

Change How You See, See How You Change, Positive Exposure The Spirit of Difference

Rick Guidotti Corrie Harris, MD







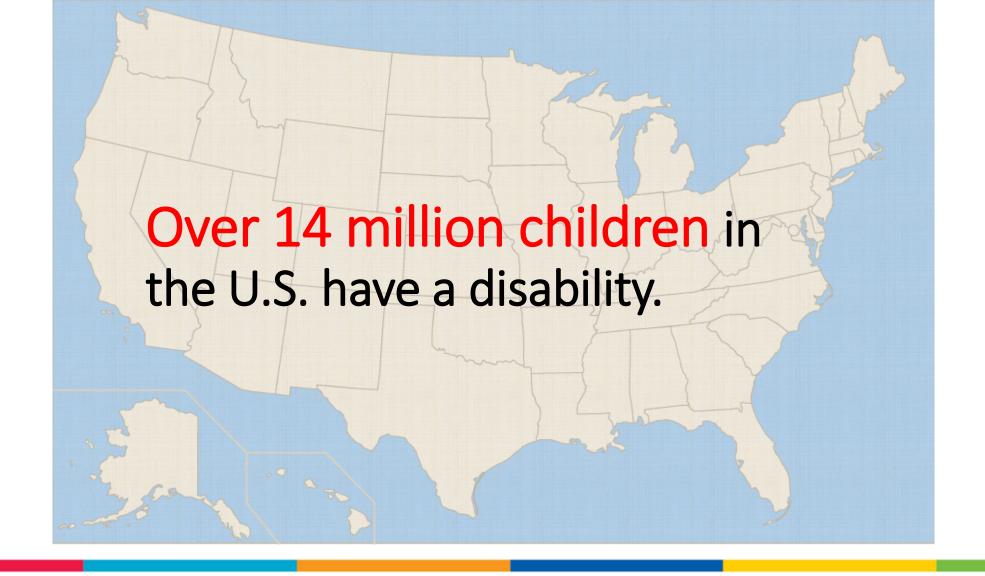
Learning Objectives

- Discuss ableism/bias and potential health implications of how people with disabilities are viewed in their communities.
- Introduce Positive Exposure, which utilizes photography and video to transform perceptions of people living with genetic, physical, and behavioral differences.
- Discuss FRAME, a web-based educational library of genetic conditions that is changing the way healthcare students see people living with genetic differences.















Context: healthcare disparities

People with disabilities experience healthcare disparities:

- Screening and preventive services
- Access to care
- Health status and health outcomes
- Cancer diagnosis and treatment
- Satisfaction with care







Context: health disparities

People with disabilities experience health disparities:

- Obesity
- Diabetes
- Cardiovascular disease
- Asthma
- Arthritis
- Mental health conditions: depression, anxiety







Context: contributors to disparities

- Patient-level factors:
 - complex underlying health conditions and competing priorities
 - disadvantages in social determinants of health
- Systems-level factors:
 - inadequate training of healthcare professionals
 - ineffective communication accommodations
 - physical access barriers
 - inadequate knowledge among physicians about legal requirements to provide equitable care under the Americans with Disabilities Act (ADA) of 1990
 - Erroneous assumptions about people with disability
 - Ableism attitudes among clinicians
 - ? Physician bias







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ORIGINAL ARTICLE



Implications of internalised ableism for the health and wellbeing of disabled young people

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Abstract

When conceptualising health and wellbeing among disabled people, the experience of internalised ableism must be considered. In this article, we argue that internalised ableism is indeed a health and wellbeing issue that materialises in numerous complex psychological, social and physical consequences. For theoretical grounding, we utilise critical disability studies, feminist theorising about solidarity and disability activists' concept of 'disability justice'. We draw on data from focus-group interviews with disabled young people, comprising ten men and eleven women, with different impairment types. The focus-group discussions revolve around various aspects of their wellbeing and participation in society, and possible and actual threats to the wellbeing of disabled children and young people in general. The analysis reflects various negative effects of internalised ableism on the identity, health and wellbeing of disabled young people. Family support, access to safer spaces and positive peer interactions are factors defining how internalised ableism develops, is maintained or defied. Peer support and solidarity are strong indicators of

