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Disability Issues

Providing people with disabilities, their families, friends, and advocates with relevant information that enables individuals to improve the quality of their life, health and employability options.

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From the Editor....

Dear Readers,

In the Spring issue of *Disability Issues*, we were delighted to publish an interview conducted by editorial board member, Sandy Novack, about Tina Pedersen, Ms. Wheelchair RI 2018. As an update on this impressive woman, we are proud to share that Tina broke a barrier and won another title. She is the first woman with a disability to win the state title for Elite Women of Service Rhode Island 2019. Way to go, Tina! She will compete in the American Women of Service community service-based national pageant on August 2-4 at the Sheraton Springfield Monarch Place in MA. The competition is all about service and advocacy. For more information about the American Women of Service organization, visit <https://www.americanwomenofservice.com> Good luck, Tina! We are rooting for you!



Elite Rhode Island - Tina Pederson, Elite Women of Service 2019 Contestant



If you'd like to meet Tina Pedersen in person, she will be at booth #836 at the Boston Abilities Expo, September 13 – 15. Tina is the president and founder of RAMP (Real Access Motivates Progress) and will be talking with conference attendees about her organization and how they can help with inclusion. Tina will be there all three days, so stop by and say "Hi!" To learn more about RAMP, visit <https://www.facebook.com/RAMPorg/>

In this issue, we are proud to publish an opinion piece – an interview with former Massachusetts Rehabilitation Commission (MRC) Commissioner, Charlie Carr, where he addresses a number of issues about the complex topic of the Electronic Visit Verification (EVV) requirement of the federal 21st Century Cures Act.

Additionally, we bring you articles about exercising, senior living and dementia, a poignant story from Ms. Love about lessons of strength learned from sunbeams, and a new column – Walter's Place – where Walter's wife, Joan Burrows shares experiences of living with and loving her beloved husband, Walter Kiver.

Marianne DiBlasi, Editor

The Opinion Corner

Opposition to Electronic Visit Verification Growing Nationally



Recently *Disability Issues (DI)* interviewed former Massachusetts Rehabilitation Commission (MRC) Commissioner Charlie Carr about Electronic Visit Verification (EVV), his leadership of opposition to it, and other matters pertaining to the PCA Program. Mr. Carr is currently Legislative Liaison at the Disability Policy Consortium and volunteers as Chair of the National Council of Independent Living (NCIL) EVV Task Force.

DI: For the last few years, MassHealth has announced plans to try out and phase in EVV. Have any trials actually been conducted here?

Carr: Not to my knowledge. There was some mention about piloting it in a small Frail Elder waiver, but I'm not sure if that ever happened.

DI: Is MassHealth committed to the MyTimesheet software that they had mentioned in connection with those planned trials?

Carr: I call it 'MyCrimesheet' because it is so invasive of personal privacy. Implementing EVV will be a big headache for MassHealth, and I don't think they have yet settled on a specific product. The GPS tracking feature of many of these software systems like MyTimesheet is a huge personal privacy concern for PCA consumers like me as well as PCAs. No PCA wants to be tracked by satellite or subjected to biometrics such as voice recognition like a criminal when all they want is to do is their job.

DI: We understand that opposition to EVV was voiced by many consumers in the MassHealth listening sessions and that EVV has caused consternation and opposition nationally in states where it has been implemented, evoking personal privacy concerns. Has there been any effective pushback here or elsewhere?

Carr: Well, as you know, two years ago I started a Stop EVV group on Facebook that now has over 1,000 members from all over the country; this is a national issue. We have tried (unsuccessfully to date) to get the American Civil Liberties Union involved, and NCIL (National Council of Independent Living, umbrella organization of the Independent Living Centers) held a symposium on the EVV issue two years ago.

DI: Well, given that NCIL is the only national voice for Independent Living, an organization of which our 11 CILs are members, why have we not heard more

opposition to EVV from them?

