Resource Guide for Training Disability Competence

A resource guide for PT and PTA faculty, clinicians, and students

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Introduction

People with disabilities comprise the largest underserved group in the United States (26% of Americans)\textsuperscript{1,2} and intersect with all historically disadvantaged and underrepresented groups, including Black, Indigenous, People of Color (BIPOC), the LGBTQ+ community, women, and immigrants and refugees.\textsuperscript{3} The World Health Organization (WHO) defines disability as any health condition resulting in impairments, activity limitations, and/or participation restrictions.\textsuperscript{4} It is important to note that participation restrictions are often a result of inaccessible environments or ableist attitudes and practices in our society, and not reflective of an individual’s impairments or activity limitations. Disability is often excluded from discussions of social determinants of health due to misinformation or misunderstanding surrounding disability and health.\textsuperscript{5} Historically, disability has been mistakenly described as an adverse health outcome, rather than acknowledged as a demographic characteristic for millions of Americans.\textsuperscript{6} More accurately, people with disabilities are a community of individuals who share a unique culture and collective lived experiences, which often include instances of institutionalized discrimination.\textsuperscript{6} People with disabilities are not destined for a life of poor health status by virtue of their disability.\textsuperscript{6} In fact, the WHO makes the distinction between health and disability in its definition of disability through the International Classification of Functioning (ICF) model.\textsuperscript{4} Often, it is the lack of institutional support and other barriers for people with disabilities that contributes to poor health outcomes, which is a phenomenon seen among all historically underserved populations.\textsuperscript{6}

People with disabilities experience worse health outcomes and decreased access to competent health care than people without disabilities.\textsuperscript{7,8} To address these health inequities stemming from organizational, physical, communication, and attitudinal barriers, the Core Competencies on Disability for Health Care Education (Core Competencies) were developed through a rigorous national Delphi method consensus process to train a more prepared and competent health care workforce.\textsuperscript{9} To date, the Core Competencies have been endorsed by 25 local and national health professional and disability-related organizations indicating that the competencies capture the essential standards to providing quality health care for people with disabilities.

Purpose of this Guide

This guide was developed as part of the APTA Centennial Scholars Program to provide training resources for faculty and clinicians to improve their own disability competence and to use in the training of their students that address the Core Competencies. These materials specifically highlight conceptual and contextual frameworks of disability, civil rights and independent living history of people with disabilities and their access to services, how the social determinants of health directly impact people with disabilities, and disability as an aspect of diversity/cultural identity and not merely a negative health outcome. These resources also provide information
about ableism, how it functions in our society and within the physical therapy profession, and how the profession can undertake a deeper examination of ways that ableism operates and can be identified and mitigated. The intent of this resource guide is to promote cultural competence within physical therapy practice, specifically as it relates to topics on disability and the intersection between diversity, equity, and inclusion. This guide is not exhaustive or comprehensive. Users are encouraged to use this as a starting point to build their competence and to include more disability content into their training programs.

References
Core Competencies on Disability for Health Care Education Citations and Toolkit

Citation for the Core Competencies

Information on the Development of the Core Competencies

Toolkit to Implement the Core Competencies
Sources of Population-Level Data

National

- CDC Disability & Health Data System (DHDS)
- Annual Disability Statistics Compendium (source American Community Survey)
  - https://disabilitycompendium.org/
- National Core Indicators (NCI)
  - https://www.nationalcoreindicators.org/
- Residential Information Systems Project (RISP)
  - https://risp.umn.edu/
- Other Population Surveys that collect standard disability demographics:
  - https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html
  - American Community Survey (ACS)
  - American Housing Survey (AHS)
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - Current Population Survey (CPS)
  - Health Information National Trends Survey (HINTS)
  - Medical Expenditure Panel Survey (MEPS)
  - National Crime Victimization Survey (NCVS)
  - National Health and Aging Trends Study (NHATS)
  - National Health Interview Survey (NHIS)
  - National HIV Behavioral Surveillance Survey (NHBS)
  - National Postsecondary Student Aid Study (NPSAS)
  - National Survey of Children’s Health (NSCH)
  - National Survey of Drug Use and Health (NSDUH)
  - National Survey of Family Growth (NSFG)
  - National Survey of the Diagnosis and Treatment of ADHD and Tourette Syndrome (NS-DATA)
  - Survey of Income and Program Participation (SIPP)
  - Youth Risk Behavior Surveillance System (YRBSS)
    - https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

International

- World Health Organization Model Disability Survey (MDS)
- Disability Evidence Portal
  - https://www.disabilityevidence.org/
Suggested Reading List

Reports

- World Report on Disability
- The Missing Billion
  - [https://www.lshtm.ac.uk/media/38726](https://www.lshtm.ac.uk/media/38726)
- WHO Global Disability Action Plan 2014-2021
  - [https://www.who.int/disabilities/actionplan/en/](https://www.who.int/disabilities/actionplan/en/)
- Towards a Common Language for Functioning, Disability and Health: ICF
  - [https://www.who.int/classifications/icf/icfbeginnersguide.pdf](https://www.who.int/classifications/icf/icfbeginnersguide.pdf)
- The Surgeon General’s Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005
- Guide to Community Preventive Services and Disability Inclusion
- The Future of Disability in America
- NACCHO Follow-up National Assessment of the Practices, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices
- NACCHO and NCHPAD Mobilizing for Action through Planning and Partnerships (MAPP) Resource Guide for Disability Inclusion"
  - [https://www.aucd.org/docs/phe/MAPP%20for%20Disability%20Inclusion%202019.pdf](https://www.aucd.org/docs/phe/MAPP%20for%20Disability%20Inclusion%202019.pdf)
- Quality-Adjusted Life Years and the Devaluation of Life with Disability
  - [https://ncd.gov/sites/default/files/NCD_Quality_Adjusted_Life_Report_508.pdf](https://ncd.gov/sites/default/files/NCD_Quality_Adjusted_Life_Report_508.pdf)

