Accessibility - It’s More than Just a Ramp

A guide for health care workers who plan and facilitate meetings & other health-related events

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Preface

The information in this manual was compiled from a variety of sources and adapted to support the planning and facilitation needs of workers in the health care field who plan and/or facilitate meetings, conferences, or other events.

This guide was specifically designed for North Dakota. First, it contains information regarding the health disparities between North Dakotans with and without disabilities to give a clear understanding of why it is important to include people with disabilities in health care and health promotion activities. Second, it provides information on how to plan barrier free events so that people with disabilities can be included in health care events and meetings.

There is no way to include all possible accessibility situations within one manual, so use this guide as a starting point; it includes references for more complete information.

Including people with disabilities is not only the law... it’s the right thing to do.

A community program was sponsoring an event to promote wellness activities among people in the local community. Betty, who uses a wheelchair, wanted to attend the event that was being held in a building downtown. When Betty called to register she discovered the building in which the event was being held was not accessible. Betty was told there would be workers on hand to carry her up and down the steps. This was not an acceptable alternative; Betty did not attend the event.
Introduction

Much of the focus on today’s health issues stem from the national Healthy People initiative. Recommendations made during the Healthy People 2000 review included developing health objectives for people with disabilities; and examining their health and receipt of clinical preventive services. The most recent update to this initiative, which is Healthy People 2010, builds on initiatives pursued over the past two decades. The 1979 Surgeon General’s Healthy People Report laid the foundation for a national prevention agenda. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 provides a framework for disease prevention and health promotion for the Nation. Under this initiative, the health plan is updated every 10 years. There are two overall goals in Healthy People 2010: 1) Increase quality and years of healthy life, and 2) Eliminate health disparities.

People with disabilities are currently represented in 207 of the 467 objectives that span 21 of the 28 Healthy People 2010 focus areas. Focus area #6 of the plan specifically contains thirteen objectives that aim to promote the health and well-being of children and adults with disabilities across their lifespan. These thirteen objectives can be viewed at

http://www.healthypeople.gov/data/midcourse/html/focusareas/FA06TOC.htm. Focus area #6 is co-led by the Center for Disease Control’s Disability and Health Team and the National Institute on Disability and Rehabilitation Research at the U.S. Dept of Education.
In 2007, ND became one of 16 states funded by the Centers for Disease Control and Prevention (CDC), National Center for Birth Defects and Developmental Disabilities, to work on various health initiatives. All 16 states receive core funding to work on building overall capacity within their states. The ND Disability Health Project has four priority areas which were determined based on the review of existing data sources and focus groups. For a complete review of the information gathering process and results refer to the full reports, *Health-Related Attributes of North Dakota Adults with Disabilities: Analysis of 2001-2006 BRFSS Data* (Muus, 2008) and *Impact of Disability in North Dakota Health Status and Disparities* (Arrayan & Askvig, 2008), which can be downloaded from www.ndcpd.org/health.

The focus of the ND Disability Health Project is to promote the health and wellness of ND citizens with disabilities, and prevent or lessen the effects of secondary conditions associated with disabilities. The ND Disability Health project collaborates with the ND Department of Health, Division of Chronic Disease, and the Center for Rural Health at the University of North Dakota (UND). The Association of University Centers on Disabilities (AUCD) has an agreement with CDC to provide technical assistance to the 16 grantee states.

With the increased awareness on poor health and obesity, and a national emphasis on improving physical health and fitness and becoming more active as a community, it is more important than ever to promote the inclusion of *everyone* in meetings, conferences, and other activities where these issues are being addressed.
Health Status of People with Disabilities in ND

North Dakota data sources clearly indicate health disparities between people with and without disabilities in ND. The table below indicates that the percentage of adult North Dakotans who have a disability and perceive their health status as either fair or poor was 41%, significantly higher than the 7% of those without a disability.

Physical problems were reported to be more prevalent than mental health problems, with the number of days for physical health problems highest among persons with a disability. People with a disability are more likely to have one or more days each month in which their mental health is not good (42%), than people without disabilities (31%). Forty two percent of people with disabilities reported having one or more day each month when poor health prevented usual activities, compared to just 13% of people with no disabilities (Muus, 2008).

<table>
<thead>
<tr>
<th>Health status measures among North Dakota adults with and without disabilities, by age group, BRFSS combined years 2001-2007. (Muus, 2009)</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Health is Fair/Poor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>227,427</td>
<td>41.11</td>
</tr>
<tr>
<td>Without disability</td>
<td>186,509</td>
<td>6.74</td>
</tr>
<tr>
<td>**Physical Health Not Good # Days in Past Month **</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>0 Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>165,231</td>
<td>35.01</td>
</tr>
<tr>
<td>Without disability</td>
<td>1,728,940</td>
<td>72.15</td>
</tr>
<tr>
<td><strong>15-30 Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>152,905</td>
<td>32.4</td>
</tr>
<tr>
<td>Without disability</td>
<td>92,811</td>
<td>3.87</td>
</tr>
<tr>
<td>**Mental Health Not Good # Days in Past Month **</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>0 Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>271,718</td>
<td>57.57</td>
</tr>
<tr>
<td>Without disability</td>
<td>1,670,963</td>
<td>69.73</td>
</tr>
<tr>
<td><strong>15-30 Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>83,409</td>
<td>17.67</td>
</tr>
<tr>
<td>Without disability</td>
<td>146,600</td>
<td>6.12</td>
</tr>
<tr>
<td>**Poor Health Prevented Usual Activities # Days in Past Month **</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>0 Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>227,789</td>
<td>57.91</td>
</tr>
<tr>
<td>Without disability</td>
<td>1,739,617</td>
<td>87.11</td>
</tr>
<tr>
<td><strong>15-30 Days</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>78,496</td>
<td>19.96</td>
</tr>
<tr>
<td>Without disability</td>
<td>26,198</td>
<td>1.31</td>
</tr>
</tbody>
</table>

This table depicts that the prevalence of chronic joint symptoms, diabetes, arthritis, cardiovascular disease, and asthma is higher among adults with disabilities than among those without disabilities. Falls resulting in injury are also most likely to occur among people with disabilities (18%) than those without disabilities (12%). Prevalence of high cholesterol and hypertension is significantly higher for people with disabilities (45% and 49%) than for people without disabilities (30% and 24%); this disparity has been a trend since 2001 (Muus, 2008).

### Health conditions among North Dakota adults with and without disabilities, by age group, BRFSS combined years 2001-2007.

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic Joint Symptoms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>228,669</td>
<td>-85.35</td>
</tr>
<tr>
<td>Without disability</td>
<td>379,195</td>
<td>-60.29</td>
</tr>
<tr>
<td><strong>Arthritis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>223,541</td>
<td>-56.97</td>
</tr>
<tr>
<td>Without disability</td>
<td>383,935</td>
<td>-19.61</td>
</tr>
<tr>
<td><strong>High Blood Pressure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>172,495</td>
<td>-44.09</td>
</tr>
<tr>
<td>Without disability</td>
<td>404,002</td>
<td>-20.64</td>
</tr>
<tr>
<td><strong>High Cholesterol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>148,603</td>
<td>-45.25</td>
</tr>
<tr>
<td>Without disability</td>
<td>440,688</td>
<td>-31.18</td>
</tr>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>64,985</td>
<td>-24.87</td>
</tr>
<tr>
<td>Without disability</td>
<td>65,325</td>
<td>-6.45</td>
</tr>
<tr>
<td><strong>Fell and was Injured</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>10,908</td>
<td>-18.63</td>
</tr>
<tr>
<td>Without disability</td>
<td>21,402</td>
<td>-11.83</td>
</tr>
<tr>
<td>With Disability</td>
<td>98,304</td>
<td>-17.73</td>
</tr>
<tr>
<td>Without disability</td>
<td>250,394</td>
<td>-9.04</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Disability</td>
<td>80,572</td>
<td>-14.5</td>
</tr>
<tr>
<td>Without disability</td>
<td>123,452</td>
<td>-4.45</td>
</tr>
</tbody>
</table>

Note: Diabetes defined as type I or II only, not pregnancy, diabetes or pre-diabetes.

As indicated in this table, people with disabilities have a higher prevalence of obesity and certain as-risk behavior, including tobacco use and limited engagement in physical activity.

