

THOSE OF US DISLABELED

A GUIDE TO AWARENESS
AND UNDERSTANDING

UNIVERSITY OF KENTUCKY
HUMAN DEVELOPMENT INSTITUTE
& COLLEGE OF AGRICULTURE
COOPERATIVE EXTENSION SERVICE



Those of Us Dislabeled

Each person with a disability is first and foremost a person. Like everyone, a person with a disability has unique strengths and much to offer. This booklet will provide accurate information on some disabilities to increase your knowledge. Good information can help take away the mystery that accompanies the unknown. This leads to easier communication and the development of positive relationships.

There are many kinds of disabilities. This publication will show only a sample. Some disabilities, such as mild learning disabilities, epilepsy, and slight hearing impairments may be completely unnoticed. Other disabilities, like missing limbs, mobility impairments, and blindness are much more obvious. There are also temporary impairments, such as broken bones, that go away or heal. Other disabilities, both physical and mental, don't occur until later in life.

What Do These People Have in Common?



Katharine Hepburn



Thomas Edison



Ronald Reagan



Alexander Graham Bell



Greg Louganis



Magic Johnson



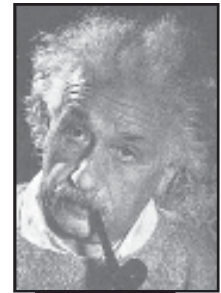
F.D.R.



Tom Cruise



Heather Whitestone



Albert Einstein



Muhammed Ali

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A GUIDE TO AWARENESS & UNDERSTANDING

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ORIGIN



Table of Contents

Chapter One

Mental Retardation	3
Cerebral Palsy	4
Epilepsy/Seizure Disorders	5
Visual Impairments	6
Mobility Impairments	7
Learning Disabilities	8
HIV & AIDS	9
Mental Illness	10
Alzheimer's Disease	11
Hearing Impairments	12
Spinal Cord Injury	13

Chapter Two

Bobby Meadows	14
Cindy Goff	15
Earl BaxterMoore	16
Jenny Hansen	17

Chapter Three

Etiquette for Appropriate Language Use	18
Disability Myth / Fact Sheet	19
Farming with a Disability	20
Jake Karnes	21
The Americans with Disabilities Act	22
Universal Design	23
You CAN Make a Difference	24
Protection and Advocacy	24
How Do I Get From Here to There?	25



Disability Definitions

Objective

The objective of this chapter is to create a basic awareness of the nature of some types of disabilities.

Mental Retardation

Mental retardation refers to substantial limitations in present functioning and is characterized by the following:

1. substantial limitations in intellectual functioning.
2. limitations in two or more of the following areas: self direction, self care, home living, social skills, community use, communication, health and safety, functional academics, leisure, and work.
3. manifestation before age 18.

For more information on mental retardation, contact the Kentucky Department for Mental Health and Mental Retardation Services, Division of Mental Retardation at (502) 564-7702 or visit their website at: <http://dmhmrs.chr.state.ky.us/>

Myths and Facts About Mental Retardation

Myth: Mental retardation is the same as mental illness.

Fact: Mental illness is a disorder in thinking, emotions, and behavior and can develop at any time during a person's life span. A person who has mental retardation has a developmental disability.

Myth: People with mental retardation are all alike.

Fact: People with mental retardation are as different from each other as any two other people are.

Myth: Most people with mental retardation live in institutions.

Fact: Nationwide, less than 5% of people with mental retardation live in institutions. Most live at home with their families.



Cerebral Palsy

Cerebral palsy is a group of chronic conditions affecting body movement and muscle coordination. It is not progressive (i.e. does not get worse), though secondary conditions can co-exist and change through time. Though cerebral palsy cannot be “cured”, therapy and training can help a person improve his or her ability to function.

Three Basic Forms of Cerebral Palsy

1. **Spastic:** includes stiff and jerky motions; this is the most common form of cerebral palsy. For example, a person may walk in a “scissored” fashion, which means that the person walks with one leg crossing ahead and then the other.
2. **Athetoid:** entails constant movements of the arms, legs, face and tongue that are random, involuntary, and uncontrolled. People with this type of cerebral palsy find it difficult to maintain purposeful motions.
3. **Ataxic:** is characterized by the inability to maintain normal balance. Problems with depth perception and speech are also associated with this form of cerebral palsy.

Less common forms of cerebral palsy are the following:

1. **Tremor:** is characterized by rhythmic shaking movements in one part of the body.
2. **Rigid:** is evidenced by extreme spasticity as muscles contract slowly and stiffly.
3. **Mixed:** refers to two or more forms already described.

For more information on cerebral palsy, contact the United Cerebral Palsy Association at:
(800) USA-5-UCP TTY: (202) 973-7197
Or visit their website at: <http://ucpa.org>

Myths and Facts About Cerebral Palsy

Myth: All people with cerebral palsy have mental retardation.

Fact: Only about half (50%) of those with cerebral palsy will also have mental retardation. Inaccurate diagnoses are made due to problems with communication.

Myth: People with cerebral palsy cannot understand what people say and cannot follow directions.

Fact: Even though people with cerebral palsy sometimes do not speak clearly, this does not mean that they cannot understand what is being said or intellectually follow directions. Many people with cerebral palsy are very intelligent.

Myth: A person can catch cerebral palsy.

Fact: Cerebral palsy is not contagious.



Epilepsy / Seizure Disorders

Epilepsy, or seizure disorder, refers to a group of disorders of the central nervous system that are characterized by sudden seizures, muscle contractions, and partial or total loss of consciousness. Researchers believe epilepsy is caused by abnormal nerve discharges in the brain.

Five Basic Types of Epilepsy / Seizure Disorders

- 1. Tonic-clonic:** Once known as grand mal, this type of epilepsy causes a loss of consciousness and is often accompanied by movements such as eyelid twitching to total body shaking. The tonic-clonic seizure usually lasts one to three minutes. The person often has a warning called the “aura” that a seizure is about to occur. The aura can be a taste, sound, feeling, or vision and can prepare the person for the seizure.
- 2. Absence:** Originally called petit mal, absence seizures are momentary losses of consciousness. The person may stop what he or she is doing, stare into space, drop something, or blink their eyes rapidly. These seizures last five to thirty seconds and may take place many times a day. Absence seizures are commonly associated with children between four and fourteen years of age.
- 3. Complex-Partial:** Once known as temporal lobe or psychomotor, this type causes the person to lose consciousness yet still feel and do things during the seizure. The person might have tantrums, repetitive movements like lip-smacking, picking at clothes, or rubbing hands or legs. These seizures can last a few minutes or several hours.
- 4. Jacksonian:** This type of seizure is similar to tonic-clonic seizures, except the person remains conscious. Jacksonian seizures cause jerking movements that start on one side of the body and progress to the other.
- 5. Status Epilepticus:** These continue for a long time without the person regaining consciousness and can be life threatening.