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wileyonlinelibrary.com/journal/shil 1

- **Ableism** is the discrimination and oppression of disabled people; the societal belief that being able-bodied is "normal" and is preferred.
- A result of bias against people with disabilities.







microaggressions/macroaggressions

internalization of ableism/oppression

mental health concerns: anxiety, depression, isolation, feelings of inferiority, powerlessness, negative body image







Internalization of ableism

- ...if you are born disabled, your parents need education on everything their child can do. Instead the doctor comes and says, "This is what is wrong, and this ... and this... and this." When rather someone should come and say, "These are the resources available for you Your child can do this ... and this ... and this." The focus is too often on what is wrong with the baby but not what the baby is capable of.
- There are often too little expectations towards disabled children. You know, many parents really have to fight in order to have the same expectations aimed at their disabled child as any other child.







Internalization of ableism

Ása: There is a connection between depression and anxiety and for example, disability. And you know, it is most likely because society has a negative view of disability.

Sólrún: I think that society could be more positive. "Yes, okay, you are like this!"

Researcher: Can I ask you, Ása, when you say the connection between depression, anxiety and disability is because of society, can you name an example?

Ása: It's because of prejudice towards disability. People with disabilities do not think they are acceptable to others, and then they isolate themselves and become anxious.

Sólrún: I became depressed because of my disability, but also because of prejudice from others.







Bias

- Preconceived attitude or belief, conscious or unconscious, regarding a group of people that influences how we perceive, interact, and behave toward the group.
- Studies of racial/ethnic bias among physicians have found that unconscious and conscious beliefs significantly effect treatment decisions, patient outcomes, and other aspects of care.
- If parallel effects hold true for people with disability, physician bias toward disability likely contributes to known healthcare disparities in this population.





By Lisa I. Iezzoni, Sowmya R. Rao, Julie Ressalam, Dragana Bolcic-Jankovic, Nicole D. Agaronnik, Karen Donelan, Tara Lagu, and Eric G. Campbell

Physicians' Perceptions Of People With Disability And Their Health Care

DOI: 10.1377/hlthaff.2020.01452 HEALTH AFFAIRS 40, NO. 2 (2021): 297-306 ©2021 Project HOPE— The People-to-People Health Foundation, Inc.

ABSTRACT More than sixty-one million Americans have disabilities, and increasing evidence documents that they experience health care disparities. Although many factors likely contribute to these disparities, one little-studied but potential cause involves physicians' perceptions of people with disability. In our survey of 714 practicing US physicians nationwide, 82.4 percent reported that people with significant disability have worse quality of life than nondisabled people. Only 40.7 percent of physicians were very confident about their ability to provide the same quality of care to patients with disability, just 56.5 percent strongly agreed that they welcomed patients with disability into their practices, and 18.1 percent strongly agreed that the health care system often treats these patients unfairly. More than thirty years after the Americans with Disabilities Act of 1990 was enacted, these findings about physicians' perceptions of this population raise questions about ensuring equitable care to people with disability. Potentially biased views among physicians could contribute to persistent health care disparities affecting people with disability.

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Dragana Bolcic-Jankovic is the director of survey operations and a research fellow in the Center for Survey Research at







Perceptions of Disability - Physicians

- 82% of physicians report that people with significant disability have overall worse quality of life than other people
- 41% of physicians are very confident in their ability to provide equal quality care to people with disability
- 56% strongly welcome people with disability into their practices
 - Women physicians more welcoming
 - Younger more welcoming
 - Physicians confident about their ability to provide care to disabled people more welcoming
 - University setting more welcoming than private practice







Perceptions of Disability - Patients

1994-1995 National Health Interview Survey-Disability selfrespondents "Perceives self as <u>NOT</u> having a disability."