Carr: In my opinion, their voices have been muted on this issue because more than half of them have PCM (Personal Care Management) contracts with the MassHealth PCA Program; funding they don't want to risk losing. You can draw your own conclusion from this but, my bottom line is that ILC's are required by federal law to provide systems advocacy that reflects the needs and desires of their consumers. I don't see that happening with EVV in Massachusetts.

DI: What is happening in other states, and how does that relate to your concerns?

Carr: Some states are utilizing software that actually uses facial recognition and/or fingerprints of PCA workers, as well as GPS tracking of exact location of both parties. Draconian measures like these are having a disastrous impact on an already shrinking pool of PCA worker candidates, as well as consumers' well-being. I mean, who wants to be tracked via GPS like a criminal with an ankle bracelet? We've seen a growing number of incidents nationally where new applicants for PCA work or even existing ones refuse to be monitored in this invasive manner and have their privacy violated, so they either don't take the job or are leaving. Disabled employers are left without attendant coverage, and some have had to go into the local emergency department in their hospital as a result or end up in nursing homes.

DI: Is there any less personally invasive measure that satisfies section 12006(a) of the 21st Century Cures Act?

Carr: We are advising MassHealth to adopt the CA model (no facial recognition or biometrics, no GPS tracking, service location is simply entered as 'home', 'community' or 'both.')

DI: Is the announced 2020 statewide EVV implementation a hard deadline, some wonder, given that implementation in 2019 was announced in mid-2018 but didn't happen?

Carr: As I understand it, MassHealth is planning to apply to the feds for a one-year 'good faith extension' to January 2021. Last year, advocates nationally were successful in pushing Congress to pass legislation that extended the 2019 implementation requirement to January 1, 2020.

DI: We understand that SEIU California Local 2015 has joined in solidarity with consumers in strongly opposing EVV in CA. Has our SEIU 1199 taken a position on EVV?

Carr: Recently I learned that SEIU 1199 in Massachusetts has decided to adopt the same

position as their sister local in California and oppose geo-tracking and biometrics of PCAs and, support the so-called California model. This is great news and very much welcomed by not only PCAs, but also by PCA employers like us.

DI: What is the status of efforts to repeal the federal EVV mandate in the 21st Century Cures Act? Is there any realistic hope?

Carr: As I said, this is a national issue, but we have not so far been able to get attention to the privacy concerns in the courts. So, we are once again working on legislative remedy by getting the 21st Century Cures Act itself amended. Rep. Dianna DeGette (D-CO) has agreed to file a bill in the House that will amend the Act to ban GPS tracking and collection of biometric data, although it is likely that the EVV requirement itself will remain.

DI: We understand from sources that MassHealth is planning a redesign of the PCA Program. Do you have any clues as to what the redesign might look like?

Carr: No, not really. I do know that they've assembled a working group to study the issue, but nothing has been brought to light that I'm aware of. There's no transparency happening, which is baffling to me because by sharing the work they're doing incrementally, the community has an understanding of the process and areas being looked at. This would give MassHealth the opportunity to avoid surprising the broader PCA consumer community with a model that could evoke the same negative response as the original My Timesheet scenario. Personally, I would prefer moving to a Cash & Counseling model, in which a person's approved PCA hours would be 'monetized' by multiplying those hours by the current PCA Program hourly wage; these funds could then be used by the consumer to purchase a self-directed mix of services. This would make it possible for the consumer, for example, to pay higher wages for more difficult tasks or for shifts that are hard to cover, like weekends.

DI: That seems a bit of a stretch from where we are now. Do you think it likely MassHealth will actually go that route?

Carr: Let's hope so. However, it's important to note that 70 percent of PCA Program consumers use surrogates; folks like you and me who actually self-direct are now a distinct minority. So I would not be surprised to see the PCA Program move in the direction of an Agency with Choice model, in which Home Health Agencies have a key role. MassHealth already uses this model in other programs it operates. I'm hoping that it's a blend of both with, flexibility to move between each model depending on circumstances. I guess we'll have to wait and see.

DI: Bottom line: What can we do about EVV?