Myths and Facts About Epilepsy / Seizure Disorders

Myth: People with epilepsy cannot work.

Fact: Seizures can be controlled with medication in the majority of cases, allowing individuals to be employed just like everyone else.

Myth: You should put a hard object in the person's mouth during a seizure to keep the person from swallowing their tongue.

Fact: The person will not swallow their tongue. Do not put anything in their mouth!



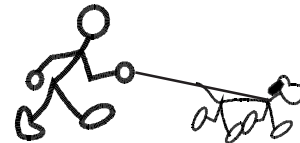
Visual Impairments

There are more than 47,000 Kentuckians with visual impairments that affect their lives at work, at home, and in their communities. They include people your age, from your part of the state, with similar needs and questions. Visual disabilities range from partial to total loss of sight. A person is legally blind if he or she sees with the better eye at 20 feet or less what a person with “normal” vision sees at 200 feet (20/200 vision). A person who is legally blind may have some vision, or may have no vision at all. A person who is visually impaired has eyesight between 20/70 and 20/200. The assistance that a person with a visual impairment requires depends on the degree of sight loss and when the loss occurred.

A person who is visually impaired may use magnifying glasses, enlarged print, and other strategies. A person who is legally blind relies more on the other senses to perceive the world, but still can be completely independent. This person may use a cane or a service dog, also called a guide dog. It’s important to remember that guide dogs aren’t pets, but working animals that enable a person who is blind to get to work, go shopping, or go anywhere else that person chooses to go.

For more information about visual impairments, you can contact:

Kentucky Department for the Blind
P.O. Box 757
209 St. Clair Street
Frankfort, Kentucky, 40602-0757
800-321-6668 (Voice) 502-564-2929 (TDD)



Myths and Facts About Visual Impairments

Myth: It is okay to pat a guide dog.

Fact: Guide dogs are working animals. Always ask first, and don't be offended if the owner prefers you not to pat their guide dog. Patting a guide dog may distract the dog from work.

Myth: You shouldn't say things like "See you later" to a person who is blind.

Fact: People who have visual impairments use these phrases as naturally as you do.

Myth: You should talk louder to people who are blind because they can't see you.

Fact: The inability to see has nothing to do with hearing. Speak in a normal tone.

Myth: People who are blind develop a "sixth sense".

Fact: Although most people who are blind develop their remaining senses more fully, they do not have a sixth sense.



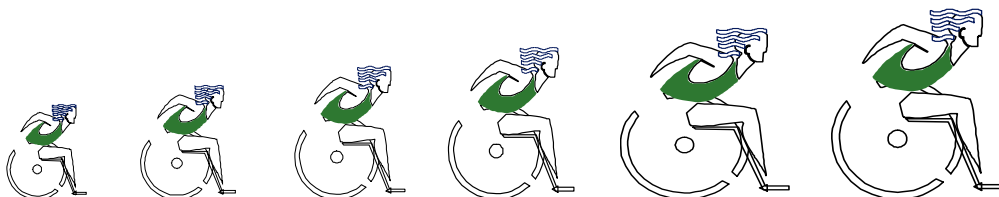
Mobility Impairments

There are around 8 million Americans who have some kind of mobility impairment that necessitates the use of adaptive equipment such as a cane, crutches, walker, wheelchair or scooter. A person with a mobility impairment simply uses different ways to get around. Often times, assistive devices help him or her to overcome mobility obstacles. Mobility impairments may result from a number of different medical conditions, such as multiple sclerosis, cerebral palsy, spina bifida, diabetes, muscular dystrophy, and paraplegia. Temporary impairments, like broken legs, can also result in mobility impairments.

Here are some suggestions to remember when you meet someone who uses a wheelchair for the first time.

- ✓ Always ask the person if he or she would like assistance before you help. Your help may not be needed or wanted.
- ✓ Don't hang or lean on a person's wheelchair, which the person often considers part of their body space. You probably would not lean on a person's shoulder, so do not lean on someone's wheelchair.
- ✓ Speak directly to the person in the wheelchair, not to someone nearby as though the person did not exist.
- ✓ If the conversation lasts more than a few minutes, consider sitting or kneeling to get on the same eye level as the person in the wheelchair.
- ✓ Don't demean or patronize the person by patting him or her on the head.
- ✓ Don't discourage children from asking questions about the wheelchair. Open communication helps to overcome fearful and misleading attitudes.
- ✓ When a person using a wheelchair transfers out of the wheelchair to a chair, car, or bed, don't move the wheelchair out of reach, unless asked by the user of the wheelchair.
- ✓ It is acceptable to use expressions like "running along" when speaking to a person who uses a wheelchair. These types of expressions are used figuratively as frequently as they are used literally.
- ✓ Be aware of the person's physical capabilities. Some people use wheelchairs to conserve energy and are able to walk.
- ✓ Don't classify someone who uses a wheelchair as sick. Wheelchairs are used for a variety of reasons by people who are considered quite healthy.
- ✓ Don't assume that using a wheelchair is a tragedy. A wheelchair provides freedom and independence to the person using it.

A good information source to learn more about mobility impairments is New Mobility magazine. You can visit their website at: <http://www.newmobility.com> or call (310) 317-4522.



Learning Disabilities

A learning disability affects the way a person is able to understand or use spoken or written language. Learning disabilities can manifest in multiple ways, such as difficulty in listening, thinking, speaking, reading, writing, spelling, or doing math calculations. People with learning disabilities generally possess and are capable of the same level of intellectual achievement as a person who does not have a learning disability.

The term learning disability is used to cover a broad range of situations. Because there are so many different ways that a learning disability can impact someone, it is vital to develop strategies to maximize successes that individuals with learning disabilities achieve. There is a great deal of overlapping between areas of learning. Therefore, children with learning disabilities may show a combination of characteristics. Approximately 5-10% of the population has a learning disability.