58% of blind, very low vision

73% of deaf, very hard of hearing

32% of walker users

20% of manual wheelchair users

16% of power wheelchair users

https://www.cdc.gov/nchs/nhis/nhis disability.htm







The Disability Paradox

- Many people with serious and persistent disabilities report that they experience a good or excellent quality of life, even when to most external observers these people seem to live a less desirable daily existence.
- Quality of life: an individual's perception of their well-being and general satisfaction with life (personal perspective)
- Subjective life satisfaction of disabled people is usually comparable to that of non-disabled people.
 - People with different expectations will report that they have a different quality of life even when they have the same clinical condition
- Many people with disabilities, particularly if their conditions are congenital or long-term, do not necessarily perceive their disability as a problem or pathology.







Given potential bias of physicians, how do we ensure that people with disability get equal quality care?

Raises questions about care for people with disability in times of scarce resources (COVID-19 pandemic).

- Crisis Standards of Care (CSC)
- 3/31/2020 Office for Civil Rights at the U.S. Department of Health and Human Services, "in this time of emergency, the laudable goal of providing care quickly and efficiently must be guided by the fundamental principles of fairness, equality, and compassion that animate our civil rights laws. This is particularly true with respect to the treatment of persons with disabilities during medical emergencies as they possess the same dignity and worth as everyone else."
- States changed CSC









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Why should people with disability need to prove to their doctor that they value the quality of their life to get equal quality of care?







Causes and ways to help

- Ableist attitudes dominate medicine training focus on medical model (pathology)
 - Functional model (environmental context)
- In our culture we are implicitly bound to think of able-bodied people when we think of a good quality of life
 - Biases come from our culture, but what we teach ourselves, what we choose to associate, is up to us
- Lack of exposure of learners to disabled people, in medical school and often throughout life
 - All levels of medical training should include more training about disability
 - Make medical school education more accessible to disabled people
 - Use disability self-advocates in medical training
 - Change training to provide greater empathy and understanding about patients' daily lives-Rick Guidotti, Positive Exposure







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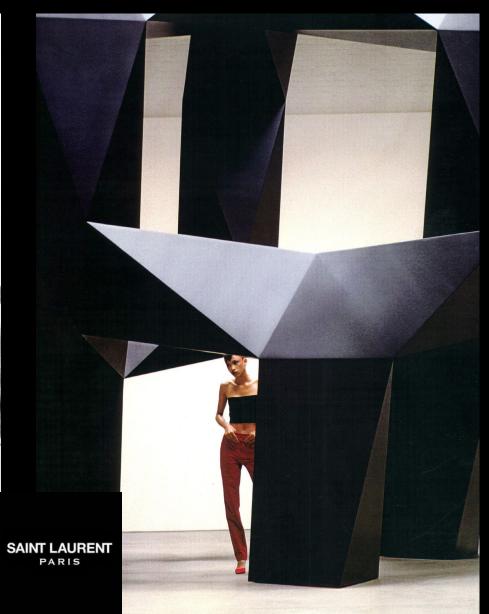










