



Disability: Language, Marketing & Practice

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Why is this relevant to me?



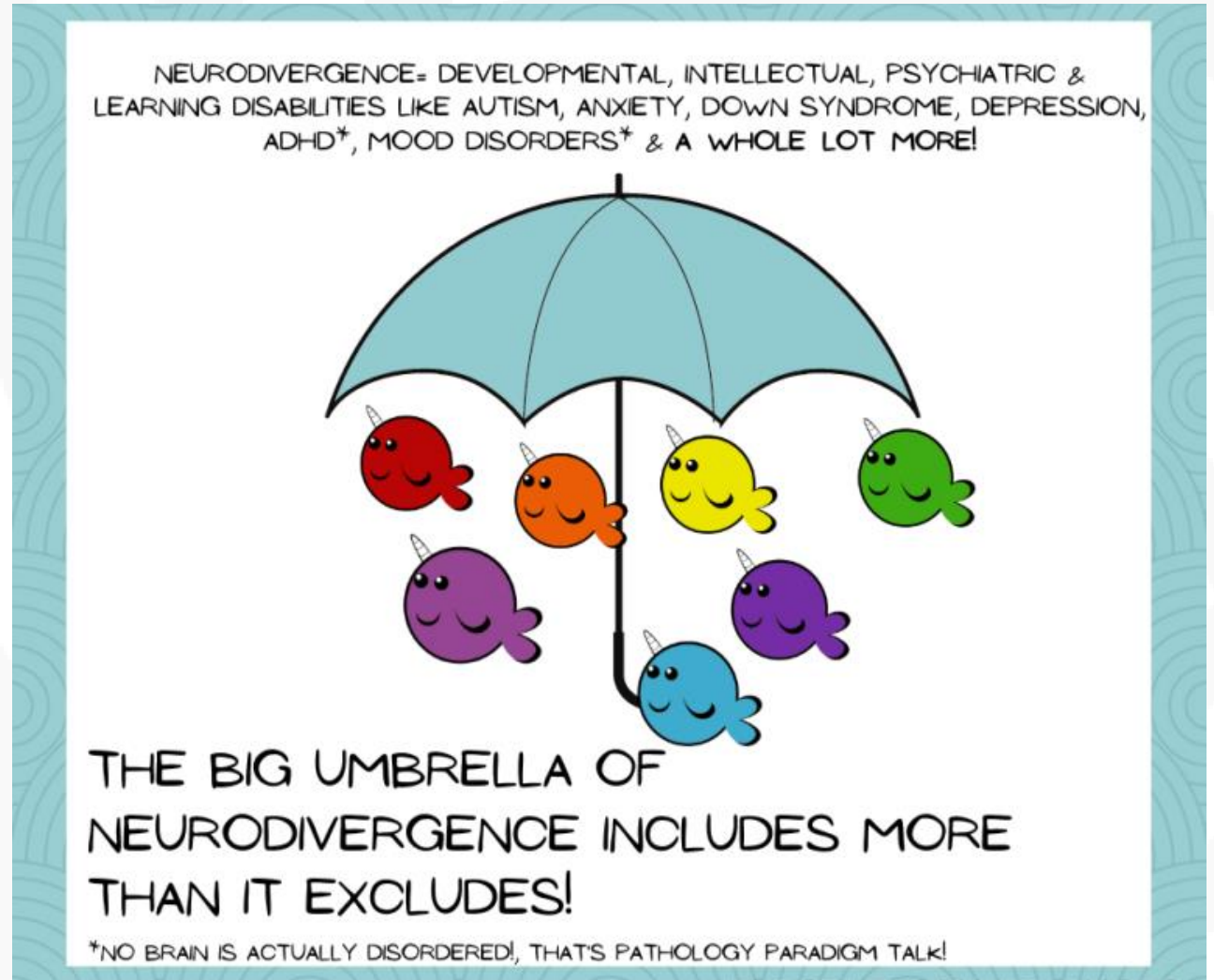
- 26% of adults in the United States have a disability
- Nation's largest minority group
- The only group anyone can become a member of at any time
- Customers, coworkers, friends and family with disclosed or undisclosed disabilities

Disability Defined:

Disabilities can impact different people in different ways

Disabilities:	(Disabled World, 2022)
Physical	Intellectual
Cognitive	Mental Illnesses
Sensory	And Various Types of Other Chronic Disease

The Neurodivergent Umbrella



The Neurodivergent Umbrella

Neurodivergent:

→ Brain differences affect **how** their brain works.

