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Psychiatry and Addictions Case Conference

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HOW TO SUPPORT AND INCLUDE PEOPLE WITH DISABILITIES IN HEALTHCARE: DISABILITY AFFIRMATIVE PRACTICES

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SPEAKER DISCLOSURES

- ✓ No conflicts of interest or disclosures.



What is
POSITIONALITY?

OBJECTIVES

- Gain knowledge about disability as diversity
- Recognize disability-related access barriers to healthcare
- Learn strategies to improve healthcare access for people with disabilities

JANAY, A CASE EXAMPLE

- 30-year-old white blind cis-gendered heterosexual woman, presenting for anxiety treatment
- Born with premature retinopathy, later experienced corneal disease leading to complete functional blindness
- Diagnosed with Type II Diabetes, intractable migraines, jaw pain, and experiencing worsened symptoms that have led to frequent ER visits

WHAT MAY GET IN THE WAY OF JANAY'S ACCESS TO CARE?

DISABILITY AS DIVERSITY

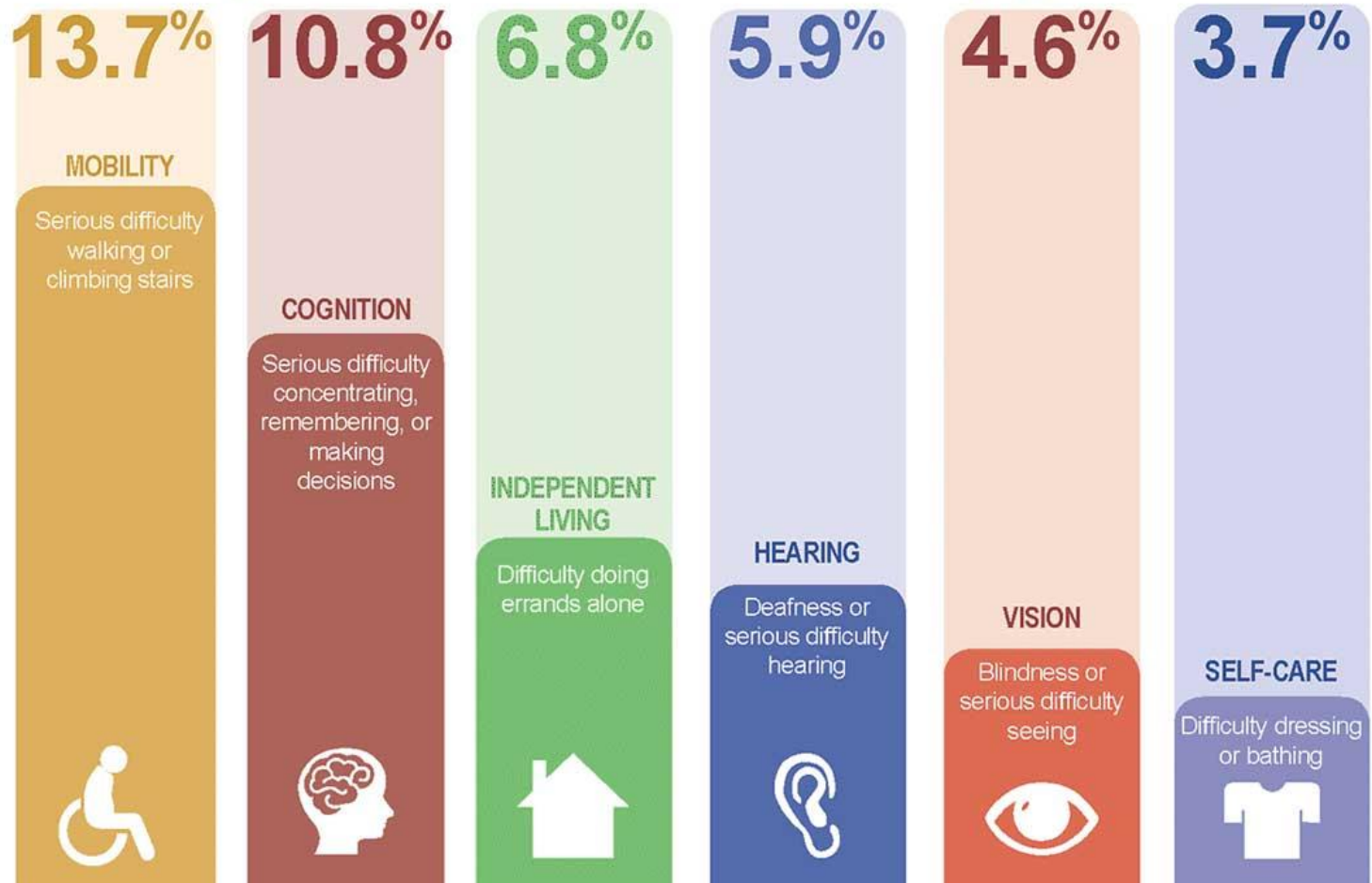
DISABILITY DEFINED

Impairments, activity limitations, and participation restrictions (World Health Organization)

Not just a health problem – disability is an interaction between features of a person's body and features of the environment in which they live

