

# **IL NET**

an ILRU/NCIL National Training and Technical Assistance Project

*Expanding the Power of the Independent Living Movement*

# **EFFECTIVE RURAL OUTREACH**

A National Conference

## **Participant's Manual**

**July 16-17, 2001**

### **Contributors to the training materials:**

Carri George  
Dawn Heinsohn  
Kristy Langbehn  
Rawewan Buppapong  
Garry Owens  
Liz Sherwin

Richard Petty  
Anne-Marie Hughey  
Darrell Lynn Jones  
Linda Gonzales  
Tom Seekins

© 2001 IL NET, an ILRU/NCIL Training and Technical Assistance Project

ILRU Program

2323 S. Shepherd Street  
Suite 1000

Houston, Texas 77019

713-520-0232 (V)

713-520-5136 (TTY)

713-520-5785 (FAX)

ilru@ilru.org

<http://www.ilru.org>

NCIL

1916 Wilson Boulevard  
Suite 209

Arlington, Virginia 22201

703-525-3406 (V)

703-525-4153 (TTY)

703-525-3409 (FAX)

1-877-525-3400 (V/TTY - toll free)

ncil@ncil.org

<http://www.ncil.org>

Permission is granted for duplication of any portion of this manual, providing that the following credit is given to the project: ***Developed as part of the IL NET: an ILRU/NCIL National Training and Technical Assistance Project.***

***IL NET is funded through a special provisions cooperative agreement with the U.S. Department of Education, Rehabilitation Services Administration, Agreement No. H132B99002.***

# Effective Rural Outreach A National Conference

## Participant's Manual Table of Contents

|   |             |
|---|-------------|
| Agenda.....   | <i>i</i>    |
| About the Trainers.....   | <i>iii</i>  |
| List of Trainers and IL NET Staff .....                           | <i>v</i>    |
| About ILRU.....   | <i>vii</i>  |
| About NCIL.....   | <i>vii</i>  |
| About IL NET.....   | <i>viii</i> |
| <br>  |             |
| Learning objectives .....   | 1           |
| Center for Independent Living:<br>Rural & Urban Distribution..... | 2           |
| Addressing Cultural Barriers .....                                | 7           |
| Elements of Outreach.....   | 9           |
| Planning Worksheet .....  | 15          |
| Addressing Community Barriers.....                                | 18          |
| <br>  |             |
| Resources   |             |
| Statewide Independent Living Council of Illinois                  |             |
| Appendix A.....   | 40          |
| Appendix B.....   | 59          |

# Effective Rural Outreach

## AGENDA

### Monday, July 16

- 9:00 – 9:05 Welcome and Introductions
- 9:05 – 9:35 Ice Breaker
- 9:35 – 9:45 Overview of Training  
Expected Outcomes/Ground Rules
- 9:45 – 10:30 Addressing Cultural Barriers to Outreach – Panel Discussion
- 10:30-10:45 Break
- 10:45-11:45 Addressing Cultural Barriers to Outreach continued  
Exercise – What is it that ties us together?
- 11:45 – 1:15 Lunch on Your Own
- 1:15 – 1:45 Open Discussion – Cultural Barriers, Success Stories and Other Issues
- 1:45 – 2:45 Addressing Community Barriers – Panel Discussion
- 2:45 – 3:15 Open Discussion – Community Barriers, Success Stories and other issues
- 3:15 – 3:30 Break
- 3:30 – 4:00 Introduction to Effective Outreach Planning
- 4:00 – 5:00 The Who, What, Where, How of Outreach - Breakout Groups

## **Tuesday, July 17**

- 9:00 –10:00 Group Reports from Day One’s activity
- 10:00-10:15 The Tools: Principles of Effective Planning
- 10:15-10:30 Break
- 10;30-12:00 Writing an Outreach Plan – Breakout Groups
- 12:00 –1:30 Lunch on Your Own
- 1:30 – 2:30 Group reports
- 2:30 – 3:00 Putting Wheels to the Plan

## About the Trainers

### **Linda Gonzales**

is the Executive Director of the Association of Programs for Rural Independent Living and a longtime advocate in the field of independent living and disability rights. Currently she coordinates the APRIL Rural Transportation initiative. Ms. Gonzales, is a former director of a rural CIL in New Mexico, and has spent the past seven years as an IL consultant and trainer. She is a member of the Ohio SILC and of the Advisory Committee to the Director of the National Center for Environmental Health. She has a masters degree in education from California State University at Northridge.

### **Garry Owens**

has been the Executive Director of the Red Rock Center for Independence in Saint George Utah since November 1997. Garry received a Traumatic Brain Injury in December of 1982, while working in the oilfields of Northern New Mexico. Through his experiences in his personal rehabilitation he learned a greater respect for the things in life that mattered the most. He gained a new appreciation for the needs of others and a realization that nothing changes for the better if no one makes an effort to see that positive change happens. Garry has been an advocate for persons with a disability, including himself, for almost 20 years.

### **Tom Seekins**

is Director of the Research and Training Center on Rural Rehabilitation at the University of Montana and Director of Research for the Rural Institute on Disabilities. He received his Ph.D. from the University of Kansas in 1983. He has been involved in disability research and service for over 25 years - emphasizing issues of consumer advocacy, rural health and disability, self-employment, independent living center services, rural transportation and housing, disability among American Indian tribes and reservations, and rural economic and community development. He has published extensively in professional literature, presented reports of his work to numerous national, regional, state, and local organizations, and provided technical assistance to state and local programs. He serves as President of the American Association on Health and Disability and has recently served as President of the National Association of Rehabilitation Research and Training Centers.

**Liz Sherwin**

has been employed by the Illinois-Iowa Center for Independent Living (IICIL) since 1988 and is the Executive Director. Ms. Sherwin is currently president-elect for the Coalition of Citizens with Disabilities in Illinois and a board member of Association of Programs for Rural Independent Living (APRIL). Ms. Sherwin developed a plan to improve services for “unserved and under-served” that addressed urban and rural communities with significant African-American and Hispanic population. The IICIL was awarded an ILRU recognition for Outstanding Rural Outreach Services in 1992. ILRU, again in 2000, recognized the Center for outreach services to people who are deaf and hard of hearing. She served as a member of the Illinois Statewide Independent Living Council (SILC) Outreach committee and helped draft their plan for serving un-served and under-served populations. Liz conducts community training on the ADA and other legislation that protect the rights of people with disabilities and has been a national presenter on outreach to un-served and under-served populations.

# Effective Rural Outreach National Conference

## Trainers

### **Linda Gonzales**

Executive Director  
Association of Programs for Rural Independent Living  
5903 Powdermill Road  
Kent, Ohio 44240  
330-678-7648 (V)  
330-678-7658 (FAX)  
LGonz21800@aol.com

### **Garry Owens**

Executive Director  
Red Rock Center for Independence  
515 West 300 North, Suite A  
St. George, Utah 84770  
435-673-7501 (V)  
435-673-0178 (TTY)  
435-673-8808 (FAX)  
gowens@rrci.org

### **Tom Seekins, PhD**

Director  
Research and Training Center on Rural Rehabilitation, and  
Director of Research  
Rural Institute on Disabilities  
University of Montana  
52 Corbin Hall  
Missoula, Montana 59812-7056  
406-243-2654 (V-direct line)  
406-243-5467 (V & TTY)  
406-243-2349 (FAX)  
ruraldoc@selway.umt.edu

### **Liz Sherwin**

Executive Director  
Illinois/Iowa Center for Independent Living  
P. O. Box 6156  
Rock Island, Illinois 61204-6156  
309-793-0090 (V/TTY)  
309-283-0097 (FAX)  
execdirector@iicil.com

## IL NET STAFF

### ILRU

**Lex Frieden**  
Executive Director  
[lfrieden@ilru.org](mailto:lfrieden@ilru.org)

**Richard Petty**  
Program Director  
[repetty@compuserve.com](mailto:repetty@compuserve.com)

**Laurel Richards**  
Training Director  
[lrichards@ilru.org](mailto:lrichards@ilru.org)

**ILRU Program**  
2323 S. Shepherd  
Suite 1000  
Houston, TX 77019  
713-520-0232 (V)  
713-520-5136 (TTY)  
713-520-5785 (FAX)  
[ilru@ilru.org](mailto:ilru@ilru.org)  
<http://www.ilru.org>

**Laurie Gerken Redd**  
Administrative Coordinator  
[lredd@ilru.org](mailto:lredd@ilru.org)

**Carri George**  
Publications Coordinator  
[cgeorge@ilru.org](mailto:cgeorge@ilru.org)

**Dawn Heinsohn**  
Materials Production Specialist  
[heinsohn@ilru.org](mailto:heinsohn@ilru.org)

### NCIL

**Anne-Marie Hughey**  
Executive Director  
[hughey@ncil.org](mailto:hughey@ncil.org)

**NCIL**  
1916 Wilson Boulevard  
Suite 209  
Arlington, VA 22201  
703-525-3406 (V)  
703-525-4153 (TTY)  
703-525-3409 (FAX)  
1-877-525-3400 (V/TTY -  
toll free)  
[ncil@ncil.org](mailto:ncil@ncil.org)  
<http://www.ncil.org>

**Kristy Langbehn**  
Project Logistics Coordinator  
[kristy@ncil.org](mailto:kristy@ncil.org)

**Darrell Lynn Jones**  
Training Specialist  
[darrell@ncil.org](mailto:darrell@ncil.org)

**Rawewan Buppapong**  
Project Assistant  
[toony@ncil.org](mailto:toony@ncil.org)

## **ABOUT ILRU**

The Independent Living Research Utilization (ILRU) Program was established in 1977 to serve as a national center for information, training, research, and technical assistance for independent living. In the mid-1980's, it began conducting management training programs for executive directors and middle managers of independent living centers in the U.S.

ILRU has developed an extensive set of resource materials on various aspects of independent living, including a comprehensive directory of programs providing independent living services in the U.S. and Canada.

ILRU is a program of TIRR, a nationally recognized, free-standing rehabilitation facility for persons with physical disabilities. TIRR is part of TIRR Systems, a not-for-profit corporation dedicated to providing a continuum of services to individuals with disabilities. Since 1959, TIRR has provided patient care, education, and research to promote the integration of people with physical and cognitive disabilities into all aspects of community living.

## **ABOUT NCIL**

Founded in 1982, the National Council on Independent Living is a membership organization representing independent living centers and individuals with disabilities. NCIL has been instrumental in efforts to standardize requirements for consumer control in management and delivery of services provided through federally-funded independent living centers.

Until 1992, NCIL's efforts to foster consumer control and direction in independent living services through changes in federal legislation and regulations were coordinated through an extensive network and involvement of volunteers from independent living centers and other organizations around the country. Since 1992, NCIL has had a national office in Arlington, Virginia, just minutes by subway or car from the major centers of government in Washington, D.C. While NCIL continues to rely on the commitment and dedication of volunteers from around the country, the establishment of a national office with staff and other resources has strengthened its capacity to serve as the voice for independent living in matters of critical importance in eliminating discrimination and unequal treatment based on disability.

Today, NCIL is a strong voice for independent living in our nation's capital. With your participation, NCIL can deliver the message of independent living to even more people who are charged with the important responsibility of making laws and creating programs designed to assure equal rights for all.

## ABOUT THE IL NET

This training program is sponsored by the IL NET, a collaborative project of the Independent Living Research Utilization (ILRU) of Houston and the National Council on Independent Living (NCIL).

The IL NET is a national training and technical assistance project working to strengthen the independent living movement by supporting Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs).

IL NET activities include workshops, national teleconferences, technical assistance, on-line information, training materials, fact sheets, and other resource materials on operating, managing, and evaluating centers and SILCs.

The mission of the IL NET is to assist in building strong and effective CILs and SILCs which are led and staffed by people who practice the independent living philosophy.

The IL NET operates with these objectives:

- Assist CILs and SILCs in managing effective organizations by providing a continuum of information, training, and technical assistance.
- Assist CILs and SILCs to become strong community advocates/change agents by providing a continuum of information, training, and technical assistance.
- Assist CILs and SILCs to develop strong, consumer-responsive services by providing a continuum of information, training, and technical assistance.

# EFFECTIVE RURAL OUTREACH

Denver, Colorado – July 16, 17, 2001

**Purpose of Training:** To provide information, tools and strategies that will assist CILs and SILCs in developing effective strategies for outreach in rural areas.

## **Learning Objectives:**

Participants will be able to:

- 1) Identify effective methods for outreach to unrepresented and underrepresented populations;
- 2) Describe and respond to cultural differences which influence how people with disabilities participate in and benefit from independent living services;
- 3) Create ways to network with agencies, governmental units, consumers, funders, and other interested parties;
- 4) Structure and manage programs more effectively to respond to service, funding, distance, and attitudinal barriers;
- 5) Develop a long-range plan to meet current and future needs.

# **CENTERS FOR INDEPENDENT LIVING: RURAL & URBAN DISTRIBUTION**

## Background

How well are we serving individuals with disabilities in rural areas? In March 1999 the Research & Training Center on Rural Rehabilitation published some interesting data which sheds light on this question. Here is an excerpt from that article:

**RTC Rural  
RURAL FACTS, March 1999**

### **CENTERS FOR INDEPENDENT LIVING: RURAL & URBAN DISTRIBUTION**

RTC: rural Staff often encounter questions about rural centers for independent living (CILs) that are surprisingly difficult to answer:

**“How many rural CILs are there?”**

**“Where are they located?”**

**“Are there enough rural CILs?”**

**The answers depend on how you define a “CIL,”  
and how you define a “rural” program.**

Our research indicates that there is a total of 336 centers for independent living scattered across the nation. Title VII of the Rehabilitation Act funds many—but not all—of them. Federally-funded CILs typically receive funds from several other sources as well. All 336 meet the standards for CILs....

