



Appendix 0.1

Definitions

This document includes definitions of terms used throughout the Implementation Guide. Please see the references below for more information on any particular term.

Ableism

“The discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior...Ableism is rooted in the assumption that disabled people require “fixing” and defines people by their disabilities. Like racism and sexism, ableism classifies entire groups of people as ‘less than,’ and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.”¹

Accessibility

Ensures that a person with a disability is afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective and equally integrated manner, with substantially equivalent ease of use. The person with a disability must be able to obtain information as fully, equally, and independently as a person without a disability.²

Auxiliary aids & services

Communication tools or assistance offered to ensure that people with disabilities can effectively access information and participate in services.³

Care partner/Caregiver/Support person

A person (typically a family member or close friend) designated by a person unable to fully care for themselves due to illness, disability, or age to assist them in managing their health or daily needs.⁴ Caregivers, care partners, and support persons may engage in shared decision-making, communicate with the healthcare team, and provide physical, emotional, or logistical support.⁵

Communication strategies

Modifications in clinician or staff communication behaviors to support patients’ understanding or expression. Examples include providing patients with communication disabilities more time to express themselves, writing out key words while speaking, or asking yes/no questions.

Digital accessibility

Inclusive practice of removing barriers that prevent interaction with or access to web content, digital tools, and technologies by people with disabilities.⁶

Disability

The Americans with Disabilities Act (ADA) defines a person with a disability as someone who:

- has a physical or mental impairment that substantially limits one or more major life activities,
- has a history or record of such an impairment (such as cancer that is in remission), or
- is perceived by others as having such an impairment (such as a person who has scars from a severe burn).⁷

- **Example disability types⁸**

- **Mobility:** Difficulty walking or climbing stairs.
- **Communication:** Difficulty understanding others or being understood.
- **Hearing:** Deafness or difficulty hearing, even with hearing aids.
- **Vision:** Blindness or difficulty seeing, even with corrective lenses.
- **Cognitive:** Difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition.

Disability accessibility coordinator

Disability accessibility coordinators, also called ADA Coordinators, 504 Coordinators, Section 1557 Officers, etc., can have varying responsibilities depending on the organization. Generally, this role is designated by a healthcare organization as the “responsible employee” for coordinating its efforts to comply with and carry out its responsibilities under federal disability rights laws and applicable accreditation standards. They may be involved in or responsible for an organization’s accessibility program and policies, complaints and grievance procedures, facility and program accessibility evaluations, and more.⁹

Disability accessibility program

A disability accessibility program is comprehensive of any aspect of care that ensures the needs of people with disabilities are specifically considered, and products, services, and facilities are built or modified so that they can be used by people of all abilities.¹⁰

Disability as identity

Refers to the recognition and affirmation of disability as an integral part of a person’s self-concept and social identity. This perspective rejects the notion that disability is solely a medical deficit or limitation, framing it instead as a lived experience, cultural identity, and source of community belonging.¹¹

Effective communication

Ensuring that communication with people with disabilities is equally effective as communication with people without disabilities through accommodations such as auxiliary aids and services, communication strategies, and care modifications.¹²

Equity

Absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).¹³

Identity first language

Language which puts the disability first in the description, e.g., “disabled person” or “autistic individual.” Use of this language acknowledges disability as an identity rather than a condition.¹⁴

Implementation strategy

Actions taken to enhance adoption, implementation, and sustainability of evidence-based interventions. A comprehensive list of each strategy and their definitions can be found [here](#).¹⁵

Organizational priorities

Set of goals that set strategic direction for an organization. Organizational priorities have implications on budgets, designated employee Full Time Equivalent (FTE), and organizational structure.

People first or first-person language

A way of speaking and writing that emphasizes the individual before their condition, disability, or diagnosis. Instead of defining someone by a label or adjective, it describes what a person has rather than what a person is. For example, it uses phrases like "a person with diabetes" instead of "a diabetic," or "a person with a disability" instead of "a disabled person."¹⁴

Reasonable accommodation

Changes in rules, policies, practices, or services that make medical services accessible to a patient or visitor with disabilities. Reasonable accommodations are practical, effective, and don't drastically change operations.¹⁶

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