



ADA Live! Episode 121: Support and Resources for Suicide Awareness and Prevention

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Guests:

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Veterans Support Team

Rachelle Burns - Chair of Escorosa Suicide Prevention Coalition

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Lauren Anzaldo Hi, I'm Lauren Anzaldo.

Rachelle Burns Hi, I'm Rachel Burns and you're listening to ADA live.

4 Wheel City: Yo. All right. Let's roll. Let's go.

Barry Whaley

Hi, everybody, on behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University, and the ADA National network, I want to welcome you to this episode of ADAlive. I'm Barry Whaley. I'm the project director at Southeast ADA Center. Listening audience. If you have questions about the Americans with Disabilities Act, you can use our online forum anytime at ADAlive.org. Or you can call the Southeast ADA Center at 404-541-9001. And those calls are free, and they're confidential. September is suicide awareness and prevention month. According to the Centers for Disease Control and Prevention or the CDC. Suicide rates have increased

approximately 36% between 2020-21 suicide was responsible for 48,183 deaths in 2021. That's about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. According to the CDC in 2021, an estimated 12.3 million American adults seriously thought about suicide. Three and a half million plan to attempt, and 1.7 million actually attempted suicide.

Our guests for this episode are Rachel Burns. She's the chair of the Escorosa Suicide Prevention Coalition in Santa Rosa County, Florida, and Lauren Anzaldo. She is a Member of the EscaRosa Suicide Prevention Coalition, Veterans Support Team, in Santa Rosa County, Florida. Today we're going to learn more about suicide prevention and awareness, and how we can help those in need of our support. So I want to welcome you to the show Rachel and Lauren. Thank you. Hi. Hi. So Rachel, let me go ahead and start with you. And we asked both of you to be our guests today to talk about suicide prevention and awareness because it's a very important topic for us both the Southeast ADA Center, and the Burton Blatt Institute in the past couple of years have personally been touched by suicide. So please tell us more about your group, the EscaRosa Suicide Prevention Coalition.

Rachelle Burns

Thank you. The Coalition is 100% volunteer organization 501 C, three of local stakeholders from Escambia and Santa Rosa counties in Florida, where from a variety of backgrounds including health care, mental health, first responders, veteran serving organizations, youth serving organizations, school districts, local college and university members, other community nonprofits, and importantly, those with lived experience. The coalition started in 2008 then we incorporated in 2021. And it really grew out of the work that I was doing at Pensacola State College, which had a suicide prevention grant and I noticed a need in the community. And so we gathered together as many stakeholders as we could and said, Look, we need to do something for the community and to work together to leverage our resources and power.

Barry Whaley

That's fantastic. So it's a it's a very broad spectrum of people who are involved in they're all volunteer. That's fantastic. Yes. Lauren, I want to turn to you now you're a member of the EscaRosa Suicide Prevention Coalition Veterans Support Team. I know there's a big veteran's presence in the Pensacola area. And Santa Rosa County. Would you tell our audience a little bit more about the work you do?

Lauren Anzaldo

Definitely. And yes, there is a large veteran presence and multiple bases here in the Florida Panhandle and the Pensacola area, Milton Okaloosa and some of the surrounding area. So within the Suicide Prevention Coalition, we have a veterans task force. So we have multiple task force's that focus on different important work within suicide prevention. And the veterans Task Force specifically focus is on services and awareness for suicide prevention relating to the service members, veterans and their families who are at increased risk for suicide in comparison to other populations similarly situated. So within that effort as well as in my, my professional work. We look at working with organizations and entities to help implement strategies that would relate to suicide prevention. And I will talk I think a little bit more about this. But one of those is called crisis interset mapping where we look at our community and we look at opportunities, gaps, and we try to focus on projects that we can implement, such as identifying service members, veterans and their families in order to be able to serve them more directly and provide culturally competent and population specific services for that population. So that's just a hint of some of the things that we do.

Barry Whaley

Yeah, thank you, Lauren. Lauren, so wanna stay with you for a minute. So you say that people who are veterans are at higher risk? Why is that?