→ **NOT** a medical term – adapted to stop use of “**normal**” and “**abnormal**” as descriptors for functional level.

→ “NORMAL” brains do not actually exist.

Possible Strengths:

(Cleveland Clinic, 2022)

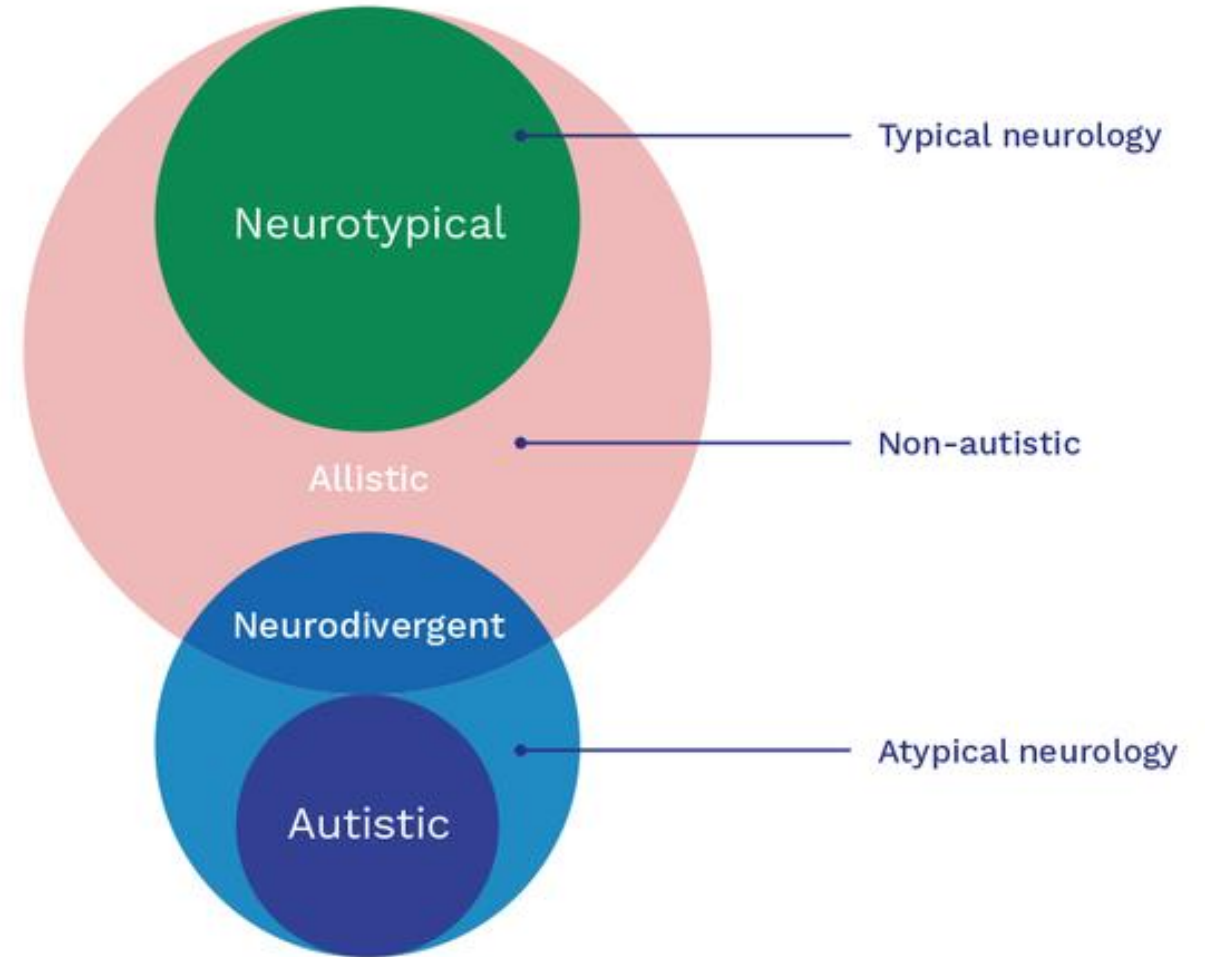
- better memory
- being able to mentally picture three-dimensional (3D) objects easily,
- the ability to solve complex mathematical calculations in their head
- and many more.

