Universität Augsburg
Medizinische Fakultät

UNIVERSITÄTSKLINIKUM
AUGSBURG

Empowering health scientists: Advancing health equity through disability-inclusive practices

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2025 Samuel Weiner Distinguished Visitor Awardee

March 2026

Acknowledgment

Samuel Weiner

Nominators for the 2025 Samuel Weiner Distinguished Visitor Award:
College of Community and Global Health
Max Rady College of Medicine
College of Nursing
College of Rehabilitation Sciences

University of Manitoba

My mentors, students, and colleagues with whom I work and worked

Where I am coming from …

Universität Augsburg University

UNIVERSITÄTSKLINIKUM AUGSBURG

Chair of Inclusive Health Care
Faculty of Medicine, University of Augsburg
Director of Institute of General Practice and Health Services Research
University Hospital of Augsburg (Germany)

Venia Legendi in Health Sciences (Switzerland)

Master in Health Informatics (United Kingdom)

Mortality
Morbidity

Functioning

Research Group Leader
Swiss Paraplegic Research (Switzerland)

PhD in Health and Rehabilitation Sciences (Canada)

Master in Occupational therapy (the Netherlands, United Kingdom, Denmark, Sweden)

Diploma in Occupational therapy (Austria)

KI generated

Occupational therapist & Research Assistant
Medical University of Vienna (Austria)

Empowering health scientists

Advancing health equity through disability-inclusive practices

As health scientists, including health care practitioners and researchers:

We define whose lives are measured, and thus, valued.

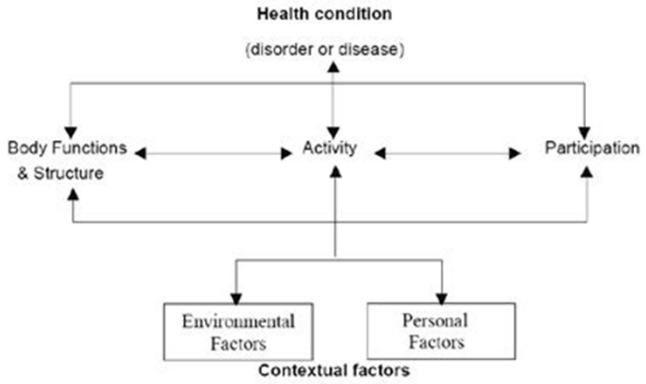
We shape evidence.

We influence systems.

Disability

World Health Organization (WHO)‘s

International Classification of Functioning, Disability and Health (ICF)



WHO (2001)

United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)

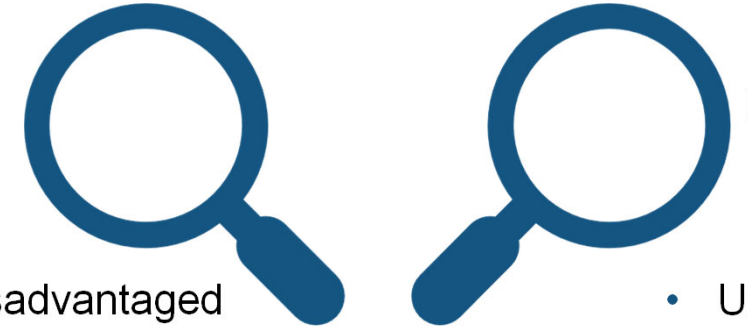
… persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. […] the same range, quality and standard of free or affordable health care and programmes as provided to other persons …

UN CRPD, Article 25 Health

Disability

Person with disability

- Minority group, socially disadvantaged
- Social identity



Experiencing disability

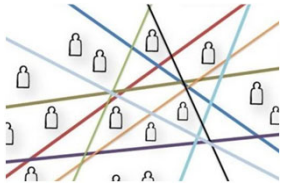
- Universal feature of the human condition
- Lived experience

Bickenbach, Prodinger, Guistini & Stucki (accepted); Bickenbach, Rubinelli & Stucki (2017)

Disability-Inclusion

… refers to the meaningful participation of persons with disabilities in all their diversity, the promotion and mainstreaming of their rights […], the development of disability-specific programmes and consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities of the United Nations (UN CRPD).

