

Cara Pelletier:

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Announcer:

In this episode of Tim Talk, creating welcoming spaces for employees and patients with disabilities.

Tim Dentry:

Welcome one and all to Tim Talk, which is part of Northern Light Health's Happy, Healthy and Wise podcast series. It's crucial for workplaces to be welcoming to people with disabilities, because inclusion not only empowers individuals, but also enriches the overall work environment. When people with disabilities are welcomed, they bring diverse perspectives, talents and problem-solving approaches, which can ultimately drive innovation and productivity. So that's the issue we want to explore today with my guests.

Cara Pelletier is a passionate advocate for disability inclusion, helping businesses create more inclusive workplaces where all employees can thrive. With extensive experience in leadership development, organizational change and neuro-inclusion, you're going to hear more about that today, listeners, she brings invaluable insights to this important conversation. Cara is vice president with Disability:IN, a nonprofit organization committed to advancing disability inclusion in business. And we'll chat with Jessica Shaffer, director of community health and health equity at Northern Light, with more than 25 years of experience in community and public health program management and evaluation. Jessica has been with Northern Light since 2016, where she has developed and managed a number of community health initiatives in food security, childhood literacy, pediatric oral health, social determinants of health, and substance use prevention, treatment and recovery. Thank you both for being here.

Cara Pelletier:

Thank you.

Jessica Shaffer:

Thanks for having me.

Tim Dentry:

Thank you. Now, to start things off, I would like to ask each of you to share a brief comment about your personal passion for helping people in need. In other words, why did you choose a path of service, Cara?

Cara Pelletier:

Sure. Well, for me, my background is in leadership and organizational management, and one of the things that I learned when I was pursuing my master's degree is that it is the diversity of thought that comes with each of our individual life experiences that allows companies to be creative and thrive, and so anywhere you can encourage people to bring those differences to their work and to be encouraged to lean into that life experience, you create better, more adaptable, more responsive companies. But it's also personal for me. So I'm a person with multiple non-apparent disabilities. I was diagnosed at 41 with autism, I have ADHD and I'm also a hearing aid user. So disability inclusion, what I'm trying to do is help build a world that includes and provides opportunities for people like me and all the people who are coming up behind me in the workplace.

Tim Dentry:

Love it. Thank you so much. Thanks for sharing that personal sense of things in your life and what you bring to this conversation, bring to our communities. And I jotted down diversity of thought and bring it to work, I just really love that, that's really terrific, thank you for that. Jessica, please.

Jessica Shaffer:

I think for me, I really have to give my parents the credit for this, because growing up in a family that was very service-oriented, and from a very early age, being involved with my parents' activities, with their community work, with their philanthropic work, really taught me that giving back not only feels good, but it is required. I think it also tuned me into we are all part of a collective and made me really want to contribute back what I could to support the greater good and support health and support those who maybe don't have the advantages that others do. And I think that's why I was also drawn to my career in public and community health, because that is a very service-oriented field that really focuses on protecting and promoting the health of communities and populations.

Tim Dentry:

Well, that's fabulous. I'll just add my thanks again to both of you for sharing your personal story. And listeners, as we're recording this, this is also what is called Hospital Week, and we know that in health systems like ours, it's more than just the four walls of a hospital. It's so many things outside, before the hospital, after, in-home care, there's all sorts of hands-on individuals. And as it relates to what both of you are really talking about, and that is the public health side of things, et cetera, we know from the pandemic experience, that where we, as a society, as the healthcare sector, have taken our eye off the ball of those that have inequities and that kind of a thing, they're the ones that were really the hardest hit in the pandemic. So we need to hold onto that and we need to listen to people like you and we need to do something about it and really promote that and do it joyously. So thank you again for sharing your personal stories.

So Cara, as you specialize in helping companies improve disabilities and disability inclusion, let's start a conversation there. What are some of the common barriers that people with disabilities face in the workplace that you see?

Cara Pelletier:

Sure. Well, let's start with the biggest one. Even in 2025, stigma is still a major issue, disability is still seen by many as a taboo subject, and there are still some really harmful stereotypes that persist out there. So people will wrongly assume that disabled people are automatically less capable of doing a job or performing a task or that they would be a burden on an organization. But the truth is that people with disabilities are often expert problem solvers, because when you are living your day-to-day life in a world that is not designed for you, you become really good at finding creative ways to approach challenges and at becoming very resilient in terms of overcoming barriers in your environment.

