



TECHNICAL ASSISTANCE and CONTINUING EDUCATION TACE CENTER: REGION IV

*A Project of the Burton Blatt Institute at Syracuse University
in collaboration with the DBTAC: Southeast ADA*

PART ONE-DEMOGRAPHIC CHANGES: PROVIDING VOCATIONAL REHABILITATION SERVING TO CONSUMERS FROM DIVERSE CULTURAL AND ETHNIC BACKGROUNDS

Event Date: March 4th, 2009

Presenters: Lucy Wong Hernandez, Samuel Teruel-Velez and Daniel Wong

Moderator: Daniel W. Wong

Overview

Daniel Wong: Good morning to everyone. Thank you for joining this important audio conference. My name is Daniel Wong; I am a professor of Rehabilitation Counseling at East Carolina University here in Greenville, North Carolina. The Southeast Region TACE Center's mission is to improve the quality and effectiveness of rehabilitation services and enhance outcomes for the individual with disabilities in 8 Southeastern states, Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, Tennessee and South Carolina. . This is collaboration with DBTAC: Southeast ADA Center, and both the TACE Center and the Southeast ADA Center are managed by the Burton Blatt Institute of Syracuse University, New York.

Today's session is titled *Demographic Changes: Providing Rehabilitation Services to Consumers from Diverse Cultural and Ethnic Backgrounds*. We are privileged to be joined by our featured speakers, both of them are bilingual, bi-cultural, one is possibly tri-cultural. The first presenter is, Lucy Wong Hernandez. Mrs. Lucy Wong Hernandez is the Principle Investigator and Director for the Southeast Technical Assistance and Continuing Education Center, which is the TACE Center. She has over 20 years of extensive experience working in the fields of rehabilitation and disability study as related to academics, disability rights, social policy, and managing service delivery programs for

person with disabilities. She has been a promoter of the Independent Living Philosophy, and the inclusion of persons with disabilities from diverse cultural and ethnic backgrounds in socio economic development policy as well as their participation in the provision of educational, vocational and employment services.

The second featured speaker is Mr. Samuel Teruel-Velez. Sam is a native of Puerto Rico, he attended the University of Puerto Rico and he was a Service Program Manager of Rehabilitation Services for North Carolina Division of Vocational Rehabilitation Services for four years. In addition, Sam also has been serving in the capacity of Vocational Rehabilitation Counselor, Counselor-in-Charge, Unit Manager and Independent Living Program Specialist for North Carolina DVRS. As a bilingual and bicultural professional Sam is involved in work and groups providing support – to the Hispanic-Latino Community. Sam has been is a supporter, promoter and provider of culturally- based services for individuals with disabilities from diverse cultural backgrounds in North Carolina.

Before we being the section, there are a few items you should know. Today, the individuals who are joining us are using a variety of medium, including telephone and Real-time Captioning. During the Question and Answers session at the end of presentations we will make sure we take questions from the audience and questions submitted to the operator and captioner. All materials were provided to the site coordinator prior to the conference, and an e-mail was sent yesterday, March 3 with call-in instructions and access to the session material via the TACE southeast website. The format for today is as follows: I will give an overview of the presentation, then Lucy will speak 20 to 30 minutes, and Sam will speak about 20 to 30 minutes. Then we will use about 10 minutes to summarize this presentation. Before the conclusion of this presentation there will be opportunity for everyone to ask questions for about five to 10 minutes. If we cannot complete all the slides, as you know, we have a second Webinar training scheduled on March 18, which we will follow-up with the remaining slides or any other questions you may have. Depending on the number of questions if we are not

able to address all your issues or concerns, today, we encourage you to follow-up with questions via telephone at: 1-866-518-7750 or by E-mail: tacesoutheast@law.syr.edu. Again, 1-866-518-7750 or by E-mail at: tacesoutheast@law.syr.edu.

Daniel Wong: Now I am going to proceed with today's presentation. Again, we are very happy to have this opportunity today to discuss issues related to demographic changes in the U.S. and in particular in this southeast region concerning serving consumers from Diverse Cultural and Ethnic Backgrounds. We want to take this opportunity to thank everyone at the TACE Center: Region IV for their assistance and our colleagues all over this region and beyond for their support and collaboration. This is an interesting topic one that has created a lot of productive discussions, as well as many controversies. The objective of this presentation is not about political correctness, because political correctness perpetuates the fear of both majority members and members of underrepresented groups and they cannot speak openly and cannot discuss their concerns about fairness and fear about feeding into negative stereotypes and that adds to an atmosphere in which people keep tiptoeing around the issue and one another. This dynamic breeds misunderstanding, conflict, mistrust between the rehabilitation professionals and consumers, destroying the effectiveness of the services. That is the reason the goal of this presentation is to focus on how to provide effective services to consumers from diverse cultural and ethnic backgrounds and to discuss the constructive engagement of differences among everyone.

Slide 2: Overview

If you turn to slide number two, the overview of this Webinar is to decide to broaden the scope of cultural competency and understanding cultural diversity and its complexity for vocational rehabilitation counseling professionals.

So why do we act, behave and practice our profession, culturally sensitive to consumers from diverse cultural and ethnic backgrounds? Borrowing from a medical research on aging issues-perceived that discrimination was associated with increased mortality risk

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in the general population of older adults. This research suggested a subjective experience of interpersonal mistreatment is toxic in old age. This study adds to growing literature documenting discrimination as an important social determinant of health. Participants reporting more perceived discrimination had a higher relative risk of death. From the Vocational Rehabilitation standpoint, perhaps we all have to remember that in order for us to have good rehabilitation outcomes for our consumers; we have to know how we have been treating them and how they have been perceived that they have been treated.

