



**ODEP**

Office of Disability  
Employment Policy



***Health Care Professionals with  
Disabilities Career Trends, Best  
Practices and  
Call-to-Action Policy Roundtable***

March 18, 2014  
U.S. Access Board  
Washington, D.C.

**Event Proceedings**

**U.S. Department of Labor  
Office of Disability Employment Policy**

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## Summary

According to the U.S. Department of Labor's (DOL) Bureau of Labor Statistics, health care occupations dominate the list of jobs predicted to be in most demand in coming years. In fact, more than half of the occupations projected to have the highest percent increase in employment from 2012 to 2022 are in the health care industry.<sup>1</sup> Yet, it is also predicted that there is simply not enough talent in the pipeline, or "supply," to meet this imminent demand.<sup>2</sup>

This looming labor shortage is the result of a confluence of several factors, including but not limited to advances in medical technologies, the aging of the Baby Boom generation and the implementation of health care reform. As a result, it is incumbent upon the health care industry to closely examine its employment and training practices, and expand its paradigm related to workforce planning.

People with disabilities have an important role to play in this changing landscape. They not only represent an untapped talent pool, but also offer significant value and insight that can improve patient care. These opportunities were the overarching theme of the *Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable*, hosted on March 18, 2014 by DOL's Office of Disability Employment Policy (ODEP) in collaboration with the National Organization of Nurses with Disabilities (NOND) and co-sponsored by DOL's Employment and Training Administration (ETA) and the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA). (For information about meeting sponsors, see [Appendix A](#).)

Held at the U.S. Access Board in Washington, DC, this full-day event convened more than 40 key opinion leaders from across the country, including employers, Federal and state policymakers, researchers, and educational administrators. (For a list of participants, see [Appendix B](#).) By sharing research and best practices, these participants put a policy lens on a dialogue initiated in May 2011, when DOL/ODEP hosted a health care "sector summit" in partnership with Access Living of Metropolitan Chicago. From this dialogue, ODEP and NOND formed an alliance which was signed in 2012. The main goal of this alliance was to recognize the value of establishing a collaborative relationship to promote the employment of people with disabilities in the healthcare industry. One of the activities of this alliance was to coordinate a roundtable discussion among key stakeholders to address the intersection between disability employment and the health care industry.

In addition to several introductory and individual speakers, the *Policy Roundtable* featured two panel presentations, one focused on education and training and the other addressing employment, including hiring, retention, and advancement. (For the meeting agenda, see [Appendix C](#)) This report summarizes the day's proceedings, capturing key points and recommendations and extracting common themes for participants and other stakeholders to consider in taking the conversation about the employment of people with disabilities in health care—an industry at a historic crossroads and of consequence to all Americans—to the next level in the coming months and years.

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<sup>1</sup> *Employment Projections: 2012-2022 Summary*. Economic News Release. Bureau of Labor Statistics, U.S. Department of Labor, December 19, 2013.

<sup>2</sup> United States Registered Nurse Workforce Report Card and Shortage Forecast, *American Journal of Medical Quality*, January 2012; *The Future of Nursing*, Institute of Medicine. October 2010.

## Opening Remarks

The *Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable* kicked off with welcoming remarks from Serena Lowe, a Senior Policy Advisor on ODEP's Workforce Systems Policy Team, who shared the basis for the event and set the stage for the day's discussions. Subsequently, participants heard from five distinguished speakers representing the Federal government and NOND:

- Kathy Martinez, *Assistant Secretary, DOL/ODEP*
- Karen McCulloh, *Founder and Immediate Past President, NOND; President and CEO, Karen McCulloh and Associates Consulting; Presidential Appointee, U.S. AbilityOne Commission*
- Eric Seleznow, *Acting Assistant Secretary, DOL/ETA*
- Mary Beth Bigley, *Director, Division of Nursing, Bureau of Health Professions, HRSA/HHS*
- Janet LaBreck, *Commissioner, Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitative Services (OSERS), U.S. Department of Education (ED)*

### *Kathy Martinez*

Assistant Secretary Martinez thanked everyone for their participation and patience, noting that the event was originally planned for October 2013, around the time of the Government shutdown. She then shared that ODEP's mission is to develop and influence policies and practices that advance employment opportunities for people with disabilities and that, even though the agency addresses all industries, some have especially important roles to play. Health care is one of them, she said, because people with disabilities can help fill anticipated labor needs in a way that improves quality of care. Ms. Martinez also talked about the value of "look-alike mentors" in health care, sharing an anecdote about a retired physician, Dr. Stanley Yarnell, who is blind and served as a preceptor for a medical student who was also blind. Assistant Secretary Martinez feels that having more such role models is essential in health care. She also mentioned a young woman named Kayla Woolridge, featured in the ODEP-funded Campaign for Disability Employment's "**Because**" public service announcement. Since Ms. Woolridge has aspirations to be a nurse, Assistant Secretary Martinez concluded her remarks by saying that the event will help identify strategies for ensuring that Ms. Woolridge—and all other youth with disabilities who want to work in health care—can do so, and that health care employers can benefit from their talents. She also thanked NOND for its leadership on the issue.

### *Karen McCulloh*

Karen McCulloh thanked all the Roundtable participants and stressed that from NOND's perspective, this event signifies progress and is meant to be not an end to a much-needed conversation, but rather a beginning. She also shared the history of NOND, which was founded in 2003 and is unique in that it was founded and continues to be managed by nurses with disabilities. It is an all-volunteer organization, with most of the volunteers having full-time jobs. She also expressed appreciation to ODEP for helping the organization advance its goals to increase access to education and employment in nursing and other allied health care professions, noting that NOND and ODEP signed an alliance agreement in May 2012 and that this event is one of its outcomes. Ms. McCulloh then asked participants to consider various scenarios. One scenario is of a young student nurse who has a spinal cord injury resulting in quadriplegia; she returns

to school, completes her master's degree and now has two jobs in the health care field. Another is of a young woman with spina bifida who was admitted into nursing school, but was told that she would have no guarantee a partner facility would hire her and that she couldn't administer care from a wheelchair. This woman did complete her training and now works in outpatient care. This real story illustrates that when someone wants to do something badly enough, creativity comes out. Ms. McCulloh herself acquired her disability after licensure as a nurse. Vocational rehabilitation (VR) told her she could not still be a nurse. So, she started her own business. Fortunately, many changes have occurred in the VR system since then, but much work is still needed. That is why this event is taking place, noting that she sincerely hopes that everyone will engage in the conversation today and move forward.

*Eric Seleznow*

Eric Seleznow remarked that he had already learned a great deal in the few minutes since the event started, and that he is impressed with the diverse assemblage of brain power in the room, which is essential to tackling such an important issue. While he is new to ETA, he is not new to workforce investment, which he has worked in for more than 25 years, primarily in Maryland, where he focused on disadvantaged populations, including people with disabilities and veterans. In fact, several years ago, his organization was the beneficiary of an ODEP customized employment grant. ETA's motto is that "there is no such thing as a spare American," noting that even as the economy struggles to create jobs, employers still need workers, but can't always find people with the skills they need, and it's well known that health care is facing a talent gap. Filling that gap is a key area for President Obama's skills and jobs agenda as outlined in his State of the Union remarks. As part of that agenda, the President has asked his administration—not just DOL, but all relevant agencies—to align their workforce investment activities to meet employer needs. For its part, ETA serves—through its nationwide network of American Job Centers (AJCs)—millions of Americans from all walks of life, including people with disabilities, whether they disclose or not about their disabilities. It strives for universal access, but can still stand improvement. He also noted that another avenue for ETA's work is competency-based training and education programs through community colleges, many of which train for health care jobs, and ETA is committed to ensuring people with disabilities have equal access to them. Doing so is essential to ensuring local workforces reflect the population they serve, in a similar manner to ensuring a community's cultural and linguistic needs are met.

*Mary Beth Bigley*

Mary Beth Bigley shared that she is new to HRSA, but not the Federal government. She also noted that HRSA Administrator Dr. Mary Wakefield is herself a nurse and very aware of and supportive of NOND. Dr. Bigley said she is happy to see not only representatives of the nursing community taking part in this event, but also the educators and employers of future nurses, because drawing the connection between education and practice is essential. HRSA's primary purpose is to improve access to health care for people who are uninsured, isolated or medically vulnerable. As part of this HRSA mission, it supports the training of health care professionals, but its work can't succeed in isolation. Both sides of the equation—both workforce development and employers—need to talk to each other. Dr. Bigley also stated that HRSA has a program for veterans. This program has several elements, one of which is a "ladder" approach. For example, it brings veterans in associates' degree programs up to bachelors' degree levels. It also helps veterans translate their medic experience so that they need not repeat taking introductory courses. Then, it helps them complete and pass the National

Council Licensure Examination (NCLEX), the examination for the licensing of nurses in the United States.

Dr. Bigley concluded by saying she looked forward to hearing from participants, because HRSA can clearly benefit from ensuring that all people, including people with disabilities, who want to work in health care can work in health care.

*Janet LaBreck*

Janet LaBreck is also new to the Federal government, but not to rehabilitative services, having previously served as the commissioner of the Massachusetts Commission for the Blind, where she implemented training programs that now serve as national models. She said she was delighted to be a part of the day's event, noting that her deputy commissioner, Jeanette Snell, was also in attendance, and that they feel that the discussions taking place are critical to formulating an effective strategy for ensuring people with disabilities, including VR clients, are part of the solution to anticipated labor needs. Ms. LaBreck noted that she herself was a former VR client. She also shared that when she was a teenager she wanted to be a nurse, but didn't think she could because she never came into contact with any nurses who were blind like her. So, she is thrilled about what event participants are working to do, and wants to ensure that employers in particular learn about how the VR system can help them meet their needs, not only related to disability, but also related to other diversity variables. She also mentioned the incredible power of technology to help people with disabilities today train for and succeed in employment in a way that was not possible when she was in school, noting that VR can often cover the cost of workplace technology supports for employers. The Rehabilitation Services Administration is committed to meeting the demands of today's competitive job market, which is going to increasingly include people with disabilities due to certain demographic trends. For instance, the leading cause of disability among Baby Boomers, who are retiring later in life, will be vision loss due to macular degeneration. These individuals cannot afford to not be in the workforce, so steps need to be taken now to ensure they are positioned to do so which includes making sure employers have effective retention strategies in place.