So what research is now finding is that this mindset is invaluable in business. Accenture did a study maybe 10 or 12 years ago now. They recently redid the study in the last two years, where they have found that companies that prioritize disability inclusion outperform their peers financially, and they also differentiate themselves in the marketplace because you are taking time to include a group of people in your company who are creative problem solvers, who are resilient. And what they also find is that people with disabilities stay longer, so in terms of winning the war on talent and retaining good talent, when people with disabilities are able to thrive in an organization, they stay and they contribute.

But even still, people with disabilities struggle with application processes that might be inaccessible or unintentionally biased. There might be online application systems that aren't compatible with screen readers, for example, for someone who's blind or low vision, or you may have interviewers who aren't

ready to account for diverse communication styles. One of the things that people often look for in the interview process is, does the interviewee hold eye contact with me? For a lot of people who are neurodivergent, eye contact is a challenge for them. And so, if you're expecting that everyone's going to communicate in the same way, you're going to miss out on some great talent.

I think we all know that some buildings are less accessible than others, especially here in Maine. My house is almost 100 years old, it was designed before the ADA was a thing, and so there are lots of things I would like to change to make my house more accessible. We also know here in Maine that lots of our office buildings were designed before the ADA was passed in 1990, so it can be a challenge to shoehorn accessibility into those spaces. And then, last thing is when employees with disabilities are hired, they may not know that there are accommodations available to them. They may feel ashamed to ask for an accommodation. They may have had a bad experience at a previous employer asking for something they need to be successful. And so, there are both organizationally-imposed and sometimes self-imposed barriers at getting what you need to be highly successful at work.

Tim Dentry:

Thank you, Cara. And listeners, I highly recommend that when you listen to this once, you replay it and listen to that again, because that was a wealth of great information. What I really loved was I think probably when people heard me ask the question, common barriers, they think of physical barriers and that kind of thing, but you listed stigma, taboo, stereotypes. You didn't stop there, that they were just barriers, because you then went on to say that individuals facing that, that have those kinds of disabilities, are expert problem solvers and resilient, so therefore are great part of our talent pool in our communities. That is fabulous, that's so beautifully said, thank you so much for that.

Staying with you, Cara, what are some simple, effective ways that a workplace can become more inclusive? You mentioned one I will internalize and I will really think about, and that is eye contact, because I'm a big believer in eye contact and it takes down barriers and that kind of thing, and maybe I'm not as tuned in if someone isn't as comfortable making eye contact back. So maybe that's one I can think of, but please expand on that.

Cara Pelletier:

Sure. Well, I'm doing my very best to hold eye contact with you both in this situation. It is a bit painful, but I'm working on it. So first, I think it's important to recognize that according to the CDC, one in four American adults has a disability. Most of them are non-apparent, meaning you're not going to know someone has that disability unless they choose to tell you. But if you think about in this room, there are four of us, so one or more of us would have a disability. If you have a meeting with 20 employees, you've got four or five people in that room who have a disability, you may never know it. So disability is far, far more common than people realize.

And in the disability inclusion space, we like to say it's a club that anyone can join at any time. So one key step is to make sure that everyone knows what your accommodation process is at work, and say it not just when somebody starts with your organization, but remind people on an ongoing basis, because you may have employees who do not have a disability when they're hired, and at some point during their tenure, they develop a disability, whether temporarily or permanently. And so, it's important to keep that message going.

According to the Department of Labor, most accommodations are free or low cost. So the average accommodation, we think of accommodations as big, expensive things, like wheelchairs or renovating a building, but the average cost, according to Department of Labor statistics, is about \$300. So that might be an adjustable workstation, that might be a pair of noise-canceling headphones. And the most important statistic about accommodations is that when they're offered, they are highly effective, which means when you give employees what they need to be successful, they succeed. And that seems like such an easy thing

for people to understand, but I think a lot of folks, as we would say in Maine, get wrapped around the axle on the idea of accommodations. They can be very simple and they can be very inexpensive, and most of all, they're effective.

I think also, employers should embrace what we call the curb cut effect. So once upon a time ago, sidewalks didn't have curb cuts and it was very difficult for people using mobility devices like wheelchairs to get on and off the sidewalk. So they started building in curb cuts, which is that place where the sidewalk slopes down to meet the street without any barrier, and what they found was that wasn't just helpful for people in wheelchairs, it's also helpful for parents pushing strollers and people who are carrying boxes and all types of folks benefit from having that access. So there's this idea that a lot of things that we do to accommodate people with disabilities are actually really valuable and make life easier for everybody, so that's what we mean by the curb cut effect.