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Muus, 2009)</td>
</tr>
<tr>
<td><strong>Overweight/Obese</strong></td>
</tr>
<tr>
<td>With disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Obese</strong></td>
</tr>
<tr>
<td>With disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Tried Losing Weight</strong></td>
</tr>
<tr>
<td>With Disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Told to Lose Weight</strong></td>
</tr>
<tr>
<td>With Disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Moderate Activity</strong></td>
</tr>
<tr>
<td>With disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Smokes</strong></td>
</tr>
<tr>
<td>With Disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Binge Drinks</strong>*</td>
</tr>
<tr>
<td>With Disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
<tr>
<td><strong>Drinks Heavily</strong></td>
</tr>
<tr>
<td>With Disability</td>
</tr>
<tr>
<td>Without disability</td>
</tr>
</tbody>
</table>


These statistics clearly illustrate the need to include people with disabilities in planning, attending meetings or conferences, and/or presenting information related to a healthy lifestyle. The Americans with Disabilities Act (ADA), which became law in July 1990, guarantees full participation for all people with disabilities. The ADA covers every person with a disability, which is defined as a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. With pre-planning, awareness, and willingness to consider the possible needs of a variety of people, facilitators and planners can ensure a usable and comfortable environment for people of all abilities. Planning barrier free events requires flexibility and willingness to plan ahead and to make last minute adjustments. By treating each meeting as though someone with a disability might attend, barriers to participation can begin to be eliminated.
Types of Accommodations

This section will address accommodations in the following general categories: physical, print materials, audio, guiding, web-based material, support staff. All accommodation requirements cannot possibly be covered in this manual. For more detailed information readers are encouraged to review the ADA standards for accessible design at [www.ada.gov](http://www.ada.gov), also see Appendix B for a list of other references.

It is important to note that many accommodations are not expensive. Some accommodations can be made at the last minute, but most will need to be planned in advance. The meeting or event coordinator is responsible for ensuring accessibility to all aspects of a meeting or event. When you invite specific people to a meeting or event you may know in advance if accommodations are needed, but for open meetings or events you either need to let people know to notify you in advance of accommodation needs, or just be accessible. Facilities where meetings or events are held should meet basic accessibility standards; a location should be chosen with those general considerations in mind. Remember, even within your own facility you may need to check these details.

**Physical**

This involves a modification of physical space to allow full access to and participation in activities. Accommodations may be as simple as placing blocks of wood under table legs to make it high enough for use by a person who uses a wheelchair, or as complicated as widening doorways, or rewiring light switches so they can be lowered to wheelchair height. The following are some of the areas to consider when assessing physical accessibility. The ADA website provides measurements as well as diagrams of all requirements for physical accessibility requirements.

*Entrance and interior doorways* – Doorways need to have an opening with at least 32 inches of clear width, and adequate maneuvering clearance for people who use wheelchairs. Automatic door openers are required unless the opening force is 5 pounds.
or less for internal doors and 8 pounds or less for external doors. Door handles should be operable with a closed fist (no tight grasping, tight pinching, or twisting of the wrist to operate). If this is not the case, an option is to have a call button in place with signage for users to call for assistance (someone will come and open the door). At non-accessible entrances signs that give directions to the accessible entrance must be posted.

**Parking lots** – Accessible parking spaces need to be available near the accessible entrance. Spaces must be clearly marked with the international symbol of accessibility (see Appendix A). Spaces need to be a minimum of 60 inches wide for cars, and a minimum of 96 inches wide to accommodate vans with lifts. The table below indicates the number of spaces required according to ADA standards. For events planned in your own facility this can often be over looked, however, if you are inviting people from outside your organization to come to your facility, it must be considered. The route from the parking lot to the entrance door should be flat and stable. There should be no stairs, steps, or escalators. The sidewalk should be a minimum of 36 inches wide. If you are planning an event in a facility that does not meet the minimum requirements for accessible parking spaces, temporary spots can be designated with signage during the time of the event.

<table>
<thead>
<tr>
<th>Total # of Parking Spaces Provided (per lot)</th>
<th>Total Minimum # of Accessible Parking Spaces (60&quot; &amp; 96&quot; aisles)</th>
<th>Van-Accessible Parking Spaces with min. 96&quot; wide access aisle</th>
<th>Accessible Parking Spaces with min. 60&quot; wide access aisle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 25</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>26 to 50</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>51 to 75</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>76 to 100</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

**Hallways and corridors inside the facility** – At least one accessible route needs to be available within the facility where a meeting or event is taking place. The minimum
width of hallways and corridors is 36 inches. If a route is less than 60 inches, then passing areas of at least 60 square inches should be available at reasonable intervals. A T-intersection of two corridors or walks is an acceptable passing place.

**Ramps and stairs** – The least possible slope should always be used for any ramp, and should never exceed a 30 inch rise. The maximum slope of a ramp should be 1:12 (12 inches of ramp for every 1 inch of elevation change). That means for every 12 inches of ramp, the incline should be no more than 1 inch. There should be level landings at the top and bottom of each ramp. If the location of the ramp changes, the area should be 60 inches by 60 inches minimum. Handrails and edge protection should be provided on each side of the ramp. All steps should have uniform height and widths (11 inches wide minimum), with railings on each side.

**Elevator access** – Elevators should be located on an accessible route, with call buttons located at 42 inches above the floor. Visible and audible indicators should be present to indicate floor level, and all control buttons should be designated in Braille.

**Meeting rooms** – Routes and meeting rooms should be free from obstacles that could block traffic or be tripping hazards such as cables, wires and microphones. Rooms should have movable seating to allow wheelchair access. Seating options should be flexible so that people with disabilities are not limited to the back or front of the room. Tables or other work surfaces should be accessible to people who use wheelchairs. The top should be no higher than 34 inches above the floor, no less than 27 inches of knee clearance, no less than 19 inches deep, and clearance no less than 30 inches wide.

**Restrooms** – There are many considerations for bathroom accessibility and the reader is directed to the ADA website for complete details. The website provides diagrams and measurements for stalls, grab bars, sinks, flushers, etc. If there is not an accessible
bathroom on the same floor as the meeting room then elevator access is needed. Signage should be posted at inaccessible restrooms directing people to the accessible restrooms.

**Emergency exits and alarms** – These need to be clearly identified on an accessible route of travel. Fire and emergency alarms should have both audible and visual signals such as a sound emission and flashing lights. Manual fire alarms and fire extinguishers should be within reach of people who use wheelchairs.

**Miscellaneous** – Other areas to check include water fountains and vending machines. If drinking fountains or vending machines are not accessible, these items could be provided on a table within the meeting room or in another location convenient to attendees.

**Print Materials**

People who are blind or have low vision may prefer to receive print materials on a disk or via email attachment that they can access via their computers. Some may need access to computers with speech readout, refreshable Braille displays or enlarged characters on conventional monitors. When combining print with background colors, it is best to use colors that will provide the maximum brightness contrast between print and background. Readability of the printed material will be improved if black ink is used on white or cream (preferred) or pastel paper. If colored print and paper are used, two shades of the same color should be avoided and a light color should be used for the background. People with low vision may request materials to be provided in large print. Large print materials are most commonly available in 16 or 18 point font, with 14 point font being considered the minimum. It’s a good idea to ask large print users which font size is best for them, as some people may require up to a 36 point font.
People who have an intellectual disability are likely to have difficulty with academic learning and their reading and writing may be at a basic level. Reading level of printed materials may need to be adjusted to accommodate people with intellectual disabilities. The general guideline is to stay at a sixth grade reading level or below. Using pictures along with uncomplicated text can be an effective way to convey information. Some Word programs allow users to check the readability of materials (see Appendix D for instruction on checking reading level on your computer). Some people may not have had the educational support needed to learn to read or write and may be self-conscious about this. It is important to be sensitive when asking people to read information or complete written forms.

**Promotional materials** – Promotional material, such as a brochure or flyer advertising an event (i.e. public meeting, health promotion event, conference) should invite participants to indicate their needs for accommodations in advance. They should also mention the availability of material in alternate formats. Notices should also be circulated electronically in an accessible format. Including a picture of a person with a disability on the brochure or flyer will illustrate commitment to assuring everyone is welcome and can participate. See Appendix C for examples of statements for brochures and registration forms.