### **Opening Remarks Discussion**

*Following the opening remarks, the following discussion took place:*

Karen McCulloh asked Mary Beth Bigley if HRSA's veterans program focused on veterans with disabilities or veterans overall. Dr. Bigley responded that it doesn't distinguish between veterans with or without disabilities, and that it is up to participating universities as to how they recruit participants.

Kathy Martinez noted that DOL's Office of Workers' Compensation Programs has been working with Unum in recent years to keep workers on the job after acquiring a disability or work injury. She said that some of Unum's strategies are highly innovative, and the biggest population in need of stay-at-work and return-to-work strategies is the aging population (particularly those acquiring disabilities and chronic conditions that require major changes to their work situation or other aspects of living). She also recognized the ODEP-funded Job Accommodation Network (JAN), which has been experiencing an increase in requests from employers about how to accommodate older workers to keep them on the job. Many of the solutions that JAN and Unum espouse are similar and very valuable.

Jake Jacob from Unum expressed appreciation to Kathy Martinez for her comments, noting that while much of the discussion thus far centered on training, education and

hiring, he was looking forward to sharing how Unum works to keep people who acquire disabilities in the workforce.

Leslie Neal-Boylan shared that in a couple of her research studies, nurses with disabilities were paired with occupational or physical therapy students and they learned a great deal from each other and were able to do things they didn't expect to during their practicums. She'd like to explore more opportunities for such inter-professional learning opportunities.

Sarah Triano noted that the California Committee on Employment of People with Disabilities has an initiative to increase the number of people with disabilities and veterans with disabilities in the health care sector and is also trying to integrate people with disabilities into the state's overall workforce development strategy. But funding is a barrier, because within the workforce development system, there is some resistance to targeting training dollars to certain populations. Furthermore, there is some resistance within health and human services to encourage consumers to pursue careers within certain sectors because of consumer control. So, the nationally directed funding and philosophical structure doesn't always work well at the state level. Eric Seleznow noted that the issues she raises are legitimate, but noted that people with disabilities are an eligible group to train under the Workforce Investment Act (WIA) and that he, in fact, did so at the state level. However, he acknowledged the fact that siloed Federal funding is a problem. Janet LaBreck added that VR is a critical partner at the state level, noting that even though consumers cannot be steered toward a specific field, they can be exposed to a wide variety of experiences. These types of experiences are why internships and mentorships are so important, which underscores that many of such programs funded through VR agencies do not cost anything to the individual.

## **Laying the Foundation: Meeting Objectives and Proposed Outcomes**

Serena Lowe then moved the agenda forward, noting the goals for the day's discussions. The purpose of this Roundtable is to gather information on policies that can increase education and employment opportunities for individuals with disabilities in nursing and other healthcare professions. The collaborative exchange of ideas will also address the needs of aging healthcare workers and returning veterans seeking to transition to civilian healthcare careers.

Specifically, she said that participants were encouraged to share innovative strategies in terms of recruiting, outreach, and hiring into allied health and nursing and what the identified challenges are to implementing those strategies. She emphasized that the purpose of the day was to have a frank and open discussion, including the complex dynamics and systemic barriers that currently impede access of individuals with disabilities into both post-secondary education programs and employment opportunities within nursing and the allied health. She said that ODEP and the other agencies represented want to know what they are doing well and what they are not doing well so that they can move toward the appropriate policy changes, whether related to training, employment or both. Of particular interest are strategies for maximizing and leveraging resources across systems, something the government does not always do effectively. Dr. Lowe introduced the next two speakers—Dr. Bronwynne Evans and Ms. Kimberly Vitelli.

## Understanding the Barriers: Accessing Careers in Nursing and the Allied Health Professions

Dr. Bronwynne Evans, Vice President of NOND and Professor at Arizona State University, College of Nursing and Health Innovation, delivered a slide presentation on the barriers, both policy and systemic in nature, faced by students with disabilities trying to gain access to nursing and allied health training programs.

Dr. Evans said that the key issues at play are the conflict between the social and medical model views of disability; lack of knowledge related to disability disclosure and accommodations, including the use of adaptive devices and technology; and the fact that there are few role models or mentors with disabilities. The reality is that students and health care workers with disabilities (including those who acquire disabilities later in life) face significant barriers, as evidenced by inquiries received daily by NOND.

Typically, NOND receives inquiries from two subpopulations:

- Students with disabilities that desire to enter a post-secondary program in nursing or the allied health professions; and
- Nurses with disabilities who are in danger of losing their jobs or wanting to return to the job market after acquiring a disability.

To highlight a few of these inquiries, Dr. Evans walked participants through two examples, including what action NOND helped facilitate:

Example One: Student with Disability seeking admission to School of Nursing

*Inquiry:* A student with quadriplegia seeking admission to a school of nursing

*Background:* In this scenario, the nursing school dean wanted to admit this student but the only support she received from disability services was the functional abilities' checklist, which stated that to participate in the program, the student would have to perform an array of tasks, such as lifting 25-pounds. The question the dean asked NOND was whether or not reasonable accommodations would allow this student entry or if the disability precludes her admission. NOND advised the dean that the student, the nursing school administration faculty, and disability services need to work together to develop capacity amongst disability student services. The first thing the dean, the nursing school administration faculty, and disability student services need to do is understand the Americans with Disabilities Act (ADA) and the specific obligations that institutions of higher learning have in regard to students with disabilities. Therefore, the dean's question would be addressed by the ADA to provide reasonable accommodations to perform the array of tasks which would not preclude the student's admission.

*Necessary Partners:*

- Student
- Administration
- Faculty
- Disability services
- Clinical site

*Key Reform Strategies:*

- Utilize the ADA as a resource
- Develop capacity to identify and implement accommodations

- Connect student with mentor/advisor to improve self-advocacy skills

Example 2: Nurse with Disabilities Desiring to Return-to-Work

*Inquiry:* A nurse in her late 20s with dominant-side weakness post-cerebrovascular accident seeking to return to a job in cardiac step-down unit

*Background:* After completing rehabilitation, the nurse is ready to return to work. She knows she could relearn nursing skills using one hand because her mother who is also a nurse learned skills from a nursing faculty with the use of only one hand, but she doesn't know where to go to get this training. She also doesn't know her rights under the ADA or the ADAAA (ADA Amendments Act), she has limited skills in interviewing with her new disability status, and she doesn't really have an identity yet as a person with a disability. She doesn't know what accommodation she should suggest or the kinds of assistive device that would work for her. The first thing that NOND did was to provide informational resources on the ADA and the ADAAA. Then, NOND advised that it was critically important to develop capacity amongst the entire members of her workplace team (i.e., her unit supervisor, human resources, and the vocational rehabilitation team that had been supporting her) to develop a plan for skills retraining on site and to implement a team approach for her to return to work. Lastly, identifying a mentor or advisor in that workplace, particularly someone who is skilled and working with people with chronic illnesses, is imperative. Her reentry to the workforce should also leverage technological advances in adaptive devices and technology, and also identify new areas of medical practice where her disability would be an asset to her team.

*Key Reform Strategies:*

- Implement team approach for return-to-work
- Evaluate need for skills re-training on-site
- Refer to center for independent living to build skills related to rights, advocacy and identity

*Necessary Partners:*

- Nurse
- Employer-human resources
- Vocational rehabilitation
- Unit supervisor

After these examples, participants watched a short excerpt from a documentary film produced by Dr. Evans and NOND President Dr. Beth Marks titled *Open the Door, Get 'Em a Locker*, which chronicles the experiences of a nursing student, Victoria, a wheelchair user, who entered a baccalaureate program. In the clip, several students in the program who do not have disabilities shared comments they heard nursing professionals make about their unwillingness to hire Victoria due to her disability. Also interspersed were shots of Victoria talking about her experiences.

Dr. Evans then turned the conversation to one of the major issues impacting access to nursing education programs for potential students with disabilities: *essential functions* and *functional abilities* versus *technical standards*. Essential functions apply to employment, not education, but were translated into education in the form of functional abilities. Functional abilities became widely used in nursing education. Examples of functional abilities include “lift 25 lbs.,” “reach above shoulders,” or “walk.”

NOND advocates using *technical standards* instead; and furthermore believes they should focus strictly on “what” needs to be done, not “how”—since there is more than one way to accomplish a task. Per a handout provided to participants, technical standards are all the non-academic requirements students must have/meet to enter a program (See Appendix D). They cannot be written to exclude a class of people, including people with disabilities, and must include language stating “able to meet these requirements with or without a reasonable accommodation.” In short, technical standards are a more appropriate policy for nursing programs, and all health care training programs.

Nursing schools often have difficulty writing non-discriminatory technical standards, however, and often use language related to physical attributes (the “how”) as a skill (for example, “must be able to talk to patients” versus the concept “must be able to communicate with patients”) or specify how a task will be accomplished (for example, “be able to hear a heartbeat through a stethoscope” versus “gather vitals using a variety of means”). Furthermore, similar to the latter example, technical standards are often based on what students will actually learn in training, so it is inappropriate to use them as part of the admissions’ process, other than to let students know what they can expect. In other words, admissions should focus on academic qualifications, not physical faculties (e.g., hearing, seeing, walking, lifting, etc.).