Lauren Anzaldo

It's hard to pinpoint sort of one reason when we look at suicide risk, we look at a constellation of risk factors, things such as exposure to suicide, deaths of others loved ones, mental health challenges, substance abuse, other life experiences, physical health challenges. And we see that some of these risk factors are present in a higher percentage among veterans than they are in other populations.

Barry Whaley

So Rachel, I want to turn back to you. So for our audience, could you maybe explain to us what is suicidal behavior? What are we looking for.

Rachelle Burns

So just kind of generally defined suicide behavior is any behavior in an individual where they may be thinking about talking about or acting upon thoughts of taking their own life. Some warning signs for adults who may be at risk for suicide can include them talking about dying or wanting to die, it can include them talking about feeling trapped, or being in unbearable pain, or talking about being a burden to others. It can also involve behaviors like acting recklessly, increased use of alcohol or drugs, it can include extreme mood swings, or something like withdrawing from others where they may have been previously more engaged.

Barry Whaley

So Warren, if we could turn back to you, what are some of the other issues or factors that may lead people to consider suicide, we laid

Lauren Anzaldo

out kind of those risk factors. And Rachel just talked about the warning signs. And some of those are obviously more static and may last for a period of time, whereas other risk factors and situations can arise and occur in a short time period, we see especially risk around loneliness, around loss of purpose, around not feeling connected with others connectedness. So sometimes these feelings have persisted for a long time. But sometimes they are sparked by a particular situation, like a loss of a relationship or loss of a job that puts a person into crisis. And because we see that suicidal thoughts, and actions can occur very quickly, oftentimes, the person may begin thinking of suicide or ending their life. And they may actually take action within five or 10 minutes to do so. And so when we are talking about prevention, and kind of building prevention into our institutions and our communities, we look at really increasing that time and space between a person and something they may use to harm themselves when those crises arise. Because the action can come such a short time after, when that person is feeling hopeless, or alone and not seeing any other options. A lot of things can, can result in those feelings. But we do see that those feelings can dissipate, you know, they can dissipate sometimes as quickly as they arose. And so we want to really take action in those moments as those crises bubble up, to make sure those folks know that they can reach out to someone that they are not having a substance or a weapon at close proximity where they may then harm themselves. So those are some of the factors that that contribute or could be in place when someone is thinking of suicide and ways to address them.

Barry Whaley

So these these these factors, if I understand what you're saying kind of manifest themselves over time, they become more intense, but then there may be some sort of event then that leads to some sort of spontaneous decision. Is that fair to say?

Lauren Anzaldo

Certainly every situation is unique. But yes, that is one common circumstance that occurs. So a person has maybe those risk factors in place. Maybe they've been exhibiting some of the warning signs that Rachel laid out. But then there's an event or maybe a cluster of events that happen, that sort of become that tipping point. I see.

Barry Whaley

Right. Okay, thank you. You know, obviously, the last three years have been extraordinary for all of us. And certainly the pandemic becomes one factor in isolation may lead to this. But why do we see suicide? Especially when we look at these numbers from the CDC? Why is suicide such a growing and serious problem? Because certainly, the problem began long before the pandemic. Yeah,

Rachelle Burns

it definitely did. So suicide is really a complex issue. And I think that's a really important point for us to make. Because, as humans, and particularly in our culture, we like easy answers. And we want the answer to the question why, and we want to be able to break it down into maybe one or two pieces. But suicide really is complex. And it also requires more research. So we don't have a very quick or specific answer to why it's growing, and why it's become an issue that has increased over time, particularly in the last 10 or so years. But there are some factors that do seem to be emerging as contributing to the overall rise in suicide rates. And one of those factors is that there seems to be an increase in mood and affective disorders, particularly among adolescents. And then the complexities of life that have occurred, as our particularly our developed nations grow more complex and the pressures of society add stress to individuals. There are financial challenges, relational conflict, housing issues, mental health challenges that go unaddressed, unfortunately, because of stigma sometimes, or perhaps a lack of affordable or accessible mental health care. And then this is also combined with sort of a lack or maybe a reduction in resilience and coping skills

