

Including People with Disabilities: Public Health Workforce Competencies



Module 2

Competency 1: Discuss disability models across the lifespan



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Welcome to Module 2 of the Including People with Disabilities: Public Health Workforce Competencies

This module will provide an overview of:

Competency 1: Discuss disability models across the lifespan

This module includes:

- Learning Objectives
- Information to support the learning objectives
- You must complete the quizzes during your session as answers will not be saved

Competency 1 : Describe disability models across the lifespan

- People with disabilities are individuals who have some type of limitation in mobility, cognition, vision, hearing, or other disorders
- Disability is not defined by any specific health condition, but whether that condition actually creates significant limitations for an individual affecting their daily lives and functioning
- Disability models can be used as guidelines or tools to help define impairments and limitations associated with disability
- No one model can completely describe the disability experience because disability itself is complex and the experiences of people with disabilities will vary widely
- There are several primary models of disability

Learning Objectives

1. Compare and contrast different models of disability.
2. Apply model(s) of disability for a particular scope of work or population served.

Learning Objective 1

Compare and contrast different models of disability

- Several models of defining disability have been developed to try to address the many types of disabilities
- Models of disability provide a reference for society as programs and services, laws, regulations and structures are developed, which affect the lives of people living with a disability
- The primary models of disability used are the Medical Model, Functional Model, and Social Model

Medical Model

- Describes disability as a consequence of a health condition, disease or caused by a trauma that can disrupt the functioning of a person in a physiological or cognitive way
- This model is a conceptualization of disability as a condition a person has and focuses on the prevention, treatment or curing of the disabling condition

Functional Model

- Similar to the medical model in that it conceptualizes disability as an impairment or deficit
- Disability is caused by physical, medical or cognitive deficits
- The disability itself limits a person's functioning or the ability to perform functional activities

Social Model

- Focuses on barriers facing people with disabilities instead of concentrating on impairments and deficits of the person with a disability
- A person's activities are limited not by the impairment or condition but by environment and barriers are consequences of a lack of social organization

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Example

- Mark is 32 and is employed as a computer programmer at a manufacturing company He was involved in a car accident at 21 years old that resulted in a lower limb amputation. He uses a motorized scooter to get around locally, and drives an adapted van. He has a secondary health condition of Type 2 Diabetes
- When visiting medical doctors, the care Mark receives is impacted by the way in which his disability is perceived. His Endocrinologist sees Mark's physical disability as an illness or deficit that prevents him from living a healthy life (**Medical Model of Disability**) and does not recommend the same interventions that he would for a person without disabilities like a diet and exercise program
- His primary care doctor does not have an accessible examination table or wide enough aisles for his scooter and views his difficulty getting on the examination table as a functional limitation (**Functional Model of Disability**) Mark faces as the result of the disability. His dietician recommends a program of diet and exercise as an intervention for his diabetes, but his local gym is not accessible for people with mobility issues. This creates a barrier for him to exercise regularly (**Social Model of Disability**)

Medical Model

- Disability as a consequence of a health condition, disease or caused by a trauma
- Disrupt the functioning of a person in a physiological or cognitive way

Functional Model

- Disability is caused by physical, medical or cognitive deficits
- Limits functioning or the ability to perform functional activities

Social Model

- A person's activities are limited not by the impairment or condition but by environment
- Barriers are consequences of a lack of social organization

Learning Objective 2

Apply model(s) of disability for a particular scope of work or population served.

- Over 60 various definitions of “disability” have been generated for legislative and policy uses
- Definitions of disability often vary by agency for the purpose of establishing eligibility criteria for services and programs
- Definitions vary because the legislative and policy outcomes often differ

Example

- Joe works at the local Social Security Administration office and uses an agency specific disability definition to determine eligibility of persons applying for Social Security Disability Insurance benefits
- Francine works at the Health and Human Services Agency
- She is a nurse and uses an agency specific definition of disability to determine eligibility of adults for Long term services and supports

The following slides contain supplementary information on:

- The Role of Caregivers
- Disability Etiquette
- Patient Centered and Family Centered Care
- Cultural Competence
- Social Determinants of Health