Dr. Evans said working to increase access to education and employment for people with disabilities requires change on four fronts: policy, education, stakeholder attitudes, and practice. Achieving change on all of these fronts is critical, because health professionals with disabilities have the potential to transform their disciplines and practice through the provision of culturally relevant care. Culturally relevant care, like linguistically relevant care, enhances communication, increases consumer involvement and satisfaction, and leads to better health outcomes.

Also several overarching strategies should be implemented to prevent the looming nursing labor shortage, which is predicted to be 260,000 short by 2025. These strategies include a national education strategy that promotes health careers to youth, veterans, and people with disabilities through more effective recruitment and outreach and strong return-to-work, retention, and promotion policies, including workplace flexibility for mature workers, given that more than half of the nursing workforce is older than 50, and the average age of nursing professors is more than 60. Dr. Evans noted that veterans must be included in this strategy, and one potential channel for doing so is the White House’s [Joining Forces](#) initiative. Dr. Evans concluded by showing another brief clip from *Open the Door, Get ‘Em a Locker*, during which Victoria summarizes her experiences as a nursing student with a disability and offers advice to potential future nursing students with disabilities.

*Note: Open the Door, Get ‘Em a Locker is available on the NOND website at [www.nond.org](http://www.nond.org).*

## The Need to Diversify the Workforce to Address Growing Health Care Employment Demands

Kimberly Vitelli, Chief of ETA's Division of National Programs, Tools, and Technical Assistance, presented a current assessment of health care industry opportunities for job seekers and veterans with disabilities. Overall, her presentation addressed what fields will need what and when, employer-identified skills, online career tools for the health care field, and a Department of Defense (DOD) credentialing pilot.

Ms. Vitelli's remarks included several slides; the first three provided state-by-state data on job growth in the nursing profession.

- *Registered Nurses (RN)*: Noted which states were above or below the national 26 percent average growth rate of registered nurses, and to what degrees. States with higher-than-average predictions were Idaho, Montana, Utah, Arizona, Colorado, Texas, Oklahoma, Indiana, Alabama, Georgia, and Maryland. Of these, Idaho had the highest prediction, at 40.4 percent.
- *Licensed Practical Nurses (LPN)*: Noted which states were above or below the national 22.4 percent average growth rate of *licensed practical nurses*, and to what degrees. States with higher-than-average predictions were Alaska, California, Arizona, Idaho, Utah, Montana, Wyoming, Colorado, Texas, Minnesota, Indiana, Alabama, South Carolina, Virginia, and Maryland. Of these, the four with the highest predictions were Alaska, Idaho, Utah, Colorado, and Texas.
- *Nurse Aides*: Noted which states were above or below the national 20.1 percent average growth rate of nurse aids, and to what degrees. States with higher-than-average predictions were Washington, California, Arizona, New Mexico, Montana, Idaho, Wyoming, Utah, Colorado, Texas, Oklahoma, Indiana, Georgia, South Carolina, New Hampshire, Virginia, and Maryland.

ETA's *Guide to State and Local Workforce Data* and overview of various HHS websites supplying health care workforce projections are great sources for more data. Both are available on ETA's Labor Market Information (LMI) Win-Win Network Community of Practice (or WIN-WIN, for short) at <https://winwin.workforce3one.org>.

Additional electronic tools to assist in workforce planning include ETA's industry competency models (<http://www.careeronestop.org/competencymodel>). These models use a pyramid structure to promote understanding of the skills sets and competencies for various industries. She noted three that pertain to the health care industry in particular—Allied Health; Electronic Health Records; and Long-term Care, Supports, and Services. She also walked participants through the first one, noting that they all have a similar structure and acknowledging that ETA may need to assess them to ensure language used doesn't unintentionally exclude people with disabilities, especially when it comes to the bottom layer, titled "personal effectiveness."

Ms. Vitelli also noted the Virtual Career Network (VCN) ([www.http://www.vcn.org](http://www.vcn.org)), which is sponsored by ETA and developed under a grant to the American Association of Community Colleges (AACC). The VCN helps connect individuals with education and training in two high-growth industries, health care and the "green" sector. Additional online tools include My Next Move ([www.MyNextMove.org](http://www.MyNextMove.org)), which facilitates career exploration for individuals. Additional components to My Next Move include a Spanish version, Mi Próximo Paso, and My Next Move for Veterans, which allows a user to enter his or her military occupation code (MOC) to learn about corresponding civilian jobs and their required credentials.

Related to veterans, ETA is also partnering with DOD on a military-to-civilian skills' credentialing pilot for health care support occupations, because many transitioning veterans already have highly sought-after skills. The three largest health care MOCs are Army, 68W Health Care Specialist, Navy, HM Hospital Corpsman and Air Force, 4N0X1, and Aerospace Medical Technician. Together, these represent potentially more than 85,000 people who could transition into civilian health care occupations, especially Emergency Medical Technicians (EMTs) or paramedics, or nurses. Ms. Vitelli noted that many of these may be veterans with disabilities and expressed appreciation to ODEP for helping connect different strands of ETA's work with its own.

## **Presentation Discussion**

*Following Dr. Evans' and Ms. Vitelli's presentation, participants posed the following questions or comments:*

- Sara Oliver-Carter (Highmark Health) noted that thus far, most of the discussion has focused on training and building capacity of workers, but not much focus on how to translate it into the employer context. Employers often do not understand what they need to do, even if they want to act, and many individuals do not know how to communicate their skills in a way that resonates with those doing the hiring. She would like to hear more about how to help employers understand how to hire and be more disability-competent; she feels more education is needed here. Kimberly Vitelli responded by saying that the Workforce Investment Act (WIA) created state and local workforce investment boards (WIB) and they have, by law, a business majority. Not only do the LWIBs advise the workforce system about how it should develop training based on the needs of local labor markets, but they also inform local business leaders. She added that strategies for reaching out to employers varies depending on their size, and that for small businesses, American Job Centers (AJCs) can almost serve as an HR arm with AJCs' Business Service Representatives helping employers find candidates, write job descriptions, recruit and interview, etc. This AJC assistance can include a focus on candidates with disabilities if desired. Large businesses can also benefit from AJCs in this regard; however, many businesses, large or small, are simply not aware of them.
- Serena Lowe mentioned that the afternoon panel would address the employer perspective, adding that with roll-out of the final rule pertaining to Section 503 of the Rehabilitation Act and the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA) regulations, this is a challenge that DOL and the Federal government is also focused on in terms of how best to educate employers on how to effectively hire and retain workers with disabilities.
- Karen McCulloh added that in many ways, the issue of changing the cultural norms of employers through a transformation of their hiring, training and retention practices as they relate specifically to workers with disabilities is the major challenge facing us. On the national level, policies and regulations devoted to people with disabilities sound great, but they hold little water if they are not put into practice at the grassroots level, which, based on the emails NOND gets from nursing students and nurses every day, doesn't seem to be occurring. She cited that NOND has received calls from academically qualified students not being able to start or stay in a nursing program because they can't get the accommodations they need. She noted that if we can't get qualified people through institutions, they can't apply for all those jobs predicted to be open in the

coming years. She also reinforced the comments of Sara Oliver-Carter that there is a high learning curve among employers. Ms. McCulloh added that the socio-cultural barriers are particularly disturbing because disability can happen to anyone, so it's not an individual issue, but a societal one, noting her own experience of acquiring a disability while already in the workforce and discovering for herself the additional value and insight she had to offer her profession.

- Scott Lissner ended the discussion by saying that on the corporate level, more emphasis is needed on placement and assistance in the accommodation process, particularly helping employers understand that it's an interactive process and providing them with helpful technical assistance and training resources.

## **Panel Session One: Driving Access to Post-Secondary Educational Programs in Nursing and Allied Health Professions for Prospective Students with Disabilities and Returning Veterans**

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### **Key Points:**

- Nurses with disabilities, whether they enter the field with a disability or acquire one while in the workforce, can face discrimination.
  - Many clinical partners do not have a flexible mindset regarding how work is done; when it comes to clinical placements, disability, and especially the accommodation process, must be part of the conversation from the start.
  - If well written and used appropriately, technical standards should not be a barrier to entry for students with disabilities, but in many cases they do; this major issue needs addressing across nursing education.
  - Existing and new regulations, such as the recent updates to Section 503 of the Rehabilitation Act and VEVRAA, should be leveraged to stimulate cultural change.
  - People with disabilities should be emphasized as an underserved population and part of the diversity spectrum in grant solicitations.
  - When transparent, enforcement can be a powerful educational tool.
  - Corporate diversity and return-to-work strategies may have applicability in the higher education context.
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### **Speakers:**

- Roxanne Fulcher, *Director of Health Professionals Policy, AACC*
- Leslie Neal-Boylan, *Associate Dean and Professor, School of Nursing, Quinnipiac University*
- Charlotte Lanvers, *Staff Attorney, Office of Civil Rights, U.S. Department of Education*
- Beth Marks, *President, NOND; Research Associate Professor, Department of Disability and Human Development, Applied Health Sciences, University of Illinois at Chicago*
- Robin Jones, *Project Director, Great Lakes ADA Center; Instructor, Department of Disability and Human Development, Applied Health Sciences, University of Illinois at Chicago*
- (Facilitator) Mary Beth Bigley, *Director, Division of Nursing, Bureau of Health Professions, HRSA/HHS*

*Roxanne Fulcher* provided an overview of AACC, noting that it is the national association representing community college associations. AACC members, community college presidents and chancellors, are highly vested in health professions education and workforce development. She stated that disability is not her expertise; rather she specializes in health professions education and health care policy, and is pleased to be present to learn more about how the two intersect. Overall, community colleges are very interested in partnering with DOL and others to address the concerns being discussed, especially those related to providing students with disabilities improved access to higher education programs based on their disability. She noted a 2006 survey that showed two-thirds of community colleges had disability student service centers.