Learning disabilities are characterized by a significant difference in a person's achievement in some areas when compared to his or her overall intelligence. A student with a learning disability may show one or more of the following characteristics:

- 1) Difficulty in an academic area (reading, writing, written expression, spelling, math calculations, or math reasoning)
- 2) Memory or perception problems
- 3) Speech and language disorders
- 4) Attention problems, such as difficulty staying on task and being easily distracted
- 5) Hyperactivity – difficulty sitting still
- 6) Impulsivity – acts without thinking, poor planning and organizational skills

Myths and Facts About Learning Disabilities

Myth: Kids grow out of learning disabilities.

Fact: A learning disability can't be "cured". The key is finding strategies to enhance the person's learning style.

Myth: People with learning disabilities aren't as smart as other people.

Fact: People with learning disabilities have the same capability of intelligence as a person without a learning disability.

Myth: There is nothing you can do to make learning easier if you have a learning disability.

Fact: There are many strategies to use to enhance learning, depending upon the types of difficulties that are encountered. Examples include calculators, books on tape, extended time for testing, spell checkers, structured environment. Above all, be flexible and creative to find solutions.





AIDS is caused by the human immunodeficiency virus (HIV) that interferes with the immune system. A person can live with the HIV virus for many years without even knowing that he or she is infected. Over time, the weakened immune system succumbs to infections and cancers that would generally be fought off by a healthy immune system. This can result in problems involving the circulatory, respiratory, nervous, and sensory systems.

AIDS most often affects young adults. The common ways that the virus is spread is through the exchange of body fluids (including sexual contact), contaminated blood transfusions, or needle sharing by intravenous drug users. The HIV virus can also be transmitted from a pregnant woman to her fetus. A person who tests positive for HIV is considered to have a disability. The type of symptoms a person with AIDS experiences depends on the infection or disease that develops. Early symptoms are flu-like and include swollen glands, mild fever, and fatigue. These signs may eventually worsen and others may appear.

Living with AIDS is draining, both physically and emotionally. A person with AIDS must cope with the symptoms of the disease, as well as the negative attitudes of society toward people with AIDS. People with AIDS have experienced discrimination in housing, employment, health care, and other areas that people without AIDS enjoy unrestrictedly. Acceptance and enlightenment have slowly begun to emerge, as people realize that AIDS is not a punishment and that AIDS touches many lives. Medical advances are changing AIDS from a condition with a very short survival time into a chronic disabling condition with rehabilitation potential.

For more information on AIDS and HIV, contact the National AIDS Hotline at:
1-800-342-AIDS

Myths and Facts About AIDS and HIV

Myth: Testing negative for HIV means you are safe from getting the virus.

Fact: An HIV test is positive when antibodies to the HIV virus are detected. It may take up to six months following infection to develop antibodies. A negative test only means that the HIV virus was not detected and in no way protects you from getting the virus in the future.

Myth: You can get HIV from drinking from a glass used by someone with HIV.

Fact: Studies show clearly that HIV is not spread through casual contact such sharing utensils, glasses, towels, phones, swimming pools, or toilets.

Myth: Alcohol use has nothing to do with getting HIV.

Fact: Alcohol often reduces inhibitions and can lead to risky behaviors like unprotected sex or other high risk behaviors.



Mental Illness

What is mental illness? Mental illness is a disturbance of the mind that may interfere with normal behavior and make daily life difficult. Mental illnesses may affect one in five Americans at one point in their lives. There are numerous types of mental illnesses. They range in severity from mild to disabling. Some examples are:

1. **Psychotic Disorders:** A group of diseases characterized by disturbed or bizarre thinking and behavior, extreme withdrawal, and hallucinations. Schizophrenia is a psychotic disorder.
2. **Mood and Anxiety Disorders:** This group of impairments can range from intermittently debilitating to severely handicapping. The major disorders include bipolar affective (manic-depressive), depression, obsessive-compulsive disorder, panic disorder, phobias, and post-traumatic stress disorder (PTSD).
3. **Organic Brain Disorders:** Illnesses such as brain tumors, hardening of the arteries, and injuries can cause mental illness. Types of organic mental disorders include delirium and intoxication syndromes.
4. **Personality Disorders:** These disorders are defined by long-term patterns of behavior and coping difficulties. There are 11 personality disorders that include paranoid, borderline, passive-aggressive, dependent, and antisocial.

Mental illnesses can be treated in a variety of ways. These can include counseling and medication to reduce symptoms. For more information on mental health issues, contact the Comprehensive Care Center in your area or the Kentucky Department for Mental Health and Mental Retardation at (502) 564-4448.

Myths and Facts About Mental Illness

Myth: A person who has been mentally ill can never be normal.

Fact: Mental illness can be temporary. A previously well adjusted person may have an episode of illness lasting for weeks or months, and then may go for years—even a lifetime—without further difficulty.

Myth: A person with mental illness can only work at low level jobs, if at all.

Fact: People who recover from a mental illness and return or enter the workforce, have career potentials that depend on their particular talents, abilities, and motivation, as well as their current state of physical and mental health — like individuals without a history of mental illness.

Myth: No one I know has mental illness.

Fact: Mental illness touches many lives. Since nearly 20% of the population has some form of mental illness at one point in their lives, you or a loved one will probably experience dealing with these issues.



Alzheimer's Disease

Alzheimer's Disease is characterized by a loss of mental abilities. It is estimated that 4 million Americans currently have Alzheimer's. The majority of people who develop the disease do so after age 60, though a small proportion show signs in their 50's. As the U.S. population is living longer, more and more cases of the disease will occur.

There are several different signs of early Alzheimer's Disease. It's important to remember that most people experience forgetfulness or become disoriented; however, a person with Alzheimer's experiences forgetfulness and disorientation much more frequently and to a higher degree. Typically, others notice gradual changes in the individual with Alzheimer. It usually takes some time to realize that something serious might be wrong.

Signs of Alzheimer's include:

Difficulty performing familiar tasks, such as buttoning a shirt.

Time and place disorientation, for example, feeling lost when standing across the street from home.

Loss of judgment, for example, dressing inappropriately by wearing several shirts, or only one sock.

Problems with abstract thinking, like forgetting what numbers are and how to use them.

Misplacing things, for instance, putting a wallet in the refrigerator or laundry in the oven.

