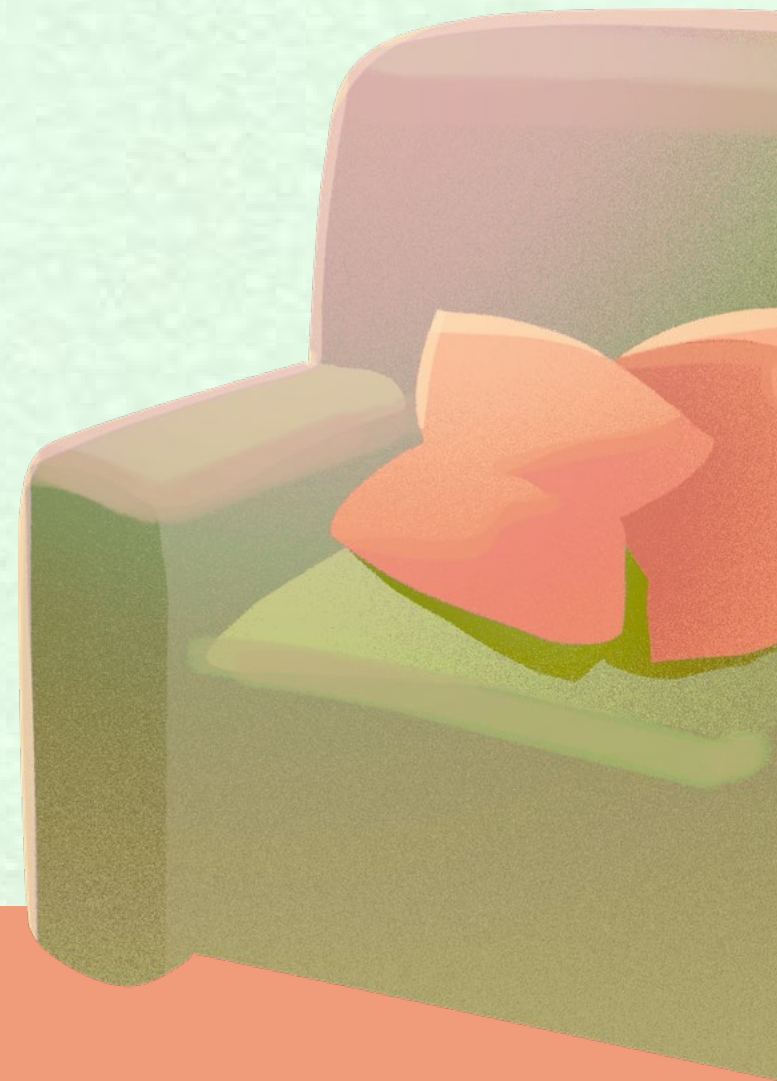
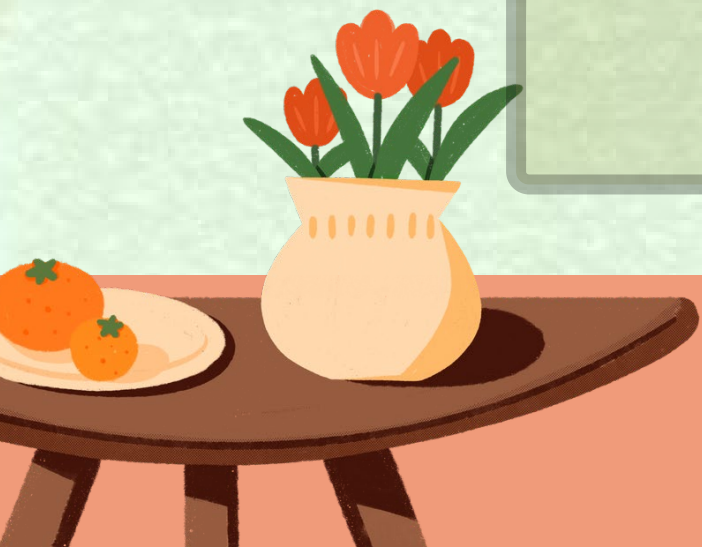


Land Acknowledgement

We are hosting this webinar from the ancestral and unceded territory of the Nacotchtank (Anacostan), Piscataway, and Pamunkey People.

www.piscatawaytribe.org

www.pamunkey.org



Disability justice is:

- A public health imperative
- A systems-change framework, not an awareness training

Catch the rest of the series
And webinar 1&2 recordings

1. Disability Justice Foundations for Public Health
2. From Awareness to Action: Disability Justice as an Everyday Practice



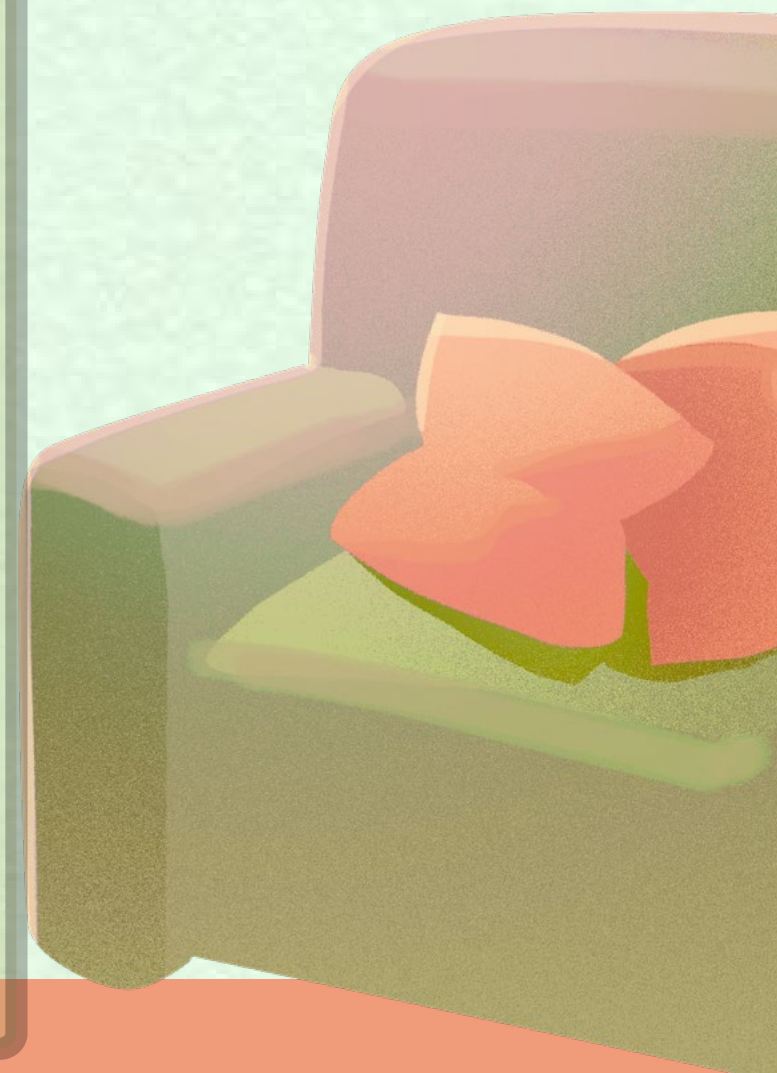
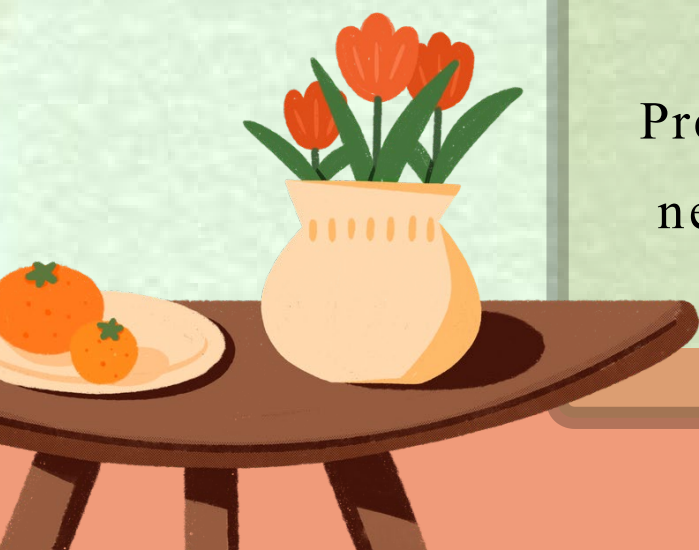
Acknowledgements



Thank you to the APHA staff who brought this webinar together!
Ki'Ana Speights, Tia Taylor Williams, Rya Griffis, Mary Storstrom, Kate Robb, Shweta Arya, Anush Hakobyan, Katie Avelar, Samiha Ahmed

Special thanks to our disability justice advisory board, some of whom will be speaking today and throughout the webinar series!

Funding acknowledgement: Our work is supported in part by the Special Olympics Systems Change in Inclusive Health Subgrant, funded by the Centers for Disease Control and Prevention. The contents of this project are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.



Housekeeping

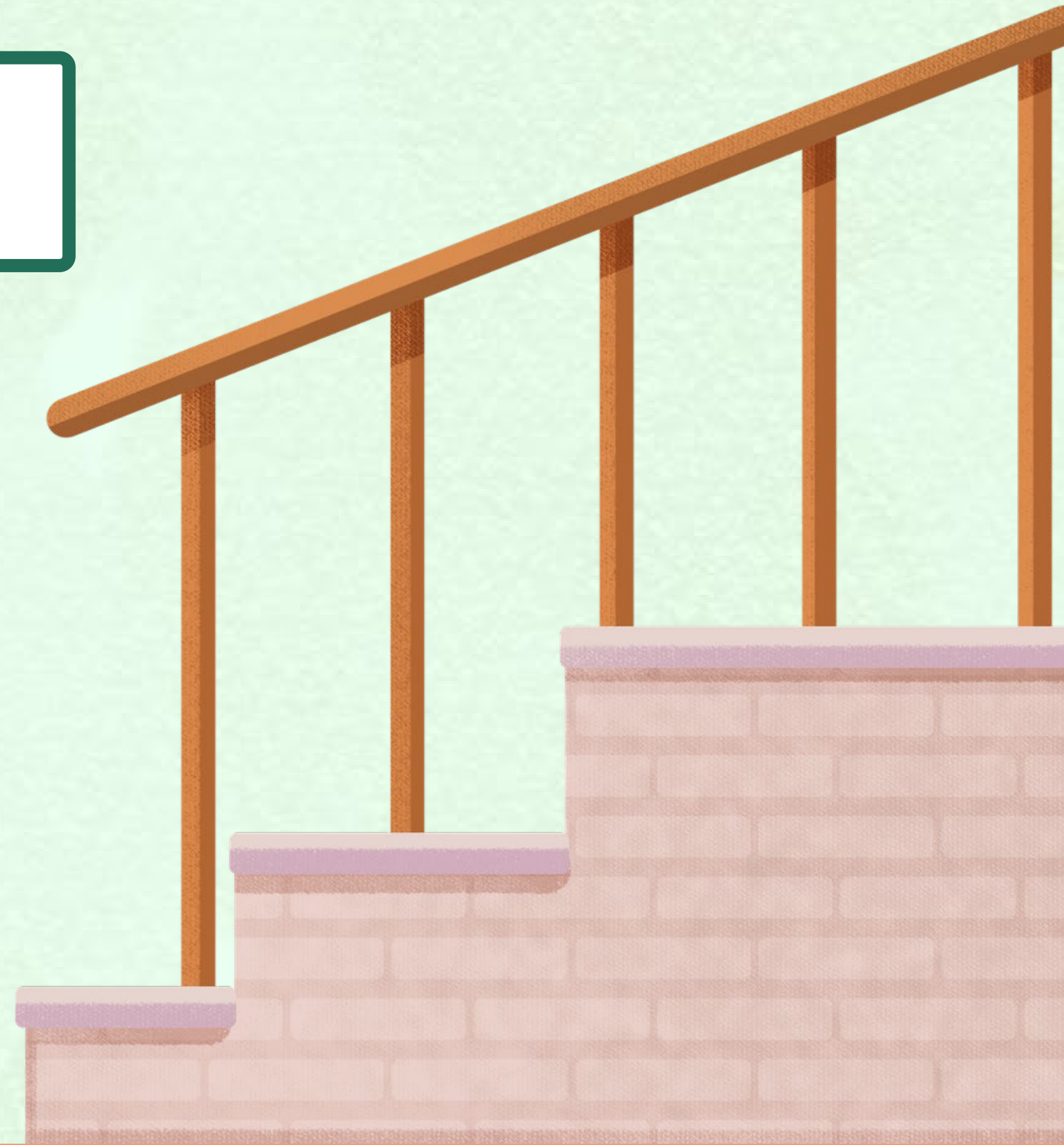
- Recording, slides and resources will be available by 5/25
- Zoom accessibility features:
CART and ASL & Spanish interpreters
 - Chat Rya Griffis for additional access needs