United Nations: http://undocs.org/A/76/265



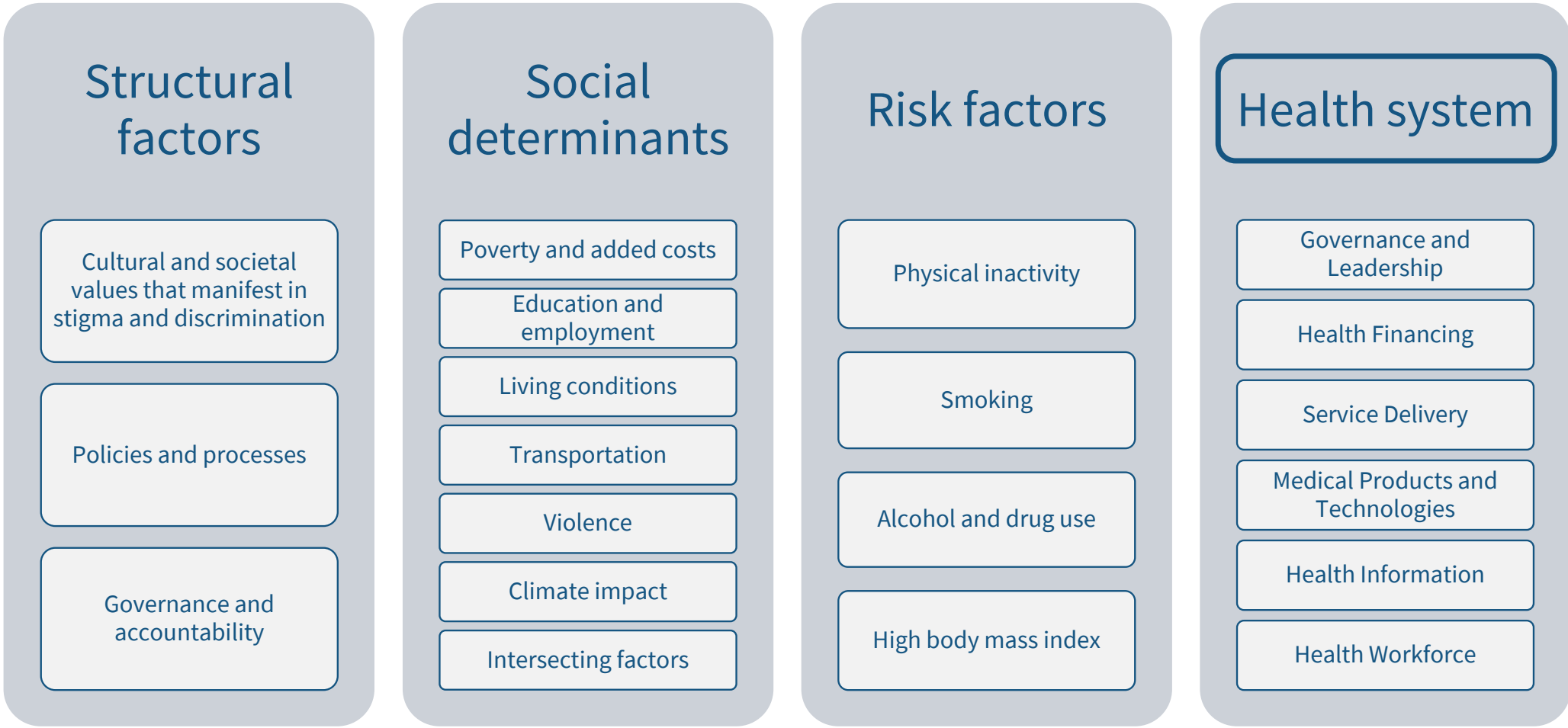
Health inequities

… are differences in health outcomes that are avoidable and unjust. (WHO, 2022; pg. 17)

- Premature **mortality**
- Increased **morbidity**
- **Functioning** problems, exacerbated by environmental and social barriers

Gréaux et al. (2023); Umucu et al. (2025); WHO (2022)

Contributing factors to health inequities



WHO (2022)

Contributing factors to health inequities

Governance & Leadership	Lack of governmental or managerial leadership on disability-inclusion
Health Financing	Financial barriers to access healthcare services Difficulties with administrative requirements and processes
Service Delivery	Barriers in particular in general healthcare, rehabilitation, and mental healthcare services Limited availability of services and multisectoral collaboration Lack of accessible architectural design and communication Time constraints and inflexibility of appointment times Limited, inconsistent or inaccessible information about health services
Medical Products and Technologies	Universal Design Reasonable Accomodation
Health Information	Lack of reliable disability data and system to record reasonable adjustments Challenges in care coordination and continuity of care
Health Workforce	Lack of knowledge, skills, and experience Discriminatory attitudes and behaviours of health and care workforce Negative assumptions and disrespect

Bailie et al. (2023); Gatta et al. (2024; 2025); Gréaux et al. (2023); Pearce et al. (2022); Polack et al. (2024)

Disability health inequities – Focus on Health Workforce

Concluding remarks by the UN Committee on the Rights of Persons with Disabilities

United Nations CRPD/C/CAN/CO/2-3

Convention on the Rights of Persons with Disabilities

Distr.: General
15 April 2025

Original: English

Committee on the Rights of Persons with Disabilities

Concluding observations on the combined second and third periodic reports of Canada*

Health (art. 25)

49. The Committee is concerned about:

(a) The lack of comprehensive access to quality healthcare for persons with disabilities, including the inaccessibility of medical infrastructure and equipment;

(b) The limited access to medicines and culturally appropriate health services for First Nations, Inuit and Métis persons with disabilities, and the lack of inclusion of traditional medicine within the health system;

(c) The ableism, prejudice and stigmatization displayed by health professionals and intrinsic within the health system in relation to dementia diagnosis, treatment and support, including for persons with early onset dementia, and in relation to persons with intellectual and/or psychosocial disabilities;

Argentina

(a) The barriers faced by persons with disabilities in accessing health services, including inaccessibility of health facilities, forms of communication and information, lack of reasonable accommodation and prejudice on the part of health professionals;

Belgium

(d) The lack of training of medical and healthcare professionals on the rights of persons with disabilities, to ensure that existing dependence of persons with disabilities on medical and healthcare experts does not deteriorate into abuse and violence.