Changes in mood, such as rapid mood changes — from calm to tears to rage — for no apparent reason.

Myths and Facts About Alzheimer's Disease

Myth: People with Alzheimer's Disease are always in nursing homes.

Fact: More than 70 percent of the people with Alzheimer's Disease live at home.

Myth: If you forget people's names from time to time, you probably have Alzheimer's.

Fact: Everyone forgets now and then. You should only become concerned when memory loss is frequent and begins to affect tasks in your daily life.

Myth: Only very old people get Alzheimer's Disease.

Fact: It's true that nearly half of the people 85 and older have Alzheimer's, but it can develop as early as the late 40's.



Hearing Impairments

There are over 21 million Americans with some degree of hearing impairment. A hearing impairment is a hearing loss that prevents a person from totally receiving sounds through the ear. If the loss is mild, the person has difficulty hearing faint or distant speech. A person with a hearing impairment may use a hearing aid to amplify sounds. If the hearing loss is severe, the person may not be able to distinguish any sounds. The types of hearing loss follow below:

1. **Conductive:** caused by diseases or obstructions in the outer or middle ear that usually affect all frequencies of hearing. A hearing aid generally helps a person with a conductive hearing loss.
2. **Sensorineural:** results from damage to the inner ear. This loss can range from mild to profound and often affects certain frequencies more than others. Sounds are often distorted, even with a hearing aid.
3. **Mixed:** occurs in both the inner and outer or middle ear.
4. **Central:** results from damage to the central nervous system.

People with hearing impairment can communicate using numerous methods of communication such as American Sign Language (ASL), fingerspelling, lipreading, written communication, and oral communication.

Do you know about Kentucky's Relay Service? Using this free service allows you to call anyone with a TDD (Telecommunication Device for the Deaf). Simply call 1-800-800-6057 with any phone and give the operator the phone number of the person with the TDD you wish to contact. It's easy and it's free!!



Myths and Facts About Hearing Impairments

Myth: All people who are deaf can read lips.

Fact: Some people who are deaf are very skilled lip readers, but many are not. Only about 30% of speech is visible on the lips because many speech sounds have identical mouth movements (example - p and b look exactly alike on the lips).

Myth: All people who are deaf are mute.

Fact: Some people who are deaf speak very clearly. Others choose not to speak using their mouth. Deafness usually has little effect on the vocal chords, and very few people who are deaf are mute.

Myth: People who are deaf can't use the phone.

Fact: People who are deaf use telecommunication aids (TDDs) to use the phone.



Spinal Cord Injury

A spinal cord injury (SCI) usually results from an acute traumatic event to the spinal column. Each year, 12,000 to 15,000 people sustain spinal cord injuries. Motor vehicle accidents account for nearly half of spinal cord injuries, followed by falls and gunshot injuries. Other causes of an SCI are infection, multiple sclerosis, or tumor. Because different parts of the spinal cord are responsible for different body functions, the degree of loss of function depends on the level at which the injury occurs. Typically, as the point of injury to the spinal cord moves upward, the degree and extent of bodily function loss increases. Spinal cord injuries can be classified as:

Paraplegia – thoracic and lumbar spine injuries result in loss of function to the lower extremities

Quadriplegia – cervical and upper thoracic spine injuries result in loss of function to both the upper and lower extremities

A spinal cord injury can also be described as complete or incomplete.

Incomplete – some function remains below the level of injury

Complete – no functioning nerves remain below the level of injury

Sometimes the spinal cord is only bruised or swollen after the initial injury. As the swelling goes down, the nerves may begin to work again. The longer there is no improvement, the less likely it is that there will be any improvement. Conversely if an individual shows some sign of recovery, the likelihood of improvement increases, but there are no guarantees that more function will return. Some individuals have involuntary movements, such as twitching or shaking. These movements are called spasms. Spasms are not a sign of recovery. A spasm occurs when a wrong message from the nerve causes the muscle to move. The person often cannot control this movement. In addition to movement and feeling, a spinal cord injury affects other body functions. The lungs, bowel, and bladder may not work the same as before the injury. There may also be changes in sexual function. During rehabilitation, the rehabilitation team will help the person adjust and adapt to a new lifestyle; the goal of rehabilitation is to help the person become independent.

For more information on spinal cord injury, contact: The National Spinal Cord Injury Association at (301) 588-6959 or visit their website at: <http://www.spinalcord.org>

Myths and Facts About Spinal Cord Injury

Myth: Women who have a spinal cord injury can never have children.

Fact: Wrong! A woman with an SCI still has the ability to become pregnant, sustain the pregnancy, and give birth.

Myth: There are as many women as men who sustain spinal cord injuries.

Fact: Men are five times more likely to sustain a spinal cord injury.

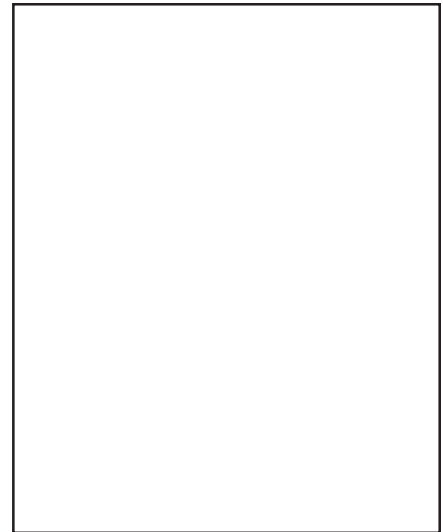


Personality Profiles

Bobby Meadows

Being creative in problem-solving is an important skill for anyone. In Vietnam, this skill helped Bobby Meadows to survive. He returned home with bullet wounds to both legs, but stayed in the army until he retired in 1983 with a 50% disability rating. Bobby was able to walk, and wanted to pursue his dream of operating his own beef and tobacco farm. He achieved this goal on 130 acres of land in Mercer County, Kentucky.

Bobby's life took an unexpected turn one day in 1989. While roll-starting his tractor, Bobby fell headfirst, breaking his neck. As a result, Bobby faced new farming challenges. Those tasks that he had been able to do easily before his accident now needed to be done from a wheelchair.



Bobby Meadows

The Department of Veteran's Affairs (VA) contacted Kentucky AgrAbility, a program that helps farmers with disabilities return to work after sustaining serious farm injuries. John Hancock, the director of Kentucky AgrAbility at the University of Kentucky, visited Bobby's farm and analyzed the job duties that Bobby needed to do.