**Exhibits and displays** – Most exhibits are in large open areas with many booths. While maps and diagrams can be helpful at exhibitions, some people who are blind find it difficult to conceptualize this information. Braille and large print maps can be cumbersome and difficult to use. There are various way to make the exhibition more user-friendly to all attendees. Written orientation material, sent before the meeting, allows advanced planning. During the event, directions can be given over
a microphone. It is helpful if all booths of a particular type are grouped into theme areas such as health care supplies, screening tools, healthy eating literature and so on. If people have a particular interest, they can visit one area rather than hunting for the booths of interest scattered among other exhibits. Having straight aisles with 90-degree turns and, if possible, different textured carpet in the aisles and booths can be helpful. So can hand-level Braille and eye-level large print signs at each booth or at the end of each row. Although having information available in alternate formats at the booth is always appreciated, handouts enable people to take away as much information as possible to review with a reader or scanner later. A verbal description of the display pictures or a loop tape that provides descriptive narration of the content of the booth can be helpful also. Another option is to have volunteers available to guide people who are blind around the exhibit hall or to assist people with mobility devices to carry items.

**Audio**

One way to accommodate barriers to audio communication is to offer print material, use sign language interpreters, assistive listening devices, realtime captioning services, or TTY. Refer to Appendix D on where to access these types of resources.

TTY stands for Text Telephone. It is also sometimes called a TDD, or Telecommunication Device for the Deaf. TTY is the more widely accepted term, however, as TTYs are used by many people, not just people who are deaf. TTY can be used to communicate with individuals who are deaf, hard-of-hearing or who have speech disabilities. A TTY has a keyboard and visual display for non-verbal communication with another TTY user or a relay system operator. The relay system is provided toll free in each State and permits telephone communication between voice handsets and individuals using a TTY. With the relay system an operator types whatever the caller says so that the person receiving the call can read the words on his or her TTY display.
The person receiving the call will then type back a response, which the operator will read aloud to the caller over the phone. Meeting or event organizers may encounter TTY devices when communicating with people in the registration phase or while making arrangements for people to attend.

There are a variety of assistive listening devices (ALDs) that can enhance the ability of people who are hard of hearing to hear speech. Some ALDs allow the person to increase the volume, thus allowing them to understand a quiet speaker without straining to hear. ALDs can be used in various settings, including classrooms, lecture halls, and meeting rooms. To learn more about the different devices available, visit the Center for the Deaf and Hard of Hearing website at http://www.cdhh.org/sandbox/technology_assistive_devices.php.

Realtime captioning translates speech into print, providing accessibility to information presented in conferences, workshops, meetings, etc. To learn more about this service visit the NDCPD’s website at http://165.234.216.166/proj/ODS/remote/index.htm.

**Guiding**

People with low vision or who are blind may ask to be oriented to the room/area or may ask for someone to be a sighted guide. When a sighted guide is used, the person will take the guide’s arm and walk a pace or so behind the guide to obtain directional information from the guide’s body movement. If the person has a guide dog, they may ask the animal to follow the guide. Never grab the hand or arm of a person who is blind or visually impaired in an attempt to guide them. Follow the instructions the person offers in terms of what will be most helpful to them. Describe the surroundings, including obstructions, as they are approached. When showing someone to a seat, the guide should place the person’s
hand on the back of their chair to facilitate orientation and seating. It is okay to let the person know if you are unsure of what to do and ask for instruction on how to assist.

**Web-based Materials**

Assistive technologies with computers are sometimes referred to as adaptive software or hardware. Some assistive technologies are used together with graphical desktop browsers, text browsers, voice browsers, multimedia players, or plug-ins. Some accessibility solutions are built into the operating system, for example, the ability to change the font size, or set the operating system so that multiple-keystroke commands can be entered with a sequence of single keystrokes. There are many adaptive strategies that assist people with disabilities in using computers or other devices. For example, someone who cannot see a Web page may tab through the links on a page as one strategy for helping skim the content. The Web Accessibility Initiative website, [http://www.w3.org/WAI/intro/people-use-web](http://www.w3.org/WAI/intro/people-use-web), provides an introduction to how people with disabilities use the web, along with resources for evaluating accessibility and how to make accessible sites.

**Presenters** – It is important for presenters to verbalize visual presentations, such as Power Point slide show, otherwise people who are blind or have low vision may not understand or catch key points that the speaker is referring to. This does not mean screens need to be read verbatim. The message conveyed by each image can be woven into the verbal narration. The bottom line of a graph, chart or diagram, can also be read out loud. This not only helps people with visual disabilities, it also reinforces the message for others. Information should be presented in a way that is easily understood by individuals with
a variety of abilities. If complex matters are discussed, the facilitator could summarize key points. An overview of comments could be given by offering concluding remarks on each point before moving on. This helps all participants follow the discussion and keep their place in documents. Presenters should repeat contact information, speak slowly and use numbers to replace bullets when there’s a list of items. It is important to let guest speakers and exhibitors know they need to be prepared to provide printed handout materials in alternative formats upon request. For more tips on making presentations and materials accessible, see Appendix E.

Support Staff

All staff working an event should know how to provide directions and/or assistance to participants. This may include guiding or orientation for someone who is blind, assisting with carrying items for someone who has a physical disability, or assisting someone with a cognitive disability to complete paperwork. Staff should have knowledge of basic concepts such as People First Language and general disability etiquette. This information, in addition to information about types of disabilities, can be found in Appendix F. Not being prepared can be uncomfortable and awkward for attendees as well as those working an event.

**Registration** – When greeting attendees, workers at the registration table/desk should identify themselves, even if they are wearing a name badge. People with low or no vision, or intellectual disabilities may not be able to read a name badge. The registration table should be low enough (no higher than 36 inches above the floor) to allow a person using a wheelchair to see the people behind the table and the materials on the table. If nametags are given to attendees, there should be a tactile indicator to show the top, so that the tag can be put on correctly. If there are colors or other codes on the tag, explain that as the name tags are given out, so that a person who is blind or has low
vision can locate coded activities. If an information package is given to people who are registering, give a brief overview of what is contained in the packet. People receiving alternate formats should also be given the printed kit. This is frequently needed for their company's files or discussion with colleagues. The kit may also contain promotional items and product samples.

**Facilitators** – Opportunities to meet people and visit with other attendees may be more difficult for people with limited mobility or low or no vision. To facilitate networking for everyone, at smaller meetings the facilitator can ask participants to identify themselves and mention their organizational affiliation. At larger gatherings, each participant could be asked to identify themselves before speaking for the first time. During open discussions, people who are blind or have low vision or mobility limitations may need assistance to make their way from their seat to the floor microphone. This can be bypassed by having a support staff person hand the microphone to each person who wants to speak. For people speaking from their seats, it is difficult to know when it is appropriate to jump in and speak without some visual or verbal clues. Facilitators should verbally recognize each person by name or organizational affiliation when it is their turn to speak so that people know when it is appropriate for them to do so. It is also helpful for the facilitator to indicate who will speak after the next participant. This allows people who are blind to know if they are in the speakers' line-up and who else is going to comment. Recognizing each speaker in turn helps those who cannot see to know when another person has finished speaking and not just paused to consult their written notes.
**Lunches and receptions** – Announcing the menu before meal breaks allows everyone to know the choices offered. Some people may prefer to go through a buffet while others may prefer to be served at a table. Available options should be announced. If meals are to be “on your own,” the accessibility of nearby restaurants should be determined beforehand. Reference points can be used to announce where food and beverages are located within the room, building, or neighborhood. Some people who need assistance may be uncomfortable when colleagues have to provide assistance rather than enjoying their own break. Having informed catering service staff, or other employees/project staff available to discretely assist greatly increases the integration of participants who need assistance such as those who are blind or use a mobility device. Dietary needs should be taken into consideration when planning meals and snacks to accommodate the needs of people with conditions such as diabetes. This information can be gathered on registration forms to allow for planning ahead of time (see Appendix C).

