

Supporting Students with Visual Disabilities in the Health Sciences

Sheila Burkett-Luckey, Vocational Rehabilitation Counselor for
Washington State Department of Services for the Blind

Kenneth Sanchez, VRC Intern, Washington State Department of
Services for the Blind

Jennifer Gossett, Director, Office for Student Access

July 9th, 2021



IMAGE DESCRIPTION: Photograph of a 1990 ADA demonstration showing ADAPT protestors with disabilities crawling up the stairs of the inaccessible US Capitol building.

Defining Visual Disability

No one accepted universal definition.

Legally Blind: visual acuity of not greater than 20/200 in the better eye with correction of visual field not subtending an angle greater than 20 degrees

Low Vision: have serious difficulty seeing even when wearing glasses

Most common causes of visual disabilities: macular degeneration, glaucoma, cataracts, diabetic retinopathy, corneal opacity, trachoma

Statistics

- 2.4% of all adults in the US
- The percentage of non-institutionalized people with a visual disability, ages 21-64, all races, regardless of ethnicity, with all education levels in the United States who were employed in 2018: 45.4%

Source:

<https://www.disabilitystatistics.org/reports/acs.cfm?statistic=2>

Models of Disability

The Medical Model

Assumes the environment and society are normal or neutral and treats the person with a disability as a problem to be fixed

The Social/Cultural Model

Treats disability as normal or neutral and treats barriers within the environment as a problem to be addressed through societal change.



IMAGE DESCRIPTION: In the cartoon picture on this slide, there is a person using a wheelchair who is waiting at the bottom of a set of stairs. There is a sign that says "Way In Everyone Welcome." The person cannot enter via the stairs. In the medical model, this barrier is a result of the person needing to use a wheelchair for mobility. In the social model, this barrier is a result of an architectural design that only allows entry via stairs.

Comparing Models

The Dominant Perspective - Medical Model

Functional limitations are tragedies that are suffered or endured. People request "special assistance" to gain access, and are often pitied, unless they are able to heroically "overcome" their disability.

A More Critical Perspective - Social/Cultural Model

Functional limitations are normal and natural. Disability is political. Accommodation does not (can not) actually "level the playing field." Access is a civil right and barrier removal is a shared responsibility.



IMAGE DESCRIPTION: George H.W. Bush signing the ADA into law while sitting next to Justin Dart Jr., a prominent disability rights activist.

Quiz

What law(s) must OHSU comply with related to access to students with disabilities?

Answer

- **Section 504 of the Rehabilitation Act of 1973 & Americans with Disabilities Act of 1990, as amended in 2008** – requires that public entities provide equal access to programs, services, and activities
- **Fair Housing Act (FHA)** - applies to student housing
- **Family Educational Rights and Privacy Act (FERPA)**
- dictates confidentiality of disability records, not HIPPA

Equal Access for Students with Disabilities, Policy No. 02-01-002

No **otherwise qualified** student with a **disability** shall be denied access to or participation in any **program, service or activity** offered by the University.

The University shall make **modifications to its academic requirements** as are necessary to ensure that such requirements do not discriminate or have the effect of discriminating, on the basis of disability, against a qualified applicant or student with a disability.

What are reasonable accommodations?



Barrier in the environment



Leveling the playing field



Universal Design

Accommodations...

ARE	ARE NOT
Designed to level the playing field	An unfair advantage
Designed to mitigate the impacts of the disability in the educational environment	Designed to lower academic/program standards
Determined via an interactive process between the student, Office for Student Access, and academic program	Denied without going through an interactive process
Provided if the student meets the legal definition of a disability with functional limitations in the academic environment	Provided if the student does not follow established process, including making timely requests
Confidential and shouldn't be shared without a legitimate educational need to know	Always used (an eligible student can choose when and where they use their accommodations and may not need them in all courses)

Kenneth's Journey

Just tell me what I need to do...

- If students self identify and request an accommodation the institution is obligated to engage in the interactive process to determine the reasonableness of the request – we must consider EVERY accommodation request, even if we think it is unreasonable at first
- We cannot discriminate on the basis of disability (disparate treatment, harassment, refusing a reasonable accommodation request)
- Student must be otherwise qualified (able to meet our technical standards with or without accommodation)
- Information should be shared on a need to know basis

Just tell me what not to do...