Obviously, accessibility and mobility around the farm were big issues. Bobby's pickup truck was fitted with a wheelchair lift, and a 6-wheel all-terrain vehicle with hand controls was purchased to improve his ability to get around his land. The problem of opening and closing gates was solved by installing solar powered remote control gate openers. Bobby uses a radio system for easy communication around the farm and manages his farm using a computer and farm management software, which help in making efficient and effective decisions. These creative changes to the way that Bobby approached his work enable him to continue farming successfully.

In 1993, Bobby was named National Disabled Veteran of the Year. It is the first time this honor has been given to a Kentuckian. Bobby exemplifies the qualities sought by the winners of this award. He served his country with pride and continues to serve his family and community, striving for excellence in his work, and not letting his disability keep him from working his farm and pursuing his goals.





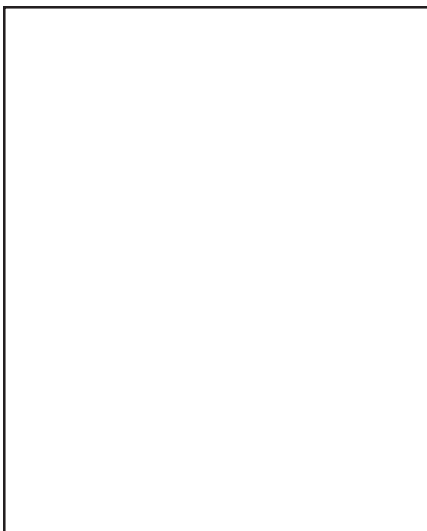
In Central Kentucky, anyone with a question about driving horses knows who to go to for expert help: Cindy Goff. Cindy's horse background began when she got her first pony at the age of four. It's been full-steam ahead since then. Not even a riding accident that left her a wheelchair user could dampen her enthusiasm for remaining active in the horse world. Shortly after her accident, she and friends began brainstorming about how to help Cindy return to driving horses.

Using a portable ramp to get into the buggy, Cindy drives from her wheelchair. Once she is in the cart, her chair is secured to the floor of the vehicle with a tie-down system. She also has a belt that attaches to her chair, which provides extra stability. Cindy's first driving horse was Rusty, a hardy 14 year-old pony. Rusty was a quick study, and was virtually spook proof, except for greatly disliking the school bus. As Cindy had begun driving with a local hunt club, this meant avoiding morning hunts during the school year. Otherwise, the buggy and Rusty were a good starting point.

Cindy competes in pleasure driving classes as well as combined driving events. In driving classes, horses and drivers compete directly against each other in the ring at the various gaits. Results are based on the quality of the turnout, reinsmanship and overall performance. Combined driving is a three-phase sport that consists of a dressage test, timed obstacle course, and marathon. To be successful, a driver must be very precise, and have an excellent rapport with the horse. One misplaced step can make the difference between first and second place. Cindy competes mostly in open competition primarily because so few classes are currently available that are solely for disabled driving. "Hopefully, we've got a start. People will see it and start to do it [offer classes] more."

One of Cindy's favorite memories is of representing the United States in England at the national driving for the disabled show in 1993. Her team won a bronze medal, but of greater value to Cindy was the opportunity to meet horse people with disabilities from around the world. The sense of community and sportsmanship throughout the competition made the trip very worthwhile. "It was a wonderful experience," she states enthusiastically.

Cindy is also a strong supporter of the Central Kentucky Riding for the Handicapped program at the Kentucky Horse Park. She is a past instructor and serves on the board. She has donated Rusty and another of her horses to the program. Both horses have helped many riders and drivers with disabilities improve their skills. To get more information on Central KY Riding for the Handicapped please call (606) 231-7066.



Cindy Goff



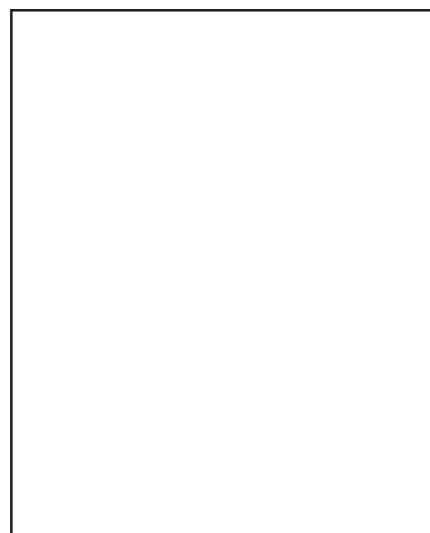
Earl BaxterMoore

Earl BaxterMoore and his yellow Labrador Retriever guide dog, Lightning, currently work as Information Specialists for the Mid-South Regional Resource Center (MSRRC) at the Human Development Institute at the University of Kentucky. As an information specialist, Earl is called upon to provide research, technical assistance, consultation and often good humor to nine state Departments of Special Education served by the MSRRC. Earl and Lightning use a variety of alternative techniques to perform his job and meet the needs of clients. A computer equipped with a speech synthesizer and a screen reader provide access to the Internet and e-mail. The Omni 1000 reading system for the blind allows Earl to sift through volumes of written material to find just the right answer to those difficult research questions.

When not working, Earl, his wife, and two daughters enjoy sightseeing, walking, reading together and playing. Prior to coming to Kentucky, Earl had a successful solo law practice in Seattle, Washington. When asked about his varied work and geographical history Earl says, "I grew up in rural Woodford County Kentucky. I have been blind since birth. All the people in our little community, including my family, thought that I would have to have a lifelong personal care attendant. I knew in my heart, from the youngest age, that belief on their part was not true. I knew that given the opportunity and the proper training and techniques I could do anything I wanted to do. I always wanted to travel and live in interesting places. I have had the good fortune to live and work in Minneapolis, New York City and Seattle, as well as Lexington. Certainly part of my motivation was to show those people who didn't believe I would ever be able to take care of myself that they were wrong. But don't let anybody fool you. I have had a heck of a good time proving it. "

Regardless of geographic region or occupation, BaxterMoore has always maintained a strong community involvement and advocacy ethic. While living in Minnesota he founded the Minnesota Association of Blind Athletes. This group involved blind and visually impaired persons in both recreational and competitive athletics ranging from alpine skiing to wrestling, judo, swimming and goalball. Earl has participated in and trained and coached athletes at all levels and capabilities. Several of his progenies have appeared in the paralympic games.