So one example of that is one easy thing you can do to be really inclusive at work is to send a written agenda before a meeting, because that not only helps people who might need extra time to read or process the information because they have a developmental disability, but it also supports people who are new to the organization and might want to research a little bit before the meeting starts, or your employees who speak English as a second or third language and might need a bit of extra time to grab the context of what's being discussed. Also, things like just making sure that when you have video meetings, you turn the captions on by default, or that people can interact both verbally and via chat. Also, from the autistic in me, unless it's absolutely necessary, allowing people to opt out of having their cameras on. So the goal is to make these practices standard operating procedures so that the inclusion becomes the norm instead of the exception. That actually helps a lot of folks in your workplace, not just folks with disabilities.

Tim Dentry:

Terrific, thank you. I have one more, it's a couple of questions together, so I'll share all of those and go in the direction that you see the most fitting. And again, listeners, I picked up a couple of things, I hope you were taking notes. What I did was allowing people to have their cameras off, I hadn't thought of that before. Definitely sending agendas ahead of time, but I hadn't really been sensitive to the context in which you stated it, that was really terrific. And most accommodations are free or low cost, so this is really terrific. Well, let me ask you these questions. How can employers and coworkers ensure they're being respectful and supportive to colleagues with disabilities, even to the extent of the kind of language that we use? And staying with the theme of people and human interactions, can you elaborate on the role of leadership in creating an inclusive environment?

Cara Pelletier:

Yeah. So first, let's talk about disability inclusive language. First and foremost, do not be afraid to say the word disability, because when you avoid the word disability, it reinforces the idea that it's something to be ashamed of. Disability advocates see disability as a natural part of human diversity the same way that eye color or hair color or height are. So when we are afraid of saying the word disability or if we say something like special needs or differently abled as a euphemism, it reinforces that disability is something negative or abnormal. So language does really matter.

Most disability advocates prefer either what we call person-first or identity-first language. So person-first means you would say, "A person in a wheelchair," or, "A person with autism," whereas identity-first language, when I introduce myself, I say, "I'm autistic," not that, "I have autism," so the same way I would say, "I'm left-handed," not that, "I use my left hand." So you can listen to the way that people describe themselves, and a great rule of thumb is respect how people describe themselves and ask if you have questions. But we do ask that people try to use terms that are respectful and avoid painting disability in a negative light. So for example, we say, "Wheelchair user" instead of saying someone is, "Confined to a wheelchair," because for many wheelchair users, they don't feel confined by the wheelchair, they

actually feel liberated by it. So again, it reinforces the idea here that disability is something normal and natural and not necessarily something to be overcome or cured.

Also to watch out for, sometimes we say things like, "Oh, that's crazy," or, "That's mental," just some of those casual, ableist terms reinforce the idea that mental health is something that we shouldn't talk about or that is stigmatized or that's negative. Unfortunately, we have seen a resurgence of the word retarded used online, which is really disheartening to me, that is a really harmful slur. So the words may seem small, but they contribute to a culture of exclusion. I try to remember that in leadership, the standard you walk past is the standard you accept. So when I hear somebody using a term that is outdated or considered offensive, I really try to gently let them know that the language has changed and evolved and encourage them to use different terms. So instead of crazy, I'll say, "That's wild," or, "That's incredible," or, "That's outlandish," or something like that. It may feel weird the first few times you do it, and then it just becomes habit.

Last but not least, if somebody chooses to disclose a disability to you, if they say, "I'm autistic," or, "I have a cancer diagnosis," or, "I'm diabetic," or those sorts of things, a great response is, "Thank you for trusting me, how can I support you?" That's it. I think a lot of times, people are uncomfortable with that disclosure and so they say things that maybe aren't quite as helpful. But if you can just say, "Thank you for trusting me, how can I support you?" It goes a long way in showing them that they're valued, that they were safe in disclosing that to you, and that you're open to learning about what you can do to help them be successful.

