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DELAWARE

A collaborative effort of the Center for Disabilities Studies & the Delaware Developmental Disabilities Council

ABOUT THIS ISSUE

What is diversity? Ask this question of one hundred people, and you will probably get one hundred different answers. When the Publication Committee for *delAware* decided to focus on diversity for this issue, many different perspectives on the topic arose. The articles in this issue present only a glimpse of the many facets of diversity, but hopefully, you will gain an understanding of how diversity impacts services and supports for individuals with disabilities in Delaware.

Two courses taught at the University of Delaware by Dr. Carol Denson approach diversity by emphasizing the similarities that connect people, not the differences that divide them. In collaboration with the Red Clay Consolidated School District, Dr. Denson pairs small groups of junior and senior University students with students from the Center for Disabilities Studies' Transitional Partnership Program. Both groups of students are planning for the completion of their education and the transition to their adult lives. Working together toward the same goal affords a learning experience for all.

Maria Mendoza's experiences as a parent consultant-community coordinator highlight the significant need for individualized, flexible services for all people with disabilities. Her work in Sussex County, as well as her experience as the mother of a daughter with a disability, has provided her with firsthand knowledge of the importance of patience and dedication when working with the individual needs of families who speak a language other than English and live according to a different cultural ethos.

University of Delaware graduate student Donny Moore's own experience with diversity is featured in our Question & Answer section. Donny's personal perspective on diversity extends beyond the accessibility of buildings and services. By focusing on individual strengths rather than weaknesses, our society becomes increasingly diverse by enabling more people with disabilities to live and work in the community.

Pastor Israel Figueroa of Iglesia De Dios Maranatha in Seaford, Delaware, would probably not describe himself as an advocate for children or adults with disabilities; however, for some members of his congregation and community, he often facilitates the connection to the services or supports they need. Providing individual members of his congregation with information on services is part of Father Figueroa's daily work.

Finally, the personal story of William Gomez and his family illustrates how William's transition into school in the United States has impacted him and his family. Finding Spanish-speaking services in Sussex County has facilitated William's entering Howard T. Ennis School in Georgetown and provided William and his family with a new understanding of independence.

These individual stories examine diversity from different perspectives. I hope they will provide you with an understanding of how providing services to people with disabilities, based on individuals and their preferences and needs, creates a more diverse community for all of us.

Sincerely,

Tracy L. Mann
Editor

Understanding and Embracing Diversity in our World



We live in a world where "diversity" has become a popular topic for academic exposition as well as dining room conversation. As defined by *The American Heritage*

Dictionary of the English Language (4th ed.), diversity is "the fact or quality of being diverse; difference" or "a point of respect in which things differ." All human beings are diverse; there is diversity within and among cultures; essentially, diversity exists among individuals, the families and groups they associate with, and the communities we all share. Diversity among people with disabilities is undoubtedly vast. Cognitive, physical, and mental health disabilities affect approximately 20% of North Americans of all races, ages and genders. Some disabilities are congenital and others are developed during one's lifetime. In 2000, nearly 50 million Americans over the age of 5 were reported to have either a severe or functional disability.¹ According to World Health Organization estimates, between 7% and 10% of the world's population (approximately 500 million people) have a physical, sensory, or cognitive disability.²



Acknowledging diversity requires education, training, and acceptance on all levels of services, including policy-making, administration, and practice. Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program, or among individuals, which enables them to effectively provide high quality, individualized services.³ It refers to the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services, as well as the people providing the services. In other words, achieving cultural competence, embracing diversity, and successfully managing issues across diverse populations is a dynamic, ongoing, developmental process that requires long term commitment. The implementation of a culturally competent system that embraces diversity results in a system that eliminates barriers to services for underserved populations and provides high quality, individualized care.

To value diversity is to respect human worth. A system is strengthened when it recognizes and appreciates the varied backgrounds of those it serves, as well as those working in the field. Awareness and acceptance of differences in communication, life view, and definition of health and family are crucial elements of a well functioning system. Commitment to the provision of quality services regardless of background is the most important characteristic of a system. Providing individualized, quality services to all people bridges gaps in service delivery, eliminates barriers, and builds communities. We all contribute and benefit from the broad spectrum of unique human qualities. Diversity is the energy that enlivens our colorful world.