**Transportation** – If attendees from other cities are expected, it is helpful to provide information about accessible public transportation options available in the host city.
**Temporary Changes**

While permanent changes to a facility or meeting room are preferred, they are not always possible. When an activity is scheduled to be held in a building that is not accessible, and cannot be relocated to an accessible facility, temporary changes can be made, such as:

- If an event needs five accessible parking spaces and the facility only has three, mark off extra spaces with temporary signs.
- If drinking fountains are not accessible, a water pitcher or dispenser and cups could be available on a nearby table.
- If permanent signage is not available, temporary signs could be used to indicate location of areas such as accessible restrooms.

The website, [http://www.ada.gov/smtown.pdf](http://www.ada.gov/smtown.pdf), provides suggestions specific to small towns where resources may be limited.
Summary

The best way to ensure that people with disabilities are included in health care events and promotions is to include them in the planning process. If volunteers need to be solicited for planning committees or working groups, there are several resources to access including Centers for Independent Living, Developmental Disabilities Service Providers, disability support groups, and other disability service providers. Several ND resources are included in Appendix G.

There are various types of adaptations that individuals may need to make things accessible. Appendix D provides resources for services such as converting written materials to Braille, where to purchase a TTY machine, lowering the reading level of educational materials, or how to determine physical accessibility status.

Accessibility is a necessity for managing and including a diverse population in meetings and other events. Not only is it required by state and federal law to ensure that people with disabilities are afforded the same opportunities as people without disabilities, it is the right thing to do. It is not necessary to wait until a person with a disability joins your group to make accommodations. A clear message is sent when event planners and facilitators plan for accessibility and inclusion. Environments that are accessible, functional, and safe benefit everyone.
References


Appendix Summary

Symbols of Accessibility ........................................................................................................ A
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Appendix A

International Symbols of Accessibility

Signs provide key information concerning the accessibility of programs and facilities. It's helpful to post the appropriate international symbols to indicate where services are available. The following are internationally recognized symbols of accessibility.

<table>
<thead>
<tr>
<th>International Symbol of Accessibility</th>
<th>International Symbol of TTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Image of wheelchair]</td>
<td>[Image of TTY symbol]</td>
</tr>
<tr>
<td>Volume Control Telephone</td>
<td>International Symbol of Access for Hearing Loss</td>
</tr>
<tr>
<td>[Image of volume control symbol]</td>
<td>[Image of hearing aid symbol]</td>
</tr>
<tr>
<td>Large Print</td>
<td>Access (Other than Braille and Print) for Individuals Who are Blind or Have Low Vision</td>
</tr>
<tr>
<td>Accessible Print</td>
<td></td>
</tr>
<tr>
<td>Sign Language Interpretation</td>
<td>Assistive Listening Systems</td>
</tr>
<tr>
<td>[Image of sign language interpretation symbol]</td>
<td>[Image of assistive listening symbol]</td>
</tr>
<tr>
<td>Closed Captions</td>
<td>Audio description available</td>
</tr>
</tbody>
</table>
Appendix B – General Accessibility Resources

These ADA Resources taken from: http://www.fpg.unc.edu/~ncodh/pdfs/MeetingGuide.pdf. This resource also includes an accessible meetings checklist, which is not included here.

Regional Disability and Business Technical Assistance Centers (DBTACs)
This network of regional ADA technical assistance centers is a comprehensive resource for information, materials, technical assistance, and training on the ADA. The website and toll free number provide a means to connect to your regional center, ADA information, and an extensive list of publications.
ADA Technical Assistance Project
(800) 949-4232
www.adata.org

38 Removing Barriers: Planning Meetings That Are Accessible to All Participants

The U.S. Architectural and Transportation Barriers Compliance Board (Access Board)
The Access Board develops and disseminates Accessibility Guidelines and Standards, which are minimum guidelines for standards issued under the ADA. The website includes these standards and other publications related to access of facilities, public rights-of-way, transportation, and communication.
The Access Board
1331 F Street NW, Suite 1000
Washington, DC 20004-1111
(800) 872-2253
(800) 993-2822 (TTY)
info@access-board.gov
www.access-board.gov

United States Department of Justice
The Disability Rights Section of the Department of Justice (DOJ) provides information and technical assistance on the ADA through the ADA Information Line and the ADA Home Page. Publications can be ordered through the ADA Information Line or downloaded from the website.
Disability Rights Section
Civil Rights Division
U.S. Department of Justice
P.O. Box 66738
Washington, DC 2005-6738
(800) 514-0301
(800) 514-0383 (TTY)
www.usdoj.gov/crt/ada
www.ada.gov
Appendix 39
The Center for Universal Design
The Center is a national research, information and technical assistance center that evaluates, develops, and promotes Universal Design in housing, public and commercial facilities, and related products. It provides publications that address all areas of Universal Design and barrier removal, including ADA Standards Tech Sheets, videos, and Tech Packs on issues related to bathrooms, entrances, and parking. (Click on “Publications.”)
The Center for Universal Design
North Carolina State University, College of Design
Box 8613
Raleigh, NC 27695-8613
(800) 647-6777
www.design.ncsu.edu/cud

The Disability Access Symbols Project
This project provides accessibility symbols that can be downloaded from the website and used for signage.
Graphic Artists Guild
90 John Street, Suite 403
New York, NY 10038-3202
(800) 500-2672
www.gag.org/resources

Readily Achievable Checklist: A Survey for Accessibility
Adaptive Environments Center, Inc.
374 Congress Street, Suite 301
Boston, MA 02210
(617) 695-1225
adaptive@adaptenv.org
www.adaptenv.org

Checklist for Buildings and Facilities
Access Board
1331 F Street NW, Suite 1000
Washington, DC 20004-1111
(800) 872-2253
(800) 993-2822 (TTY)
info@access-board.gov
www.access-board.gov/index.htm
Appendix C
Examples of Accommodation Statements for Brochures or Registration Brochures

- If you need special assistance, please inform (planner) by attaching your requirement to this form or call (planner’s name and number).

- If you have a disability and may require accommodation(s) in order to fully participate in this activity, please check here. You will be contacted by someone from our staff to discuss your specific needs.

- I will need the following accommodations in order to participate:
  Sign Language Interpreter
  Note taker
  Assistive listening device
  Open captioning
  Large print materials
  Braille
  Audio cassette
  Disk. List format________
  Wheelchair access
  Orientation to facility
  Sighted guide
  Service dog designated relieving area
  Special diet_________________
  Other_________________________
  An assistant will be accompanying me ___yes ___no
Appendix D
Resources for making things accessible

North Dakota Vision Services/School for the Blind
Description:

Vision Resource Center: The Vision Resource Center at the North Dakota School for the Blind establishes and maintains ongoing communications between the school and other educational facilities, as well as other agencies serving visually impaired children and adults. The center provides the following services: Depository for American Printing House materials for registered students, Assessments, Audio Books, Braille Production, Books in Large Print and Braille, Descriptive Videos, Textbooks in Large Print and Braille, Professional Books and Videos, The Store, Talking Book Machine Lending Agency, and Toy/Switch Lending Library.

Braille Access Center: A wide variety of print materials can be embossed in the raised-dot format used by Braille readers. We are able to Braille-transcribe items such as reports, programs and agendas, catalogs, flyers and brochures, handouts, elementary music, meeting minutes, letters and memos, ballots, training materials, children's and juvenile books, directories, schedules, menus, and many more.

For further details about any of our services, contact Crystal Roy at 800-421-1181 (in North Dakota), 701-795-2713, or croy@nd.gov
Website: http://www.ndvisionservices.com/services/

North Dakota Association of the Deaf
Description: North Dakota Association of the Deaf enables users who use sign language to communicate via videoconferencing with a Video Interpreter (VI) through the internet. The VI then voices/relays the signed conversation over the phone - in real time - to the hearing caller. By using sign language over the full motion video, this allows the sign language user to fully express in their natural language and convey facial expression and cues to ensure nothing gets lost in the translation. With North Dakota Association of the Deaf, there’s no typing, no extended delay, and no "GA"s - hassle-free, faster communication that flows as freely as a natural conversation.
Website: http://www.nddeaf.org/NDAD/Home.html
Video Relay Services Website: http://www.vrsnd.com/index.asp

North Dakota School for the Deaf
Description: The North Dakota School for the Deaf has expanded its mission to include that of a resource center on hearing loss with responsibility to serve all citizens in North Dakota who are deaf and hard of hearing. Through offices in Devils Lake, Fargo, Bismarck, and Minot, the Outreach department strives to support adults and children who are deaf and hard of hearing, their families and the schools/agencies involved. As per recent legislation (ND Century Code 25-07-12), the school for the deaf may collaborate (not compete) with public
and private entities for the provision of services to adult individuals who are deaf or hard of hearing.