26% OF US POPULATION CURRENTLY HAS ONE OR MORE DISABILITIES

Percentage of adults with functional disability types



DISABILITY DISPROPORTIONALLY EFFECTS POPULATIONS THAT ARE OTHERWISE VULNERABLE

Lower income
countries and
regions

Women and
gender
minorities

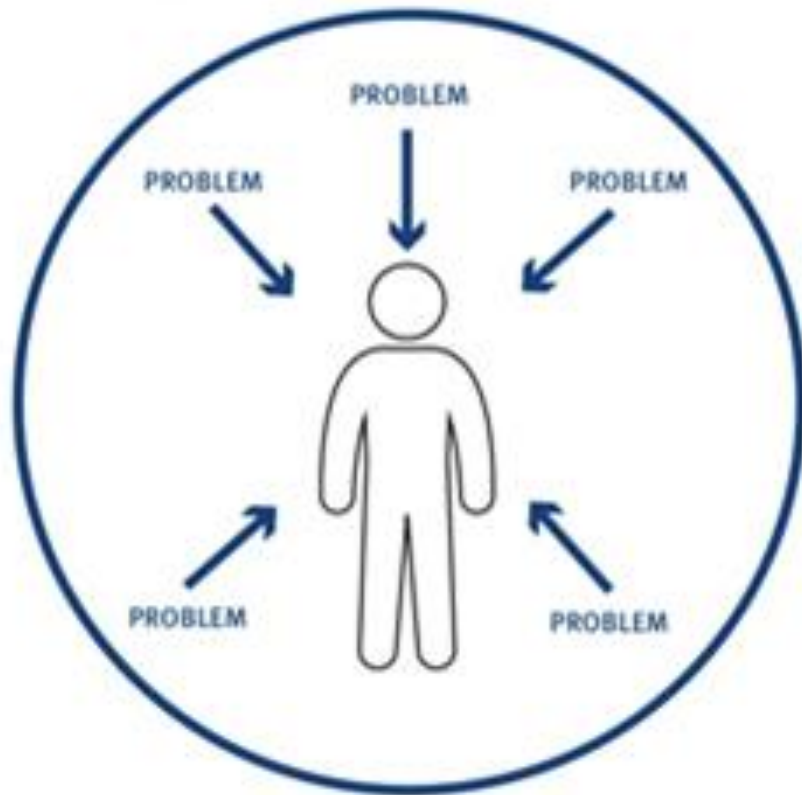
Older
populations

Out of work,
low education

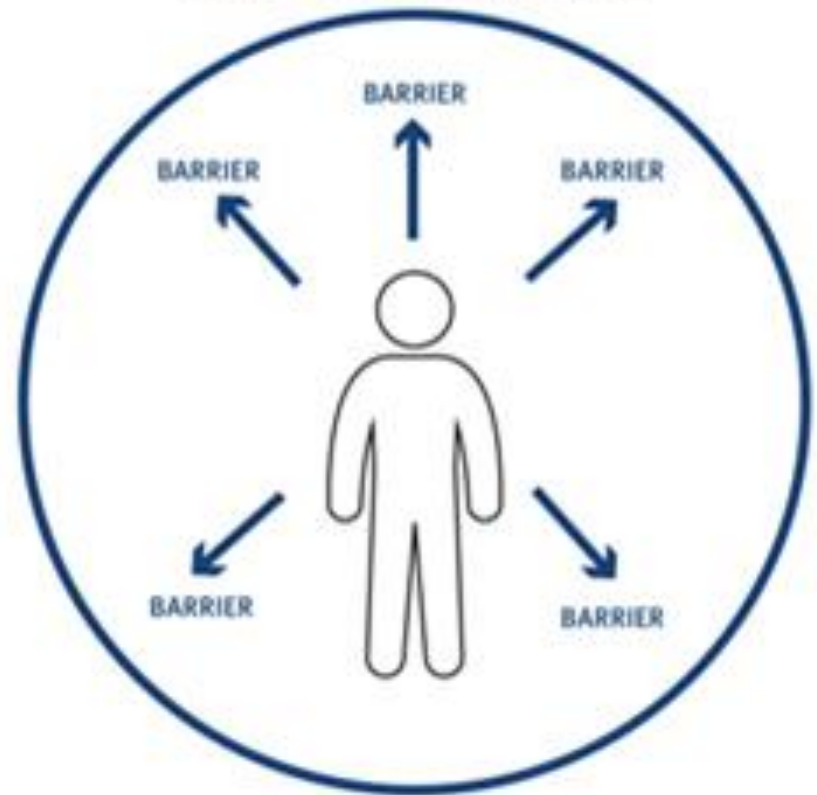
Black,