Carr: If you like the PCA Program the way it is, tell your PCM and MassHealth directly, “If it ain’t broke, don’t fix it.” And let your Rep. in Congress know of your strong objection to EVV; when they passed the 21st Century Cures Act, they probably did not intend to treat PCA consumers and their workers like criminals. Urge your Rep. to co-sponsor DeGette’s bill.

Raymond E. Glazier, Ph.D. is a "Disability Issues" Editorial Board member and longtime PCA Program consumer who writes a regular PCA Corner column. Carr and he were in rehab together at Mass. General Hospital decades ago.

What is Electronic Visit Verification System (EVV)?

The [21st Century Cures Act](#), signed into law December 2016, requires all home health care services and personal care services paid by Medicaid to use electronic visit verification (EVV) systems. This means that each visit made by an individual to assist a disabled consumer in their home must be tracked through an electronic method starting January 1, 2020.

Under the new mandate, the EVV system must verify the following:

- Date of service
- Location of service
- Individual providing service
- Type of service
- Individual receiving service
- Time the service begins and ends

Physical Activity and Resources for People with Disabilities

By Sandy Alissa Novack

One in five adults live with a disability. The statistics are sobering:

- **44.6%** of people with disabilities are obese - versus 34.2% of people without disabilities.
- **12.4%** of people with disabilities between the ages of 18 to 44 years old have cardiovascular disease - versus 3.4% of people of this age who are without disabilities.

- **54.2%** of people with a disability get **NO** leisure time physical activity - versus **32.2%** of people without disabilities*

I had the opportunity to participate in a free webinar sponsored by the Massachusetts Department of Public Health; Spaulding New England Regional Spinal Cord Injury Center; Spaulding Rehabilitation Network; New England Paralyzed Veterans of America; and the National Center on Health, Physical Activity and Disability (NCHPAD). Founded in 1999, NCHPAD is a public health practice and resource center that has technical expertise on health promotion for people of all ages with disabilities, with a focus on physical activity and nutrition. Their website is <https://www.nchpad.org>.



Photos courtesy: www.nchpad.org

Mostly, we hear about the medical model of disability and the issues of exercise. What we really need to put into the equation, however, is the social model. The social model says that “If you build a ramp, then I can enter your fitness center and participate.” NCHPAD uses the social model, which involves three components: architectural, programmatic, and attitudinal barriers to exercising.

- **Architectural** barriers involve matters such as curb cuts, outside the building barriers to getting into a place to exercise. If you cannot get there, you cannot exercise.

- **Programmatic** barriers are inside the building where one would exercise. It refers to having access to use whatever material you want to do the exercises. For example, is there Braille labeling on the equipment? Make sure wherever you join for fitness has accessible equipment, accessible policies, and you, as a person with a disability, are invited to the table to be included in exercising.
- **Attitudinal** barriers include not expecting someone in a wheelchair to be at a fitness center and not having the right attitude to work with you. Are people with disabilities included in the flyers for classes or overlooked? Attitudinal barriers are the most difficult kind of barrier to overcome.

Other types of barriers to exercise for people with disabilities include: Lack of transportation to a fitness center, the cost of getting to and using a fitness center, and issues of self-competency – feeling competent to be at a fitness center.

Physical activity guidelines for people with disabilities are the same as for people without disabilities: 150 minutes per week to maintain what you have got, but if you want to lose weight or if you have another change in mind, then you have to exercise more than 150 minutes per week. Even if you cannot do 150 minutes per week – Avoid Inactivity!

Think about your goals. No goal is too small, such as transferring independently to get out of your car. Or maybe you also want to be able to lift your wheelchair into your vehicle. If so, you have to develop those muscles. If you want to work on strength, consider using higher weight and a short number of repetitions. If you want to work on endurance, use a lower weight but over a longer time. To build flexibility, move within your capacity, but watch for spasticity. Stretches should be gradual and not bouncy. If you are spastic, it may get better over time.