Staff members from the Communications Department are available to make arrangements for or provide a variety of support services to students and staff. Some of the services available include the following:

- interpreter services for school-related functions/activities
- tutoring services
- note-taking services
- closed-caption encoding (for educational videos)
- sign language instruction in either American Sign Language or Signed English

The Communications Department also assists with developing policies and procedures related to the school's communication policy, and the roles and responsibilities of students and their use of interpreters and tutors/note-takers. Anyone interested in obtaining a copy of the current communication policy may contact the Communications Coordinator at 701-665-4435 or via email. The website also includes an updated list of a ND Freelance Interpreter List.

Address: 1401 College Drive North, Devils Lake, ND 58301
Phone: V/TTY: 701.665.4400
Website: [http://www.nd.gov/ndsd/outreach/communications.html](http://www.nd.gov/ndsd/outreach/communications.html)

**North Dakota Interagency Program for Assistive Technology (ND IPAT)**

Description: The Interagency Program for Assistive Technology (IPAT) delivers services so people with disabilities can get the assistive technology they need for work, school, and home. IPAT is North Dakota's Statewide AT Program and was established in 1993. IPAT's services provide opportunities for people of all ages to learn about, try-out, and get assistive technology. IPAT receives federal and state dollars to conduct required activities, engages in additional services on a fee-for-service basis, and seeks other funding through contract or grant opportunities.

The Equipment Loan Library service is available to all North Dakota residents with disabilities, their family members, and the professionals that support them. The loan library offers a wide range of devices for short term loan, including: communication; telecommunications; computer access; learning/developmental equipment; vision; health, safety and daily living; hearing; switches; seating, positioning, and personal mobility; and recreation. The purpose of the equipment loan is to meet the on-going need for exploration, trial use, AT funding justification, and for individuals whose own devices are in for repair or not working. All loan requests are accepted on a first-come, first-served basis.

**AT Assessments, Consultations, and Equipment Set-up.** IPAT provides AT assessments for people of all ages with a broad range of disabilities on a fee for service basis. People can discuss their needs and preferences with an experienced assistive technology specialist. They have the opportunity to try devices, software, and techniques. The specialist offers advice and guidance, as needed, to help each person make informed choices and realistic plans. IPAT is equipped to conduct AT evaluations in a variety of
areas, including: computer and related computer access equipment; hearing equipment; home or building access; vision equipment; health, safety and daily living equipment; augmentative communication systems; telecommunications devices; and learning/developmental equipment.

Address: 3509 Interstate Blvd., Fargo, D 58103
        400 East Broadway, Bismarck, ND, 58501
        PO Box 743, Cavalier, ND 58220

Phone: Fargo - 701. 365.4728 Local or 1-800-895-4728 Toll-free
        Bismarck - 701.258.4728 Local or 1-888-540-4728 Toll-free
        Cavalier – 701.265.4807 Local or 1-800-265-4728 Toll-free

**Lower Reading Level of Educational Materials**

Your word processing software may have a build in readability feature. For instance, Microsoft Word offers a feature that you can check the readability of your document and also gives a Flesch-Kincaid Grad Level (if you are not familiar, check this website: [http://en.wikipedia.org/wiki/Flesch-Kincaid_readability_test](http://en.wikipedia.org/wiki/Flesch-Kincaid_readability_test))

To do this: Click on Spelling/Grammar check, then click on Options. You will need to click on the Readability check mark, then click okay. Your document will first do the spelling and grammar check. Once that is complete you will see a pop-up box similar to the picture indicating the readability of the document.

**Building Accessibility Assessments**

**The Centers for Independent Living.** Will do ADA Compliance Assessments.

**Disability & Business Technical Assistance Center (DBTAC): Rocky Mountain Americans with Disabilities Act (ADA) Center.** Provides training, information and technical assistance on the ADA to businesses, consumers, schools and government agencies within the Rocky Mountain Region (CO, MT, ND, SD, UT and WY). Website: [http://www.adainformation.org/](http://www.adainformation.org/)
Appendix E
Tips for Accessible Presentations & Materials

Taken from www.flcourts.org/gen_public/pubs/.../PlanningAccessibleMtngs.rtf:

Considerations for Visual Accessibility:
- Handouts should be available in alternate formats, including large print, Braille, and diskette.
- Presenters who use overheads or power point should read each slide out loud.
- When using a flip chart or white board, explain what is being written down.
- For exercises that require the review or production of written material, have readers available.
- Distribute only the materials necessary to conduct a presentation, either at the beginning or during the session. Wait until the end to hand out resource or reference materials. This reduces confusion for persons with visual disabilities.

Considerations for Auditory Accessibility:
- Keep the lights on at all times.
- Speak clearly and slowly when an interpreter is present. Allow the interpreter to sit in the front of the room.
- All videos and other auditory media should be closed or open captioned.
- Try to stay in one location and face the audience at all times while speaking.

Large Print:
- Use 18-point type. Line spacing, or leading, is 1.25. Sans serif type is preferred.
- As a guide, one page of standard 11-point type equals three pages of large-print (18-point) type.
- Paper width should not be wider than the standard 8 ½ x 11 inches. Columns of type wider than 6 inches will not track well for persons who use a magnifier.
- Use left-margin justification only, because right- and left-margin justification produces uneven spacing between letters and words. Also, avoid centered text as it can be difficult to track.
- Use upper case and lower case characters. Capitalize only proper nouns and the first word of a sentence.

Preparing Documents for Conversion to Braille:
- Documents should be in Microsoft Word.
- Information must be left aligned or centered.
- There cannot be any tables, graphics, or pictures in the document. If tables, graphics, or pictures are used, the author must describe those graphics in words within the document.
- There is no Braille symbol for bold print, italicized, or underlined text. If you would like there to be a distinction between regular print and bold/italicized/underlined text, you must write this into the text of the document as follows: “The following is in bold text.”
- To describe a table, say “The following is a table with ___ columns and ___ rows.” Then give the title of each row and continue entering the text of the table, or explaining the information on the table.
- There must be only one column of text in the document.
If the document is in Microsoft Word and has been created using correct commands, the document should translate to Braille. For example, if the space bar has been used instead of the tab key, the translation may not be exact.

Creating Accessible Word Documents:

- **Alternative Text**: Add equivalent alternative text to all non-text elements such as charts, graphics, images, clip art, text boxes, Word Art, and drawing canvases.
- **Tables**: Avoid using tables for basic layout purposes; use them for data. Mark up tables properly in the Table Properties option. Use color to distinguish Column and Row headings. Always use borders and avoid having blank cells in tables.
- **Styles and Formatting**: Use Heading levels and Styles to create a properly formatted and structured document. The use of Heading levels also produces important Navigational Aids such as a Table of Contents and a Document Map.
- **Bulleted or Numbered Lists**: Use bulleted or numbered lists to break up dense paragraphs.
- **Accessible Fonts**: Use a reasonable font size (12 point for Normal text). Text should not be smaller than 10 point.
- **Text Structure**: Avoid dense paragraphs of text. Use short, simple sentences for better understanding.
- **Document Summary Information**: Include a document title (minimum) and a name in the author field.
- **Table of Contents**: If a document is properly structured using Heading levels, a clickable Table of Contents can be easily created. Creating a Table of Contents using this method leads to important bookmarks within Word and in any resulting PDF.
- **Columns**: Use the Columns feature for layout when necessary and give adequate space between columns.
- **Color**: Use a high contrast color scheme. Black text on a white background is ideal. Never put two colors of similar contrast next to each other. Never use color alone to convey meaning (e.g. items in red are required).
- **Captions**: Use captions if necessary, especially for complex images. Create a Table of Figures if necessary.
- **Headers/Footers**: Avoid placing important document information in the Header or Footer.
- **Keyboard Navigation**: Make sure your document is navigable by both keyboard and keyboard equivalents.
- **Flashing/Blinking/Moving Text**: Do not use.
- **Reading Order**: Must be logical.
Appendix F
Terms, Concepts & Types of Disabilities

**Accessible** is a term that describes the usability of a product or service by people with disabilities (CDC).

**Universal Design** is a term that refers to designing products and environments that everyone can use regardless of body dimension, age, or disability status. Employing universal design from the onset prevents the need to retrofit environments and in most cases eases confined spaces and makes objects easier to interact with for everyone. This type of design and construct requires some consideration (CDC).