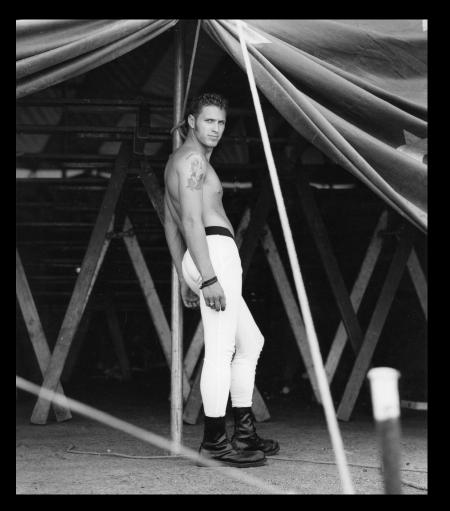




À gauche. Manteau façon doudoune en satin matelassé,

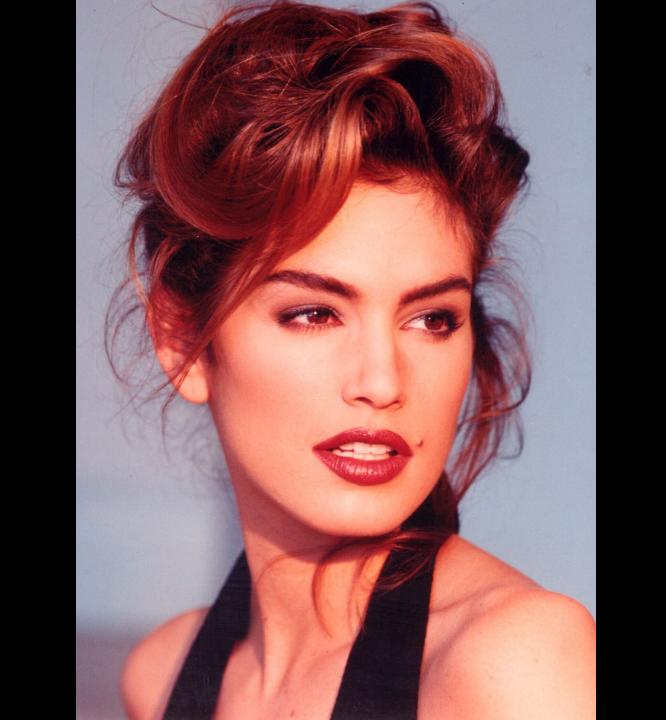
robe de satin noir attachée en licou (Calvin Klein). Bottes cuissardes (Robert Clergerie).

léopard, épaules









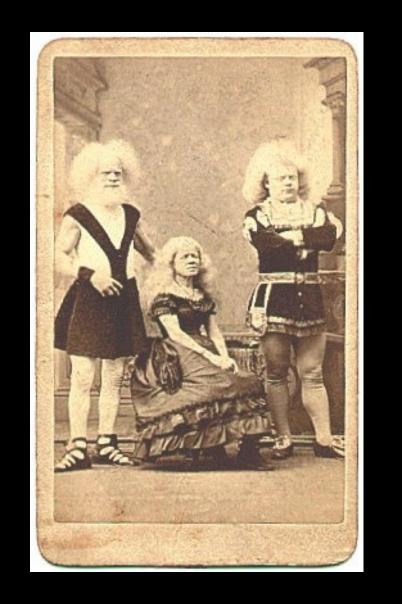
ALBINISM















POSITIVE EXPOSURE

Charla McMillan, 48, is the president of NOAH (National Organization for Albinism and Hypopigmentation), a support group for people with albinism. Most of our subjects, none of whom are professional models, are NOAH members. EYEWITNESS PHOTOGRAPHER RICK GUIDOTTI OPENS OUR EYES TO THE BEAUTY OF ALBINISM. 65 LIFE