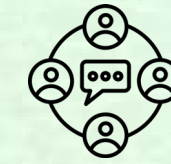
- Participation norms:
 - Cameras optional
 - Engagement in the chat is welcomed
 - Put questions in the Q&A feature
 - Take care of access needs without apology
- This entire webinar series offers continuing education (CE) credit

CE Disclosure

During the past 24 months, the speakers and moderators had no financial relationship with an ineligible company that might potentially be biased or impact the content of the webinar.



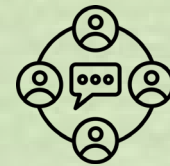
What to expect today



Option for audience
engagement

01

Grounding



02

Introduction and storytelling



03

Frameworks, learning and
unlearning in Public Health

04

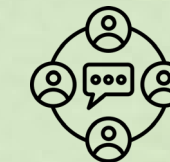
Break

05

Practical steps for
embedding access into daily
practice

06

Q&A



Moderators



Dennis Tran (he/him)

Disabled and Neurodivergent
Storyteller | Multi-hyphenate
Professional



**Hoangmai (Mai) Pham, MD,
MPH, President and CEO of
Institute for Exceptional Care
(IEC)**

Presenters



Raynisha Jackson
Deaf advocate and project
manager



Otto Lana
Expert on Education & inclusion,
communication access Transportation &
accessibility Disability representation in
media



Beyond Labels: IDD, Intersectionality, and Lived Experience

Presentation by: Dennis Tran (he/him)
Disabled and Neurodivergent Storyteller | Multi-hyphenate Professional

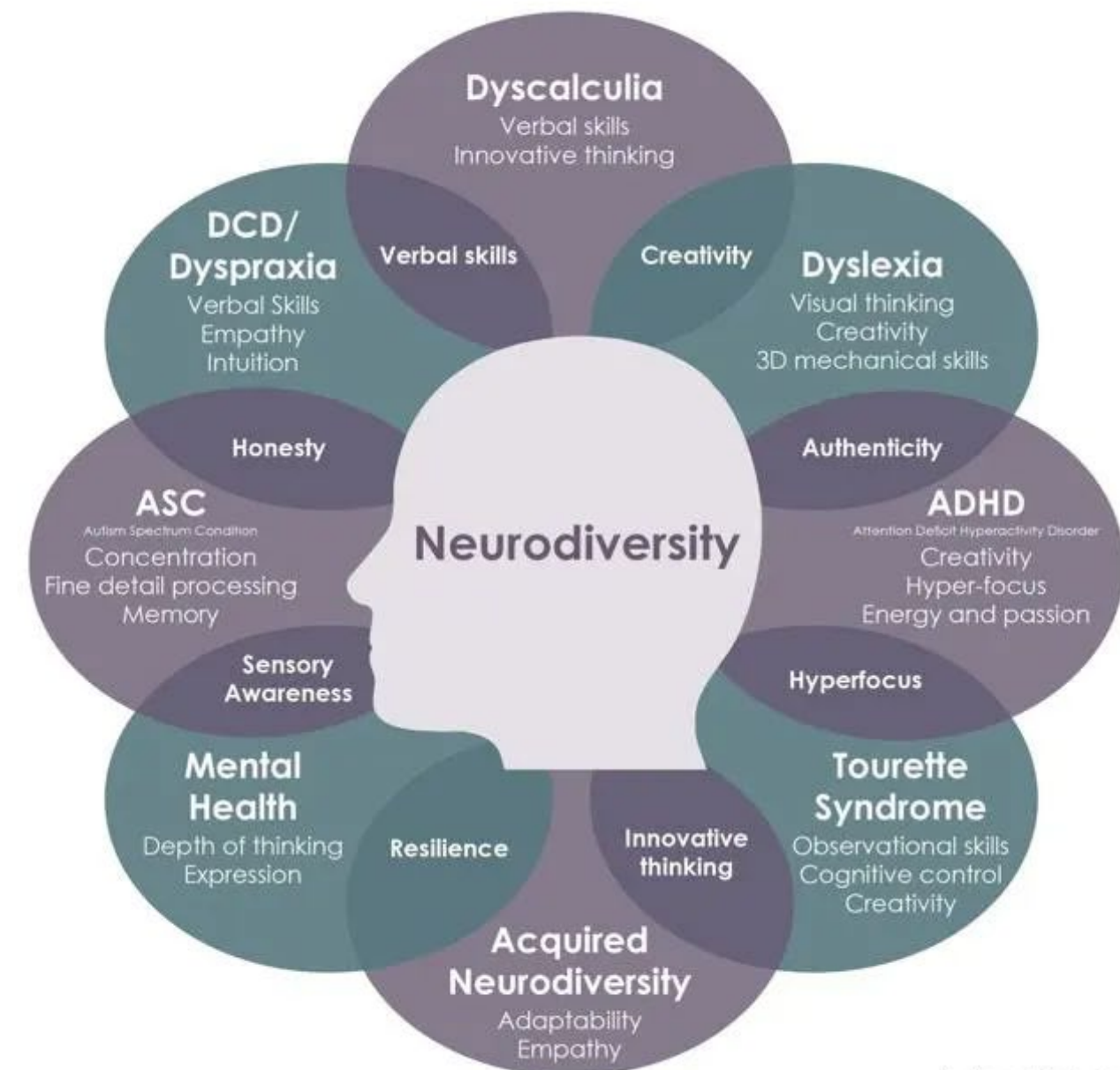
“Exploring IDD, disability justice, and identity through lived experience”

Not all disabilities are apparent

SOME DISABILITIES LOOK LIKE THIS



SOME LOOK LIKE THIS



Dr Nancy Doyle, based on the work of Mary Colley

Intellectual/Developmental Disabilities

What is the difference between these two?

INTELLECTUAL DISABILITIES

A subcategory of developmental disabilities that doesn't include differences that are strictly physical. Intellectual disabilities refer to disorders characterized by limited mental capacity and difficulty with adaptive behaviors.

WHAT IT CAN AFFECT:

intellectual functioning, mental capacity, or adaptive behaviors

DEVELOPMENTAL DISABILITIES

"Developmental Disabilities" is an umbrella term that includes intellectual disability but also includes other disabilities present during the developmental stages.

WHAT IT CAN AFFECT:

intellectual and cognitive ability, physical functioning, or both

Find support for developmental and intellectual disabilities at:

[OpportunityVillage.org](https://www.opportunityvillage.org)



COMMON DEVELOPMENTAL DISABILITIES

AUTISM



Shapes how a person communicates, interacts with others, and behaves.

INTELLECTUAL DISABILITY



Influences the ability to learn, reason, and handle everyday tasks.

ADHD



Impacts the ability to focus, control impulses, and stay organized.

CEREBRAL PALSY



Alters movement, muscle tone, and posture.

DOWN SYNDROME



Results from an extra copy of chromosome 21, leading to developmental delays and intellectual disabilities.

SPECIFIC LEARNING DISABILITIES



Challenges the ability to learn and process information in specific areas.

Disability does not exist in Isolation

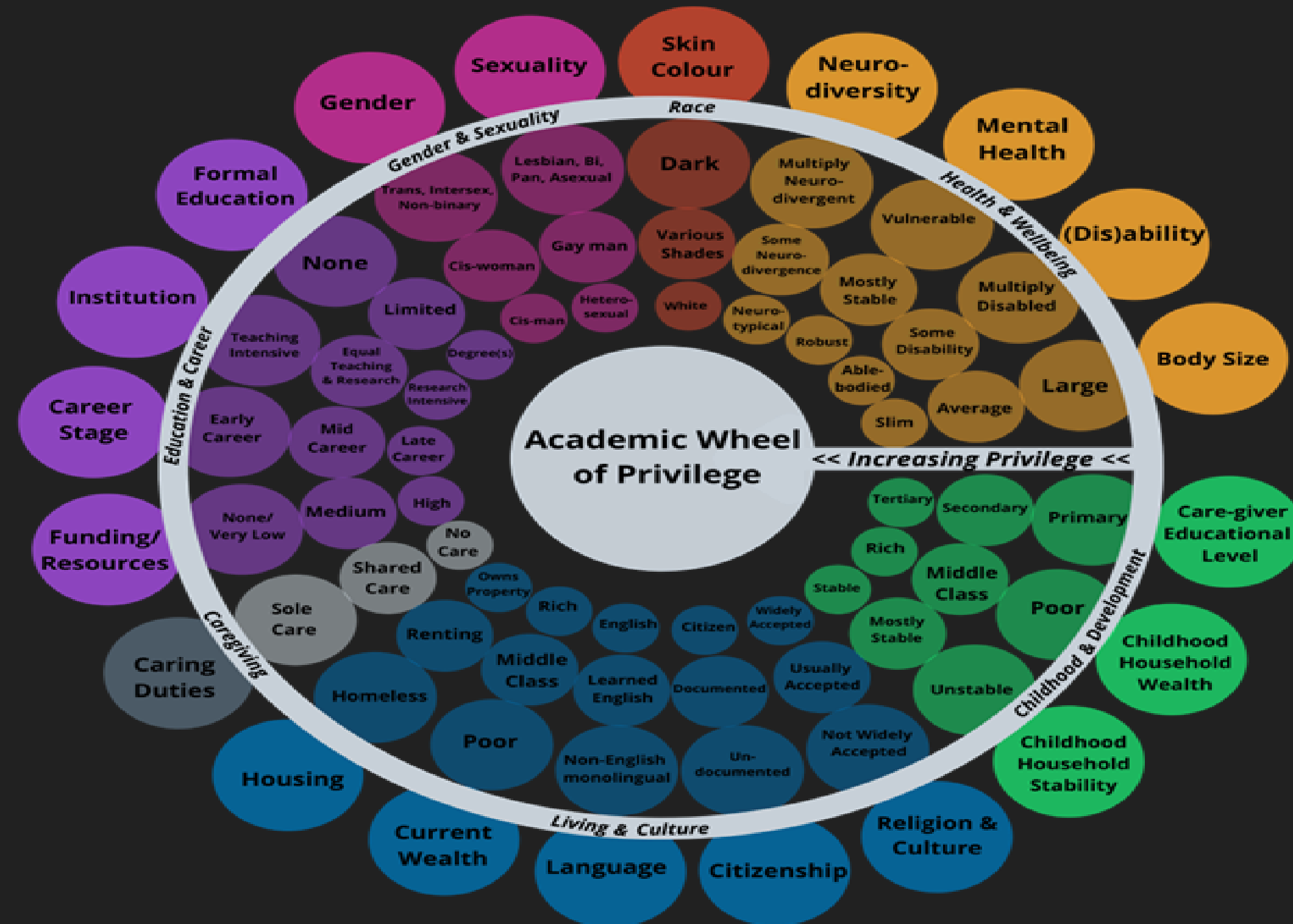
Things that shape me and lived experiences:

- Late Autism-ADHD, C-PTSD
- Blindness from glaucoma
- Queer Vietnamese/Southeast Asian Am
- 1st gen professional and college grad
- Low income
- Raised by matriarchs

25+ years of culture silence, stigma, and unnamed systemic barriers

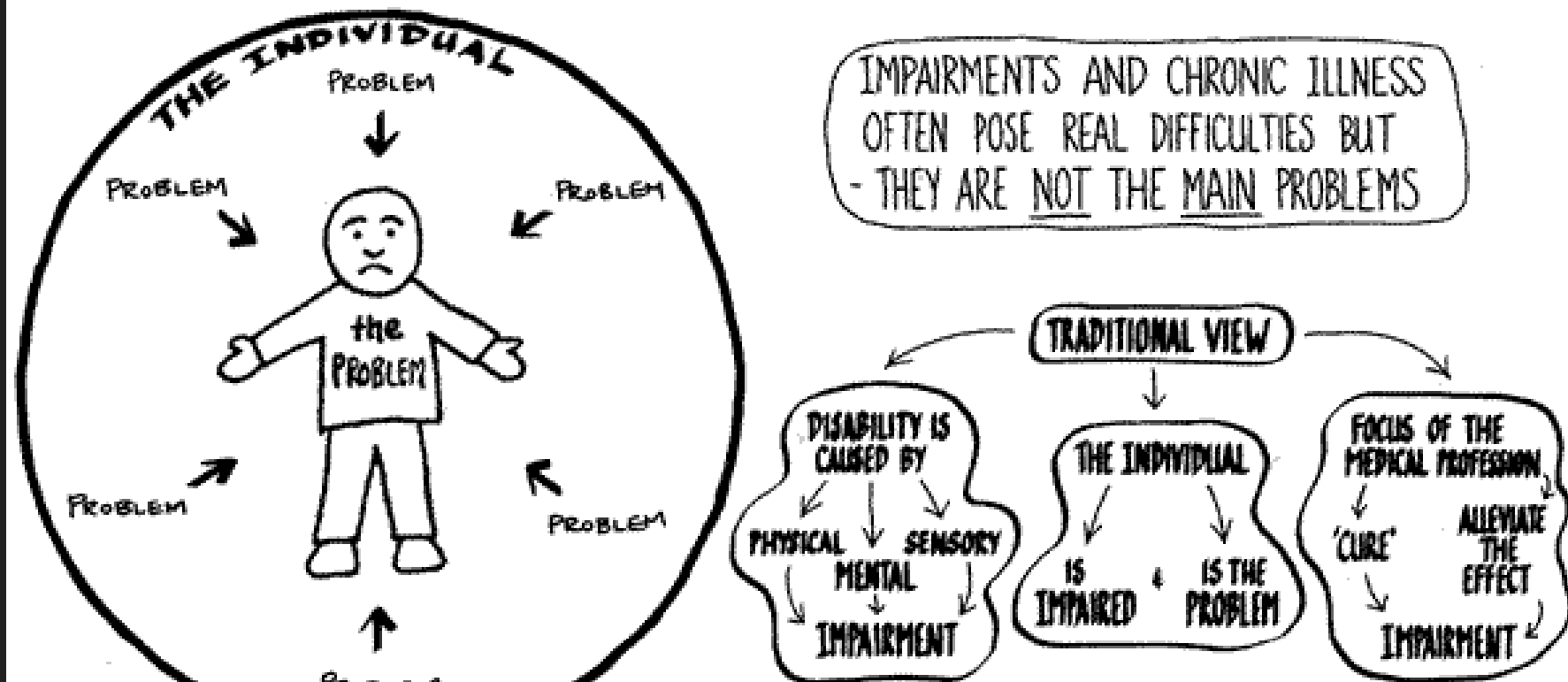


We're not a monolith, we never will be. Intersectionality is what makes us who we are

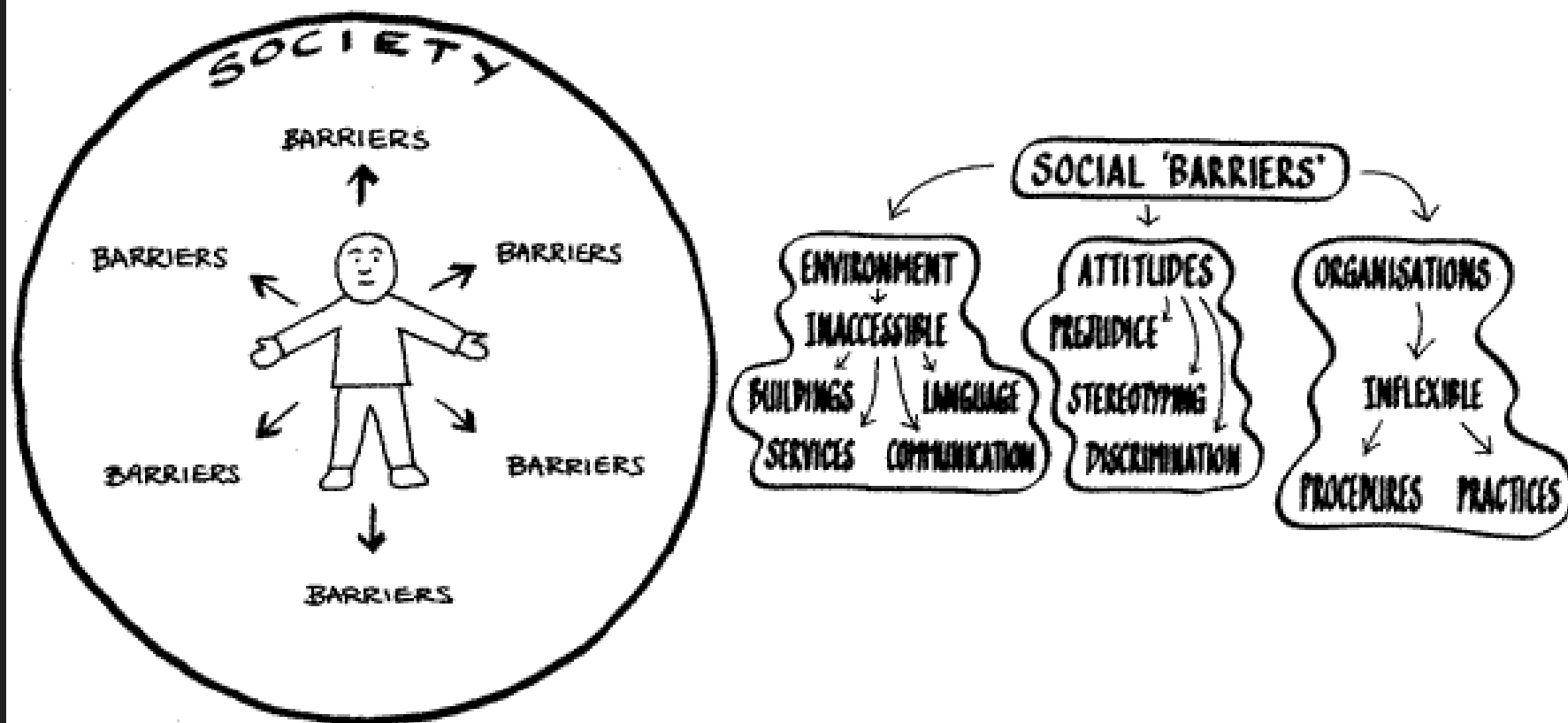


Culture, language, diagnosis, privilege, support system ...

