In the Stream
Winter 2007

Beating the Winter Blues

Have you ever felt like you have less energy and are more tired or down in the dumps when the cold winter months arrive? You may be surprised to know that this is actually a normal and natural response in the colder months, as the days get shorter and there is less sunlight. As such we tend to respond with a “hibernating” reaction. The more indoor living we do in winter also means a drop in our regular activity.

How do I recognize that I might have the Winter Blues?

The Winter Blues is actually more common than you might think and anyone can experience a bout of it from year to year. There will be fluctuations in your eating patterns (eating more with cravings for carbohydrates), more sleep required than usual, some weight gain, fatigue and a general sluggishness accompanied by a decrease in motivation or interest. While some people manage these fluctuations with relatively minimal disruption to their daily routines, a few other people’s Winter Blues symptoms may extend to a more intense group of symptoms known as

Seasonal Affective Disorder or SAD.

A bit about Seasonal Affective Disorder (SAD)

In the past this condition has sometimes been referred to as “cabin fever”. Those experiencing this severe type of winter blues may feel depressed much of the time in the colder months as they find themselves indoors more often. They may have low energy, reduced concentration and problems with sleeping and eating patterns, to the point where it can be difficult for them to function at home or at work. During the spring and summer months, however, they feel well and "normal" again. Researchers believe that SAD results from the shorter day length in winter and that SAD is more common in northern countries because the winter day gets shorter as you go farther north. However researchers have also recently found that up to 0.3% of Australian adult populations may also experience SAD symptoms. Although we don't fully understand why shorter days can cause this type of depression, it seems that the brain's chemistry can be affected by light which is why we find the “milder” cases of winter blues appearing more commonly.
Tips on How to Beat the Winter Blues

University students may be especially prone to Winter Blues symptoms given the long mid year break from study in winter and the tendency as such to stay indoors with a disruption to regular study routines. If you find yourself especially prone to this slump during winter you may like to consider the following tips:

- Ensure you get some exposure to at least one hour of outdoor light each day, preferably in the morning.

- Make an effort to keep up your social life. A decrease in social activities during the winter can have an impact on a person’s mood and energy levels.

- Exercise! Make sure you keep well and active by continuing activities such as yoga and sports. While it is more difficult to undertake exercise in the winter, it can help lift depressive symptoms.

- Keep active - look for everyday opportunities to build activity into your day – going to school/work, running errands or meeting with friends.

SAD sufferers may need to undertake light treatment which involves sitting in front of a portable light box for about one hour each day. They also respond well to more standard depression treatments such as cognitive behavioural therapy counselling. The encouraging news is that for most Winter Blues sufferers the symptoms tend to lift as soon as the warmer months appear. If you have any queries or suspect you may be suffering with a bout of the Winter Blues, speak to your doctor about resources that may be available to you.

Trying to Lose Holiday Weight? Managing Your Weight When You Have a Disability

Note: According to Webster’s On-line Medical Dictionary, one “kilojoule” is equivalent to 0.239 nutritional calories.

Some people with a disability are prone to overweight or obesity and may find it harder to maintain a healthy weight than other people in the population. For example, they may have reduced muscle tone or may find it difficult to exercise. There are several ways that people with a disability can successfully manage their weight to avoid unwanted weight gain. See your doctor or a dietitian for expert advice.

Contributing factors

For people with disabilities, some of the contributing factors that may lead to unwanted weight gain could include:

- A particular medical condition that affects the body’s metabolism
• Reduced mobility and lack of regular exercise
• Reduced muscle tone (making it difficult to exercise)
• Medications that may increase appetite
• Eating habits that may be affected by depression, anxiety, boredom or frustration
• Dependence on family members or caregivers to provide meals
• Poor knowledge of nutrition and weight management.

Calculating a person’s appropriate weight

There are many ways to calculate a person’s ideal weight for their height (such as the body mass index, or BMI), but these methods don’t always apply to people with a disability. For example, a person with a physical disability may weigh less than is recommended for the general population, but the guidelines do not take into account any reduced muscle mass in their legs or arms.

Generally, for someone who is overweight or obese, a helpful guide is the waist to hip ratio – if your waist measurement exceeds your hip measurement, you may need to lose weight. The benefits of losing just 5 to 10 cm off the waist can significantly reduce the risk of many conditions, including diabetes and heart disease. Always see your doctor or a dietitian for help in calculating your ideal weight range and for strategies on achieving a goal weight.

Healthy diet suggestions for people who want to lose weight

It’s a good idea to see a dietitian for advice on how to achieve a slow, healthy weight loss. Some suggestions include:

• **Eat a healthy, balanced diet** – breads, cereals, vegetables and fruits should make up the bulk of your diet. Meats and low fat dairy foods should be eaten in smaller portions. Foods that are high in fat (such as fried foods) should be eaten sparingly.

• **Increase fibre** – high fibre foods offer a sensation of fullness and satisfaction without the kilojoules. Aim for around 30g of fibre each day.

• **Adapt existing recipes** – most recipes can be converted to low fat meals with little effort. For example, use non-stick cookware to eliminate the need for cooking oils and replace cream with non-fat yogurt. Grill, bake or roast rather than fry. Cut fat from meat and choose low fat or non-fat versions of dairy products.

• **Don’t overeat** – excess kilojoules lead to an increase in weight. It is best to eat foods that are lower in fat and to avoid eating when
you are not hungry.

- **Read labels** – packaged foods include nutrition information on their labels. Make a habit of reading these labels when shopping and choose foods that are lower in fat.

- **Exercise regularly** – any type of regular exercise program will boost your metabolism and help burn kilojoules.

**Find an eating style that suits you best**

Maintaining a healthy weight is only possible in the long term if an ‘eating style’ is chosen that suits the person. For example, some people prefer eating three main meals each day, while others prefer to eat more regularly and include snacks as well as meals. Talk to a dietitian about your dietary preferences so they can draw up an eating plan that you will be able to sustain.

