Welcome! We will begin at 12:00pm PT



- Microphones and cameras will be disabled upon entry.
- Use the Q&A function to submit questions.
- Accessible materials, including presentation and recording, will be made available on https://nwadacenter.org/oha-healthcare/
- To enable Communication Access Real-time Translation (CART) services, select "Closed Captions" or "CC" in the Zoom toolbar.
- American Sign Language (ASL) Interpretation will be featured using the Zoom's "Spotlight" functionality in Zoom.

Disability Foundations for Healthcare Practitioners



January 25, 2024



ADA and Healthcare Webinar Series

Presented by Oregon Health Authority and Northwest ADA Center

Agenda



- Learn about this webinar series and today's presenter
- Explore disability from a diversity perspective
- Learn about the persistence of disability bias in healthcare
- Q&A

ADA and Healthcare Webinar Series





- Collaboration between the Oregon Health Authority and the Northwest ADA Center
- NW ADA Center provides information and training on the Americans with Disabilities Act to residents of Oregon, Alaska, Idaho, and Washington
- For more information on this series, go to https://nwadacenter.org/oha-healthcare/

Presenter: Heather D. Evans



Ph.D. in Sociology

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- Assistant Professor | Department of Rehabilitation Medicine
- Director | Disability Studies Program
- Director of Research | NW ADA Center
- Associate Director | ADA National Network Knowledge Translation Center

Today's Learning Objectives



- 1) Understand disability from a diversity perspective
- 2) Reflect on how U.S. history impacts our current perceptions of disability
- 3) Examine how multiple, sometimes conflicting definitions of disability became embedded in federal legislation
- 4) Understand the historical and political contexts in which different language conventions around disability emerged
- 5) Recognize impacts of persistent disability bias and the ways in which accessibility barriers perpetuate systemic marginalization

Disability from a Diversity Perspective





What is Disability Studies?



- Often referred to as the academic arm of the disability rights movement
- Explores understandings of disability as a social, cultural, political, legal, and ethical construct
- Examines dis/connections between disability and other identities
- Exposes barriers faced by people with disabilities

(adapted: disabilitystudies.washington.edu)



Deficit Framework of Disability

- Variation from the typical is "bad" (a value judgment)
- Society should seek to minimize (bad) variation within its members
- Disability is a trait or attribute of the individual and is therefore is not contextual

Dominant deficit-based model today: Medical / Individual Model

- Pathologizes difference: modern medicine and technology will cure us all and eventually erase disability
- Solution is to "fix", "treat" "rehabilitate" or "cure" the impairment
- Measures to prevent disability should always be taken

Diversity Framework of Disability



- Variation from the typical is natural; diversity is valuable
- Society should seek to enable all its members to participate to their maximum capacity
- Disability is NOT a trait or attribute of the individual; but rather disability is a socially constructed status

Dominant diversity-based model today: Social Model

- Normalizes difference: everyone has or will eventually experience impairment
- Solution: remove barriers of exclusion, which may or may not include medical or technological augmentation
- Measures to prevent disability might be taken (but not always)

Defining Disability from a Diversity Perspective



<u>Disability</u>: An interaction between one's way of functioning and the social and built environment in which they find themselves

 Individuals may have nontypical or impaired functioning, but societal barriers disable individuals

<u>Impairment</u>: a non-typical way or degree of functioning; includes physical, mental, emotional, or psychosocial modes of functioning

<u>Ableism</u>: a set of assumptions and practices promoting the differential or unequal treatment of people because of actual or presumed body or mind difference

Geoff Adams-Spink's "Social Model of Disability Animation."





Ableism



- A form of discrimination that includes an assumption that ablebodiedness is the 'norm' or the 'ideal'
- Leads to differential and inequitable treatment based on actual or presumed non-typical function (i.e., discrimination)
- Pervasive across policies, the built environment, social attitudes, and practices
- Intersectional and rooted in other 'isms' (racism, sexism, etc.)

Example of other definition of disability: The Social Security Act



"Disability" under Social Security is based on the inability to work. You are considered disabled under Social Security rules if:

- You cannot do work that you did before; and
- SS specialists decide that you cannot adjust to other work because of your medical condition(s); and
- Your disability has lasted or is expected to last for at least one year or to result in death.