Books

- A Disability History of the United States (Nielsen)
- Ableism: The Causes and Consequences of Disability Prejudice (Nario-Redmond)
- An Unquiet Mind: A Memoir of Moods and Madness (Redfield Jamison)
- Being Heumann: An Unrepentant Memoir of a Disability Rights Activist (Heumann)
- Blind Rage: Letters to Helen Keller (Kleege)
- Brilliant Imperfection: Grappling with Cure (Clare)
- Care Work: Dreaming Disability Justice (Piepzna-Samarasinha)
- Claiming Disability: Knowledge and Identity (Linton)
• Crip Theory: Cultural Signs of Queerness and Disability (McRuer)
• Demystifying Disability: What to Know, What to Say, and How to be an Ally (Ladau)
• Disability Studies: An Interdisciplinary Introduction (Goodley)
• Dis/ability Studies: Theorising Disablism and Ableism (Goodley)
• Disability Theory (Siebers)
• Disability Visibility: First Person Stories from the Twenty-First Century (Wong)
• Don’t Call Me Inspirational: A Disabled Feminist Talks Back (Rousso)
• Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature (Garland Thomson)
• Feminist, Queer, Crip (Kafer)
• If at Birth You Don’t Succeed: My Adventures with Disaster and Destiny (Anner)
• I’m Only in It for the Parking: Life and Laughter from the Priority Seats (Ridley)
• Manipulating Practices: A Critical Physiotherapy Reader (Gibson, Nicholls, Setchell, & Groven)
• Mapping Fate: A Memoir of Family, Risk, and Genetic Research (Wexler)
• More than Ramps (Iezzoni and O’Day)
• My Body Politic (Linton)
• My Lobotomy (Dully)
• No Pity: People with Disabilities Forging a New Civil Rights Movement (Shapiro)
• Nothing About Us Without Us: Disability Oppression and Empowerment (Charlton)
• Out of Joint: A Private and Public Story of Arthritis, (Felstiner)
• Physical Health of Adults with Intellectual and Developmental Disabilities (Prasher and Janicki)
• Planet of the Blind (Kuusisto)
• Poster Child: A Memoir (Rapp)
• Public Health Perspectives on Disability: Science, Social Justice, Ethics, and Beyond (Lollar, Horner-Johnson, Froehlich-Grobe)
• Rehabilitation: A Post-Critical Approach (Gibson)
• Rethinking Disability: A Disability Studies Approach to Inclusive Practices (Valle and Connor)
• Riding the Bus with my Sister (Simons)
• Routledge Handbook of Disability Studies (Watson, Roulstone, and Thomas)
• Sitting Pretty: The View from my Ordinary Resilient Disabled Body (Taussig)
• Skin, Tooth, and Bone: The Basis of Movement is our People: A Disability Justice Primer (Sins Invalid)
• The Disability Rights Movement: From Charity to Confrontation (Fleischer and Zames)
• The Disability Studies Reader (Davis)
• The New Disability History: American Perspectives (Longmore and Umansky)
• The Pretty One: On Life, Pop Culture, Disability, and Other Reasons to Fall in Love with Me (Brown)
• The Reason I Jump: The Inner Voice of a Thirteen-Year-Old Boy with Autism (Higashida)
• The Short Bus: A Journey Beyond Normal (Mooney)
• “This Unfortunate Young Girl...”: Rethinking a Necessary Relationship between Disability Studies and Rehabilitation (Guenther-Mahipaul; chapter in Rethinking Rehabilitation: Theory and Practice)
• Too Late to Die Young: Nearly True Tales from a Life (McBryde Johnson)
• Understanding Disability: From Theory to Practice (Oliver)
• Waist High in the World: A Life Among the Nondisabled (Mairs)
• What Can a Body Do?: How We Meet the Built World (Hendren)
• Why I Burned My Book and Other Essays on Disability (Longmore)
• The National Center for College Students with Disabilities (NCCSD) Clearinghouse and Resource Library: List of Books about Disability and Higher Education
  o https://www.nccsdclearinghouse.org/list-of-books-about-disability-and-higher-education.html

Peer-Reviewed Journal Articles

Prevalence


Models of Disability, Conceptual Frameworks, and Disability as an Aspect of Diversity/Cultural Identity


**Civil Rights History of People with Disabilities**


• Osgood RL. Education in the name of “improvement”: The influence of eugenic thought and practice in Indiana’s public schools, 1900-1930.” *Indiana Magazine of History*, 2010;106(3). https://scholarworks.iu.edu/journals/index.php/imh/article/view/12560


• Selden S. Eugenics and the social construction of merit, race, and disability. *Journal of Curriculum Studies*, 2000;32(2): 235–252. [https://doi.org/10.1080/002202700182736](https://doi.org/10.1080/002202700182736)

**Health Disparities and Access to Care**


• Reichard A, Stolzle H, Fox MH. Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States. *Disability and Health Journal*, 2011;4(2):59-67. [https://doi.org/10.1016/j.dhjo.2010.05.003](https://doi.org/10.1016/j.dhjo.2010.05.003)