**Exercise is important**

Proper weight management relies on exercise too. People with certain disabilities may have reduced mobility, but it is important to remember that any degree of activity is helpful. For example, a person who uses a wheelchair can still lead a very active lifestyle. Exercising in water is often easier for people with certain disabilities, as the buoyancy offers support. Even gentle stretching can prevent muscle contraction and wasting. An individually planned exercise program is an important weight management strategy, so see a doctor or physiotherapist for further information.

**Where to get help:**

- Your doctor
- An accredited practicing dietitian
- A support group.

**Things to remember:**

- Some people with a disability are prone to unwanted excess weight gain.
- Methods of calculating an ideal weight range don’t always apply to people with a disability.
- See a doctor or dietitian for guidance and expert advice.

**Weight Loss Myths – Quiz:** © www.betterhealthchannel.com

*(See the next page for the right answers. No cheating now!)*
Try the following health quiz to separate weight loss myths from fact. Learn the facts about diet, nutrition and weight loss.

1. **Which foods burn off body fat?**
   
   A. Grapefruit and kelp.
   B. Onions and garlic.
   C. There aren’t any foods that burn body fat.

2. **Which foods are particularly fattening?**
   
   A. Potatoes, bread and rice.
   B. Butter, oils and salad dressings.
   C. No foods are particularly fattening.

3. **Will you put on weight if you drink water while eating a meal?**
   
   A. No, drinking water while eating doesn’t add any extra weight.
   B. Yes, because it slows down your digestion.
   C. Yes, because the water dilutes digestive juices and enzymes, making them less effective.

4. **What is the recommended breakfast for those trying to lose weight?**
   
   A. No breakfast at all – skipping one meal per day is a guaranteed way to cut down on added weight.
   B. Fruit only, because any other type of food will tax the digestive system after its all night fast.
   C. Wholegrain cereal foods like wholegrain bread, muffins or breakfast cereals combined with fruit and low fat dairy products.

5. **How much weight should you aim to lose per week while dieting?**
   
   A. Up to one kilogram.
   B. Two to three kilograms.
   C. Three kilograms or more.

6. **Does exercise help in weight loss?**
   
   A. Yes, but only if the exercise is strenuous.
   B. Yes, moderate exercise can help you lose weight, especially if you include some muscle strengthening exercises.
   C. Exercise isn’t as important as dieting when it comes to weight loss.
7. **How much weight does an overweight or obese person have to lose?**

A. An overweight or obese person must lose at least 20 per cent of their body weight.
B. An overweight or obese person only needs to lose about 5 to 10 per cent of their body weight to see significant improvements in their health.
C. An overweight or obese person usually has to lose around 20 kilograms.

8. **How long should a diet last?**

A. No more than two weeks.
B. At least three months.
C. Ideally, your whole life.

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**Ten Ways to Good Health**

- Less Meat, More Vegetables
- Less Salt, More Vinegar
- Less Sugar, More Fruit
- Less Alcohol, More Tea
- Less Eating, More Chewing
- Less Words, More Action
- Less Greed, More Giving
- Less Worry, More Sleep
- Less Driving, More Walking
- Less Anger, More Laughter

- Anonymous

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**Weight Loss Myths – quiz answers**

**Correct answers**

Each correct answer scores one point.

1. C – Some food, such as grapefruit and kelp, are said to ‘burn off’ body fat. Dietary fibre comes closest to fulfilling this wish because it provides a feeling of ‘fullness’ with minimal pounds.
2. B – A stubborn food myth is that potatoes, pasta and other forms of carbohydrates make you fat. Carbohydrates are actually the body’s preferred fuel source. Fatty foods, like butter and oils, are more weight-dense per gram than either carbohydrates or protein.

3. A – It’s sometimes claimed that drinking while eating makes you fat, but there is no scientific evidence for this. Heavy weight drinks, such as alcoholic beverages, can be fattening if consumed in excess, but drinking them with meals doesn’t make them more so. Try drinking water with your meals; it doesn’t provide any extra pounds and it helps to keep you hydrated.

4. C – Skipping breakfast should be avoided, since it makes you less able to concentrate and more likely to overeat later in the day. New evidence suggests that eating a healthy breakfast daily can decrease your risk of developing obesity, diabetes and heart disease.

   There is no evidence that limiting your breakfast solely to fruit has any weight loss benefits. Most fruits are low in carbohydrates, which the body needs after an all-night fast. Choose a breakfast that has a mix of wholegrain products, fruit and low fat dairy products for a healthy start to the day.

5. A – If you are losing more than one kilogram a week, you’re most likely losing water and muscle tissue. Avoid crash dieting and rapid weight loss, because the body responds to periods of semi-starvation by lowering the metabolism and sacrificing muscle tissue, which means your body can’t burn as many kilojoules as it could before dieting.

6. B – Exercise doesn’t have to be strenuous or painful. The human body is designed for movement and any physical activity brings benefit. Moderate intensity exercise – such as walking, gardening, or cycling – has been shown to help reduce body fat. Strengthening exercises that increase, or at least maintain, muscle mass also help to burn calories. The higher your muscle mass, the higher your metabolic rate will be, which means you will burn more calories.

7. B – Many people set unrealistic weight loss goals for themselves as they start a weight loss program. These goals are usually too difficult to achieve and this sets the person up for a sense of failure and may lead to a negative self image.

   Many studies have shown that weight losses of 5 to 10 per cent of the initial body weight can significantly reduce the risk of diseases such as heart disease, high blood pressure and diabetes. Remember, the most important part of losing weight is keeping the weight off over many years; therefore, any changes that you make to lose weight have to be sustainable.
8. C – Short term crash diets should be avoided. Instead, emphasize healthy and sustainable changes to your dietary habits that can result in a lifelong healthy body weight and active life.

Your score:

0-2: It sounds like your knowledge of healthy ways to lose weight is limited. It might be a good idea to seek professional help to assist you in making healthier lifestyle choices. See your doctor for further information and referral or visit a dietitian.

3-5: Some of your notions about weight loss are not correct and could be thwarting your attempts at either losing weight or maintaining a healthy weight. For further advice, visit the Better Health Channel at www.betterhealth.vic.gov.au to view further articles on weight management.