**We’ve counted eighty-eight CILs that are located in non-metropolitan counties.** We know that many metropolitan CILs also provide services to non-metropolitan, rural areas. Research Triangle Institute’s (RTI’s) study showed, however, that a vast majority of a typical CIL’s consumers live in the county where the program is located.

If most consumers live in the county where their CIL program is located, outreach programs become more important. Many CILs operate “subordinate offices” (satellites, branch offices, outreach offices, and others) which extend the reach of their advocacy and services. Table 1 defines each type of subordinate office or program.

| <b>Table 1<br/>CIL Subordinate Offices or Programs:<br/>Four Types That Extend the Reach of Advocacy and Services</b> |  |
|---|--|
| <b>Satellite</b>  | Sometimes called “mentored centers”, these meet all CIL criteria, but share a board of directors with the main CIL.  |
| <b>Outreach</b>   | Fiscally and administratively part of another CIL and has a staff person in the local community less than half-time. |
| <b>Branch</b>   | Fiscally and administratively part of another CIL and has a staff person in the local community at least half-time.  |
| <b>Other</b>  | Unique or unclassifiable programs/offices, frequently in rural communities.  |

.... We have found a total of 278 [subordinate offices and programs] to date.

Are there enough CIL programs to provide advocacy and other services to all those who might find them useful—in all areas of the United States?

One way to address this question is to look at how centers and subordinate programs/offices are distributed across three types of counties. A **city** CIL may target subordinate programs and offices in areas of the city with a minority population, or may cover a suburban area. Its subordinate programs/offices may also be located in non-metropolitan, rural counties surrounding the city.

Subordinate programs and offices operated by CILs in **non-metropolitan** counties are almost always designed to serve areas that are even more rural and remote. These may also serve minority populations (for example, a subordinate program located on tribal lands).

Table 2 shows estimates of how the 336 CILs and their subordinate programs and offices are distributed across three types of counties:

**Table 2**  
**Distribution of CIL and Subordinate Programs by County Type**

|   | <b>Metropolitan<br/>County</b> | <b>Non-Metropolitan<br/>County Adjacent to a<br/>Metropolitan County</b> | <b>Non-Metropolitan<br/>County, Non-Adjacent<br/>to a Metropolitan County</b> |
|---|--------------------------------|--|---|
| <b>Main CIL Offices</b>                                   | 248                            | 33   | 55  |
| <b>Subordinate<br/>Program or Offices</b>                 | 111                            | 47   | 87  |
| <b>Total Counties*</b>                                    | 835                            | 1003   | 1303  |
| <b>Counties per Main<br/>Centers</b>                      | 3.4                            | 30.4   | 23.7  |
| <b>Counties per<br/>Subordinate<br/>Program or Office</b> | 7.5                            | 21.3   | 15  |
| <b>Overall Ratio of<br/>Counties per CIL<br/>Site</b>     | 2.3                            | 12.5   | 9.2   |

\*Note: "Total Counties" equal the national count for each county type: 835 metro + 1003 non-metro adjacent + 1303 non-metro, non-adjacent = 3141 total counties. We lack complete data for some main CILs and many subordinate offices; therefore counts of "counties covered" or "counties served" are incomplete. Our best estimates appear in our submitted manuscript (see References). Data for subordinate offices are less complete than that for main offices. A higher proportion of subordinate offices are in non-metro counties, so figures based on data received to date exaggerate the rural deficit.

Another way to determine whether there are enough CILs to serve rural areas is to examine the distribution of people receiving CIL services. As we mentioned, the RTI study found that most of a CIL's consumers live in the county where the CIL is located. Although CIL advocacy efforts can have wide-ranging effects, our research shows that rural residents with disabilities are still under-served when compared to urban consumers. If we look at the data on the *total number of people who potentially might benefit from independent living services* (those with severe disabilities), even urban people with disabilities appear to be under-served.

Table 3 shows our estimates of: 1. Counties in which CIL services are actually provided; 2. The number of people actually receiving services; 3. The population of people with disabilities who might benefit from services; and 4. Relevant ratios.

**Table 3**  
**Estimates of the Population Receiving CIL Services and Those that are Under-Served**

|  | Metro      | Non-Metro Adjacent | Non-Metro, Non-Adjacent |
|--|------------|--------------------|-------------------------|
| <b>Counties Served</b>   | 672        | 444                | 780                     |
| <b>People Receiving Services</b>                                 | 188,893    | 7,511              | 15,783                  |
| <b>People with Severe Disabilities</b>                           | 19,182,047 | 3,309,889          | 2,704,848               |
| <b>Ratio of People Served to People with Severe Disabilities</b> | .010       | .002               | .006                    |

In conclusion, the glass appears to be about half full. Although there are many CILs serving rural America, **nearly 40% of the country still has no access to services.** Neither urban nor rural areas have the capacity to meet the potential need for independent living services.

For more information, please contact us at:

**Research & Training Center on Rural Rehabilitation Services**  
 52 Corbin Hall \* The University of Montana \* Missoula, Montana 59812  
 (406) 243-5467 (V/TT) \* (406) 243-2349 fax \* (888) 268-2743 toll-free  
<http://ruralinstitute.umt.edu/rtrcrural/>

### REFERENCES AND RESOURCES

Tashjian, M. (1998). *Analysis of federally supported independent living programs; Final report.* Research Triangle Park, NC: Research Triangle Institute.

Seekins, T., Innes, W. & Enders, A. (1999). *A geographic analysis of independent living center services; Equitable distribution between urban and rural areas.* Missoula, MT: Research & Training Center on Rural Rehabilitation, University of Montana.

Seekins, T., Innes, W., Enders, A., & Hubbard, M. (1998). *RURALFACTS: Estimating the cost for achieving universal access to centers for independent living.* Missoula, MT: Research & Training Center on Rural Rehabilitation, University of Montana.

Independent Living Research utilization: <http://www.ilru.org>

Association for Programs in Rural Independent Living:  
<http://ruralinstitute.umt.edu/rtrcrural/APRIL/>

This RTC: Rural *Factsheet* was prepared by  
 Tom Seekins, Bill Innes, and Alexandra Enders.

|  |
|--|
| <p>This publication is funded by a grant from the National Institute on Disability and Rehabilitation Research, U.S. Dept. of Education (H133b70017-01). The opinions expressed are those of the authors and not those of the Department of Education.</p> |
|--|

# **ADDRESSING CULTURAL BARRIERS**

## **CULTURAL TIES**

[includes excerpts from the Illinois SILC manual: *Outreach Training Curriculum*]

**PURPOSE:** To stimulate thinking about what culture really is, both in general and with regard to disability specifically. Also to show how diversity can be our strength when we understand and respect these differences.

**INTRODUCTION:** As the demographics in the United States dramatically change, it is estimated that one of every four Americans is a person of color. With our activity of sharing our own heritage and customs relating to “Sundays as children (below),” we can see that diversity is a factor in each and every life situation in which we engage. In attempts to challenge and understand this diversity, and what it means in our lives and in our work as independent living advocates, there is a need to re-emerge and discuss terms such as diversity, cultural pluralism, and multiculturalism.

If, in fact, culture is defined as “the acquired knowledge that people use to interpret experience and to generate social behavior”...we can conclude that values, traditions, social and political relationships, and a world view shared by a group of people bound together by a number of factors that can include a common history, geographic location, language, social class, and/or religion are all elements of an individual with which we must become familiar, recognize, and factor into our relationships. We must also recognize that cultural development is not static, but rather an evolving process for each and every one of us. In our daily activities, and particularly outreach activities, the issue of diversity becomes very important. Not only are we dealing with individuals from a variety of backgrounds, we are also encountering individuals with an additional culture, in the minority—disability.

**DISCUSSION:** What is it that ties a culture together from your perception? Language, humor, experiences, geography, food, keepsakes, storytelling, music, rituals, clothing, customs.....?

### **What did you do on Sundays as a child?**

**GROUP EXERCISE:** Share with us how you spent your Sundays when you were a child.

**DISABILITY CULTURE:** What about disability as a culture? What are some of the common threads which “tie” people with disabilities together?

How do different cultural groups perceive and treat persons with disabilities within their culture?

**SUMMARY:** This exercise has provided us an opportunity to define culture, to relate to “disability culture” and also to help us understand that our diversity can be our strength when we understand and respect those differences.

# Elements Of Outreach

## **PRINCIPLES OF EFFECTIVE OUTREACH**

[includes excerpts from the Illinois SILC manual: *Outreach Training Curriculum*]

To do effective outreach, there are five elements that need to be addressed:

1. Identify un-represented and under-represented groups
2. Understand cultures and needs
3. Conduct marketing, public relations and networking
4. Do staff and board planning
5. Eliminate barriers (these include service, funding, distance, and attitudinal barriers)

### **Unrepresented and Underrepresented Groups**

The terms “unrepresented and underrepresented” have been chosen intentionally rather than the traditional social service terms of “unserved and underserved, which generally apply only to consumers/clients.” This choice was made for purposes of this training because CILs and SILCs have a philosophy of being inclusive at all levels of the organization: Board of Directors (or Council), staff, volunteers, and consumers. The independent living movement has a goal of changing the infrastructure of society as well as changing the lives of individual citizens. A simple language change such as this helps to keep the focus on the larger picture. It also acknowledges that CILs and SILCs see themselves as role models for the community they are trying to change. For example, consumers of services and advocacy may well consist of individuals with a broad diversity of disabilities, racial and ethnic backgrounds and other characteristics, but if the Board of Directors is limited to members from one racial group and one or two disability groups, that CIL is still not representative of the population in its area.

### **Who, What, When, How**

One simple tool for beginning the process of planning outreach, is to ask the following questions:

1. Who – Who do you outreach to?
2. What – What do you need to do to effectively outreach to them?
3. When – When should this process be completed?
4. How – How do you implement the plan?

## GROUP EXERCISES

EXERCISE #1: Identifying the Who, What, When, and How of the five Principles of Effective Outreach.

Participants will be broken into small groups. Scenarios will be chosen by lot. Using group process, answer the four Who, What, When, and How questions in relationship to the scenario chosen.

The four scenarios are: [to be determined from class discussion, these are issue based, such as transportation, housing, whatever, whatever.]

- 1.
- 2.
- 3.
- 4.

PURPOSE: To develop skills in answering key questions before beginning the planning process.

GROUP LEADER: As a group leader, please accomplish the following:

Step 1: Introductions (1 min)

Step 2: Identify volunteers for team positions (2 min)

Group leader (lead discussion based on outline)

Recorder (list information on flip chart)

Reporter (presents group report to full group)

Step 3: Review scenario and what we hope to accomplish and answer any questions. (1 min)

Step 4: Areas to cover (36 min)

- a) Who do you outreach to?
- b) What do you need to do to effectively outreach?
- c) When should this process be completed?

d) How do you implement the plan?

Record on flip chart things a successful plan would have in each of the four areas listed.  
Review information with reporter.

Step 5: Report out to main group (2-3 minutes)

## **EFFECTIVE OUTREACH**

**1. Who – Who do you outreach to?**

**2. What – What do you need to do to effectively outreach to them?**

**3. When – When should this process be completed?**

**4. How – How do you implement the plan?**

## EXERCISE #2: Writing an Outreach Plan

Participants will break out into the same groups of people as before.

**PURPOSE:** To develop skills in writing a plan.

**GROUP LEADER:** Using the Planning Forms distributed to your group, develop a list of desired outcomes, objectives, and activities for each of the five Principles of Effective Outreach, in relation to the independent living issue your group worked on earlier.

# Planning Worksheet

## PLANNING WORKSHEET

To do effective planning with regard to an independent living issue, it is necessary to build a comprehensive package which addresses each of the five Principles: Identify the Unrepresented and Underrepresented; Understand Cultures and needs; Conduct Marketing and Public Relations; Staff and Board Planning; and Eliminate Barriers. First determine the outcome (goal) which you would like to achieve by discussing "Who will we outreach to?" and "What is the outcome we will expect.?" Second, answer the question "What do we need to do to effectively outreach to them?" which will determine your Objectives and list of activities. Then with each activity, determine your time line for completion and who will be responsible or how the plan will be implemented.

Goal: \_\_\_\_\_  
\_\_\_\_\_

Objective: \_\_\_\_\_  
\_\_\_\_\_

Activities:

| What will be done? | Who will do it? | By When? |
|--------------------|-----------------|----------|
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |

Objective: \_\_\_\_\_  
\_\_\_\_\_

Activities:

| <b>What will be done?</b> | <b>Who will do it?</b> | <b>By When?</b> |
|---------------------------|------------------------|-----------------|
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |

Objective: \_\_\_\_\_  
\_\_\_\_\_

Activities:

| <b>What will be done?</b> | <b>Who will do it?</b> | <b>By When?</b> |
|---------------------------|------------------------|-----------------|
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |

# **Addressing Community Barriers**

## EFFECTIVE RURAL OUTREACH *TIPS from the Field*

By Linda Gonzales

After spending two decades in the independent living field, I can say without hesitation, I have put my time in on the roads of rural America – primarily in the northern reaches of New Mexico. However, by comparison with today, my days of doing rural outreach were pre-historic. It was pre ADA, pre-cellular phones, pre- distance learning and satellite hook-ups, pre e-mail and Internet. It was simpler time in the mid 1980's. We rode circuit, much like the missionaries of a century earlier. One trip took us up the western slope of the Sangre de Cristo Mountains as far as the Colorado border. The other route saw us crossing the flat plains of eastern New Mexico, to the Texas state line. We traveled in pairs on those long three-day excursions and we packed our schedule with both day and evening events. We visited individual consumers, conducted support groups, held informational or disability awareness workshops, met with local citizen action groups, or trained a new crop of peer counselors.