Slide 3 : Objectives

Let's move to next slide. The objective of this training webinar will focus on basically four areas. The first one is awareness of demographic trends in the U.S., particularly in the southeast region. Number two is to define cultural competence in relationship to work environments. Three, is to assess self-skill in developing, helping relationships across culture and race. And of course, number four, is the consideration of cultural diversity for Vocational Rehabilitation counseling professionals.

Slide 4: Demographic Changes

Next slide, please. Slide number 4, please. In the demographic graph, as you can see, the demographic changes of the population, it is just projected by the year 2020, over 30% of the new workers entering into the labor force will be people from diverse cultural and ethnic backgrounds. Sometimes we classify people from this population as the people from minority backgrounds.

Slide 5: Immigration Population, 1900-2004

Next slide, please. As you look at this bar graph, the immigration population, from the year 1900 to 2004, you have a tremendous growth in terms of the percentage of people immigrants that came to this country. And as you can tell, 1900, or 10.3 million, by the year 2004, we have 34.2 million people that we consider them or categorize them as

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immigrants. We also have to take into consideration that of course proportionally, this country has tremendous growth in terms of the population. For example, in the year 1900 U.S. had a population of 76 million. And then by 1980 we had 227 million people. You probably know that last year we actually hit the mark of 300 million people in this country. The source of this information is from the Center for Immigration Study, U.S. Census Bureau and the current population survey.

Slide 6: States with Fastest Growing Immigrant Populations, 1990-2000

Next slide please. Now, if we look at this bar graph the state with the fastest growing immigrant population, from the year 1990 to 2000, you can see North Carolina actually was number one, with 274% increase of immigrants. As you look further down, the top 10 states with the fastest growing immigrant population, in this region we have North Carolina, of course, ranked number one. Georgia and we had Tennessee and we also Kentucky. And again this, this source is from the same source, Center for Immigration Study. The reason, those are the states we call non-traditional states for immigrants, but because of employment opportunities and possibly the cost of living that is lower, this region has become the gateway for immigrants, somehow transforming the Southeast into a place with very diverse populations.

Slide 7: States with Fastest Growing Immigrant Populations, 2000-2005

Next slide please. Next slide please. From 2000 to 2005, as you can see from this bar graph, South Carolina had taken the lead to become number one, or 47% growth as compared to U.S. average, only 15%. Again, within this region, we have South Carolina, Tennessee, Georgia, Alabama and North Carolina and they all rank within the top 10 states with the fastest growing of immigration population. Again the information of this statistic is from the Center for Immigration Study, U.S. Census Bureau.

Slide 8: States with Fastest Growing Hispanic Populations, 2000-2005

Next slide, please. The state with the fastest growing Hispanic population on this slide, as you can tell, now that number one from 2000 to 2005 number one is Arkansas. If you look at the top 10 states, we have South Carolina, Georgia, Tennessee, North Carolina and Alabama. So we have a total of five states that are fastest-growing Hispanic population. One of the phenomena is that, we looked at immigrants of this region; we are practically, talking about three big groups. One is the foreign born in general, any immigrants from anyplace around the world, and the second biggest group is the foreign born Hispanics. And the other group is the U.S. born Hispanics, the three major groups they came to this region. Again, the source is Center for Immigration study, U.S. Census Bureau.

Slide 9: Why Cultural Competence?

Next slide please. Now we go back to the main objective of the presentation. Why cultural competence? As I mentioned earlier, it is important for us to be culturally competent as Rehabilitation Professionals in order for us to do a good job, and to make our life easier.

Slide 10: Rational for Cultural Competence

Let's go to the next slide. The two major rationales for cultural competence, the first one -- is to increase self awareness and understanding of culture in providing quality vocational rehabilitation service to persons with disabilities in the southeast region. This is the objective of our presentation. The second major objective is -- to enhance cultural responsiveness, in order to be aware of and capable of functioning in the context of cultural differences.

Slide 11: Rational

Next slide, please. We have five important points, with respect to rationale. The first is to develop a strong alliance among Vocational Rehabilitation professionals and partner agencies, and professional and consumer and the family participants. The second is to respond to the current and projected demographic changes in the southeast region. I just showed the drastic changes in terms of population growth from diverse culture, from the bar graph. The third one is eliminate a long-standing inequality in participation and provision of services to consumers from diverse racial and cultural ethnic backgrounds. I do not have time to go over all these studies, but people from diverse cultures tend to not do very well in Vocational Rehabilitation. And the fourth is to improve quality and effectiveness of VR primary services outcomes, employment outcome and independent living. The last is to provide an understanding that meets state and Federal legislative regulations, and accreditation mandates for Vocational Rehabilitation service providers.

Slide 12: What is Culture?

Next slide. What is culture? Let's have Lucy answer this important question.

Lucy Wong Hernandez: Good morning everyone. Daniel has just given us an impressive picture in reference to how the southeast region has changed in reference to the increase of people from different cultures and ethnic backgrounds. Usually when I speak about culture, I like to refresh our memories not only what is culture but also to provide a definition. This is a definition of culture I selected for today's presentation which is based on a sociological perspective of what culture really means. What we have here, culture is an integrated pattern of human behaviors which includes, but are not limited to a way of living, values, beliefs, customs, standards, language, thinking patterns and behavior norms, -- and of course, communication styles, and many other different characteristics that individuals that belong to a specific culture may have. Basically, cultural guides decisions and actions of a group over time, generation, and perhaps this is the part we should be most interested with, because during our

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interactions with the different consumers and family members, we will notice how these decisions, actions of a group are completely guided by their culture.

Slide 13: Cultural Diversity in our Communities

Next slide, please. When we speak about cultural diversity, the first thing that comes to mind, we look into our communities and see the people that are around us. Usually, the first thing we see is what is called the obvious manifestations. We tend to think immediately, what might be the national origin and language of the person. Immediately we see the race, or perhaps ethnicity, definitely gender. Religion may come to the surface in many different ways, and of course we also make assumptions of the socio economic status of the person.