Earl has strong feelings about giving back to the communities that shaped his own life. "A lot of wonderful people have helped me along the way. The least I can do is pay back a small portion of the many kindnesses extended to me. I believe we all have a responsibility to leave our campsite in a better shape than we found it. That's the old boy scout in me and I'm darned proud of him."



Earl BaxterMoore





To see Jenny Hansen in person is to see high speed energy and power personified. As a child, she remembers always moving, either doing gymnastic tricks, running, tumbling or riding horses. While some kids grow out of this youthful exuberance, Jenny has harnessed her energy in everything she does.

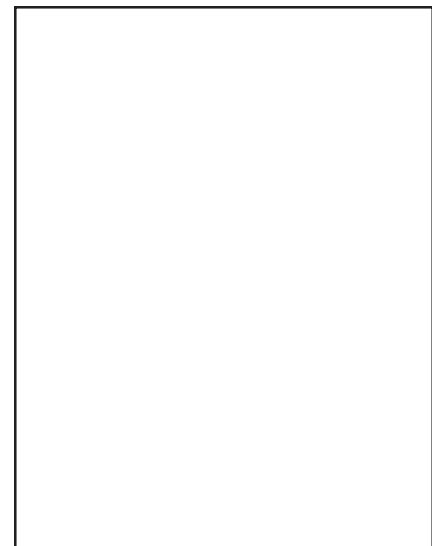
Looking at Jenny's resume, it is easy to see why she was the most successful collegiate gymnast in the sport's history. Consider the following highlights: three straight NCAA All-Around titles, 28 career perfect 10's, 1995 Kentucky Sportsman of the Year, eight NCAA Championships, ten SEC titles, 1995 SEC Female Athlete of the Year, and three-time Honda Gymnastics Award winner.

Another of Jenny's talents is sharing her experiences regarding a learning disability called dyslexia. After being tested her senior year of high school, she was informed that she had dyslexia. This answered many questions Jenny had regarding her problems in reading. She had spent almost her entire childhood not knowing that she had dyslexia. She notes that dyslexia can cause her to "jumble up my words...and I really need to concentrate and focus to keep myself sharp". Jenny's credits also include narrating a 10 minute video called "Snapshots of Success". This video was produced by the Human Development Institute at the University of Kentucky and the Department of Vocational Rehabilitation. Jenny talks about dyslexia and introduces three other people with disabilities who also live very active lives.

Surprisingly, horses more than gymnastics seem to be her passion. She is about to complete her Bachelor's Degree in Animal Science at the University of Kentucky. She also works as a veterinary technician and speaks with great emotion about the foals and yearlings that she treats. "I am the eyes of the doctor for the horses...I watch the horses at a time when they are very vulnerable and let the veterinarian know of any changes that occur hour by hour."

The same energy that fuels Jenny Hansen the athlete, fuels Jenny Hansen the student. "Gymnastics came very easy for me. School is a different story. I have to really focus and work at it." She enjoys the challenge of academics and is somewhat hesitant to use accommodations typical for a person with dyslexia. "For some classes, I needed extended time for tests and for others I didn't think that it was necessary...I sometimes challenged myself to see if I could take the test in the allotted amount of time...I think the key is knowing what I am capable of doing and using accommodations when it is necessary."

Jenny Hansen was never the type of child to sit still and as an adult she continues to be in motion. Her goals change but her focus and drive keep her involved in projects that benefit all those who come in contact with her.





Jenny Hansen



Etiquette for Appropriate Language Usage

Get into the habit of using “person first language.” Everyone has traits that they don’t think define them as a person. For instance, would you want to go through life as “Bad Hair Stephanie” or “Gap-Tooth Jeff”? Similarly, referring to someone as “the disabled woman” or “the wheelchair user” emphasizes the disability more than the person, and is very de-humanizing. This suggests to a person with a disability that you only see a disability and not a person. A person with a disability is not a victim, and should not be thought of as someone’s patient. Everyone experiences obstacles, regardless of whether or not they have a disability. It is the manner that a person chooses to live life that tells what kind of person he or she is. Look beyond a person’s disability. Recognize that a disability is not a person’s whole identity, but only a component of the individual. Integrate the person’s disability into that person’s total identity. A person with an impairment may not even consider it to be a disability. Don’t worry about using politically correct catch phrases to define disability, just concentrate on the person as a whole.

People with disabilities are contributing and productive members of the community. When you think about disabilities, remember disabilities and people are all different, and some have been covered in this publication. You can’t always tell if a person has a disability, but by showing everyone the same kind of respect, you won’t run the risk of mistakenly assuming that some people are less able than others. Focus on abilities instead of limitations. Some simple things to remember when writing or talking about disability issues are listed below.

Good Phrases	Bad Phrases
	
SAY Person with a disability	NOT Disabled person, epileptic
SAY People who are blind/ visually impaired	NOT The blind
SAY Person who has polio	NOT Victim of polio
SAY Person who has experienced...	NOT Crippled, invalid, pitiful, cripp,
SAY Words that accurately describe the individual	NOT Judgmental stereotypes. Courageous, brave, inspirational, heroic language — “superhuman”
SAY Person who uses a wheelchair	NOT Confined to; Wheelchair-bound
SAY Person who has seizures	NOT Has fits
SAY Words of acceptance and respect	NOT Words of sympathy or pity
PEOPLE AREN'T CONDITIONS Is anybody REALLY NORMAL?	



Disability Myths and Facts Sheet

Myth: People with disabilities lead totally different lives than people without disabilities.

Fact: Approximately 49 million people in the US have physical or mental disabilities. They are just like everyone else: they work, they play, and they have families. When you meet a person with a disability, you will find many similar interests.

Myth: People who don't have disabilities are insensitive about disabilities and the lives of people with disabilities.

Fact: Everyone will have some kind of disability some time in their lives. It is wrong to assume that all people without disabilities are insensitive about disability issues.

Myth: People with disabilities are happier with "their own kind".

Fact: Some people do believe this. For years, people with disabilities were seen together because they attended separate schools, and had separate accessible facilities. But today, people with disabilities are no longer segregated by schools and communities.

Myth: People with disabilities have different goals from people without disabilities.

Fact: Disability permeates all segments of society. People with disabilities are all different with different backgrounds, just like everyone. Everyone has different goals, regardless of who they are, with or without a disability. The above statement is a stereotype that is absolutely wrong!