6-8: Well done, you seem savvy about weight loss and are less likely to fall into the trap of crash dieting.

Resources:

- Canadian Mental Health Association       www.cmha.ca
- Caremark Health Resources of Ontario     www.healthresources.caremark.com
- Healthy Living                          www.healthyliving.info.ca
- Healthy Living Links                   www.healthy.nf.ca
- Health Canada                          www.hc-sc.gc.ca

United Nations International Day of Disabled Persons

International Day of Disabled Persons, proclaimed by the collaborative effort of the United Nations, is to celebrate and acknowledge the experience and capabilities of people with disabilities. The Day was initially proclaimed in 1992 to commemorate the anniversary of the World Program of Action concerning Disabled Persons, adopted by the General Assembly to promote understanding about disability issues and to increase awareness of gains to be derived from integrating disabled persons into all aspects of political, social, economic and cultural life.

More than half a billion persons are disabled as a result of mental, physical or sensory impairment and no matter which part of the world they are in, their lives are often limited by physical or social barriers. During the past two decades, much has been accomplished in recognition of disabled persons. One of the turning points was the International Year of Disabled Persons proclaimed by the
General Assembly in 1981. Following the year, the International Decade of Disabled Persons was designated (1983-1992) to promote "equality" and "full participation" of disabled persons in social life and development.

The World Program of Action concerning Disabled Persons, adopted by the General Assembly in 1982, provides an international framework to incorporate disability issues into national planning. To complement the World Program, Standard Rules on Equalization of Opportunities for Persons with Disabilities were crafted in 1993. Although the Rules are not compulsory for Governments, they imply a strong moral and political commitment of States to equalize the opportunities of persons with disabilities. To this end, the Rules outline specific principles for responsibility, action and cooperation.

Increasingly, the work of the United Nations is focused on equalization of opportunities for persons with disabilities. One of the most important concerns is accessibility to new technologies, in particular information and communications technologies, as well as to the physical environment. The notion of "mainstreaming" is also given prominence, that is, including a disability dimension in policy recommendations covering a wide spectrum of social and economic concerns.

Source: REACH Equality and Justice for People with Disabilities

E-Accessibility Theme for International Day of Disabled Persons 2006 — UNITED NATIONS, July 26, 2006

Improving access to new information technology for persons with disabilities was the focus of this past year's International Day of Disabled Persons. The Day, which was marked on the 3rd of December, promoted the integration of people with disabilities into society.

Although access to information and communication technology (ICT) has created opportunities for everyone, these advances have been particularly meaningful for persons with disabilities, allowing them to overcome the societal barriers of prejudice, infrastructure and inaccessible formats that stand in the way of participation.

But many persons with disabilities remain unable to take full advantage of the Internet, because most websites are inaccessible to the blind and visually impaired, heavily dependent on using the mouse, and because training is often conducted in inaccessible formats and venues. Most persons with disabilities do not have access to new information technology at all.

"The new computer-based information technologies have the potential for
opening up a world of new opportunities for persons with disabilities,” said Sarbuland Khan, Executive Coordinator of the Secretariat of the Global Alliance for ICT and Development. “The problem is that new obstacles are preventing many of these people from reaching their potential. We want to promote good website design that allows all people to benefit from the new technology, and we want product developers to consider the needs of the disabled in their new designs.”

Governments, at the first World Summit on the Information Society in 2003 in Geneva, committed themselves to building a people-centred, inclusive and development-oriented information society, where everyone can create, access, utilize and share information and knowledge. By focusing on e-accessibility, this past year’s Day of Disabled Persons was intended to mobilize action to allow persons with disabilities to participate in that global vision.

Persons with disabilities are at a considerable disadvantage by not being able to access information technology. For instance, as education becomes increasingly dependent on information technology, not being able to access the Internet limits the learning potential of persons with disabilities. Several places already have legislation and regulations requiring websites to be fully accessible. Global standards and guidelines on website accessibility are currently being developed.

Once adopted and ratified, the International Convention on the Rights of Persons with Disabilities will require that persons with disabilities can access information technology. It specifies that certain measures should be introduced to eliminate obstacles and barriers to information and communication, and to promote access for persons with disabilities to ICT, including the Internet.

“Making information technology available to persons with disabilities is not only a matter of human rights -- it also makes good business sense,” Mr. Khan said. “Studies suggest that accessible websites appear higher up the page rankings of search engines and can save costs on web maintenance.”

But many websites remain inaccessible for the visually impaired and the blind. A recent study of the FTSE 100 companies in the United Kingdom showed that around three quarters of company websites did not achieve basic levels of accessibility. By not making their websites accessible, British companies are forfeiting £80 million a year ($147 million) in lost revenue.

In honour of the technological theme of last year’s International Day of the Disabled, CAILC (Canadian Association of Independent Living Centres) released a series of four fact sheets which focused on the significance of technology in the lives of persons with disabilities. These fact sheets discussed:

- Persons with Disabilities and Technology;
• Adaptive and Assistive Technologies;
• Technology, Education and Employment; and
• The Untapped Economic Potential of Persons with Disabilities and Technology.

The following pages are the actual fact sheets that CAILC produced. You can also log on to CAILC’s website to view the pages:

www.cailc.ca/text/announcements/whatNew/UnitedNation/UN_en.htm

**Fact sheet #1:**

**Did you Know?**

**Persons with Disabilities and Technology**

December 3rd is the United Nations International Day of Disabled Persons. The theme of this year’s celebration, **E-Accessibility**, recognizes the importance of technology in the lives of persons with disabilities, as well as the need to improve access to information technology for persons with disabilities. To highlight the importance of this day, as well as its chosen theme, the Canadian Association of Independent Living Centres (CAILC) is releasing a series of four themed fact sheets in the lead-up to this day.