We'd meet folks in local libraries, senior citizen centers, city hall, and churches. Over and over, wherever we went, we showed a ten-minute 16 mm film on our noisy reel-to-reel projector. It was an upbeat disability awareness film titled **It's a New Day**, and I never grew tired of it. There was no narration, only a song written and sung by Danny Deardorff about not feeling lonely and running horses and freedom. The music was a backdrop for a showcase of all the latest adaptive equipment and new devices to integrate people with disabilities into the community. From a gal ordering from a Braille menu at MacDonald's, to a physician whose wheelchair lifted him to standing height to view x-rays on a screen. It was action-packed, nonstop awareness -- a great icebreaker. It's my favorite, to this day.

We braved snow blizzards on mountain roads, sunk our car wheels into a foot of mud on a pueblo, ate fry bread and calavacitas with local families and were privy to some of the most breathtaking landscape on earth. (No, I never spotted a UFO, or heard the famous hum in Taos.)

As years passed and I moved into the director position of my CIL, it always seemed that getting staff out of the office and on the road was a constant struggle. But we did it. We trained peer counselors, wrote employment grants to vocational rehabilitation to help find people jobs, worked with a church to get funding for a lift-equipped van. We even opened satellite offices for a time in Taos and Raton.

I know about rural outreach from experience and the following tips are from others like myself. They're not researchers or consultants, but they are the experts. And there are many more like them -- experts at rural outreach who don't necessarily think they are doing anything special. This information does not intend to be all-inclusive, nor is it

gathered by any other means than word-of mouth. These are the folks who responded with their ideas to share . . . from the field.

If this information inspires you to want to contribute your input, I invite you to join APRIL's rural independent leadership mentoring list serve at [LeadershipIL@ruralinstitute.umt.edu](mailto:LeadershipIL@ruralinstitute.umt.edu)

## TIPS FROM THE FIELD:

---

These are things I can think of right now. I don't know if they are especially new.

Hire and train culturally appropriate people (I am using retired school teachers - low vision specialists - to do our OIB work).

- Build a relationship with members of the group to be served *prior* to offering to provide the services.
- Ask consumers to help you. They may have extensive contacts.
- Show local governmental leaders how you are bringing money into their area.
- Appear at and participate in local functions, always with one or more consumers. Show -- don't tell.
- When you need something done locally, find a way to get people involved through them giving you something that they *do not* need and you *do* need or have a use for, such as old eye glasses, hearing aids, printer cartridges, etc. Be sure to show how these items fit into the bigger picture and how important they are to you.
- Always write notes of appreciation or thanks.

Evelyn Tileston  
Independent Life Center, Inc.  
Craig, Colorado

Although I am now at a mostly urban CIL, I have worked at rural CILs in Virginia and New Mexico. Finding people with disabilities is the toughest part of outreach. You need something to draw them out. In Virginia, Title VII, Part B money was available for assistive technology and home modifications. We found quite a few people who had needs that we could meet. In Kansas and Missouri, the Medicaid Home and Community-based Waiver programs have attracted hundreds of new consumers of IL services. It's a bit of a cliché but "Build it and they will come."

David Robinson  
The Whole Person  
Kansas City, Missouri

## **OUTSTATIONING**

*Congratulations to Garry Owens for his recent recognition of an “innovative program” by the IL Net. Here is the description of his rural outreach program.*

The Red Rock Center for Independence is faced with serving over 34,000 square miles of Rural Utah. A limited budget and sparse community resources would not support a satellite office. It took four hours to reach some of the vast service area during good weather making it unrealistic to serve them from the St. George, Utah main office. The needs were evident and the limits were overwhelming. With a budget of \$35,000 it was decided that we would have to prioritize what was needed in order to more efficiently serve the northern part of our service area. It was decided that we would create a new method for serving the areas from the local area. The job description was written to identify the priority needs of the area and the people. The budget could not support an office so it was determined that the office would not be in a fixed location. There would not be a phone line, desk or desktop computer. In fact we would establish a mobile office.

### **Creating Outstationing**

The Center purchased a laptop computer, a cell phone and established a budget for reimbursement of mileage. First, one and eventually two positions were hired in two different communities in the rural areas. Each position was hired looking for unique characteristics to serve the diverse communities. Training routines were established to assure the IL philosophy was maintained and routine monthly meetings are held in St. George to continue the training. Outstation staff connects weekly by conference call for staff meetings to maintain some connection and team building. An Outreach Committee was developed including the Outstationed Staff, a board member and two consumers in order to continue the innovation through brainstorming, goal setting, planning and evaluation.

### **Outcomes**

Outstationing Staff are working in the field. Reporting is accomplished with email, faxes and phone calls. Computers are backed up and sent to the office for filing and support documentation reinforcement. All forms and report formats are kept on the hard drives of the Outreach computers for ease of access and are emailed in including: request for reimbursement, time sheets, monthly mileage logs, postage logs, contact logs, vacation request, etc. Monthly, Outreach staff meet at the office for two days in order to catch up filing, staff meeting, ongoing training, goal review and committee meetings. Annually staff meet somewhere in the service area to "Refresh". We review our Mission and Vision Statements, revisit the highlights of the previous years goals and accomplishments and set new goals for the coming year through a facilitated brain storming. This meeting helps us all re-familiarize with each other.

The Outreach has created greater opportunities to connect with people and their communities. The positions that we hired in the communities have established

reputations as locals making networking and advocacy more consistent and much more effective. We have had increased opportunity to seek funding supports from the local county commissions. Two counties send us a check each month to assist us with mileage reimbursement. Local programs, schools and businesses are more supportive of our outreach efforts. We have increased our communications with vocational rehabilitation programs in the outer areas. We contract with the Agrability programs to provide referral for people with disabilities in the agricultural setting. We are able to sit on Local Interagency Councils as representatives to people with disabilities. Nursing home Ombudsmen identify us as a mediator for cases they find too hot to handle. We are under contract with the Department of Health to provide alternative options presentations in the Medicaid long term care facilities and swing bed programs, we do the others for free.

Garry Owens  
Red Rock Center for Independence  
St. George, Utah

Maybe this would be of some help. I proposed to the mayor about starting a Mayor's Council on Disability. We would work on ADA compliance, be a clearinghouse on available resources, information and referral, etc. The mayor went for it. Good thing it is an election year! Ha! Anyway, maybe it would be helpful if each community would propose this to their various mayors and boards of supervisors. It would certainly get the word out and help with public education. Oh, and by the way, the mayor liked it so much that he told me since it was such a good idea, that I could put the council together. Big task, but lots of good experience.

Rae Mathis  
LIFE  
Ripley, Mississippi

I have some ideas that are pretty basic but they worked for me both in Texas/Arkansas and in Hawaii where I did outreach. First I educated myself about the culture/ethnic background of the people I was outreaching to. Hawaii had a lot of different cultures but I took the time to get a basic understanding about things like whether it was a male or female-dominated society and what the roles were. I learned the difference between Chinese, Japanese Samoan, Phillipino and Vietnamese. In order to help the disabled community that were Samoan, for example, I needed to go through the community leader or chief.

In Texas/Arkansas one of my job duties was to educate law enforcement officers about domestic violence. I rode with them; I ate with them; I even went to their club shooting gallery and I got to know where they were coming from. Slowly I introduced what a shelter could do for victims of domestic violence. I never dressed above any of them. I wore jeans in Texas/Arkansas and ratted my hair and looked like all of the other women in Texas who had big hair. I wore muumuus in Hawaii when appropriate. I dressed with clothing that had sleeves and went below my knees when I worked in and around the BYU Laie because it was respectful. I sampled food that was placed in front of me because it was respectful. (I refused to eat chicken feet or anything that wasn't dead yet). But the point I am trying to make is my programs were successful because I took the time and effort to understand the people I was there to help. I needed to be creditable before I was accepted.

My program in Hawaii was supposed to peak after three years because I was supposed to have reached a saturation point. Well Hello, this is year 7 and the numbers continue to grow. My predecessors have followed my lead and now have Guam and Saipan in addition to Hawaii. They have taken their time to understand and slowly introduce themselves into the community.

Anyway these are things I have done and done very well in rural outreach. I hope they are of use to you.

Sandi Meehan  
Ogden, Utah

When I do outreach in rural Nebraska, I try to respect the area I am in. For example, in many ranch and farm areas, wearing a suit would really cause a little distrust. When I visit small communities, I wear jeans and other casual wear. As a person who was raised on a farm, I know that talking about agriculture business and talking from knowledge really gets a foot in the door. I watch the farm markets closely, and I am not afraid to walk in mud.... (which sometimes one has to do). So I always gain their trust by talking about things that concern them, and they know I understand their culture and living situation. People in rural Nebraska are very self reliant and proud people, so reaching out for help is a difficult process for them. Once they trust you and feel that you are genuine, they are open to a lot situations.

John Cleech  
CIL of Grand Island, Nebraska

Our staff doesn't think they are innovative, but they have found the best way to spread information is through the usual small community channels: visit with the postmaster, barber/beauticians, church councils, civic groups and the sale barn/grain elevator. Staff believe that it is our consumers themselves who get the word out the best. Hope this helps.

Audrey Schremmer-Philip  
Three Rivers Inc.  
Wamego, Kansas

([Special thanks to John Nousaine who gave an extensive description of his rural outreach efforts])

North Country Independent Living serves 8 rural counties in northwest Wisconsin. Rural CIL's have unique challenges in serving large isolated service areas. To insure providing a reasonable level of service throughout the service area, North Country has developed the concept of "geographical diversity". It is basically a commitment to the entire service area expressed in operational procedures and activities. In North Country's Peer Evaluation of 1996, commitment to our entire service area was expressed as a strength of the agency with many of the following examples being cited as best practices.

***Board: Members from each county.***

North Country has a consumer-controlled board of 9 members -- at least one board member is from each county in the service area. Part of the role of the members is to ensure "their" county is getting adequate service.

***Rotating board meetings.***

Having board members from a diverse area limits the amount of time the board can meet so we have quarterly meetings. The meetings are held in different communities throughout the service area. Typically the board also meets 2-3 additional times via telephone conference.

***Staff/ Operations - Road Warriors***

North Country uses the generalist model of service delivery. For the most part, all staff provides all services in all parts of the service area. We all travel a lot. Since transportation is a major barrier, we go to the consumer because for the most part, they can't come to us. Cell phones have become an essential part of our operations.

***Offices***

The North Country main office is located in Superior Wisconsin in the northwest corner of the service area. Eight staff work out of this office. A branch office is located in Ashland (north central part of service area) staffed by 2 full time employees. A common lament of satellite offices is the lack of communication with the main office. This can lead to isolation and feelings of being undervalued. To combat this, we hold monthly staff meetings alternating between Ashland and Superior. We also team up staff with co-workers from either office and have staff work out of the other office on occasion. This leads to a sense of unity and increased communication. All staff have individual e-mail. Training and communication with other ILC's is also an important part of fighting the isolation factor related to rural IL.

***Targeted counties/itinerant offices***

North Country also has itinerant offices in certain communities and tribal lands as a result of focus groups conducted every few years in all counties. Based on the input received from these focus groups, we devise a plan to target certain counties for aggressive outreach. Typically in two counties we will find space at a Job Center, County

extension office, etc for no cost. We will staff it on a regular schedule with itinerant (based out of either the Superior or Ashland office) staff. While we have always traveled to meet with individual consumers, this approach has given the agency more exposure. After a year we are more likely to be remembered and calls increase from consumers and the community in general. We also have had goals related to attending county board meetings and tribal council meetings.

### ***Budget***

True geographical diversity is expensive. Our travel budget is extraordinary. We spend at least \$5000 per staff position on travel.

### ***Tribal communities***

North Country has 5 reservations within our service area. Outreach to these communities is different than other isolated communities in our service area because they are sovereign nations or separate governments. We are fortunate to have past and present board representation from some of these communities. We are more fortunate to have past and present staff members who belong to these communities. Because of the connections and reputation of these staff members the tribal communities are using North Country more and more. These relationships have allowed us to open a branch office (using itinerant staff) at LCO. We have been able to build on this and establish scheduled visits to other Tribal communities.

The Native American staff assist us with advice and training about cultural issues as well as how to deal with another government (the sovereign tribe). A past North Country staff is now the director of the 121 Vocational Rehab program at LCO. LCO is purchasing transition services from North Country. North Country was able to assist with the formation of the United Coalition of Native Americans with Disability Concerns, a Native American-controlled and consumer-controlled organization.

Our involvement with the Native American communities in northwest Wisconsin has allowed North Country to become more accepted and effective at serving Native American consumers. The Native American communities have been able to find out more about disability related issues and develop more services due to an association with North Country.