**Provider Attitudes around Disability**


• Jimenez L, Pechak C, Garrand K. Improvements in students’ attitudes toward people with disabilities with or without semi-structured community-based interactions. *Journal of Physical Therapy Education*, 2019;33(3). [https://doi.org/10.1097/JTE.0000000000000102](https://doi.org/10.1097/JTE.0000000000000102)

• Lyon L, Houser R. Nurse educator attitudes toward people with disabilities. *Nurs Educ Perspect*, 2018;39(3):151-155. [https://doi.org/10.1097/01.NEP.0000000000000282](https://doi.org/10.1097/01.NEP.0000000000000282)


**Ableism**


• Burke L. Hostile environments? Down’s syndrome and genetic screening in contemporary culture. *Medical Humanities*, 2021;47(2):193-200. [https://mh.bmj.com/content/47/2/193](https://mh.bmj.com/content/47/2/193)


• Iezzoni LI. Explicit disability bias in peer review. *Med Care*, 2018;56(4):277-278. [https://doi.org/10.1097/MLR.0000000000000889](https://doi.org/10.1097/MLR.0000000000000889)


**Studies on Quality of Life**


**Interventions to Reduce Health Disparities**


• Ma JK, Martin Ginis KA. A meta-analysis of physical activity interventions in people with physical disabilities: Content, characteristics, and effects on behaviour. Psychology of Sport and Exercise, 2018;37:262-273. https://doi.org/10.1016/j.psychsport.2018.01.006


**Universal Design**

• Iwarsson S, Ståh A. Accessibility, usability and universal design—positioning and definition of concepts describing person-environment relationships. *Disability and Rehabilitation*, 2003;25(2):57-66. [https://doi.org/10.1080/dre.25.2.57.66](https://doi.org/10.1080/dre.25.2.57.66)

• Williams AS, Moore SM. Universal design of research: inclusion of persons with disabilities in mainstream biomedical studies. *Sci Transl Med*, 2011;3(82):82cm12. [https://doi.org/10.1126/scitranslmed.3002133](https://doi.org/10.1126/scitranslmed.3002133)

**Language Guides**

• National Center on Disability and Journalism Language Style Guide
  - [https://ncdj.org/style-guide/](https://ncdj.org/style-guide/)

• Guidelines: How to Write about People with Disabilities 9th Edition (AUCD)
  - [https://www.aucd.org/docs/phe/9%20ed%20guidelines%20pamphlet%207.24.pdf](https://www.aucd.org/docs/phe/9%20ed%20guidelines%20pamphlet%207.24.pdf)

• Ableism/Language

• APA Style Guide

• Autistic Self Advocacy Network (ASAN) Identity-First Language

• NPR ‘Disabled’: Just #SayTheWord
Accessible Online Resources and Materials

- **Web Accessibility In Mind (WebAIM)**
  - [https://webaim.org/](https://webaim.org/)
- **WAVE Web Accessibility Evaluation Tool**
  - [https://wave.webaim.org/](https://wave.webaim.org/)
- **Web Accessibility Checker**
  - [https://achecker.us/checker/index.php](https://achecker.us/checker/index.php)
- **The UDL Guidelines**
  - [https://udlguidelines.cast.org/](https://udlguidelines.cast.org/)
- **ABCs of Plain Language (AUCD)**
  - [https://www.aucd.org/docs/ABCs%20of%20Plain%20Language_final.pdf](https://www.aucd.org/docs/ABCs%20of%20Plain%20Language_final.pdf)
- **One Idea Per Line: A Guide to Making Easy Read Resources (ASAN)**
  - [https://autisticadvocacy.org/resources/accessibility/easyread/](https://autisticadvocacy.org/resources/accessibility/easyread/)
- **Universal Design of Projects, Conference Exhibits, Presentations, and Professional Organizations**

**Intersectionality**

- **Black, Disabled, and Proud: College Students with Disabilities**
  - [https://www.blackdisabledandproud.org/](https://www.blackdisabledandproud.org/)
- **Disability Rights Washington: Black Lives Matter**
  - [https://www.disabilityrightswa.org/black-lives-matter/](https://www.disabilityrightswa.org/black-lives-matter/)
- **RespectAbility: LGBTQ+ People with Disabilities**
  - [https://www.respectability.org/resources/lgbtq/](https://www.respectability.org/resources/lgbtq/)
- **Rooted in Rights: Navigating the Twists and Turns of Healthcare as a Trans Disabled Person**

**Key Websites**

- **World Health Organization (WHO)**
  - [https://www.who.int/health-topics/disability](https://www.who.int/health-topics/disability)
- **WHO Community-Based Rehabilitation**
  - [https://www.who.int/publications/i/item/9789241548052](https://www.who.int/publications/i/item/9789241548052)
- **Centers for Disease Control and Prevention (CDC)**
  - [https://www.cdc.gov/ncbdd/disabilityandhealth/index.html](https://www.cdc.gov/ncbdd/disabilityandhealth/index.html)
- **CDC State Disability and Health Programs**
National Center on Health, Physical Activity, and Disability (NCHPAD)
- [https://www.nchpad.org/](https://www.nchpad.org/)

Special Olympics
- [https://www.specialolympics.org/](https://www.specialolympics.org/)

National Council on Disability (NCD)

National Council on Independent Living (NCIL)
- [https://ncil.org/](https://ncil.org/)

Center for Dignity in Healthcare for People with Disabilities
- [https://centerfordignity.com/](https://centerfordignity.com/)