**Fact:**

• Persons with disabilities are less likely than their non-disabled peers to access the internet.¹
• In 2000, 57.8% of persons with disabilities did not have a computer in their home.²
• Having the internet at home greatly improves a person’s chances of using this technology; however, in 2000 only 28.6% of persons with disabilities lived in a household with an internet connection, compared to 46.1% for persons without disabilities.¹
• The internet has a very positive impact on adults with disabilities who are online.³
• 48% of adults with disabilities report the internet has significantly improved their lives, compared to 27% for their non-disabled peers.³
• 52% of adults with disabilities report the internet has helped them be better informed about the world, 44% feel more connected to the world, and 42% report the internet helps them to reach out to people with similar interest and experiences.³
• Research shows persons with disabilities see the internet as an invaluable way to develop and maintain friendships, as well as a way to visit disability-related sites and connect with people who understand.  

4

• The “Digital Divide” has been defined as the gap between those who can effectively use new information and communication tools and those who cannot.  

5

• Research suggests that persons with disabilities are more likely to be on the “wrong side of the digital divide.”  

6

• Poor website design, barriers accessing adaptive hardware and software, and cost continue exclude many from the benefits of technology.

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3 2000 How the Internet is Improving the Lives of Americans with Disabilities. June 7th #30.  
5 Kearns, T. Using Partnerships to Bridge the Digital Divide within the Disability Community. Available online.  

Solutions:

• Research on persons with disabilities and the internet shows that disability-related sites are the preferred place for online communication, as these sites serve as a source of information and support linking people facing similar issues.  

1

• As supports and services increasingly move online, we must work to not only ensure they are accessible, but also to ensure persons with disabilities have opportunities to access the tools necessary to tap into these (i.e. affordable and reliable computer access).  

• CAILC and its network of ILRCs provide opportunities for persons to access and use new technology.  

• Many ILRCs offer computer and internet access to the communities they serve.

Technology can both open and shut doors to persons with disabilities. As technology continues to change, new doors to access will open and some of the earlier access strategies will become obsolete. ~ John R. Moore

Fact Sheet #2

Did you Know?

Adaptive & Assistive Technologies

December 3rd is the United Nations International Day of Disabled Persons. The theme of this year's celebration, E-Accessibility, recognizes the importance of technology in the lives of persons with disabilities, as well as the need to improve access to information technology for persons with disabilities. To highlight the importance of this day, as well as its chosen theme, the Canadian Association of Independent Living Centres (CAILC) is releasing a series of four themed fact sheets in the lead-up to this day.

Fact:

- It is estimated that 369,000 people with disabilities in Canada use or require augmentative and alternative communication systems.
- In a recent survey, 2/3 of respondents with disabilities using the internet identified the need for special aids, adaptations or equipment.¹
- Although assistive devices and software are available, unlike other forms of technologies (like personal computers) they have not decreased significantly in price.¹
- It has been noted that careers in high-tech can be particularly accessible to persons with disabilities because of advancements in assistive technology.²
- Several barriers to access for individuals with disabilities still remain including: a lack of trained professionals to evaluate assistive technology, difficulties finding assistive technology for individuals to test, confusion around existing laws and policies as they pertain to assistive technology, and bureaucracy surrounding programs and insurance companies.²
- A related study noted that 26% of respondents with a disability reported
needing equipment or technology to perform their job. However, of the 10% who specified needing a computer, screen enlarger, special keyboard, voice recognition software, or speech synthesizer to perform their job, only 1.3% owned this equipment. 3

- Funding has been noted as the greatest barrier to obtaining assistive technology. 2


Solutions:

- Enabling technologies can allow persons with disabilities access to the internet; a tool which offers incredible potential for persons to develop social contacts, and create networks and communities of interest thus enabling greater participation and social inclusion. 1
- CAILC and Independent Living Resource Centres (ILRCs) can help individuals and businesses’ connect to the adaptive and assistive device expertise necessary to help ensure full participation.
- Persons with disabilities should always be consulted and actively engaged in the development of technologies that will serve their communities. It is important to work with all members of the disability community to ensure the diverse needs of all members are addressed.
- By working with people with disabilities, the Neil Squire Society, a Canadian organization, develops technologies and creates devices and products that improve the quality of life for people with disabilities.
- Organizations such as the Adaptive Technology Resource Centre of the University of Toronto enable individuals with disabilities to try out and evaluate adaptive technology and computer systems. Phone your local ILRC or disability organization to find a testing centre near you.


For people without disabilities, technology makes things convenient, whereas for people with disabilities, it makes things possible . . . [this] fact brings with it an enormous responsibility because the reverse is also true. Inaccessible technology can make things absolutely impossible for disabled people, a prospect we must avoid.—Judith Heumann, Assistant Secretary of the Office
Did you Know?

Adaptive and Assistive Technology

December 3rd is the United Nations International Day of Disabled Persons. The theme of this year’s celebration, **E-Accessibility**, recognizes the importance of technology in the lives of persons with disabilities, as well as the need to improve access to information technology for persons with disabilities. To highlight the importance of this day, as well as its chosen theme, the Canadian Association of Independent Living Centres (CAILC) is releasing a series of four themed fact sheets in the lead-up to this day.

**Fact:**

- It has been said that work is one of the key reasons people use the internet. ¹
- Information and communication technology skills (ICT), which include internet skills, are becoming increasingly important to employers. ¹
- Persons with lower levels of education are less likely to have formal training using the internet. ¹
- Although more and more companies are using online recruitment to find employees, research suggests job sites remain largely inaccessible to persons with disabilities. ²
- In the UK, 1.3 million working age persons with disabilities face exclusion because companies use inaccessible online recruitment sites. ¹
- 4 out of 5 (or 81%) of US job sites have been found to be inaccessible. ¹
- Although it has been noted that careers in high-tech can be particularly accessible to persons with disabilities, most of these careers require a bachelor’s degree or higher. ²
- In Canada, working age adults with disabilities are less likely to have completed high school and/ or completed a post-secondary education program. ³
- Only 44% of working age adults with disabilities are employed compared to 78% of their non-disabled peers. ³
- For persons with disabilities in Canada, there is evidence that suggests having a home computer makes one more likely to be working at a paid job. ⁴
- Funding has been reported as the top barrier by service providers and
policy experts to realizing the full potential of using technology to prepare young people with disabilities for the workforce. ²

1 Disability and the Digital Divide: An Employers’ Forum on Disability Briefing for SCR Practitioners. Available online

Solutions:

- Building recruitment sites which are barrier-free costs no more than building inaccessible sites. ¹
- Making existing web sites accessible costs on average under 5% of the total cost of the site. ¹
- CAILC and Independent Living Resource Centres (ILRCs) across Canada can help individuals, governments, and businesses’ to ensure the technologies they use are enabling.
- Locally, ILRCs can help persons with disabilities identify and access technology and related training and employment opportunities.