**People First Language** is a communication concept based on respect for others. As the term implies, it puts the *person* first, instead of the disability. So when talking to, referring to, or writing about people who have disabilities use phrases such as “people with disabilities” instead of “disabled people”. This puts the listener or readers’ focus on the person – not the disability. The table below gives other examples of People First Language. Note that some terms used in the past (i.e. handicapped, retarded) are no longer appropriate and have been replaced by more respectful, people-friendly terms (i.e. intellectual disability).

<table>
<thead>
<tr>
<th>Use this Language….</th>
<th>Instead of….</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Disability or Intellectual Disability</td>
<td>Retarded, Mental Retardation, “special”, handicapped</td>
</tr>
<tr>
<td>She has Cerebral Palsy</td>
<td>She’s a CP</td>
</tr>
<tr>
<td>He communicates with sign, by using eye movements, picture communication, etc</td>
<td>He’s a non-verbal</td>
</tr>
<tr>
<td>Accessible parking</td>
<td>Handicapped parking</td>
</tr>
</tbody>
</table>

For more information about People First Language go to [www.disabilityisnatural.com](http://www.disabilityisnatural.com).
Appendix G – Types of Disabilities

Disabilities present themselves in many forms. They may be permanent or temporary. They may be ‘invisible’ or clearly seen, one specific disability or a combination. A person can be born with a disability or become injured later in life. Some general categories of disabilities are listed below:

**Hearing impairments** - Hearing impairments vary greatly from mild hearing loss to profound deafness. The term “hard-of-hearing” describes those who have mild to moderate hearing loss. Mild hearing loss includes those who are able to hear everything except very high-pitched sounds. Moderate hearing loss describes people unable to hear a conversation without amplification. “Deaf” includes people with severe to profound hearing loss, who are unable to hear anything but the loudest sounds, such as a jet airplane.

**Vision impairments** - The term “visual impairment” is used to describe many degrees of vision loss, including low vision, legally blind, and totally blind. The definitions of what constitutes “low vision” vary, but generally low vision is defined as an uncorrectable visual impairment that interferes with a person’s ability to perform everyday activities, or as having 20/70 acuity in the best eye, with correction (With 20/70 acuity, one would see at 20 feet what a normal sighted person sees at 70 feet.) The term “legally blind” encompasses individuals whose central visual acuity does not exceed 20/200 in the better eye with corrective lenses or whose visual field is less than an angle of 20 degrees. The individual with 20/200 sees at 20 feet what a normal sighted person sees at 200 feet. “Total blindness” is the complete absence of vision and light perception.

**Mobility and Physical impairments** - conditions which affect movement and ambulation. Conditions range from chronic pain to quadriplegia. Mobility impairments may be caused by accidents or other traumatic events; or chronic events, such as disease or a condition that proceeds slowly from birth. A mobility impairment may occur before, during, or after birth.

Developmental disability - affects, the mental and/or physical development of individuals. Disabilities included in this category are mental retardation, cerebral palsy, autism, epilepsy, and, in some cases, head traumas. In order to be considered a developmental disability, an individual’s condition must manifest before the age of 18, continue indefinitely, and represent a significant limitation for the individual.
**Intellectual disability** – characterized both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and school activities. People with intellectual disability can and do learn new skills, but they develop more slowly than children with average intelligence and adaptive skills. There are different degrees of Intellectual disability, ranging from mild to profound. Intellectual disability is sometimes referred to as a cognitive disability or mental retardation.

**Learning disability** - interferes with a person’s ability to store, process, or produce information, and creates a gap between ability and performance. Learning disabilities can affect ability to read, write, speak, or compute math, and can impede social skills. Learning disabilities can affect one or more areas of development. Individuals with learning disabilities can have marked difficulties on certain types of tasks while excelling at others. Learning disabilities are NOT the same as intellectual disabilities.

**Traumatic Brain Injury** – a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a head injury. The severity of an injury can range from mild to severe, and can result in short or long term problems with independent functioning. TBI can cause a wide range of functional changes affecting thinking, language, learning, emotions, behavior, and/or sensations.
Appendix H
Representatives of the Disability Community

North Dakota Disability Service Providers

This list is not all-inclusive, however it is meant to serve as a guide for locating disability service providers, advocates, and support groups for people with disabilities in North Dakota.

North Dakota Centers for Independent Living (CILs)

- Dakota Center for Independent Living
  Description: Supports individuals with disabilities in living independently in the community. Core services are: Information and Referral, Individual and Systems Advocacy, Independent Living Assessment and Skills Training, Peer Support, Senior Companion Station, Assessments, Representative Payee Service, P.A.S.S. and Plan Writing and Monitoring. The Dakota Center for Independent Living provides services to people with disabilities residing in the following counties of North Dakota: Emmons, Burleigh, Kidder, Sheridan, McLean, Oliver, Morton, Grant, Sioux, Adams, Hettinger, Stark, Mercer, Dunn, Billings, Golden Valley, Slope and Bowman.
  Address: 3111 East Broadway Avenue, Bismarck, ND 58501
  Phone: (701) 222-3636
  Website: www.dakotacil.org

- Freedom Resource Center for Independent Living
  Description: Freedom Resource Center for Independent Living provides the following services: Independent Living Skills Training, Peer Mentoring, Individual Advocacy, Organizing, Legal System, Information, Interaction, and Training. Serves the counties of Cass, Stutsman, Barnes, LaMoure, Ransom, Richland, Sargent, Dickey, Logan, McIntosh in North Dakota and Clay, Becker, Wilkin, Otter Tail, Grant, Pope, Traverse, Stevens in Minnesota.
  Address: 2701 9th Avenue S, Suite H, Fargo, ND 58103
  Phone: (701) 478-0459
  Website: www.freedomrc.org

- Independence, Inc.
  Description: To advocate for the freedom of choice for individuals with disabilities to live independently through the removal of societal barriers. Five Core Services: Information and Referral, Individual and Systems Advocacy, Independent Living Skills Development, Peer Support, and Accessibility Surveys.
  Address: 300 3rd Ave SW Ste F, Minot, ND 58701
  Phone: (701) 839-4724
  Website: www.independencecil.org

- Options, Inc.
  Description: To promote independence through services. Options offers: Information and Referral, Advocacy, Independent Living Skills, Peer Visiting, Community Education, and Outreach. Options has free loaner equipment for persons in need within the counties of
Cavalier, Grand Forks, Nelson, Pembina, Ramsey, Steele, Traill, and Walsh. Equipment is checked and sent out in good working condition. Equipment can be loaned for up to three months. Call 1-800-726-3692 or options@myoptions.info. Toll free number is nationwide.
Address: 318 Third Street NW, East Grand Forks, MN 56721
Phone: (218)773-6100 v/tty
Website: http://www.macil.org/options.html

North Dakota Association of Community Facilities (NDACF)
Description: NDACF is a state-wide association whose membership provides a wide range of services for people with disabilities - Developmental, Mental and Physical. Our Association strives to stimulate public interest and understanding. We share information, expertise and develop and enhance special programs. We conduct research and studies, promote advocacy and are a proactive liaison with governmental agencies on behalf of all North Dakota citizens with disabilities.
Address: PO Box 7037, Bismarck, ND 58507-7037
Phone: (701)220-4778
Website: www.ndacf.org