Association of University Centers on Disabilities (AUCD)
- [https://www.aucd.org/template/index.cfm](https://www.aucd.org/template/index.cfm)
  - Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Training: [https://www.aucd.org/template/page.cfm?id=473](https://www.aucd.org/template/page.cfm?id=473)

Americans with Disabilities Act Participatory Action Research Consortium (ADA-PARC)

ADA National Network: ADA Centers
- [https://adata.org/find-your-region](https://adata.org/find-your-region)

Healthy People 2030

American Physical Therapy Association

World Physiotherapy: Network for Intellectual and Developmental Disability

American Public Health Association Disability Section
- [https://www.apha.org/apha-communities/member-sections/disability-section](https://www.apha.org/apha-communities/member-sections/disability-section)

Disability in Public Health
- [https://disabilityinpublichealth.org/](https://disabilityinpublichealth.org/)

American Association on Health and Disability
- [https://aahd.us/](https://aahd.us/)

American Association on Intellectual and Developmental Disabilities
- [https://www.aaidd.org/](https://www.aaidd.org/)

Coalition for Disability Health Equity
- [http://disabilityequity.org/](http://disabilityequity.org/)
• Coalition for Disability Access in Health Science Education
  o https://www.hsmcoalition.org/
• The Alliance for Disability in Health Care Education
  o https://www.adhce.org/
• National Association for the Dually Diagnosed
  o http://thenadd.org/
• Autistic Self Advocacy Network
  o https://autisticadvocacy.org/
• RespectAbility
  o https://www.respectability.org/
• Disability Social History Project
  o http://www.disabilityhistory.org/
• Disability History Association
  o http://www.dishist.org/
• Paul K. Longmore Institute on Disability
  o http://longmoreinstitute.sfsu.edu/
• Disability History Museum
  o http://www.disabilitymuseum.org/dhm/index.html
Training Resources

Free Online Trainings/Resources

- Disability Competent Care (Resources for Integrated Care)

- Global Disability: Research and Evidence (London School of Hygiene and Tropical Medicine)

- Global Health and Disability (London School of Hygiene & Tropical Medicine and International Centre for Evidence in Disability)
  - [https://www.futurelearn.com/courses/global-disability](https://www.futurelearn.com/courses/global-disability)

- Healthcare Access for People with Disabilities: Part I: People with Physical and Sensory Disabilities (Ohio Disability and Health Program)

- Healthcare Access for People with Disabilities: Part II: People with Developmental Disabilities (Ohio Disability and Health Program)

- Health Care for Adults with Intellectual and Developmental Disabilities: Toolkit for Primary Care Providers (Vanderbilt Kennedy Center)
  - [https://iddtoolkit.vkcsites.org/](https://iddtoolkit.vkcsites.org/)

- Ohio Disability and Health Program Health Trainings and Continuing Education
  - [https://nisonger.osu.edu/education-training/ohio-disability-health-program/odhp-training/](https://nisonger.osu.edu/education-training/ohio-disability-health-program/odhp-training/)

- NACCHO Health and Disability Program Resources

- Practical Recommendations for Enhancing the Care of Patients with Disabilities (Upstate Medical University)
  - [https://www.upstate.edu/pmr/education/disability/](https://www.upstate.edu/pmr/education/disability/)

- Responsive Practice Trainings (New Hampshire Disability and Health Program)

- Your Patient and Disability: How Context and Attitudes about Disability Affects Physical Therapy Outcomes (APTA Oregon)
Free Recorded Webinars

- Human Development Institute Seminar Series on Disability (University of Kentucky)
  - [https://hdi.uky.edu/training/hdi-seminar-series](https://hdi.uky.edu/training/hdi-seminar-series)
- RespectAbility Including People with Disabilities in Non-Profits and Foundations: Accessibility & Equity Webinar Series

HPA The Catalyst Webinars

- Engaging Anti-Ableist Strategies to Reduce Healthcare Inequities Experienced by People with Disabilities

Training Videos

- Health and Disability 101 Training for Health Department Employees (NACCHO)
  - [https://www.pathlms.com/naccho/courses/5037](https://www.pathlms.com/naccho/courses/5037)
- Disability Sensitivity Training Video (DC Office of Disability Rights)
  - [https://www.youtube.com/watch?v=Gv1aDEFlXq8&list=PLbFKGFklKL21ureNznAIzeQmeB4zECsOc](https://www.youtube.com/watch?v=Gv1aDEFlXq8&list=PLbFKGFklKL21ureNznAIzeQmeB4zECsOc)
- Social Justice Project - Ableism
  - [https://www.youtube.com/watch?v=P7_cMziG1Fc](https://www.youtube.com/watch?v=P7_cMziG1Fc)