among individuals, particularly, we're seeing from previous generations, that those coping skills and resilience are not being taught or learned in the same way. And picking up particularly on on what Lauren was saying, there's a really big focus right now on the importance of connection, and how a lack of connection and loneliness and feeling isolated in our very socially media, connected culture, but not necessarily personally connected culture has really impacted people's tendency to feel lonely and isolated, and not have the connections and resilience that they need to face challenges. So sorry, there's not an easy answer to that. And the research hasn't really caught up to the experience yet. But it is a complex issue. And no suicide death has exactly the same set of symptoms. As Lauren mentioned earlier, we just will we look for shared elements, things that we can address on a sort of public health level as well as an individual level.

Barry Whaley

So in summary, when we look at the growth of suicide rates since 2000, now those numbers provided by the CDC, it seems to follow the the quantum shift in technology and the complexity of society is we moved into the 21st century. So what you're saying is this complexity is a contributing factor to isolation and lack of coping strategies. Yes, interesting. Right. So Lauren, you had mentioned veterans a few minutes ago are there in addition to veterans, other groups who may be at greater risk for suicide?

Lauren Anzaldo

Absolutely, and Rachel sort of touched on adolescents as well. We see, for instance, that the American Indian population as a representation of its population numbers, has one of the highest suicide rates in our country, veterans as well rural populations, youth youth of color, in particular, there's been an increase among suicide deaths among youth of color, and people who identify with the LGBTQ plus community, these are all populations, where we see increased or higher rates compared to other folks of

that and other populations. And of course, when we identify those, we know intersectionality that these are not discrete groups, a person can be a youth of color, who is LGBTQ in a rural community, and these, these all these, you know, populations coexist within that person. So then we see that that could increase risk, you know, exponentially based on belonging to those different communities. The important thing when we look at this is the commonality here is not that there's anything inherent in any of these groups of people who are perfect the way they are. And you know, these sorts of things. There's nothing about that identity. Aside from the fact of marginalization, stigma, difficulty accessing care, these are some of the commonalities about those populations. So it's not a genetic situation or anything like that. It's about those same risk factors, that connectivity, that isolation, access to health care, and ability to access that and the stigma that is associated sometimes with speaking up and identifying with those populations.

Barry Whaley

I'm thinking about intersectional identities. And one thing I'm curious of, and I don't I don't know if you have have a comment on this, but people who have acquired disability would people with acquired disability also be at greater risk for suicide?

Lauren Anzaldo

Definitely familiar with that concept. I can't speak to that. I haven't seen particular research in regard to acquired disability, so I can't speak intelligently to that.

Barry Whaley

Okay. Thanks, Lauren. I want to thank Lauren and, Rachel. For this important information, we're going to take a break at a live listening audience. If you have

questions about this topic, or any other ADAAA live topic, you can submit your question online at ADALive.org. Or call the Southeast ADA Center at 404-541-9001. Now we want to pause for a word from this episode sponsor the EscaRosa's Suicide Prevention Coalition.

Voice over

The EscaRosa Suicide Prevention Coalition exists to eliminate suicide in our community Escambia in Santa Rosa counties in Florida. We are a group of dedicated stakeholders working together to transform our community through raising awareness of suicide prevention, increasing knowledge and skills, and implementing strategic interventions. The Coalition is 100% volunteer led and driven. Our work targets specific at risk populations, such as veterans and youth, and we are determined to stop it nothing less than eradicating suicide from our community. Suicide is preventable and suicide prevention is everyone's responsibility. For more information and assistance, call Rachel burns with the Eska Rossa Suicide Prevention Coalition at 1-850-712-8173. Or visit their website at www.suicidepreventionescarosa.org/

Barry Whaley

Hi, everybody. Welcome back. I'm very Whaley with the SE ADAAA Center. Our guests on this episode of ADAAA live are Rachel burns, co chair of the Eska Rosa Suicide Prevention Coalition. And Lauren anzaldo, a member of the EscaRosa Suicide Prevention Coalition, veteran's support team in Santa Rosa County, Florida. Because September is suicide awareness and prevention month. We've been talking with Lauren and Rachel about people who are at risk in the impact of suicide. So I want to begin with another very important question, Rachel, how can I tell if someone is feeling suicidal or having those thoughts of suicide? What do I look for? Yeah, that's

