1 Disability Competency

Disability competency is a person-centered, disability-led, and human-rights approach to removing barriers to health and the resulting disparities that prevent equitable access to quality and effective health care and opportunities. Disability competencies are a set of validated and reliable values adopted through a framework of training and behaviors to provide accessible and inclusive vaccination, public health, health care, and disaster response programs.

Disability Definitions

The term “disability” is an umbrella term with multiple overlapping definitions. There are many types of disabilities, such as those that affect a person’s vision, movement, thinking, remembering, learning, communicating, hearing, mental health, and social relationships.

Disability

Any condition that makes it more difficult for a person to do certain activities and interact with the world around them.

People with Disabilities

A diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways.

Invisible Disabilities

Some disabilities may be hidden, not easy to see, or be mistaken for other behaviors or choices.

Universal Design

The process of creating products, environments, and programs that are accessible to people with the broadest possible range of abilities, disabilities, and other characteristics.

What Is Disability Competency?

Some descriptors of disability competency are listed below:

- Cultural competency that addresses and corrects misperceptions, bias, and ableism.
- Knowledge that directs behaviors that provide others the optimal experience by creating an environment that is respectful, accessible, and inclusive.
- Ensuring tools and programs incorporate cultural, social, and disability intersectionalities.
- Understanding socioeconomic factors may impede access to health and safety.
- Include actions and recommendations that prioritize the input of the person with disabilities.

Can you name another descriptor of disability competency?

Ways to Demonstrate Disability Competency

Some ways to demonstrate disability competency are listed below:

- Use appropriate and accessible communication.
- Identify unintended barriers to health equity. Get input and welcome feedback.

- Partner with disability stakeholders to identify existing barriers to accessibility, and generate solutions using their subject matter expertise.
- Require disability etiquette and competency training for all staff.
- Recruit, hire, and support employees with disabilities.
- Establish and adhere to receiving and addressing complaints about accessibility.
- Use person-first and person-directed language.
- Ask if people need assistance or accommodations.
- Build respectful relationships with disability stakeholders.

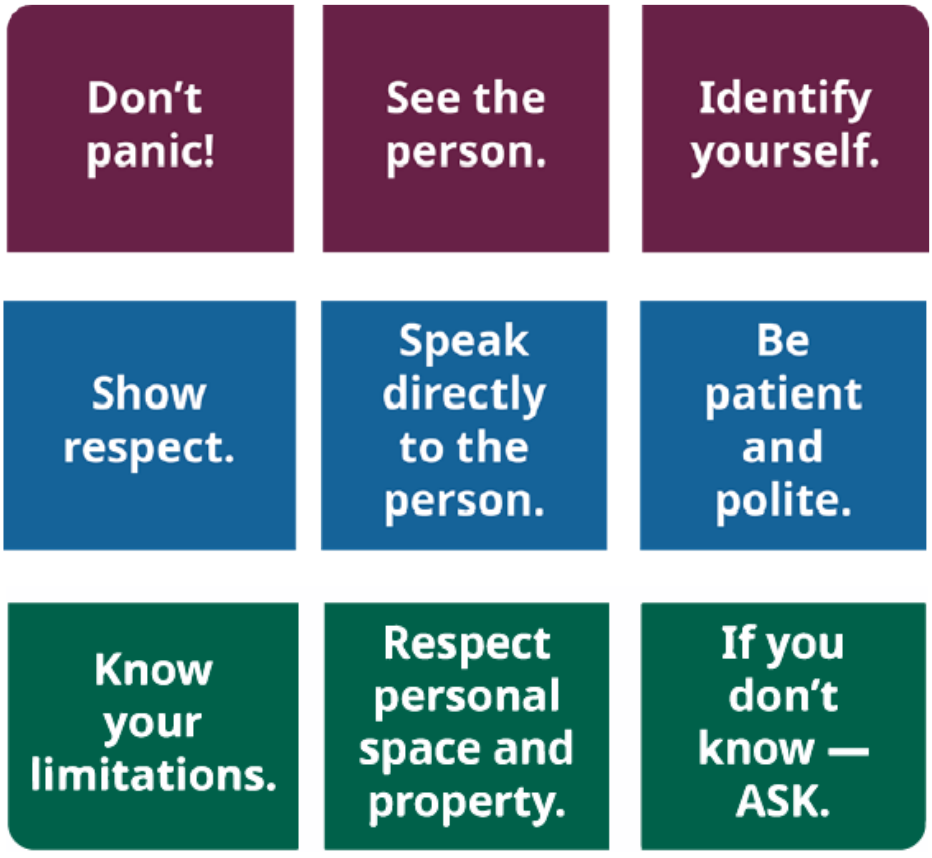
What is your experience with organizational disability competency?