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¹ www.census.gov ² www.who.int/en/

³ Cross, Terry L., et al. (1989). *Towards a Culturally Competent System of Care*. National Technical Assistance Center for Children's Mental Health and Georgetown University Child Development Center.

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Bridging Communities



"Diversity means bringing different people together, people with different backgrounds, different abilities, different education levels, people with different skin color, everything, all levels of income and ability, bringing them all together and helping the people who need help."

When Maria Mendoza talks about "helping the people who need help," she is sharing her unique understanding of Sussex County's system of supports and services. As the mother of a daughter with a disability, Mrs. Mendoza knows firsthand how frustrating the system can sometimes be. She addresses these frustrations for other families by working as the community coordinator for the Center for Disabilities Studies, Family Support Initiative. Every day, Mrs. Mendoza tries to close the gap between available services and those needed by members of the community.

As an immigrant, Mrs. Mendoza has also struggled with the discrepancy between needed and available services in the Georgetown Hispanic community. To share her hard earned knowledge, Mrs. Mendoza does double-duty as a parent consultant at the Parent Information Center (PIC) of Delaware, Inc. PIC is the training and information center for parents in Delaware that helps families communicate more effectively and professionals to meet the educational needs of children and youth with disabilities.

Part of Mrs. Mendoza's role is to identify cultural differences that can cause challenges when they are not acknowledged. The majority of immigrants in the Georgetown area came from small Central or South American villages, where systems and services were not part of village life. In addition, not speaking English is an obstacle to obtaining services in the United States. Therefore, these families do not readily seek services for family members with disabilities.

"My job is to put people in contact with the right resources," explains Mrs. Mendoza. "Hispanic families are my focus. I teach self-advocacy one step at a time. I offer direction. Because the concepts are new to some people, my job is more time consuming than it would be in another population. I need to spend more time with each individual in order to help adequately." The challenge of respecting Hispanic and Latino values has been frustrating, at times, for Mrs. Mendoza. According to the 2000 census, almost 32% of the total population of Sussex County is Hispanic and Latino. The unique challenges of the growing minority community are magnified by its size and cultural uniqueness.

For example, one of Mrs. Mendoza's clients could not leave her job at a chicken-processing plant during work hours to get to the community center in Georgetown, although La Esperanza provides essential supports and services specifically to the Hispanic community. The client refuses to complain about the lack of accessibility because within her culture, this behavior would be unacceptable. The social worker, in turn, becomes frustrated because "the client doesn't follow through." Mrs. Mendoza works with individuals and providers to facilitate communication and foster greater understanding of each other, helping build bridges.

In another example, the family's cultural interpretation of social services has hindered Mrs. Mendoza's efforts to get medical attention for a Latino boy with mental retardation and hearing and vision problems. Although, his parents work, they have no health insurance benefits. When Mrs. Mendoza suggested enrolling the boy in Medicaid, the boy's father declared, "We came to this country to work, and we don't want anything for free."

"I think service providers need patience, need to understand that these people are adjusting to a new system here as well as a new language," advises Mrs. Mendoza. "We need to teach service providers how to listen for what the family wants to see happen, to address what's available, and then to help the family follow through. When the system works, and service providers are willing to be flexible and to work together, then needs are met."



A New Understanding of Independence for William Gomez



"One day on my way to work,"

begins Maria

Diaz of Milton, Delaware, "I saw children who looked like they had special needs. I saw them getting on a school bus, and I thought 'William could get on a bus here, too. He's always wanted to go to school with the other kids. He has wanted it so much.'"

The youngest of Mrs. Diaz's three children, William Gomez, who has mental retardation, stayed behind in San Miguel, El Salvador when his mother emigrated to find work.

"He lived with me," says William's grandmother, Cecilia Gomez, "grew up at home. There was no running water, so William would help me carry water by hand every day. I taught him some, showed him how to do the work. He liked to bring water and collect firewood in the morning.

"There were no schools or services in our town," adds Mrs. Gomez. She was aware of her grandson's disability as well as his vision, hearing, and mental health issues, but health care and disabilities advocacy is rarely available in San Miguel. "I tried to look for help, like when William had seizures. I didn't know what to do. I just lived with it. It was hard because I love William as if he [were] my own child."