(Cleveland Clinic, 2022)

The Neurodivergent Umbrella

Neurotypical:

people who aren't neurodivergent



Preferred Terminology:

[note: subjective; widely considered appropriate but some exceptions apply]

(National Center on Disability and Journalism, 2021)

Disability/Disabled: usually acceptable to use these terms...(however) disabled people not a monolithic community (or subgroup communities)

Disabled people/people with disabilities: identity-first language (language)/person-first language.

Non-Disabled: “Non-disabled’ or ‘does not have a disability’ are acceptable terms when referring to people who do not identify as having a disability.”

Deaf: “deaf’ describes a person with profound or complete hearing loss... ‘deaf’ or ‘hard of hearing’ - preferred terms. (Uppercase when referring to the ‘Deaf’ community and lowercase when referring to the condition)” Note: culture > disability

Unfavorable Terminology:

[note: subjective; widely considered inappropriate/offensive but some exceptions apply]

(National Center on Disability and Journalism, 2021)

Differently-abled: Some consider it condescending, offensive or simply a way of avoiding talking about disability.

Able-bodied: Implies that all people with disabilities lack “able bodies” or the ability to use their bodies well

Crazy/psycho/nuts: “once commonly used to describe people with mental illness but are now considered offensive”

High Functioning/Low Functioning: Instead, describe an individual’s abilities and challenges.

“Special Needs”

- Variation + Evolution of language and word use
- Justification of denying special accommodations
- **Does not** offer same legal protections as the term “disabled.”
- Also used derogatorily
- Parents

Identity 1st vs. Person 1st Language: Identity First

*“[My disability]
has helped
me grow
as a person
and brings
me together
with a community.”*

Taylor Smith

The
MIGHTY

→ Identity-first language:

- Empowerment & community
- Disability isn't something to be ashamed of.

→ **NCDJ Recommendation:** Ask the person with the disability how they would like to be described.

Autistic Person

Deaf Person

Blind Person

Identity 1st vs. Person 1st Language: **Person First**

→ Person-first language:

- A human is first and foremost a person.
- The person's disability doesn't define them.

→ **NCDJ Recommendation:** Ask the person with the disability (or research general community preferences) how they would like to be described.

“...Empowering for some might be retraumatizing for others.” –Lydia Brown, Activist



Person w/ Down Syndrome

Person w/ Epilepsy

Person w/ Schizophrenia

Myth of “Normal”: What is Ableism?

According to Forbes,

ableism is any statement or behavior
directed at a disabled person that
assumes a lesser status. (Pulrang, 2022)



“Normal, Able-bodied”
people

Social habits, practices,
regulations, laws, and
institutions perpetuate
the systemic
assumption that
disabled people are...



Less capable
Less valuable
**Less personal
autonomy**

Disabled Counterparts

Myth of “Normal”:

Ableism & Anti-Ableism



Ableism

- I can do everything just fine, so there's no problem. Everyone else should be able to.

Neutral

- **Some** can do things which **others** cannot.
- Everyone has different strengths, skills, weaknesses, and trouble points. Ability levels may vary.

Anti-Ableism

- **EQUITY** – Not one of us is free until we ALL are free. Intersectional focus: other layers to identity.
- **JUSTICE** – Equal rights, visibility, participation & inclusion, diversification of the status quo.

