizenship, equal opportunity, and full participation for all New Hampshire citizens with developmental disabilities.*

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