John Nousaine  
North Country CIL  
Superior, Wisconsin

## **Ten Secrets of Success for a Rural Independent Living Center**

1. Become involved in local politics.
2. Have employees who live in the area that they work in. (Not who drive out from an urban area.)
3. Drive a vehicle that can't get stuck in the mud, can tow another vehicle and cross over large boulders without needing repairs.
4. Transportation is everyone's Problem. Be a solution when you can.
5. Learn who the big fish in the pond are. They are important to befriend.
6. It is OK to bemoan to other rural folks about rural life, but never OK to bemoan it to anyone else.
7. Be more of a value to the community you serve than a drain on their resources.
8. Invite the community to your home. They probably have the key anyway.
9. Remember that people in the community want the best for everyone. Help them achieve that goal.
10. The members of this community will attend your funeral; only you have the power to decide if they cheer or cry at the event.

Mary Holloway  
Resource Center for Independent Living,  
Osage City, Kansas

## Quad City Deaf and Hard of Hearing Youth Group:

Tomorrow's Leaders for Our Community

*Reprinted from "Readings in Independent Living" November 2000 issue by Susan Sacco, Community Advocate; and updates by Liz Sherwin, Executive Director at the Illinois/Iowa Center for Independent Living, Rock Island, IL.*

When approached by educators in their region about the need for social and recreational opportunities for young people who were Deaf and hard of hearing, staff of the Illinois/Iowa Center for Independent Living collaborated with other agencies to sponsor the Quad City Deaf and Hard of Hearing Youth Group.

IICIL staff sees this program as a way to develop young leaders for the movement. Emphasis is given to providing opportunities for members of the youth group to develop skills in planning and organizing activities.



### THE PROBLEM

The Quad City Metropolitan Area encompasses six counties that Illinois/Iowa Center for Independent Living (IICIL) serves. These six counties—three in Illinois and three in Iowa—are divided by the Mississippi River. The river often has posed a barrier for people seeking services, programs, or education. **Regardless of the short distance between one county in Illinois and another in Iowa, there is little or no collaboration between agencies and schools.**

In the past, programs for the hearing impaired focused on providing opportunities to limited number of deaf and hard of hearing students. Some programs were lucky to have strong parental support and involvement; however, others were not as fortunate. Over a period of time, the teachers and audiologists of these programs became frustrated and could not find the time and resources for social and recreational activities. The teachers and the parents recognized that their children needed help from outside sources to provide further growth experiences. Two local groups decided to work together to create such opportunities. **Both Illinois/Iowa Center for Independent Living and Self Help for Hard of Hearing (SHHH) are bi state groups,** and the river did not prevent them from working collaboratively to form the Quad City Deaf and Hard of Hearing Youth Group.

To begin this new project, the educators and audiologists from both Illinois and Iowa reached out to the IICIL and our local Quad City SHHH support group for help. A meeting was set up for these agencies, the teachers and audiologists of hearing impaired programs. We agreed that the IICIL, along with SHHH, would work to develop a youth group for junior and senior high Deaf and hard of hearing students. **The goal**

**was to provide not only recreational and social opportunities, but also positive role models and mentors.** We decided to recruit volunteers from the local Interpreter Training Program (ITP) as mentors. This would provide the ITP students with opportunities to interact, communicate and know young adults who are deaf and hard of hearing. Everyone was enthusiastic.

## **THE PLAN**

The first event was a meeting at a local church gym with pizza and pop. Parents came to meet the four leaders to discuss plans. Several teachers from the hearing impaired programs participated, and this was important to help students feel comfortable and secure. The plan was to have fun with “icebreakers,” as well as play volleyball and basketball. **The youth brainstormed ideas about activities, the name of the group, how often it should meet, future activities and how money could be raised. The kids and adults were excited and eager for the project to get off the ground.**

The Deaf and Hard of Hearing Youth Group was created for junior high and high school students in the hearing impaired programs in both Illinois and Iowa. The hearing impaired program has a coordinator from each state who works closely to set up this group. The coordinators are responsible for keeping their students and parents informed. I truly believe that the strength of the groups depend on the collaboration with the coordinators. They are more or less our vehicles to the students, as well as the parents. Without their efforts, my job would be much more difficult and time consuming.

**The leaders in charge of the youth group are three employees from the IICIL and the president of the local SHHH chapter.** I am hard of hearing and was mainstreamed in hearing schools; Tara, who is deaf, is a graduate of Gallaudet; and Amy Jo is deaf and a part-time instructor at our local Interpreter Training Program. All three of us communicate in sign language. Connie, the president of SHHH, is hard of hearing and does not sign. She was educated in mainstream schools and communicates by reading lips. **After our initial meeting with the educators from the hearing impaired programs, the four of us met several times to talk about goals and plans for this project.** This was indeed a challenge, as we each had our own daily job responsibilities and duties to carry out, while we were trying to plan, organize and develop this new project. I was very determined that the project would succeed because of my personal experiences feeling isolated as a student in a mainstream classroom.

**As leaders for this youth group, we know how important our own communication abilities and personal experiences with hearing loss are to the success of this project. We want the deaf and hard of hearing students to feel comfortable and also accept us as mentors.**

I remember a concerned student approaching me at one of our events, saying “I don’t know sign and read lips.” I immediately gave her reassurance that that was just fine and she would have no problems communicating with us. This is one of our goals with the

youth group, to ensure that any student, whether deaf or hard of hearing, will feel accepted and comfortable with their own communication mode.

At the same time, the teachers have expressed the goal that their deaf and hard of hearing students interact with deaf and hard of hearing adults to help them begin developing strong positive leadership skills. **We know that we need to be comfortable with our own hearing loss or deafness.** Ultimately, it is our goal that by doing this, we will show the youth positive images of adults who are deaf and hard of hearing.

In my own personal experience, it was not until I was in high school at a six week summer program for deaf and hard of hearing students, that I actually met another person like myself who reads lips. I remember that for the first time I felt here was someone else who experienced the same frustrations, challenges and isolation as a hard of hearing youth. Many of the students in the summer program shared similar stories about themselves, and we all established an instant bond—this is what I want the Quad City youth group to experience.

## **THE SUCCESS**

It is now eighteen months since our first meeting with the youth group. We have used the ideas that the students contributed in the brainstorming activity to help us plan regular outings. **We have played in a volleyball tournament, ice-skated at our local indoor rink, gone swimming and had a picnic at a park, had a hay rack ride and bonfire/wiener roast at a local farm, and had bowling night at a local bowling alley.** I have found that our bowling outings draw the largest number of students and they show a great deal of enthusiasm for this activity.

As a mini fundraiser we organized a basketball exhibition game with our local TV station. We were lucky to get donations of snacks, tee shirts and a practice space.

**We opened the basketball game to the general public. Until that time we had been a very private group, and we didn't know what to expect when we asked the community to become involved.** We were so thrilled with the support and awareness we found in our community that we plan for this game to become an annual event. Some of our graduating seniors who will be going off to college have said they will come back for the next game in order to hold onto our championship title!

## **THE BARRIERS ENCOUNTERED**

We are fortunate to have seen progress and success in the short time that we have operated this youth group. **Perhaps our biggest challenge is to keep the youth involved. We find that school sporting events and tournaments (several of our youth are athletes), school dances, school holidays and youth employment make the size of the group fluctuate.** Initially, some students feel too shy to come to our activities because they don't know anyone. Our solution is to encourage them to bring a

high school friend to the group. The visitor can be a hearing friend, and this makes it easier for the deaf and hard of hearing youth to feel comfortable and attend regularly.

**In the future, we plan to coordinate with the different school calendars in advance.**

By using these calendars as a guide, the leaders will plan regular events for the deaf and hard of hearing youth with fewer conflicts. Once this has been completed, copies of the planned calendar of events will be given to the youth in the fall. We hope this will provide more time for the youth to plan and work around events so that they can participate in all activities. The teachers have already informed us that students entering the junior high are very excited and eager to become a part of this youth group.

**Another obstacle is transportation for students who do not drive. Some parents are supportive and cooperate by providing transportation for their children as well as others in the group.** The adult leaders also recognized the transportation problems and were concerned about adequate insurance coverage for car pools. We have encouraged students to call us at IICIL if they have transportation difficulties and we will make the arrangements to provide them with a ride.

**Money also caused problems. In planning events, we are constantly looking for donations or discounts.** Often times, the adults will bring the refreshments and beverages or ask for donations from the youth. We do not have a funding source, so we try to keep costs at a minimum. **Both IICIL and SHHH have picked up tabs for the cost of printing flyers, postage and refreshments, which can be a challenge to our budget.**

The group leadership has changed during this time, and we are worried this will weaken the group. We lost two of our original leaders when they moved from the area, but we have been fortunate to add new faces. Several dedicated teachers show up for all events and provide support. It has also been good for us having a few college students from the local Interpreter Training Program, as they provide enthusiasm and friendships for our youth. In the future, we would like the local college students who are deaf and hard of hearing to join this group. It has been difficult to involve college students but we will continue to pursue this goal.

## **THE FUTURE VISION**

A new agency in our community has become involved with our youth group. **The Helen Keller Regional Center's local office has allowed one of their staff to be active in our youth group as a mentor.** We have been asked to host a mini workshop or conference for youth. Some topics that have been suggested are "Being a Strong Self-Advocate," "Preparing for College and a Career," "Dealing with Hearing Loss as a Teenager" and "Building Self Esteem." **We hope to explore grant and foundation opportunities for these educational events.**

The National Chapter Self Help for Hard of Hearing (SHHH) has written articles about the need for more positive mentor programs in our country today. Our very own centers

for independent living (CILs) also recognize the importance of peer mentors and good role models for people with disabilities. With those thoughts in mind, it is clear that deaf and hard of hearing youth groups should be formed in many communities. **Collaborating with local agencies that serve deaf and hard of hearing individuals as well as the local education programs is a starting place.** Working with parents and local communities will also bring about greater awareness of deaf and hard of hearing people.

Interestingly enough, teachers as well as our local Easter Seals Foundation have told us that there is indeed a need for another youth group, one for our younger deaf and hard of hearing students. We think that by using our current youth group as “young leaders” for the younger children, both groups will benefit. **We hope that within the next year we will be able to experiment and start a youth group for elementary school children.** We realize that it is so important for us to come together to provide these recreational and social opportunities for our young people. It is very apparent that youth need positive role models and mentors.

All too often, we forget that part of our responsibility as persons with a disability is that we do need to be role models for the younger generation.

## **SUMMATION AND OTHER OUTREACH ACTIVITIES**

The Illinois/Iowa Center for Independent Living has a tradition of providing innovative services to all people with disabilities including those who are deaf and hard of hearing in our community. The Quad City Deaf and Hard of Hearing Youth Group represents one of many programs offered.

### **Arts and Entertainment**

*Cosponsors fully accessible community plays with local theater and other groups:*

“Bedroom Farce”

Playcrafter’s Theater (February 2000)

“Dickens Christmas Carol” at Playcrafter’s Theater (November 2000)

### **Community Educational Workshops**

*Host workshops and forum on topics of interest to consumers that are fully accessible:*

Legislative Forums with Illinois and Iowa Elected Officials (December 1999)

Bridging the Gap in Dual-Diagnosis with Deaf and HOH Individuals (October 2000)

How to Use an Interpreter Workshop (April 2001)

“Chicken Soup for the Ear: Cochlear Implants-To Have or Have Not” (May 2001)

## **Community Events**

*Participate in or sponsor events that generate high community visibility such as:*

Fourth of July Parade – Edward V. Roberts Award 2000 winner was deaf and rode in a float designed to look like a TTY. (July 2000)

“Deafiville” a Community Thanksgiving dinner and Speaker (November 2000)

Silent Holiday dinner (December 2000)

Holiday Carnival at duck Creek Mall (December 1999 and 2000)

Valentine Party with Live Cupids (February 2001)

Deaf and HOH March Potluck and Speaker (March 2001)

## **Deaf Information Line and Newsletter**

Provides a 24 hour computerized information line to the deaf and hard of hearing about events and topics of interest. Consumers and the public are able to access the line after hours and leave messages for the Deaf Services/Independent Living Advocate.

## **Quad-Cities TTY Directory**

Publishes local TTY users (individuals and businesses) and other important numbers. It is printed every other year and available for a nominal fee of (\$5.00) per copy.

## **Sign Language Interpreter Program/24 hour**

Operates a fee for service interpreter program with 2 full-time staff and many fee-lance interpreters. Yearly requests exceed 2000 and generate over \$100,000 in annual revenue.

## **Sports and Recreational**

*Sponsor and co-host events which are recreational or social in nature:*

WQAD-TV 8 Terminators Vs Q C Deaf and HOH Youth Basketball Game (March 2000)

Quad City Mallard Kids Carnival (Q C Deaf and HOH Youth Group) (March 2001)

5<sup>th</sup> Annual Fishing Senior Fishing Derby (May 2001)

Deaf and Hard of Hearing Day at Six Flags Great America (July 2001)

## **TTY Distribution Site for the Illinois Telecommunication Access Commission**

Provides TTY's and training to residents of Illinois who are deaf and hard of hearing or have other voice related communication issues.

# Resources

# **The Statewide Independent Living Council of Illinois**

## **Outreach Training**

### **Appendix A**

## OUTREACH TRAINING CURRICULUM

### I. 9:00 - 9:10 am Overview - Ken Williams

Purpose of the Training: Provide information, tools, and strategies that will assist CILs in developing effective outreach strategies.