Visible vs. Invisible Disabilities

- Never assume someone is non-disabled based on their appearances alone. Anyone can have a disability whether they “look” like it!

(and in fact, that's just ableism talking!)

- Create a safe space, so that people around you are safe to disclose their disability.

- Representation of people in marketing of services, programs, products, with both visible and invisible disabilities.

- Universal Design (i.e. curb ramps) will support many people- those with disabilities, those with undiagnosed disabilities, and those without disabilities

Charity vs. Solidarity: Charity

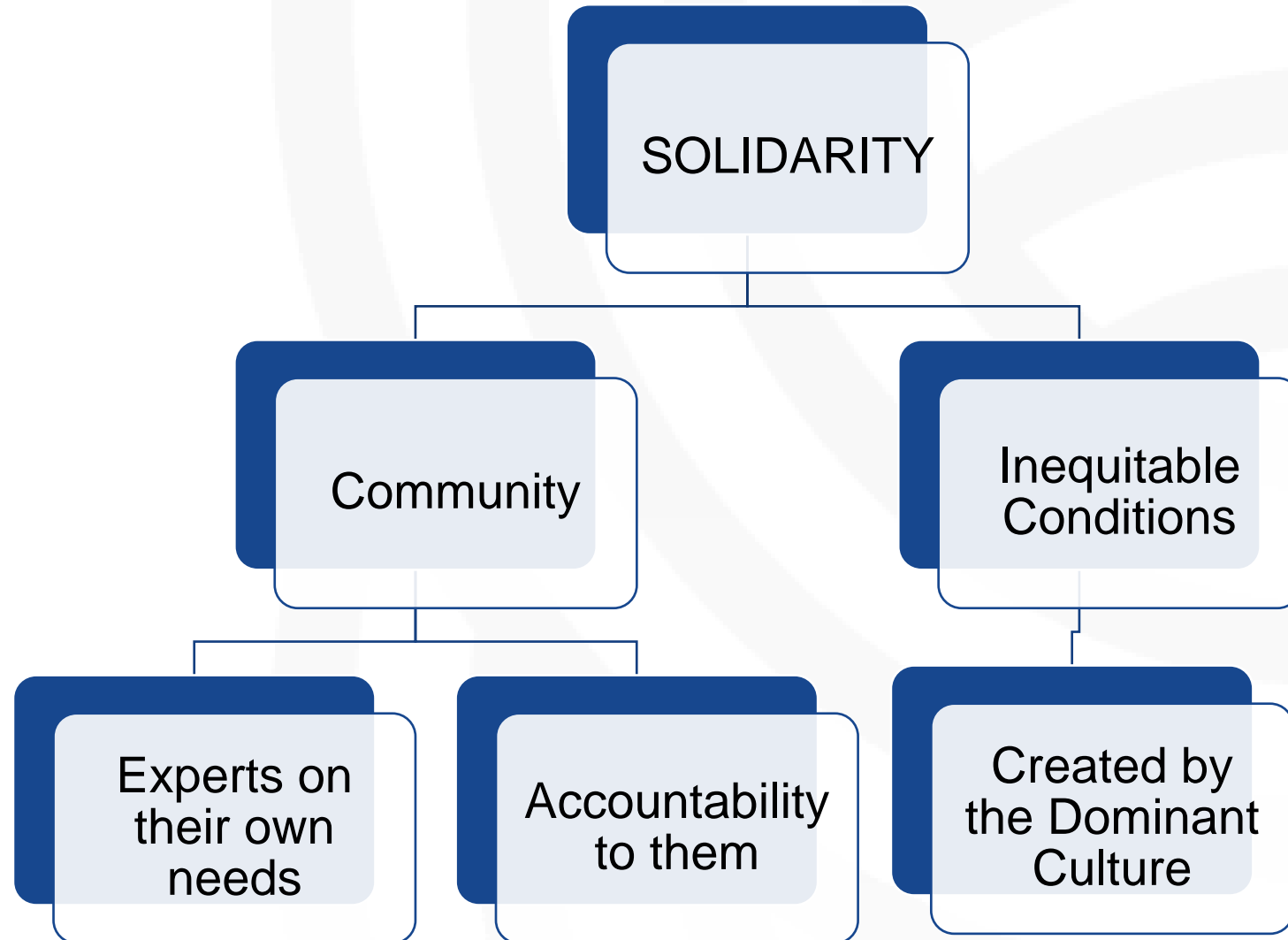
- Us vs. Them mentality
- Oppression and economic inequality
- Marginalized Community = Inherent Deficit; community's fault
- Giver is expert on community needs.
- Accountability: to themselves and their funders.