Germany

(b) The fact that persons with intellectual and/or psychosocial disabilities and persons who are deaf or hard of hearing are less likely to receive quality health care due to the lack of training of, and discriminatory approach taken by, health professionals;

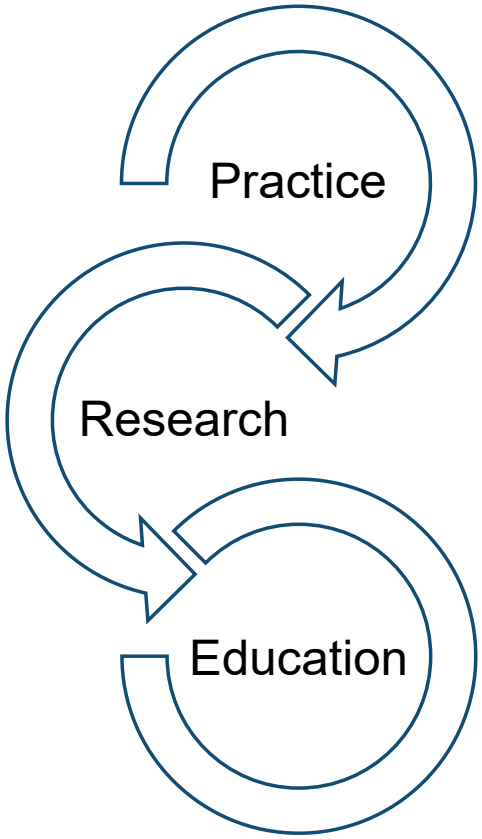
India

(c) Discrimination in disability-related health-care services in national health-care schemes, particularly affecting persons affected by leprosy and women and girls with intellectual or psychosocial disabilities.

UN Human Rights Office of the High Commissioner: https://www.ohchr.org/en/countries

Empowering health scientists

Advancing health equity through disability-inclusive practices



Disability-inclusive health care practices

Hospital Care for persons with cognitive or complex impairments

JLA (2025); DRKS00037347

Disability-inclusive health care practices

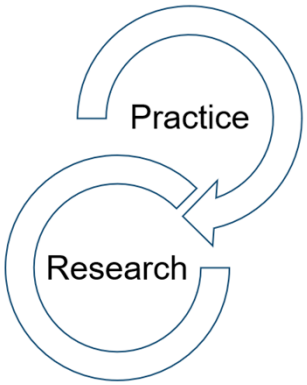
Working groups with persons with disabilities



Not specific to persons with cognitive impairments



Disability-inclusive health care research



Workstream 4:
Establish robust indicators, evidence and monitoring

Disability-inclusive health care research

People with disabilities in clinical research

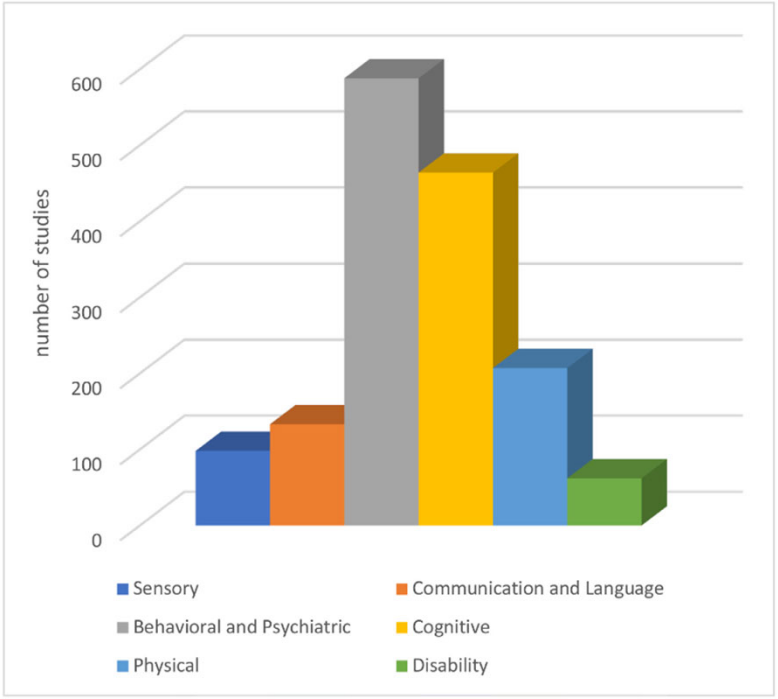


Figure 3 Categories of disabilities as explicit exclusion criteria.

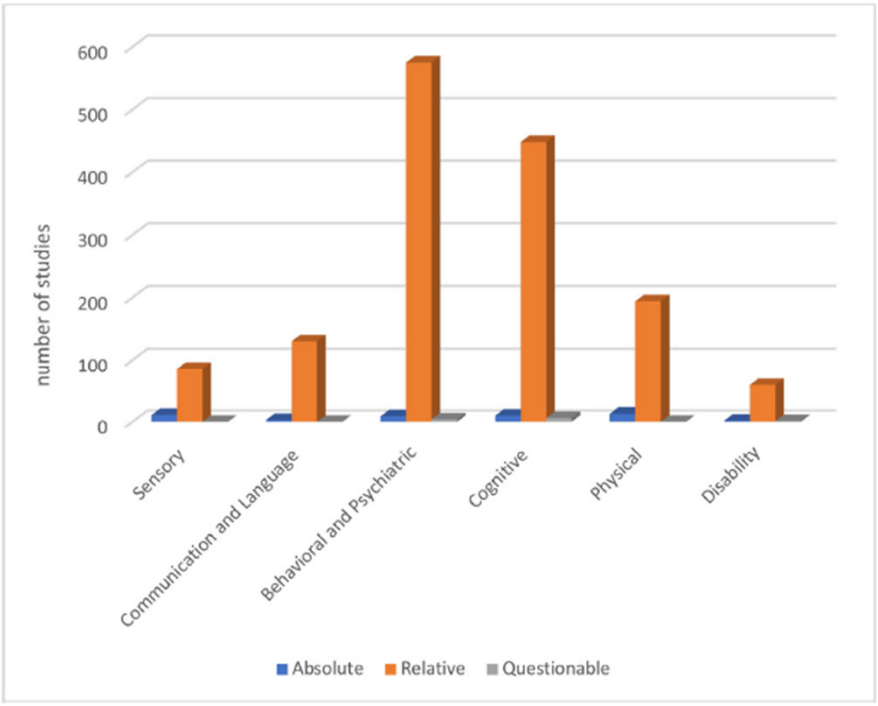


Figure 4 Rating of congruence of explicit exclusion criteria in relation to the primary aim of the analysed clinical trials.