And with leadership, the role of leaders in creating an inclusive environment, leaders really set the tone for what is considered safe to talk about and what's accepted in the workplace. So if you've never talked about disability on your podcast before, there are going to be a whole bunch of people in your organization as a result of this conversation who suddenly know they can talk about it, and that's fantastic, because they know that you are taking the time to learn and you care about doing things in a way that respects and supports them. So this is sending a strong, positive message to the organization that it's safe to talk about disability here, which is fantastic. Leaders can also model inclusion by participating in things like employee resource groups or if you have a walk for cancer or if you celebrate disability employment awareness month. When leaders take the time to leave their desk and show up for those events, again, it sends a signal, because they're voting with their feet that this matters to me and it's something that I want to learn more about as an organization.

Tim Dentry:

Thank you, that's really fabulous. As I think along the lines of leadership, the way that you drove home those points is really fabulous, modeling inclusion, first of all, leaders always have to model the behavior and the attitudes and thoughts that they want to have as inspirational people and show that they're sensitive and humble. But encouraging people to use different terms, I really like that, I'm going to think a lot about that one as well, because sometimes people let things slide. I might do that occasionally. So to, as I think you said, gently or kindly be able to say, "You might want to try this a little differently." And I especially love the, "Thank you for trusting me, now how can I support you?" That's just really down to earth and fabulous, so thank you, Cara.

Cara Pelletier:

And I'll say that phrase works in every life situation you can possibly imagine, not just when someone's disclosing a disability, but anytime they approach you with something sensitive or personal to them, "Thank you for trusting me, what do you need? How can I help?"

Tim Dentry:

Yeah, very [inaudible 00:22:06] thank you so much. Thank you, Cara. Jessica, we'll turn to you now. In your work, you focus on health equity, can you give our listeners an idea what that means and why it is so important?

Jessica Shaffer:

Sure. So health equity basically means that we are ensuring everyone in our communities has the opportunity to achieve their best possible health. And in recent years, we know that this has been more of a focus for health care and for other organizations, and recognizing that different people have different challenges and different barriers to accessing care or accessing services they might need. And that's where it becomes really critical for us in health care and our efforts to deliver empathic, compassionate and effective care is understanding those needs and differences and barriers that are caused by differences, and sometimes in the way that we do things in healthcare.

And I think Cara touched on a really good point related to how health equity intersects with individuals with disabilities. I keep thinking it goes back to just asking, talking to folks, and you made a comment, Tim, about how so much of what impacts a person's health happens outside of our healthcare walls, and we're not going to be able to know what those impacts are and what we can do about it unless we ask. And that's where I think with patients with disabilities just asking, they are the experts of their experiences and we can't know what they're experiencing, what the barriers might be, unless we talk to them about it, and we can't help them achieve health equity unless we have those conversations.

Tim Dentry:

That's terrific, and that's wonderful that not only is that your passion and your mission, as part of the big, crazy family... I used the word crazy, didn't I? Our big, audacious family.

Cara Pelletier:

Perfect,

Tim Dentry:

Thank you. Of Northern Light Health, well over 10,000 people, it's so great that we have you, that's really helping us understand more, learn more, reach out more, touch more lives, so thank you for that. Jessica, what are some common challenges that patients with disabilities face when accessing healthcare services?

Jessica Shaffer:

Yeah. So patients with disabilities, I think they're going to experience some challenges that are going to be very familiar to a lot of our listeners, things like financial challenges, transportation barriers, and then, of course, trying to navigate a highly complex healthcare system that would throw anybody for a loop. But in addition to just some of those more common barriers, individuals with disabilities are going to also probably encounter, as Cara mentioned, some physical barriers in terms of how the facilities are designed, they may not be able to access the facility or some of the equipment that they might need to use.

And I think they're also more likely to experience some communication challenges, both in how we are communicating information to them and how they perceive and act upon that information, but then also how they communicate with their providers. Cara had referenced that in healthcare, unfortunately, disability bias is still an issue, and that creates a scenario where patients may not feel comfortable having those types of conversations with their care team. So really, I know I'm going to keep going back to communication, but it really, really is so important that we think about communication and the barriers that we might be inadvertently creating related to that.

And why this is also important is because we know that individuals with disabilities are, when compared to the overall population, much more likely to delay or postpone care because of these challenges and these accessibility issues. And we saw that, as you mentioned, Tim, very much so during the pandemic, when we saw accessibility challenges that were already existing in our environments exacerbated by the additional challenges created by the pandemic that caused individuals with disabilities to delay care even further, resulting in some really poor health outcomes for those populations. And that's why it's so important for us as health care, and I would say pretty much for any organization, to really be thinking about and aware of and addressing accessibility in the day-to-day. Don't wait for the emergency to happen to start to try to think about how we create accessibility and ensure accessibility, it needs to be just part of the day-to-day conversations and operations.