Slide 14: Culture or Origin

Next slide, please. Once culture of origin provides the person with a basic understanding and worldview, it also provides the means to perceive and explain our experiences, most important, it teaches us about customs, philosophies, and the behaviors we learn in the culture of the family, in the culture at home.

Slide 15: Cultural Diversity

Next slide, please. The more obvious manifestations, of course, are the age of the individual; less obvious we cannot tell how old the individual is, we could just guess. The education is also a less obvious manifestation -- not until we engage in an interaction do we get a sense of perhaps the education, background, level of education the person or group may have. Their socio-mobility, the perception of life events. It's not a very obvious manifestation, including perceived perceptions, for example, about disabilities, health issues, many other variables, and the world view. We cannot tell from meeting someone on that first encounter, what the person's world view might be.

Slide 16: Iceberg Concept of Culture

Next slide, please. Usually when I make presentations about culture and cultural competence, I like to use this concept called the Iceberg Concept of Culture. Just like an iceberg floating in the ocean, what you see initially is the tip of the iceberg, and that is when you see the race, ethnicity, gender, language during interaction, the way the individual may dress, age, other more obvious characteristics. But in reality, the part that concerns us as service providers would be those characteristics that are hidden -- that part of the iceberg of culture that is hidden below the surface. For example, one of the issues that I usually get a lot of questions is the eye contact characteristic of individuals from different cultures. Why is it that some individuals, during an interaction, let's say for instance an interview, do not make eye contact with the professional, the counselor, sometimes with the doctor, sometimes with any other kind of professional and this is because our western culture has different mannerisms and values, we may immediately come up with a wrongful perception. Eye contact is important in some cultures, but it could be a sign of disrespect for other cultures. For example, the Asian culture, and if we have sufficient time, Daniel will give more information. Usually characterized by not making direct eye contact. It is out of respect; when one stares in one's eyes, in some cultures, that can be like a threat or a daring kind of look rather than being a humble look, looking down looking side to side. In reference to that characteristic, I usually spend more time explaining, not to jump to conclusions, assume the person is not paying attention or is distracted or not interested. It's just the way in which the person expresses their own culture. Body language is important, how a person composes themselves during a conversation, especially during an interview. Religious beliefs and spirituality may come up during the conversation. A concept of justice and fairness in reference to services, to why we have these types of services, should I be applying for these kinds of services and many other issues involving that. The concept, for example, about emotional responses. Different cultures express their emotions in different ways, sometimes it may be too much to handle at one moment, sometimes a person, again, may feel totally emotionless and we need to pay attention,

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not to judge, attach labels, but to try to understand why is it that people respond in different ways. Also, with respect to us as professionals, that is a very important characteristic. In most cultures I have interacted with, I usually try to explain to the service providers, how people from other cultures perceive the professionals. When we come to a professional, whether it's Vocational Rehabilitation or any other field, we expect this person has knowledge, has been well-trained, and most likely the person will resolve all our problems. They have the know-how to tell us what to do, to resolve our problems. This is why we have such a high respect and place professionals in such a high standard. This is understood sometimes, in the professional fields, is too much pressure, we cannot give you all the answers, we cannot resolve your problems, but the person who was raised in another culture may expect totally the opposite. And it is good to understand that because it really interferes with our communication.

Slide 17: U.S. Dept. of Health and Human Services

Next slide, please. Thank you. One's culture of origin provides the person with a basic understanding and overview. I would like to move it up to slide 16, please. Slide 17, please. Thank you. Competence is a set of behaviors. The U.S. Department of Health and Human Services has given us a very clear definition as to what is competence. Competence is a set of behaviors, attitudes, policies that come together in a system, agency or program where among individuals, enabling them to function effectively in diverse cultural interactions, and similarities within, among and between groups.

Slide 18: Elements of Cultural Competence

Next slide, please. Usually when we speak about cultural competence, one good starting point is to look at the organizational, cultural level the organizational efforts to become culturally competent. Definitely this is very closely related to how the agencies for Vocational Rehabilitation operate within a mandate to becoming more culturally competent. At the organizational level, it is important to adapt diversity and cultural conflicts for the community we serve, also to acquire, apply cultural knowledge, manage

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the dynamics of differences, conduct cultural self awareness, and be competent in reference to values of diversity in all its forms. So how do we implement all of this to make an organization more culturally competent? Definitely, it has to do with policy, structure of the organization, with the values that the organization has and most importantly with the services the organization provides.

Slide 19: Cultural Competence

Next slide please. In other words, cultural competence is a point on a continuum that represents the policies and the practices of an organization, or the values and behaviors of an individual which enables that organization or person to interact effectively in a culturally diverse environment. Once the policies and practices are in place, also the staff, the personnel of the organization also has to demonstrate the interest and skills of being culturally competent. This is something that is taken care of at the organizational level.

Slide 20: Competence is...

Next slide, please. In other words, competence is a dynamic process which requires consistent and ongoing attention at the two levels: Organizational level, and at the level of those professionals that are in close contact with individuals from the community. It implies having the capacity to function effectively. It implies to be able to implement the knowledge an individual has and the intentions and efforts the organization makes.

Slide 21: Essential Elements in a Culturally Competent System

Next slide, please. Essential elements in a cultural competence system are very diverse, and each system organization may have them in a different way. At the organizational level, closely related to Vocational Rehabilitation agencies, the first thing we look at is the policy making. What policies at the state level have to be made, what efforts have been made in order to create a more inclusive kind of environment in order to be able to reach to that level of cultural competence within the system level?

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Definitely, administrative guidelines are necessary, that would direct those policies. The practice in service delivery is most important, and this is why we pay a lot of attention on the training and – capacity or competence that the service providers will have. The consumer-client and family inclusion is a very important point, as we learn about cultures, how to relate to them, we tend to pay more attention to those issues. Community outreach of course is very important, and should be reflected in attitudes, structure, policies and services of the organization.