I don't believe in charity.
I believe in solidarity.

Charity is so vertical.
It goes from the top to the bottom.
Solidarity is horizontal.
It respects the other person.
I have a lot to learn from other people.

Eduardo Galeano

Charity vs. Solidarity: Solidarity



Considering Your Audience: Tone & Infantilization

Infantilization:

Treating a disabled person like a child.

Tone:

- May or may not be intentional; intention does not excuse impact.



Considering Your Audience: Storytelling & Testimonials

Before Publishing:

- Research disability subgroups thoroughly.
- Acknowledge diversity and intersectionality.
- Monitor for internal bias.
- **ONLY** if it is relevant.

Self Questionnaire

Has the person or people with disabilities (subject) been asked about the language they prefer to have used?

Has the subject made the informed choice to disclose their disability?

Does my message align with the philosophy of solidarity?

Would I use these words and/or sentiment when writing about adults without disabilities?

How do my photos or videos contribute to accurate representation of the diversity within the disability community?

Is this accessible to my intended audience?

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Jacob Allen Gottlieb


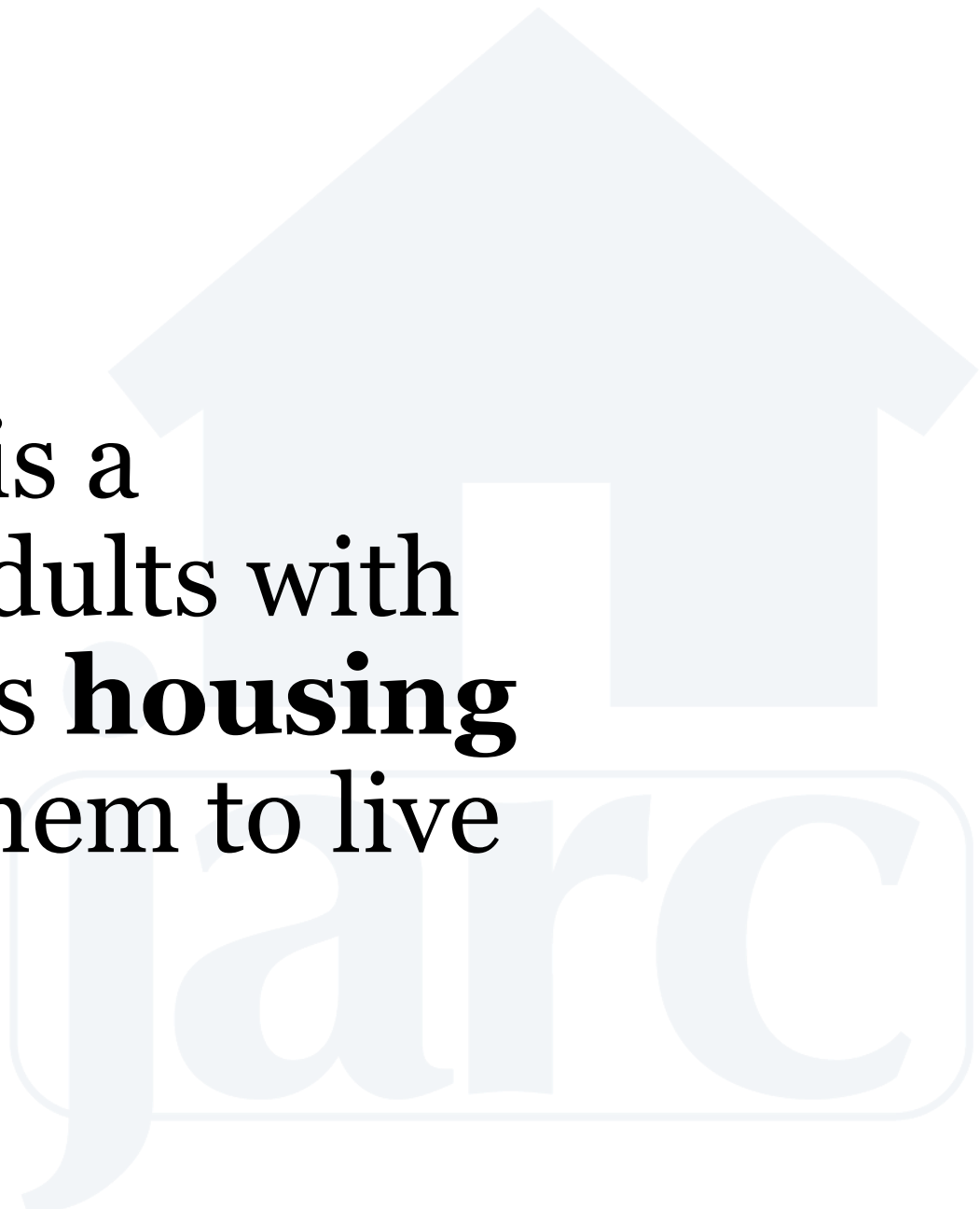
Chief of Staff, JARC

Bloomfield Hills, Michigan



What is JARC?

JARC, founded in **1969**, is a nonprofit that provides adults with developmental disabilities **housing** and **services** to enable them to live full and meaningful lives.



Who Does JARC Serve?