THE MEDICAL MODEL OF DISABILITY

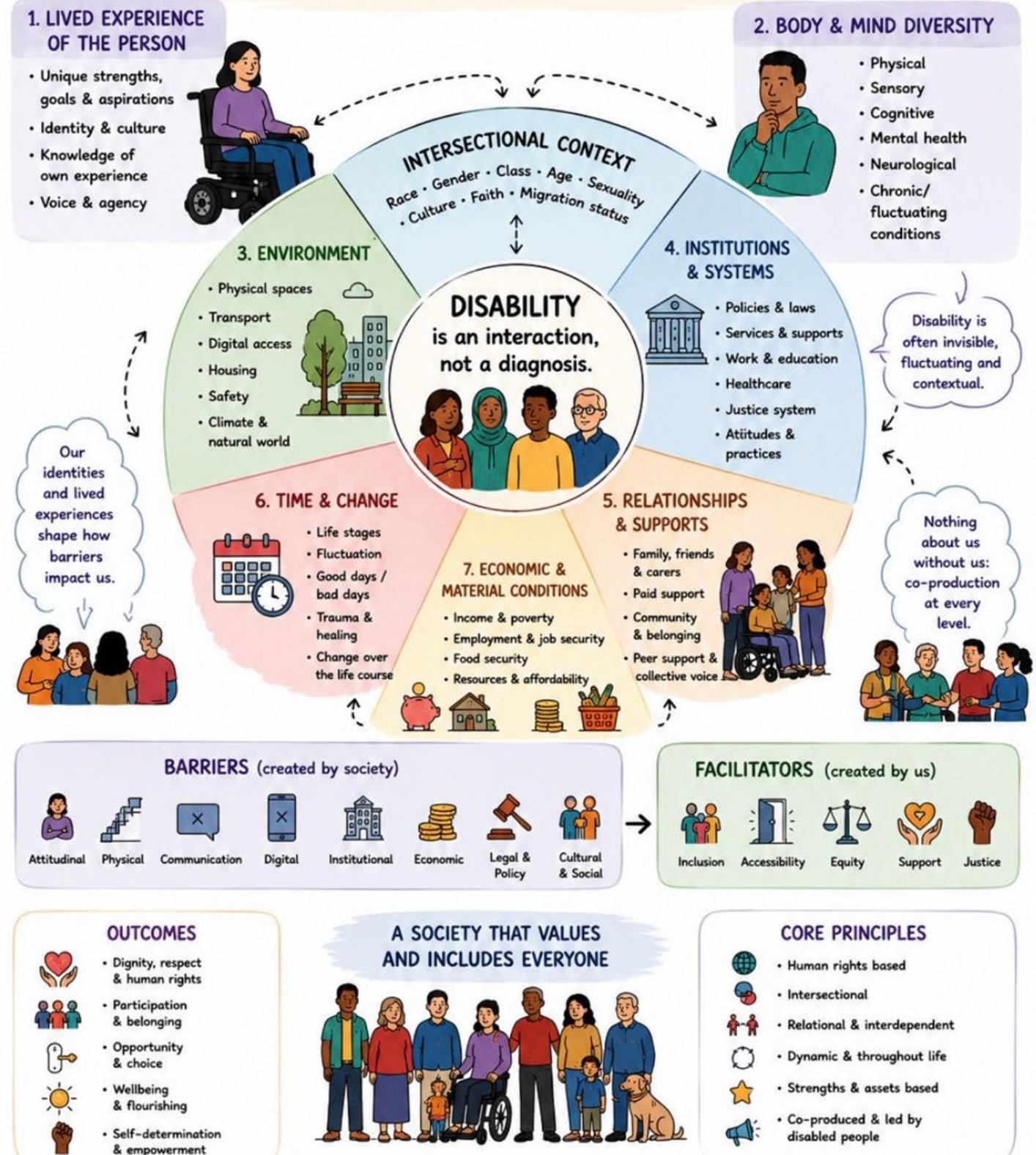


THE SOCIAL MODEL OF DISABILITY



THE INTERSECTIONAL, DYNAMIC & RELATIONAL MODEL OF DISABILITY

Disability is shaped by the interaction between **body**, **environment**, **institutions**, **time** and **relationships**. It is not a problem to be fixed, but a human experience to be understood and barriers to be removed.



OUR GOAL: A WORLD WHERE BARRIERS ARE REMOVED, SUPPORTS ARE AVAILABLE, AND EVERY PERSON CAN BELONG, CONTRIBUTE AND THRIVE.



Turning Lived Experience into Impact

“Be the representation he needed, when he was younger and the change he wanted to see in the world”



Global Leader for disability and neurodiversity in AANHPI Community:

Speaker x Researcher x Writer x Consultant x Advisor

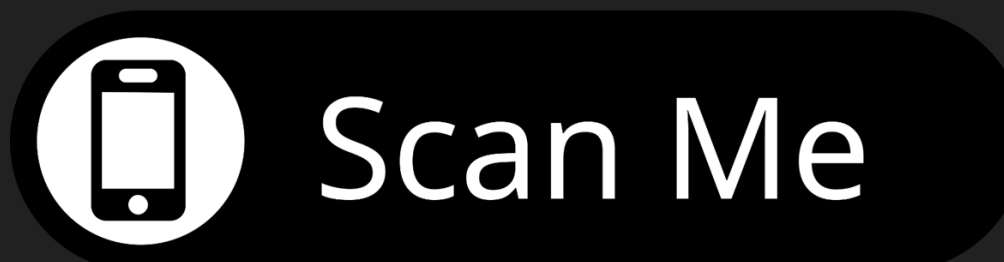
- Writer and Actor - Crosswalk short film
- Disability Authenticity Consultant - Blues Clues and You: Lavender, first autistic character
- Advocacy and Inclusion Lead with Cold Tea Collective
- Sr. Program Management Fellow with Fox Family Foundation
- Disability Rising Fellow - Disability Culture Labs
- Self Advocate Corp - IE-Care
- Community and Accessibility Advocacy Lead - Luna Game Labs
- Research - Drexel Autism Institute

UCLA x UCSF x Sony Pictures x Autodesk, & More



Resources & Continued Conversations

https://docs.google.com/document/d/1p_dYOiMJznoIJIWH5_1z8FRIPw7iLATHTkZwAtA1kPc/edit?usp=sharing



Thank you for having me!

Dennis Tran

Email: dennistran18@gmail.com

www.dennisvtran.com

<https://linktr.ee/dennisvtran>

“In Part 2, we’ll move from lived experience into public health systems, and explore some of the barriers, disparities, and structural challenges impacting IDD communities today.”



**Thank you
APHA**

**Your CARE Package for
Health Care and Public Health**

**Let's start with the
“C” words!**

Starring Otto Lana





Who is this guy and why should we care?

- Advocate
- Scholar
- Writer
- Entrepreneur
- Disabled
- Latino
- The least likely person to be here today

Welcome to the “C” Suite

Chief Obvious Officer

Job Description

Pointing out the obvious
to the oblivious

Hobbies

Comedic Relief...
I’m the funny guy

Qualifications

Like most corporate suits,
I have absolutely none

I’m Nigel
The COO



Navigating the high

“C”s

Get it...
“C” sounds like
sea, as in ocean



Celebration

Collaboration

Community

Commitment

Communication

Compliance

Change

Curiosity

Collaboration

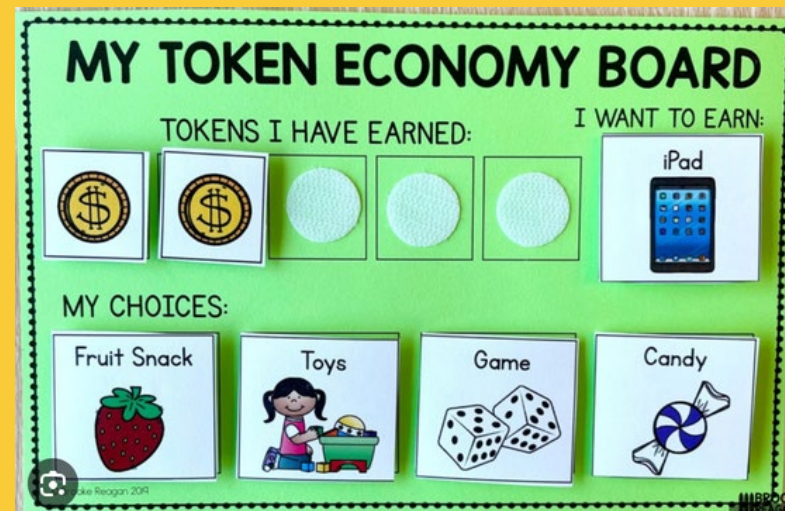
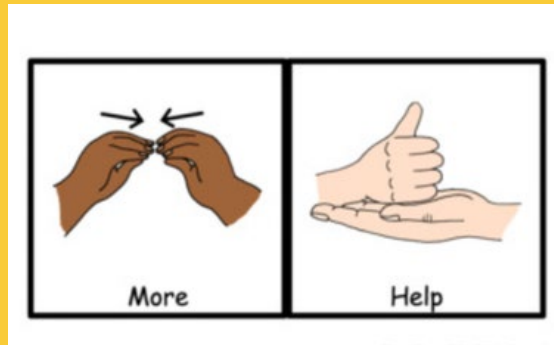


C is for Communication



"C is for Choice

Which represents a robust system
of communication?



I am a multi-modal communicator
a text based system is my personal
choice



C is for Consideration



Labels

vs

Support



- //**
- Severe/Profound
 - Noncompliant
 - Unmotivated
 - Task Avoidance
 - Aberrant Behaviors
 - Nonverbal



- //**
- Universal Design
 - Accommodations
 - Intrinsic Motivation
 - Sensory/Motor Differences
 - Multi Modal Communication



C is for Competence



The Importance of Presuming Competence

- Ditching the lens of limitation allows you to imagine your greatest potential
- Accessibility creates opportunity
- Allows for critical thinking
- Treating people with respect, dignity, and humanity



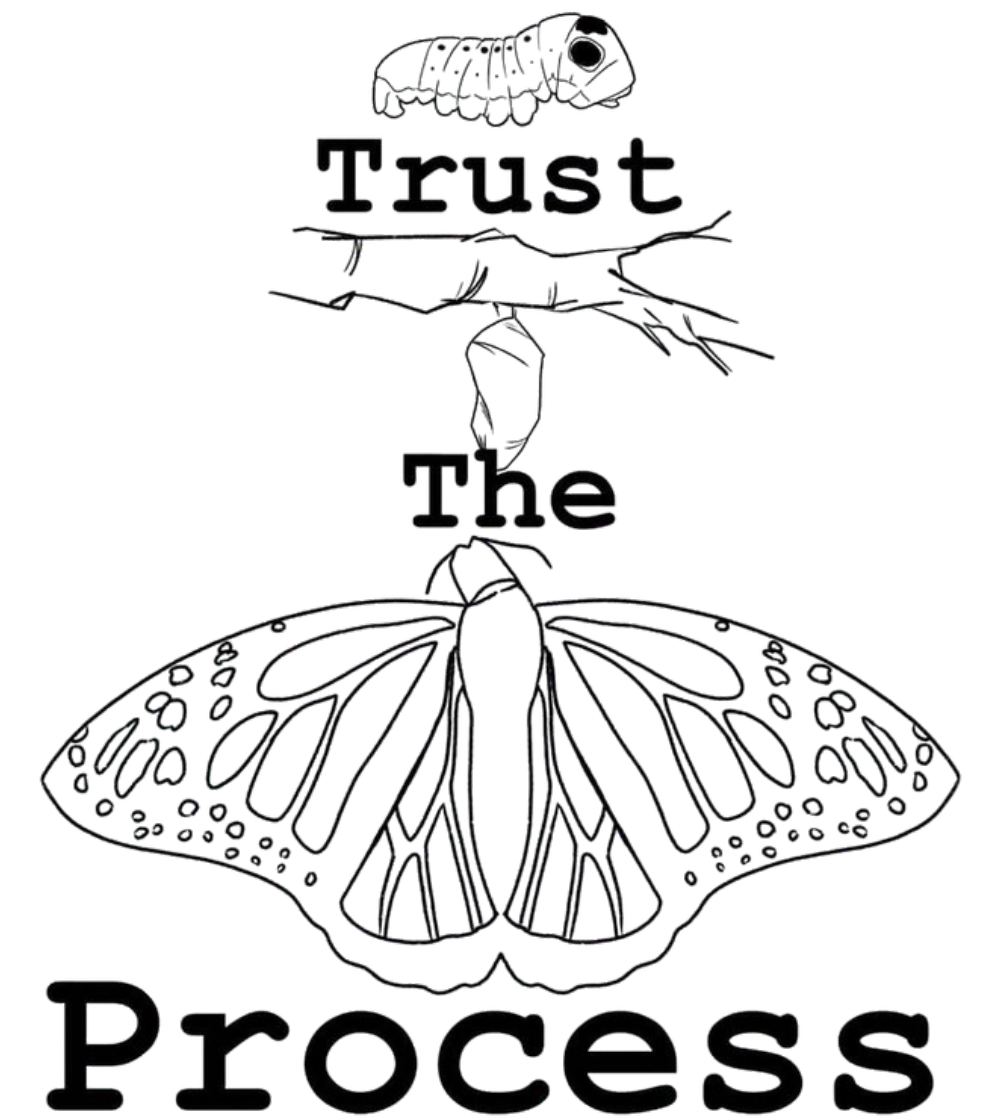


C is for Change



Why is Change so Hard?