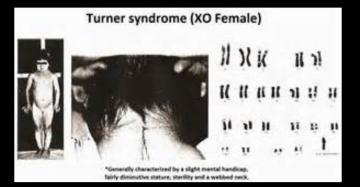
















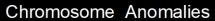






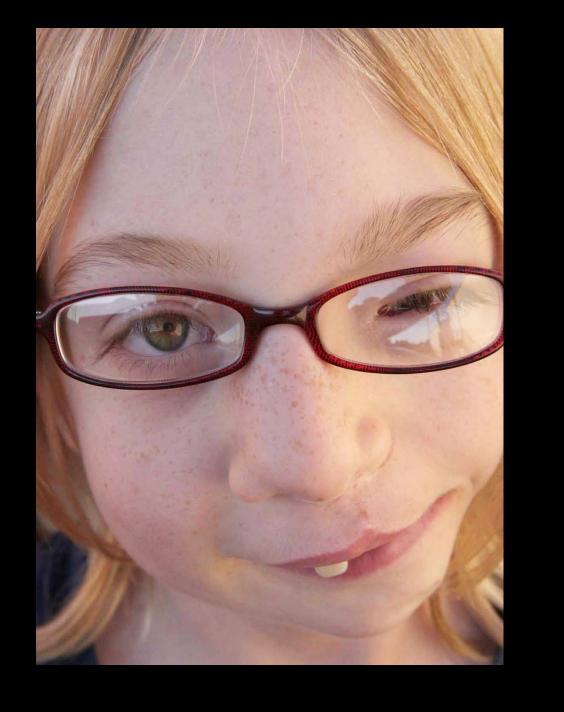












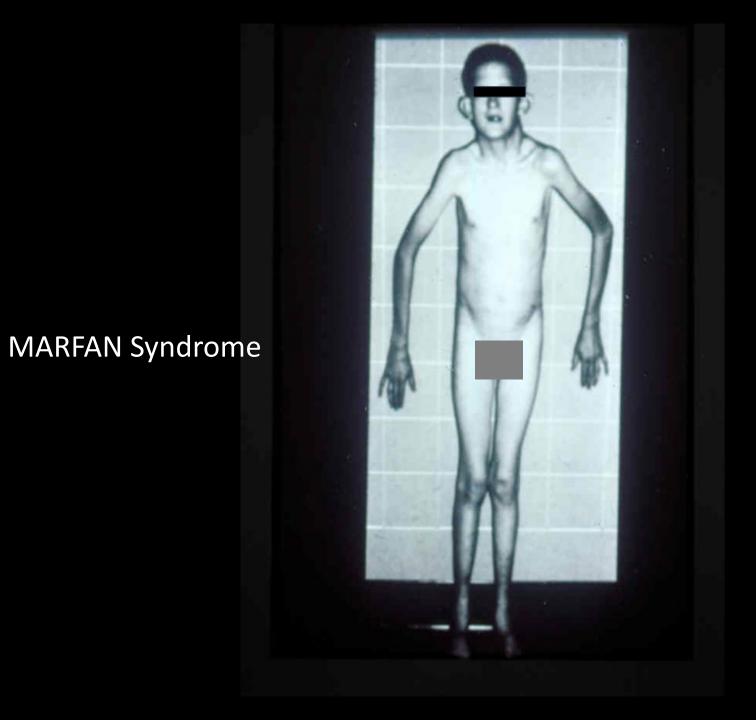














Billy





Caleb living with Achondroplasia



Dr. Nadia

Maggie and
Danielle at the
Costello
Syndrome
Conference







Jahzara living with Goldenhar syndrome

Jayda
living with
22q11.2
deletion



Lukas living with Fragile X syndrome





Simone living with Down syndrome





Ronan living with Prader-Willi syndrome

Curtis and Alex living with Vitiligo





Jasper living with Angelman syndrome



SPINAL MUSCULAR ATROPHY Family Conference