*Leslie Neal-Boylan* shared that she has conducted several research studies on RNs with disabilities, and the common denominator is that they do face discrimination. This discrimination extends to those who develop a disability while already in the nursing workforce; they feel “pushed out” based on a fear that they will jeopardize patient safety. Yet, to date, no evidence exists of an incident or injury caused as a result of a nurse’s disability. It seems that nurses with disabilities easily figure out how to compensate, but for their employers and supervisors, experiencing their employees doing things differently, even if the end result is the same, is not accepted. One of Dr. Neal-Boylan’s studies, conducted with the Yale Medical School, compared RNs and physicians with disabilities and found that they face similar issues, but the physicians get even less support as a group when they are out in the clinical setting. A current study is interviewing attorneys who have brought cases on behalf of nurses with disabilities; and it is showing that most of these attorneys do not win these cases. What Dr. Neal-Boylan is interested in is what nurses can do to advocate for themselves, because most of those she has interviewed do not know their rights.

*Charlotte Lanvers* shared that she and her colleagues’ work in the program legal group of ED’s Office for Civil Rights focuses primarily on disability issues, especially related to developing guidance and occasionally advising on amicus briefs. The bulk of their time is spent on enforcement complaints compiled under Title VI of the Civil Rights Act, Title IX of the Educational Amendments Act, and Section 504 of the Rehabilitation Act. In collaboration with other relevant agencies, they sometimes address Title II of the ADA. She said that they occasionally see discrimination complaints filed by people with disabilities in the post-secondary context, and these indicate that sometimes institutions of higher education do not clearly understand their obligations and how they may change depending on the nature of a person’s disability. While not exactly the same, the concept of essential functions also has some applicability under Section 504, for instance, in terms of academic adjustments or reasonable accommodations. Thus, what she is particularly interested in is how her office could consider developing policy that helps instill these concepts in higher education as well as the types of academic adjustments or reasonable accommodations that people with disabilities may benefit from in the higher education setting.

*Beth Marks* said that, based on the inquiries NOND receives, many of the issues faced by nurses and nursing students with disabilities today are the same ones she faced many decades ago when she was just embarking on her career. She shared that she had a lot of surgeries as a child, and most of her interactions with nurses were not good. But while going through one of the last, when she was a teenager, a nurse was particularly kind to her. This kindness inspired her to become a nurse herself. She had strong parental support and grew up expecting to work, although her parents didn’t know what work might look like for her. She did well throughout her education and early career and eventually pursued graduate school where she benefitted from a wonderful mentor during a post-doc. That mentorship occurred around the time the ADA was passed. Her mentor shared an article about students who had similar hearing issues as she had, but talked about them as being a safety risk. That was a defining moment for her. A few years later, Karen McCulloh founded NOND; and shortly thereafter, Dr. Marks got involved. While she feels some progress has been made, much work is still needed. She feels that the current generation of veterans can help on this front, because nursing programs may be less likely to turn away a veteran than a non-veteran. Dr. Marks also thanked the next

speaker, Robin Jones from the Great Lakes ADA Center, for her involvement in NOND.

*Robin Jones* shared that the ADA National Network funded by ED's National Institute on Disability and Rehabilitation Research (NIDRR), has 10 regional centers that provide information, guidance, and training on the ADA, tailored to meet the needs of business, government, and individuals at the regional, state, and local levels. She herself is an occupational therapist and educator, and has worked with colleges and universities. In preparing for the event, she asked some of her colleagues at other ADA centers about what they are experiencing with regard to post-secondary education issues. Although some states have better funding for services, by and large, the challenges seem to be the same region to region and they relate to both education and employment. Ms. Jones does feel that older students, those pursuing higher degrees, tend to know more than someone fresh out of high school or someone newly diagnosed and new to the language of accommodations and supports. One of the biggest issues seems to be translating accommodations provided in the classroom environment to the workplace context, where the onus is on the individual to request them. She also senses that the myth of the safety concern is still out there, adding that education institutions may be hesitant to graduate students with disabilities because of unfounded fears that they would jeopardize care and thus reflect poorly on the school. The topic of technology also comes up a lot, for example, when schools may need to acquire something different for a nursing or other student's kit. Yet, sometimes providing appropriate technology or other accommodations meets with resistance, despite such being easy to provide, and in fact required by law. Disability service providers themselves can also sometimes be a barrier, because they don't necessarily know the ins and outs of different professions and resources available for students pursuing them.

### **Panel Questions**

Following these introductions, Ms. Bigley and other participants posed the following questions and comments:

#### ***Moderator Question: What are strategies for improving the recruitment of students with disabilities into nursing and allied health training programs?***

- Leslie Neal-Boylan shared that at Quinnipiac University, they have a partnership council made up of their clinical partners. She would like to use that partnership to provide education about the potential of students with disabilities of fully participating in clinical activities in various settings without too many accommodations or micromanagement of the students. She said that technical standards are also definitely a problem in terms of recruiting. While technical standards are not supposed to be a barrier, they sometimes are interpreted as such. Faculty members are also sometimes a problem, believing that the ways things are usually done is the best and only way.
- Roxanne Fulcher stated that in preparing for the event, she reached out to AACC member colleges for current information on efforts to meet the needs of students with disabilities. She learned that the Wisconsin technical college system has a students with disabilities workgroup that works statewide to address challenges. The workgroup has developed and disseminated guidance and a process to use for admission and clinical placements per the ADA, with no change to admission criteria. She suggested that the DOL and others identify, share, and encourage the replication of successful models.

- Robin Jones said that in her experience it's important to proactively prepare the educational system. In some cases, disability student services' offices are involved in recruitment, even going out to recruitment fairs, which is great, because then students can have questions answered early on. But, this is not always possible, of course, given limited staff resources.
- Dr. Marks said that improving recruitment also requires looking at institutional culture and moving away from the medical model of disability and toward the social model, so that institutions and employers understand that people with disabilities can be health care professionals and people with disabilities; that the disability doesn't define them. It is also important for educators to not pigeon-hole students with disabilities based on their disabilities. Also, students must not do this to themselves, she added, noting that Victoria, the student in the film clip, assumed she couldn't do home care because she used a wheelchair, when in fact one of NOND's board members who uses a wheelchair does just that, caring for patients with spinal cord injuries whose homes are accessible.

***Participant Question: Are there any organizations that will send people out to help colleges and employers who are interested in making accommodations?***

- Robin Jones mentioned JAN, which offers staff training as well as distance training via the web. She said the ADA centers also offer this type of support, and each state has its own state network. The Association on Higher Education and Disability (AHEAD) and the U.S. Business Leadership Network (USBLN) are also good resources as well as NOND.
- Charlotte Lanvers stated that it's also important for universities to fully understand that while they may have technical standards, they also have an obligation to help students meet them, through academic adjustments or reasonable modifications if necessary. Sometimes, people see technical standards as standing alone, which can be perceived as impossible for some students to meet, but there are always ways to achieve them.

***Comments on Additional Strategies for Recruitment, Accommodations and Fostering a Disability-Inclusive Culture in Higher Education***

- Dr. Marks noted that she feels recruitment of students with disabilities should start very early, that expectations that individuals with disabilities can become health care professionals, or any type of professional for that matter, should start in the very early stages of childhood.
- Sarah Triano said that one university in California is making a concerted effort to hire medical faculty with disabilities, which she feels is a very important long-term strategy. She also feels that more attention needs to be paid to the fact that many universities with health education programs are Federal contractors and thus have additional responsibilities under Section 503 of the Rehabilitation Act of 1973 to recruit, hire and advance people with disabilities within their workforce.
- Scott Lissner said that placements offer a great opportunity to build this capacity and that Ohio State University encourages all programs, health care and otherwise, to have Memorandums of Understandings (MOU) with all placement partners that address disability issues, noting that accommodations for students with disabilities are the university's responsibility, but that it also wants to work with organizations to address accommodations for employees. He also said that

more data collection on how many students with disabilities are even on campuses would also be helpful, because currently there is no credible data; having it would help bring attention to the issue.

- Suzanne Smeltzer said that faculty come from society as a whole, and tend to reflect societal attitudes, which are not particularly positive. Improving recruitment will involve addressing attitudinal barriers as well as issues related to physical accessibility and accommodations.
- Janice Brewington said that the National League on Nursing had a conference recently on academic leadership on inclusive environments that was well-attended, and its focus was on “courageous dialogues.” People were asked to report on what they’re doing in their institutions. She feels that sort of forum might be appropriate for facilitating a frank discussion about disability. Ms. Brewington indicated that some of the models for onboarding she observed to be effective during her time in the private sector at Gillette might also have some crossover into the academic environment. The concept of a corporate advisory board might also work in the higher education context.
- Rose Marie Toscano noted that she also agrees that the key to recruitment is changing attitudes, but that it is a very long-term process. It requires not romanticizing what it takes to have a student with a disability in class, because it’s not always a simple modification, as some people say. Rather, it’s important to paint a realistic picture and educate about why, even when it may require a teacher to think very differently, it is something they should embrace. Secondly, she said, even when we do improve attitudes among teachers, the drive for efficiency and cost-containment in health care may represent a wall once students are out in the workplace.
- Roxanne Fulcher said that at a practical level, perhaps more could be done around credentialing policies and practices to ensure they are disability inclusive. Disability could be more visible in Federal grant making and professional accrediting activities. She does not recall seeing a strong focus on or inclusiveness of people with disabilities in grant criteria or applications—disability should be strongly interwoven in our Federal processes. Grants clearly address how an organization is going to recruit and educate students from diverse backgrounds, but disability doesn’t always seem to be incorporated as part of that diversity.
- Mary Beth Bigley said that diversity is in fact a large part of the scoring of HRSA grant applications, but that she feels this issue is even larger than that; it’s about culture change among higher education communities. She feels this is essential, because more inclusive institutions of higher education will help foster more inclusive organizations and corporations, as students with disabilities become employees with disabilities, slowly the culture will shift.
- Katie Wolf agreed, but said that another important tool in the toolbox is enforcement. Applicants and students need to know that the Federal government has their back via the ADA and Section 504 of the Rehabilitation Act and other laws. When her office brings a case, it has a big impact, even beyond just the individuals and institutions involved. It offers an opportunity to educate others and prevent similar cases. She said academic deference in terms of technical standards or functional abilities is also an important issue, and that her office recently started a rigorous amicus effort to explain to the court ED’s position regarding its appropriate role.