Slide 22: The Cultural Competence Continuum

Next slide, please. Here we have a graph I usually like to demonstrate, it gives us a very clear picture on the continuum of cultural competence. At what point do we begin, for example if you look at the area illustrated by negative; we usually begin at the point of cultural destructiveness, cultural incapacity, and cultural blindness. I will explain each one in a minute. As we move toward a more positive area we become a little more culturally competent. The cultural competence takes place at the levels I mentioned before, organizational and professionals, and then of course we can say there is a certain level of cultural proficiency.

Slide 23: Cultural Competence Continuum Definitions

Next slide, please. Here we have the definitions. What do we mean by cultural destructiveness? Usually the forced assimilation, subjugation, rights and privileges for dominant groups only. Usually the dominant group will impose their values. –Unfair hiring practices and services and racism all can show when there's cultural incapacity. Cultural Blindness is also a bit negative and it usually tends ignore certain characteristics of the group and treats everyone the same and that people usually tend to ignore certain characteristics of certain groups, treat everyone the same. Only meets the needs of the dominant group, and we need to avoid that.

Slide 24: ...Continuum

Next slide, please. Cultural pre-competence, is moving into a more positive area, explores cultural issues, the staff, organization is more committed, we assess the needs of the organization in order to make a step forward to become more inclusive, and of course, the needs of the individuals. Cultural competence at the level most agencies usually are, to make the effort to become more competent recognizes cultural and individual differences. As we know, we cannot avoid that here especially in the southeast region. Seek advice from diverse groups, and the organization will hire a cultural unbiased staff. The cultural proficiency implements change to improve services based on culture needs, and usually they do research, teach, train, and do studies with reference to these issues.

Slide 25: ASSESS

Next slide, please. One of the things we need to do is assess, and by assess what we mean is to assess your own self-skills in the development of helping relations across cultures and races. Cultural competence has many, many concepts; I will try to go over some of them very briefly.

Slide 26: Cultural Awareness

Next slide, please. One of the terms we hear a lot is cultural awareness. In developing sensitivity, understanding of another culture and/or ethnic group and it is related to the attitudes of value; this is what cultural awareness is. It also –requires awareness of who the community members that need your service, support, awareness of your own culture first of all you need to understand your own culture. You need to know your own awareness, and of course knowledge of your own environment, the environment where you evolve, and the chance you will meet individuals from other cultures.

Slide 27: Cultural Sensitivity

Next slide, please. I will repeat the cultural sensitivity again. It is to know and understand that culture's differences, as well as similarities that exist, without assigning values such as "better, worse, right or wrong." I usually encourage people to build on the similarities and sort of put the differences aside. There are more things that bring us closer and we have more similarities than actual differences.

Slide 28: Cultural Biases

Next slide, please. Here we have what is called cultural biases; usually they are exhibited due to one's own culture. Sometimes these biases are unavoidable; people are brought up in certain ways, learning things from community and family. One of the issues of cultural biases is that it tends to be a little negative. Bias describes tendency or preference to a particular individual or perspective, and therefore we disregard those around us, may have certain differences.

Slide 29: Cultural Competence Concepts

Next slide, please. Cultural knowledge usually is when the individuals know about some cultural characteristics, history, value and beliefs, and when we say this, we also cautiously alert people that it is not expected that you would know so much or everything about any particular culture. It would take a lifetime actually to become what is culturally competent 100%, but we do acquire certain knowledge as we interact with individuals in the process of providing services. Definitely the cultural awareness is the next stage, when individuals are open to ideas of changing and changing cultural attitudes that could be negative.

Slide 30: Cultural Competence Concepts

Next slide, please. For example, the effort that you are making today in becoming culturally sensitive, in raising your awareness or in becoming culturally competent

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brings together the previous stages that I mentioned and it provides a more operational effectiveness during the delivery of your services. Next slide please, It appears we are having a delay with the slides, I am so sorry.

Slide 31: Creating Organizational Culture

Next slide, please. OK I am so sorry; we are having tech problems here. Creating organizational culture, as I said before, one of the initial steps in order for not only the agency, but the professionals within that agency to become culturally competent, a culturally competent organization brings together different behaviors, attitudes, policies, works effectively in cross-cultural settings, something that today is practically unavoidable, to bring better culturally-based services.

Slide 32: How do we measure cultural competence?

Next slide, please. There are many different ways to measure how an organization, and even an individual, becomes culturally competent. There are many tools utilized in order to do that. But one of the first steps, we can tell the organization is making an effort to become culturally competent is by hiring or at least making an effort to hire dually-qualified personnel and consultants for that system that would be able to provide the necessary information, if needed, or training, if needed; but most important to provide services needed and services that are culturally based.

Slide 33: How do we measure...

Next slide, please. We also measure cultural competence, if the services or plan of action that must be taken is one that is culturally-based, not only for individual, but perhaps for the family. The strategies that comprise the plan of action should be consistent with the values, beliefs, and practices of the consumer and the group.

Slide 34: How do we measure...

Next slide, please. The consumer and family must be given the due respect in selecting and receiving the services. Sometimes in the rush of the daily work we may disregard that important characteristic -- you know -- when we talk about cultural differences, the family plays an important role and should be involved. Cultural competence requires a thorough understanding of the culture, language, if the individual has limited English, or family members may have limited English, that presents a barrier to the consumer and the family.

Slide 35: A population of interest in the southeast region

Next slide, please. Here we have a population of interest in the Southeast region we mentioned earlier, and that is the Hispanic population in this case.