NDACF Providers: Complete List

<table>
<thead>
<tr>
<th>4th Corporation</th>
<th>HAV-IT</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 -11th Street</td>
<td>409 West Brewster Street</td>
</tr>
<tr>
<td>New Rockford, ND</td>
<td>Harvey, ND 58341</td>
</tr>
<tr>
<td>Ph: (701) 947-2147</td>
<td>Ph: (701) 324-4636 - Fax: (701) 947-2027</td>
</tr>
<tr>
<td>Fax: (701) 947-2027</td>
<td>Website: <a href="http://www.hav-it.org/">http://www.hav-it.org/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Able, Inc.</th>
<th>HIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>653 -19th Street West</td>
<td>1402 2nd St. NW</td>
</tr>
<tr>
<td>Dickinson, ND 58601</td>
<td>Mandan, ND 58554</td>
</tr>
<tr>
<td>Ph: (701) 456-3000</td>
<td>Ph: (701) 667-8612 - Fax: (701) 456-3004</td>
</tr>
<tr>
<td>Fax: (701) 456-3004</td>
<td>Website: <a href="http://www.hitinc.org">www.hitinc.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agassiz Enterprises</th>
<th>Knife River Group Homes, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2105 Gateway Drive</td>
<td>508 - 3rd Avenue West</td>
</tr>
<tr>
<td>Grand Forks, ND 58201</td>
<td>PO Box 392</td>
</tr>
<tr>
<td>Ph: (701) 775-2566</td>
<td>Hazen, ND 58545</td>
</tr>
<tr>
<td>Fax: (701) 775-2568</td>
<td>Ph: (701) 748-6627 - Fax: (701) 775-2568</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Alpha Opportunities</th>
<th>L.I.S.T.E.N., Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 824</td>
<td>1407 - 24th Avenue South, #100</td>
</tr>
<tr>
<td>Jamestown, ND 58402</td>
<td>Grand Forks, ND 58201</td>
</tr>
<tr>
<td>Ph: (701) 252-0162</td>
<td>Ph: (701) 746-7840 - Fax: (701) 252-7770</td>
</tr>
<tr>
<td>Fax: (701) 252-7770</td>
<td>Website: <a href="http://www.listencenter.us">www.listencenter.us</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anne Carlsen Center</th>
<th>Lake Region Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>701 - 3rd St. NW</td>
<td>224 - 3rd Street SW</td>
</tr>
<tr>
<td>Jamestown, ND 58401</td>
<td>Devils Lake, ND 58301</td>
</tr>
<tr>
<td>Ph: (701) 252-3850</td>
<td>Ph: (701) 662-8681 - Fax: (701) 952-5154</td>
</tr>
<tr>
<td>Fax: (701) 252-3850</td>
<td>Website: <a href="http://www.lakeregioncorp.com/">http://www.lakeregioncorp.com/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Catholic Charities ND</th>
<th>Open Door Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>5201 Bishops Blvd., Suite B</td>
<td>209 - 2nd Street SE</td>
</tr>
<tr>
<td>Fargo, ND 58104-7605</td>
<td>Valley City, ND 58072</td>
</tr>
<tr>
<td>Ph: (701) 235-4457</td>
<td>Ph: (701) 845-1124 - Fax: (701) 356-7993</td>
</tr>
<tr>
<td>Fax: (701) 356-7993</td>
<td>Website: <a href="http://www.cfnd.org/">http://www.cfnd.org/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Living Services, Inc.</th>
<th>Opportunity Foundation</th>
</tr>
</thead>
</table>
Minot Vocational Adjustment Workshop, Inc.
Description: Provides Adult Day Care services to elderly adults who also have developmental disabilities. Referral must be made by the DD Case Manager from North Central Human Service Center. Also provides housing for elderly adults with developmental disabilities at 605 27th St. SE, Minot, ND. Apply for services through the statewide DD inter-agency referral network. This is a private, non-profit agency that supports people, 18 years or older, who have developmental disabilities to live, work, and participate in the community.
Address: 605 27th St SE, Minot, ND 58701
Phone: (701) 852-1014
Website: www.mvaw.org

Easter Seals Goodwill ND, Inc.
Description: Easter Seals/Goodwill offers a variety of services on behalf of elderly individuals
and persons with disabilities. Among their services are respite care, advocacy, individualized supportive living arrangements, and services for the elderly. Services include: Equipment Loan Program, Family Care Option, Private In-Home Support Services, ISLA, Information and Referral, and Family Support Services.

Address: 2125 Sims St, Dickinson, ND 58601
Phone: (701) 264-1060

Address: 15 S 21st St, Fargo, ND 58103
Phone: (701) 237-9908

Address: 3651 S Washington St, Grand Forks, ND 58201
Phone: (701) 772-0704

Address: 203 Business Loop W, Jamestown, ND 58401
Phone: (701) 251-1446

Address: 211 Collins Ave, Mandan, ND 58554
Phone: (701) 663-6828 x302

Address: 800 12th Ave SW, Minot, ND 58701
Phone: (701) 838-0669

**North Dakota Council on Developmental Disabilities**
Description: Advocates for policy changes that promote choice, independence, productivity, and inclusion for all North Dakotans with developmental disabilities.
Services: Developmental Disabilities, State Officials Offices, System Advocacy
Address: 600 E Boulevard Ave, Bismarck, ND 58505
Phone: (701) 328-4847
Website: [http://www.ndcpd.org/proj/uapdis/home.html/](http://www.ndcpd.org/proj/uapdis/home.html/)

**North Dakota Disabilities Advocacy Consortium (NDDAC)**
Address: 400 E. Broadway, Suite #402, Bismarck, ND 58501-4071
Client Assistance Program - (North Dakota)

Description: The North Dakota Client Assistance Program (CAP) provides advocacy, education, and referral to individuals who are seeking or receiving services through the North Dakota Vocational Rehabilitation Program, Tribal Vocational Rehabilitation Projects, or Independent Living Centers in order to resolve issues so people can receive the services they are eligible to receive. The Client Assistance Program is independent and separate from Vocational Rehabilitation services.

Address: 1237 West Divide Ave Ste 3, Bismarck, ND 58501
Phone: (701) 328-8947
Website: www.nd.gov/cap/

IPAT

Description: 1-800-895-4728 is the IPAT Equipment Loan Library. 1-866-673-6703 is the Assistive Safety Devices Distribution Service. IPAT is a program of the North Dakota Association for the Disabled (NDAD). Interagency Program for Assistive Technology (IPAT) delivers services so people with disabilities can get the assistive technology they need for work, school, and home, and in assisting those individuals experiencing the effects of aging. For information on the Fargo, Bismarck, and Cavalier offices, go to the web site and click on "Contact Us". The toll free number for Bismarck is 1-888-540-4728 or e-mail Scott at sweissman@ndipat.org.

Address: 3509 Interstate Blvd, Fargo, ND 58103
Phone: (701) 365-4728
Website: www.ndipat.org

North Dakota Association for the Disabled

Description: The North Dakota Association for the Disabled, Inc. (NDAD) is a charitable, non-profit organization that assists people with disabilities within our state, many of whom are not eligible for services from other agencies. NDAD provides direct financial assistance for personal attendant care, durable medical equipment, home accessibility, limited prescription medications and limited medical travel. NDAD also offers a loan program at no charge for individuals to borrow a piece of durable medical equipment such as a walker, bath bench, wheelchair, etc. Information, Advocacy and Referral services are also available. For more information about these and other programs, please contact your local NDAD office.