- Janice Brewington said that the National League for Nursing and the National League for Nursing Accreditation Commission are separate entities and that the former is in the process of developing an accreditation committee. She plans to make sure that disability inclusion is part of the conversation.
- Scott Lissner suggested that grant applications perhaps should go further in exploring how recipients handle accommodations. Rather than simply requiring applicants to check a box saying that they comply with the requirement to provide accommodations to individuals with disabilities, they should be required to explain *how* they do so. He said that the National Endowment for the Arts (NEA) may provide good examples of this, even though it's related to a different industry.
- Leslie Neal-Boylan said that data collection, which Mr. Lissner mentioned earlier, was important but also problematic, since there are so many varying definitions of disability. Before the industry can gather good data, decisions will have to be made as to what qualifies and what does not. She mentioned obesity as an unclear example.
- Karen McCulloh said that Federal funding solicitations (i.e. requests for proposals, grant announcements, etc.) also need to clearly articulate that people with disabilities are an underserved population, because many of the people responding may not consider them in that context. She feels disability should be specifically identified, and that applicants should have to demonstrate sufficient expertise in the provision of accommodations and universal designs in programming. McCulloh also stated that non-discrimination statements should also specifically mention disabilities, noting that many do, but not all.

### ***Comments Regarding Transparency in Education Enforcement Actions***

- Robin Jones said that she would like to see enforcement actions serve as educational tools, but feels that ED's Office of Civil Rights does not seem to be very transparent in this area because she cannot find a lot on its website. She feels enforcement actions need to be out in the open and translated into terminology that resonates with employers and others.
- Scott Lissner mentioned that he feels that ED's Office of Civil Rights has gotten better about postings its cases, and that a few people who are now retired even used to organize an annual "top 10" list of cases affecting higher education, which was really helpful. But, he also criticized the agency for sometimes posting them in an inaccessible format.
- Serena Lowe said that in working with 32 states on the Employment First initiative, she hears similar sentiments about the lack of clarity from Federal enforcement agencies about their actions. She added that technical standards seem to be a very large issue, but that there also seems to be a lack of clear policy guidance for institutions on how to craft them, and that is a major problem.
- Scott Lissner said that he feels that when it comes to the new Section 503 and Rehabilitation Act rules, he would like to see an emphasis across the spectrum of professional levels (not just entry level), and that the impact of the updates on faculty hires will be interesting to observe.
- Charlotte Lanvers said she appreciates the feedback and will share it at ED's Office of Civil Rights. She added that her office is developing "Dear Colleague"

letters, including one that addresses the rights of students with disabilities in post-secondary education and one on how to ensure that students with hepatitis have equal access to institutions of higher education. These letters are online as well as in participant's folders.

### ***Comments Regarding Technical Standards***

- Dr. Evans said she wanted to make a clarification about essential functions and technical standards. Essential functions are a barrier to entry, but technical standards, if they are well written, should not be. The key is that they be applied equally for all students. They are not an entrance requirement, but rather an information piece to help students know what to expect. So, they should *not* serve to screen out certain students because they're about what they will learn. She reiterated that, if well written, technical standards will focus on *what* students will learn to do, not *how* they will do it.
- Leslie Neal-Boylan said that she takes issue with technical standards in general. She said that the healthcare industry says it values nurses for their critical thinking and brainpower, but, often, the focus is on what they can do physically. She doesn't think such standards should exist at all, because a nurse can perform many jobs that don't actually require physical tasks. The standards erroneously imply that a nurse must be able to do certain tasks to be employed as a nurse. Ms. Neal-Boylan would prefer to get away from that mindset completely.
- Dr. Marks replied that when NOND was first formed 10 years ago, some effort to improve technical standards was happening and these improvements were posted on the National Council of State Boards of Nursing (NCSBN) website. But, these were removed sometime afterwards and not replaced with any new information. She agrees that schools are in need of guidance around this issue.

***Moderator Question: We have businesses in the room, not just educators. What lessons have you learned from the business perspective that can help educational institutions get more people with disabilities on their staff and faculty?***

- Jake Jacob from Unum said that culture is important, noting that one of the services Unum provides employers is helping employees who develop injuries or illnesses get back to work as quickly as possible. Many of its customers are hospitals, and the company has had varying degrees of success helping them understand restrictions, accommodations, and other issues. Some are very supportive; Mr. Jacob mentioned Ohio State University in particular. Others are less so, however, with some having a "100-percent-or-none" mentality. In other words, some hospitals feel that if someone can't come back to work full-time doing everything the same way they used to, they shouldn't come back at all. So, he helps educate employers about the cost benefit of returning employees to work, contrasting it against having people out on disability insurance, in addition to costs resulting from being short staffed, being non-compliant with applicable laws, and having a less diverse workforce overall. One of the ways Unum helps return employees to work is through "pathways"—tactical tools that help managers understand how they can bring someone back on an accommodated basis. He said this approach may also have applicability in higher education programs.

- Sara Oliver-Carter, Highmark Health, said she felt the discussion was still lacking focus on the role of the employer in helping create a more inclusive culture. She feels many of her colleagues know a looming shortage exists, but don't realize that people with disabilities have a role to play. She suggested that this contributes to a skills gap. She also shared that sponsorships with employers to help them meet their responsibilities under the new Section 503 of the Rehabilitation Act and VEVRAA rules would help. She feels employers need to be part of the conversation about education and training, but they are sometimes left out.
- Leslie Neal-Boylan appreciated Ms. Oliver-Carter's concerns, but also feels that sometimes when shortages have been experienced, employers have relied on ancillary personnel who are less expensive rather than adopting a more expansive view of recruitment. She still feels that employers have often shown that they do not want to be flexible and accommodating; that they feel that things have to be done a certain way. She needs clinical partners that will give students a chance to show what they can do, even if they may do it differently.
- Sara Oliver-Carter also stated that changing attitudes takes years, but if you take a different approach in the meantime, telling employers that we're trying to educate about barriers, they may respond sooner. Highmark Health has built sponsorships around diversity, partnering with particular schools to fill gaps, for instance, by putting a scholarship in place. That may be a useful strategy for other companies and schools.
- In concluding the panel, several participants discussed accommodating students with disabilities in the context of social determinants used to facilitate workforce participation for other disadvantaged groups. Certain supports—such as housing, childcare, and transportation—that people rely on to work are needed. All people need them, but they are significant barriers for certain segments of the population. According to one participant, grants designed to address those issues for certain Latino and Native American students were very effective at keeping them in a program. However, attempting to address multiple issues for students in training programs, whether they have disabilities or not, can be particularly challenging, given all that they have to learn and do in a short amount of time.

## Panel Session Two: Opportunities and Promising Practices for Jobseekers with Disabilities and Veterans in Nursing and the Allied Health Professions

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### Key Points and Recommendations:

- The recent changes to Section 503 of the Rehabilitation Act and VEVRAA offer many health care employers an opportunity to enhance their disability hiring efforts.
  - Numerous resources exist to connect health care employers, people with disabilities, and wounded warriors, but those resources need to be centralized and effectively promoted.
  - Qualification standards in the nursing industry need to be updated, and employment discrimination based on current qualification standards should be challenged.
  - The mystique of disability disappears when employees are exposed to people with disabilities. By ensuring that they are reflected in all ranks of an organization's workforce, employers can foster a "safe space" where employees feel comfortable disclosing their disabilities.
  - Increasing the employment of people with disabilities in nursing and allied health is not only about recruitment but also effective stay-at-work and return-to-work strategies for people who acquire disabilities while in the workforce.
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### Speakers:

- Aaron Konopasky, *Esq. Senior ADA/GINA Division, U.S. Equal Employment Opportunity Commission (EEOC)*
- Sara Oliver-Carter, *VP, Diversity & Inclusion, Highmark Health*
- Jim Godwin, Jr., *VP, Human Resources, Bon Secours Virginia Health System*
- Katie Wolfe, *Esq., Disability Rights Section, U.S. Department of Justice (DOJ)*
- Nancy Glowacki, *Women Veteran Program Manager, U.S. Department of Labor, Veterans' Employment and Training Services (VETS)*
- (Facilitator) Kimberly Vitelli, *Chief, Division of National Programs, U.S. Department of Labor, Employment and Training Administration (ETA) (Facilitator)*

Mr. Konopasky explained that he was representing EEOC, and that his work involves interpreting the Genetic Information Nondiscrimination Act (GINA) as well as Title I of the ADA. His focus is on requirements that apply to employers with 15 or more employees—restrictions related to medical information access; reasonable accommodations; and qualification standards, which must be defended by employers under certain circumstances when job-seekers are screened out for not meeting job qualifications.

Ms. Oliver-Carter explained that Highmark Health is an employer that prides itself on good stewardship and good business. She noted that her husband had a significant disability, and her work is inspired by her experience watching how he and her entire family were impacted when he was not in the workforce. She said she intended to talk about employer strategies for shaping and changing disability employment culture in health care.

Mr. Godwin provided background on Bon Secours Virginia Health System, which employs 25,000 employees along the East Coast. It began within the Catholic Church

in 1824 when a group of Catholic nuns formed the nation's first home health agency. As a faith-based organization, Bon Secours takes a philanthropic approach to its business. It offers several programs for people with physical, cognitive, and behavioral disabilities. Two programs focus on employment training for young people with autism. Other programs focus on hiring veterans.