1. What are two ways your organization demonstrates disability competency?
2. What is one way you demonstrate disability competency in your position?

Disability Etiquette

When health and public health systems are not accessible, people with disabilities cannot participate in programs and services. As a result, health and public health providers frequently lack experience interacting with disabled community members. This lack of experience can cause stress, anxiety, and discomfort for both public health providers and disabled community members.

When you are interacting with people who have a disability:



When you are speaking to or about people with disabilities, a general guideline is to use the same language that is used by the person. "People-first language" puts the focus on the person as a whole and not just the disability. Language that has a negative connotation indicates implicit bias and should be avoided.

Examples of people-first and unbiased language are:

Language to Use	Language to Avoid
√ Person-first language: person with a disability √ Identity-first language: disabled person	X Old stereotypes: handicapped, cripple, victim, invalid, special
√ Person who uses a wheelchair	X Confined to…, wheelchair bound
√ Person without a disability	X Normal (indicating able-bodied people are "normal" and disabilities are abnormal)
√ Person who is hard of hearing; person who is deaf; person who is Deaf*; person who has a hearing loss	X Deaf and dumb; deaf/mute, the deaf
√ Has _____ (specifying the disability; for example, arthritis, epilepsy, a visual disability)	X Victim of… suffering from… afflicted with… (name of disability)
√ Person with a learning disability	X Slow, special, differently abled, retarded
√ Person with a mental health disability	X Crazy, mentally ill, psychotic, depressed

* Within the hearing-impaired community, Deaf (capital D) refers to people who have been deaf their whole lives, learned sign language as their first language, and identify as culturally Deaf. When deaf is not capitalized, it refers to anyone who has significant hearing loss.