Slide 36: Demographics: Hispanic Population

Next slide, please. The Hispanic population, based on the graphs you saw before, and this information here, is one of the fastest and youngest populations in the southeast region that is growing very fast. One of the impressive numbers we see here as projected by the U.S. Census Bureau, from 1998 to 2007 million people or 24% of the U.S. population by the year 2050 will be of Hispanic heritage or Hispanic Americans. This is very important to take into consideration.

Slide 37: Demographics of Hispanic...

Next slide, please. In reference to this population of interest, because of the large numbers, I guess it's something that is very obvious, first thing we need to do and realize is that this is a very diverse population, from many different origins, in Central America, South America, and the Caribbean. Definitely we need to avoid that tendency that we have as service providers to lump everyone "under one umbrella." This Hispanic population has many different sub-cultures. They have one language that unifies them

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and perhaps many versions of the language as well. We need to be very aware of the fact, that when we speak of the Hispanic population we also have to consider there are many different sub-cultural groups within this group.

Slide 38: Important facts when providing VR services to Hispanic Americans with disabilities

Next slide, please. The Hispanic population, again, is not a racial group, it's an ethnic group. Of course, as an ethnic group they have the heritage based in European, Black, Asian, indigenous groups from various ethnic groups, what is called people of mixed races. We have that 15.3% of the Hispanic Americans in this country have some type of disability. That's a very high percentage. Another thing that is very important is that they are the most of affected by what is labeled as preventable causes of disabilities. Usually this is due, because Hispanic Americans tend to engage in very high risk type of labors. Their jobs are usually involving high-risk, something related to agriculture, related to chemicals, if it is related to construction. They usually encounter many different accidents that are preventable in many instances, but also cause permanent disabilities.

Slide 39: Important facts when providing VR services to Hispanic Americans with disabilities

Next slide, please. The perception of disability among Hispanics, now speaking in general terms, is one that perhaps if a disability occurs it might have something to do with "destiny and fate." Also, they have a rigid perception, if a disability takes place it should be something the person should be able to handle, it was meant to happen, and the endurance of that culture comes to the surface. It is not well-understood when someone takes such a long time to recover, recuperate, and engage in long-term

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process of rehabilitation. People usually like to overcome whatever challenges they have as quick as possible.

Slide 40: Important facts when providing VR services to Hispanic Americans with disabilities

Next slide, please. One thing that a service provider is important to understand is that, especially when we encounter populations that were born outside the United States, they usually do not have a clear perception of what Social Services are, what Vocational Rehabilitation services are, something that perhaps does not exist in their native country, so entering the process of service provision may require a little longer. People need to be able to understand what is it they are getting to, what are they signing to, and sort of are a bit suspicious; people may ask a lot of questions. This is also typical when we speak about Hispanic Americans. Traditionally the Hispanic American's nuclear family, they have the social support and guidance, try to avoid, contrary to the stereotype, applying or going through any kind of process of requesting services. The family acts as a safety net, the family is the traditional support during times of stress or times of illness, disability or anything that may happen.

Slide 41: Important facts when providing VR services to Hispanic Americans with disabilities

Next slide, please. The idea of needing professional counseling or social services has a certain negative connotation. It is not very appealing to a traditional Hispanic family. And again, this is perhaps why we see under utilization of services, in many instances, we hear about it, and try to apply, but realize I do not need it, really should not do this. All of those decisions are usually based on the family or group decision. The perception of services is directly affected by cultural values and beliefs.

Slide 42: Important facts when providing VR services to Hispanic Americans with disabilities

Next slide, please. As I mentioned before, the family serves as an emotional support, providers, a very high degree of over-protection carried for those who are believed or perceived to be frail, ill or disabled. This is a tendency that we also see across many different cultures but within the family of Hispanic Americans it is very prevalent -- and once again, it demonstrates the under utilization of Vocational Rehabilitation services.

Slide 43: Important Issues When Providing VR Services

Next slide, please. There are many issues that we need to take into consideration to make the services provided to Hispanics more successful. I guess one of the first things I would like to say is to try to make the most of that interpersonal or personal interaction with your consumers, maintain the family involvement, demonstrate your sensitivity, awareness, and of course provide information necessary for the family and the individual to understand the services.

Slide 44: Cultural characteristics such as:

Next slide, please. Just a couple of words, usually become prevalent, in the service delivery, these are the pride of the family or individual. The consumer may show the respect that is something that is mutual, from professional to consumer, consumer to professional, and the shame a consumer may have or feel because he or she is requesting services. All of this is going to have a tremendous impact on how you develop your report and communication, and if it is not done with the cultural sensitivity needed, the report and communication may fail.

Slide 45: Linguistic Competence

Next slide, please. Now I would like to pass the rest of presentation on to our co-presenter, Mr. Sam Teruel-Velez, and he will us give more information on the linguistic competence, including his part on the counselor's perspective.

Slide 46: A Professional VR Counselor's Perspective

Sam Teruel-Velez: Good afternoon, I am Sam Teruel-Velez. Before I get started, I would like to thank Lucy Wong and Daniel Wong for giving me the opportunity to be present and participate in this Webinar training. I would like to do is to start with this slide on linguistic competence, a capacity of service providers to communicate effectively with consumers, participants and their families. It involves language literacy skills, disability perception, expectations both traditional and western and capacity to respond to the needs of the cultural complexity of a diverse population.

What I will do for you, I am going to present you with some information as far as the professional VR Counselor perspective. I want to also take the opportunity to thank some of my colleagues from both the state of North Carolina and other states that were very willing to converse with me, present to me some of their questions and points of view, regarding providing service to persons of diverse cultures and ethnic backgrounds.

Slide 47: Serving Consumers from Diverse Cultural and Ethnic Backgrounds

Next slide, please. Serving consumers from diverse cultural backgrounds. What I will do is I will touch on four specific topics. Counselors' perspective, outreach, and improving delivery and outcomes of services, then I will provide you with some information on resources that can assist you in serving consumers.