- We are hardwired to fear change, to fear different
- Inertia...it takes energy and effort to change
- Change is uncomfortable...embrace the discomfort
- View change as opportunity for growth





Authenticity

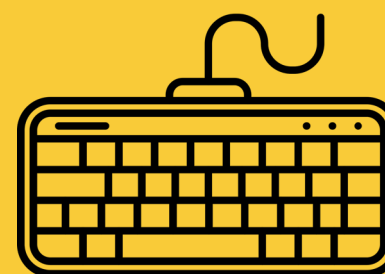
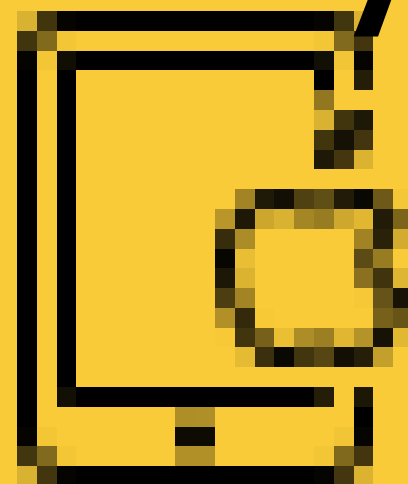


A is for

Access



Access



Assistive
Technology

Augmentative
and
Alternative



R is for Respect



Regulation

Robust

Reliable





E is for Equity

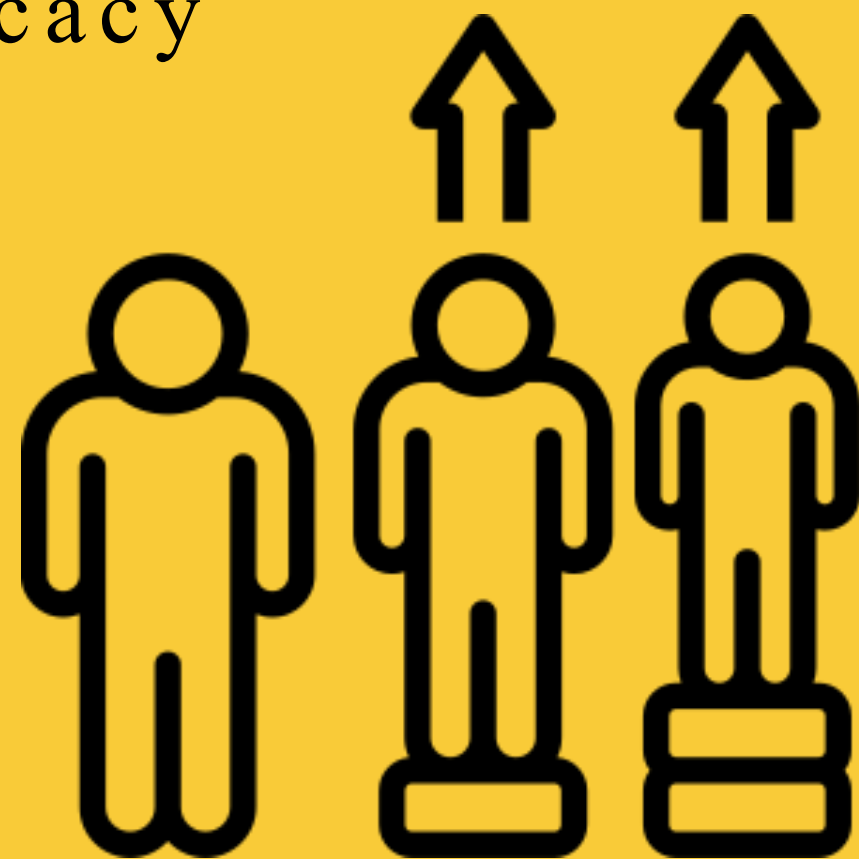
Enough



Enthusiasm

Expectations

Efficacy



Exhaustion



Thank you...



DEAF INCLUSION IN HEALTHCARE: BEYOND ACCESSIBILITY

BY RAYNISHA JACKSON
DEAF PROGRAM MANAGER & ADVOCATE



Website:
BLACKDEAFPROJECT.COM

THE BLACK DEAF PROJECT



MELANIN IN EVERY PAGE: THE BLACK DEAF BOOK COLLECTIVE

OVERVIEW OF RAYNISHA JACKSON

DISABILITY TIMELINE:

- ❑ GRANDMOTHER DISCOVERED MY HEARING LOSS; AGE 5**
- ❑ DEVELOPED LIP-READING SKILLS; AGE 6+^**
- ❑ FAILED HEARING TEST; AGE 10**
- ❑ FITTED WITH FIRST PAIR OF HEARING AIDS; AGE 11**
- ❑ FIRST LEARNED ASL; AGE 14-15**
- ❑ COMPLETELY LOST HEARING (HEARING AID NO LONGER WORKS); AGE 21**

SAY THIS, NOT THAT: DEAF COMMUNITY TERMINOLOGY

DEAF

HEARING IMPAIRED

DEAFBLIND

DEAF AND DUMB

**COCHLEAR
IMPLANTS**

**FIXED/
RESTORED
HEARING**

NON-VERBAL

**MUTE
PARTIALLY
DEAF**

HARD OF HEARING



Outline of an ear in white in front of a blue circle with 2 different blue tones and a red double edged arrow positioned in a 45° angle across the ear.

AVAILABILITY



UNDERSTANDING

WHAT DOESN'T WORK

TTY/TDD



PICTURE OF A BLACK AND CREAM OLDER MODEL OF A TTY (TELETYPEWRITER)/ TDD (TELECOMMUNICATIONS DEVICE FOR THE DEAF) ON TOP OF A RED TABLE.

- ☐ DEFAULTING TO VRI IN PLACE OF EQUAL COMMUNICATION ACCESS
- ☐ DEFAULTING TO WRITTEN/SPOKEN ENGLISH
- ☐ FORCING THE PATIENT TO LIP-READ

SIX YEAR PERIOD REVIEW:

108 HEALTHCARE ACCESS COMPLAINTS FILED BY DEAF ASL USERS

48%

TOLD ASL INTERPRETER WAS “NOT AVAILABLE”

28%

RECEIVED UNQUALIFIED INTERPRETERS/DEVICES

18%

PROMISED INTERPRETERS THAT NEVER ARRIVED

(SCHNIEDEWIND, ELIZABETH ET AL. 2020)

VRI IN EMERGENCY & MEDICAL SETTINGS

INTRODUCES:

- ☐ **POWER DELAYS,**
- ☐ **CONNECTIVITY ISSUES,**
 - ☐ **LAGGING & FREEZING SCREENS,**
- ☐ **& TECHNICAL ISSUES THAT CANNOT BE RESOLVED BY
HOSPITAL STAFF.**

ACCESS=



DEVICE



UNDERSTANDING

VRI DEVICE ≠ EFFECTIVE COMMUNICATION



- ❑ **INCONSISTENT ACCESSIBILITY PRACTICES ACROSS INSTITUTIONS**
- ❑ **3RD PARTY PLATFORMS**
 - ❑ **NO SUSTAINABLE SUPPORT SYSTEM**
- ❑ **CRITICAL ACCESSIBILITY FEATURES DEPENDENT ON STAFF AVAILABILITY AND TRAINING**



Pictures from left to right: (L) A blue worn out VRI (Video Remote Interpreting) Device in a examination room, on a metal stand wrapped with a children's hospital blanket that is green with animal prints. (R) A white, newer model of a VRI device with a metal basket and instructions titled "Interpreter on Wheels" in a room with brown doors and cream walls.



Picture of a healthcare worker in green scrubs, standing beside a seated patient wearing a red sweater and black pants using a cane.

WHAT DOES REAL ACCESS ACTUALLY LOOK LIKE IN PRACTICE?

- PERSON-CENTERED CARE
- LAYERED ACCESS (NOT ONE TOOL)
- SIMPLIFIED LANGUAGE
- TECHNOLOGY THAT ACTUALLY WORKS IN REAL CONDITIONS
- PARTNERSHIPS WITH DEAF-LED, COMMUNITY-BASED ORGANIZATIONS

ASL-INTEGRATED KIOSK SYSTEMS DESIGNED TO REDUCE COMMUNICATION BARRIERS AND SUPPORT EQUITABLE HEALTHCARE ACCESS FOR DEAF COMMUNITIES.

- **EMPLOYMENT OPPORTUNITIES FOR DEAF/HOH/DEAFBLIND, ETC...**
- **DIRECT LANGUAGE ACCESS**
- **REDUCES COMMUNICATION BARRIERS WITH PATIENT INTAKE AND CHECK-INS**



(R) Four blue, white, and black digital visitor check-in kiosks are displayed in a modern gray lobby. The kiosks feature touchscreen interfaces for visitor registration and sign-in, with some mounted on walls and others freestanding. Several kiosks include built-in scanners or cameras beneath the screens.

Works Cited

**SCHNIEDEWIND E, LINDSAY R, SNOW S. *ASK AND YE SHALL NOT RECEIVE: INTERPRETER-RELATED ACCESS BARRIERS REPORTED BY DEAF USERS OF AMERICAN SIGN LANGUAGE*. DISABIL HEALTH J. 2020 OCT;13(4):100932. DOI: 10.1016/J.DHJO.2020.100932. EPUB 2020 APR 20. PMID: 32576507.
[TTPS://PUBMED.NCBI.NLM.NIH.GOV/32576507/](https://pubmed.ncbi.nlm.nih.gov/32576507/)**

**BY SCLOZZA AT ENGLISH WIKIPEDIA - TRANSFERRED FROM EN.WIKIPEDIA TO COMMONS., PUBLIC DOMAIN,
[HTTPS://COMMONS.WIKIMEDIA.ORG/W/INDEX.PHP?CURID=2574928](https://commons.wikimedia.org/w/index.php?curid=2574928)**



Beyond Labels: Public Health Challenges Impacting People with IDD

**Presentation by: Dennis Tran (he/him)
Disabled and Neurodivergent Storyteller | Multi-hyphenate Professional**

**“Exploring health disparities, representation, and systemic barriers through an
intersectional lens”**

Public Health & IDD

Public health impacts everyday life:

- Healthcare
- Education
- Employment
- Housing
- Transportation
- Mental health
- Community access