Other tips include: When you have over-use injuries, think about opposite muscles you can strengthen. Drink plenty of fluids. Know your blood pressure and blood sugar numbers. Do body checks and do not exercise if you have a pressure sore. If you have a high-level spinal cord injury, pay special attention in hot weather and be able to dissipate heat. There are adaptive devices that are available, such as putting a back onto a rowing machine. On the other

hand, never over-adapt; meaning try to never make it too easy for yourself to do an exercise. Always consult a medical provider if you need to. Remember that the more active you are, the more benefit you will see. Also, know what the effects of your medicine are when you are exercising.

At the NCHPD website, you can get information about how to exercise in a gym, how to design your own work-out program if you are in a wheelchair, look up adaptive fitness equipment, and more. Many fact sheets are available for children and adults – exercising and cancer, service dogs and fitness centers, and physical activity and mental health, and more. Under the Directories tab, there are listings of fitness related programs for people with disabilities or health conditions that can be sorted by state, town, or zip code. You can also subscribe to a free sports quarterly digest. On YouTube.com there are full-length inclusive yoga classes that gets people out of wheelchairs. In short, explore your options!



Photo courtesy of www.nchpad.org exercise video.

* Data from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>

Sandy Alissa Novack, MBA, LICSW, ACSW, CSW-G is a Social Worker and a consumer advisor on the Beth Israel Deaconess Medical Center's Universal Access Advisory Council.



An ongoing series of articles about Walter Kiver who lived with Muscular Dystrophy (MD); as did his son, daughter, and grandson. Articles are written by Joan Burrows, Walter's wife, in memory of her beloved husband who passed away in 2001, to honor his legacy of living life fully and helping others while facing his own challenges.

Disability, Hospitals, and a Tracheostomy

By Joan Burrows

After a month in the local hospital and about a month in the city hospital, Walter had a tracheostomy performed and now rid of the tube down his throat, he could eat, and begin speech therapy in the rehabilitation unit. We found out later that being incubated for so long damaged his vocal cords.

They tried several means of breathing help (masks, iron lung,) but none worked. Next, they tried a pneumo-belt, a girdle-like piece that hooked up to the respirator on the back of his wheelchair. This was good, but it kept riding up making it harder to breath, so one day I brought in his belt and secured it to his chair and the 'vest'. It worked! The staff found two other straps to securely tie it down. By this time, the staff knew me; most of them listened to me and respected what I could contribute. They were trying to wean him off the vent, so every afternoon he used the belt system. This also helped his two dedicated speech therapists who were working with Walter to get his voice back. They were true angels.

When Walter left the Rehab two-months later, he said in a soft, raspy voice, “thank you and good bye” to all the staff as they gathered around. The two speech therapists had told me that they did not think he would be able to talk again. Walter had made a remarkable recovery! When we returned later for the Muscular Dystrophy (MD) clinic, we often went over to rehab. to say hi to our ‘friends’.

Unfortunately, Walter left with bedsores he had never had at home. It took over a year, with my Doctor, a Dermatologist, coming out to see him and trying several methods before the bedsores finally healed.

After a year or two of trips to the MD clinic in the city, we decided it was best to use a local doctor because whenever we called with a problem, the response was always “come into the hospital.” Hospitals stays took care of any medical issue but caused many other problems...physical and emotional. We chose a Pulmonologist, the doctor who originally put him on the respirator, thereby saving his life. This worked well, although I had to learn some nursing skills because we did some IV’s at home to avoid hospital stays. The local Visiting Nurses were super and helped me. They each has a wonderful presence and offered great support – and they were always just a phone call away! Without them and our wonderful PCA’s we would not have made it at home.

It is difficult to say how to make things better for the hospitalized patient – with a disability or not – but I know that having someone there is very important. The patient is vulnerable and may not be comfortable speaking up to staff. They may feel that the person trained to do medical care know best. Medically they usually do, but the personal understanding and care that a family member/caregiver can provide that are of prime importance to enhance the overall care. Especially the caregiver, who has provided hands-on care needs to needs to be listened to and their knowledge respected.

Joan Burrows studied music in NYC and later taught piano. She was a nursery school owner, teacher, and music director. Joan began the Acton Commission on Disability with Walter Kiver. She is a caregiver for people with disabilities and seniors.