The expected outcomes for the training are:

- To discuss fears related to the implementation of the plan
- To understand the importance of outreach
- To show how intertwined it is with Independent Living philosophy
- To begin the process of using outreach strategies to help create positive change within your CIL
- To provide useful tools that can assist in the development of a plan
- To have everyone involved in the actual development of an outreach plan, and therefore illustrate how to develop an effective plan that is reflective of your respective service area.

**II 9:10 –9:55 am Lori Clark**

**Ice Breaker Exercise - Participants will be assembled at five tables.**

A. First, each person will be asked to introduce themselves, where does their family originate from (it could be another country or state depending on how extensive their family tree information is), and tell how you spent Sunday as a child.

Each person in the audience should get a chance to participate. As each person introduces themselves in this manner one of the members of the training team will locate the person's place of origin on a large world map.

Note: As the overview is concluding, an overhead should appear on the screen showing the three things that each person is to do during the Ice Breaker exercise. Additionally, each member of our training team will participate in the exercise.

Purpose: To allow each person to learn a little something about the other, to show the level of diversity within the group, and to show that there are similarities within the group as well (this will be accomplished by the 3rd step of the exercise).

**9:55 - 10:10 Cathy Holland**

**B-I. Following ice breaker the following question will be asked for audience participation:**

What is it that ties a culture together from your perception? (Language, humor, experiences, geography, food, keepsakes, story telling, music, rituals, clothing, customs, etc...)

After some of the participants are allowed to answer, these questions will be asked as follows:

What about disability (as a culture)?

How does different cultures perceive and treat persons with disabilities within their culture?

## B-II.

### CULTURE DEFINITIONS

#### **Introduction:**

As the demographics in the United States dramatically change, it is projected that by the turn of the century one of every four Americans will be a person of color. With our activity of sharing our own heritage and customs relating to "Sundays as children", we can see that diversity is a factor in each and every life situation in which we engage. In attempts to challenge and understand this diversity, and what it means in our lives and in our work as centers, there is a need to re-emerge and discuss terms such as diversity, cultural pluralism, and multiculturalism.

If, in fact, culture is defined as "the acquired knowledge that people use to interpret experience and to generate social behavior"...we can conclude that values, traditions, social and political relationships, and a world view shared by a group of people bound together by a number of factors that can include a common history, geographic location, language, social class, and/or religion are all elements of an individual with which we must become familiar, recognize, and factor into our relationships. We must also recognize that cultural development is not static, but rather an evolving process for each and everyone of us. In our daily activities, and particularly outreach activities, the issue diversity becomes very important. Not only are we dealing with individuals from a variety of backgrounds, we are also encountering individuals with an additional culture, in the minority, disability.

#### **Discussion:**

What is it that ties a culture together from your perception?

Summarize the comments i.e. Language, humor, experiences, geography, food, keepsakes, story telling, music, rituals, clothing, customs, etc.

What about disability as a culture...what are some of the common threads which "tie" people with disabilities together?

Summarize the comments i.e. common experience of similar disability, oppression, lack of sensitivity; barriers within the community, at home, work, and leisure activities, differences within one's own family, etc.

How do different cultures perceive and treat persons with disabilities within their culture?

Summarize comments....stimulate discussion from the cultural value sheets, if necessary

Summary:

This exercise has provided us an opportunity to define culture, to relate to "disability culture" and also to help us understand that our diversity can be our strength when we understand and respect those differences.

Purpose: To get the participants to think and talk about what culture really is both in general and disability specifically. To also show how diversity can be our strength when we understand and respect these differences.

### **III 10:10 - 10:30 Introduction - Ken Williams**

Provide a history of the development of the Plan and the role of the Outreach Committee.

#### **Introduction to the Outreach Plan**

I. The purpose of this workshop is not just to talk about outreach, but to provide information, create a meaningful dialogue and hopefully provide tools that will be helpful in developing effective outreach strategies.

#### **II Background**

In 1994, after examining Independent Living Annual Report Data on each CIL, it was discovered that 74% of the services CILs provided were provided in the county that the Center was located. This obviously meant also that only 26% of people were being served in outlying areas. As you can see, it did not take a great deal of insight to see that there was a major issue as it related to outreach.

With outreach as well as other issues in mind, the SILC decided to conduct a needs assessment to help determine who and where the unserved and underserved populations were. This was also done to determine expansion strategies for CILs.

So often when attending workshops and conferences relating to outreach, they seem to mostly work at the problems and why outreach is difficult, but very little focus was given developing strategies and tools necessary to effectively address outreach issues regardless of what type of community dynamics one had to address.

In looking at this issue, the SILC Outreach Committee, felt strongly that we need to stop giving lip services to this issue. Consequently, one and a half years ago we decided to expand the committee to include representations from CILs and other community organizations working with persons with disabilities statewide to start the process of drafting a plan that could be tailored to meet the needs of rural, urban and suburban communities.

With the collective input of the expanded community, it was determined that in order to do effective outreach, five elements need to be addressed:

1. Identify the unserved and underserved - and who they are will also be addressed
2. Understand cultures and needs
3. Conduct marketing and public relations
4. Staff and board planning
5. Eliminate barriers

Purpose: To provide a historical perspective and to reinforce the importance of the Plan.

### **10:30am - 15 minute Break**

#### **IV 10:45 - 12:00 pm**

The connection between Independent Living and Civil Rights - Ken Williams, Liz Sherwin, Bill Fielding

Bill Fielding (12 minutes)

- \* Give brief history of the Independent Living movement.

Liz Sherwin (20 minutes)

- \* Show how the Civil Rights movement influenced the Independent Living movement. (Do not use overheads when making impact statements or quotes)

Cathy & Ken ( 40 minutes)

- \* Identifying Our Leaders - show overhead pictures of important people in the IL movement. Then involve the participants by asking them who are their personal leaders/mentors.

Purpose: To identify known leaders and their impact on the IL movement and to also allow participants to identify and describe the contribution of people in the movement that they view as leaders who have impacted their lives.

Ken Williams (3 - 5 minutes)

- \* How outreach activities were instrumental in the success of the Civil Rights movement and how important it is to civil rights movements as a whole.

Purpose: To show why outreach is important to the true practice of Independent Living/philosophy and serving our whole community.

### **Noon - Lunch**

## **Distribute Outreach Manual**

Lori Clark      *Note: Colored object will be passed out in preparation for the following segment.*

### **V 1:15-1:30 pm State of the State of Outreach**

(Do not emphasize why CILs don't do outreach. Instead emphasize why CILs have difficulties)

Each person will go to the table consistent with their colored object. There will be five tables of participants.

Liz, Lori, Cathy (Liz does opening remarks)

A. With the assistance of corresponding overheads, the five elements of the Plan will be presented in detail as following:

- 1) Identifying the Underserved - Lori - 3 min.
- 2) Understanding Cultural Needs - Liz - 10 min.
- 3) Marketing, P.R. & Collaborations - Cathy - 10 min.
- 4) Staff and Board Planning - Lori - 10 min.
- 5) Eliminating Service Barriers - Cathy - 10 min.

Team facilitates

B. Once these five elements are presented, each breakout group will be given written and verbal instructions along with a scenario related to the element that the group is covering (each table will be numbered in accordance with the given element).

Each group will develop a list of outcomes related to the scenario. Each group will select a spokesperson to present the findings. A team member will be assigned to each group as a facilitator.

- 1) Identifying the Underserved - Ken - YELLOW
- 2) Understanding Cultural Needs - Liz - GREEN
- 3) Marketing, P.R. & Collaborations - Cathy - RED
- 4) Staff and Board Planning - Lori - ORANGE
- 5) Eliminating Service Barriers \_ Bill \_ BLUE

## **Scenario #1 - Ken Williams - Yellow**

### **Identifying the Unserved and Underserved**

Your Task:

Using some of the strategies identified, and the collective thoughts of your group, over the next 30 minutes answer the following questions:

1. Who - Who do you outreach to?
2. What - What do you need to do to effectively outreach to them?
3. When - When should this process be completed?
4. How - How do you implement the plan?

Your Situation:

You have a three county area with the CIL located in a city of 125,000 people. There are large Latino and African American communities located there as well. The city is surrounded by suburban communities and the remainder of the service area is predominantly rural.

In the city and suburbs, there are a number of services available such as community agencies, State VR offices, City Hall, NAACP Chapter, churches, etc. Outside of the city there are no transportation systems in place. When the Center conducted an analysis of its direct services data for the last three years, it found that over 90% of their consumers and 100% of its staff were Caucasian, and primarily from the city where the Center is located. The organization, including the Board of Directors, wants to drastically change this trend.

## **Scenario #2 - Liz Sherwin – Green Understanding Cultural Needs**

Your Task:

Using some of the strategies identified, and the collective thoughts of your group, over the next 30 minutes answer the following questions:

1. Who - Who do you outreach to?
2. What - What do you need to do to effectively outreach to them?
3. When - When should this process be completed?
4. How - How do you implement the plan?

Your Situation:

Lakeville County is projected to become increasingly multicultural over the next decade. In Lakeville, the county projections for all Latino groups (ie, Puerto Ricans, Mexicans, Cubans, etc.) indicate a growth of 34% in the next decade.

The Lakeville County area continues to consist of largely segregated communities. Latinos often live in isolation from the community at large. Many people with disabilities who are minorities having contact with service agencies in Lakeville County reported problems of specifically:

- negative racial attitudes;
- cultural differences;
- language difficulties; and
- feelings of being misunderstood.

The Board of Directors of the Lakeville Disability Rights Center for Independent Living believes their staff is not prepared to deal with the language and/or cultural differences. The Board of Directors has appointed a committee to develop a plan to implement appropriate methods of providing services and advocacy to these varied cultures.

## **Scenario #3 - Cathy Holland - Red Marketing and Public Relations**

Your Task:

Using some of the strategies identified, and the collective thoughts of your group, over the next 30 minutes answer the following questions:

1. Who - Who do you outreach to?
2. What - What do you need to do to effectively outreach to them?
3. When - When should this process be completed?
4. How - How do you implement the plan?

Your Situation:

A consumer from Cambodia has filed a grievance that your CIL brochure and newsletter are not available in her native language.

This information was distributed at a disability awareness workshop. Although this minority group only represents 2.9% of the community, how should they be accommodated?

The CIL must develop a plan of action and implement strategy to respond to this grievance and address how CIL information becomes available to this sector of the community.

## **Scenario #4 - Lori Clark - Orange Staff & Board Planning**

Your Task:

Using some of the strategies identified, and the collective thoughts of your group, over the next 30 minutes answer the following questions:

1. Who - Who do you outreach to?
2. What - What do you need to do to effectively outreach to them?
3. When - When should this process be completed?
4. How - How do you implement the plan?

Your Situation:

Our CIL is five years old and is in the midst of a strategic planning process. Through analysis of internal operations and governance, the group has documented that the CIL:

- Board does not represent the demographics of your community;
- Has no diversity reflected by makeup of current staff; and
- Consumer participation reflects lack of representation by minorities, which are represented in total by just 2% of consumers served.

Your community is a rural and urban service area, with the largest population of 40,000 and second largest of 18,000 people.

There are:

- A number of multi-county initiatives for service delivery (i.e., healthcare, transportation, aging, etc.);
- Disability services are available, although in limited scope; and
- Minority organizations exist, but are not represented in city or county governments.

You are the Ad-Hoc Committee assigned with the responsibility for making recommendations for:

- outreach and organizational development;
- increasing diversity at all levels of the organization.

## **Scenario #5 - Bill Fielding - Blue Eliminating Barriers**

Your Task:

Using some of the strategies identified, and the collective thoughts of your group, over the next 30 minutes answer the following questions:

1. Who - Who do you outreach to?
2. What - What do you need to do to effectively outreach to them?
3. When - When should this process be completed?
4. How - How do you implement the plan?

Your Situation:

Your CIL is located in an urban area of 175,000 people, but much of your service area is rural. Most services are provided at the Center. In your community there are a number of transportation systems available, but transportation is still a major barrier for people with disabilities.

Some of services are delivered within the city limits of the community in which the CIL is located.

The Board of Directors has mandated that providing services outside the immediate community is a priority.

**1. Who – Who do you outreach to?**

**2. What – What do you need to do to effectively outreach to them?**

**3. When – When should this process be completed?**

**4. How – How do you implement the plan?**

## **2:45-3:00 pm Break**

## **3:00-4:00 pm Breakout reports and Questions & Answers**

A. Each group spokesperson and facilitator will report the findings of the group and entertain questions and answers. 12 minutes per group.

Purpose: (1:30-4:00 pm):

- To have participants work together as a team
- To show what the different outreach issues are that affect the service areas of the CILs present
- To develop outreach strategies using the scenario as a basics
- To show how outreach planning activities can be delegated in an actual planning process

## **VI 4:00-5:00 pm Outcomes - Open Discussion**

Team facilitator & group leader

A. The segment will be an open discussion with minimal structure. Only 2 to 3 questions will be asked to stimulate discussion such as:

- What are some of your fears related to outreach?
- What are some of the benefits of effective outreach?
- What do you presently do in terms of outreach that is effective and not so effective?
- How do you document and monitor your activities?

## **B. Brain Storm - Cathy Holland**

Using a visual brain and both of its hemispheres visible, outreach ideas will be places on the brain. These ideas should be tied to the five items:

- 1) Current outreach activities,
- 2) What is documented?
- 3) What is good, what is bad?
- 4) How are activities monitored? and
- 5) What are your outcomes and how do you achieve them?