Tim Dentry:

That's really terrific and I love what each of you have shared, and that is really barriers can be physical, but for the most part, they are the stigma, taboo, stereotypes, and when all of our colleagues in healthcare... We're used to the healthcare system complexities and that kind of thing, someone coming in to experience it for maybe the first time or what have you, to just assume that they know what that is is doing a big disservice. And so, if individuals, because they have their own way in which they're trying to process that, but as we are delivering the service, are blinded by stigma and taboo and stereotypes... Listeners, please, listen, listen to this, this great conversation with two great individuals here, because this gets to the heart and soul of what we are as a health system that's community-based where we're caring for our neighbors. So please, please, please listen to this. So what are some of the things, Jessica, that we must do to welcome patients with disabilities?

Jessica Shaffer:

Great question. And I know we've talked a lot about the physical accessibility of our facilities and our practices, and that's certainly top of the list, to make sure that we remove those barriers upfront, but I'm going to bring it back to accessibility is more than just the physical barriers and the physical challenges. We need to be able to understand and accommodate disabilities that, as Cara mentioned, that are sensory, that are developmental, learning, or those non-visible disabilities. And so, it's more than just ensuring we've got the curb cuts and the elevator access, we really need to be thinking about what is the spectrum of disability in the patients that we are serving and how do we best meet those needs.

It's funny, I was thinking about this question and it made me recall back in my younger days, I was volunteering in a retirement community, and a lady, a resident, who had been visually impaired since birth came to our clinic. And I saw her standing at the front door, and the young enthusiastic helper in me, I see her glasses and her white cane, and I run up to her and I just grab her arm and start walking with her and saying, "Here's what we're going to do and this is how it's going to work," and I was just jumping right into it.

And she very quickly and very kindly put me in my place and told me what she really needed was not what I was giving her, she didn't want that. She wanted me to walk around that particular office layout with her a few times so that she could orient herself to the layout and then navigate it on her own in future visits, and that really taught me so much about... My heart was in the right place, but I went into that encounter with a lot of assumptions in terms of what I thought she needed instead of taking a step back and asking her, "How can I best help you? What do you need from me?"

And so, I think that just ties it back to going into every encounter, and this applies to all patients, but particularly with patients with disabilities, starting that interaction with humility, with empathy and openness and asking, "What do you need? How can I assist?" And be willing to learn and adapt to that need and that encounter. And I think, Cara, as you and I were chatting before, you shared a great counterpoint to my story in terms of how a healthcare team can really make somebody feel accessible when they are experiencing disabilities.

Cara Pelletier:

Sure. So as I mentioned before, I'm autistic and like many autistic people, I have sensory issues. And so, I turned 46 this year and I had been putting off having a colonoscopy for an entire year because I was very concerned about what that experience was going to be like. And finally, my primary care provider said, "I know this is going to be unpleasant for you, but you really need to get this done. It's an important part of your healthcare." And I said, "Okay, I'm going to do it." But to help you understand a little bit about what I mean by sensory challenges in healthcare, the hospital, or even the primary care office experience for me, I know going into it, it's always going to be unpleasant, because when I get in the room, it will always be too bright, it will always be too cold, the things I'm seated on will be scratchy or uncomfortable. There's often a really strong smell of antiseptic, which is necessary, but very unpleasant. And oftentimes, depending on where I am, I might be hearing beeps from machinery or other things that are unavoidable in a healthcare setting.

So what I know going in is it's almost like someone has taken all the dials on all of my senses and turned them all the way up to the red zone, and so I'm being bombarded by all of this sensory input the entire time I'm there, which makes it challenging for me then to turn down those knobs in my mind so that I can effectively advocate for myself and explain what I'm experiencing. So I have found myself in healthcare settings before becoming so overwhelmed that the provider comes in and I'm in tears and they don't understand why, or instead of being able to put cognitive energy into trying to be polite and professional, I'm giving very short answers, and it's because my entire body is screaming at me, "You're under attack, get out of here."