After seeing American children like William going to school, Mrs. Diaz approached the primary resource in her community, the pastor of her church. The pastor contacted the Parent Information Center of Delaware in Georgetown and enlisted one of the center's bilingual parent consultants to guide the Spanish-speaking Mom through the educational process.

A year and a half ago, William came to America from a small, rural town in El Salvador. For the



Cecilia Gomez, William Gomez, and Maria Diaz in their Milton, DE living room.

first 16 years of his life, no services had been available to him aside of the supports provided by his family. Since his arrival, William has been a student at the Howard T. Ennis School and has received training in carpentry and gardening. Proudly, he has already brought in some income.

Mrs. Diaz and her family have also received training that helped them to under-



Successfully raising a child with a disability is a family challenge worthy of the entire community's support.



stand William better and encouraged them to give him credit for his capabilities. Although the family's definition of "independence" may differ from that of Delaware's disabilities advocates, the family's cultural definition encompasses a full life.

For example, children in the Diaz-Gomez family are expected to leave home only after they get married. Therefore, independence does not mean living on your own outside the family home. "Independence," declares William's mother, "means he lives his own life:

works, uses his own money, pitches in his share around the house, and contributes as part of the family."

William agrees with some of what his mother says. He wants to work and make money, but after a year and a half in his new country, he favors a more "American" version of independence. He wants to buy his own house and car and move out, married or not.

For now, at 18, William continues to go to school, enjoys an active social life through the church, and daydreams about his future. His mother and grandmother are obviously grateful for the dream.

"I am grateful for the people who help my family," says Cecilia Gomez, "especially for the help William gets because he has special needs other children don't have."

"I am very pleased," adds Maria Diaz, "that, in this country, there's a system with programs that help children with disabilities. Most of these programs are free and available. I want the people who read this article, some of [whom] may be working with families like mine-I want them to know that I am very grateful that these professionals are willing to do this work. Every day, I pray to bless these people."



Innovative University Courses Offer Unique Peer Experiences



Two hands-on courses in the University of Delaware's College of Human Resources, Education, and Public Policy (CHEP), designed by Dr. Carol Denson, group 4-6 university junior and seniors with students from the Transitional Partnership Program (TPP). A collaborative project between the Red Clay Consolidated School District and the Center for Disabilities Studies (CDS), TPP encourages 18 to 21 year old students, who have moderate to severe developmental disabilities, to develop independent living skills. In Dr. Denson's course, "Leadership and Disability Policy," university student teams work with transitional students to develop their Individualized Education Program (IEP). Teachers, state agency representatives, and other service providers usually help to plan the IEP short and long term

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This unique peer interaction is a structure for the students to compare upcoming transitions: junior and senior university students leaving the university and transitional students completing high school and moving to employment or further schooling.

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goals for the students. Each student team works collaboratively with the transitional student to develop a presentation of the student's strengths and future goals for the IEP group. Engaging the transitional students in activities outside the classroom, such as taking walks on campus, having lunch together, and working together on the computer, is integral to the course model. The ultimate goal is to prepare both student groups for the challenges of making the transition from school to adult life. This unique peer interaction is a structure for the students

to compare upcoming transitions: junior and senior university students leaving the university and transitional students completing high school and moving to employment or further schooling. Professor Carol Denson emphasizes, "I don't focus on the differences. The focus is on individual strengths and the similarities among the students." Students compare transitions and inquire, "What are the choices you have? Who helps you? What is your support system? Do the transitional students have the same choices?"

Jackie Gallagher, co-director of TPP, says, "The class is such a wonderful experience. For the TPP students to work with same age peers is quite powerful and provides the students a greater feeling of acceptance and belonging with their university peers." The university students come from a wide variety of degree programs. These diverse perspectives enrich the educational experience of the younger students with disabilities. "We tend to focus on the educational aspects of working with the students," says Gallagher, "however, the UD students are from many different colleges and see the transitional students' 'people strengths', which provides us a better perspective of the student as an individual."

"Analysis of Consumer Disability Issues" is a popular course that examines campus resources used by the transitional students. For example, both student groups learn about campus mobility issues including, using buses to go from apartments to class, work, and dining facilities. The transitional students gain independence through transportation training on the campus, and the university students learn to look more closely at accessibility challenges.