New Approaches to Senior Living and Care for Dementia



Resident and caregiver at Jewish Home Assisted Living in River Vale, NJ (Photo: Jewish Home Family)

Photos courtesy of The Green House Project website.

As the population ages and the baby boomers retire, there is an increasing demand for changes in the way we care for the elderly, including those who will develop dementia. Nursing homes are trying to replace an institutionalized atmosphere with a place that is more like the home they are leaving.

A movement for this kind of change actually started decades ago in the 1990s when William Thomas, a geriatric doctor, founded the Eden Alternative, later called *The Green House Project: a philosophy and program that de-medicalized nursing homes and began a fundamental change and relationship between staff and management.



In the Project, nursing homes are replaced by small groups of houses – including houses with dementia patients – where five or six residents are supervised by a medically trained aide with support from nurses and therapists. Food is usually cooked on the premises and the design and organizational structure help the staff create a warm and homelike atmosphere.

With the support of foundations, examples of the Green House program were initially adapted in fifty states. Today, funded by the Robert Wood Johnson Foundation, more than 260 Green House Homes in 32 states are open or

under development. Many retirement communities offer some variation of the program and new changes and ideas are continually being developed. Currently, for instance, inter-generational living has been encouraged. At the University of Seattle, for example, Merrill Gardens, a retirement community, is in a complex where graduate students and young faculty from the University of Washington live. Merrill Gardens opened its dining room to all, providing a chance for generations to mingle.

My retirement community, Newbury Court in Concord, MA, is also looking ahead. Plans are developing to change the structure and culture of the current nursing care. The campus here offers "Aging in Place" which allows residents to stay in their apartments with help from aides. It also has Long Term Health Care Facilities with Acute Care, including for Dementia and Rehabilitation.

I interviewed the Director of Health Services here to find out more about the current plans. She said the typical hospital layout will be replaced by private rooms divided into six small houses or "pods" with a common social room for each unit. The staff will be six to one unit. The dementia pods or units would be four rooms and, particularly in a dementia pod, an atmosphere of calm and predictability will be emphasized. Meals will be served from the general kitchen in that building.

Any retirement community today has to take into account that there are increasing numbers of dementia or Alzheimer seniors. According to the Alzheimer's Association an estimated 5.8 million Americans are living with Alzheimer's – including one in ten who are over 65. Newbury Court specifically accommodates dementia patients in a Memory Support Unit that has taken advantage of the new approaches to their care. The community-at-large, wishing to be supportive to residents with dementia or those who are developing dementia, has held panels and discussions to demystify the disease and to learn how to be more inclusive.

We need to think of the three "L's":

**Listening,
Learning & Loving**

I had a conversation with the recently retired chaplain who has had special commitment and success with helping dementia patients. I asked her if caregivers should have special training to help these patients. Her answer was emphatically “Yes! For both managers and caregivers.” She has given this subject much thought and practice and concludes that we need to think of the three “Ls”: Listening, Learning and Love.”

We need to really **listen** to the patients and what they say or are trying to say. She says, “Patients want to be listened to. They don’t want to just receive routine care, even if that is efficient. Sometimes, you have to read their facial and body expressions.” She gave an example of an Alzheimer patient who could not speak but communicated his emotions, including anger and rage, through his facial expressions. She found by calmly asking him questions about the source of his anger and reading his expressions in response, he became relieved and comforted to find he had been understood.

“We **learn** by listening,” she continued, citing an example of a terminally ill patient who spoke incoherently but over time as she listened, she heard repeated words and names and concluded that he wished to see certain family members, perhaps for comfort or to make peace.

By **love**, she said, she means empathy; which is created by listening and learning and caring.

With the increasing longevity of the population, those who plan and give care to seniors need to understand that this is another stage of their lives with different transitions and challenges that can be met with dignity and meaning.