JARC serves people with a wide range of abilities, including those needing assistance with every aspect of daily living, those who are aging and medically fragile, and those who need several hours of staff support weekly to live successfully on their own.



How Does JARC Do It?!

Three Main Areas:

- Accessibility Consultant
- Education & Advocacy
- Physical Plant



Detroit Disability Power (DDP)

Mission:

Detroit Disability Power's mission is to leverage and build the organizing and political power of the disability community to ensure the full inclusion of people with disabilities in Metro Detroit.



Accessibility Consultant - DDP



Ani Grigorian is a geriatric social worker turned accessibility consultant helping to improve how our physical spaces and communities support our needs as we age and live with disability.



Education and Advocacy

JARC is not the experts, but people do look to JARC for correct information

- Partnerships include:
 - Jewish Federation of Metro Detroit
 - Jewish Day Schools
 - Detroit Disability Power
 - Oakland County Health Department
 - Tamarack Camps
 - The J Detroit
 - And More!



Changing Care for Changing People

JARC's goal is to help people live the lives they want to lead, in their homes.

Life expectancy for people with disabilities has increased significantly in the 54 years JARC has been around.

A Person with Down Syndrome Life Expectancy:

1960: **10 Years** 2021: **60 Years**

What do most people do when their house doesn't fit their aging needs?



Action



Disability consultant visits each home every 6 weeks to identify accessibility issues directly relevant to the residents.

Helps purchase new or replacement items that are accessible “from the start”