Often for the university students, these courses are electives and are their first personal experiences with people with disabilities. The experience in these courses often remains with both student groups long after the semester is over; past students have reported the profound impact of this course experience, says Dr. Denson. While he was a management

intern at a financial institution, a former student created a work place seminar on People First Language. This student attributed his aware-

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The social and personal benefits of breaking down the barriers to approaching people with disabilities are far reaching.

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ness of acknowledging an individual with a disability as a person and not his or her disability to his educational experience at the University of Delaware. Another UD



Jennifer Wolinski (center) and her team enjoy a break during Dr. Denson's course.

graduate told Dr. Denson that because of the Disabilities Studies classes, he deliberately devoted time getting to know two employees with disabilities in his department at work. In his view, UD opened a door to developing friendships he probably would otherwise have missed.

The social and personal bene-

fits of breaking down the barriers to approaching people with disabilities are far reaching. Dr. Denson's underlying philosophy is, "It's not about the differences; it's how we are alike." This principle is applicable across all borders, and thankfully, it is a reality for many students as a result of their experiences in these two courses.

Father Figueroa's Ministry



The Reverend Israel Figueroa stands as the spiritual leader of Iglesia De Dios Maranatha (Church of God), Seaford, Delaware. He teaches a moral code of conduct and guides his 130-member congregation through everyday family problems.

Father Figueroa admits that addressing the needs and fears of his predominantly Hispanic and migrant parish is difficult. People of immigrant status have difficulty obtaining the necessary documentation to lead a "normal American life," i.e., social security numbers, driver's licenses, and insurance.

Also, many of Father Figueroa's parishioners are unfamiliar with the concept of "a system of supports and services." Many are afraid to get involved in Delaware's programs and will try a service only because the family trusts Father Figueroa. The conflict between need and fear often confines this special population to the edges of society.

"Diversity means a lot of things: culture, language, economic level, education," begins Father Figueroa. "To define 'diversity,' you need to consider your community as a whole.

"Many of us," continues Father Figueroa, "don't have [a system of supports and services] in our home country. The parents don't realize it exists.

"We do what we can here," assures Father Figueroa. "CHILD, Inc., comes to our church and gives parenting classes that are required by Social Services. We are learning how to raise our children in the best way possible. I work as a facilitator in this process."

Since immigrating six years ago, Father Figueroa has turned himself into a one-man resource. He worked for Delaware National Bank while preparing for his ministry. This background has enabled Father Figueroa to build connections between the immigrant com-

munity and the established community in the Seaford area through his associations with both. He has also managed to accumulate sufficient resources to move his cramped mobile home church into a new, more spacious building. With this larger space, Father Figueroa dreams of adding daycare services and has applied for licensing. Children with disabilities and their families will benefit immensely from this daycare facility.

"When I decided to become a fulltime pastor two years ago," says Father Figueroa, "I had started contacting people immediately. I had many contacts, including doctors, professionals, and business people. Now, when I see a new office in town, I walk in and introduce myself and see what they have to offer."

Thanks to his connections and status as a pastor, Father Figueroa can approach skeptical parents and openly discuss, for example, a child's behavioral problem and the best way to address it. Although he may see a hyperactive child, a lethargic child, or a child acting out, Father Figueroa doesn't see attention deficit disorder or depression. Instead, he sees a child and family in need, and he works to meet that need. The family, not the disability, becomes his focus.

"My vision, the church's main goal," explains Father Figueroa, "is to reach the whole community, to figure out how we can serve the people, to do everything we can to provide what is needed.

"The American people have to know that we love this country," smiles Father Figueroa, "and love being part of it. We don't want to be part of the problem; we want to be part of the solution."

If you have a family problem and need help, call Rev. Figueroa at (302) 629-7033 or e-mail him at Israel7092@cs.com.

Q & A with Donny Moore

Donny Moore was born with arthrogryposis, which is a rare congenital disorder that reduces joint mobility. Born in Wilmington and raised in Smyrna, Donny relocated to Newark in 1990. Now a graduate student in Ancient History at the University of Delaware, Donny answered a few questions concerning diversity and his experiences as a person with a physical disability.