¹ Disability and the Digital Divide: An Employers’ Forum on Disability Briefing for SCR Practitioners. Available online.

As an individual who was facing the effects of progressive vision loss, and who went back to college in his mid-thirties - it was technology that opened my eyes to a new world and a new career.

~ Kelly Nadeau
CAILC Board Member

Fact Sheet #4

Did you Know?

Persons with Disabilities & Technology:
Untapped Economic Potential

December 3rd is the United Nations International Day of Disabled Persons. The
theme of this year’s celebration, **E-Accessibility**, recognizes the importance of technology in the lives of persons with disabilities, as well as the need to improve access to information technology for persons with disabilities. To highlight the importance of this day, as well as its chosen theme, the Canadian Association of Independent Living Centres (CAILC) is releasing a series of four themed fact sheets in the lead-up to this day.

**Fact:**

- Persons with disabilities are a significant market companies should consider.
- It is believed 10-12% of the global population is made up of persons with disabilities. ¹
- In the US, the annual discretionary spending of persons with disabilities has been estimated at $175 billion.¹
- However, many companies are ignoring this market segment when they are designing their web sites. For example, a recent sample of leading UK retailers found that not one had an accessible e-commerce site. As well, in the US, of the 50-100 of the most visited sites only 33% passed the most basic accessibility requirements. ¹
- Numbers out of the US on persons with disabilities (a demographic with strikingly similar socio-economic indicators as Canada) found that at least ½ of all non-disabled persons has a spouse, parent, child, or friend with a disability, and that companies marketing to persons with disabilities can thus reach as many as 4 out of every 10 consumers through disability-friendly campaigns. ²
- It has been suggested that as a group, persons with disabilities make up a larger number that any other cultural, racial, or ethnic group. ³
- In 2001, the Conference Board of Canada reported that the combined annual disposable income of working-aged persons with disabilities was 25 billion. ³

¹ Disability and the Digital Divide: An Employers’ Forum on Disability Briefing for SCR Practitioners. Available online.

**Solutions:**

- The process of creating products accessible to persons with a wide range of abilities, disabilities, and other unique characteristics is known as universal design. ¹
- Providing online accessibility for persons with disabilities has the potential
to greatly benefit the business sector. For example, persons with disabilities are more likely than other groups to assume they need and use the internet as other technologies and physical locations remain inaccessible. 2

- Using the standards developed by the World Wide Web consortium (W3C), website developers can help ensure their site meet current accessibility standards. For more information, visit www.w3c.org.

2 Disability and the Digital Divide: An Employers’ Forum on Disability Briefing for SCR Practitioners. Available online

There is art in the design of a web site. A site that is accessible to all people has a richer meaning and a deeper beauty because it is able to reach more people in more ways.
~ Jim Angus


COMMUNITY EVENTS

17th Annual People in Motion 2007

People in Motion is for people with disabilities, seniors with special needs, family members and friends, therapists, home care providers, facility managers, special educators and insurance representatives.

Everyone is welcome to this fun and enlightening event which features mobility aids, adapted vehicles, rehabilitation, home healthcare products, travel and leisure activities, corporate and government services, employment opportunities, computer aids, disability publications, associations and more.

See and compare everything under one roof at one time. More than 120 exhibits! If you have attended before, see it again! There are always new exhibitors with exciting new products and it is important to be aware of changes to existing technology.

MARK THE DATES ON YOUR CALENDAR NOW AND PLAN TO ATTEND PEOPLE IN MOTION 2007
Canada’s Largest Exhibition for Disabilities
More than 120 exhibits including 16 new displays!

Friday June 2, 2007 10 a.m. to 6 p.m.
Saturday June 3, 2007 10 a.m. to 5 p.m.

Queen Elizabeth Building, Exhibition Place

FREE ADMISSION!
* Fully accessible building  * Complimentary Show Guide
* Attendant Services Available  * Food and Beverage Area
* First Aid On-site  * Ample Parking
* Some exhibitors will have products to purchase on-site!

EMPLOYMENT OPPORTUNITIES AVAILABLE
BRING YOUR RESUME!


Birchmount Bluffs Active and Able Programs
Active and Able Programs provides services and programs that address the active living, wellness and capacity building needs of persons with disabilities and illnesses. Individuals are welcome to register for mainstream and/or adapted programs. They are happy to assist with program choices and supports that enhance participation. They also provide information and referral services, as well as counselling, advocacy and community support. To enquire, please call the program staff at (416) 396-7606.

Barrier Free Access to Swimming Project:
This integrated program provides staff-supported swimming to adults with physical disabilities who are able to direct their own care, but require physical support in order to participate in aquatic activities. Attendant support is provided before, during and after swimming sessions, which are non instructional, and take place during the afternoon lane swim. To register or enquire, please call Constantine at (416) 690-8804.

Day: Tuesdays, January-May 2007
Time: 12-3:30pm
Fee: Free
Gentle Motion Water Movements:

Water Movements is a gentle, yoga-based exercise class designed for older adults or adults with physical disabilities. Some of the wonderful benefits of this program include improved muscle/joint flexibility, range of motion, strength and balance. Participants benefit from the warm water as the class takes place in the hot tub.

Day: Thursdays, January 11-March 29, 2007
Time: 9-10:00am
Fee: $20.00

Gentle Motion 2: Water Movements:

This class is designed for persons requiring a less intense workout due to limited ability to walk about in the hot tub. Participants will be able to enjoy many yoga-styled exercises that promote improved flexibility, range of motion and balance. Class takes place in the hot tub.

