Disability

What is a Disability?

Americans with Disabilities Act
- The term disability means, with respect to an individual,
  - a physical or mental impairment that substantially limits one or more of the major life activities;
  - a record of such an impairment; or
  - being regarded as having such an impairment.

Individuals with Disabilities Education Act
- The term “child with a disability” means a child: “with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities.”

Social Security Administration
- “Disability” under Social Security is based on your ability to work. You are disabled under Social Security rules if:
  - You cannot do work that you did before;
  - It is determined 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.

World Health Organization
- “An impairment is any loss or abnormality of psychological, physiological or anatomical structure or function; a disability is any restriction or lack (resulting from the impairment) of ability to perform an activity in the manner or within the range considered normal for a human being; a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that prevents the fulfillment of a role that is considered normal (depending on age, sex, and social and cultural factors) for that individual.”

Other agencies and organizations with disability definitions.

- Insurance Companies
- Vocational Rehabilitation
- Human Resource Offices
- Retirement Plans
- Service Organizations
- State and Local Governments

Disability Statistics Resources

Disability Statistics at Cornell University – http://www.disabilitystatistics.org/
U.S. Census Bureau – Disability – http://www.census.gov/people/disability/
Disability Statistics Center at the University of California, San Francisco – http://www.dsc.ucsf.edu/main.php
Annual Disability Compendium, University of New Hampshire - http://disabilitycompendium.org/
Centers for Disease Control – www.cdc.gov
Disability Models

• So what has lead to the multiple definitions of disability?
• Models of disability are tools, theoretical frameworks, upon which governments and societies build their definition of disability.

The Religious or Moral Model of Disability

• Rooted in Biblical references, the Christian church, and other cultures and faiths.
• The disabled are either perceived as:
  o the result of evil spirits, the devil, witchcraft or God’s displeasure OR
  o a reflection of the “suffering of Christ” and are of angelic or beyond-human status and a blessing to others.
• Individuals with disabilities bring shame upon the family.

The Medical or Individual Model of Disability

• As medical and scientific knowledge expanded, the “doctor” replaced the “priest” as custodian of societal values and the curing processes.
• The problems associated with disability reside within the individual.
• The individual with the disability is “sick” therefore excused from the normal obligations of society: school, work, etc.
• If the individual is “cured” then these problems would not exist.

The Social or Structural Model of Disability

• Disability is a normal aspect of life.
• Recognizes social discrimination as the most significant problem experienced by persons with disabilities
• Identifies the barriers, behaviors, and attitudes that cause the problem.
• Person with disabilities has the same desires, needs, and aspirations of non-disabled people.
• A shift from dependence to independence – equal rights.
**Americans with Disabilities Act (1990) and the Americans with Disabilities Act Amendment Act (2009)**

Expanded upon Section 504 of the Rehab Act (1973) that stated: “No otherwise qualified individual with a disability in the United States, as defined in section 706(8) of this title, shall, solely by reason of her or his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency or by the United States Postal Service….” – 29 U.S.C.§794(a)(1973).

The ADAAA was enacted by Congress to reverse judicial inroads on the ADA and restore the original intent of the ADA – to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities. Civil rights legislation.