Purpose: To provide an opportunity for each CIL group to talk specifically about their issues with concerns, and achievements related to outreach. In addition, to provide all

participants (in general) an opportunity to address individual issues and get feedback relevant to those issues.

Note: In wrapping up this segment, the trainers must show what was discussed can be put into one of the five elements. Then the elements should be recapped and reinforced in preparation for Day 2 activities.

### **BRAINSTORM ACTIVITY**

We have had the opportunity in our break out discussions related to the five elements of outreach planning, and in the reports back from the groups had an opportunity to examine, develop, and create activities which would support an overall plan for outreach to un/underserved populations.

What we would like to do now is to have an open discussion of some of the current outreach activities conducted by centers. We will record these activities on our "brain pad" as either tasks of process or tasks of implementation; indicate to which of the five elements of the outreach plan the tasks may belong; and document outcomes.

Ask the questions:

1. What are current outreach activities?
2. What is documented?
3. What is "good/bad" successful/unsuccessful?
4. How do you measure your activities?
5. What are some of your outcomes and how do you achieve them?

## DAY 2

### I 9:00 - 9:15 am Developing a Plan

#### Cathy Holland

A brief, but precise presentation regarding what should be contained in a plan (instructional guidelines) should be as follows:

- \* Review the five elements, who is the target group\groups, specify definitively
- \* Specify what, when & how
- \* Tailor what you do to your area

Purpose: To reinforce the five elements and to set the tone for the writing of the Plan

### II 9:15-10:45 am CILs - Written Plan - Cathy Holland

Each CIL group will work on developing a plan. The following question should be used as a guiding principle:

Who is your written plan to reach and why?

Note: If a CIL already has a part of the plan in place that is effective, allow it to be presented to the group at large.

Purpose: To give CIL groups an opportunity to start the process of developing a plan using information provided to that point and their community realities.

To gain the experience of developing an effective plan.

## PLANNING

In order to do effective planning, particularly with outreach to populations which are un/underserved, it is imperative to build a comprehensive package which addresses each of the five elements:

Identify the Unserved and Underserved  
Understand Cultures and Needs  
Conduct Marketing and Public Relations  
Staff and Board Planning  
Eliminate Service Barriers

We will break into groups from each CIL. Using the information you have learned through this experience, and the knowledge base you have collectively developed, work on one of the five elements of planning and begin an actual plan for YOUR CIL. As you begin to fill in the grid, ask yourselves the following questions:

1. Who will we outreach to?
2. What is the outcome we expect?
3. What do we need to do to effectively outreach to them?
4. What is the time line?
5. Who is responsible for the activity?
6. How will it be implemented?
7. How will it be measured?

### **10:45-11:00 am Break**

### **III 11:00-12:00 pm Report Outcomes - Ken Williams (the team also participates)**

Each CIL will report briefly on what is contained in their plan's development and why?

### **IV 12:00 -12:30 pm Wrap - up - Ken Williams**

Summarize the Two-Day process with an emphasis on process. It is important that each participant understands that this is a process and the need to be persistent is a major component of successful implementation.

## When You Go Visiting & Invite the Company Home PLANNING

To do effective planning, particularly with outreach to populations which are unserved or underserved, it is imperative to build a comprehensive package which addresses each of the five elements: Identify the Unserved and Underserved; Understand Cultures and needs; Conduct Marketing and Public Relations; Staff and Board Planning; and Eliminate Barriers. First determine the outcome (goal) which you would like to achieve by discussing “Who will we outreach to?” and “What is the outcome we will expect.?” Second, answer the question “What do we need to do to effectively outreach to them?” which will determine your Objectives and list of activities. Then with each activity, determine your time line for completion and who will be responsible for how the plan will be implemented.

Goal: \_\_\_\_\_  
\_\_\_\_\_

Objective: \_\_\_\_\_  
\_\_\_\_\_

Activities:

| What will be done? | Who will do it? | By When? |
|--------------------|-----------------|----------|
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |
|                    |                 |          |

Objective: \_\_\_\_\_  
\_\_\_\_\_

Activities:

| <b>What will be done?</b> | <b>Who will do it?</b> | <b>By When?</b> |
|---------------------------|------------------------|-----------------|
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |

Objective: \_\_\_\_\_  
\_\_\_\_\_

Activities:

| <b>What will be done?</b> | <b>Who will do it?</b> | <b>By When?</b> |
|---------------------------|------------------------|-----------------|
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |
|                           |                        |                 |

**“When You Go Visiting &  
Invite the Company Home!”**

# **Center for Independent Living Outreach Planning Manual**

## **Appendix B**

The Statewide Independent Living Council of Illinois

## **Table of Contents:**

[Note: the page numbers listed here are from the original document and do not reflect the page numbering for this manual.]

Acknowledgments & Funding

Preface

Purpose

Who Should Use This Manual?

Terms Used In This Manual

The Independent Living and Civil Rights Movements

Five (5) Elements of Effective Outreach

I. Identifying the Unserved and Underserved

II. Understanding Cultures and Needs

III. Marketing and Public Relations

IV. Staff and Board Outreach Planning

V. Eliminating Service Barriers

Implementation and Evaluation

References

## **Acknowledgments:**

The Statewide Independent Living Council of Illinois would like to acknowledge the following individuals who were involved in the development of this manual:

|                     |                    |                    |
|---------------------|--------------------|--------------------|
| Matt Abrahamson,    | Concie Aramburu,   | Anthony Arellano,  |
| Lori Clark,         | Tara Dunning,      | John M. Eckert,    |
| Mike Egbert,        | William Fielding,  | Linda Foley,       |
| Ann Ford,           | Edwin Gonzalez,    | Cecilia Haasas,    |
| Catherine Holland,  | Sue Johnson-Smith, | Gail Kear,         |
| Elizabeth Miller,   | Violet Nast,       | Kyle Packer,       |
| Gary Paruszkiewicz, | Burton D. Pusch,   | Juliana Recio,     |
| Sue Riddle,         | Fran Sager,        | Elizabeth Sherwin, |
| Shirley Thomas,     | Randy Wells,       | Sharon White,      |
| Ken Williams,       | Paul Zaragoza.     |                    |

Special thanks go to the following individuals who have seen this project through to the end, and were the initial trainers in 1998:

Ken Williams, Elizabeth Sherwin, Catherine Holland, William Fielding, Lori Clark.

## **Funding:**

Funding for this manual and for the initial Illinois training were allocated through the Rehabilitation Services Administration: Title VII-B (Illinois Department of Human Services; Office of Rehabilitation Services [Statewide Independent Living Council of Illinois; Capacity Development Grant #98-54-11-001R]).

The Statewide Independent Living Council of Illinois  
122 South Fourth Street  
Springfield, Illinois 62701  
V/TTY: 217/744-7777 E-Mail: SILC@FGI.NET FAX: 217/744-7744

*Preface:*

Statewide Independent Living Council of Illinois Study:

The 1995 Illinois Independent Living Services Capacity/Needs Assessment commissioned by the Statewide Independent Living Council of Illinois (SILC) indicated that Illinois Centers for Independent Living (CILs) are often under-funded and overwhelmed with community demands on their resources and time. In addition, CILs reported only nominal success using formally structured outreach plans. Most CILs rely on their networks with local organizations and their work with local consumers to keep them up-to-date on the needs of their communities. Many CILs indicated they would like information on how to maximize the effectiveness of their outreach efforts to unserved and underserved populations in their service delivery area.

The need to increase outreach was identified by the 1995 SILC study and was included as part of the Illinois State Plan for Independent Living Services and Centers for Independent Living: 1996\_1998 (SPIL). Members of SILC voted to develop an Outreach Planning Manual that would help Illinois CILs increase the effectiveness of their outreach activities. This manual will provide CILs with the basic information necessary in developing, implementing, and evaluating outreach efforts.

## 1992 Amendments to the Rehabilitation Act:

A Rehabilitation Act finding supports the need to promote outreach. In Section 21 of the 1992 Amendments to the Rehabilitation Act of 1973, Congress found that:

### Changing Racial Profile:

“The racial profile of America is rapidly changing. While the rate of increase for white Americans is 3.2 percent, the rate of increase for racial and ethnic minorities is much higher: 38.6 percent for Latinos, 14.6 percent for African-Americans, and 40.1 percent for Asian Americans and other ethnic groups. By the year 2000, the Nation will have 260,000,000 people, one of every three of whom will be either African-American, Asian-American or Latino.”

### Rate of Disability:

“Ethnic and racial minorities tend to have disabling conditions at a disproportionately higher rate. The work-related disability for American Indians is about one and one half times that of the general population. African-Americans are also one and one half times more likely to be disabled than whites and twice as likely to be severely disabled.”

### Inequitable Treatment:

“Patterns of inequitable treatment of minorities have been documented in all major junctures of the vocational rehabilitation process. As compared to white Americans, a larger percentage of African-American applicants to the vocational rehabilitation system are denied acceptance. Of applicants accepted for service, a larger percentage of African-American cases are closed without being rehabilitated. Minorities are provided less training than their white counter parts. Consistently, less money is spent on minorities than their white counter parts.’

### Title VII\_CIL Requirement:

"In awarding grants, contracts, or cooperative agreements under titles I, II, III, VI, VII, and VIII, and section 509, the [Rehabilitation Services Administration] Commissioner and the Director of the National Institute on Disability and Research, where appropriate, shall require applicants to demonstrate how they will address, in whole or in part, the needs of individuals from minority backgrounds."

## SILC Outreach Committee:

In the summer of 1996, the SILC Outreach Committee put together an ad-hoc work group composed of staff from Illinois CILs and statewide minority organizations to develop an Outreach Planning Manual. During 1996 and 1997, the work group met on numerous occasions, and via conference calls, to develop a comprehensive

document that will help CILs implement outreach activities to reach unserved and underserved populations in their service area. In 1998, a handful of original participants developed regional CIL training and made final changes to this manual.

*Purpose:*

The purpose of this manual is to give Center for Independent Living (CIL) staff and boards ideas on how they might develop, implement and evaluate effective outreach efforts. It has been designed to be flexible in order to meet the unique needs of each CIL and the many neighborhoods and communities in their service area. It is the intention of the SILC Outreach Committee to provide a manual that covers a comprehensive range in which each CIL will find information that is helpful to improving their local outreach efforts. The manual will help CILs tailor their outreach activities to meet the needs of their community.

*Who Should Use This Manual?:*

This manual is intended to provide useful information for staff members as well as board members by providing ideas and examples of how CILs can enhance their ability to reach unserved and underserved populations. With increasing state and federal emphasis on outcomes, this document will assist CILs in developing an outreach plan that can be applied. This manual will help to increase the likelihood that CIL board composition and consumer service demographics will reflect their service area. This manual is meant to be a tool to help CILs work smarter, not harder.

*Terms Used In This Manual:*

**1. Traditionally Unserved and Underserved Populations:**

In your service area this might include one or more of the following:

Age:

Both seniors and children.

Gender:

Males and females tend to be equally unrepresented.

Racial and Ethnic:

African Americans, Asian Americans, Latinos, and Native Americans.

Disability:

Persons with hearing, visual, cognitive, developmental, psychological disabilities, and multiple chemical sensitivities.

Institutions:

Persons who live in developmental disability institutions, nursing facilities, group homes, retirement communities, rehabilitation units, hospice and other congregate settings.

Socio economic status:

Persons living in economically depressed areas.

Geography:

Most of Illinois is rural. Many rural areas do not have a Center for Independent Living. In addition, statistics indicate that 74 percent of the individuals currently receiving direct services by an existing CIL, are people who live in the county where their CIL is located.

Other groups:

Some unserved and underserved groups may have a higher than average representation in a service area. For example, persons in rehabilitation facilities, workshops, and persons in retirement communities.

The demographic and geographic profile of each Center for Independent Living will be unique. The potential population of persons who could benefit from CIL services and activities can be complex because individuals and their families may fall into one or more of the demographic and geographic categories cited above.

**2. Ethnic Groups:**

Of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, cultural origin or background.

### **3. Bicultural:**

Someone who is of two cultures, as well as, may have the ability to read and/or speak two languages.

### **4. Latino:**

Anyone whose ancestry derives from a Latin country (e.g., Mexico, Puerto Rico, Columbia, Brazil).

### **5. National Disability Organizations:**

Independent Living Research Utilization Project (ILRU).

National Council on Independent Living (NCIL).

National Council on Disability (NCD).

National Center for Latinos with Disabilities (NCLD).

## ***The History of Independent Living [and Civil Rights Movements]:***

by Gina McDonald and Mike Oxford  
(reprinted with permission)

This account of the history of independent living stems from a philosophy which states that people with disabilities should have the same civil rights, options, and control over choices in their own lives as do people without disabilities.

The history of independent living is closely tied to the civil rights struggles of the 1950s and 1960s among African Americans. Basic issues disgraceful treatment based on bigotry and erroneous stereotypes in housing, education, transportation, and employment and the strategies and tactics are very similar. This history and its driving philosophy also have much in common with other political and social movements of the country in the late 1960s and early 1970s. There were at least five movements that influenced the disability rights movement.