Delayed/Mis Diagnosis & Systemic Misunderstanding/Bias

Many people with IDD are missed, misunderstood, or diagnosed late

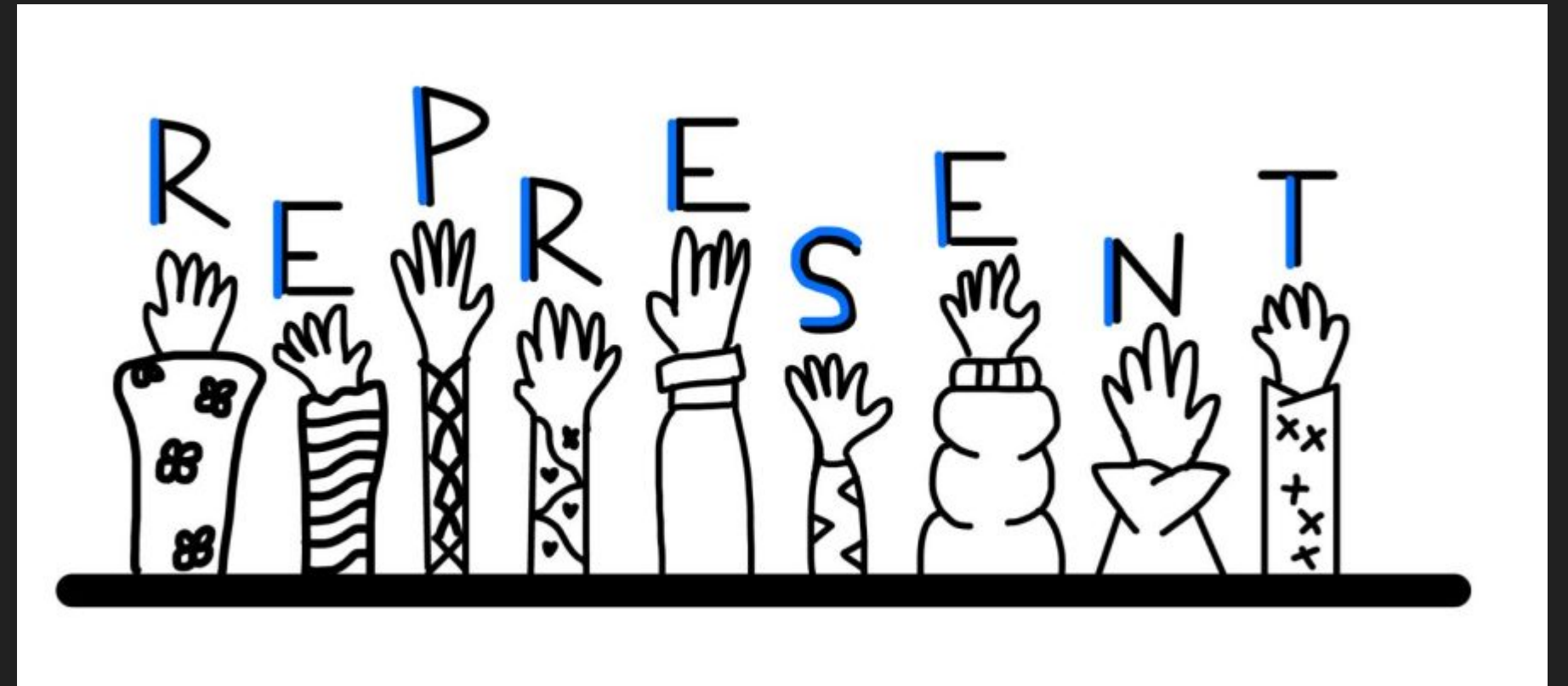
- Cultural stigma
- Masking
- Provider bias
- Language barriers
- Lack of awareness
- Limited access



Representation Gaps in Media, Research & Care

Lack of representation creates real health consequences:

- Media stereotypes
- Research exclusion
- Misdiagnosis
- Limited provider training
- Invisibility in policy
- Lack of culturally responsive care



Mental Health, Burnout & Isolation

Survival is not the same as support:

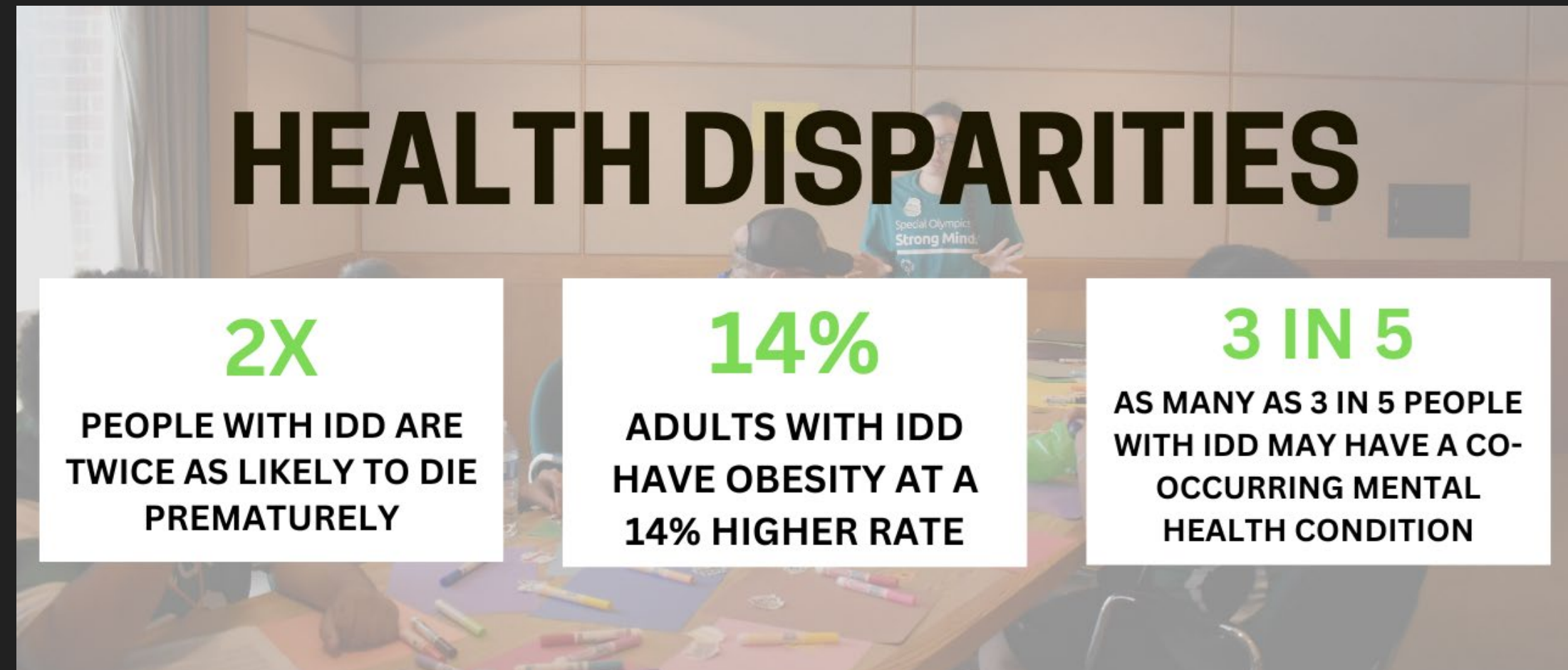
- Anxiety
- Depression
- Trauma
- Burnout
- Loneliness
- Suicidality



Oral Health, Diabetes & Preventive Care

Preventive care is often inaccessible due silo health system:

- Oral health disparities
- Diabetes risk
- Nutrition barriers
- Food insecurity
- Sensory barriers
- Healthcare avoidance



Sexual, Reproductive & Gender Health

Disabled people deserve bodily autonomy and affirming care:

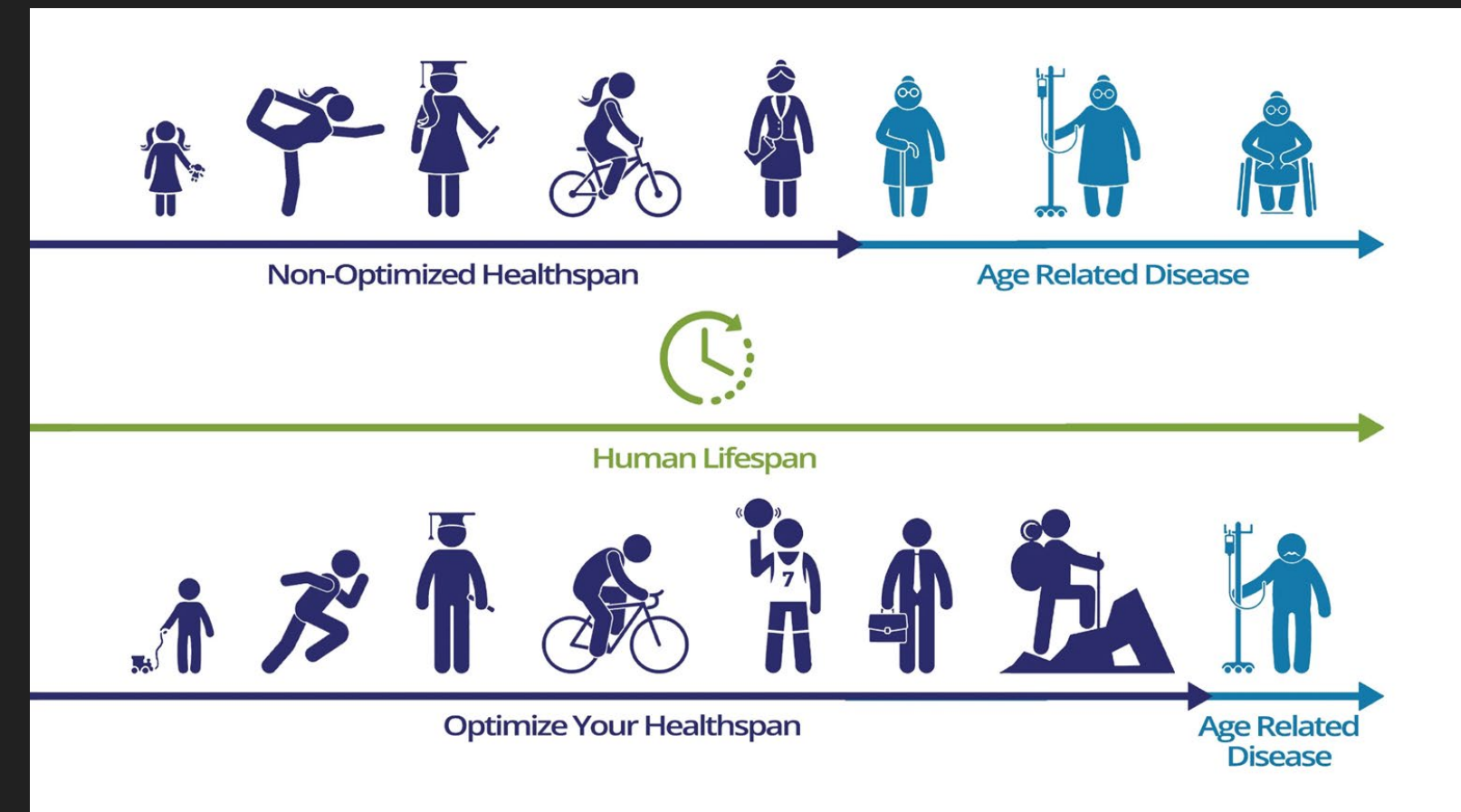
- Reproductive healthcare
- LGBTQ+ affirming care
- Consent education
- Maternal health disparities
- Provider bias
- Gender identity support



Aging & Long-Term Support

People with IDD are aging into systems unprepared to support them:

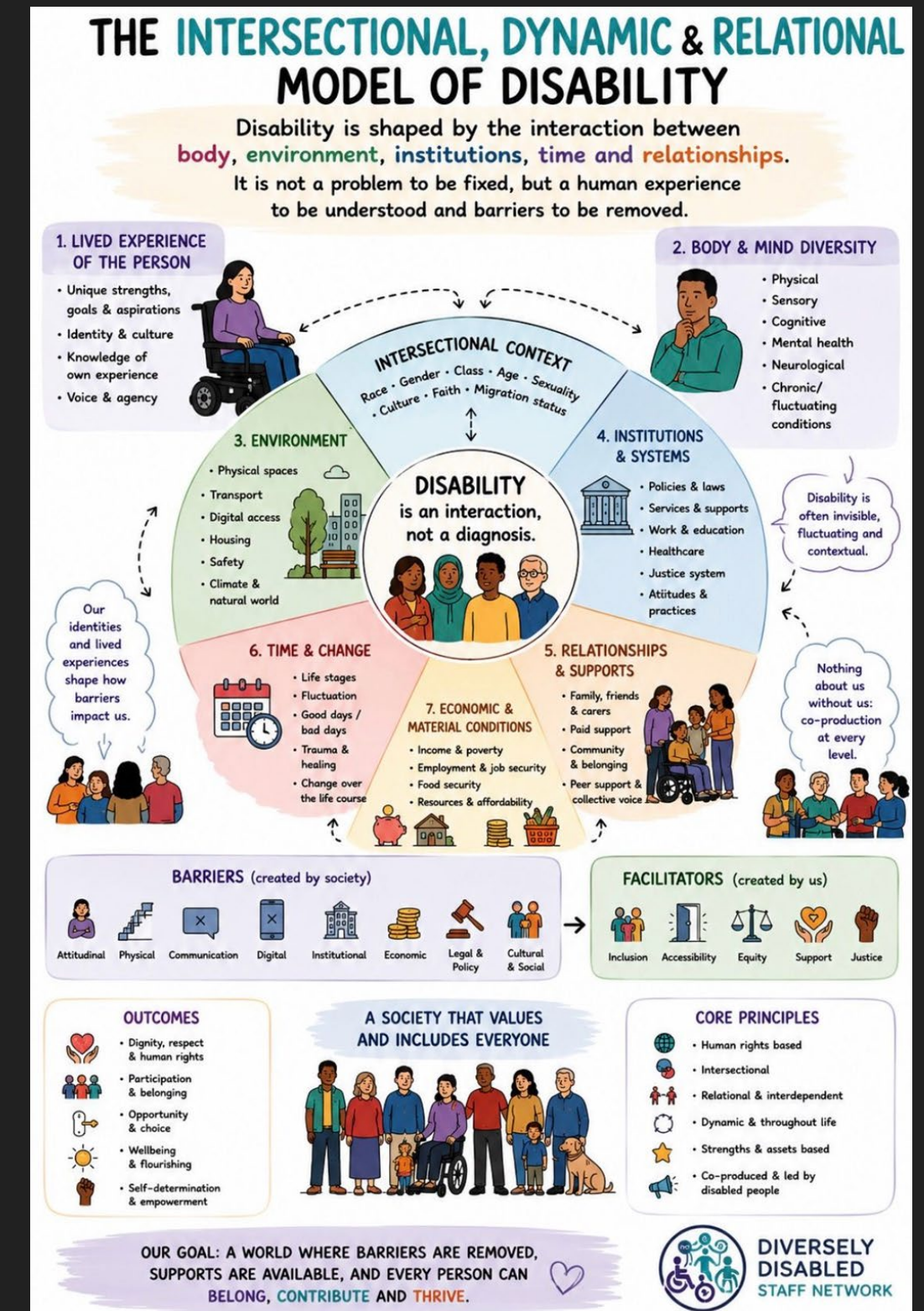
- Caregiver burnout
- Housing instability
- Long-term care gaps
- Financial insecurity
- Healthcare transitions
- Limited aging services



Why Intersectionality Matters

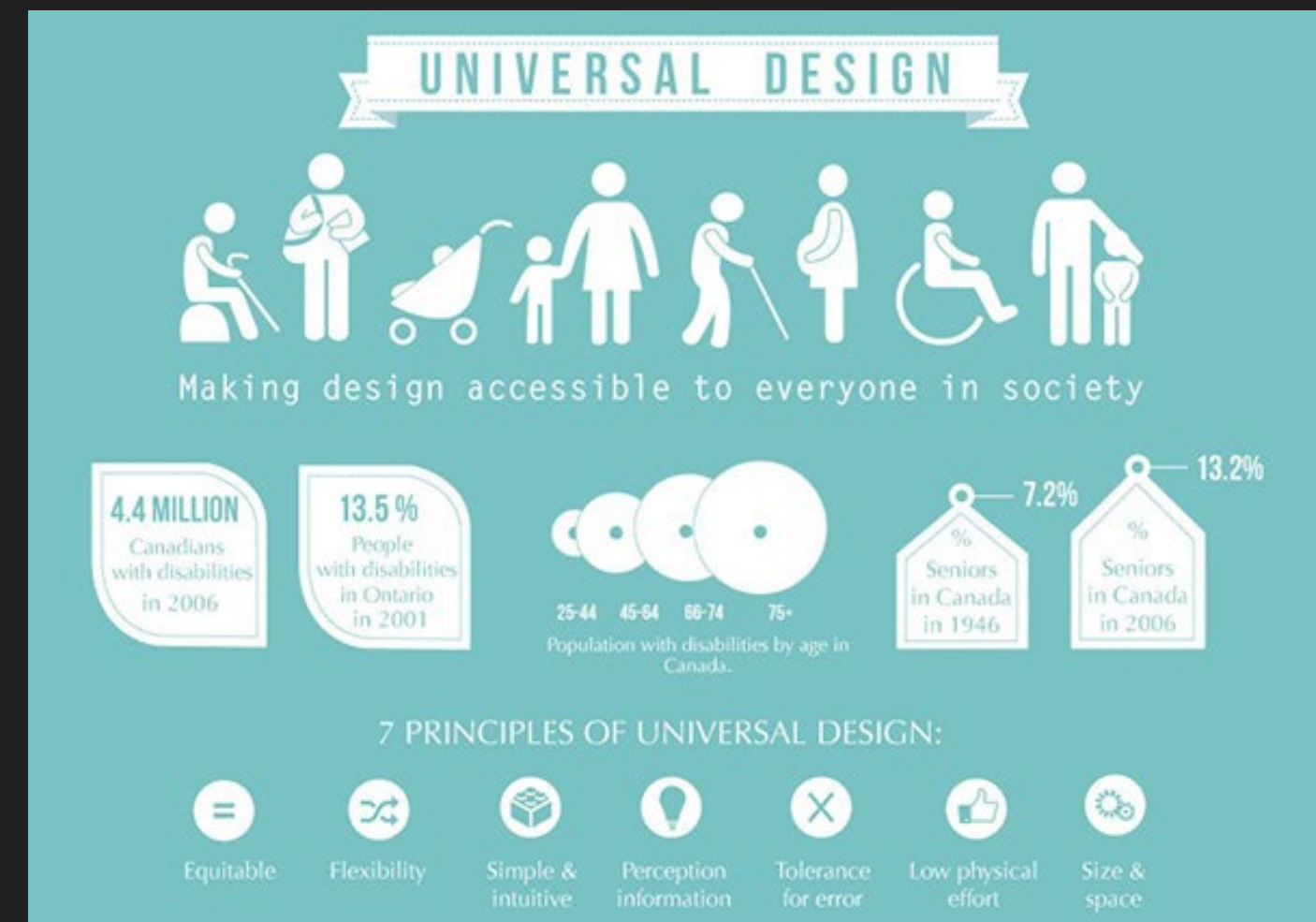
Barriers compound at intersections:

- Race & ethnicity
- Disability
- Poverty
- Immigration
- Gender identity
- Sexuality
- Language access



“The consequences of living in a world not designed with you in mind can impact every aspect of your life.”

**Design WITH people with
IDD. Not just FOR them.**



Resources

https://docs.google.com/document/d/1p_dY0iMJznoIJIWH5_1z8FRIPw7iLATHTkZwAtA1kPc/edit?usp=sharing



SCAN ME

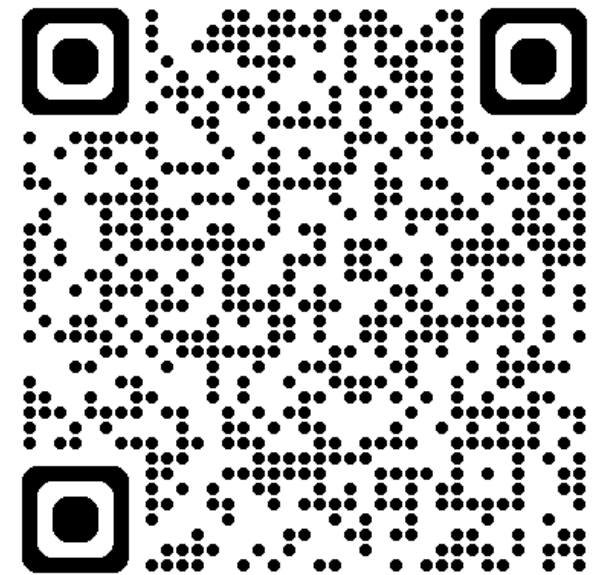
Thank you for having me!

Dennis Tran

Email: dennistran18@gmail.com

www.dennisvtran.com

<https://linktr.ee/dennisvtran>





What Matters to People with IDD

Hoangmai Pham
APHA Disability Justice Webinar
May 19, 2026



Institute for Exceptional Care – IEC

- National nonprofit based in Washington, DC.
- Making healthcare better and safer for people with IDD.
- We change how healthcare is:



Taught



Delivered



Paid For

- By bringing the healthcare & disability communities together
- And leveraging healthcare expertise and wisdom of lived experience