<table>
<thead>
<tr>
<th>Otherwise Qualified Definition**</th>
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<tbody>
<tr>
<td><strong>Title I</strong>: An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.</td>
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<tr>
<td><strong>Title II</strong>: An individual who meets the academic and technical standards required for admission and participation with or without:</td>
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<td>• Reasonable and appropriate accommodations to rules, policies, or practices;</td>
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<td>• Removal of architectural, communication or transportation barriers; or</td>
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<td>• Provision of auxiliary aids and services.</td>
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<td>• A record of such an impairment, or</td>
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<tr>
<td>• Being regarded as having such an impairment.</td>
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<th>Major Life Activities Definition</th>
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<td>ADA – major life activities defined through litigation – seeing, hearing, speaking, walking, breathing, learning, caring for oneself, and working.</td>
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<tr>
<td>ADAAA** - major life activities defined in the legislation, to include but not limited to – caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, as well as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.</td>
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<tr>
<td>An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.</td>
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<tr>
<td>The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as medication, medical equipment, appliances, low vision devices, prosthetics, hearing aids, or assistive technology.</td>
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<td>The question of whether an individual’s impairment is a disability should not demand extensive analysis.</td>
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*Title 42 of the United States Code  
** S.3406: ADA Amendments Act of 2008
<table>
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<tr>
<th><strong>IDEA</strong> Individuals with Disabilities Act</th>
<th><strong>Section 504</strong> Rehab Act of 1973</th>
<th><strong>ADA</strong> Americans with Disabilities Act Amended 2009</th>
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<tr>
<td>Funded federal mandate</td>
<td>Unfunded Civil Rights legislation</td>
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<td>To provide a free, appropriate public education in the least restrictive environment to identified students with disabilities, including special education and related services.</td>
<td>To ensure that no otherwise qualified person with a disability is denied access to, benefits of, or is subject to discrimination solely on the basis of disability. Five titles to the ADA: Title I Employment, Title II Public Services, Title III Public Accommodation, Title IV Telecommunications, Title V Other</td>
<td></td>
</tr>
<tr>
<td>All infants, children and youth requiring special education services until age 21 or graduation from high school.</td>
<td>No otherwise qualified persons with a disability who meets the college’s admissions requirements and the specific entry level criteria for the specific program and who can documentation the existence of a disability as defined by law.</td>
<td></td>
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<tr>
<td>13 disability areas are defined in IDEA and include specific learning disabilities</td>
<td>Disability means, with respect to an individual: A physical or mental impairment that substantially limits one or more major life activities of such individual; A record of such an impairment, or Being regarded as having such an impairment.</td>
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</table>
| Specific learning disability  
Autism  
Speech/language impairment  
Emotional  
Impairment  
Disturbance  
Traumatic brain injury  
Visual impairment  
Hearing impairment  
Deafness  
Mental Retardation  
Deaf-blindness  
Orthopedic impairment  
Multiple disabilities  
Other health impairments | | |
| School districts are responsible for evaluating potential students with disabilities. When such a determination is made, the district plans education services for classified students at no expense to the family. | Students are responsible for self-identification and for obtaining disability documentation from a professional who is qualified to assess their particular disability; cost of the evaluation must be assumed by the student, not the post-secondary institution. | |
| School districts are responsible for providing special education programs and services, including related services and transition services, as delineated in an Individualized Education Program (IEP.) | Students are responsible for notifying Disability Services of their disability and their need for reasonable and appropriate accommodations. Accommodations (not special education or modifications) are provided on a case-by-case basis for students with disabilities to have full and equal access to the services and programs of the institution. | |
| Office of Special Education and Rehabilitation Services in the US Department of Education. Local enforcement is the responsibility of the state department of education. | Office of Civil Rights the US Department of Education (Title II); US Department of Justice (Title III); Equal Employment Opportunity Commission (Title I) | |
How many people have a disability?

Census Definition

- Used a wheelchair or were a long-term user of cane, crutches, or a walker;
- Had difficulty performing one or more functional activities, including seeing, hearing, speaking, lifting/carrying, using stairs, or walking;
- Had difficulty with one or more activities of daily living (ADLs), including getting around in the home, getting in/out of bed/chair, bathing, dressing, eating, toileting;
- Had difficulty with one or more instrumental activities of daily living (IADLs), including going outside the home, keeping track of money and bills, preparing meals, doing light housework, taking prescription medication in the right amount at the right time, using the telephone;
- Had one or more specified conditions, including a learning disability, mental retardation or other developmental disability, Alzheimer's disease, or some other type of mental or emotional condition;
- Were 16 to 67 years old and limited in their ability to work at a job or business and were receiving federal benefits based on an inability to do work.
- Limited to civilian, non-institutionalized persons 16 years old and over – excludes children, military personnel, people who have been institutionalized – and excludes many chronic health conditions.

In the United States:

- 2000 Census, 49.7 million people with disabilities. 19.3 percent (49.7 million) of people aged 5 and older in the civilian non-institutionalized population – nearly one in five.
- One in ten people have a severe disability.
- People with disabilities are the largest protected population in the United States – Native American 1%, Mixed Race 2.4%, Asian 3.6%, Black 12.3%, Hispanic 12.5%, Disabled 19.3%.
- This does not include children under age 5 (or 16) and under, children and adults with learning disabilities, or the 2.3 million individuals with disabilities who are institutionalized.

Disability and Chronic Health Conditions

- Disability is different than a chronic health condition. A person can have a disability with or without a chronic health condition and a person with a chronic health condition may or may not be disabled.
- Definition: onset is usually insidious, with a gradual progress of symptoms or with problems of a more permanent nature resulting as sequels to a series of acute conditions.

Chronic Health Impairments resulting in activity limitations.

- Heart Disease
- Back Problems
- Arthritis
- Asthma
- Diabetes
- Mental Disorders
- Disorders of the Eye
- Learning Disabilities and Mental Retardation
- Cancer
- Visual Impairments
2004 National Organization on Disability/Harris Survey

- Only 35 percent of people with disabilities reported being employed full or part time.
- 22 percent of people with disabilities reported facing discrimination.
- 26 percent of people with disabilities live in poverty compared to 9 percent of the able population.