### **Social Movements**

The first social movement was deinstitutionalization, an attempt to move people, primarily those with developmental disabilities, out of institutions and back into their home communities. This movement was led by providers and parents of people with developmental disabilities and was based on the principle of "normalization" developed by Wolf Wolfensberger, a sociologist from Canada. His theory was that people with developmental disabilities should live in the most "normal" setting as possible if they were to be expected to behave "normally." Other changes occurred in nursing homes where young people with many types of disabilities were warehoused for lack of "better" alternatives (Wolfensberger, 1972).

The next movement to influence disability rights was the civil rights movement. Although people with disabilities were not included as a protected class under the Civil Rights Act, it was a reality that people could achieve rights, at least in law, as a class. Watching the courage of Rosa Parks as she defiantly rode in the front of a public bus, people with disabilities realized the more immediate challenge of even getting on the bus.

The "self-help" movement, which really began in the 1950s with the founding of Alcoholics Anonymous, came into its own in the 1970s. Many self-help books were published and support groups flourished. Self-help and peer support are recognized as key points in independent living philosophy. According to this tenet, people with similar disabilities are believed to be more likely to assist and to understand each other than individuals who do not share experience with similar disability.

Demedicalization was a movement that began to look at more holistic approaches

to health care. There was a move toward "demystification" of the medical community. Thus, another cornerstone of independent living philosophy became the shift away from the authoritarian medical model to a paradigm of individual empowerment and responsibility for defining and meeting one's own needs.

Consumerism, the last movement to be described here, was one in which consumers began to question product reliability and price. Ralph Nader was the most outspoken advocate for this movement, and his staff and followers came to be known as "Nader's Raiders." Perhaps most fundamental to independent living philosophy today is the idea of control by consumers of goods and services over the choices and options available to them.

The independent living paradigm, developed by Gerben DeJong in the late 1970s (DeJong, 1979), proposed a shift from the medical model to the independent living model. As with the movements described above, this theory located problems or "deficiencies" in the society, not the individual. People with disabilities no longer saw themselves as broken or sick, certainly not in need of repair. Issues such as social and attitudinal barriers were the real problems facing people with disabilities. The answers were to be found in changing and "fixing" society, not people with disabilities. Most important, decisions must be made by the individual, not by the medical or rehabilitation professional. Using these principles, people began to view themselves as powerful and self-directed as opposed to passive victims, objects of charity, cripples, or not-whole. Disability began to be seen as a natural, not uncommon, experience in life, not a tragedy.

## **Independent Living**

Ed Roberts is considered to be the "father of independent living." Ed became disabled at the age of fourteen as a result of polio. After a period of denial in which he almost starved himself to death, Ed returned to school and received his high school diploma. He then wanted to go to college. The California Department of Rehabilitation initially rejected Ed's application for financial assistance because it was decided that he was "too disabled to work." He went public with his fight and within one week of doing so, was approved for financial aid by the state.

Fifteen years after Ed's initial rejection by the State of California as an individual who was "too disabled," he became head of the California Department of Rehabilitation the agency that had once written him off.

After Ed earned his associate's degree at the College of San Mateo, he applied for admission to the University of California at Berkeley. After initial resistance on the part of the university, Ed was accepted. The university let him use the campus hospital as his dormitory because there was no accessible student housing (none of the residential buildings could support the weight of Ed's 80 lb. iron lung). He received attendant

services through a state program called "Aid to the Totally Disabled." This is a very important note because this was a consumer-controlled, personal assistance service. The attendants were hired, trained, and fired by Ed.

In 1970, Ed and other students with disabilities founded a disabled students' program on the Berkeley campus. His group was called the "Rolling Quads." Upon graduation, the "Quads" set their sights on the need for access beyond the university's walls.

Ed contacted Judy Heumann, another disability activist, in New York. He encouraged her to come to California and along, with other advocates, they started the first Center for Independent Living in Berkeley. Although it started out as a "modest" apartment, it became the model for every such Center in the country today. This new program rejected the medical model and focused on consumerism, peer support, advocacy for change, and independent living skills training.

In 1983, Ed, Judy, and Joan Leon, co-founded the World Institute on Disability (WID), an advocacy and research center promoting the rights of people with disabilities around the world. Ed Roberts died unexpectedly on March 14, 1995.

The early 1970s was a time of awakening for the disability rights movement in a related, but different way. As Ed Roberts and others were fighting for the rights of people with disabilities presumed to be forever "homebound" and were working to assure that participation in society, in school, in work, and at play was a realistic, proper, and achievable goal, others were coming to see how destructive and wrong the systematic institutionalization of people with disabilities could be. Inhuman and degrading treatment of people in state hospitals, schools and other residential institutions such as nursing facilities were coming to light and the financial and social costs were beginning to be considered unacceptable. This awakening within the independent living movement was exemplified by another leading disability rights activist, Wade Blank.

## **ADAPT**

Wade Blank began his lifelong struggle in civil rights activism with Dr. Martin Luther King, Jr. in Selma, Alabama. It was during this period that he learned about the stark oppression which occurred against people considered to be outside the "mainstream" of our "civilized" society. By 1971, Wade was working in a nursing facility, Heritage House, trying to improve the quality of life of some of the younger residents. These efforts, including taking some of the residents to a Grateful Dead concert, ultimately failed. Institutional services and living arrangements were at odds with the pursuit of personal liberties and life with dignity.

In 1974, Wade founded the Atlantis Community, a model for community-based, Consumer-controlled, independent living. The Atlantis Community provided personal assistance services primarily under the control of the consumer within a community

setting. The first consumers of the Atlantis Community were some of the young residents "freed" from Heritage House by Wade (after he had been fired). Initially, Wade provided personal assistance services to nine people by himself for no pay so that these individuals could integrate into society and live lives of liberty and dignity.

In 1978, Wade and Atlantis realized that access to public transportation was a necessity if people with disabilities were to live independently in the community. This was the year that Americans Disabled for Accessible Public Transit (ADAPT) was founded.

On July 5-6, 1978, Wade and nineteen disabled activists held a public transit bus "hostage" on the corner of Broadway and Colfax in Denver, Colorado. ADAPT eventually mushroomed into the nation's first grassroots, disability rights, activist organization.

In the spring of 1990, the Secretary of Transportation, Sam Skinner, finally issued regulations mandating lifts on buses. These regulations implemented a law passed in 1970 the Urban Mass Transit Act which required lifts on new buses. The transit industry had successfully blocked implementation of this part of the law for twenty years, until ADAPT changed their minds and the minds of the nation.

In 1990, after passage of the Americans with Disabilities Act (ADA), ADAPT shifted its vision toward a national system of community-based personal assistance services and the end of the apartheid-type system of segregating people with disabilities by imprisoning them in institutions against their will. The acronym ADAPT became "Americans Disabled for Attendant Programs Today." The fight for a national policy of attendant services and the end of institutionalization continues to this day.

Wade Blank died on February 15, 1993, while unsuccessfully attempting to rescue his son from drowning in the ocean. Wade and Ed Roberts live on in many hearts and in the continuing struggle for the rights of people with disabilities. These lives of these two leaders in the disability rights movement, Ed Roberts and Wade Blank, provide poignant examples of the modern history, philosophy, and evolution of independent living in the United States. To complete this rough sketch of the history of independent living, a look must be taken at the various pieces of legislation concerning the rights of people with disabilities, with a particular emphasis on the original "bible" of civil rights for people with disabilities, the Rehabilitation Act of 1973.

## **Civil Rights Laws**

Before turning to the Rehabilitation Act, a chronological listing and brief description of important federal civil rights laws affecting people with disabilities is in order.

1964 Civil Rights Act: prohibits discrimination on the basis of race, religion, ethnicity, national origin, and creed; later, gender was added as a protected class.

1968 Architectural Barriers Act: prohibits architectural barriers in all federally owned or leased buildings.

1970 Urban Mass Transit Act: requires that all new mass transit vehicles be equipped with wheelchair lifts. As mentioned earlier, it was twenty years, primarily because of machinations of the American Public Transit Association (APTA), before the part of the law requiring wheelchair lifts was implemented.

1973 Rehabilitation Act: particularly Title V, Sections 501, 503, and 504, prohibits discrimination in federal programs and services and all other programs or services receiving federal funding.

1975 Developmental Disabilities Bill of Rights Act: among other things, establishes Protection and Advocacy services (P & A).

1975 Education of All Handicapped Children Act (PL 94\_142): requires free, appropriate public education in the least restrictive environment possible for children with disabilities. This law is now called the Individuals with Disabilities Education Act (IDEA).

1978 Amendments to the Rehabilitation Act: provides for consumer\_controlled Centers for Independent Living.

1983 Amendments to the Rehabilitation Act: provides for the Client Assistance Program (CAP), an advocacy program for consumers of rehabilitation and independent living services.

1985 Mental Illness Bill of Rights Act: requires protection and advocacy services (P & A) for people with mental illness [psychological disabilities].

1988 Civil Rights Restoration Act: counteracts bad case law by clarifying Congress' original intention that under the Rehabilitation Act, that discrimination in ANY program or service that is a part of an entity receiving federal funding\_\_ not just the part which actually and directly receives the funding\_\_ is illegal.

1988 Air Carrier Access Act: prohibits discrimination on the basis of disability in air travel and provides for equal access to air transportation services.

1988 Fair Housing Amendments Act: prohibits discrimination in housing against people with disabilities and families with children. Also provides for architectural accessibility of certain new housing units, renovation of existing units, and accessibility modifications at the renter's expense.

1990 Americans with Disabilities Act: provides comprehensive civil rights protection for people with disabilities; closely modeled after the Civil Rights Act and Section 504 of Title V of the Rehabilitation Act and its regulations.

The modern history of civil rights for people with disabilities is three decades old. A key piece of this decades-long process is the story of how the Rehabilitation Act of 1973 was finally passed and then implemented. It is the story of the first organized disability rights protest.

### **The Rehabilitation Act of 1973**

In 1972, Congress passed a rehabilitation bill that independent living activists cheered. President Richard Nixon's veto prevented this bill from becoming law. During the era of political activity at the end of the Vietnam War, Nixon's veto was not taken lying down by disability activists who launched fierce protests across the country. In New York City, early leader for disability rights, Judy Heumann, staged a sit-in on Madison Avenue with eighty other activists. Traffic was stopped.

After a flood of angry letters and protests, in September 1973, Congress overrode Nixon's veto and the Rehabilitation Act of 1973 finally became law. Passage of this pivotal law was the beginning of the ongoing fight for implementation and revision of the law according to the vision of independent living advocates and disability rights activists. Key language in the Rehabilitation Act, found in Section 504 of Title V, states that:

*No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.*

Advocates realized that this new law would need regulations in order to be implemented and enforced. By 1977, Presidents Nixon and Ford had come and gone.

Jimmy Carter had become president and had appointed Joseph Califano his Secretary of Health, Education and Welfare (HEW). Califano refused to issue regulations and was given an ultimatum and deadline of April 4, 1977. April 4 went by with no regulations and no word from Califano.

On April 5, demonstrations by people with disabilities took place in ten cities across the country. By the end of the day, demonstrations in nine cities were over. In one city San Francisco protesters refused to disband. Demonstrators, more than 150 people with disabilities, had taken over the federal office building and refused to leave. They stayed until May 1. Califano had issued regulations by April 8, but the protesters stayed until they had reviewed the regulations and approved of them.

The lesson is a fairly simple one. As Martin Luther King said:

*It is an historical fact that the privileged groups seldom up their privileges voluntarily. Individuals may see the moral light and voluntarily give up their unjust posture, but, as we are reminded, groups tend to go more immoral than individuals. We know, through painful experiences that freedom is never voluntarily given by the oppressor, it must be demanded by the oppressed.*

## **Leaders in the Independent Living Movement**

The history of the independent living movement is not complete without mention of some other leaders who continue to make substantial contributions to the movement and to the rights and empowerment of people with disabilities.

Max Starkloff, Charlie Carr, and Marca Bristo founded the National Council on Independent Living (NCIL) in 1988. NCIL is one of the only national organizations that is consumer-controlled and promotes the rights and empowerment of people with disabilities.

Justin Dart played a prominent role in the fight for passage of the Americans with Disabilities Act, and is seen by many as the spiritual leader of the movement today.

Lex Frieden is co-founder of ILRU Program. As director of the National Council on Disability, he directed preparation of the original ADA legislation and its introduction in Congress.

Liz Savage and Pat Wright are considered to be the “mothers of the ADA.” They led the consumer fight for the passage of the ADA.

## **REFERENCES**

DeJong, Gerben. “Independent Living: From Social Movement to Analytic Paradigm,”  
Archives of Physical Management and Rehabilitation: 60, October, 1979.

Wolfensberger, Wolf. The Principle of Normalization in Human Services. Toronto:  
National Institute on Mental Retardation, 1972.

*Five (5) Elements of Effective Outreach:*

- I. Identifying the Unserved and Underserved:**
- II. Understanding Cultures and Needs:**
- III. Marketing and Public Relations:**
- IV. Staff and Board Outreach Planning:**
- V. Eliminating Service Barriers:**

**I. Identifying the Unserved and Underserved**

Identifying the demographics in your service area is the first priority. All of your planning for outreach activities will depend on the racial, ethnic, disability, age, gender, socio economic status, and geography profile of your service area.