Khloee



The Amazing Judith Heumann

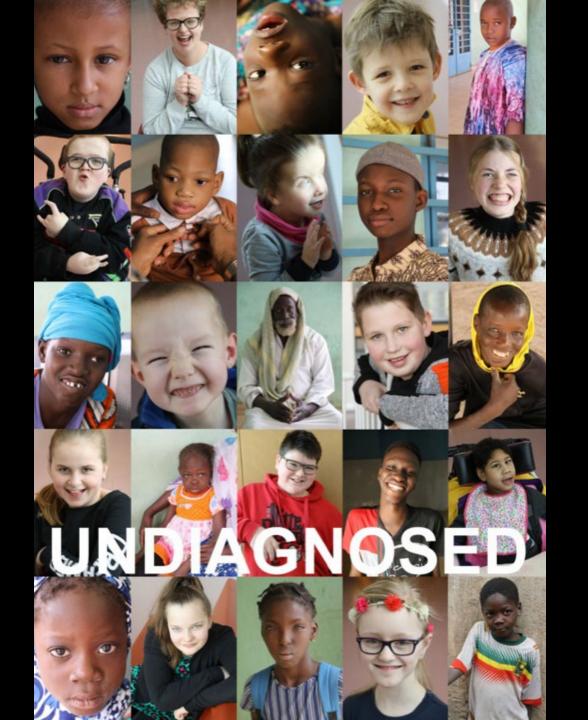


Gaten living with living with Cleidocranial Dysplasia



THE UNDIAGNOSED

RICK GUIDOTTI POSITIVE EXPOSURE WILHELM FOUNDATION



함께하는 소중한 추억









희귀질환 포 🌣 토 프로젝트











Kaelin living with living with Sturge-Weber syndrome



Self - Esteem

Self - Advocacy



Featured Ambassadors







Grace

Rebecca

Talia

PJ living with Arthrogryposis Multiplex Congenita













REPRESENTATION OF PATIENTS

EPISODE 1: DERMATOLOGY



REPRESENTATION OF PATIENTS

EPISODE 2: AGING













Familial Marfan Syndrome | Consultant360