TED Talks

- Adrian M. What I learned designing a school for the deaf. TEDxGatewayArch. October 2017.
  - [https://www.ted.com/talks/marcus_adrian_what_i_learned_designing_a_school_for_the_deaf](https://www.ted.com/talks/marcus_adrian_what_i_learned_designing_a_school_for_the_deaf)
  - [https://www.ted.com/talks/sue_austin_deep_sea_diving_in_a_wheelchair#t-549679](https://www.ted.com/talks/sue_austin_deep_sea_diving_in_a_wheelchair#t-549679)
  - [https://www.ted.com/talks/brendan_campbell_confronting_ableism](https://www.ted.com/talks/brendan_campbell_confronting_ableism)
- DiMarco N. Why we need to make education more accessible to the deaf. TEDxKlagenfurt. June 2018.
  - [https://www.ted.com/talks/nyle_dimarco_why_we_need_to_make_education_more_accessibility_to_the_deaf](https://www.ted.com/talks/nyle_dimarco_why_we_need_to_make_education_more_accessibility_to_the_deaf)
  - [https://www.ted.com/talks/kings_floyd_the_cost_of_failing_to_design_accessibly](https://www.ted.com/talks/kings_floyd_the_cost_of_failing_to_design_accessibly)
• Heumann J. Our fight for disability rights—and why we’re not done yet. TEDxMidAtlantic. October 2016. 
  https://www.ted.com/talks/judith_heumann_our_fight_for_disability_rights_and_why_we_re_not_done_yet.
• King R. How autism freed me to be myself. TEDMED. September 2014. 
  https://www.ted.com/talks/rosie_king_how_autism_freed_me_to_be_myself
• Kish D. How I use sonar to navigate the world. TED2015. March 2015. 
  https://www.ted.com/talks/daniel_kish_how_i_use_sonar_to_navigate_the_world.
• Knill R. How technology has changed what it’s like to be deaf. TED@WellsFargo. February 2020. 
  https://www.ted.com/talks/rebecca_knill_how_technology_has_changed_what_it_s_like_to_be_deaf.
• Kunc N. The Right to be Disabled. August 2016. 
  https://www.youtube.com/watch?v=QM6epVgyPFO
• Lanier H. “Good” and “bad” are incomplete stories we tell ourselves. TED@BCG Milan. October 2017. 
  https://www.ted.com/talks/heather_lanier_good_and_bad_are_incomplete_stories_we_tell_ourselves#t-797500.
• Mahamane S. ADHD sucks, but not really. TEDxUSU. December 2015. 
  https://www.youtube.com/watch?v=fWCocjh5aK0
  https://www.youtube.com/watch?v=JiwZQNYIGQI
• Nash T. The perks of being a pirate. TEDxSydney. May 2019. 
• Rico N. Overcoming ableism: what you don’t know as an able-bodied person. TEDx Talks. July 2015. 
  https://www.youtube.com/watch?v=X1xnyVCBYNQ
• Roundtree PJ. Black mental health matters. TEDxWilmington. September 2018. 
  https://www.ted.com/talks/phillip_j_roundtree_black_mental_health_matters
• Roy E. When we design for disability we all benefit. TEDxMidAtlantic. September 2015. 
  https://www.ted.com/talks/elise_roy_when_we_design_for_disability_we_all_benefit#t-56508.
• Shifrin M. How I made Lego accessible to the blind. TEDxSuffolkUniversity. April 2019. 
• Tonti S. ADHD as a difference in cognition, not a disorder. TEDxCMU. April 2013. 
  https://www.youtube.com/watch?v=uU6o2_UFESEY
• Weight E. 3 things I learned from my intellectually disabled son. TED@Merck KGaA, Darmstadt, Germany. 
  https://www.ted.com/talks/emilie_weight_3_things_i_learned_from_my_intellectually_disabled_son.
• Young S. I’m not your inspiration, thank you very much. TEDxSydney. April 2014. https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much?language=en.

Documentaries
• Crip Camp: A Disability Revolution (2020)
• The Reason I Jump (2020)
• Becoming Bulletproof (2014)
• Fixed: The Science/Fiction of Human Enhancement (2014)
• Invitation to Dance (2014)
• Sins Invalid: An Unshamed Claim to Beauty (2013)
• The Last Taboo (2013)
• One Question (2012): https://sproutflix.org/programs/one-question
• Brain Injury Dialogues (2011)
• Deaf Jam (2010)
• Monica & David (2009)
• Shameless: The Art of Disability (2006)
• Murderball (2005)
• Kiss My Wheels (2003)
• A World Without Bodies (2001)
• Sound and Fury (2000)
• Unforgotten: Twenty-Five Years After Willowbrook (1996)
• Vital Signs: Crip Culture Talks Back (1995)
• When Billy Broke His Head…and Other Tales of Wonder (1995)
• Rolling https://www.thirteen.org/rolling/thefilm/
• ReelAbilities Film Festival: https://reelabilities.org/about-us/

Peer-Reviewed Journal Articles on Training Disability Competence


• Jimenez L, Pechak C, Garrand K. Improvements in students’ attitudes towards people with disabilities with or without semi-structured community-based interactions. *Journal of Physical Therapy Education*, 2019;33(3):185-190. [https://doi.org/10.1097/JTE.0000000000000102](https://doi.org/10.1097/JTE.0000000000000102)


• Magnusson DM, Eisenhart M, Gorman I, Kennedy VK, Davenport TE. Adopting population health frameworks in physical therapist practice, research, and education:
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  https://doi.org/10.1177/1948550614559650

  https://doi.org/10.1080/09638288.2017.1292321

  https://doi.org/10.3390/ijerph15020328

  https://encompass.eku.edu/cgi/viewcontent.cgi?article=1038&context=jote
Books and Articles on Training Health Professional Students with Disabilities

- Disability as Diversity: A Guidebook for Inclusion in Medicine, Nursing, and the Allied Health Professions (Meeks, Neal-Boylan)
About this Document

The Core Competencies on Disability for Health Care Education establish the baseline expertise required to provide quality care to patients with disabilities. The Alliance for Disability in Health Care Education partnered with Ohio Disability and Health Program at the Ohio State University Nisonger Center to establish a consensus on the core competencies through an iterative structured feedback process that included 152 people with disabilities, disability experts, health educators, and health care providers. The intent of this document is to provide broad disability standards for health care education. Following the principles of patient centered care, patients with disabilities should be included as central members of the care team as early and completely as possible. We anticipate that as these competencies are integrated into existing curricula, faculty will implement corresponding lectures, readings, and patient experiences to provide greater detail to students.