Indigenous, and
people of color

MODELS OF DISABILITY

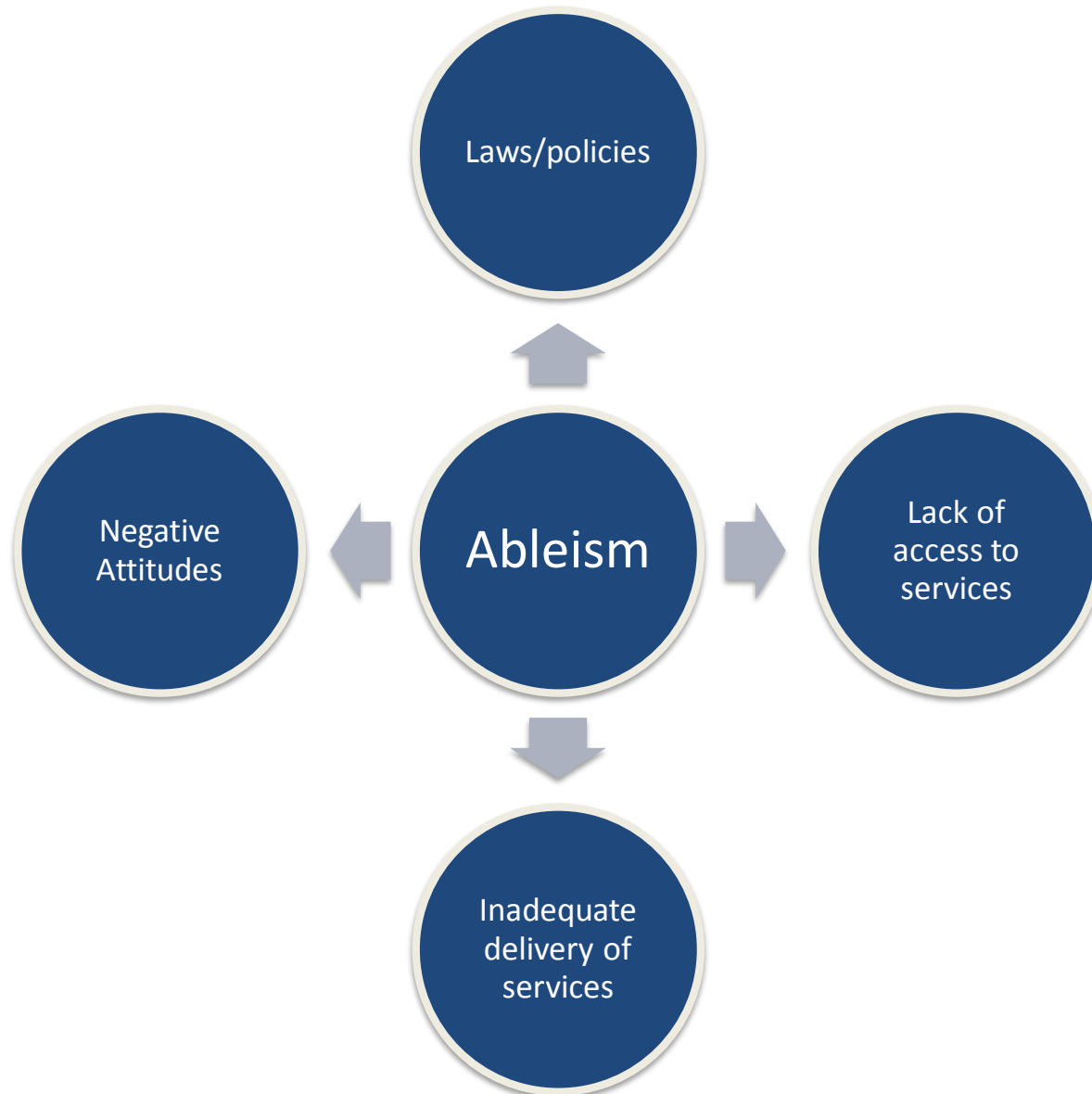
The Medical Model



The Social Model

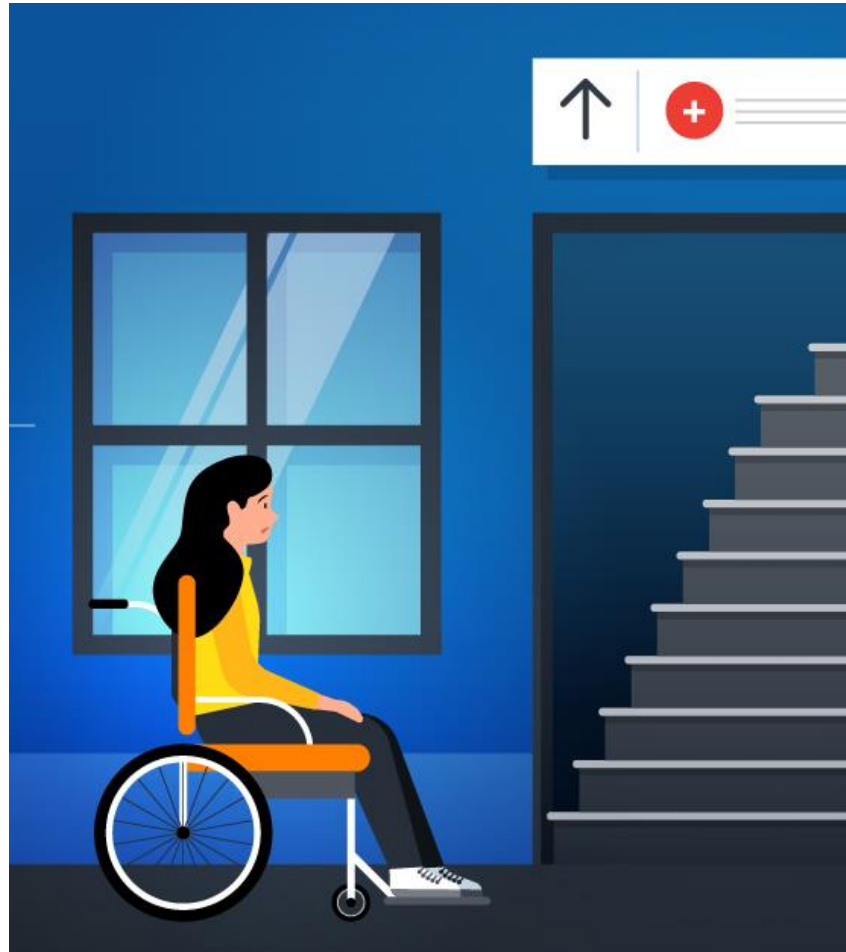