Q: What do you think of diversity in the terms of people with disabilities within the state of Delaware?

Donny: There is a huge lack of education that creates a gap between the able bodied population and the disabled population. "Diversity", to me, is just difference, so I don't know if that is the right word to use. I think that accessibility is a more appropriate/suitable word for what you are trying to know about. There is willingness to be diverse and make things accessible but only as far as learning what is needed.

Q: Can you elaborate?

Donny: The more advanced the structure is, the better it is. For example, around the university, things are very accessible because the university is always on the cutting edge, but if you move south in the state, there is a tendency for people who run towns down, I'd say, south of New Castle County, to be a little more traditional in their thinking. And, I don't think it's because they don't want to make things accessible or diverse. It's because they never had to so they just don't have to deal with it.

There are whole towns I can think of that where a person in a wheelchair can roll and not get into one single building in the whole town. And it doesn't just stop there. You can approach the owner of a store in one of these towns, and they almost feel they shouldn't have to accommodate in any way, shape, or form because it may change the look or the appearance they've strived for, or they may say, "Well, my building is old, and I don't want to take away from the old mystique of the building." You run into people who don't want to be bothered with accommodating other ways of life- plain and simple.

Q: What do you think of diversity as far as housing for the people with disabilities?

Donny: What's really becoming cutting edge is taking people who should be living independently and putting them in independent settings, but as a whole, the view is, "Let's put them all in an institution so that they are all together, and we can keep an eye on them, keep track of their money, and we can house them." The problem with that is you have

absolutely no independence in an institution. There are so many people throughout the state who are in institutions but really don't need to be. They have perfect minds to be able to pay bills, to be able to live independently, get along in life, and be a constructive part of their area around them. They could work and be a part of something positive, but they are stuck in an institution for one reason or another.

Q: What is being done?

Donny: There is a movement, and it is growing daily, to get these people out on their own so they can be independent, so they can create a life of their own, work like most people, so they can retire, so they can live how they see fit, and not how some institution sees fit. I know people who have to eat when they are told; they can only shower when they are allowed to shower. They can't choose to do whatever because they are in an institution and it is very structured. There is a big movement to get these people out of these areas. And some of those places are not nice to live in. There is a lot of

neglect and a lot of mental abuse, but just the fact that you are not allowed to be independent is mental abuse. It may not necessarily be inflicted purposefully, but I know if someone told me tomorrow that my independence is done, I would fight like you wouldn't believe to keep it.

Q: What about services for those who do live independently?

Donny: When you live independently, there are a lot of services available. You have to do the research yourself, but that is good; you should have to do the research. There is home health care, state transportation, that yes, is less than perfect, but it is a start. We need to build upon things that are already there to tweak the system. And it is not an easy life, but it is better than no life at all. Diversity, as a whole in this state, is probably consistent state to state from what I have seen. People are as diverse as they allow themselves to be.

Q: Can diversity be taught?

Donny: I don't know if it can be taught the way math or economics can be taught. You can have classes on diversity, and you can make up theories and put it all in a book; but you have to live it to learn it, and you have to be accepting of it. And part of that starts when a person with a disability obtains a degree in college and goes job searching, and if they are

qualified, give them the job. The institution must be accommodating to them. There are a bunch of laws that stipulate how accommodating, and the American Disabilities Act has outlined a bunch of things, but you have to give us a chance: like, when anyone applies for a job and gets it. We are being given a chance to show our worth or productivity. But a person in a wheelchair isn't always given that. A lot of times they are read like a book, and the cover is the only thing you see. If someone will just open the cover and read it page by page, it will start there.

Q: Overall, in your years here at the University of Delaware, what do you think of diversity on campus?

Donny: I've been here since 1990, and seeds were planted well before then, and now we have trees with shade. There is usually someone here who is willing to help. I cannot speak for all the disabled students, but I have had an excellent and responsive experience. I've never had anything I've said fall on deaf ears. The university is better than the state as a whole. Since 1990, the ADA office has moved on campus, sidewalks have improved; I would say the University is 98% accessible. There are few housing facilities though, and, as the disabled student population grows, and I think it will, these housing facilities will need to grow with them.