Competency Vision

We envision a society where disability does not limit access to quality health care. We believe that including disability in healthcare training programs is an essential step towards achieving this vision. Our goal is to incorporate disability competencies in accreditation and licensure standards for health care providers.

The Alliance for Disability in Health Care Education

The Alliance for Disability in Health Care Education, Inc., (the Alliance) is a not-for-profit organization of health care educators representing medicine, nursing, and other disciplines who are working to integrate disability-related content and experiences into health care education and training programs. The Alliance for Disability in Health Care Education identified the need for a consensus around the skills and competencies essential to providing quality interprofessional health care to patients with disabilities. The Alliance then developed a core set of disability competencies to facilitate the integration of disability content into health care education and training programs.

Ohio Disability and Health Program

The Ohio Disability and Health Program is one of 23 State Disability and Health Programs funded by the Centers for Disease Control and Prevention to improve the health and quality of life for people with disabilities through adaptation and implementation of evidence-based strategies in their communities.
Preface

Health education programs strive to prepare future health professionals to deliver safe, high-quality, accessible, person-centered care that improves population health outcomes and reduces the cost of health care. Although overall health care quality is improving in the United States, health care disparities persist, reflecting a lower quality of health care and worse health outcomes for socially disadvantaged groups. Evidence suggests that bias, prejudice, and stereotypes on the part of healthcare providers contribute to differences in care. Health care training programs have responded by prioritizing the reduction of health disparities in their training. We now see meaningful curricula on cultural competency, health disparities, and patient-centered care and efforts to create a diverse health care workforce. These programs will prepare the next generation of health care providers to meet the needs of a culturally, racially, and socioeconomically diverse patient population. People with disabilities represent one socially disadvantaged population that has been overlooked in these efforts. Americans with disabilities still experience barriers to routine clinical and preventive services and public health and wellness initiatives. Inadequate knowledge and limited skills in diagnosing, treating, and providing ongoing care to people with disabilities play a role in perpetuating health care inequalities for this population. The Core Competencies on Disability for Health Care Education defines standards for disability training to improve health care for people with disabilities.

Many health care professionals underestimate the capabilities, health, and quality of life experienced by people with disabilities. They may hold erroneous assumptions about the current and future functional status of people with disabilities. Because health care professionals provide information about the functional status of patients that often determines their eligibility for essential social and health benefits, these erroneous assumptions can have a detrimental effect on access to services for people with disabilities. This type of judgment can also influence the health care professionals’ view of the quality of life for people with disabilities, and therefore their proclivity to promote healthy behaviors and their approach to end-of-life issues and palliative care. These Core Competencies on Disability present standards on social, environmental, and physical aspects of disability that will inform future health professionals on how to provide effective, interprofessional team-based health care to patients with disabilities across the lifespan.

The importance of interprofessional collaborative practice has been recognized and embraced by the WHO, federal agencies (CDC, Dept. of Education, NIH, MCHB/LEND, Dept. of Veteran’s Affairs, National Academies of Practice, AUCD), managed care organizations, and a broad range of professional associations. Adopting interprofessional collaborative practice competencies in health education programs will prepare students to work effectively as part of an interprofessional team and improve care. In addition to being interprofessional, the competencies are cross-disability, applicable to the care of patients with any type and severity of disability.
Guiding Principles and Values

Rationale: As a demographic group, people with disabilities are likely to be very-well represented in primary and specialty healthcare settings. The World Health Organization defines disability as an umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. People may experience one or more disabilities that impact physical, mental and/or behavioral health. High quality healthcare for people with disabilities depends, in part, on the values held by healthcare providers. These guiding principles and shared values, deemed essential to providing quality care to people with disabilities, establish the basis of these core competencies on disability.

1. Culturally and linguistically competent care for patients with disabilities means recognizing that patients have diverse backgrounds and are influenced by multiple social, economic, and cultural factors, all of which should be included in a comprehensive view of a patient’s health status and treatment.

2. People with disabilities should have equitable access to appropriate, accessible, and high-quality health care.

3. People with disabilities face barriers in accessing effective health care that may or may not be associated with their disabilities.

4. Training should be provided to all health care providers so that they are able to provide high-quality care to patients with disabilities.

5. Healthcare providers can maximize the quality of life of their patients with disabilities by preventing and treating health conditions.

6. People with disabilities are typically knowledgeable of their condition, and this expertise should be respected and used to improve healthcare decisions and care.

7. Quality of life and treatment goals should incorporate and reflect the patient’s point of view.

8. Healthcare providers should communicate directly and respectfully with patients with disabilities, including them in the decision-making process.

9. Healthcare providers should know under what circumstances caregivers should be included in healthcare encounter and decision-making.

10. Provide the optimal patient experience by creating a respectful, accessible, and welcoming office environment using universal design principles. Accessible diagnostic/screening equipment and techniques are essential to quality health care for patients with disabilities.
Competency 1: Contextual and Conceptual Frameworks on Disability

**Rationale:** Disability can be considered in multiple contexts beyond the medical cause and its implications, and these contexts may be relevant to patients with disabilities. Learners should recognize multiple conceptual frameworks of disability and understand that disability exists within a socio-historical context.