Early Disability History in the U.S. 1850s-1950s





Early Examples of Disability Bias in U.S.



- The "Ugly Laws"
- Fear of Feeblemindedness
- Eugenics Movement

The Ugly Laws (1850-1900s)

- City ordinances aimed to rid thriving business districts of "unsightly beggars" or other impediments to commerce
- First Ugly Law passed in San Francisco 1867; Portland and Chicago 1881; throughout Midwest in 1880s, in Northeast 1890s

Standard Text:

"Any person who is diseased, maimed, mutilated, or in any way deformed, so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares, or public places in this city, shall not therein or thereon expose himself to public view..."

Fear of Feeblemindedness (1870s-1940s)



Concern that intellectual disability was:

- contagious and would spread like an epidemic
- hereditary and would "dilute" the nondisabled population

"Feeble-mindedness is an absolute dead-weight on the race. It is an evil that is unmitigated. Their very existence is itself an impediment." (Havelock Ellis, 1912)

U.S. Eugenics Movement (1900-1950s)



- Eugenics: a pseudo scientific belief and practice of improving the genetic quality of a population
- Claim: "defective" people cause crime, poverty, moral decline
- People with any impairments were seen as a "burden", "dead load", "social evil"
- Institutionalization and forced sterilization became the policy after the US Supreme Court Buck v. Bell decision in 1927
- By 1938, 33 states had sterilization laws
- Over 64,000 individuals were forcibly sterilized between 1907 and 1963

Pushing Back Against Disability Bias: Twentieth Century Advocacy & Laws





Examples of Disability Social Movements



- Rehabilitation (1920s-1940s): Veterans returning from World Wars advocate for recognition, benefits, and push back against disability stigma
- **Deinstitutionalization** (1950s-1980s): parents begin refusing to place disabled children in institutions; raise them at home in community
- Independent Living (1960s-1990s): parents, caregivers, people with disabilities want to live in homes, group homes and demand access to public education
- **Disability Civil Rights** (1960s-present): disabled people advocate for full citizenship rights free from discrimination

The Capitol Crawl, 1990





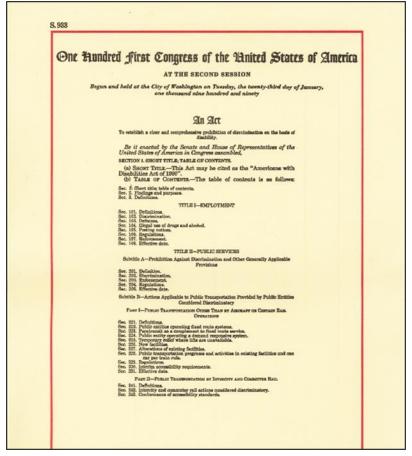
Shaila Jackson scoots backwards up the steps of the Capitol. Photo by Tom Olin

U.S. Disability Law(s)

Different laws cover different aspects of the lives of people with disabilities. For example:

- Social Security Disability Insurance (SSDI) (1956)
- Medicare (1965); Medicaid (1965)
- Section 255 of the Communications Act (1966)
- Architectural Barriers Act (ABA) (1968)
- Rehabilitation Act of 1973
- Individuals with Disabilities Education Act (IDEA) originally the Education for All Handicapped (1975)
- Developmental Disabilities Act (DD Act) (1975)
- Civil Rights of Institutionalized Persons Act (1980)
- Voting Accessibility for the Elderly and Handicapped Act (1984)
- Air Carrier Access Act of 1988 (ACAA)
- Fair Housing Amendments Act of 1988 (FHA)
- Americans with Disabilities Act of 1990; 2008 (ADA)
- Workforce Innovation and Opportunity Act (WIOA) (1998/2014)





U.S. Disability Laws by Category

Employment

- ADA
- WIOA
- Section 501 & 503 of the Rehab Act
 - Workers' Compensation

State and Local Government

• ADA

Federal Government

- ABA
- Section 501 o f the Rehab Act.