Camanni et al. (2023)

Disability-inclusive health care research

People with disabilities in clinical research

Declaration of Helsiniki 2013

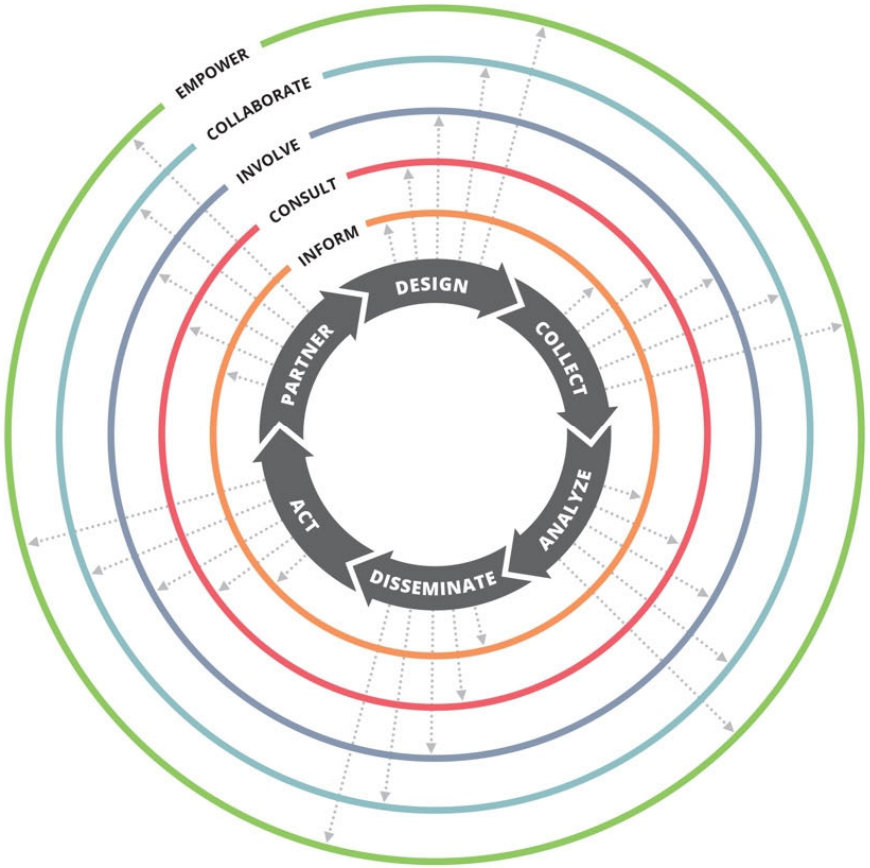
20. Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group should stand to benefit from the knowledge, practices or interventions that result from the research.

Declaration of Helsiniki 2024

20. Medical research with individuals, groups, or communities in situations of particular vulnerability is only justified if it is responsive to their health needs and priorities and the individual, group, or community stands to benefit from the resulting knowledge, practices, or interventions. Researchers should only include those in situations of particular vulnerability when the research cannot be carried out in a less vulnerable group or community, or when excluding them would perpetuate or exacerbate their disparities.

Disability-inclusive health care research

Participatory health care research



INFORM

Information is provided to community

CONSULT

Input is obtained from community

INVOLVE

Researchers work directly with community

COLLABORATE

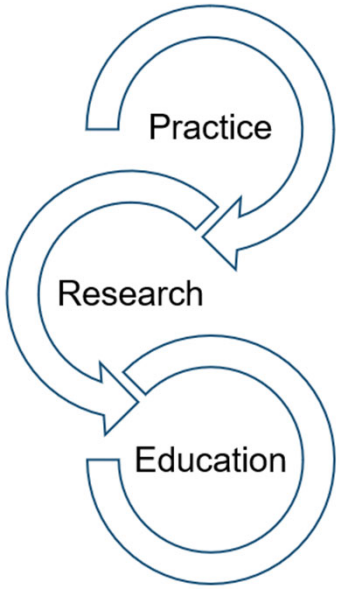
Community is partner in research process

EMPOWER

Community leads research decisionmaking

Levels of participation based on:
Spectrum of Public Participation
© International Association for Public Participation www.iap2.org