Disability and Health Cost

- Medical spending of people with disabilities is four times as great as people without disabilities.
  - 1987 expenditures for people with disabilities - $156.9 Billion
  - 1993 expenditures for people with disabilities - $282.8 Billion
- Top three types of medical expenditures for people with disabilities:
  - Hospital Care
  - Physician Services
  - Emergency Room
- Out-of-pocket expenditures for people with disabilities are more than double those of people without disabilities.
- The one-sixth of the population with disabilities accounts for almost half of medical spending – 3.2 percent of the American population.
- Half of all medical expenditures for people with disabilities are covered by public programs.
- A recent Harvard study found that half of all bankruptcies and mortgage foreclosures were directly related to disability.

Disability Awareness

- Even with the passage of civil rights legislation (Americans with Disabilities Act) that protects people with disabilities from discrimination, the principal barrier that exist for people with disabilities are attitudes – conscious and unconscious.
- "As a society we are not especially inclusive . . . Since personal experiences is lacking, information about disabilities comes via the mass media, whose portrayal of people with disabilities varies between a focus on the medical aspects of the impairment to the ‘super crip’ and the ‘triumph over tragedy’”. Hurst & McCarthy (2001)

Disability Awareness and Disability Etiquette Resources

Talk Video – an award-winning 12 minute film that challenges misconceptions about disability in an entertaining way from the UK Disability Rights Commission.
https://www.youtube.com/user/DisabilityRightsComm
Disability Etiquette: Tips on Interacting with People with Disabilities – United Spinal Association
www.unitedspinal.org/pdf/DisabilityEtiquette.pdf
EDF Diversity Commercial – Commercial from the French Electricity company highlighting access for all www.youtube.com/watch?v=EVV_I-FHNTg
Council for Disability Awareness www.disabilitycanhappen.org
Disability History Museum – to promote understanding about the historical experience of people with disabilities www.disabilitymuseum.org
Disability Etiquette

Remember these four primary points when providing service or working with people with disabilities:
1. Treat people with disabilities as you would like to be treated yourself.
2. People with disabilities are NOT alike and have a wide variety of skills and personalities. They are all individuals.
3. Most disabled people are not sick, incompetent, dependent, unintelligent, or contagious.
4. Most disabilities are hidden disabilities and will not be evident. Remember to use people first language to ensure non-discrimination in all settings.

Basic Points of Etiquette:
- Avoid asking personal questions about someone’s disability. If you must ask, be sensitive and show respect. Do not probe, if the person declines to discuss it.
- Be considerate of the extra time it might take for a person with a disability to do or say something.
- Be polite and patient when offering assistance, and wait until your offer is accepted. Listen or ask for specific instructions.
- When planning a meeting or other event, try to anticipate specific accommodations a person with a disability might need. If a barrier cannot be avoided, let the person know ahead of time.
- Be respectful of the rights of people with disabilities to use accessible parking spaces.

When meeting and talking with a person who has a disability:
- A handshake is NOT a standard greeting for everyone. When in doubt, ASK the person whether he or she would like to shake hand with you. A smile along with a spoken greeting is always appropriate.
- Speak directly to the person with a disability, not just to the ones accompanying him or her.
- Don’t mention the person’s disability, unless he or she talks about it or it is relevant to the conversation.
- Treat adults as adults. Don’t patronize or “talk down to” people with disabilities.
- Be patient and give your undivided attention, especially with someone who speaks slowly or with great effort.
- Never pretend to understand what a person is saying. Ask the person to repeat or rephrase, or offer him or her a pen and paper.
- It is okay to use common expressions such as “see you soon” or “I’d better be running along.”
- Relax. Anyone can make mistakes. Offer an apology if you forget some courtesy. Keep a sense of humor and a willingness to communicate.

When meeting someone with a disability that affects learning, intelligence, or brain function:
- Keep your communication simple. Rephrase comments or questions for better clarity.
- Stay focused on the person as he or she responds to you.
- Allow the person time to tell or show you what he or she wants.

When you are with a person who uses a wheelchair:
- Do not push, lean on, or hold onto a person’s wheelchair unless the person asks you to. The wheelchair is part of his or her personal space.
- Try to put yourself at eye level when talking with someone in a wheelchair. Sit or kneel in front of the person.
- Rearrange furniture or objects to accommodate a wheelchair before the person arrives.
• Offer to tell the person where accessible restrooms, telephones, or water fountains are located.
• When giving directions to a person in a wheelchair, consider distance, weather conditions, and physical obstacles (curbs, stairs, steep hills, etc.)

Talking with a person who is deaf or using a hearing aid:
• Let the person take the lead in establishing the communication mode, such as lip-reading, sign language, or writing notes.
• Talk directly to the person, even when a sign language interpreter is present.
• If the person lip-reads, face him or her directly, speak clearly and with a moderate pace.
• With some people, it may help to simplify your sentences and use more facial expressions and body language.

