

Disability, Accessibility, and Inclusion in Health Professions

It is estimated that 1.3 billion people (16% of the global population) live with a disability¹. Additionally, most families have at least one member with a disability². In Latin America and the Caribbean, 15% of children with disabilities do not attend school, and 1 in 2 adults with disabilities (PwD) do not participate in the labor market³. That raises several questions regarding higher education. Do people with disabilities reach universities? How do those who do make it? What institutional changes or actions are necessary?

Historically, PwDs have been viewed as objects of charity and care based on theoretical models derived from biomedicine. However, in Argentina, since 2014, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) has held constitutional status. The convention defines disability as “an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”^{4, 5}.

The CRPD focuses on the individual as a rights holder and presents a new challenge: eliminating barriers that restrict participation in various areas of life, including higher education. Architectural obstacles, unclear signage, a slide with small text, an image without a description, a video without subtitles, or a document incompatible with screen readers⁶ are some of the barriers that PwD may encounter. Identifying, eliminating, or minimizing these barriers makes environments more accessible for everyone.

Can someone with a motor disability become a nurse? Can a surgeon be hard of hearing? How does a visually impaired professional conduct a clinical interview? These are some of the questions that arise when discussing disability in health professions. However, a more crucial

consideration is: What barriers does a PwD face when pursuing an education in health sciences? What types of support might they need to participate in their chosen career?

This shift in questioning is essential for envisioning an education system that embraces diversity, as PwDs are different from one another and have varying needs. Not only are there different types of disabilities, but two individuals with the same condition may require other forms of support to overcome the same barrier. Each situation is unique and requires us to design reasonable accommodations that address individual circumstances without necessarily imposing a disproportionate or undue burden on the institution.

So, when situations arise that demand adjustments, what institutional resources do we have to provide that support? The University Social Observatory (USO) runs the “Inclusive Dialogue Space (EDI)”⁷, a platform for dialogic communication among students with disabilities, faculty teams, and program administrators. Its goal is to understand the specific support needs in different learning and participation contexts to develop joint action strategies.

Another initiative is the development of guiding materials to address concrete challenges. The Guide to Good Practices⁸ for Communication Accessibility was launched, as well as specific support materials to promote learning for people with various disabilities. Additionally, the UHIBA and HIBA community now has access to a repository of materials⁹ on disability, consisting of articles, guides, books, and audiovisual resources.

Promoting the inclusion of people with disabilities in our institution requires not only reflecting on existing barriers but also adopting a diversity-sensitive approach that acknowledges the uniqueness of each member of

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the student and professional community. The University Social Observatory invites those interested in working on these issues to join us, as achieving quality education requires an institution committed to ensuring access, retention, and participation for all forms of diversity.

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