So I was really concerned with this colonoscopy, because in addition to all of that sensory stuff and having an invasive procedure, I'd never had one before, getting old is glamorous, and there was a lot of uncertainty about, what is this experience going to be? Who am I going to be in the room with? How many people will be there? Am I going to have a bad reaction to the anesthesia, because I've not been under since I was four? Those sorts of things. And so, I had worked myself up into enough of a panic about it that I was almost at the point of canceling it, and I got a call from the care team to confirm it and they said, "Is there anything you need us to know?"

I said, "Actually, yes." And I got to explain to the person on the phone, "I'm having all this anxiety about this. I'm autistic. I'm afraid that I'm not going to be able to manage my emotional response and that I'm going to be rude to your care team without meaning to or that I'm going to respond to something in a way that they're not going to understand." I said, "Can you please let them know I'm autistic, this is going to be hard for me and I'm going to do the very best I can?" And she was so empathetic and took the time to really understand, and when I got there the morning of, I could tell that every person on my care team had been briefed, from the person who brought me back, who asked, "Are you warm enough? Can we dim the lights in here?" To when I was headed back to the room for the procedure, they had a board up with not the names, but the initials of people who were coming in that day, and I actually saw a note that, "Patient is autistic, may experience sensory overwhelm."

So I knew everybody knew and everybody had me. And when I got done, my wife asked me, "How did it go?" And I said, "It was delightful." Who describes a colonoscopy as delightful? But it took them no time and no money and no expensive change in equipment or facility to make that experience something I dreaded to something I might actually look forward to in 10 years when I have to do it again, and that to me was the difference. They took the time to ask, "What do you need?" And when I said what I needed, they believed me. So anyway, it makes a huge difference and it's going to create a loyal customer for life.

Tim Dentry:

Thank you so much for sharing that. That was fabulous. Jessica, what is your thought on [inaudible 00:35:56].

Jessica Shaffer:

I loved that story because it was such a good counterpoint to my experience, where, again, well-intended, I didn't take that time to listen, to ask, and it makes me want to get a colonoscopy now. No, I just love that experience. And one thing that stood out to me too is they asked you before you even entered the facility.

Cara Pelletier:

Right.

Jessica Shaffer:

And how important is that? This aspect of inclusion and just asking the right questions doesn't need to happen at the time of the encounter and in the practice, it could start with their very first contact with the patient when they're at home, so I loved that particular angle of it as well.

Tim Dentry:

Fabulous. Thank you both. So before we start to wind up this podcast, do either of you have any final thoughts or things you'd like to discuss first, Cara?

Cara Pelletier:

I would like to say this has been a delight. Usually, the companies that I work with are not companies in my backyard, and so for me, being able to sit here in my own community and talk with a very respected name in healthcare in this community about disability inclusion is a real bright spot in my week. I would also say to others who may be listening, if you're interested in learning more about disability inclusion and how that applies to workspaces, I do work for a nonprofit, we'd love to have you visit our website, it's disabilityin.org. But I think everybody taking the first step to just listen to this and maybe allow it to challenge some of your perceptions about what disability is and what it means to be inclusive is a great place to start.

Tim Dentry:

Thank you so much. Jessica?

Jessica Shaffer:

I would say that, again, great experience, really, I learned a lot from you, Cara, and just really enjoyed this conversation. And I would say that in recent years, I think as a society, we've made a lot of progress and continue to make progress on the issue of diversity, and I do see or feel oftentimes individuals with disabilities aren't maybe included in that work and included in that thought. So again, drawing it back to the health equity, I would just encourage... Equity goes beyond race, ethnicity, social status, that there's a lot of different components of it, and certainly individuals with disabilities are ones that need to be part of that. I'll just close by saying, Tim, I want to thank you personally. I know in the current climate, it's not always easy to talk about diversity and health equity, and I am very appreciative that you continue to champion this and encourage our organization to maintain the course and keep this top of mind for all of the work that we do.

Tim Dentry:

Thanks so much. And when we do, I get so inspired by people like Cara, you, and you, Jessica, so thank you. So listeners, this is for you, go forth and be disability advocates. Be open to receiving feedback, respect how people describe themselves, be aware of those dials on the senses of those we serve. Don't forget the website, disabilityin.org. It's a great idea to check on that. So thank you, Cara and Jessica, for

being our guests and sharing your experiences. Thank you to our podcast listeners as well. Until next time, I'm Tim Dentry, encouraging you to listen and act to promote our culture a caring that starts with caring for one another. Thank you.

Announcer:

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