Slide 48: Counselor's perspective

Next slide, please. In addressing, counselors' perspective, I would like to present to you two questions, basically, as were posed as the main concerns of counselors. What do I do? Who do I call? Counselors express that many agencies do not offer or have cultural diversity training. In this kind of situation, counselors must rely on personal experiences or some recollection of courses they have taken while completing master level courses, especially in counseling. They identify there are no resources that can provide assistance with referrals. Usually we tend to have a program person at the state level that can assist in policy procedures to identify procedures, process. However, in many situations that person is not there. There might be a listing as far as language, a listing of translators provided to them, but it does not identify translators that may have experience working with the agency, meaning that their translators don't understand the Vocational Rehabilitation process or how to work with the specific populations. There is also no information on what approaches or strategies that works or does not work with the populations.

In reference to policies and process that are in place, many of these policies and processes do not provide any kind of guidance. Basically the policy is required that the translator will be provided, and that material will be translated, but it does not identify how accessible or where these materials can be identified or how can, especially in policies, how can the counselors be able to provide the services of translation. One of the main questions we have in our mind is, in order to authorize services in the program of Vocational Rehabilitation, there has to be a specific identification of the consumer -- and the provision of that service has to be directly connected with the consumer himself. So, that initial contact in which a translator might be needed is something that causes concern to the counselor because they do not know how they will be paying for the services. Lack of experience from counselors and other staff, you will find there is a belief that everyone should be provided services or follow their identical process for intake. One example I will give you is, in many situations you find that the agency or the

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local office requires a pre-application orientation. This is specifically a service that does not work with people of different cultures, because we are not taking into consideration cultural values or norms. It is very hard for a person, specifically for a Hispanics, to find him/herself going over to a group of people that are completely strangers or unknown to them to walk into their office and acknowledge there is a person with a disability in their family or that they are a person with a disability.

That method of bunching individuals together is something that does not work. Under the other hand we have the fact that most of the time you find there will be only one or two individuals who come into these VR service orientation groups that are not English-speakers. The whole orientation is given in English, and there is very poor access for those individuals to get a clear idea of why they are there and what the program expectations are and what are their responsibilities. Another problem we have with the un-experienced counselor and/or staff is that they are somewhat confused about what their role is? As soon as they get their referral call or referral submission, they are not sure what they should ask the consumer or how they should contact this individual. Usually the first and common question to the consumer is -- Are you legally here in the U.S or not? Are you a resident of the state? Do you have a Social Security number? And many other inappropriate questions. Counselors' start thinking about questions that are completely not related to what is the initial information they should provide to that person that is referred to them for services. Usually what happens is that the confusion leads to having counselors or staff determining eligibility for Vocational Rehabilitation over the phone just based on questions that are totally not related to the Vocational Rehabilitation process. Finally, we also have that counselors do not have any kind of plan presented to them, especially an "outreach plan." If there is one person, a plan that is very general, or in many cases it addresses the agency strategies on how they are going to hire a person of different cultural backgrounds.

Slide 49: Working with Language Interpreters

Next slide, please. Working with language interpreters, I understand that many of the states do not have specific requirements, meaning they do not need, or do not require that a person providing translation have a certification. However, we have to be very careful, have to be very knowledgeable of who is the person providing the translation. It will be preferable the person is a qualified, certified interpreter; use a person who can document experience in the field of translation and has been working or works in the field of rehabilitation or with rehabilitation agencies and in the field of services to consumers with disabilities. This person should be bilingual and bi-cultural, understands the language and the jargon of the institution, remembering in Vocational Rehabilitation we have our own terms. Remember that this person should be comfortable in working in the VR setting and understanding the significance of his or her work and that the person preserves and respects confidentiality.

Slide 50: Working with Interpreters

Next slide, please. In working with interpreters, we have to make sure that the interpreters understand that they are serving multiple roles. We have the translation of language; basically it is the facilitation in the process of information sharing. This interpreter is not only translating language, but also helping the counselor interpret the cross-cultural event. What is happening is both the connection with the consumer as they are talking and also to be able to interpret the cultural event within what is happening with the consumer. And, that the translator is a client advocate conveys expectations, concerns and is not judgmental. In talking about cultural expectations, remember there are some specific parts of the different cultures that must be taken into consideration. There is the concept of commitment for the Hispanic community, you have commitment in your written paper work, as you prepare the plan, but you have the commitment on your verbal. What are you telling me? Your words have, in many cases, more significance than the written paperwork. Also, the length of time that is involved,

in the Hispanic community there is not a lot of time available, meaning that you are dealing with, in many cases, when working with the farm workers, these are people that are moving constantly within the state, and you have to be able to convey that to the consumer as to what kind of time is involved -- and present to the consumer that you are not providing a cure, you are not going to provide services that are going to take a situation from one end to the other. Meaning, you are not going to cure a person from their disabilities. Finally, remember that charity versus needs is very important for people of Hispanic backgrounds.

Slide 51: VR counselor's responsibilities

Next slide please. Counselor's responsibilities. There are four main topics as we address counselor's responsibilities. Legal aspects, what are my responsibilities as a counselor, understanding the group or groups, understanding the program services, noncompliance, and unsuccessful outcomes. Legal aspects, remember our responsibility is to provide information, be able to very clearly provide the purpose and goals, describe what are the services that will be provided. Be very clear in establishing, assisting the consumer, the eligibility requirements, and what is the rehabilitation process. Do not discriminate, and this is a mandate we have, -- do not discriminate on the basis of race, color, national origin or disability, and to provide information in the native language of the person requesting the services.