Training of health care professionals



- Human rights-based
- For all health professionals
- Globally applicable

Global Competency Standards for Health Workers on Disability-Inclusion

World Health Organization

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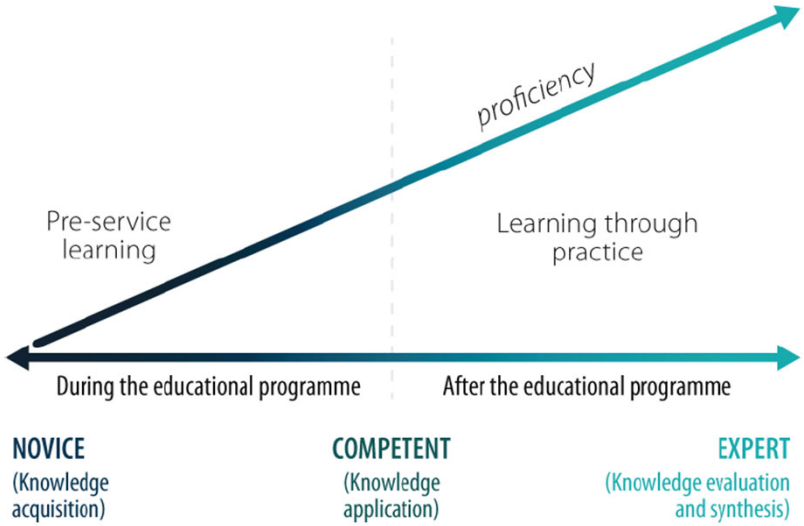
Competencies of health professionals on Disability-Inclusion



Competencies integrate multiple components such as knowledge, skills, and attitudes

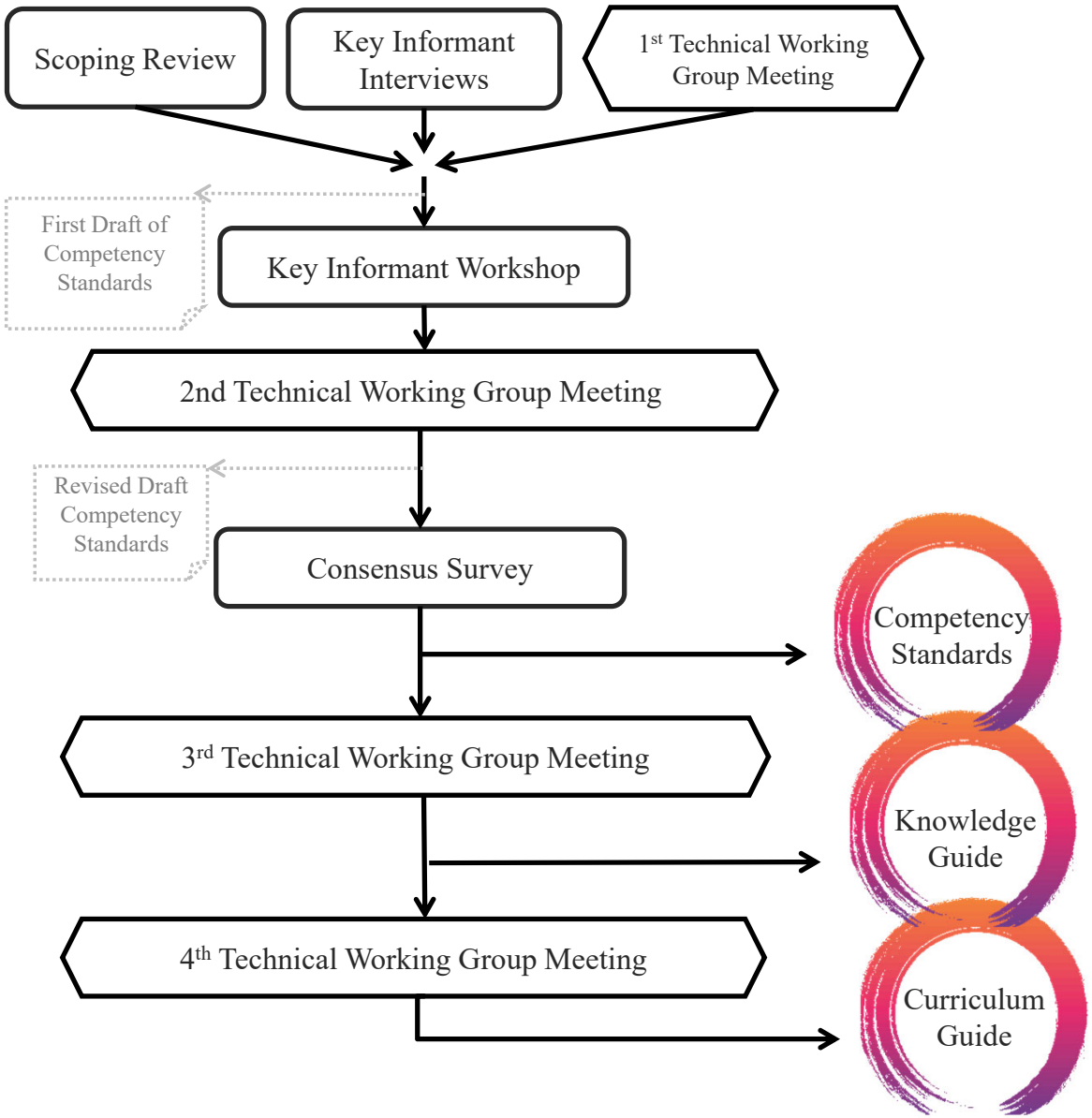
Behaviour: Observable conduct towards other people or tasks that expresses a competency

Knowledge: the recall of specifics and universals pertaining to each behaviour

Skills: a specific cognitive or motor ability that is typically developed through training and practice

Attitudes: a person's feelings, values and beliefs, which influence their behaviour

WHO (2022)