As a representative of DOJ, Ms. Wolfe explained that she wanted to echo Mr. Konopasky's remarks. Her office, the Civil Rights Division, enforces Title I of the ADA. If the EEOC investigates charges of discrimination, her office looks into it and may pursue it. Her office also manages an Olmstead enforcement practice that oversees issues related to sheltered employment workshops.

Dr. Glowacki currently runs the women veterans program within DOL's Veterans' Employment and Training Service (VETS). She explained that, as a veteran herself, she's had personal and professional experience with many of the programs she supports. Dr. Glowacki noted that, according to the Bureau of Labor Statistics (BLS) Current Population Survey, 23 percent of women veterans work in the fields of education and health services. So she pointed to women veterans as part of the solution to the nation's looming shortage of health care workers.

### **Panel Questions**

Following these introductions, Ms. Vitelli and other participants posed the following questions and comments.

#### ***Moderator Question: What role, if any, will the new Section 503 and VEVRAA rules have in hiring practices for health care professionals?***

- Ms. Oliver-Carter answered that the new regulations will be extremely impactful in her organization. Highmark Health is taking a new look expanding partnerships and enhancing strategies in hiring persons with disabilities. It is using new tools to track applicants and is educating its staff on disability and veterans' hiring practices. Highmark has partnered with Bender Consulting Services to up its game, and it's started a program to bring in more employees with disabilities. These projects have involved recruiting interns from high schools and non-traditional interns (e.g., older workers and veterans). Highmark employs someone for 12 months to build their competencies, and then it has the first option to hire them following those 12 months. It also pursues "contract-to-hire" options, particularly in their IT division. Highmark also has a partnership with the local Department of Veterans Affairs (VA) office that focuses on hiring female veterans. This past year in November 2013, it hosted a symposium with a veterans' leadership program in Pittsburgh and brought employers in to talk about veterans' hiring strategies.
- Dr. Glowacki mentioned a common question she hears from employers: *How do we get veterans in the door, and how do we support them once they're employed?* She noted the value of the AJC network, which offers online and in-person workforce development services in locations across the country. Each Center features a Disabled Veterans' Outreach Program (DVOP) coordinator and a Local Veterans' Employment Representatives (LVER). They work directly with employers and veterans to make connections and ensure veterans have all the supports they need.

#### ***Participant Question: The new Section 503 regulations ask people with disabilities to self-identify. What guidance do the panelists have to say on this aspect of the changes?***

- Mr. Konopasky acknowledged that the self-identification issue is a tough one since it's an exception to the general rule, noting that employers can ask for medical information from an employee when it's for affirmative action purposes. In those cases, the applicants need to be told that it's only for hiring purposes and won't go into their permanent files.
- Dr. Glowacki explained that when service members come out of the military with acquired disabilities, some simply don't know what to do, and they may not even identify with having a disability. She encouraged them to take advantage of DOL's veterans' employment services. DVOPs can help them to learn how, what, and when to disclose.
- Ms. Oliver-Carter said that Highmark has partnered with the Voice Program, which encourages colleagues of people with disabilities to identify themselves as allies. What's most important is creating a safe space where employees feel comfortable disclosing.

***Participant Comment: There's a disability disconnect when you're a veteran. The VA determines it. So one's VA rating has nothing to do with the ADA.***

- Dr. Glowacki acknowledged that this important issue comes up often. She often sees people automatically thinking about disability ratings as being ADA related, and they're not. And unfortunately, the system makes veterans believe they *can't* do things when they absolutely *can*.
- Mr. Konopasky mentioned the Americans with Disabilities Act Amendments Act (ADAAA), which marked a huge change in disability law. It clarified the definition of disability for the ADA and impacted many people. Now, you can have a reasonable right to a workplace accommodation based on something that was traditionally not considered a disability.
- Ms. McCulloh noted some DePaul University research that involved nine health care institutions in the Chicago area. The study found that these institutions had more people with disabilities working at these facilities than the administrations realized. People are afraid to disclose for fear of not getting a job or other consequences--one of the issues we need to explore.
- Mr. Godwin explained that employers "have to fish in the right pond." They also need people with disabilities reflected in their advertising and in the highest ranks of the organization. Bon Secours tends to partner with community organizations such as the Salvation Army, which brings his organization people recovering from addiction and other employee candidates. The company also has a career development and education arm that works with the homeless and others, training them to be registered nurses, radiology technicians, and more.

***Participant Comment: How do military records transfer to the civilian world, particularly in the case of dishonorable discharges?***

- Dr. Glowacki suggested this question be discussed offline because it's a large issue that takes time to fully explore. "Less than honorable" is a distinction that is causing some confusion. A few years ago, before the military was diagnosing TBI and PTSD, some of these disabilities were causing behavior that was classified as a dishonorable discharge, but veterans can get these overturned.

***Participant Comments on Supplier Diversity***

Various attendees discussed the importance of considering whom employers use as subcontractors. It's a best practice to seek out disability- or veteran-owned firms. The USBLN has a supplier diversity database that can assist on this front.

***Participant Comment: In the deaf and hard-of-hearing community, we have lots of success getting employed in 'backroom' jobs, such as information technology and medical records. But you don't often see the deaf working in patient care. How can we get from the back room to the front room?***

- Mr. Godwin noted that it depends how one defines "back" and "front room." Bon Secours has successfully staffed nurses who cannot, or who choose not to, work at the bedside. The company places them in care management, electronic medical records, and more. These jobs are often higher paid and of very high value. It's about looking at the individual and learning where they want to be and how we can help them succeed.
- Ms. Oliver-Carter mentioned that Highmark is building some sponsorships within certain areas of the company so that top-level senior managers can actually look at the way the company delivers on diversity, and then use change methodology to make things better. It works with senior leaders to build "sponsorship" so that they can cascade messages down to those who work under them. Information is presented in terms of return on investment and other bottom-line advantages.
- Mr. Konopasky brought up qualification standards, which can be challenged. When a hiring manager makes a safety determination that says a person with a disability cannot do a certain job, it has to be based on objective evidence. He said he recently received a call from a professor with epilepsy who was told by her employer that she needs to declare her disability to all students since she could "fall" on the students. That's an example of a qualification standard that can easily be challenged. Employers need to take reasonable accommodations into account before making a qualification determination.
- Ms. Wolfe agreed, stating that knowing your civil rights and knowing that civil rights laws are available to protect you is important. She cited the case of a children's social worker who was told by a potential employer that she had to be able to hear to perform the job. When the EEOC or DOJ pursues a case like this, the agencies feel as though they have the entire deaf community behind them. Enforcement can be a powerful tool.

### ***Participant Comments on Hiring Discrimination***

Several participants followed up, sharing their thoughts on hiring discrimination.

- Ms. McCulloh reinforced the point that, when you put people with disabilities in executive roles, staff members feel better about disclosing and about supporting employees and colleagues with disabilities. At the Chicagoland Chamber of Commerce, Ms. McCulloh worked with many high-level executives who felt comfortable disclosing their own disabilities to her within ten minutes of meeting her, simply because she has an apparent disability herself. The mystique of disability simply disappears if you have people with disabilities in the ranks.
- Mr. Godwin stressed the importance of an effective corporate compliance program, and a corporate culture that embraces and welcomes everyone's diversity and experiences.

***Moderator Question: How can we ensure that those who acquire a disability can remain successful and in their same occupation? How do you handle reasonable accommodations in your organization and how are they funded?***

- Mr. Godwin answered that his organization does not have a separate budget for accommodations. When Bon Secours has an employee who has a change in his/her status, it has resources to adjust internally. He recommended the strategy of getting the employee involved in the discussion and having ongoing discussions about how to change things so that the person can continue to contribute.
- Ms. Oliver-Carter said that Highmark has a centralized budget for accommodations, which takes the onus off of the individual manager to make adjustments. Highmark trumpets the statistic that most accommodations are low cost or no cost, and the company's CFO is very vocal and supportive about disability. Employees are aware that it's okay to ask for an accommodation.

***Participant Comments on Return to Work and Other Supports***

Several participants shared their policies and procedures around accommodations.

- Scott Lissner said Ohio State University has a centralized accommodations fund and a successful return-to-work program.
- Mr. Jacobs from Unum emphasized that the best employers are those that have a return-to-work culture after illness or injury. Employers need to be willing to bring people back to work and to have consultative support.
- Mr. Konopasky mentioned that needing an accommodation is one major reason to disclose your disability. The burden gets shifted to the employer if you disclose as soon as possible. Ann Hirsh explained that JAN often hears from both employers and individuals, and the one thing employers don't always do well is support their hiring managers. Forty percent of the people JAN talks to have a disability, but a great number of people who call don't see themselves as people with disabilities.
- Another participant reiterated the importance of local services, many of which are not well known. Employers and employees alike need to know about the American Job Center network and other workforce development services.
- Mr. Jacobs said that if you're fortunate enough to have private disability insurance, you'll have return-to-work resources available to you. If you're in a situation where you don't have an employer plan, you'll need to pay attention to that because many health care institutions don't have disability insurance.

Before adjourning the panel discussion and thanking the speakers, Ms. Vitelli cited two DOL resources that can assist people who are seeking a new career or a return to the workforce. These include the websites, [www.mynextmove.dol.gov](http://www.mynextmove.dol.gov) and [www.myskillsmyfuture.org/](http://www.myskillsmyfuture.org/). Both of these sites assist job seekers in determining what types of jobs are most appropriate based on their dream career, browsing by different types of industries, and/or by answering questions about the type of work they would enjoy. Based on job seekers' responses, the websites provide careers that match the persons' interests.

## **Group Discussion of Outcomes: Strategies for Engaging Jobseekers with Disabilities and Returning Veterans to Meet the Growing Demand for a Qualified Nursing/AHP Workforce**

The final portion of the agenda offered a chance for attendees to share their key takeaways from the day's discussion. Serena Lowe asked each attendee to share what they believe is the number one priority for engaging job seekers with disabilities in the health care industry, and what their organization's unique role could be in pursuing that priority.