**Acquire a conceptual framework of disability in the context of human diversity, the lifespan, wellness, injury and social and cultural environments.**

1.1 Define disability as a functional limitation and identify disability prevalence. Discuss the diversity and range of disabilities in terms of disability types (e.g. mobility, sensory, cognitive, and behavioral).

1.2 Describe the conceptual and contextual framework of disability.

1.3 Compare and contrast the Medical, Social, and World Health Organization International Classification of Functioning models and recognize their application to health care of people with disabilities. Compare and contrast disability and disease.

1.4 Describe the civil rights and independent living history of people with disabilities and their access to services. Understand how such history has both informed current thinking and improved access to care and equal rights for people with disabilities.

1.5 Describe how social determinants of health directly impact people with disabilities (e.g., discrimination, employment, education, transportation, housing, poverty, access to healthcare).

1.6 Describe disability as an aspect of diversity/cultural identity and contrast this with historical views of disability as merely a negative health outcome.
**Competency 2: Professionalism and Patient-Centered Care**

**Rationale:** Adherence to principles of professionalism, communication, and respect during interactions with people with disabilities, as well as building an understanding of the patient’s perspective, is essential for effective health care for patients with disabilities.

**Demonstrate mastery of general principles of professionalism, communication, respect for patients, and recognizes optimal health and quality of life from the patient’s perspective.**

2.1 Explore and mitigate one’s own implicit biases and avoid making assumptions about a person’s abilities or lack of abilities and lifestyle.

2.2 Treat all patients, regardless of disability and functional status, with respect and humility.

2.3 Demonstrate communication strategies to best meet the needs/abilities of the patient. Seek out and implement appropriate resources, including interpreter services, to communicate effectively using clear language at an appropriate level of health literacy. Adjust schedule to allow extra time as needed.

2.4 Demonstrate patient-centered care in terms of building a trusting partnership between patient and health care providers.

2.5 Discuss issues of trust, confidence, and confidentiality with patients who receive support with personal care during health care encounters related to their disability.

2.6 Recognize that some patients with disabilities may benefit from supported decision-making. Demonstrate skill in engaging the patient and caregivers in the supported decision-making process.

2.7 People with disabilities have many cultural identities including race, ethnicity, primary language, sexual orientation, gender identity, geographic residence (urban versus rural), and values and beliefs about health, well-being, and function. Describe healthcare practices that demonstrate sensitivity and respect for diverse cultural backgrounds.

2.8 Consider and discuss social determinants of health (including socioeconomic factors, cultural background, finances, insurance coverage, availability/access to personal support systems) in clinical decision making and the provision of care.

2.9 Understand that people with disabilities may consider their devices and equipment to be an extension of their person. Consult patients before interacting with such equipment (e.g., wheelchair, assistive communication device, crutches, service animal, etc.).
Competency 3: Legal Obligations and Responsibilities for Caring for Patients with Disabilities

Rationale: Federal laws are in place to protect the civil rights of patients with disabilities and prevent discrimination in health care settings. Health care professionals must meet the physical, communication, and programmatic access requirements of the Americans with Disabilities Act, Rehabilitation Act, Civil Rights Act of 1964, and related laws and policies by using the best practices associated with universal design.

Understand and identify legal requirements for providing health care in a manner that is, at minimum, consistent with federal laws such as the Americans with Disabilities Act (ADA), Rehabilitation Act, and Social Security Act to meet the individual needs of people with disabilities.

3.1 Describe the concept and application of universal design in a health care system, including costs and benefits.

3.2 Identify the physical access requirements (e.g., accessible exam table, mammography equipment, etc.) of the ADA, Rehabilitation Act, and related laws and policies that apply to health and the provision of health care.

3.3 Plan for accessible communication in all aspects of the healthcare encounter including scheduling, intake, responding to and asking questions, and follow-up care. Avoid technical jargon.

3.4 Provide documents in alternate formats to be accessible for patients with disabilities (e.g. large print, Braille, audio versioning, accessible color text).

3.5 Discuss strategies for meeting access requirements (e.g., needed accommodations) of the ADA, Rehabilitation Act, and related laws and policies.

3.6 Ensure that healthcare providers and support staff members are trained to provide services that meet the needs of the patient with a disability (e.g., knowing how to appropriately transfer a patient with a mobility limitation to an exam table).

3.7 Providers recognize their own need for further training and/or skill development in caring for patients with disabilities and take action to address those needs based on current best practices.

3.8 Recognize issues related to legal guardianship (e.g., consent to treatment, HIPAA, privacy) in the health care system.
Competency 4: Teams and Systems-based Practice

Rationale: The input of professionals from multiple disciplines is often required to address the complex health needs of patients with disabilities in various health and community support systems.

Engage and collaborate with team members within and outside their own discipline to provide high-quality, interprofessional team-based health care to people with disabilities.

4.1 Describe various models of team approaches when supporting people with disabilities in health care systems (e.g., interdisciplinary, multidisciplinary, inter-professional).

4.2 Describe impact of teams and the unique and the discipline-specific responsibilities of team members in addressing health needs of patients with disabilities and in partnering with the patient as a central member of the team.

4.3 Describe challenges in creating a person-centered or family-centered system of care. Identify services and providers that could play a role in the health of the patient. Discuss strategies to build an effective healthcare team.

4.4 Demonstrate skills in teamwork including flexibility, adaptability, open communication, assertiveness, conflict management, referral, use of evidence-based practice to support decision-making and mutual goal-setting with patients with disabilities and other team members.