World Health Organization

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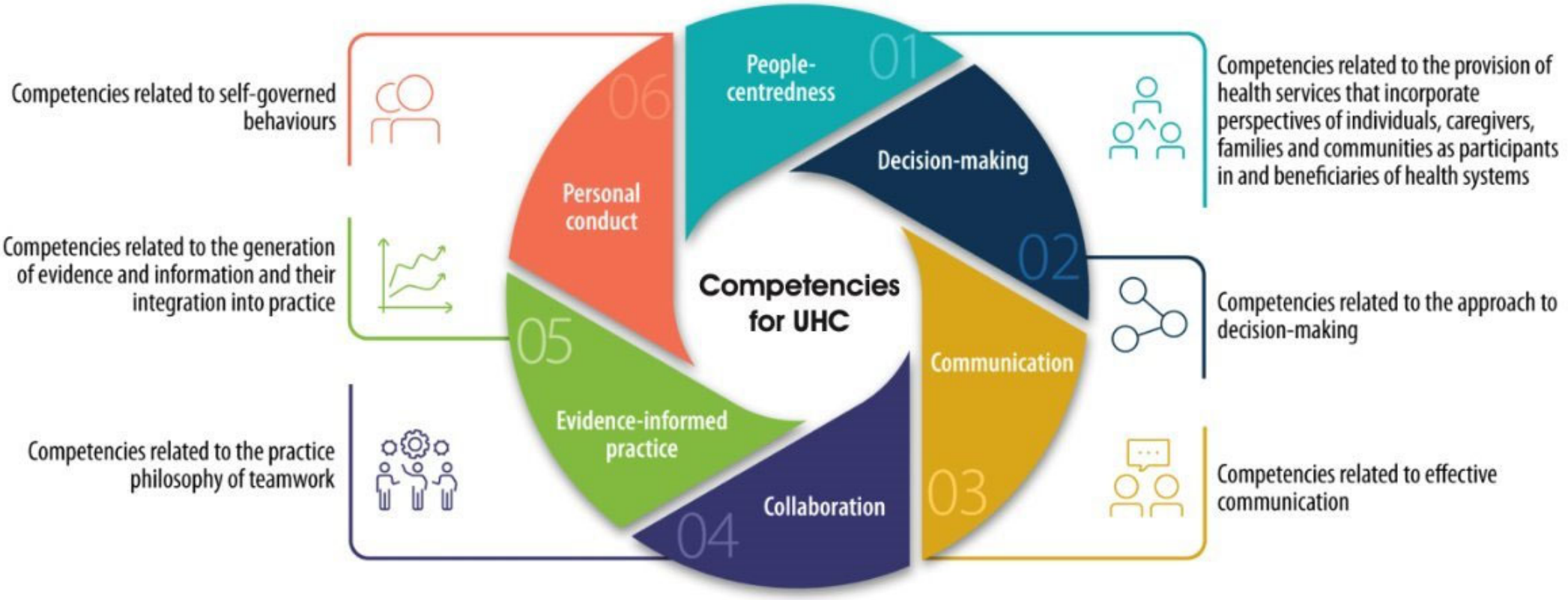
Overview of Development Process

Global Competency Standards on Disability-Inclusion

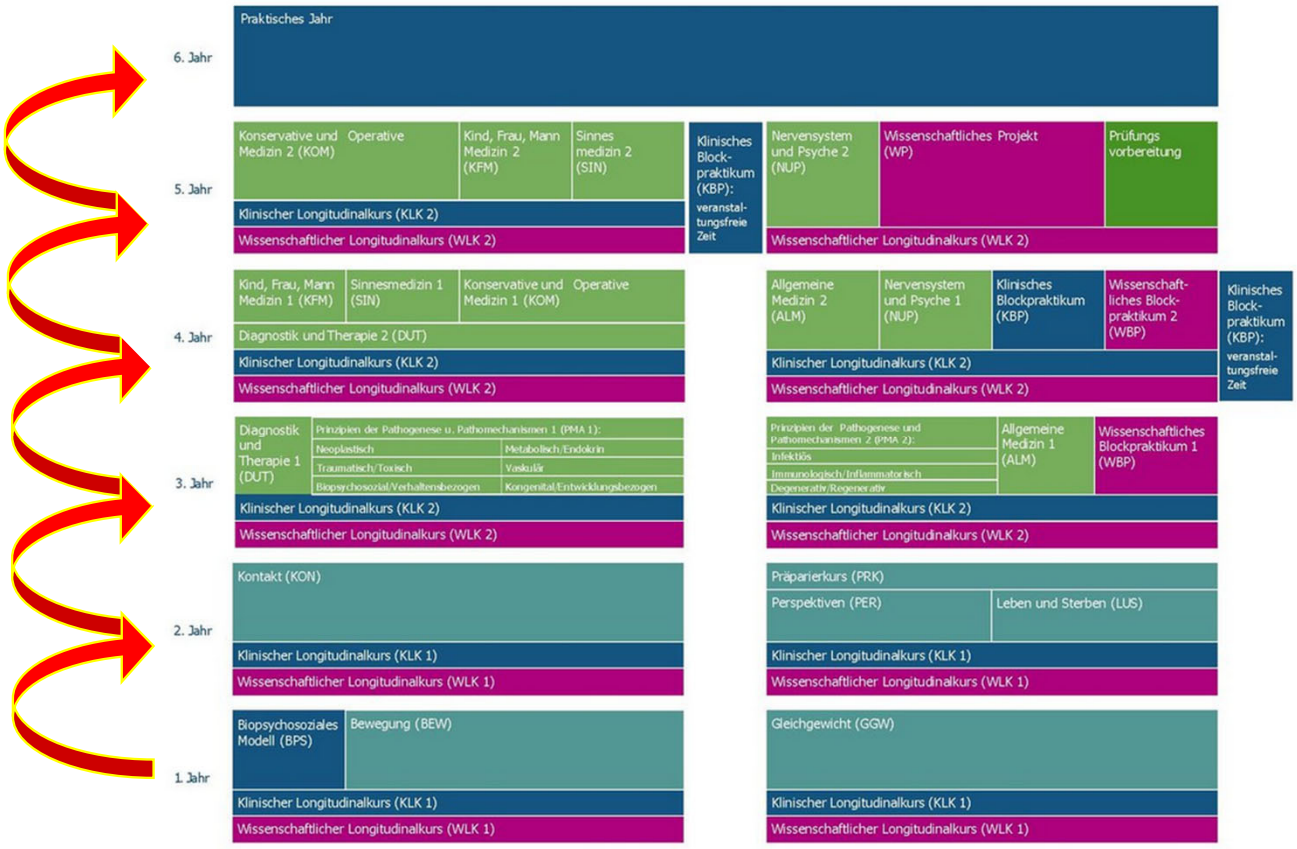
Add-on to the Competency Framework of Universal Health Coverage