For resources on this topic, we recommend the following resources:

- *UnRetirement: How Baby Boomers are Changing the Way We Think About Work, Community, and the Good Life* by Chris Farrell.
- *Second Wind: Navigating the Passage to a Slower, Deeper, and More Connected Life* by William Thomas.

*The Green House Project. <https://www.rwjf.org/en/how-we-work/grants-explorer/featured-programs/the-green-house-project.html>

Mary Grimley-Mason is a PhD Professor of English emerita, Resident Scholar, Brandeis University's Women's Studies Research Center, and author of; “Life Prints: A Memoir of Healing and Discovery, Working Against Odds: Stories of Disabled Women's Work Lives”, and “Taking Care: Lessons from Mothers with Disabilities.”



LOVE & INTIMACY CORNER

Planting Strength Amid the Sunbeams

by Ms. Love

I write you, dear readers, on a cold and rainy day, but earlier this week the sun shone bright through my balcony window. This made the leaves of my green potted plants that are spread out in my living room in front of the balcony window, seem coated with Mother Nature's glow. It is on such sunny days in Spring that I move out of bed not to simmer my oatmeal on the stove, but to sit on my couch in awe of this glow playing out in my apartment.

On the days when I have morning appointments and must be out the door early to get there on time, I have to miss out on the first sunbeams of the day – the most brilliant sunbeams. As I leave for my appointment on those days, I sometimes sigh that I will have to miss the beauty of sunbeams that day.



Some days when I wake up, I eagerly go out to the living room to see if a new leaf is unfolding on my large plant philodendron. Every day thereafter, I continue this action, marveling at the progress the leaf makes from day to day and how shiny and fresh each growth is.

This past week has been different. I heard the news that a dear friend had a serious medical diagnosis. First, I sat on my couch kind of numb. Alternating with tears and thoughts that I want my friend and I to have so many more moments through life together to share. I sat deep in thought. I felt pain for my ill friend. One day when I was able to visit him, my spirits soared because he was having a good day. Unfortunately, some other days since then haven't been so good for him.

Even in my pain, ever so slightly, I feel that something may be changing within me. Two days ago, I resumed getting out of bed and walking over to one of my plants to watch a new leaf unfurl. The sun wasn't up yet, so I sat on my couch and waited. When the sun emerged, rather than continuing to sit on the couch for a short while to observe the beauty of the sunbeams on my indoor plants, I set to work re-potting a couple of small plants that were struggling to survive. Out with the old potting soil that was probably bereft of nutrients by now, and in with the new potting soil in different pots. Then, a gentle pour of water; not

so much as to over-water and not so little as to under-water.

Then yesterday, I got out of bed and went to my plant “infirmary,” which is located on a folding table. The ill plants seemed a little better than when I transplanted them the day before, so I moved them closer to my balcony window. One plant may not survive the transplant attempt, but sunshine may help.

When I started to write this article, it looked like today was going to be a gloomy, rainy day in New England. But now the sun is out, and the balcony window is once again allowing sunbeams to dance on the greenery of my indoor plants.

Some people exercise, such as running, when under stress. Some people eat chocolate. Some people completely avoid situations that might stir up their emotions. I can't physically run due to my disabilities and chocolate is not my go-to food. Yet, it is *because* I feel emotions deeply for people in my life that I embrace the sad, as well as the happy times, in my friends' lives.

Sometimes sunbeams come out and make my plants seem shiny and new. But I know if I look closely at the plants that a few, due to needing a larger pot or better soil or something else, are struggling to survive, so I spend time helping their roots and greenery thrive the best I can. So too, I tell myself, this is what I will do with my ill friend. Sometimes he will have moments when he seems to be well, but I know he is struggling to survive. I will do my best to help him thrive in any way I can for as long as possible. This is a lesson I have learned from the sunbeams; there can be strength found in even the most difficult of days.

Are you an indoor or outdoor plant lover too? If you are, Ms. Love invites you to read this article from the NY Times <https://www.nytimes.com/2019/04/18/opinion/sunday/oliver-sacks-gardens.html>.