Rachelle Burns

A great question. So earlier, I mentioned that there are some warning signs that we can learn about and watch for in our loved ones or those that we meet those that we know, the warning signs for adults and youth are similar, but there are a few differences. In adults, we might see someone struggling with feeling like they're a burden, feeling trapped, having an increased use of drugs or alcohol, possibly giving away personal possessions and saying that they won't need them anymore.

Something along those lines. In youth, there tends to be a more pronounced sense of hopelessness and a change in behaviors. They may become more agitated or more withdrawn, or more angry. And you can't necessarily tell if someone is feeling suicidal just from those behaviors. But if you notice those behaviors and you feel some uneasiness, then it's pretty likely that you need to take the next step.

Barry Whaley

What I'm hearing you say is that it's always better to err on the side of caution that if we see these ideations, these manifestations, it's better to do something than to do nothing. Yes, absolutely. So Lauren, I'm, if I'm concerned, maybe a loved one, maybe a friend or having thought Suicide, what what should I do? Well,

Lauren Anzaldo

Definitely. Address it with that person and sooner rather than later. So if you're observing or hearing some of those warning signs, or you just get that uneasy feeling, you notice that someone is not acting the way they used to, and you feel that something is going on with them, as soon as possible. Get with that person, sit, talk with them, text them, however you're communicating, or depending on, you know, how they're situated to you at that time, to flat out, say, I'm concerned, I'm seeing these things. I'm hearing these things and be as specific as you can of what you're noticing,

and that you are concerned, be direct, but be caring. And don't just stop at the first, you know, response if that person says I'm okay, we're so acclimated in our society to answer that question, how are you? I'm fine, how are you? I'm fine. We just say it all day long. I'm fine. It may make us feel better to say, oh, okay, they're fine. And you know, I can go about my day. But it's, it's not that simple, that we want to, you know, pursue that and share, gosh, you know, this is what I'm seeing and, and pick up on those things. And even, you know, use their words that that you're hearing that they're saying they're tired, they don't feel like they can go on, they feel hopeless. But I hear you saying that you feel hopeless. And when you say that, are you thinking of suicide, really asking that question? It's one of the reasons that I think a show like this is so important, because a person needs to think about what they would do before that situation arises and have a plan and know how to help that person, whatever it may be asking about suicide, are you thinking of hurting yourself? Are you thinking of dying any of those things, they're uncomfortable, but important to ask, and listen, and be ready for what that person may say back to you, and be prepared to do what the next right thing is, whether it's getting that person to the doctor to a hospital, calling the crisis line, calling the EMS, you know, whatever that appropriate response is being prepared to act and to respond, and to listen.

Barry Whaley

So what I'm hearing you say is to be direct, right, and to be caring. But we probably shouldn't be confrontational. How do we strike that balance of being direct and trying to get help for somebody? As opposed to when have we gone too far? How do we gauge that, Lauren?

Lauren Anzaldo

Hmm, that's a good point. A lot of folks do feel uncomfortable with this conversation, they may feel that they've attempted to talk with their loved one or their friend or family

member, and not gotten the response that they expected. And I do feel that it is because folks put up that defense. And they will say I'm fine, or you know, leave me alone or whatever, because they're not really thinking clearly. And they may not be in the best place or open or ready to pursue help. But one, leaving that door open, letting that person know that you are there for them, offering resources, definitely not being confrontational, being caring, being empathic, respectful, listening to what they're saying, and what they need, when trying to offer something that fits what it is that they're willing to do. But also, certainly, if they've done something or they've already harmed themselves, or if they have a weapon, or they're stockpiling medications or anything like that, the time for talking may have ceased, you know, we need to get immediate help. Because that person may be, you know, really at the precipice at that point, we want to get them to a hospital, we want to get them to professionals. But if it's someone we see struggling, we want to keep that door open, we want to note, let them know that we are a safe person, if it hasn't gotten to that point that they can talk with us. And it's about tone of voice. It's about our body language, it's about that genuine care and concern for that person. So it's not a conversation to bring up maybe in the middle of an argument or we're fighting with this person. We want to do it in a time of really going to them and saying, Hey, this is what I'm seeing. This is what I'm noticing. And I feel like something's going on. And I want to help the person that you're talking to has to believe that he has to trust you. And that can be difficult depending on what that relationship has gotten to because of those risk factors and stressors that had been in place. It's still important to make that connection.