Day: Thursdays, January 11-March 29, 2007
Time: 10:05-11:05am (12 weeks)
Fee: $20.00

Staff-Assisted Hot Tub Access:

This is a unique program that offers attendant-supported access to the hot tub for people with physical disabilities who are able to direct their own care, and are seeking a warm water aquatic experience. Benefits may include improved circulation, range of motion and relaxation. Staff support is available in the change room and in the hot tub. To enquire about registration, please call Judith at (416) 396-7606.

Time: 12-3pm
Fee: Free (membership required)

Chair Tai Chi:

The program is designed specifically for adults with mobility limitations. The many health benefits of this Tai Chi class include improved relaxation, concentration, body flexibility and balance, and vitality. Exercises are tailored to suit the abilities of seated participants.

Day: Mondays, January 8-March 26, 2007
Time: 11:45am-12:45pm (12 weeks)
Fee: $11.00

**Bluffers Peer Support Club:**

Check out our peer-run club for adults with mobility limitations or illnesses, in which the members choose its goals and activities. Share your ideas and support others in a safe, caring space while developing new relationships. Activities include workshops, community outings, and group discussions. Call us if you wish to be added to our wait list.

**Day:** Every other Friday  
**Time:** 2-4pm  
**Fee:** (membership required)

**Recreation & Leisure Swim:**

This swim program is designed for adults and youth with disabilities. Participants enjoy leisure swimming and exercise time in a large, heated pool. The atmosphere is relaxed, and access to a hot tub and pool sport equipment are provided. There is also a lift, ramp and commode chairs that permit easy access to the pools, and a family change room.

**Day:** Friday January 12-March 30, 2007  
**Time:** 12:30-2:30pm  
**Fee:** Free (membership required)

**Song 'n Dance Tuesdays:**

Come out and get your body swaying to a hip mix of dance music and be entertained by fellow guests and special guest performers. Youth and adults aged 16 years and older of different abilities are welcome.

**Day:** Tuesdays January 23, February 27, March 27  
**Time:** 12:30-2:30pm  
**Fee:** $1.00 (escorts free)

**Stroke Recovery:**

Individuals recovering from stroke meet weekly for lunches and activities. For information about joining, please leave a message for Georgina at (416) 396-4310. This program is offered in partnership with COTA (Community Occupational Therapists and Associates). BBNC Membership is required.

**Day:** Thursdays, year round  
**Time:** 11am-1pm
S.O.A.R. Life Skills Program:
An innovative day program that helps young adults with developmental disabilities to make a successful transition from school to work. Individuals engage in meal preparation and social programs. This program is offered by Operation Springboard in partnership with BBNC, and is open to registration by its clients only.

Day: 1st Tuesday of each month
Time: 11am-3pm

Building Connections

A partnership between Choices for Living and First Stop Shelter

A NEW short term support group for women coping with mental health issues, including depression, anxiety and low self-esteem.

6 times to try something different!

What will we talk about in group?
- reducing stress
- managing anger
- building self-esteem
- improving relationships
- any topic important to you

What will we do?
- learn relaxation techniques
- meet other women
- affirmation circle
- creative expression
- group exploration of topic
- develop your own plan for improving your day-to-day life

Who attends the Building Connections group?
Women in the Choices for Living groups tell us they are coping with issues such as depression, anxiety or low self esteem. Some have a psychiatric diagnosis, some do not. Many experience a sense of isolation and are seeking support from women in similar situations. This group is open to women 25 years and older. TTC and refreshments will be provided.

The group meets on Tuesday afternoons from 1:30 – 3:30pm on February 6th, 13th and 27th, and March 6th, and 13th, 2006 at 80 Woodlawn Avenue East. For information and to register call Lorraine Munro, CFL Student, (416) 961-5446 x441. Building Connections is a new initiative of the Choices for Living Program.

Yes-We-Can Theatre Group

Yes-We-Can Theatre Group (YWCTG) is committed to performing arts as a vehicle to promote social integration, valorization and the self discovery of people with disabilities. YWCTG is a new community theatre group working in partnership with Scadding Court Community Centre (SCCC). YWCTG is looking for people with disabilities who are interested in sharing their own stories / life experiences and thoughts.

YWCTG is a drama initiative specifically designed to encourage open dialogue within communities. They aim to actively challenge and dispel the myths and stereotypes surrounding disabilities. They also wish to bring forth new narratives of how the intersections of race, class, gender, and sexuality affect this identity. YWCTG hopes that, through their work, people will begin to reconsider the notion of disability and what this term actually means.

In the next few months YWCTG is running a series of workshops to compile research information that will be used in an educational theatrical play. In addition the sessions will be focused in voicing the many different stories and concerns of people through group experimentations of visual arts and theatre techniques.

The workshops will take place at Scadding Court Community Centre. Below is our official work schedule:

February 9 - WORKSHOP #1        March 2 - WORKSHOP #4
February 16 - WORKSHOP #2       March 9 - WORKSHOP #5
February 26 - WORKSHOP #3

For more information, please contact Scadding Court at (416) 392-0335, or yeswecan@scaddingcourt.org.
EMPLOYMENT OPPORTUNITY

Phone Line Referral Workers (Part Time Relief)

Women’s Counselling Referral & Education Centre is hiring
Two Phone Line REFERRAL WORKERS (Part Time Relief)

External job posting OPSEU local 512, January 2007

0-22 hours a week in the phone line room
Mondays and Wednesdays 9:30 am to 1:30 pm;
Tuesdays and Thursdays: 12 noon to 4 pm and 6-9 pm

Job Responsibilities:
• Conduct telephone and in-person interviews and referrals to therapists for all callers, including women, men and trans gendered people.
• Conduct telephone and in-person interviews and referrals to community resources and support groups
• Crisis counselling
• Assessments, searches and matches
• Maintenance of statistics and completing of all required forms
• Administrative duties & participation in Staff Meetings/agency meetings if required

Qualifications and Experience:

ALL APPLICANTS MUST HAVE:

• Minimum 1 year post secondary education in counselling, social service, or social work with minimum 6 months work or placement experience OR two years counselling experience within an Integrative Feminist Anti-Racist/Anti-Oppression Framework that is critical of psychiatry
• Phone line counselling and crisis counselling experience from a feminist, anti-racist and anti-oppression perspective.