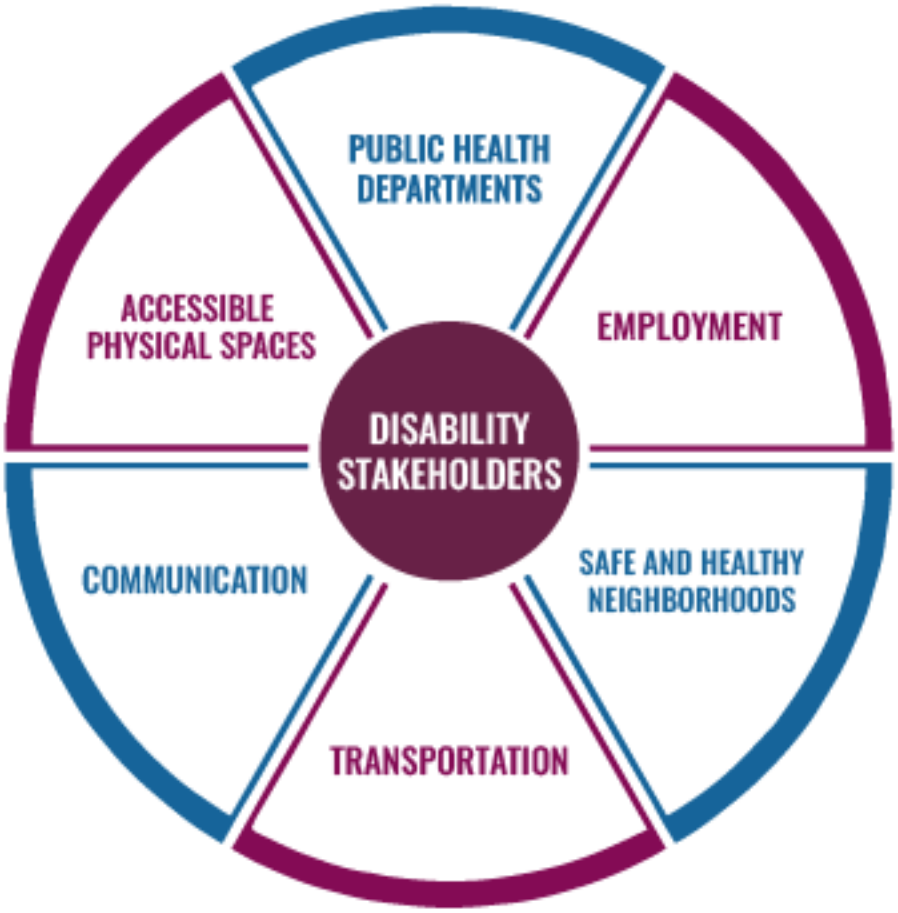
Recognize Persistent Barriers to Health

People with disabilities encounter a variety of environmental, programmatic, and attitudinal barriers that make everyday life more difficult, including achieving and maintaining an overall state of health and wellness. These barriers are systemic and pervasive throughout daily programs and across all community sectors and impact the overarching equity experience for people with disabilities. Along with all community sectors, vaccine programs, health services, and disaster response must identify, remediate and find solutions to their systemic barriers. A first step is to include disability in the overarching health equity initiatives that are currently underway.

Examples of how to address barriers are:

- Take action to better understand barriers to health.
- Include people with disabilities as a group worthy of health-equity-focused initiatives.

- Include disability perspectives across other departmental work groups, task forces, and planning committees, such as those focusing on maternal child health, injury prevention, or chronic disease management.



- Highlight and mitigate accessibility barriers present in the community that have negative impacts on health and safety for those with disabilities by leveraging the activities or momentum of other public health work groups.

Checklist: Staff Disability Competency

Yes/No Check	Examples of Staff Disability Competency
	Find and attend disability training.
	Connect with other employees who demonstrate disability competency.
	Speak up and ask about what you don't know.
	Join working groups and other opportunities to advocate for accessibility in the organization.
	Use person-centered or person-directed language and communication.
	Ask the person if and how they would like to be assisted.
	Assume people may have both visible and invisible disabilities.
	Identify potential barriers, perceptions, or biases you may have, and grow from there.
	Ask for informal feedback on how you can support their experience.

Checklist: Organizational Disability Competency:

Yes/No Check	Examples of Organizational Disability Competency
	Requires disability training.
	Sponsors disability-focused workgroups for all.
	Upholds policies preventing disability-related discrimination.
	Sponsors a health care coalition that includes a disability focus.
	Produces materials in accessible formats as a standard practice.
	Uses person-centered language in templates, materials, and throughout the organization.
	Holds meetings, events, and all other internal and external gatherings in accessible locations.
	Applies Universal Design to their facilities, programs, and communications.
	Provides accommodations as requested.

My Organization's Disability Competency Rating

Rate your organization on a scale of 1 to 10. A score of 1 means "Our organization's disability competency limits our ability to provide equitable opportunities for people with disabilities." A score of 10 means "Our organization shows a commitment to disability competency, inclusion, and accessibility and regularly improves as we learn more."

Write in a score for your organization between 1 and 10:

CDC Statement

This project was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the CDC Foundation totaling $1,900,000.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.