Barry Whaley

I understand. Yeah. Very good points. Thank you. Rachel, earlier in the program, you told us about the work of the Eska Rosa Suicide Prevention Coalition. Let's talk a little bit more about suicide prevention and response what exists actually is involved in suicide prevention.

Rachelle Burns

So I think that it's good to think of suicide prevention as kind of like a continuum, that there are a wide variety of things that that we can do. And I think people might be surprised. I even tell people look, sometimes a simple smile and asking someone, how are you doing and taking the time to listen, can be suicide prevention, are showing care and compassion, as as Lauren just mentioned, especially if you're concerned for someone. But then there are the sort of maybe more traditional things that we think of in the sort of prevention field, it might be something like marketing campaigns to promote positive mental health, providing mental health resources or crisis resources, or helping to increase help seeking by reducing stigma to make the barriers lower for those that might be in need of accessing help. It could be something like providing gun locks and education to firearm owners to reduce access to lethal means for those who may be at risk for suicide. It can be increasing access to mental health services, or promoting healthy connections to other people, teaching coping and resilience skills, there's a whole bunch of things that can be considered suicide prevention. I think the important thing is for everybody to know that we can all do something to help prevent suicide.

Barry Whaley

Lauren, are there other projects or programs that the EscaRosa Suicide Prevention Coalition works with to specifically address suicide prevention and response needs, to veterans or other groups?

Lauren Anzaldo

Absolutely. I mentioned earlier briefly touched upon the crisis intercept mapping project. So the coalition was selected by SAMSA, the Substance Abuse and Mental

Health Services Administration for a project that's been done in many communities across the nation, where stakeholders, providers, veterans, other groups get together and really take an assessment of our community. And that's the mapping process. And we look at what happens in a crisis. Where are the places that folks seek care? How do they reach out and let someone know that something is going on, we kind of look at that assessment of our community. And we look at gaps in areas where we need to focus and where we feel like we can make a difference by implementing some of those things that Rachel just sort of outlined in that continuum. And we've done that we've had we did the assessment, we looked at that. And we're currently in our action phase of that project. So we identify multiple goals. So an example of one of these is something that's called the ask the question campaign. So we know that we can't help a person at risk if we don't realize that they are at risk. And oftentimes, veterans service members and their families, they're not easily identifiable. They're not wearing a uniform, maybe they're no longer active, or, you know, they come and they present into our school, our business or our hospital, and we don't recognize them know that they're a veteran. And so just simply asking, have you or anyone your family served in the military? That's the ask the question campaign. And then when that whatever that responses are, we hear yes, I have my spouse serve my, you know, I'm a family member of a veteran or I'm a veteran myself, then we would be able to more accurately and appropriately target information. So that is one of the goals of our crisis intercept mapping project. It's a multi year campaign. And we're currently working in our local community to have some of our largest health care systems to implement ask the question, as a standard practice, any person coming for registration, and that healthcare system would be asked about their military service, and then specific military and family a veteran resources would be provided. And that's an example of one of the projects that we have here in our area.

Barry Whaley

That's interesting. Yeah, thank you. I mentioned early in the program that Southeast ADA Center and Burton Blatt Institute, many of us have been touched personally by suicide. It affects many people, right? family members, friends, co workers, classmates, anybody who knew the person or loved the person and Rachel, how can we become more involved with suicide prevention programs, there

Rachelle Burns

are lots of ways to become involved in suicide prevention. So individuals can volunteer their time they can join a local group, like our coalition, there are lots of local groups in various areas around the country. Some of them are grassroots organizations. Some of them are chapters of national organizations that address suicide prevention. If you don't have to If you can donate to those organizations, so it's really I think it's important for individuals to find out what's going on in their area in terms of suicide prevention and see where they might be able to plug it in. And if they're not sure to reach out to that organization, and let them know what resources they have and how they might be able to exist.