Other Qualifications:

• Good knowledge of women’s community resources; ability to apply and utilize resources effectively
• Able to work simultaneously with other referral workers in the phone line room
• Demonstrated ability to work with clients in crisis
• Knowledgeable about systems of violence/oppression and their impact on
women including: childhood sexual abuse, partner abuse, sexual assault, ritual abuse, racism, homophobia, sexism.

• Ability to work co-operatively with other staff and relief workers and to work independently when required.

**Salary:** $19.36 an hour + 4% vacation pay. Statutory holidays and sick pay per the collective agreement.

**Hours of Work:** No guaranteed hours, depending on agency need within the phone line schedule.

WCREC is a feminist organization committed to anti-racism, anti-oppression and Employment Equity. We aim to have a staff team composed of Women of Colour, women who speak diverse languages, esbian/bisexual/transgendered women, women with disabilities, women of diverse age groups, consumer/survivors and First Nations, Aboriginal and Métis women. Candidates are encouraged to self-identify in their application.

WCREC provides assessment and referrals to screened therapists, counselling, community referrals, a facilitator training program and education and training opportunities for college and university students through a placement program. We are a unionized workplace.

**Applications:** Apply in writing by dropping off, faxing or mailing a cover letter and resume.

**Deadline for applications:** There is no deadline. Please apply as soon as possible as we would like to fill positions in February 2007. However, we will accept applicants on a continuous basis until further notice.

Attention: Agency Manager   Re. Phone Line Referral Worker Hiring
489 College Street, Unit 303B  Toronto, Ontario M6G 1A5
Fax: (416) 534-1704     Email: agencymanager@wcrec.org.

Please send resume and cover letter as attached documents only.  **NO phone calls please!**

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**CILT NEWS**

**CILT’s Board of Directors 2006-2007**

Last issue we reported on the new Board and also on those valued members who moved on. We forgot to mention that Kevin Humphrey also left the Board.
We would like to take this opportunity to thank him for all of his hard work over the last 6 years on behalf of the members. He will be missed!

**Annual Mid-Winter Get Together**

Members of the PDN and Prime Timers are invited to join us for an afternoon of fun and refreshments!!

**Saturday February 17, 2007**
**1:00 p.m. to 3:30 p.m.**
**205 Richmond St. W., Suite 605**
(Richmond & Duncan St.)

Please R.S.V.P by calling (416) 599-2458 and speaking to Kimberly (ext.34) or Nancy (ext.27) by “no later than” February 9, 2006.

Attendant Services and Childcare are available upon request.

**NEWS FROM THE PEER SUPPORT PROGRAM**

**Gateway to Cancer Screening: Project Update**

Please welcome Tara Geraghty as the official Coordinator for the Gateway to Cancer Screening Project. Tara is a consumer with a Masters degree in Social Work, and has also had a lot of experience working in participatory research, the very foundation of the Gateway Project, along with experiential knowledge in group facilitation. Tara will be working out of the office of the Canadian Cancer Society, CILT’s partner in this exciting new project. Tara will be the primary contact for the project.

The working group is currently putting together, piece by piece, the needs assessment which will be the primary data collection tool when we hold the focus groups. We will be speaking with women with mobility disabilities in order to find out what their experiences have been with regards to accessing the healthcare system, particularly cancer screening. Tara, in conjunction with the working group, has put together a brief synopsis of the project:

**Gateways to Cancer Screening: A Participatory Needs Assessment of Women with Mobility Disabilities**

Women with disabilities have the same biological risks as other women for
developing breast, cervical and colorectal cancer, yet these women are routinely under screened. The current research indicates that barriers to effective screening for women with disabilities include lack of knowledge among these women of the need for preventive screening, neglect on the part of healthcare providers, and physical access barriers (Nosek, Young and Rintala, 1995; Welner, 1998).

The prior research, while providing convincing testimonials as to the experiences of women with disabilities, has failed to capture the diversity that exists, nor reflect the experiences of women with disabilities from diverse backgrounds.

The goal of this project is to determine the cancer screening needs of women with mobility disabilities and determine the gaps and barriers associated with accessing these services. This will be situated within an urban Canadian centre and strive to reflect its demographic and experiential diversity.

As we know, women with mobility disabilities are a diverse group. Therefore, with this in mind, we will be conducting focus groups with women who have mobility disabilities, and will be outreaching to diverse groups of women living with mobility disabilities, including women who identify as ethno-racial, aboriginal, lesbian/bisexual, may be living on fixed incomes. We will be holding the focus groups in the spring of 2007.

We invite your participation in this exciting project. If you would like to be a focus group participant, or would like more information on the project, please feel free to call Tara Geraghty, Community Outreach and Research Coordinator for the project at (416) 440-3330 ext. 241. or by e-mail at tgeraghty@ontario.cancer.ca

Call for Research Participants:

Gateways to Cancer Screening: A Participatory Needs Assessment of Women with Mobility Disabilities

If you are a woman living with a mobility disability who has experiences or views of what is needed to increase your access to preventive screenings for cancer, we would love to hear from YOU.

We are conducting focus groups with women with mobility disabilities in Toronto to determine their cancer screening needs and examine the gaps and barriers associated with accessing these services. Based on the focus groups, a series of recommendations will be developed and shared with key people involved in the delivery of screening services to enhance the cancer screening experience of present and future Toronto women with disabilities.

The focus groups will take place in early spring. Each participant will take part in
one focus group, which will last for 2 hours. Refreshments will be served at the focus group, and each participant will receive an honorarium for their time and participation. Attendant services will be provided and transportation costs (equivalent to TTC costs) will be covered. Other accommodations may be provided upon request.