Sturge-Weber Syndrome: A Review - ScienceDirect

textbookbeauty

POSITIVE EXPOSURE



Amir textbookbeau **ANGELMAN'S SYNDROME**





POSITIVE 1 () 9 EXPOSURE 1 () 9

@Museum Mile 14 East 109th St, NY

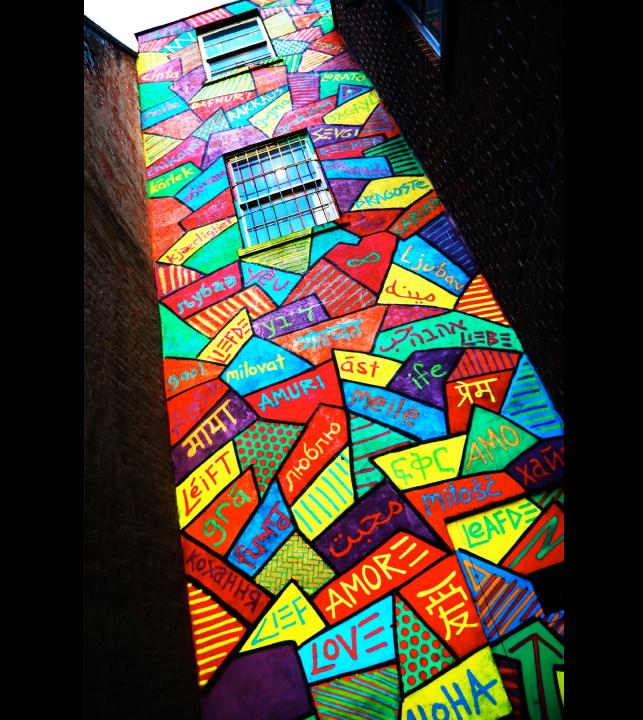
















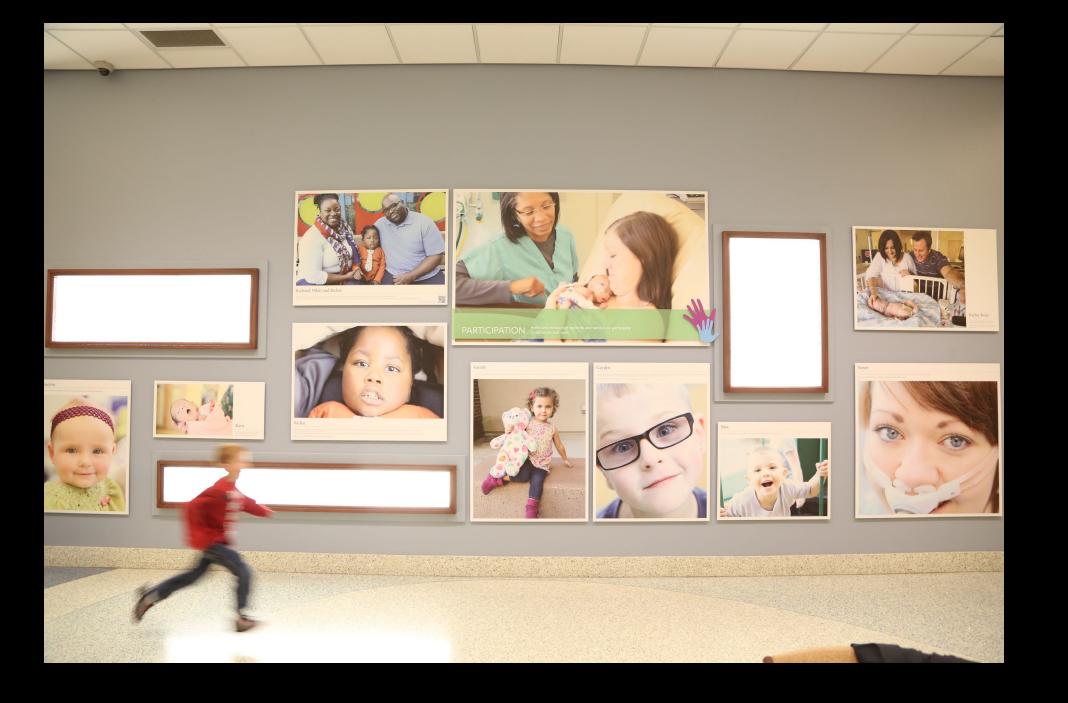




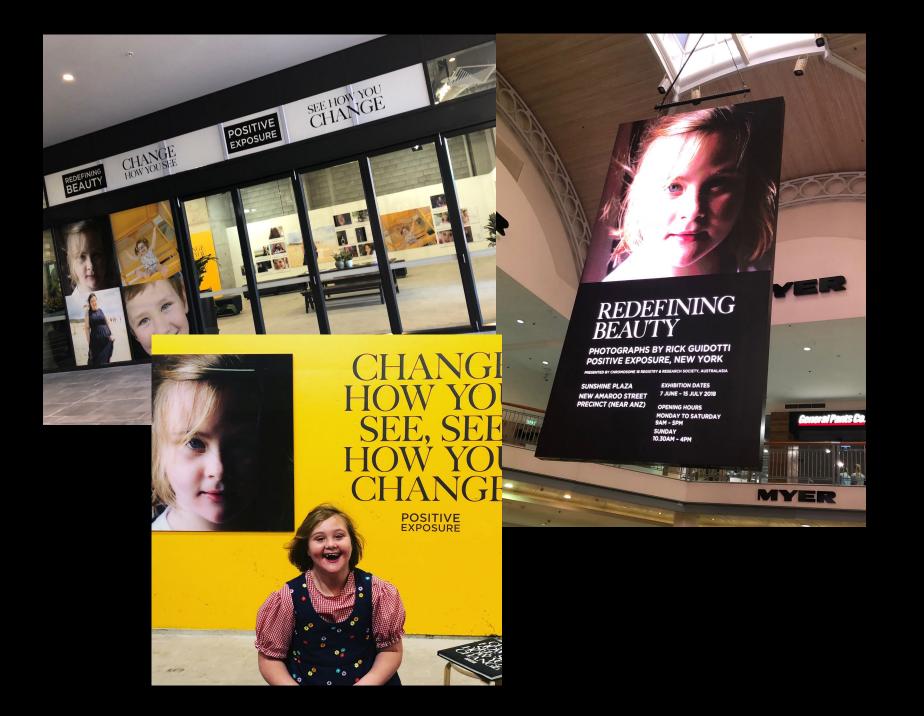














POSITIVE EXPOSURE

The spirit of difference

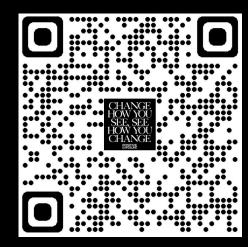
CHANGE HOW YOU SEE, SEE HOW YOU CHANGE.







POSITIVEEXPOSURE.ORG





THANK YOU!

South Carolina Chapter

INCORPORATED IN SOUTH CAROLINA



Thank you for joining us!

We hope to see you all next year...