Barry Whaley

So September, as we mentioned, as suicide awareness and prevention month, are there important activities, that things that we should be aware of things that our listeners could be involved in this month? Yeah, as

Rachelle Burns

I mentioned, each community's probably going to have their own activities occurring in September. So connecting with a local suicide prevention group, they would probably be able to tell you what they're doing. For example, we have some events in our area,

we're participating with another organization who are having a walk, it's called an out of the darkness walk with the American Foundation for Suicide Prevention, we have the opportunity to have a table at our local market in the downtown Pensacola area, where we will be able to provide information about suicide prevention and mental health resources. So those are some things that we're doing in our area. And I'm there are a lot of areas that have suicide prevention activities going on, throughout the month of September. There are national events and activities as well, if there's nothing going on close to you. So for example, on World Suicide Prevention Day, the International Association for suicide prevention have in the past encouraged individuals to put something in their window at home, like an electric candle that can be displayed on the evening of World Suicide Prevention Day. There's also the opportunity to use the suicide prevention colors of purple and teal, in your clothing or on a website or in your office or whatever it might be, just to show support for Suicide Prevention Month.

Barry Whaley

Very good to know. Thank you, Rachel and Lauren, I want to thank you for joining us on this podcast. We appreciate what you've shared with us today about the work you both are doing to educate the public about suicide awareness and prevention. So the last word goes to both of you any final thoughts or resources you want to share with us?

Rachelle Burns

I think the most important thing that I'd really like to share is just to remember that there's hope for you or for a loved one, and that there is help available. And that even if you don't have someone close by to talk to there is an easy to remember national number 988 that is available 24/7. So nobody has to suffer alone.

Lauren Anzaldo

And piggybacking on what Rachel said, as well, that each of us who is you know, moved to be involved in this issue. There are different ways that we can invest our time, small or large, depending on what our availability is. It's important for the listeners that you know, it's wonderful that we're having a program like this where folks can educate themselves. There is a very good chance in your community or nationally online or in person that there is additional training that you can find one training program that's widely available and evidence base is called QPR training or Question, Persuade, Refer is often free, available sometimes in person, your universities, your healthcare systems or online. So there is definitely opportunities to learn more and continue to engage. The VA offers a program called SAVE signs, as in recognize the warning Signs, a as an Ask or ask the question about suicidal thoughts, v is for Validate the experience, so being able to listen and you know, and be supportive. And then E is Expedite and Encourage care. So they have two E's basically, that depending on the response, you may need to expedite the person getting help or you encourage them to link up with a behavioral health provider or would talk to their past or something like that. So they're multiple, multiple opportunities for for further training and further exploration of this issue. But just taking the time to listen to a podcast such as this is an excellent step in that direction and I'm appreciative for the opportunity.

Barry Whaley

I want to thank you both again for sharing all this great information. listeners. I also want to thank you for joining us for this episode on suicide prevention and awareness. And as a reminder, you can access all ADA Live episodes with archived audio accessible transcripts and resources at our website ADALive.org. You can listen to ADA live on the ADA live SoundCloud channel. Look for [soundcloud.com Um forward slash ADA live](https://soundcloud.com/um-forward-slash-ada-live). You can also download ADA live to your mobile device and your go to your podcast app and search for ADA live. If you have questions about the Americans with Disabilities Act, you can use our online forum at anytime ADA live.org. Or you can

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4 Wheel City

music music cont.

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4 Wheel City:

They watching. They don't want us be part of the city, man. They put all these steps, man. All these curbs we can't get over. All these inaccessible stores. 4 Wheel City. They don't want us here. We'll survive and we're going to make our own place. Our own world. The 4 Wheel City-

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