When meeting a person with a disability that affects speech:
• Pay attention, be patient, and wait for the person to complete a word or thought. Do not finish it for the person.
• Ask the person to repeat what is said, if you do not understand. Tell the person what you heard and see if it is close to what he or she is saying.
• Be prepared for various devices or techniques used to enhance or augment speech. Don’t be afraid to communicate with someone who uses an alphabet board or a computer with synthesized speech.

Interacting with a person who is blind or has a disability that affects sight or vision:
• When greeting the person, identify yourself and introduce others who may be present.
• Don’t leave the person without excusing yourself first.
• When asked to guide someone with a sight disability, never push or pull the person. Allow him or her to take your arm, then walk slightly ahead. Point out doors, stairs, or curbs, as you approach them.
• As you enter a room with the person, describe the layout and location of furniture, etc.
• Be specific when describing the locate of objects. (Example: “There is a chair three feet from you at eleven o’clock.”)
• Don’t pet or distract a guide dog. The dog is responsible for its owner’s safety and is always working. It is not a pet.

Assistance Dog Etiquette

DO
• Speak to the person first
• Ignore the dog
• Keep in mind that the dog has a very important job to do
• Be aware that assistance dogs are allowed in public places
• Know that the dog loves to work and is well treated
• Remember that the dog is friendly and loveable
• Teach others that the dog is working

DONOT
• Talk to, call, or make sounds at the dog
• Touch the assistance dog without asking permission
• Let others freely pet the dog
• Feed the assistance dog
• Give commands to the dog; this is the owner’s job
• Ask personal question about the handlers disability or intrude on his or her privacy
• Be offended if the handler declines to chat about the assistance dog
People First Language

People First Language is terminology used when referring to people with disabilities. It refers to the person first, rather than the disability.

A disability is simply a diagnosis given by a doctor. If you were recently diagnosed with pneumonia would it make sense to refer to you as pneumatic? No. Just like it doesn’t make sense to call someone who has been diagnosed with autism as “autistic,” someone with mental retardation as “retarded,” or someone who has epilepsy as “epileptic.”

People First Language is about speaking accurately about an individual with a disability. It emphasizes the person’s worth and abilities. It is not about being politically correct, it’s about effectively communicating on the subject of disability. The term “handicapped” refers to a person having to beg on the street with “cap in hand.” The term “disabled” means “broken down.” The use of these terms and others like them are inaccurate, inappropriate, offensive and do not reflect the individuality, equality, or dignity of people with disabilities.

People with disabilities are an integral part of the general public. Be careful not to use terms “we/they” that suggest segregation or group all individuals with disabilities together, for example, “the disabled,” “the deaf,” or “the blind.”

A person’s disability should be mentioned only if it is relevant. It isn’t relevant, why mention it? Don’t be intimidated by terminology. Remember, people with disabilities are simply people who happen to have disabilities.

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<tr>
<th>People First Language</th>
<th>Words to Avoid</th>
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<tr>
<td>• Person with a disability or a person who has a disability</td>
<td>• Cripple/handicapped/invalid (invalid means “not valid”)</td>
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<tr>
<td>• Person who has a learning disability/mental retardation/developmental delay/ADD/cerebral palsy/autism/epilepsy</td>
<td>• Slow/retarded/lazy/stupid/underachiever/on/ mongoloid/victim/afflicted/autistic/epileptic</td>
</tr>
<tr>
<td>• People/individuals without disabilities</td>
<td>• Healthy/normal person (this implies that is person with disabilities is not normal)</td>
</tr>
<tr>
<td>• Person who is deaf/cannot speak/uses a communication device</td>
<td>• Deaf mute/deaf &amp; dumb</td>
</tr>
<tr>
<td>• Person who is blind/has a visual impairments</td>
<td>• The blind</td>
</tr>
<tr>
<td>• Person who was born with a disability/congenital disability</td>
<td>• Birth defect</td>
</tr>
<tr>
<td>• Person who uses a wheelchair/crutches (people use a wheelchair for mobility and freedom)</td>
<td>• Restricted/confined to a wheelchair/wheelchair bound/ cripple</td>
</tr>
<tr>
<td>• Accessible Parking</td>
<td>• Handicapped Parking</td>
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Other Resources

Information and Technical Assistance on the Americans with Disabilities Act – www.ada.gov

United States Department of Labor Disability Resources -
http://www.dol.gov/dol/topic/disability/ada.htm


National Organization on Disability - http://nod.org/


American Association of People with Disabilities - http://www.aapd.com/

American Association of Health and Disability - http://www.aahd.us/

American Disability Association - http://www.adanet.org/

Invisible Disabilities Association - http://invisibledisabilities.org/


Ernetta’s Web Sites

Digital Access for Individuals with Disabilities – https://sites.google.com/site/libtech2016digitalaccess/

Post Secondary Assistive Technology – https://sites.google.com/site/postsecondaryassistivetec/