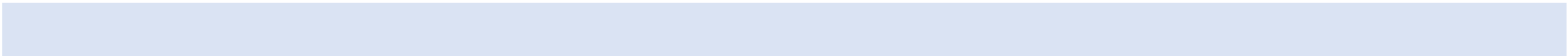
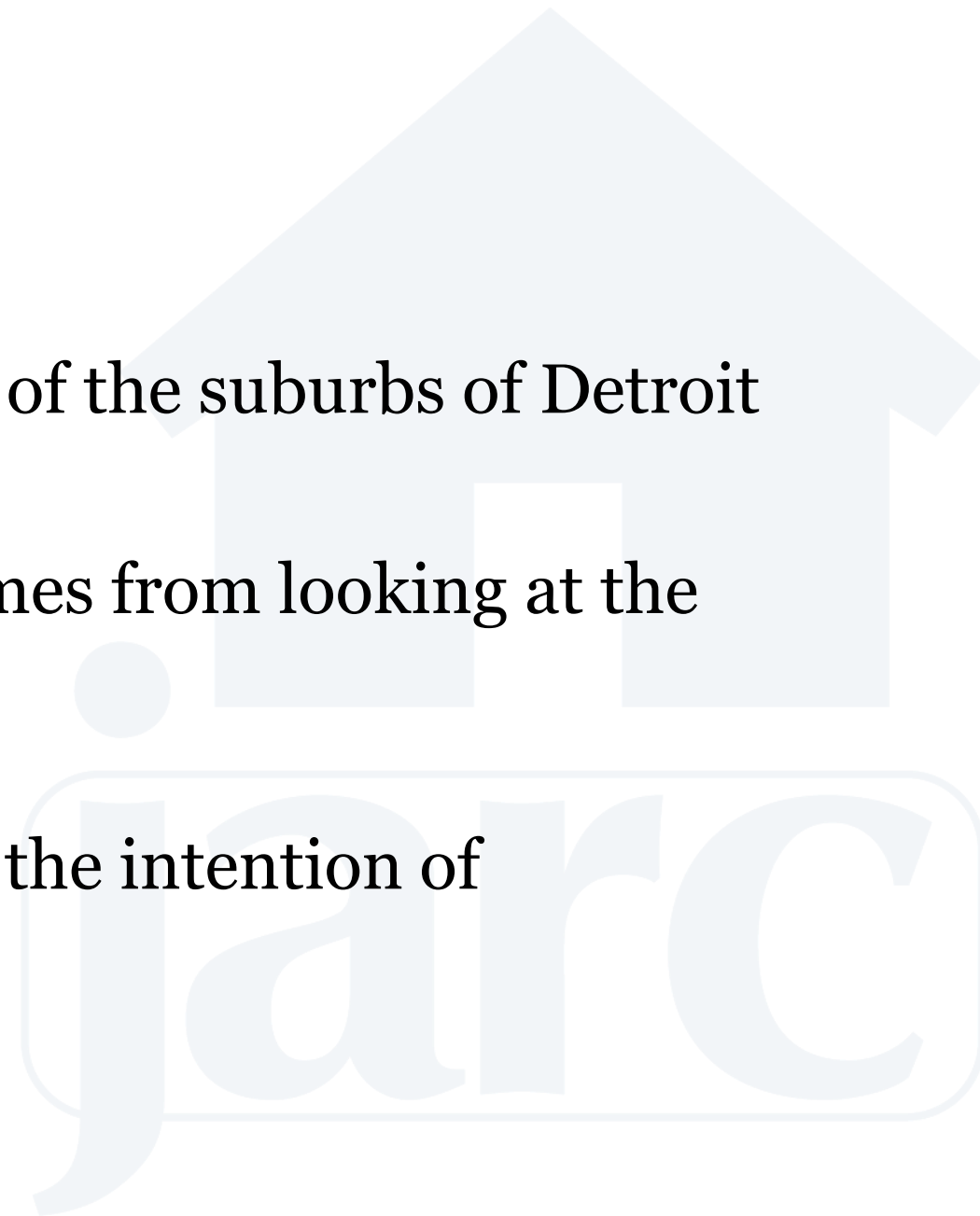
Identifies larger projects for JARC full-time maintenance team to work on

New Construction

All JARC houses are in neighborhoods of the suburbs of Detroit

You wouldn't know they are JARC homes from looking at them on the street

Except for 2 – they were not built with the intention of accessibility





What's going to be fun in your house?

Conclusions

The theory behind disability language and marketing is important and a baseline for what we do. How it comes out in practice is even more important. We can always do better. Looking at more board involvement for persons served. Looking at persons served committee or focus groups to help identify what their needs are – not what we perceive their needs.