UHC = Universal Health Coverage; WHO (2022)

Disability-Inclusion in health professional education

Longitudinal integration of Disability-Inclusion in the Medical Curricula at the University of Augsburg



Curriculum des Studiengangs Humanmedizin

https://www.uni-augsburg.de/de/fakultaet/med/studium/modellstudiengang-medizin/module/

- Involve persons with disabilities in training of health professionals
- Active learning techniques, cultivate critical thinking
- Build knowledge, skills, and attitudes necessary for equitable care
- Foster structural analysis and anti-ableist practices

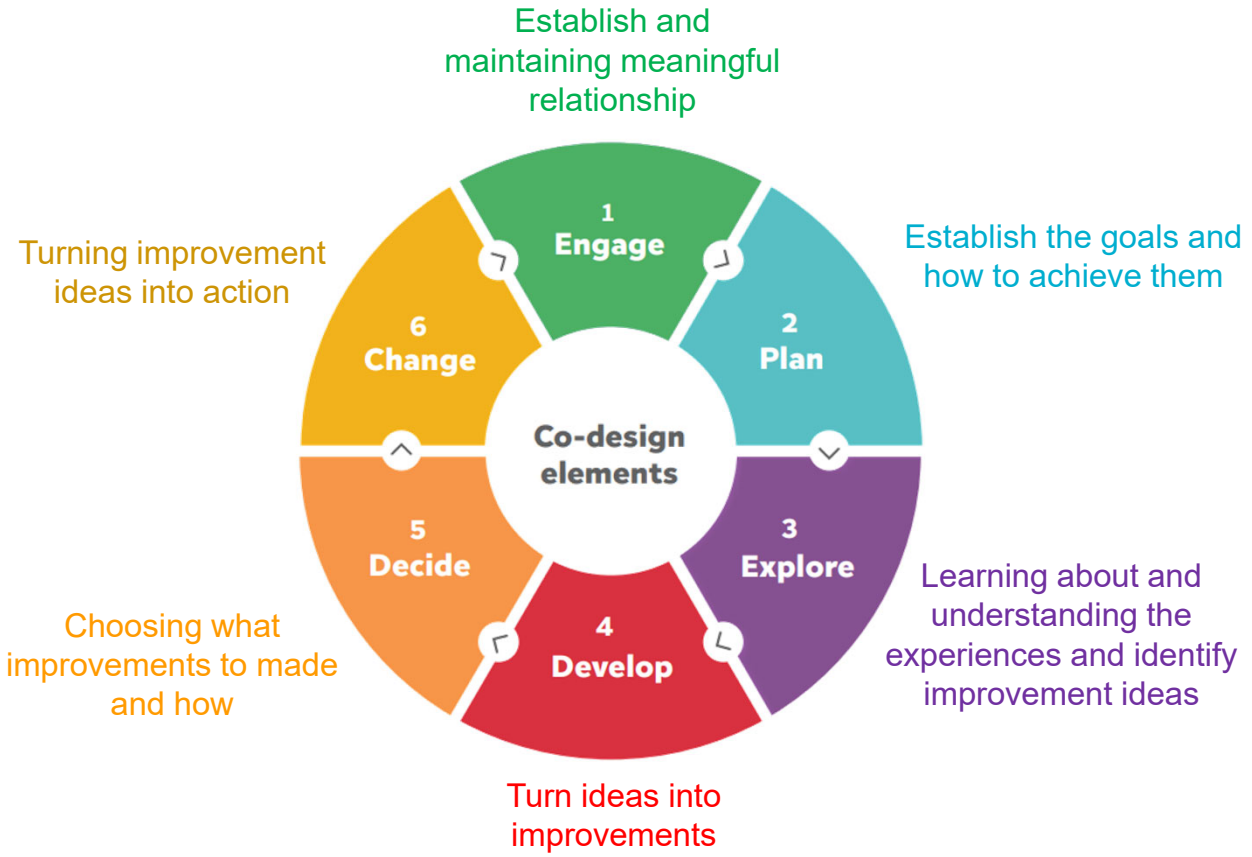
Bowen et al. (2025)

Effective communication with persons with disabilities

Illustrating the co-creation of communication trainings with persons with disabilities

Communication Curriculum Augsburg (KomCuA) Zerbini et al. (2024)