ACCORDING TO THE SOCIAL MODEL, ABLEISM IS THE PROBLEM, NOT DISABILITY

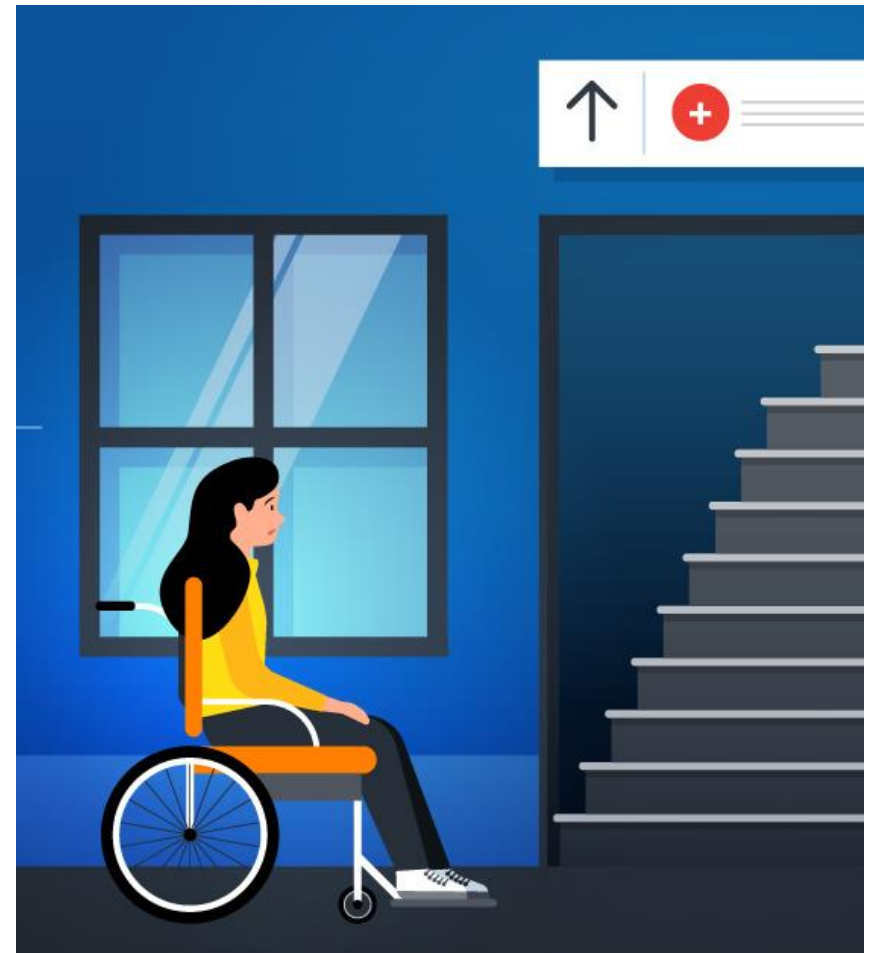


ACCESS BARRIERS TO HEALTHCARE

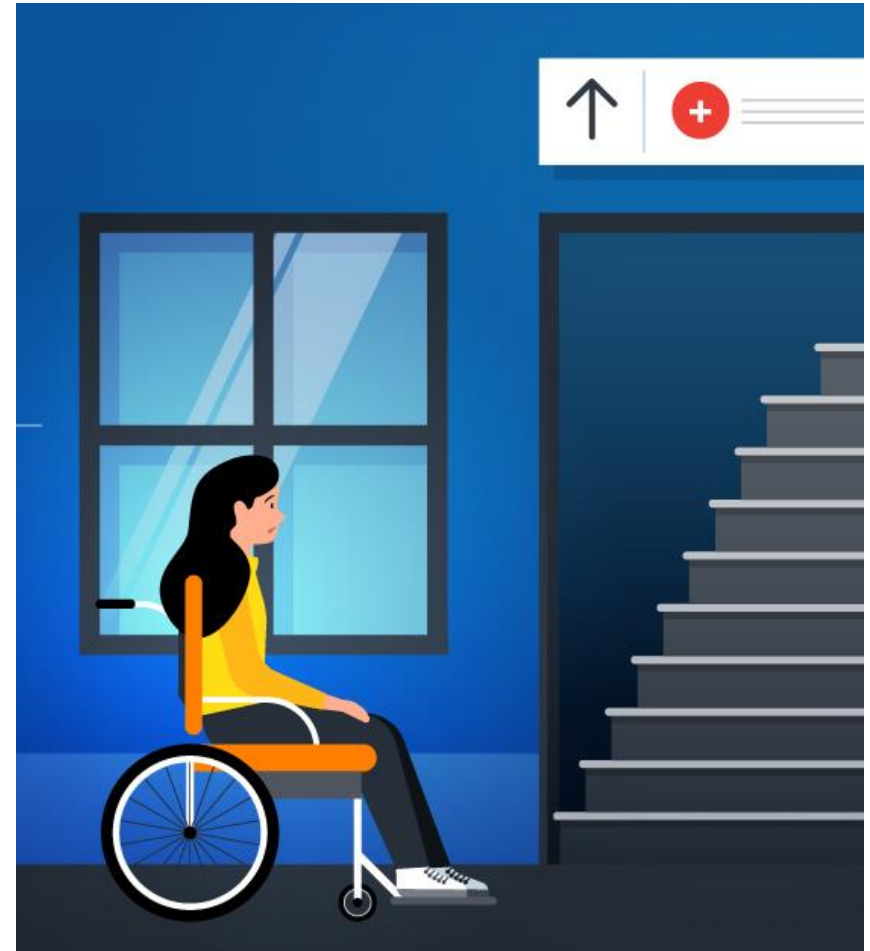
HOW DOES ABLEISM SHOW UP IN OUR PRACTICES?