The Role of Caregivers

- It is important to understand disability, and health disparities, but also the role of family and caregivers in the lives of people with disabilities
- Most people with disabilities can live and function independently, but some may have caregivers
- Caregivers may be parents, siblings, and other family members, friends, paid attendants, staff
- May at times communicate their wishes for them
- 65 million people in the US serve as caregivers to family members who have a disability or are seniors in need of assistance
- Caregivers are an important part of the lives of people with disabilities and may also need to be included along with the person with a disability in any communications



Disability Etiquette

- Most people with disabilities can live and function independently, but some may have caregivers who may help them communicate or be involved in other ways
- Even though this may be the case, it is proper etiquette to still address the person with a disability
- Be aware of the Patient Centered Care model, the Family Centered Care, and cultural competence to help facilitate including people with disabilities in communications, planning and program efforts

Patient Centered Care and Family Centered Care

- Patient Centered and Family Care are approaches to the planning and delivery of health care
- Partnership between health care providers, patients, and the families or caregivers
- In the Patient Centered Care model the patient or person receiving services and supports is an equal team member
- In the Family Centered Care model the family and caregivers are also team members who have a role in ensuring the health and safety of the patient, or person receiving services.

Cultural Competence (from [The National Center of Cultural Competence](#))

- A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations
- “Culture” is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group
- “Competence” is used because it implies having the capacity to function effectively

Five essential elements:

1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of the dynamics inherent when cultures interact
4. Having institutionalized culture knowledge
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity

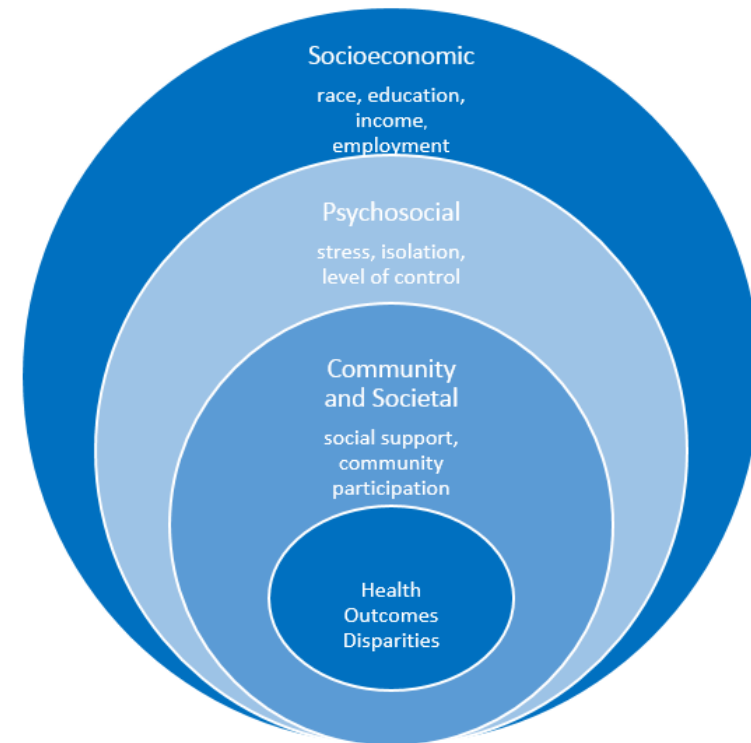
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Social Determinants of Health and Health Disparities

- Having a disabling condition should not imply that a person is unhealthy
- A long-held challenge is the understanding of public health circumstances, beyond the disabling condition itself, that influence health and quality of life
- Having an understanding of social determinants of health can provide a foundation and framework for understanding health disparities that are faced by people with disabilities
- Can be described as social, economic and political systems that can intersect and overlap and contribute to disparities in health care and access to education, employment and of other aspects of a life
- Can be categorized as socioeconomic, psychosocial, and community and societal



Understanding Disability and Health

- There are many factors that determine or influence one's health
- Healthy People 2020 organizes the social determinants of health around 5 key domains:
 - (1) Economic Stability,
 - (2) Education,
 - (3) Health and Health Care,
 - (4) Neighborhood and Built Environment, and
 - (5) Social and Community Context
- Within each of these domains, individuals with disabilities are more likely to experience challenges
- They effect all aspects of life and predict health outcomes for people with disabilities