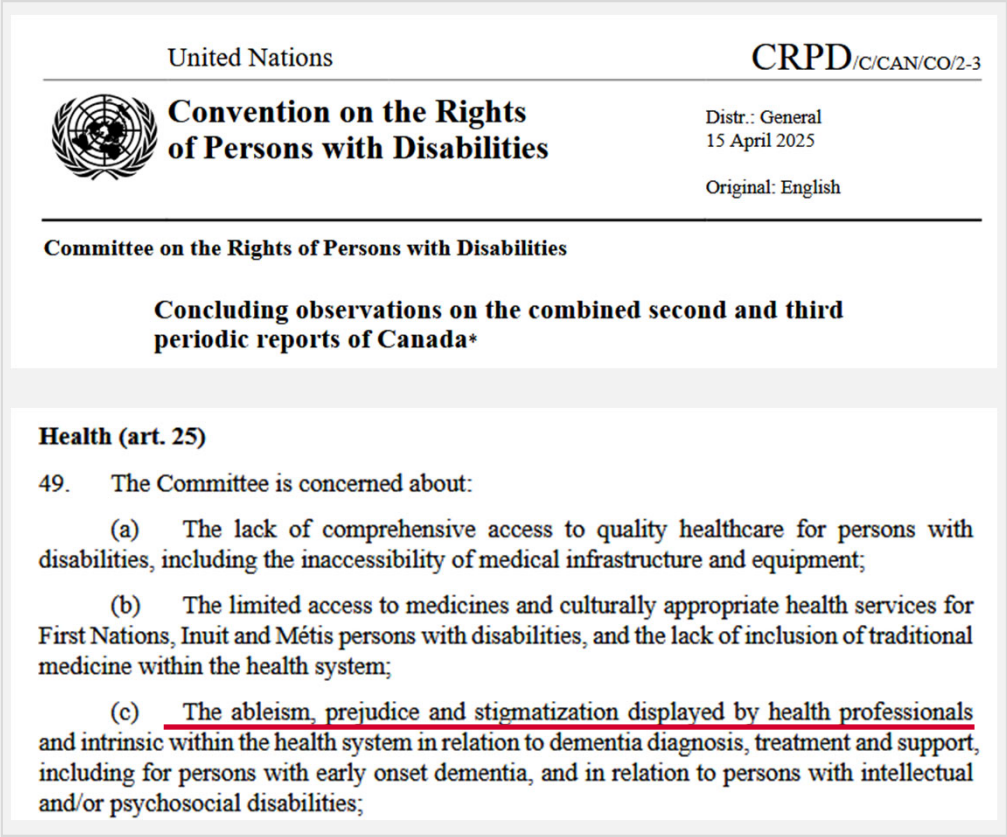
- *NEW* Simulated Patient Scenario co-created with persons with disabilities
- *NEW* Training for and by persons with disabilities
- *NEW* Debriefing with persons with disabilities



pwdwa (2024)

A couple of further considerations

Disability-inclusion in health care practice



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(c) The ableism, prejudice and stigmatization displayed by health professionals and intrinsic within the health system in relation to dementia diagnosis, treatment and support, including for persons with early onset dementia, and in relation to persons with intellectual and/or psychosocial disabilities;

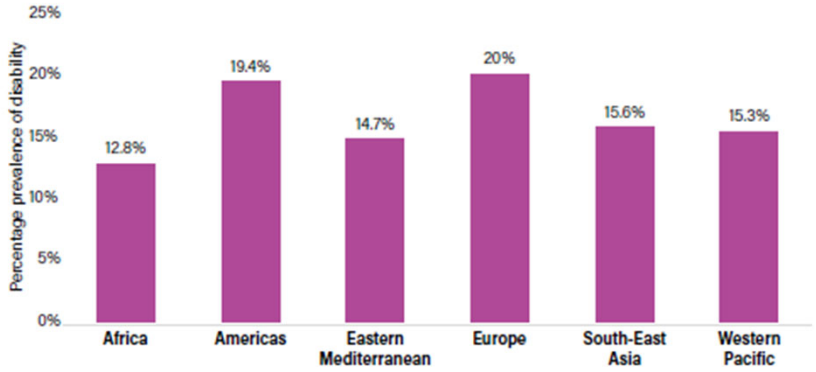
- Future health professionals enter practice that is build upon ableist assumptions:

- "A network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability then is cast as a diminished state of being human." Campbell (2001) pg. 44
- "The undiagnosed malady afflicting medicine. […] What makes medical ableism so dangerous and so insidious is that it often presents as "common sense"." Janz (2009)

Disability-Inclusion in health

Health professionals experiencing disabilities

Figure 2. Prevalence of disability, by WHO region, 2021



Source: Global burden of disease data, 2021

WHO (2022; pg. 25)

- Strengthen diversity and inclusion within health care
- Reduce attitudinal, environmental and organizational barriers and foster cultural change

BUT less than 5 % of health professionals report having a disability

- Inaccessibility of professional education programs or admission processes
- Fear of disclosure due to stigma and ableism
- Counteract the perception of being less competent

Beagan et al. (2012; 2024); Bulk et al. (2020); Lindsay et al. (2023)

To conclude

Empowering health scientists: Advancing health equity through disability-inclusive practices

As health scientists, including health care practitioners and researchers:

We define whose lives are measured, and thus, valued.

We shape evidence.

We influence systems.

- Strengthening health scientists' competencies on disability-inclusion is one strategic entry point into health systems to adequately address the human rights and needs of persons with disabilities.
- Competency- and human-rights based education and training enables future health scientists, professionals and researchers alike, to recognise disability inclusion and equity intrinsic to their role.
- It is an important, yet only very first step in advancing health equity for persons with disabilities.

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