- *Scott Lissner* of AHEAD said his focus will be on education and work-based learning experiences. He suggested that AHEAD could create a template or process for developing technical standards through a Memorandum of Understanding (MOU). The template could outline how schools can work together with employers on job placements.
- *Ann Hirsh* of JAN stated that information about providing and paying for reasonable accommodations should be included in grants and contracts. This information could be inserted into MOUs between schools and employers. She said that JAN can assist with providing such language.
- *Bronwynne Evans* of NOND shared that information about technical standards needs to reside on the websites of leading organizations such as the National League for Nursing, National Council of State Boards of Nursing, National Academy on Nursing, etc. NOND could provide this technical assistance and help make this happen.
- *Suzanne Feetham* of the American Academy of Nursing believes that we must leverage the human capital of our nursing and all health care professionals to improve the health of the public. She is the co-chair of the organization's inclusivity committee, and while its current discussion of diversity doesn't include disability, it should. She agreed to help make that happen within her organization.
- *Roxanne Fulcher* of AACC said she would like to see a discussion about providing access to all health professions' programs to students with disabilities. She would like to collect information on successful disability-related higher education programs already in place so that practices can be replicated.
- *Kelly Buckland* of the National Council on Independent Living noted the irony that the health care profession has a shortage of employees, while people with disabilities have a high unemployment rate. He said we should be able to connect these two dots by working together. The demand for personal care assistants will be very high in the future, and we can all work together to make connections and build career ladders.
- *Carol Boyer* from ODEP mentioned that ODEP will soon be sharing an employer engagement model based on research by the Wharton School of Business. It will promote a whole new way of engaging employers in disability employment.
- *Mary Beth Bigley* of HRSA loves the ladder-approach idea. She wants to highlight exemplary stories to show what's working. She also suggested that Federal agencies should make accommodations a line item in grantees' financial statements to help reinforce the notion that accommodations are not that expensive.

- *Lindsay Beaver* of the National Council of State Boards of Nursing (NCSBN) noted the discussion of technical standards. Her main takeaway is an appreciation for concerns related to unintended consequences of those standards, and she will bring that information back to NCSBN.
- *Sarah Triano* of the California Committee on Employment of People with Disabilities said she wants to leverage the Summit's attendee contact list. She would like to work with a group on a model state technical nursing standard for California, and work with the California board of nursing to share it with nursing schools in the state.
- *Rose Marie Toscano* of the Rochester Institute of Technology/National Technical Institute for the Deaf thought it would be wonderful to have a few centers of excellence that promote many best practices that are being implemented. For the deaf community, in particular, we need to focus on front-line health care jobs versus back-room jobs.
- *Sandy DeRobertis*, RSA, would like to distribute information about allied health services to students and applicants. Typically, students only come looking for services after they are accepted, so applicants to nursing schools need to read about services that exist when they are applying.
- *Alicia Wallace*, from WellPoint, would like to see employers use the new Section 503 and VEVRRA regulations to catapult their disability hiring practices in the health care field.
- *Paula Alfone* from the Higher Education Recruitment Consortium (HERC) remarked on the amazing day and how much she had learned. She was happy to hear the contact list was available and hoped the group could work together formally in the future.
- *Jake Jacobs* of Unum shared the need to continue promoting the importance of disability insurance to employers. In the health care space, we could find a way to be more targeted. For instance, he has the opportunity to meet with many employer benefits specialists, so he can deliver the message to them quickly and efficiently. The catch is that these people are quite busy, so the information needs to be short and sweet.
- *Karen Kesten* of the American Association of Colleges of Nursing (AACN) noted that her organization serves 800 schools of nursing. She believes our best opportunity is to educate and influence deans, associate deans, and faculty directors. We can do so through webinars, keynote speakers, and the like; and AACN can help facilitate this.
- *Beth Marks* of NOND noted the need for systematic capacity building on a statewide level. She recommended a center of excellence or clearinghouse. Further, students need a "user manual" on what to do if they acquire a disability.
- *Jim Pace* of the New York University College of Nursing remarked that we haven't approached the issue globally. We need to re-conceptualize what it means to be a registered nurse since we are still rooted in the notion of basic motor tasks. We need to re-conceptualize core competencies and find solutions for reasonable accommodations in institutions where multiple groups fight for clinical space.

- *Suzanne Smeltzer* of Villanova University urged all in attendance to read the two-page revised [Position Statement of the International Council of Nurses, Prevention of Disability and the Care of People with Disabilities](http://www.icn.ch/images/stories/documents/publications/position_statements/A16_Prevention_Disability_Care.pdf) ([http://www.icn.ch/images/stories/documents/publications/position\\_statements/A16\\_Prevention\\_Disability\\_Care.pdf](http://www.icn.ch/images/stories/documents/publications/position_statements/A16_Prevention_Disability_Care.pdf)) because it addresses many of the issues relevant to the roundtable discussion. She further identified as a priority the need for the National Council of State Boards of Nursing, the National League for Nursing, and the American Association of Colleges of Nursing to embrace disability as a topic of concern in nursing education and nursing practice.
- *Janice Brewington* from the National League for Nursing mentioned the need to share exemplars on return-to-work models that people can replicate. She also espoused having a national education model for people with disabilities starting with students first. Further, we should have a national leadership program for youth with disabilities to teach them the organizational systems and practices so that they can be self-advocates. All these suggestions must be performed in a systematic way.
- *Leslie Neal-Boylan* of Quinnipiac University committed to meeting with her school's admissions' officers to discuss admitting more students with disabilities, and to examine the stumbling blocks in place.
- *Marian Smithey* of HRSA suggested pairing people with disabilities with job recruiters to make barriers more visible. Reluctant students will think twice about limitations when they see people with disabilities working successfully in the ranks.
- *Nancy Brooks* from ED remarked on the importance of the convening role of the Federal government. She said her priority was to take what she learned at the event and share it with the workgroups of which she is a part, including the HHS Health Information Technology (HIT) Policy Committee's Certification/Adoption Workgroup, HIT Workforce Subgroup.
- *Robin Jones* of the Great Lakes ADA Center discussed the fact that real activity takes place at the local level. So, knowledge must be shared with the allied health professionals, deans, and faculty in the schools who work many layers away from the people around the table. We must challenge these targets to include people with disabilities within their programs, from recruitment to classroom supports, training, institutional supports, and clinical relationships.
- *Katie Wolfe* of DOJ said the issue has tremendous support from Eve Hill, Deputy Assistant Attorney General and Jocelyn Samuels, Acting Assistant Attorney General, and she looked forward to taking today's information back to them. She believes what's needed is clarity in terms of technical assistance and enforcement, and she encouraged people to bring their complaints and challenges to DOJ.
- *Jim Godwin* of Bon Secours Virginia Health System noted that employers are overwhelmed by numerous agencies and services available to address the issue of disability employment.
- *Sara Oliver-Carter* of Highmark Health agreed that a single point of contact and an employer toolkit of best practices would be helpful. And those tools need to be marketed heavily. She also noted the need for interagency connections so that people can jointly source talent.

- *Aaron Konopasky* of EEOC reiterated the need to revamp the technical standards that are currently functioning as a set of standards for every nursing job in the country. The chances of every single nursing job in the world requiring those same standards are slim.
- *Kim Vitelli* of ETA said her agency wants to focus on positioning AJCs as a nexus for employers and job seekers with disabilities. AJCs are a resource for employers on Section 503 and VEVRAA, and people need to know about them.
- *Karen McCulloh* of NOND said her number one priority is a national clearinghouse on information related to disability hiring in the health care field. NOND is willing to get involved in creating this, but it needs funding. She also noted the need for research that is directed toward the cultural competencies that people with disabilities bring to the health care industry. Best practices need to be packaged and marketed among employers and learning institutions. Finally, we must conduct outreach to youth with disabilities. They need to know that health care careers are open to them, and what classes they need to take to pursue those careers.

## Next Steps

In a short period of time, the *Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable* has stimulated the national dialogue about the employment of people with disabilities in nursing and allied health, providing a forum for discussing difficult issues for an industry facing major workforce development challenges, including some impacted by state and federal policy. Participants were clearly engaged and enthusiastic to learn and share their observations, experiences, and recommendations for future action. To build upon this momentum, potential next steps include the following (in addition to aforementioned participant recommendations):

- Share the event report with all participants and other key stakeholders.
- Facilitate ongoing dialogue between event participants to encourage the continued sharing of ideas and experiences around the topics discussed. This dialogue could be achieved virtually through an online Community of Practice under ODEP's ePolicyWorks initiative.
- Host a national online dialogue to gather more information on the issue. This online dialogue could solicit ideas from nurses, nursing students, employers, and educators about how to create more disability-friendly programs and/or workplaces in the health care industry.
- Establish a Federal interagency working group on the issue, with representatives from ODEP, EEOC, DOJ, ETA, HHS/HRSA, ED/RSA, and ED/OCR and other relevant agencies.
- Hold a series of small follow-on work meetings, each focused on one of the common themes as a way to flesh out corresponding recommendations and develop implementation plans.
- Seek opportunities to raise awareness of the issue via blog posts and articles in the health care industry, workforce development, and HR publications. In a similar vein, participants could collaborate to propose presentations at relevant workforce development, HR, and health care industry conferences.
- Include the topic of accommodations for nurses and allied health professionals in JAN's monthly webcast trainings.
- Seek ways to infuse the health care industry in ongoing disability employment awareness efforts, including the ODEP-funded Campaign for Disability Employment and National Disability Employment Awareness Month (NDEAM). For instance, a health care worker could be featured on a future NDEAM poster.
- Develop a targeted outreach strategy to educate Federal contractors in the health care industry about their new responsibilities under Section 503 of the Rehabilitation Act and VEVRAA.
- Consider adding a health care focus to future grant awards, such as those under ETA's Workforce Investment Fund, and HRSA grants.
- Explore idea of a student association to build capacity of the future workforce to advocate for their rights.
- Make the roundtable a biannual event to discuss and share progress made. This roundtable could be facilitated by attaching it to a workforce development or disability employment conference.