1. What is the Demographic and Geographic Profile of the Targeted Group in Respect to?:
  - a) Age.
  - b) Gender.
  - c) Racial and Ethnic background.
  - d) Disability: physical, hearing, visual, cognitive, developmental disabilities, multiple chemical sensitivities, and others.
  - e) Residential status: large/small institutions, nursing homes, hospice, with family/friends, independent (with/without support services).
  - f) Socio-economic status.
  - g) Proximity to population centers.
  - h) Other groups with a higher than average representation in a service area, (e.g., persons in rehabilitation facilities, workshops, retirement communities, and the like.
2. Community Resources and Needs Assessment:
  - a) A needs assessment should be conducted. Following is a list of possible issues that might be explored:
    - i) Affordable and Accessible Housing.
    - ii) Affordable and Accessible Transportation.
    - iii) Mainstreamed Employment Opportunities.
    - iv) Mainstreamed Educational Opportunities.
    - v) Natural Community Supports (for example):

- Personal Assistant Services.
- ASL Interpreters.
- TTY Access in public agencies.
- TTY Access in businesses.
- Alternate format (Braille, tape, disk, etc.) in public agencies.
- Alternate format (Braille, tape, disk, etc.) in businesses.
- Respite Services.

- vi) Affordable and Accessible Retail Stores.
- vii) Affordable and Accessible Recreation.
- viii) Accessible public services and facilities.

b) What organizations, programs, and services are already available?

- i) Do these organizations and services promote the independent living philosophy?
- ii) Are people satisfied? Why/why not?
- iii) What are the key issues that persons with disabilities would like to address?

c) Based on the demographic profile, who is not being served?

- i) Why?
- ii) What are the barriers (environmental, geographic, attitudinal, skills, knowledge) that must be addressed?
- iii) What local organizations might support CIL activities? What local organization might resist CIL activities?

### 3. Potential Sources for Finding Information (may include):

- a) Bureau of the Census.
- b) Bureau of Vital Statistics.
- c) Chamber of Commerce.
- d) City and County Planning Departments.
- e) Community Action Centers.
- f) Local College and University libraries.
- g) United Way.
- h) Public Housing Authorities.
- i) Urban Leagues.
- j) NAACP.
- k) Others

#### 4. How to Get Information:

Many organizations who focus on issues related to persons with disabilities, as well as organizations who do not focus specifically on disability issues may have data that can assist your Center for Independent Living. They include local, State and National sources.

##### a) Basic local research:

- i) Utilize telephone and service directories.
- ii) Libraries.
- iii) Community Colleges and Universities.
- iv) City and County Planning Departments.
- v) Local ethnic organizations.
- vi) Local service organizations.

##### b) State sources (may include):

- i) State library.
- ii) Department of Human Services, Rehabilitation Services.
- iii) Statewide Independent Living Council.
- iv) Coalition of Citizens with Disabilities in Illinois.
- v) Illinois Assistive Technology Project.
- vi) Other disability and advocacy councils and organizations.

##### c) National sources:

There are some national sources who collect and keep demographic information, including:

- i) Independent Living Research Unit.
- ii) National Council on Independent Living.
- iii) National Council on Disability.

NOTE: For reasons of accuracy, definitions of disability must be clear and specific. Don't assume that your definition of "disability," "deaf," or "blind" is identical to the definition used in a study.

For example, if a local United Way study finds that 14 percent of the community's population is African-American, and a local Chamber of Commerce study finds that 18 percent of African-Americans are unemployed, don't apply the unemployment percentages to the population percentages (this is like mixing apples and oranges). Unless the data are from exactly the same sample, you can't assume there is any connection between the two different samples of the population.

Citing the population and unemployment percentages from both the United Way and

the Chamber of Commerce can support the need for a CIL and is perfectly reasonable as long as you do not assume a connection between the two percentages.

## **II. Understanding Cultures and Needs**

### **1. Know and Respect Cultural Differences**

Gathering statistical information is only the first step to outreach. Taking time to know and respect cultural differences gives life to the information gathered during your research. Not all cultures understand or accept the Independent Living philosophy as it is perceived by Centers for Independent Living (CILs). Therefore, one can not assume the target group needs, wants, or can access the CIL's current services. The most important goal is to collect information from unserved and underserved groups in a way that is open to understanding and respecting the cultural context of their needs.

We must learn:

- What are the needs?
- How do we demonstrate community support for those needs?
- How can CILs adjust their programs to meet those needs?

These questions are important because they demonstrate that the CIL is not just selling its own activities and services, but has a genuine interest in the needs of that community or cultural group.

The planning process must respect and incorporate the cultural language, traditions, beliefs and spiritual perspective of the target population. An understanding that the social and economic climate of the population is important, because "disability" may not be a primary concern.

You cannot stereotype cultures. You must have a knowledge of the community and their issues and priorities. It is important to know the leaders and key players to help provide effective outreach.

### **2. Know Your Communities:**

- a) Identify individuals in your neighborhoods or communities who are bilingual and bicultural to work with your CIL and help you through this process.
- b) Use a reliable method to gather information to access that population, such as:

- i) Conduct focus groups.
  - ii) Conduct interviews.
  - iii) Conduct mail or telephone surveys.
  - iv) Assess CIL information and referral data.
- c) Develop a list of issues or information you need to know in order to serve your target population.
- d) Conduct relevant outreach training for all staff and board utilizing representatives of unserved and underserved populations.

### 3. Build Partnerships:

- a) Invest in the community by having CIL representatives participate in activities that are relevant to the targeted population, not just those that concern Independent Living.
- b) Work with effective community based organizations that provide services to unserved and under-served populations to:
  - i) Understand their programs and services.
  - ii) Find ways to have CIL services compliment their services.
- c) There should be representation on the CIL board and staff of qualified individuals from unserved or under-served populations and communities.
- d) Recommend potential leaders with disability to serve on other organization's boards and committees.

### **III. Marketing and Public Relations**

Utilize the needs and issues identified of the targeted population and incorporate these issues into the Center for Independent Living's (CILs) Strategic Plan. Based on the feedback, develop a public relations campaign using the information and suggestions gathered.

- Create outreach materials which target the needs of a specific population segment.
- Create materials which identify common issues that cut across all potential CIL consumers.
- Communication is developed in a way that is accessible to the target group. All information (letters, brochures, applications, etc.) should:

- Be written at a reading level that is easy to understand.
  - Avoid acronyms and “professional phrases” that are not easily understood by the intended audience (i.e., what does ILS or ‘independent living skills’ mean?).
  - Be written in a language that can be understood (i.e., everyday Spanish, not necessarily the courses they taught in school).
  - Be accessible in a variety of formats; Braille, large print, tape and disk.
  - Be provided in Spanish and English when targeting the Latino community.
  - Identify qualified persons who can edit and proof materials in Spanish, Chinese, or other languages.
- Monitor the effectiveness of your public relations campaign by reviewing your service demographics and by talking to representatives of your target population.

**If you provide information in another language, ensure staff is readily available to communicate effectively.** There should also be a process in place to address language issues.

#### 1. Working with the General Public:

Develop and implement a strategy to get information to the general public in a CIL service area that is accurate and cost-effective.

##### a) Public Relations Strategy:

Create a media package which clearly identifies the CIL’s mission, services and programs. You should also develop a plan. The media package should clearly understand and articulate the mission, services, and activities of your CIL.

The plan should include:

- i) Training for board and staff to interact with media .
- ii) Designate a lead person to provide public information.
- iii) Develop and maintain personnel relationships with local media people (reporters, staff, public and private individuals who may have access to the media).
- iv) Make sure that the CIL reacts to issues that affect people with disabilities.

Keep copies of press releases, newspaper articles, televisions and radio spots. These will help build a community history of your organization and gives you feedback on better ways to get the word out.

b. Enhancing Your Public Relation Strategies:

- i) Respond to issues which are hot or controversial in the local media. Include issues which affect unserved and underserved populations before you attempt to address the independent living issues. This will allow you a greater opportunity to gain your targeted communities trust.
- ii) Look for opportunities to utilize existing mailings, (i.e.: banks, utility companies, Chamber of Commerce and other organizations).
- iii) Look for creative ways to develop partnerships in your advertising, (e.g., get a local College or University to donate time, materials and students to develop a local commercial or Public Service Announcement (PSA) for your CIL.
- iv) Create opportunities through radio, TV, and newspapers on a regular basis. For example:
  - 1) Regular disability information segments (on a local television magazine show or local radio program).
  - 2) A regular disability program on public television.
  - 3) A regular column in a local newspaper or newsletter.
  - 4) CILs could also use their own monthly calendars and newsletters to share information.
  - 5) Take advantage of state and federal laws requiring media organizations to give free time and PSAs to local not-for-profit organizations. Be sure to talk about (and perhaps negotiate) when the PSA will be aired.
  - 6) Establish a link with an organization to produce a disability issues program on public television or radio.
- v) Conduct research to locate good, generic videos (short commercials or 30 minute cable programs) on what a Center for Independent Living does. Review and select a video for possible distribution to local television and cable stations.
- vi) Research the possibility of having a foundation underwrite the cost of purchasing or producing a generic video for Illinois CILs (something CILs

could get aired locally, that would identify their center by name, address and phone number).

#### **IV. Staff and Board Outreach Planning**

The Center for Independent Living (CIL) should operate in a manner which is sensitive to and respectful of ethnic and disability culture.

1. Actively recruit qualified staff and board who represent ethnic and disability demographics, as well as promote the independent living philosophy. Recruit qualified staff and board by creating and maintaining linkages in target populations for present and future staff needs.
2. Annually conduct activities that enhance cross cultural sensitivity. Develop cross training with other organizations and agencies.
  - a) Organize a committee to develop a training model and schedule that would enable you to send out proposals to consultants.
  - b) Request that staff, board, consumers and agency contacts assist in identifying consultants and trainers.
  - c) Designate resources to conduct training.

#### **V. Eliminating Service Barriers**

A major barrier to connecting persons with disabilities and the services and activities Centers for Independent Living (CIL) offer is due to geography and transportation.

##### **1. Identify Affordable, Accessible Transportation:**

If public transportation is available:

- a) The CIL could collect and disseminate a directory of transportation services currently available in their service area by contacting local and state entities to identify who they serve and what type of services are available.

Local resources could include:

- iii) Disability service programs.
- ii) Senior programs.
- iii) County, and city transportation officials.
- iv) Consumer organizations.

- b) Distribute existing transportation directories.
- c) Participate in local transportation boards.
- d) Assume an advocacy role for adequate, accessible, affordable transportation within the service area.

## 2. Building Bridges to Your Consumers:

While it may not always be possible for a consumer to get to a Center, here are some possible solutions:

- a) Allocate sufficient resources in budget for travel.
- b) Link with local entities, such as social service organizations, consumer groups, health care agencies, in collecting and sharing information about programs and services.
- c) Establish a policy for consumers to call free (e.g., toll-free line, collect calls), asking staff to return their call.
- d) Establish satellite offices or telephone numbers at local community organizations, churches, service clubs, consumer groups, and the like.
- e) Be creative in coordinating services with consumers in various locations, (e.g., malls, parks, or where the consumer is comfortable).
- f) As resources allow, set-up video-conferences.
- g) If consumers have computers, the CIL might investigate:
  - i) Sharing information on the Internet.
  - ii) Using e-mail.
  - iii) Establishing Web sites and chat rooms.
  - iv) Researching ways to obtain computers and technical support to persons with disabilities.

### *Implementation and Evaluation*

After the staff or board of a Center for Independent Living (CIL) consider the five elements of developing effective outreach, it is important to take the information collected and incorporate the information into an action plan for implementation.

## 1. Implementing an Outreach Action Plan:

- a) Target a specific cultural group, neighborhood, or community.
- b) Assign an outreach team and team leader for specific group targeted.
- c) Collect and review information and materials about the target group.
- d) Develop a time line of outreach objectives and desired outcomes.
- e) Develop a budget (for bigger projects).
- f) Implement initial outreach efforts.

## 2. Evaluating Outreach Effectiveness:

No outreach effort can be considered successful without conducting an evaluation of the of the CILs efforts to reach an unserved or underserved group. Adaptations of Crimando and Riggarr (1988) identify three types of evaluation that can be useful:

### a) Formative Evaluation:

Formative evaluation is a series of activities performed to improve outreach through the design and implementation process. For example:

- i) Have an expert review and comment on the content validity of the outreach objectives and effort.
- ii) Make changes in the outreach approach based on various information and data collected.
- iii) Try a smaller scale outreach “tryout“ and revise the effort according to feedback gathered from the target group.

### b) Process Evaluation:

Process evaluation answers the question: How successful was the design of the outreach effort?

- i) Takes place during and after the implementation of the outreach effort.
- ii) An outreach evaluation (usually one page) is a useful method for gathering feedback from the participants in the outreach effort.
- iii) Make changes to the outreach effort based on feedback from the completed evaluations and interviews.

### c) Outcome Evaluation:

Outcome evaluation answers the question: Did the CILs outreach efforts have the intended effect on the group, neighborhood or community? Outcome evaluations measure the impact that the outreach effort reached and the unserved or underserved persons with disabilities who have benefitted.

- i) Review data collected from 704 Reports to verify increased outreach efforts to a previously unserved or underserved group (e.g., disability group, minority group, geographic group).
- ii) Calculate a cost benefit analysis which may be useful in future grant proposals for outreach efforts.
- iii) Evaluate the success based on the satisfaction level of the persons reached through the CIL's outreach effort.

### ***References***

Crimando, W. & Riggan, T. F. (1988). Handbook for in-service training in human services. Southern Illinois University Press.

McDonald, G. & Oxford, M. The history of independent living.

Rehabilitation Act of 1973, 1992 Amendments: Section 21.