Understanding the group or groups, we have to have knowledge of the cultural values or norms of the group, develop culturally appropriate settings, and make sure the consumer does not feel they are in this totally alien environment where he or she is the only person of that particular ethnic group. There are people like them that also participate in the services. Use your community-based partners, establish strong community based partnerships; they will assist you in understanding the group and groups, and assist you in understanding norms, values of the groups. You have to understand the program of services, be knowledgeable of the services available for these consumers, work with the consumer in preparing a plan that provides relevant

services and is sensitive to timelines to avoid noncompliance, unsuccessful outcomes. Be knowledgeable of what behavior from part of you as a counselor may result in noncompliance and unsuccessful outcomes, for example, not involving the family, not allowing for community-based or faith-based support. Requirement to meet in groups. I mentioned earlier, meeting in groups is something that does not work with individuals of Hispanic background, and flexibility in setting meetings, meaning that you must work with your consumer as to the appropriate time, what things are available to help them meet the appointments you have. Be careful to keep your word, and again do not set unrealistic timelines.

Slide 52: OUTREACH

Next slide please. As we talk about outreach, we have to address why do we need to outreach? We can make it very simple; say we have legal mandates to protect individuals from discrimination and to provide services to persons with disabilities. There is a law among them, Title 6 of the Civil Rights Act and Rehabilitation Act conveys that. However, as responsible professionals working with people with disabilities, we have to make sure that we reach all individuals, those under-served or un-served populations. Who is involved in the outreach, agencies, Vocational Rehabilitation, need to go beyond a statement saying we will do outreach. They should be committed, making policies, development procedures, training the staff, developing a comprehensive plan of action, implementing the plan, evaluating the progress, documenting, sharing successes and outcomes, establishing partnerships with community organizations, communicate the mission and the purpose, facilitate the understanding of the agency, programs, -- and most important involve community organization to help ensure goals to the relevant populations, that the means of accomplishing the goal is sensitive to the group and a plan considers the knowledge, attitudes, belief and practice of the group during development and evaluation. The staff should know the policies and procedures seek training, and experiences, establish true partnerships in the communities, be present, advocate for and implement the reflection of cultural values and norms in the

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rehabilitation process. Ultimately, you should have the consumer participate in the training of staff and, professionals, participate in the development of policy, and participate in the preparation and implementation of the outreach plan. Have consumers attain presentations within their ethnic community and have consumers facilitate the establishment of partnerships with community organizations.

Slide 53: Improving Service Delivery and Outcomes

Next slide please. Improving service delivery and outcomes. Have a comprehensive outreach plan for consumer and staffing. Make sure, and I will point out again, have an outreach plan for consumers that addresses how consumers will be provided services, what will be your outreach pre-activities and activities, and separate form that your plan for staffing. You must establish strong and long-lasting partnerships with community organization. I mentioned they have to be both community organization and faith-based organization. Reflect cultural values and norms in the rehabilitation process. Provide cultural diversity training to staff, and in reference to the outcomes, be very flexible.

Slide 54: Resources

Next slide, please. I want to give you some information on our resources. Please look at those that are available, especially agencies in other states. Communicate from state to state, try to establish some type of relationships to share information, share activities and share the information of those activities that are successful, or not. Agencies within the state, we have the Department of Health, Social Services, Housing. These agencies have already developed some plans on outreach, and have developed some good strategies in serving people from diverse groups. Contact your local state minority organization, look for those organizations that are in your county, in your city, and contact them so you can become aware of what are issues relevant to persons with disabilities from diverse cultural and ethnic backgrounds. You have other disability advocate programs, for example, APRL, NCIL, Center for Independent Living, the World Institute on Disabilities Projecto Vision and local civic groups.

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Slide 55: Resources

Next slide, please. Finally, you can contact the Association for Multicultural Counseling and Development, Center for Multicultural Human Services, Office of Minority Health Resource Center, and some RSA projects that are working with Hispanics. A very good information source you can find is the Kentucky Farm Worker's Project and this available on online. You will be able to get information on some success, some challenges encountered from workers from the Hispanic community.

Slide 56: Asian American Populations

Next slide, please. An now Lucy will provide a brief summary

Lucy Wong Hernandez: Thank you. We were planning to also give you lots of information in reference to Asian Americans, but we will defer for now and Daniel will make his presentation next week -- in two weeks actually on March 18, when the next session will take place, because now we are pressed with time, and before I do the wrap-up I would also alert you to start thinking about some questions. We want to allow for time for you to be able to ask questions. We will post pond the presentation for Asian Americans for next time. And now I will summarize the presentations and give you time for questions. So now, I would like to move the slides to two slides after. One of the things I wanted to touch on briefly. You already heard what I presented, and Sam, the certain characteristics from the culture. I would like to move forward a little bit more, perhaps two slides after.

Slide 59: Coping with Culture-conflicts

Thank you. Next slide, please. A few reminders when working with culturally diverse groups try to identify the cultural and linguistic background of the consumer and family. As we have indicated before, avail yourself of resources to establish a good, clear

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communication from the very beginning. During that communication, try to utilize the skills that you are developing in reference to culture, and how the culture interprets their own beliefs and values. Understand the cultural implications on how individuals perceive and manage disabilities, and also how they perceive and manage services.

Slide 60: Coping with Culture-conflicts

Next slide, please. As long as you use culturally relevant and meaningful assessment and interventions you will eliminate a lot of the perceived biases. We send individuals to be evaluated, that can be intimidating, complicated for certain individuals, and we need to be sure whatever the tools that are being used are also culturally competent in a way or culturally based whatever results come from evaluation, needs to be explained to the individual and the family in a friendly and respectful manner. I think Sam indicated the importance of looking or seeking for thoughts and feelings of family members -- what is their reaction? They need to be able to understand what decisions are being made in reference to services, ultimately they will be the ones making the decision, along with the consumer, weather the continuation of services will be a positive thing or whether the services will stop right there. Create and distribute the culturally appropriate materials to promote the rehabilitation services, and available resources in the community -- if it is possible try to present the materials in the native language of the consumer or the native language of the majority group you are trying to reach out to.