Priority Health Outcome 1: Making Healthy Choices



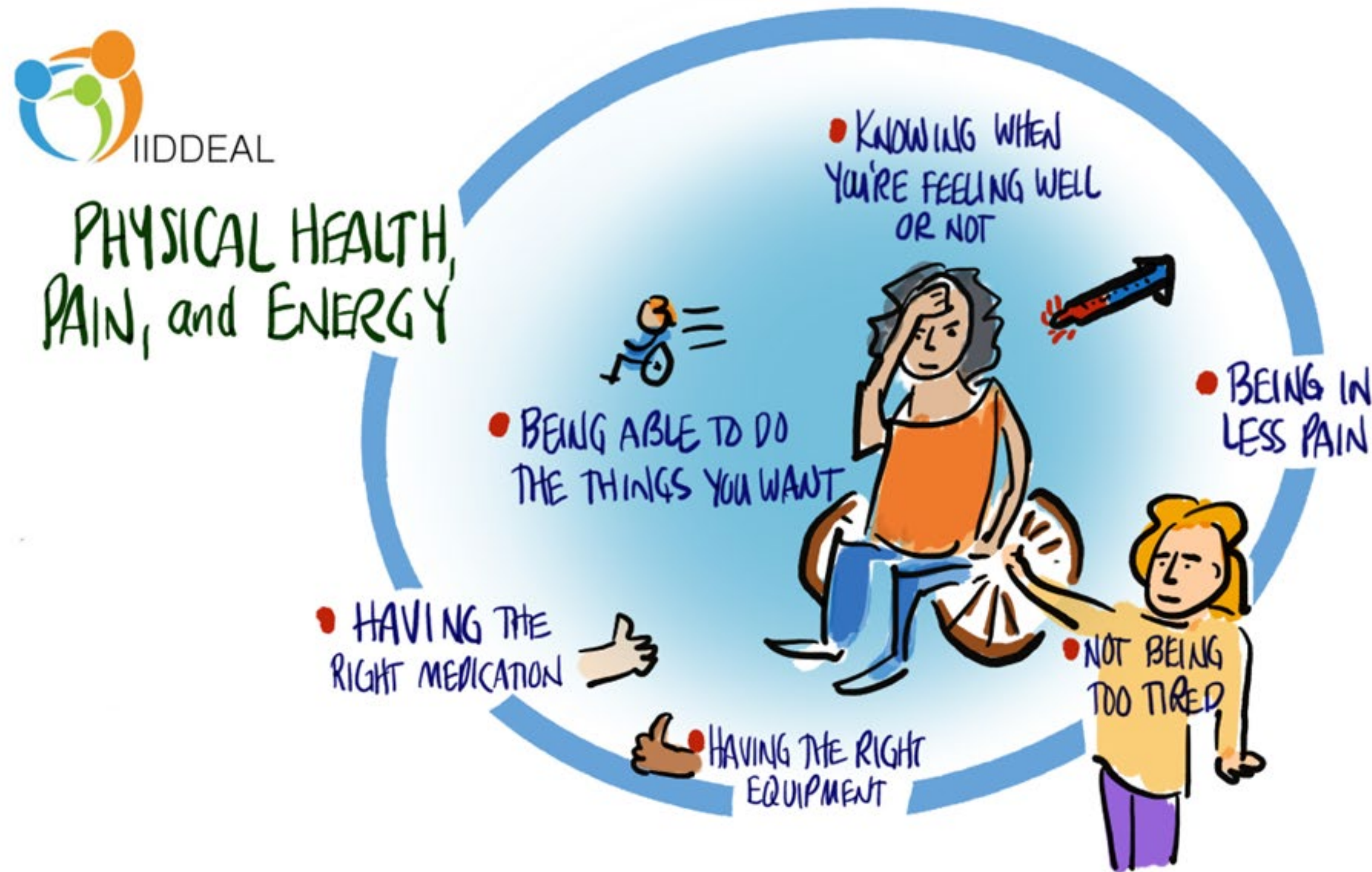
Priority Health Outcome 2: Emotional or Mental Health



EMOTIONAL or
MENTAL HEALTH



Priority Health Outcome 3: Improved Physical Health, Reduced Pain, and Increased Energy



Priority Health Outcome 4: Sexual, Gender, Reproductive Health, and Parenting



SEXUALITY, REPRODUCTIVE
HEALTH, and PARENTING



Priority Health Outcome 5: Doing the Things I Love or Need to Do



DOING THE THINGS
I LOVE or NEED TO DO

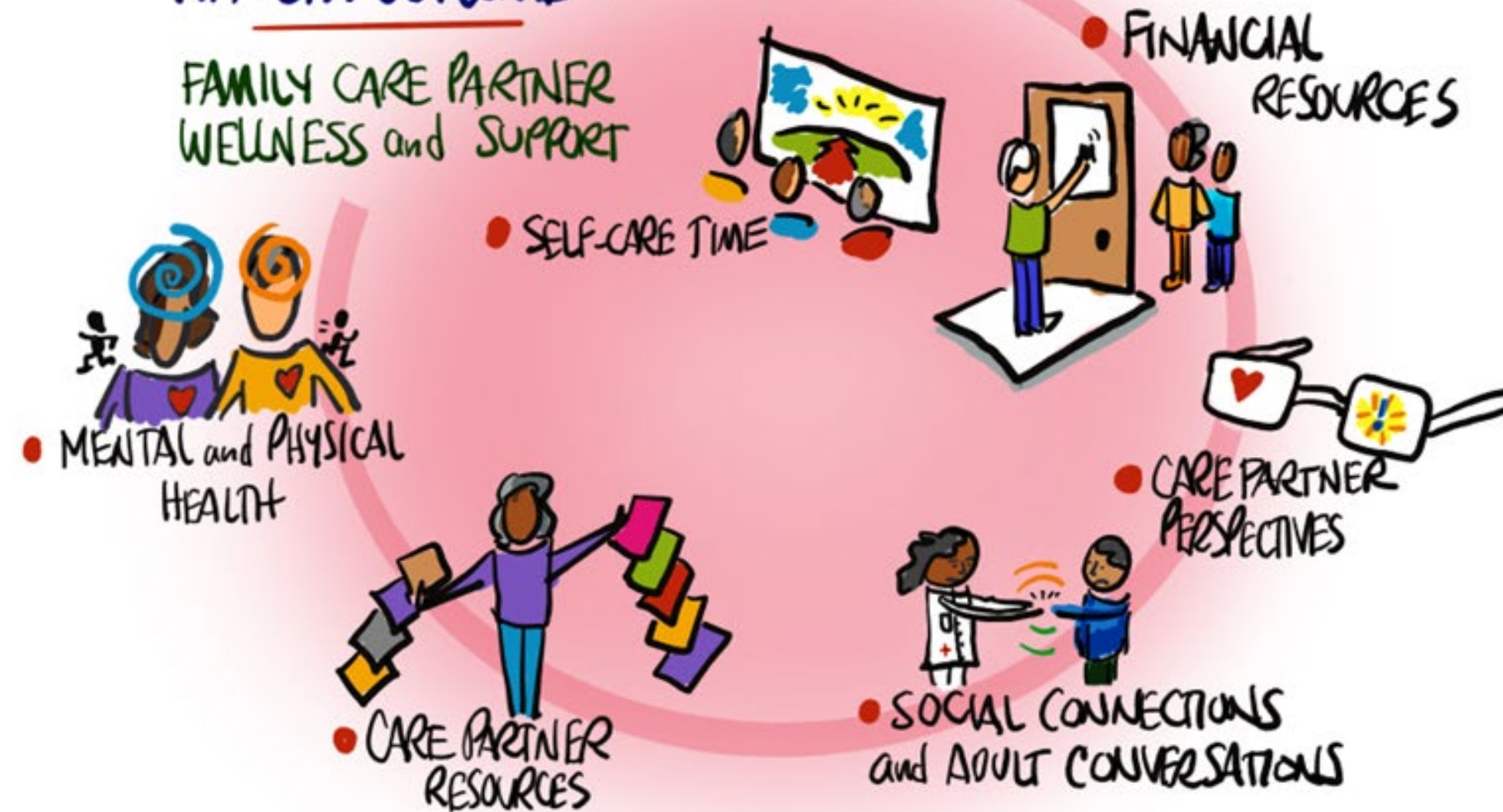


Priority Health Outcome 6: Family Care Partner Wellness and Support

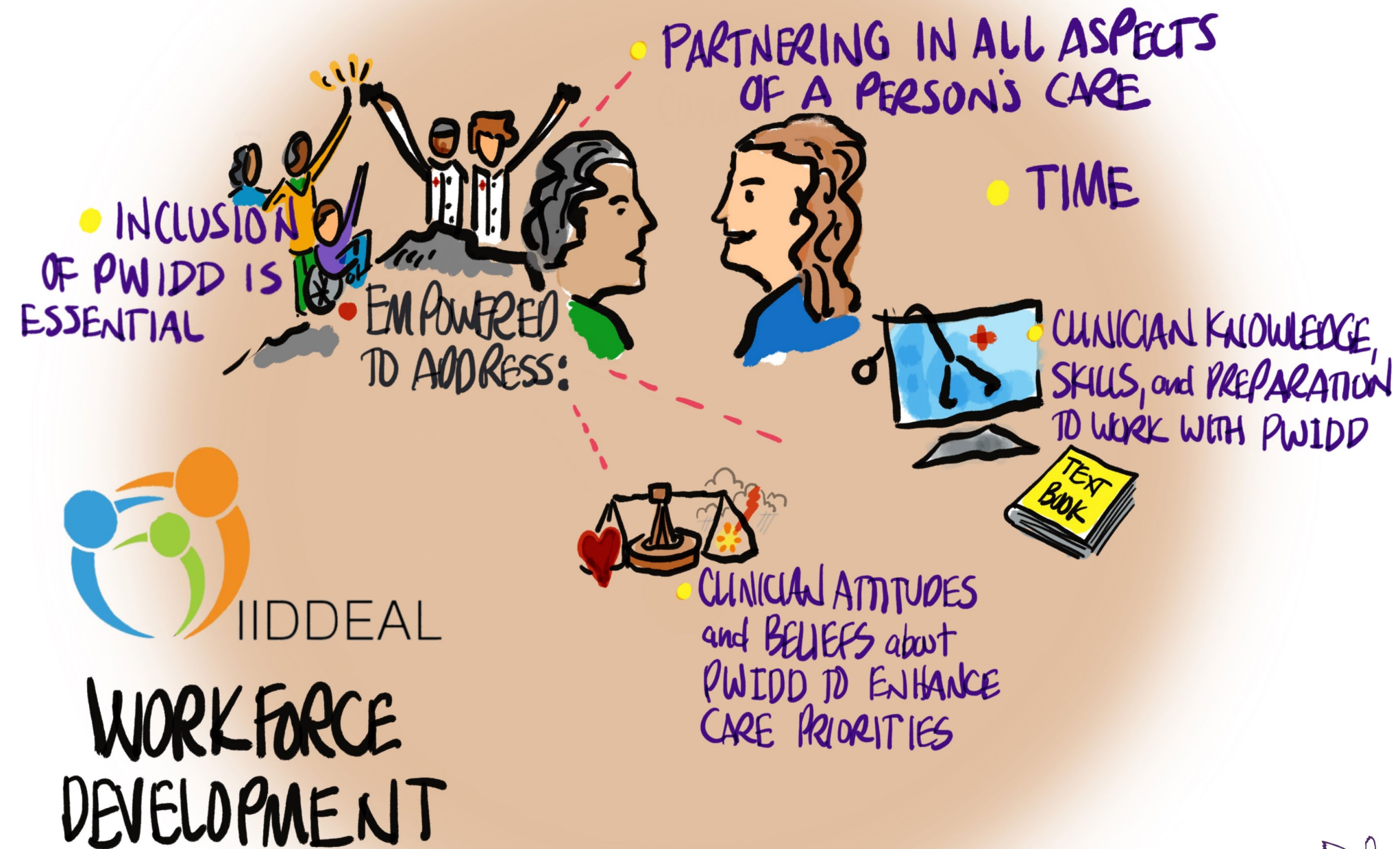


PRIORITY HEALTH OUTCOME :

FAMILY CARE PARTNER
WELLNESS and SUPPORT



Priority Health Outcome 7: Workforce Development



Priority Health Outcome 8: System Supports



Priority Health Outcome 9: Payers and Regulators



Take Aways for Public Health

- Engage people with disabilities in your program designs.
- Assume competence and offer supports.
- Be curious.
- Expect variation.
- Lean into universal, inclusive design.

Thank you!

[www.ie -care.org](http://www.ie-care.org)

Thank You!

Catch the rest of
the series

Disability Justice: Public
Health for Collective
Liberation