Myth: All people with disabilities are handicapped and/or crippled.

Fact: The terms "disabled", "handicapped", and "crippled" are sometimes used interchangeably. In fact, the last two terms carry negative connotations, suggesting a person with a disability isn't a complete person. A disability does not always equate to handicap. It often means that a person with a disability may do the exact same things as someone else, but just a little bit differently.

Myth: When all architectural barriers are removed, people with disabilities will be completely equal members of society.

Fact: The most important barriers to be erased are attitudinal. Until everyone realizes we are all equal, important, and worthy, people with disabilities will not be able to fully enjoy the same opportunities. Change begins with you.



FARMING WITH A DISABILITY



Agriculture is a hazardous occupation. In 1986, there were approximately 1,600 agriculture-related fatalities. While these statistics seem grim, the greatest impact on agriculture, rural communities and the economy comes from the 170,000 disabling farm injuries. Nearly half of all survivors of farm accidents are permanently impaired. Over 11 million Americans living in rural areas have a chronic or permanent disability. Hundreds of thousands of farmers, ranchers, and agricultural workers who have disabilities are a vital part of rural America and the agricultural work force.

A farmer doesn't have to retire after a temporary or permanent physical disability. Through the combined expertise of the Cooperative Extension System and private, nonprofit disability groups, AgrAbility helps thousands of these farm families continue in their chosen professions in agriculture. The AgrAbility Project has emerged as one of rural America's most valuable and cost-effective resources, providing on-farm assessments to over 2,500 farmers with disabilities. The knowledge of how to accommodate disability has been multiplied by educating over 11,000 agricultural, rehabilitation, and health professionals on how to accommodate disability in agriculture.

The AgrAbility Project is a shining example of a customer-driven USDA-funded program that provides needed education, assistance, and support. The Cooperative State Research, Education, and Extension Service is proud to have a role in enabling people with disabilities to participate fully in the American agricultural work force and to be a part of the rich fabric of rural community life.

The AgrAbility Project is authorized through a provision in the 1990 Farm Bill. Each year, grants are awarded to selected state university based Cooperative Research, Education, and Extension Services (CSREES) that have joined non-profit disability organizations in providing education and assistance to agricultural workers with disabilities and their families. The AgrAbility Project is administered by the U.S. Department of Agriculture's CSREES, a national education network that links research, science, and technology to the needs of people where they live and work. Collaborating to support AgrAbility Project activities are the National Easter Seal Society and Purdue University's Breaking New Ground Resource Center.

For more information about farming with a disability, contact:

John Hancock, Director
Kentucky AgrAbility Project
303 W.P. Garrigus Building
University of Kentucky
Lexington, KY 40506-0276
(606) 257-1845



University of Kentucky Disability Resource Center

Going away from home to attend college is a big transition for everyone. And if that student happens to have a disability, other variables may come into play. Jake Karnes, director of the Disability Resource Center at the University of Kentucky, and his colleagues work to make the decision to attend and to stay in college easier for a student with a disability.

Jake's office can help a student arrange for appropriate housing, tutoring, note takers, sign language interpreters, and many other basic needs that may stand in the way of a student actually being able to go to school. They also provide resources that can help students hire and manage personal care attendants. In addition, the Disability Resource Center can help find financial assistance for a student with a disability.

The goal of the Disability Resource Center is to provide a student with a disability the equal opportunity to pursue a college education in an integrated setting. This is done by minimizing or eliminating barriers (both architectural and attitudinal) and by faculty and staff making accommodations. Jake's office works with approximately 650 students with permanent and temporary disabilities each year. Temporary disabilities include injuries like a broken leg or arm.

Students with disabilities who continue their education after high school often face a dilemma—do they identify a disability to the school to receive services such as tutoring or exam accommodations or do they remain anonymous, but without this help. If one is self-conscious about a disability or want to prove they can make it on their own, they are tempted to deny themselves vital resources. After all, for many students this is their first experience of some independence and would prefer not to be known as disabled to teachers and other students.

This independent spirit is a part of the maturing process and personal growth, but it can lead to disaster in the classroom. If the goal is a successful educational experience, shouldn't one take advantage of all the resources available? The classes in college are at a different level and have different expectations from high school. As a result, it is now more important to take advantage of available disability services not only to prevent possibly failing courses, but also to guarantee the best performance. This may affect job choices later. With this in mind, it is usually better to try all the services available first and then make an educated decision later as to whether to continue to receive services or make changes.

For more information about the services available at the Disability Resource Center, contact:

Disability Resource Center
Room 2 Alumni Gym
University of Kentucky
Lexington, KY 40506-0029
(606) 257-2754 voice/TDD



Jake Karnes & Susan Fogg



The Americans with Disabilities Act

The Americans with Disabilities Act (ADA) was signed into law in 1990. The ADA prohibits discrimination on the basis of disability in employment, programs and services provided by state and local governments, goods and services provided by private companies, and in commercial facilities. Giving people the rights they deserve, the ADA is a civil rights law for people with disabilities.

The ADA defines “disability” as follows: – a physical or mental impairment that substantially limits one or more of the major life activities of that person, – a record of such a physical or mental impairment, or ® being regarded as having an impairment.

MYTHS AND FACTS ABOUT THE AMERICANS WITH DISABILITIES ACT

Myth: The ADA is rigid and requires businesses to spend lots of money to make their existing facilities accessible.

Fact: The ADA is based on common sense. It recognizes that altering existing structures is more costly than making new construction accessible. The law only requires that public accommodations (e.g. stores, banks, hotels, and restaurants) remove architectural barriers in existing facilities when it is “readily achievable”. Inexpensive, easy steps to take include ramping one step; installing a bathroom grab bar; or painting new lines to create an accessible parking space.

Myth: Restaurants must provide menus in braille.

Fact: Not true. Waiters can read the menu to blind customers.

Myth: The ADA forces business and government to hire unqualified people because that person has a disability.

Fact: No unqualified job applicant or employee with a disability can claim employment discrimination under the ADA. Employees must meet all requirements of the job and perform the essential job functions with or without reasonable accommodation.

Myth: Accommodating workers with disabilities costs too much.