- Faculty alone cannot make a determination that an accommodation request is unreasonable, please consult with OSA
- “This student will not be accommodated/will never be successful in their career, so why should we accommodate them in our program?”
- “Given your accommodations, I’m concerned about your ability to succeed as a...”
- Ignore microaggressions/discrimination

Common academic/clinical accommodations for students with visual disabilities

- Testing
- Notetakers
- Classroom/Lab/Clinical Assistants (intermediaries) who serve as the “eyes” providing visual descriptions or reading written content
- Use of Assistive Technology
- Materials in Accessible Formats (Braille, Accessible PDFs, Word Documents, HTML)
- Tactile Graphics
- Consideration for clinical placements

Technology is a game changer

- Screen Readers (JAWS, Voice Over, NVDA)
- Magnification
- Dancing Dots for Accessible Music
- Speech-to-text (Dragon)
- Be My Eyes (app that connects low vision people with sighted volunteers through video calls)
- Tactile Graphics
- 3D Printing
- Accessible Maps and Beacon Technology



[Portland Community College Tactile Campus Map and Accessible Digital Map](#)

IMAGE DESCRIPTION: Photo of Portland Community College Sylvania Campus Tactile Map and a Mobile Device with the accessible Click and Go App on a tablet device.

But what about the technical standards?

“Organic” standards describe the sensory and physical abilities a student must possess.

“Functional” standards describe what the student must be able to accomplish (with or without reasonable accommodations).

Focus more on **if** the standards are met, not how.

Faculty Responsibilities

- Respond in a timely manner to student accommodation requests
- Ensure equitable academic experience for students with disabilities
- Works with the PAL and academic department to put approved accommodations in place
- Follows guidance from PAL and OSA regarding compliance
- Contact PAL and OSU with accommodation related questions/issues
- Refer students to OSA who wish to request academic accommodations
- Contact OSA if they wish to dispute an accommodation
- Keep student disability information confidential per FERPA

Question...

What year did the first Blind MD
graduate from Medical School?

Answer!

1912 – Dr. Jacob Bolotin graduated from Chicago Medical School at the age of 24. He was fully licensed and specialized on diseases of the heart and lungs. He was also a strong advocate for employment and integration for Blind people.



Success stories are everywhere

- Pharmacist
- Nurses
- Psychologists
- Therapists
- Researchers
- Medical Doctors
- Occupational Therapists



Occupational therapist Kathryn Marxen-Simonson (left) works with client Beverly Vogt, July 10, 2019, teaching her to utilize low-vision tools. (OHSU/Kristyna Wentz-Graff)

Handouts

- Dispelling Myths
- Dog Guide Etiquette
- Guiding a person who is blind or has low vision
- Language and Communication

Microaggressions

Assumptions/Prejudice	Example	Message
<i>Helplessness</i>	Helping when not needed/ excusing students from activities because of their disability related barriers	You cannot do anything yourself because you have a disability.
<i>Secondary Gain</i>	Receiving an award from the University for working with students with disabilities, despite doing the bare minimum/meeting compliance	I feel good and get recognition for being nice to you.
<i>Spread Effect</i>	Your hearing must be better than mine.	You're not normal.

SOURCES: Adapted from Sue, D. W., Capodilupo, M., Torino, G., Bucceri, A., Holder, M., Nadal, K., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62, 271-286 and Portland Community College Disability Services "Understanding Disability" presentation

Microaggressions continued...

Assumptions/Prejudice	Example	Message
<i>Denial of Personal Identity</i>	"I can't believe you made it this far in medical school."	There is no part of your life that is normal like mine. The only thing I see is your disability.
<i>Denial of Disability Experience</i>	"You don't use a cane, so you shouldn't have a problem getting around."	Your experiences are not important and are not valid.
<i>Denial of Privacy</i>	"What happened to you?"	You are not allowed to maintain disability information privately.

Even more microaggressions...

Assumptions/Prejudice	Example	Message
<i>Infantilization</i>	"Let me do that for you."	I know better than you how to do this.
<i>Patronization</i>	Praised for almost anything. "You are so inspiring!"	Your disability, not your knowledge/skills/abilities define your success.
<i>Second Class Citizen</i>	Accommodations/accessibility are delayed or refused.	Your rights to equality are not important.
<i>Desexualization</i>	"I would never date someone who is Blind."	You are not my equal, not attractive or not worthy of being with me.

Confronting Microaggressions

1. Intervene and Clarify – Invite the speaker to clarify their statement
2. Be an ally – redirect the conversation, call out the comment, provide support to the student
3. Be aware of formal complaint options and refer when appropriate – Affirmative Action and Equal Opportunity
4. Be aware of informal complaint options and refer when appropriate – Ombuds, Office for Student Access
5. [How to address patients' discriminatory and/or harassing behavior towards health care professionals](#)

Q&A

The Office for Student Access can
be reached at:

studentaccess@ohsu.edu

503-494-0082