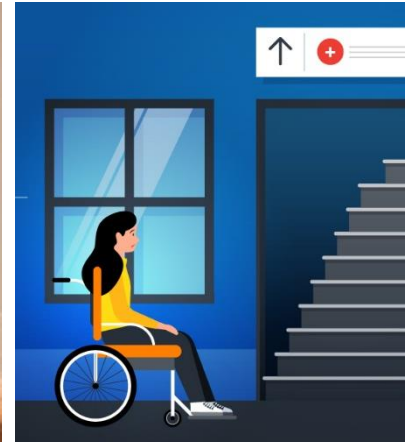
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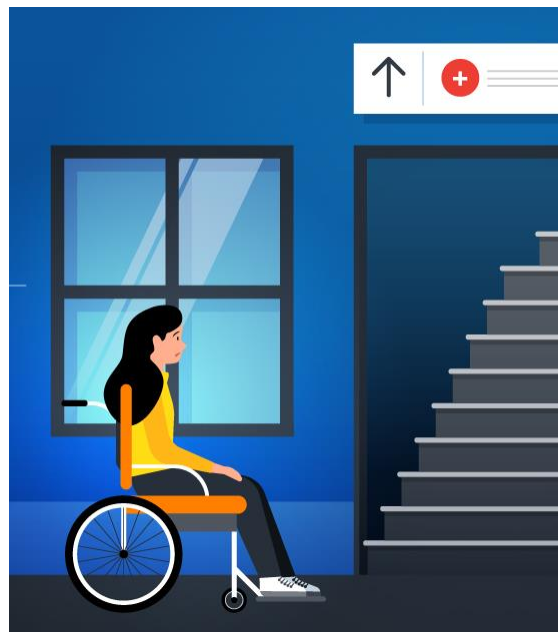
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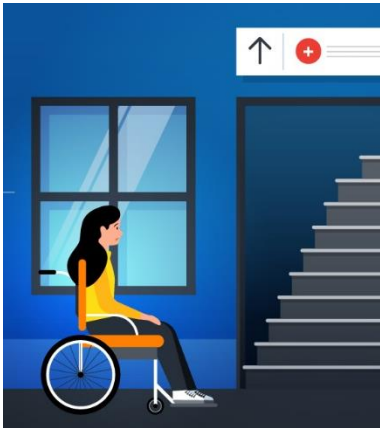
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WHERE IS ABLEISM IN YOUR OWN PRACTICE?

What would be hard for someone with a mobility impairment? Cognitive impairment? Hearing or visual impairment? Other functional limitation?

How could we adapt what we do to make accessing care easier?

HOW DO YOU THINK AND FEEL AROUND PEOPLE WITH DISABILITIES?

- What assumptions do you make about what people with disabilities can or cannot do?
- What questions do you ask or fail to ask people with disabilities?

Sad? Pity?

Confusion?

Disgust?

Burdened or bothered?

Impeded or slowed down?

Inspired?

So, what's the matter with you dear ?!

Apart from your attitude and these barriers you mean ?!

Pat
Pat

Crippen

LET'S RETURN TO JANAY...

**WHAT ELSE MAY BE IMPACTING HER
ACCESS TO CARE?**

JANAY'S MOST RECENT EXAMPLE



WHAT HELPED OR HINDERED JANAY'S ACCESS TO TREATMENT?

HOW CAN WE PROVIDE DISABILITY-AFFIRMATIVE CARE?

- Ask about access needs and how to address them - don't assume!
- Identify resources that could improve access
- If you notice an access barrier, do something
- Observe our biases about disability and strive for equitable (not *equal*) care
- Shift focus from finding a cure or reducing symptoms to improving functioning and well-being

THE TAKEAWAYS: DISABILITY AS DIFFERENCE NOT DEFICIENCY

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1

Reduce and
problem solve
access barriers

2

Flexibly stretch
limits as is feasible

3

Treat people with
disabilities as
valuable and as
capable of living a
life worth living



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THANK YOU!

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