The Love and Intimacy Corner welcomes questions and requests for topic areas from readers. Please send all comments, questions and suggestions to Ms. Love at DI.LoveandIntimacy@gmail.com Questions chosen to be featured in the Ms. Love column will appear under a pseudonym to protect privacy, and may be edited.





Abilities Expo: Wicked Awesome for People with Disabilities!

Imagine everything you need, all under one roof! For nearly 40 years, Abilities Expo has been the go-to source for the Community of people with disabilities, their families, seniors, veterans and healthcare professionals. Every event opens your eyes to new technologies, new possibilities, new solutions and new opportunities to change your life. Where else can you discover ability-enhancing products and services, play a few adaptive sports, learn new dance moves, attend informative workshops and only scratch the surface of what Abilities Expo has to offer?

September 13-15, 2019

The Boston Convention & Exhibition Center, Hall C

Friday: 11am-5pm

Saturday: 11am-5pm

Sunday: 11am-4pm

Admission is free. Registration is requested.

To register and for more information, visit www.abilities.com/boston



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6th Annual Career Fair for Job Candidates with Disabilities

Wednesday, September 11, 2019

3:00pm - 4:30pm

Partners HealthCare
399 Revolution Drive, Somerville, MA 02145

Register Today!

<https://go.umassmed.edu/cfsept11>

For additional announcements and details, visit www.workwithoutlimits.org
or follow us on:



In partnership with:  Disability:IN Massachusetts

Work Without Limits is a network of engaged employers and innovative, collaborative partners that aims to increase employment among individuals with disabilities. Our goal is to position Massachusetts as the first state in the nation where the employment rate of people with disabilities is equal to that of people without disabilities. Work Without Limits is an initiative of the University of Massachusetts Medical School.



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WorkWithoutLimits

REGISTER TODAY!

7th Annual



Thursday, October 10, 2019

Four Points Sheraton, Norwood

Keynote Speaker

Travis Roy



Motivational Speaker and former Boston University college ice hockey player

Join us for an exciting day of:

- Speakers
- Exhibitors
- Networking
- Sharing of best practices

Together we will raise the bar higher to increase the employment of people with disabilities in the workplace.

If you are an employer seeking to be disability inclusive, a job seeker, or an employment provider that serves people with disabilities, be sure to join us!

Conference Details & Registration

www.raisethebar2019.org



Work Without Limits is a network of engaged employers and innovative, collaborative partners that aims to increase employment among individuals with disabilities. Our goal is to position Massachusetts as the first state in the nation where the employment rate of people with disabilities is equal to that of people without disabilities. Work Without Limits is an initiative of UMass Medical School.



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Spaulding Rehabilitation Network is pleased to be an underwriter of *Disability Issues*, a free and independent newsletter. The Spaulding Rehabilitation Network is a member of Partners HealthCare and includes Spaulding Rehabilitation Hospital. Spaulding Rehabilitation Network, a member of Partners HealthCare, includes Spaulding Rehabilitation Hospital, its main campus in Charlestown, which is a national model for environmental and inclusive design as well as Spaulding Rehabilitation Hospital Cape Cod, Spaulding Hospital Cambridge and two skilled nursing facilities, as well as twenty-five outpatient sites throughout Eastern Massachusetts.

Spaulding has been awarded a Model Systems designation in three specialty areas - Brain Injury, Burn Injury Rehabilitation, and Spinal Cord Injury - by the National Institute on Disability, Independent Living, and Rehabilitation Research. Spaulding is a teaching hospital of Harvard Medical School as well as the official rehabilitation hospital of the New England Revolution. Spaulding is the only rehabilitation hospital in New England continually ranked since 1995 by U.S. News and World Report in its Best Hospitals survey with a #2 ranking in 2018-2019. Spaulding was recognized in 2018 by Disability Equality Index® as a company who scored 100% in the category of Best Places to Work™ for Disability Inclusion. For more information, please visit www.spauldingrehab.org

The ***Disability Issues*** newsletter is a free and independent publication. It is published quarterly and shares current information about the world of disability, new initiatives, and other helpful information to the disability community in Massachusetts.

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