4.5 List systems of community-based services and supports that may be useful for patients with disabilities outside of the clinical care system. Be prepared to consider cultural factors and interact with these systems and make relevant referrals to ensure comprehensive care coordination, particularly during times of transition.
Competency 5: Clinical Assessment

**Rationale:** Good clinical management requires that accurate and relevant information about the health and function of patients with disabilities is viewed in the context of the person’s life activities, goals, and interests. It is essential to consider a patient’s disability as well and their language, race, ethnicity, sexual orientation, gender, gender identity and expression, health literacy and other cultural factors in clinical assessment.

Collect and interpret relevant information about the health and function of patients with disabilities to engage patients in creating a plan of care that includes essential and optimal services and supports.

5.1 Understand that the patient with disabilities should be the primary source of information regarding their care.

5.2 Discuss situations where the caregiver(s) can be helpful to inform or enhance assessments and interventions and the importance of securing patient permission before engaging caregivers.

5.3 Integrate information on functional status of people with disabilities, including both functional strengths and limitations, in clinical decision making.

5.4 The capacity to respond competently to a patient’s language, race, ethnicity, sexual orientation, gender, gender identity and expression, health literacy, and other cultural factors is essential to clinical assessment. Demonstrate awareness of the impact of intersecting marginalized social identities, such as race, ethnicity, and disability, in the context of healthcare.

5.5 Apply strategies or supports that could be used in a healthcare setting to accommodate patients with functional limitations (mobility, sensory, cognitive, behavioral) associated with disabilities.

5.6 Recognize that people with disabilities experience the same common health conditions as people without disabilities, and that a disability may impact the presenting signs and symptoms.

5.7 Identify health issues that are often associated with primary disability diagnoses (e.g., congenital heart defect, urinary tract infections in patients with spinal cord injuries, etc.).

5.8 Describe the nature and etiology of different types of disabilities and determine if they are static, progressive, or variable in course.

5.9 When applicable to the scope of practice of the learner’s profession, demonstrate skill in performing a history and physical exam (PE), modifying it as needed to provide equally effective care while accommodating for mobility, sensory, cognitive, and/or behavioral issues.

5.10 Recognize that mental health conditions can be the primary disabling condition. People with disabilities are also at increased risk for co-occurring mental health conditions. Recognize the risk of misdiagnosing mental health concerns in patients with disabilities.
5.11 Assess the social environment of patients with disabilities to understand the impact of significant relationships and social networks on health outcomes.

5.12 Recognize that children and adults with disabilities are vulnerable to abuse. The nature of abuse may be verbal, financial, physical and/or sexual. Abuse often goes unreported because the person with a disability may depend on the abuser for activities of daily living or social support.

5.13 Assess the physical environment of people with disabilities, recognizing that the patient’s socioeconomic status is a determinant of his/her functioning and independence and also affects health and safety.
Competency 6: Clinical Care over the Lifespan and during Transitions

Rationale: Patients with disabilities may require supports and accommodations to benefit fully from clinical intervention. Transitions across the lifespan may be similar yet differ in terms of opportunities, needed supports, or services for people with disabilities. Providers should be sensitive to supports needed across the lifespan of patients with disabilities with consideration given to unique and/or specific challenges that patients with disabilities may face, especially during transitional periods. Particularly relevant transitions in the life of people with disabilities include transitioning from preschool or early intervention to kindergarten, graduating from high school, transitioning from the pediatric to adult care system, moving from parents’ home, marriage, birth of a child, changing job, home, or housemate, coping with the death of parent, retirement, health in aging, and end of life. Health care providers must plan adequate time to address related care issues during the clinical visit.

Knowledgeable about effective strategies to engage patients with disabilities in creating a coordinated plan of care with needed services and supports.

6.1 Demonstrate sensitivity and support for the health care needs of the patients with disabilities across the lifespan and during transitions.

6.2 Integrate assessment information from individuals with disabilities, multiple disciplines, and ancillary informants in order to develop a collaborative health care plan that includes health promotion strategies and preventative care.

6.3 Recognize that people with disabilities need access to age-appropriate preventative screenings, assessments, and health education including reproductive health, family planning, and sexuality.

6.4 Tailor recommended supports and interventions to the patient’s cultural beliefs and values, time, resources, and preferences. Be prepared to propose constructive solutions to possible conflicts between patient, caregivers, and other professionals about goals and treatments.

6.5 Demonstrate skill in identifying, coordinating, referring, and advocating for access to community and health care resources needed to support treatment plan objectives.

6.6 Identify policy, practice, and systems changes essential to providing optimal health supports and services for people with disabilities.

6.7 Recognize the role of interprofessional healthcare providers in encouraging healthy behaviors (e.g., weight management, exercise, diet, smoking cessation, etc.) to promote the health and function of patients with disabilities.

6.8 Recognize that disability should not limit self-determination in end-of-life care for people with disabilities, regardless of disability type and severity. Offer treatment options in the same way options would be presented to similar-aged peers without disabilities.
The Alliance for Disability in Health Care Education is made up of interprofessional health educators committed to improving health care for people with disabilities. The Alliance recognized the need for disability standards in health care education and drafted core disability competencies. The Alliance then partnered with Ohio Disability and Health Program at the Ohio State University Nisonger Center to establish a national consensus on these core competencies. Ohio Disability and Health Program enlisted people with disabilities and health professionals to form the Core Competencies Development Committee. National consensus on the core competencies was achieved through an iterative Delphi process.

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