Public Accommodations

ADA

Education

- IDEA
- Section 504 Rehab Act
 - ADA

Adult Services

• DD Act

Social Security

- SSI
- SSDI

Housing

FHA

ADA

ABA

Section 504 Rehab Act

Transportation

- ADA
- ACAA

Telecommunications

- ADA
- Section 508 Rehab Act
- Section 255 Comm. Act

Medical

- Medicaid
- Medicare

Voting

Voting Accessibility Act

1990 Americans with Disabilities Act (ADA)



A person with a disability is a person who:

- has a person who has a physical or mental impairment that substantially limits one or more major life activity; and/or
- has a record of such an impairment; and/or
- is regarded as having such an impairment.

Impact of Ableism on Social Outcomes Today

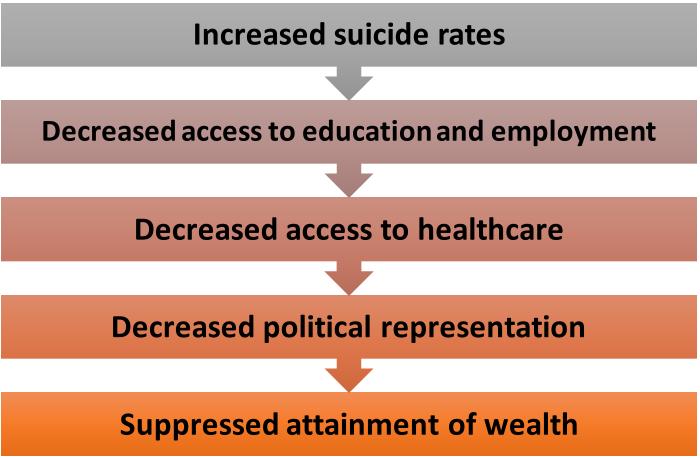




Ableism Results in Unequal Social Outcomes

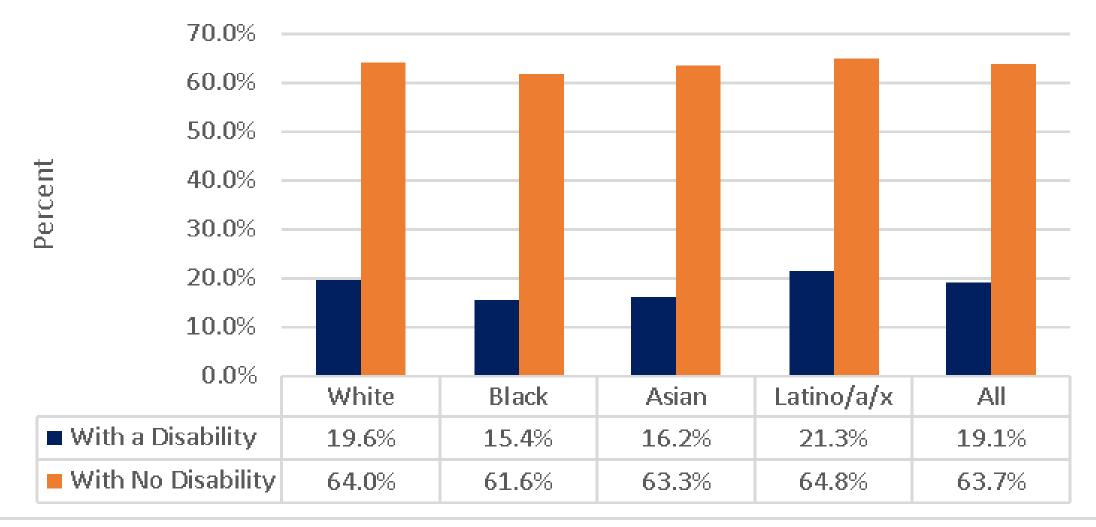


Some of the severe and long-lasting detrimental effects of institutionalized discrimination on affected populations:

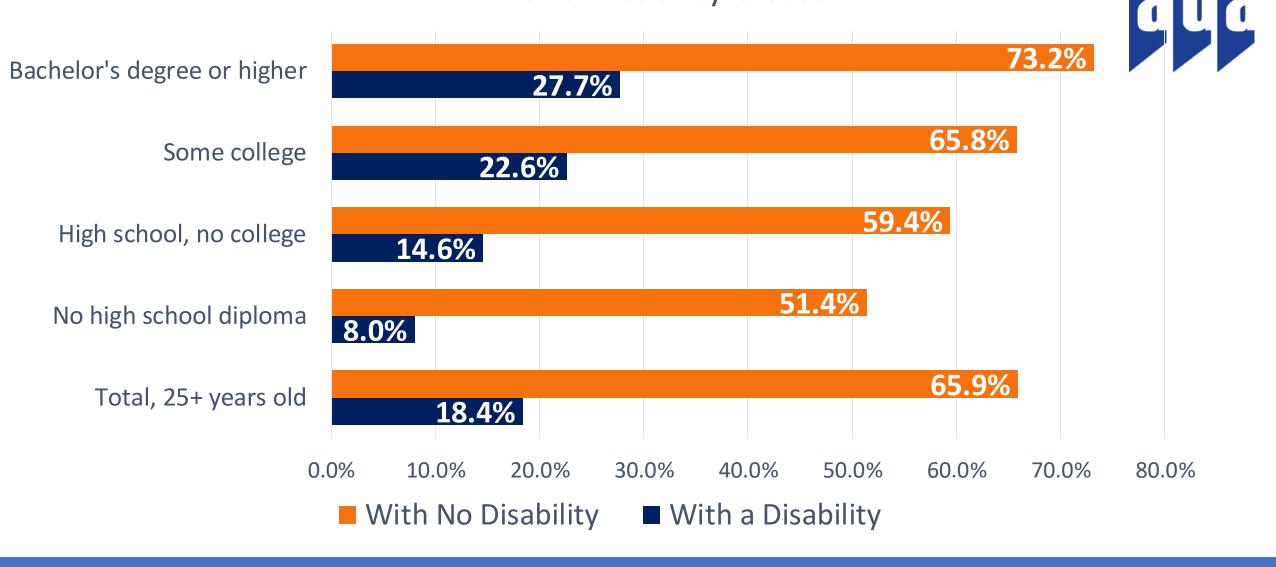


Employment to Population Ratios by Race, Ethnicity & Disability Status





Employment to Population Ratios by Educational Attainment and Disability Status



Examples of Disparities in Health Outcomes

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Healthcare Metric	Disabled	Nondisabled
In past year, needed to see doctor but did not	27.0 %	12.1 %
In past 2 yrs, women who got mammogram	66.4 %	74.4 %
In past 3 yrs, women who received pap test	69.3 %	82.5 %

lezzoni, L. "Eliminating health and health care disparities among the growing population of people with disabilities." *Health affairs* 30.10 (2011): 1947-1954.; Krahn, G. et al. "Persons with disabilities as an unrecognized health disparity population." *American journal of public health* 105.S2 (2015): S198-S206.

Key Barriers to Accessing Healthcare for People with Disabilities



- Inaccessible healthcare facilities
- Inaccessible healthcare equipment
- Inadequate anticipation of accommodation needs
- Absence of disability perspectives in decision-making spaces
- Negative perceptions of and assumptions about people with disabilities

Disability Bias Persists in Healthcare



Results of survey of 714 practicing physicians across U.S.:

- 82% of physicians reported that people with disabilities have a worse quality of life than nondisabled people
- 41% of physicians were very confident about their ability to provide same quality of care to patients with disabilities
- Only 57% of physicians strongly agreed that they welcomed patients with disabilities into their practices

Iezzoni, L. et al.,. "Physicians' Perceptions Of People With Disability And Their Health Care." *Health Affairs* 40, no. 2 (2021): 297-306.

Recap: Today's Learning Objectives



- 1) Understand disability from a diversity perspective
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What do we do about it??



Create more accessible and equitable healthcare practices by...

- Building on this foundational knowledge to learn more about disability bias
- Attending the full webinar series and availing yourself of resources at: https://nwadacenter.org/oha-healthcare/

ADA & Healthcare Webinar Series



#2: Physical Access and Telehealth

February 27, 2024 (Tuesday)

12:00-1:00 PST

#3: Effective Communication and Reasonable Modification

March 27, 2024 (Wednesday)

12:00-1:00 PST

#4: Disability Allyship in Healthcare

April TBD



Q&A