If you are interested in joining a focus group, or would like more information, please contact Tara Geraghty, Community Outreach and Research Coordinator for the project at (416) 440-3330 ext. 241 or by email at tgeraghty@ontario.cancer.ca

The Gateway to Screening Project is a partnership between CILT and the Canadian Cancer Society (CCS), with funding being provided through CCS. The working group for the project consists of CILT, CCS, Mount Sinai’s Breast Health Clinic, University of Toronto’s Faculty of Nursing, St. Michael’s Hospital, Anne Johnston Health Station, Springtide Resources and consumers.

NEWS FROM THE PDN

Are You a Parent with a Disability? Thinking about Becoming a Parent?

JOIN THE PEER SUPPORT & NETWORKING GROUP!

People with disabilities are invited to discuss parenting issues in a supportive environment. New participants are welcome!

Saturday March 3, 2007
2:00 p.m. to 4:00 p.m.
The Anne Johnston Health Station
2398 Yonge Street (at Montgomery)

To register, contact Kimberly at (416) 599-2458, extension 34 or by email at pdn@cilt.ca by no later than February 23, 2007.

Attendant services will be provided. Childcare is available but must be requested by registration deadline.

This peer support group is sponsored by CILT and the Anne Johnston Health Station.
Nobody Nowhere: The Extraordinary Autobiography of an Autistic
by Donna Williams

This book is a fascinating story of a young woman's early life and is a description of how autism affected her. She has gone from being a severely withdrawn and bewildered child to a university educated writer. She wrote this book to try to help her understand by putting her experiences on paper in chronological order hoping to construct a coherent picture in her own mind of who she was. First she had to improve enough to be perceptive enough to realize she was non-normal in some way. Some of the descriptions are difficult to comprehend, not because of her writing skill, but because they are so far removed from what non-autistics usually feel. An example is her feeling pain and terror as a reaction to any physical touching, including positive things, such as a hug from a family member.

There are a few characteristics of autism that are consistently present to a greater or lesser degree. First, it is not caused by bad parenting, but by some abnormality in brain development occurring for a variety of reasons and is a problem of emotions rather than intellect. Secondly, people with autism usually get through life by rote, learning rules for dealing with situations but often having very little understanding of the meaning and significance of what they are dealing with. They find it hard to process information about people because it is difficult for them to read facial expressions, tones of voice and choice of words. The third area of difficulty is the comprehension of any information expressed through spoken language, although they are better able to get meaning from written language. One reason for this is that with reading, they are able to control the speed of incoming information.

These characteristics are related to three major kinds of behaviour. The first is the emotional unresponsiveness and actively avoiding people. Second, is unresponsiveness to people's speech but having no speech of their own. This often leads to assumptions made by others that the person is deaf, but when tested, they usually have normal hearing. When they do speak it may be in a monotone or oddly pitched tone and they may tend to echo things that are said to them. The third common form of behaviour is a rigid resistance to change. People with autism frequently display purposeless activity such as counting or lining up objects over and over again. Changing any of this may result in intense displays of anger and inflicting physical damage on themselves such as banging their heads repeatedly.

Although the above characteristics and behaviours are typical of people with autism, it must be remembered that not only are there degrees of this, but the 'autism' is only one part of the person. People with autism are as varied as any
other group of people. Some may be emotionally disturbed but many are not. Their behaviour, for them, is a normal reaction to an environment they cannot understand.

The author was born into a very dysfunctional family and her mother was always emotionally and physically abusive towards her, but she is very clear that having autism and living in this type of family are two sets of unfortunate circumstances and are not necessarily connected.

In order to deal with the world around her, Donna developed two different personalities. One named Carol who was talkative, sociable, and a follower; and Willie, who explained, analyzed, and was assertive. It may have been too difficult for her to incorporate both sets of characteristics into her one self. As she came to understand her autism, Donna gradually dropped these personalities.

As might be expected, Donna had a great deal of trouble fitting into schools but did manage to get an education. When in school she began for the first time to take some interest in the world around her.

In her late teens she ended up in a hospital emergency room to be treated for a physical problem and at this time, she started seeing a psychiatrist there. This woman had a great deal of understanding and sympathy for her and instinctively knew how to relate to Donna. Gradually their relationship changed from patient and doctor to casual friends.

This book has black and white photos of the author as a young child and she points out certain things that indicate her unresponsiveness to the environment. Because there is not a lot of clear detail in these photos, I had trouble seeing some of these. As any parent knows, some pictures of their children show inattentiveness or preoccupation with things other than the photograph being taken.

I would definitely recommend this book to anyone, but especially to those interacting with people with autism. Donna offers much practical advice for parents and professionals in dealing with various aspects of the unusual behaviour. As well as the practical, she always emphasizes the emotional lives of people with autism so we can better understand their basic humanity and individualism.

The sequel to this book called Somebody Somewhere, by the same author, was reviewed in the Spring 2004 issue of 'In The Stream'.
NEW WEBSITE LAUNCHED

www.SoulfulEncounters.com

My name is Louise Maxwell and less than a year ago I launched a website called Soulful Encounters (www.SoulfulEncounters.com). It is an online dating community for the medically disabled and differently abled. The website is FREE to peruse profiles, search for potential mates and connect through the use of message boards and personal blogs.

Soulful Encounters also features monthly tips from various experts on topics that relate specifically to disabled dating. In addition, our experts are available to answer pertinent questions that are posed by disabled members.

I, myself, am disabled and have found that my ability to handle this website has been enhanced by having experienced what it is like to be disabled first-hand. Having a disability helps me to bring a unique perspective to the website that other online dating communities might lack.

My website was advertised in the London Centre and members would like to see me get other members close to their living area since travel is usually difficult with some of the disabled.

CLASSIFIEDS

**For Sale:**

4 extra-wide dry flow soaker sheets for a bed

ASKING $50.00

Please contact Ann McQuaig at (416) 915-1491.

**Wheelchair Accessible Van for Sale**

- Many new items including gas tank and tires
- AM/FM Cassette Stereo with remote and removable CD Player
- Raised roof; hydraulic ramp
- Couch
- Carpeted
- Low kilometers
- Wheelchair tie-downs
ASKING $5,999 OR BEST OFFER.

Please contact Chris Portelli at (905) 826-0340.