Fact: Reasonable accommodation is usually far less expensive than many people think. In most cases, an appropriate reasonable accommodation can be made without difficulty and at little or no cost. A recent study commissioned by Sears indicates that of the 436 reasonable accommodations provided by the company between 1978 and 1992, 69% cost nothing, 28% cost less than \$1,000, and only 3% cost more than \$1,000.



Universal Design – Accessibility for All ages

The concept of universal design is to simplify life for everyone by making housing usable by people of all ages, sizes, and abilities. This is particularly important as our population is changing. Many people are surviving permanently disabling accidents and illnesses, and even more are living longer. Universal design promotes creating living spaces that everyone can use. But it doesn't need to be expensive or complicated. Take a look at these examples:

Lever door handles - adding lever door handles instead of door knobs make opening doors easier for everyone, be it a grandparent with arthritis or a busy homemaker with an armful of laundry.



Entrances and wider doorways - no steps make it easier to enter the home in the dark or on moving day. Wider doorways are easier for everyone to enter, enhance interior circulation, and add a more spacious feel to the living unit.



Accessible sinks and single-lever controls on faucets - are easier to use from a wheelchair and make adjustments of water temperature and volume simple for everyone. The vast majority of people who can benefit from these features — which is most of us — don't even think about it. Most of us can adapt to a less usable environment — but why should we have to?

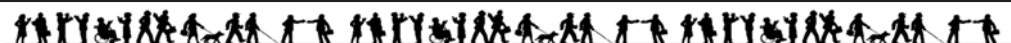


For more information on universal design, visit the Trace Center's website at <http://www.trace.wisc.edu/world/>

In Your Own Backyard

Somerset, Kentucky is home of an ambitious project that developed a house using universal design concepts. The 3,000-square-foot ranch shows the need for our homes to be accessible and functional as families grow and change.

Many renovations have been made throughout the house. The bathroom includes a roll-in shower and grab bars. The kitchen uses universal design concepts to accommodate a wheelchair user. Accessible landscaping and gardening containers are also in place. Tours of the house are offered. Plans are to continue to increase awareness of accessibility issues by using the demonstration house as a meeting place as well. For more info, call the Pulaski Co. Extension office at (606) 679-6361.



You CAN Make a Difference

So what can you do to help eliminate barriers that people with disabilities experience? Maybe more than you think!

- 1- Encourage the participation of people with disabilities in community activities by making sure that meeting and event sites are accessible.
- 2- Understand children's curiosity about disabilities and people who have them.
- 3- Speak up when negative words or phrases are used in connection with disability (refer to etiquette for appropriate language on page 18).
- 4- Accept people with disabilities as individuals with the same needs and feelings you have. Your mother was right when she told you to treat people the way you want to be treated.
- 5- Understand the reason for accessible parking and leave it for those who need it.
- 6- Hire qualified people with disabilities.

Protection & Advocacy

Protection and Advocacy (P & A) is a federally funded program that protects and advocates for the rights of individuals with disabilities. P & A operates four programs serving: people with developmental disabilities, people with mental illness, people with disabilities with technology needs, and people with disabilities with rights violations.

P & A activities include providing assistance to individuals with disabilities whose rights have been violated, providing information and technical assistance to individuals, attorneys, governmental agencies, and service providers, and providing legal counsel and litigation services to eligible persons. Additionally, P & A provides education and training for individuals with disabilities, service providers, and other community members and information to legislators and appointed officials concerning issues of importance to individuals with disabilities.

For information concerning services and eligibility, P & A can be contacted at (800) 372-2988 (toll free and TTY) or (502) 564-2967

Quiz Answers - ANSWER — All of the famous people mentioned — scientists, entertainers, politicians, sports heroes — have some kind of disability.

Muhammed Ali - Parkinson's Disease	Thomas Edison — Hearing Impairment
Tom Cruise - Dyslexia	Albert Einstein — Learning Disability
Magic Johnson - HIV positive	Katharine Hepburn — Parkinson's Disease
Ronald Reagan - Alzheimers Disease	Greg Louganis — Dyslexia/HIV positive
Franklin D. Roosevelt- Polio	Heather Whitestone - Hearing Impairment
Alexander Graham Bell- Hearing Impairment & Learning Disability	



How Do I Get From Here to There?

People with disabilities may use some kind of assistive technology in order to be independent and have a higher quality of life. Some of this technology can be very simple, from a day planner to a reacher. Other types of technology can be more extensive, such as making structural modifications to a building or a vehicle. The quest for funding can seem long and complicated. The following guide shows a variety of agencies and private sources that may be able to help.

Arthritis Foundation

Loans assistive devices to those with physical disabilities resulting from arthritis

1-800-633-5335

Commission for Children with Special Health Care Needs

Provides medical, therapy and equipment to children with physical disabilities

1-800-232-1160

Department for the Blind

Assists people with visual impairments and blindness in becoming members of the workforce.

1-800-321-6668

Department for Social Insurance

Provides Medicaid benefits to eligible individuals which may be used to purchase durable medical equipment

502-564-1558

Dept of Veterans Affairs

Provides medical care, disability benefits, vocational rehabilitation, and education and training assistance to veterans

Louisville - 502-895-3401

Lexington - 606-233-4511

Dept of Vocational Rehabilitation

Assists people with physical and mental disabilities in entering the workforce

1-800-372-7172

High Technology Fund of the Lions Club

Loans adaptive computer equipment for students with visual impairments

502-245-2463

Kentucky Commission on the Deaf & Hard of Hearing

Distributes telecommunications equipment to people with hearing or speech impairments who cannot use the telephone; also distributes hearing aids

1-800-372-2907

Kentucky Housing Corporation

Provides home loan funds to eligible low and moderate income homebuyers

1-800-633-8896

Kentucky School for the Blind Charitable Foundation

Provides braille typewriters to eligible individuals

502-897-1583

MR/DD Special Services & Equipment Fund

Funds assistive technology endeavors up to \$2500 per year for people with mental retardation or developmental disabilities

502-564-7722

Muscular Dystrophy Association

Provides medical services and purchase of durable medical equipment to people with neuromuscular diseases.

502-585-4924

Social Security Administration

Eligible individuals can receive Medicare benefits. Part B coverage includes durable medical equipment. PASS plans can be developed for specific goals leading to greater independence

1-800-772-1213

Spina Bifida Association of Kentucky

Loans mobility devices for anyone with spina bifida

502-637-7363

Woodmen of the World

Loans mobility devices to people with mobility impairments

502-753-4382