Address: 3509 Interstate Blvd, Fargo, ND 58103
Phone: (701) 281-8215

Address: 2660 S Columbia Rd, Grand Forks, ND 58201
Phone: (701) 775-5577

Address: 1808 20th Ave SE, Minot, ND 58701
Phone: (701) 838-8414
North Dakota Center for Persons with Disabilities
Description: The North Dakota Center for Persons with Disabilities at Minot State University offer services that demonstrate current best practice and fill an area of need not being met by current community resources, and to provide a practical setting for training new professionals to work in the disability community. Ask NDCPD is a resource designed to aid people throughout North Dakota by providing answers, expertise, or referrals to disability-related questions. Ask NDCPD is set up to provide answers and/or expertise from team members with referrals made to other North Dakota agencies when appropriate. Ask NDCPD can be access in two ways, either by a toll free telephone call (1-800-233-1737) or by an online/email submission at www.ndcpd.org.
Address: 500 University Ave W, Minot, ND 58701
Phone: (701) 858-3580
Website: www.ndcpd.org

Protection and Advocacy
Description: For TTY connection call Relay ND 711. 24 hour emergency number: 1-800-642-6694. Protection and Advocacy is a state agency whose purpose is to advocate for, and protect the rights of people with disabilities, and give information about rights and what can be done to enforce those rights. Has programs to serve people with developmental disabilities, mental illnesses, and other types of disabilities.
Address: 400 E Broadway Ste 409, Bismarck, ND 58501
Phone: (701) 328-2950 (local to Bismarck/Mandan area) 1-800-472-2670 (toll free Statewide)
Website: http://www.ndpanda.org/

Arc, Upper Valley
Description: Provides information & referral, family support programs, and advocacy for developmental disabled. Services are provided free or at a reduced rate for members. Members receive priority service. Referral services are always free.
Address: 2500 Demers Ave, Grand Forks, ND 58201
Phone: (701) 772-6191
Website: http://www.thearcuppervalley.com/

North Dakota Department of Human Services
Description: Go to the web site for more information about the Divisions under the Department of Human Services. Service: Children's Issues, Civil Rights Issues, Developmental Disabilities, Disabilities Issues, Elder Abuse Victims, Human/Social Services Issues, Informal Caregivers, Long Term Care Issues, Mental Health Issues, Older Adults/Aging Issues, Public Relations Offices, State Officials Offices, Substance Abusers
Address: 600 E Blvd Dept 325, Bismarck, ND 58505
Phone: (701) 328-2310
Website: www.nd.gov/dhs
North Dakota Human Service Centers

- **Northwest Human Service Center**
  Description: Crisis Lines are: 701-572-9111 and 800-231-7724. Offers a variety of psychological and psychiatric services, addiction services, services to the developmentally disabled, mentally ill and physically handicapped. Also offers services to the elderly, in addition to individual, group, and family therapy; vocational rehabilitation and infant development services. Several support groups are offered at the center. The geographical area served includes Divide, McKenzie and Williams Counties. Go to the web site for further information about services.
  Address: 316 2nd Avenue West, PO Box 1266, Williston, ND 58802
  Phone: (701) 774-4600
  Website: [http://www.nd.gov/dhs/locations/regionalhsc/northwest/index.html](http://www.nd.gov/dhs/locations/regionalhsc/northwest/index.html)

- **North Central Human Service Center**
  Description: Crisis Lines are: 701-857-8500 and 1-888-470-6968. North Central Human Service Center serves the counties of Bottineau, Burke, McHenry, Pierce, Renville, and Ward. It provides aging services, protective services, family preservation program, outreach services, mental retardation/developmental disabilities case management, The Oppen House, child, adult and family services in evaluation and therapy, chemical abuse program, extended care and treatment unit, vocational rehabilitation, and 24 hour emergency service. Go to the web site for further information about services.
  Address: 1015 South Broadway, Suite 18, Minot, ND 58701
  Phone: (701) 857-8500
  Website: [http://www.nd.gov/dhs/locations/regionalhsc/northcentral/index.html](http://www.nd.gov/dhs/locations/regionalhsc/northcentral/index.html)

- **Lake Region Human Service Center**
  Description: The 24 hour crisis hotline is 701-662-5050. Lake Region Human Service Center - provides a variety of services to persons in Rolette, Towner, Cavalier, Ramsey, Benson, and Eddy Counties. Go to the website for further information about services. The Rolla Outreach Office can be reached at 701-477-8272.
  Address: Highway 2 SW, Devils Lake, ND 58301
  Phone: (701) 665-2200
  Website: [http://www.nd.gov/dhs/locations/regionalhsc/lakeregion/index.html](http://www.nd.gov/dhs/locations/regionalhsc/lakeregion/index.html)

- **Northeast Human Service Center**
  Description: Crisis line numbers are 775-0525 and 800-845-3731. Serves the counties of: Grand Forks, Nelson, Pembina, Walsh. The Regional Human Service Center houses personnel from a variety of State and Federal program.
  Address: 151 South 4th Street, Suite 401, Grand Forks, ND 58201
  Phone: (701) 795-3000
  Website: [http://www.nd.gov/dhs/locations/regionalhsc/northeast/index.html](http://www.nd.gov/dhs/locations/regionalhsc/northeast/index.html)

- **Southeast Human Service Center**
  Description: Crisis Lines: 701-232-4357 or 888-342-4900 (your call will automatically be transferred to First Link) ask for the SEHSC on-call worker. Southeast Human Service Center serves the counties of Cass, Ransom, Richland, Sargent, Steele, and Traill.
  Address: 2624 9th Avenue SW, Fargo, ND 58103
  Phone: (701) 298-4500
  Website: [http://www.nd.gov/dhs/locations/regionalhsc/southeast/index.html](http://www.nd.gov/dhs/locations/regionalhsc/southeast/index.html)
### South Central Human Service Center
Description: Emergency Service Phone Numbers (Center coverage for after hour’s emergencies): 701-253-6304. The Human Service Center provides a wide variety of services to the residents of the counties of Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, and Wells.
Address: 520 3rd St NW, Jamestown, ND 58401
Phone: (701) 253-6300
Website: [http://www.nd.gov/dhs/locations/regionalhsc/southcentral/index.html](http://www.nd.gov/dhs/locations/regionalhsc/southcentral/index.html)

### West Central Human Service Center
Description: 24 Hour Crisis Line - 701-328-8899 or 1-888-328-2112. West Central Human Service Center - provides a variety of services to persons in Burleigh, Emmons, Grant, Kidder, McLean, Morton, Oliver, Sheridan, and Sioux Counties. Also serves the Standing Rock Indian Reservation and part of the Fort Berthold Indian Reservation. Go to the website for further information about services.
Address: 1237 W Divide Avenue, Suite 5, Bismarck, ND 58501
Phone: (701) 328-8888
Website: [http://www.nd.gov/dhs/locations/regionalhsc/westcentral/index.html](http://www.nd.gov/dhs/locations/regionalhsc/westcentral/index.html)

### Badlands Human Service Center
Description: Crisis Lines: 701-225-5009 and 866-491-2472. Serves the counties of: Adams, Billings, Bowman, Dunn, Hettinger, Golden Valley, Slope, Stark. The Regional Human Service Center houses personnel from a variety of State and Federal program.
Address: 300 13th Avenue West, Dickinson, ND 58601
Phone: (701) 227-7500
Website: [http://www.nd.gov/dhs/locations/regionalhsc/badlands/index.html](http://www.nd.gov/dhs/locations/regionalhsc/badlands/index.html)

**Autism Society of North Dakota**
Address: 628 6th Ave., Alice, ND 58031
Phone: 701-281-8254
Website: [http://www.autismnd.org/](http://www.autismnd.org/)

**Pathfinder**
Address: 1600 2nd Ave SW Suite 30, Minot, ND 58701
Phone: 701-837-7500 or 1-800-245-5840
Website: [http://www.pathfinder-nd.org/](http://www.pathfinder-nd.org/)

**Family Voices of North Dakota**
Address: PO Box 163, Edgeley, ND 58433
Phone: 701-493-2634
Website: [www.fvnd.org](http://www.fvnd.org)

**ND Association of the Blind**
Address: 7009 Horseshoe Bend, Fargo, ND 58104
Phone: 701-282-4644
Website: [www.ndab.org](http://www.ndab.org)
**ND Association of the Deaf**  
Address: 1115 11th Ave. N., Fargo, ND 58102  
Phone: 218-477-2286  
Website: [www.nddeaf.org](http://www.nddeaf.org)

**ND Consumer & Family Network**  
Address: 1514 47th St. W. Williston, ND 58801  
Phone: 701-572-1852

**ND Statewide Independent Living Council**  
Address: P. O. Box 6208, Bismarck, ND 58506-6208  
Phone: 701-223-1280  

**ND Children's Caucus**  
Address: 410 E. Thayer Ave. Ste. 2, Bismarck, ND 58501  
Phone: 701-250-0505  
Website: [www.ndchildrenscaucus.org](http://www.ndchildrenscaucus.org)

**ND Federation of Families for Children's Mental Health**  
Address: P.O. Box 3061, Bismarck N.D. 58502  
Phone: 701-222-3310

**Mental Health America of North Dakota**  
Address: 124 8th St. North, Fargo, ND 58102  
Phone: 701-235-5871  
Website: [www.mhand.org](http://www.mhand.org)