Slide 61: Culture Characteristics

Next slide, please. Yes, we already mentioned how important it is to use qualified interpreters and translators. We do not want to miss any important piece of the information. You have to make sure the resources available to you are competent resources, and you need to conduct that kind of advocacy requesting that you are providing the tools that you need in order for you to provide effective culturally-based services.

Slide 62: Culture Characteristics (cont.)

Next slide, please. As I mentioned earlier, the process of becoming culturally competent is a very long journey and perhaps sometimes an overwhelming journey, but do not bother yourself thinking it is something not achievable and the present's tremendous challenges. As you continue interaction with consumers from different cultures, and make your best effort to provide the best services possible, you will move into what is called the intercultural skills and you will continue improving you skills, and the communication and services will be very positive for the consumer and family, and most for you also. Try to cultivate relationships with persons who can serve you as cultural informants, give you information on how to navigate the system, be able to provide the services that are needed, understood by the population that you are providing the services to.

Slide 63: General Perception

Next slide, please. In wrapping up, we continue making those improvements to be more culturally competent. One thing we also forget in the rush of the work, to demonstrate interest. Interest is important; consumers will know you are interested in them, what is going on in their life. Communicate that with them, the family, be flexible in your cultural interactions you need to become more open minded when needed, and reserve judgment about behaviors and intentions. As you become culturally competent others are adapting to your culture and becoming culturally competent as well. I always say cultural competence goes both ways, is it not only for the professional to become competent, it is also for the consumers who come to your agencies, and as they become culturally competent as they continue to enhance the relationship and become more effective. That's what we have for today. I will pass the microphone to Daniel, and then we will serve the purpose of answering your questions.

Q&A

Daniel Wong: Hello again everyone. I have been looking at the screen, and there were questions as I tried to address some of the questions, and for example -- regarding a question about -- why there was a decline from 1940s, 50s to the 80s, regarding a decline, or stabilized in terms of immigrants coming into the country. I believe there are multiple factors. One viewer said that -- it was probably the time during the Vietnam War, and civil unrest issues. Anyway, probably there are many social factors for this decline. You look at statistical standpoint, not a major factor; the difference is less than a million from one decade to the next. Also take this opportunity in the coming five minutes to kind of answer a couple of questions that we received from different sources, the first one is one I think that that Sam or Lucy can answer and it is reference to developing trust. What can a counselor do to develop trust with the consumers in order to enhance the rehabilitation outcome? A very important question.

Lucy Wong Hernandez: How do you develop trust with consumers? Sam would you like to answer that question.

Sam Teruel-Velez: How do you develop trust with consumers? My answer would be that you have to come very clear to the consumer. The point I was starting to make, as you explain what are the services available, you also tell the consumers what time is involved, what kind of appointments if you need to set medical appointments, how you are going to set the time and what arrangements you are going to make with the consumer. The situation we have is, when you have a person -- I will say from Hispanic background, our way of looking at things is a little different. We go to receive treatment, not counseling, but assistance, going to receive treatment. In our mind treatment is something fast, I will go to a doctor, and doctor will cure me. If the process is going to be long and I am going to have to come see the counselor four or five times, then I start questioning the trust, because I believed, and I understood that coming to see my

counselor would that will solve my problem. You have to be very clear, you have to explain the service, explain time, and that will help you increase the trust.

Lucy Wong Hernandez: This is Lucy. I want to answer the question about -- Which is the largest population of Hispanics in the region? Actually, the data we demonstrated before shows tremendous increase. Most important, the largest population we usually encounter in services is the Mexican population, and the second largest is the Cuban population. We are going to leave it at that and we will try to answer a lot of your questions via e-mails. We also have Marsha, who is going to give us some information. I would like to leave a few minutes for Marsha to give you the information needed to understand certain issues of CEUs and CRCC credit units.

Marsha Schwanke: Thank you Lucy, can everybody hear me okay? OK. Thank you all for joining us today for our first webinar here for the Region IV TACE Center. I just wanted to share and remind you of information about the education credits for this session. For CEU credit for this session the session has been approved for .3 CEU credits by the University College at Syracuse University. To earn these .3 CEU Credits you must participate in both today's session and the one in two weeks on March 18th. CEU credit will not be issued for individual sessions. In order for you to get CEU credit, the site coordinator must submit by March 6th, a participant list as verification of attendance to the TACE Center to us by fax, at: 404-541-9002.

If you are the only participant at the site you still need to submit the participant form in order to verify attendance. For CEU credits, you do not need to take the post-test, only for CRC credit. So, for CRC credit, in order to get the 1.5 CRC credit, you have to submit the participant list again and you also need to go to MyTACE Portal and I will put that email address, if you don't already have it in the window. You will need to go to the MyTACE Portal and create a new account so you can access and take the post-test. Upon passing the post test with a score of 80% or better you will be able to submit an online CRC request form. The TACE fax number again is 404-541-9002.

I just put the address for the MyTACE Portal in the window. The participant for is only for the site coordinators. Yes, Teresa there is a separate post-test for both sessions because in order to get CRC credit for each session you have to take a post-test. And again, if you are the only person you are considered the site coordinator and you still need to submit that participant form. All the forms and the post-test are available through the MyTACE portal, which is www.TACEsoutheast.org/myportal Are there any other questions on CRCC or CEU credit? If you have any further issues or questions let us know. Thank you all again if you have any further questions on CRCC or CEU credits or this presentation please give us a call at 866-518-7750, that is a voice/tty number or e-mail us at tacesoutheast@law.syr.edu and I will put that information in the chat window. Thank You.

Steve Jacobs: This is Steve Jacobs and I wanted to mention to those of you who recorded this session. There is a subdirectory under my documents called my conference recordings that is where the recording will be saved. Thank you for your participation

[Event concluded]