## Appendix A – Meeting Sponsors

### Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable

#### Meeting Sponsors

**ODEP:** The Office of Disability Employment Policy (ODEP) was authorized by Congress in the Department of Labor's FY 2001 appropriation. Recognizing the need for a national policy to ensure that people with disabilities are fully integrated into the 21st Century workforce, the Secretary of Labor delegated authority and assigned responsibility to the Assistant Secretary for Disability Employment Policy. As a sub-cabinet-level policy agency in the Department of Labor, ODEP's mission is to develop and influence policies and practices that increase the number and quality of employment opportunities for people with disabilities. To fulfill this mission, ODEP promotes the adoption and implementation of ODEP policy strategies and effective practices that impact the employment of people with disabilities. For more information, visit [www.dol.gov/odep/about/](http://www.dol.gov/odep/about/)

**ETA:** The Employment and Training Administration (ETA) administers Federal government job training and worker dislocation programs, Federal grants to states for public employment service programs, and unemployment insurance benefits. These services are primarily provided through state and local workforce development systems. The mission of ETA is to contribute to the more efficient functioning of the U.S. labor market by providing high-quality job training, employment, labor market information, and income maintenance services primarily through state and local workforce development systems. ETA's vision is to promote pathways to economic liberty for individuals and families working to achieve the American Dream. ETA administers effective programs to enhance employment opportunities and business prosperity. For more information visit [www.doleta.gov/etainfo/](http://www.doleta.gov/etainfo/)

**NOND:** The National Organization of Nurses with Disabilities (NOND) is a 501(c) 3 nonprofit organization founded in 2003 in the State of Illinois. NOND is administered by an all-volunteer board of directors where more than 60 percent of the directors are nurses with disabilities. NOND's mission is to offer an open membership, cross-disability, professional organization that works to promote equity for people with disabilities and chronic health conditions in nursing through education and advocacy by (1) promoting best practices in education and employment; (2) providing resources to individuals, nursing and disability organizations, and educational and health care institutions; (3) influencing the provision of culturally responsive nursing practice; and (4) creating systemic improvements in education and employment. For more information, visit [www.nond.org](http://www.nond.org)

**HRSA:** The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA was created in 1982, when the Health Resources Administration and the Health Services Administration were merged. HRSA works to strengthen the health care workforce, build healthy communities, and improve health equity. HRSA's grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers, and children. HRSA also supports the training of health professionals, the distribution of providers to areas where they are needed most, and improvements in health care delivery. HRSA oversees organ, bone marrow, and cord blood donation. It compensates individuals harmed by vaccination, and maintains databases that protect against health care malpractice, waste, fraud and abuse. For more information, visit [www.hrsa.gov/about/](http://www.hrsa.gov/about/)

## Appendix B – Participant List

### Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable

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## **Appendix C – Agenda**

### **Health Care Professionals with Disabilities Career Trends, Best Practices and Call-to-Action Policy Roundtable**

#### **Host Organizations:**

U.S. Department of Labor (DOL)/Office of Disability Employment Policy (ODEP), in collaboration with the National Organization of Nurses with Disabilities (NOND)

#### **Co-Sponsored by:**

U.S. Department of Labor/Employment and Training Administration (ETA)  
U.S. Department of Health and Human Services (USHHS)/Health Resources and Services Administration (HRSA)

**March 18, 2014, 8:30 a.m. – 4:00 p.m. EST**

United States Access Board

1331 F Street, N.W., Eighth Floor Conference Room, Washington, D.C. 20004

#### **AGENDA**

##### **Opening Remarks**

**8:30-9:00 a.m.**

*Kathy Martinez, Assistant Secretary, Office of Disability Employment Policy, USDOL  
Karen McCulloh, Founder and Immediate Past President, NOND; President and CEO, Karen McCulloh and Associates Consulting; Presidential Appointee, U.S. AbilityOne Commission  
Eric Seleznow, Acting Assistant Secretary, Employment and Training Administration, USDOL  
Mary Beth Bigley, Director, Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, USHHS  
Janet LaBreck, Commissioner, Rehabilitation Services Administration, Office of Special Education and Rehabilitative Services, USED*

##### **Laying the Foundation: Meeting Objectives and Proposed Outcomes**

**9:00-9:10 a.m.**

*Serena Lowe, Senior Policy Advisor, Workforce Systems Policy Team, Office of Disability Employment Policy, USDOL*

##### **Understanding the Barriers: Accessing Careers in Nursing and the Allied Health Professions**

**9:10-9:30 a.m.**

*Bronwynne Evans, Vice President, NOND; Professor, Arizona State University, College of Nursing and Health Innovation*

##### **The Need to Diversify the Workforce to Address Growing Health Care Employment Demands: A Landscape Assessment of the Opportunities for Jobseekers with Disabilities and Veterans**

**9:30-9:50 a.m.**

*Kimberly Vitelli, Chief, Division of National Programs, Employment and Training Administration, USDOL*

**BREAK**

**9:50-10:00 a.m.**

**Panel Session One**

**10:00-11:15 a.m.**

**Driving Access to Post-Secondary Educational Programs in Nursing and Allied Health Professions for Prospective Students with Disabilities and Returning Veterans**

Panelists:

Roxanne Fulcher, *Director of Health Professions Policy, AACC*

Leslie Neal-Boylan, *Associate Dean and Professor, School of Nursing, Quinnipiac University*

Charlotte Lanvers, *Staff Attorney, Office of Civil Rights, USED*

Robin Jones, *Project Director, Great Lakes Americans with Disabilities Center; Instructor, Department of Disability and Human Development, Applied Health Sciences, University of Illinois at Chicago*

Beth Marks, *President, NOND; Research Associate Professor, Department of Disability and Human Development, Applied Health Sciences, University of Illinois at Chicago*

Facilitator: Mary Beth Bigley, *Director, Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration, USHHS*

**Group Discussion of Outcomes**

**11:15-12:15 p.m.**

**Strategies for Promoting Access to Nursing/Allied Health Professions Post-Secondary Education for Students with Disabilities and Returning Veterans**

**LUNCH**

**12:15-1:15 p.m.**

**Panel Session Two**

**1:15-2:20 p.m.**

**Opportunities and Promising Practices for Jobseekers with Disabilities and Veterans in Nursing and the Allied Health Professions (AHP)**

Panelists:

Jim Godwin, *VP, Human Resources, Bon Secours Virginia Health System*

Sara Oliver-Carter, *VP, Diversity and Inclusion, Highmark Health*

Nancy Glowacki, *Women Veteran Program Manager, Veterans' Employment and Training Service, USDOL*

Aaron Konopasky, *Esq., Senior ADA/GINA Division, EEOC*

Katie Wolfe, *Esq., Senior Trial Attorney, Disability Rights Section, USDOJ*

Facilitator: Kimberly Vitelli, *Chief, Division of National Programs, Employment and Training Administration, USDOL*

**BREAK**

**2:20-2:30 p.m.**

**Group Discussion of Outcomes**

**2:30-3:45 p.m.**

**Strategies for Engaging Jobseekers with Disabilities and Returning Veterans to Meet the Growing Demand for a Qualified Nursing/AHP Workforce**

**Wrap-Up: Summary, Outcomes and Next Steps**

**3:45-4:00 p.m.**

*Serena Lowe*, Senior Policy Advisor, Workforce Systems Policy Team, Office of Disability Employment Policy, USDOL

## Appendix D – Technical Standards Handout

### Technical Standards

Nursing education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behaviors. The nursing degrees awarded by the University of Miami School of Nursing and Health Studies at the completion of the educational process certifies that the individual has acquired a base of knowledge and skills requisite for the practice of nursing at the respective undergraduate or graduate level.

To this end, all courses in the curriculum must be completed successfully. In order to acquire the knowledge and skills to function in a variety of clinical situations and to render a wide spectrum of patient care, candidates for the undergraduate and graduate degrees in nursing must have abilities and skills in five areas:

Observation  
Communication  
Motor  
Conceptual-Integrative  
Behavioral-Social

Technological compensation can be made for some disabilities in certain of these areas, but a candidate should be able to perform in a reasonably independent manner and exercise independent judgment.

#### Observation

The candidate must be able to observe demonstrations and participate in didactic courses and simulated learning opportunities. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation requires the use of common sense, as well as the functional use of the senses of vision, audition, olfaction, and palpation.

#### Communication

Candidates must communicate effectively using English in clinical and classroom settings. A candidate must be able to elicit information from patients, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently with all members of the health care team in both immediate and recorded modes.

#### Motor

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other assessment techniques. A candidate should be able to perform nursing skills requiring the use of gross and fine motor skills (e.g. IV insertion, venous blood draw, urinary catheter insertion). A candidate should be able to execute motor movements reasonably required to provide nursing care and emergency response to patients. Examples of emergency responses reasonably required of nurses are cardiopulmonary resuscitation, medication administration, and application of pressure to stop bleeding. Candidates must perform actions which require the use of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. Candidates should also be able to assist and/or participate in various lifting activities.

#### Conceptual-Integrative

These abilities include measurement, calculation, reasoning, analysis, synthesis, and

retention of complex information. Critical thinking requires all of these intellectual abilities in order to provide optimal nursing care. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

### **Behavioral-Social**

Candidates must possess the emotional health required for the full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress in the classroom and clinical area.

They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical environment. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admissions and educational process.

Reasonable accommodations will be considered on a case by case basis for individuals who meet eligibility under applicable statutes. Any person expecting to need accommodations should request them prior to beginning **the program**, as some accommodations may not be considered reasonable and may impact an applicant's ability to complete all components of the program.

