Ensuring Access to Care for Individuals with Disabilities

North Carolina Office on Disability and Health

North Carolina Division of Public Health

Disclaimer

NC DHHS does not endorse any product shown in this presentation. This presentation is for informational and internal training purposes only.

N.C. Office on Disability and Health

Vision:

A state where people with disabilities have the opportunity, everyday and in all places, to be healthy and participate in all aspects of community life.

Mission:

To promote the health and well being of North Carolinians with disabilities across the life span by:

- Improving access to services and opportunities
- Decreasing health disparities

Perspectives on Disability

- Disability is not just the health condition of a person
- It is a limitation experienced in the context of the community and society in which the individual lives
- Societal and environmental accommodations are critical for people with disabilities to be healthy

World Health Organization. Health Topics: Disabilities. Online athttp://www.who.int/topics/disabilities/en/

Disability is Not "One Size Fits All"

People with disabilities visit health care providers with health as their main concern

- Having a disability may impact what **individuals** need to maintain good health
- Having a disability may impact what **providers** need to do to help the patient maintain good health

Health care providers do not have to know all the answers but should work in partnership with patients to identify needs, resources, and strategies.

Children and Youth with Disabilities in North Carolina

- Approximately half a million families in North Carolina care for a child with special health care needs according to the 2011 NC Statewide Child Heath Assessment and Monitoring Program, (CHAMP)
- According to 2011 NC CHAMP :
  - 23% CSHCN reported being limited or prevented in ability to do things most children of the same age do
  - 19% reported needing special therapy – physical, occupational, or speech
  - 38% reported having an emotional, developmental, or behavioral problem for which they need treatment or counseling
- The 2012 NC Youth Risk Behavior Surveillance System reported 11 percent of middle school and 10 percent of high school students "consider themselves to have a disability"

Americans with Disabilities Act (ADA), Public Law 101-336

The ADA of 1990 is a civil rights law that prohibits discrimination on the basis of disability in employment, state and local government programs, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress.

Protects people with:

- physical or mental impairment that substantially limits one or more major life activity or bodily function
- a record of such impairment
- are regarded as having an impairment

ADA Titles

- Title I: Employment
- **Title II: State and Local Government Services and Programs**
- **Title III: Private Entities Operating Public Accommodations or Commercial Facilities**
- Title IV: **Telecommunications**
- Title V: Miscellaneous

**current text of ADA available at: www.ada.gov/pubs/adastatute08.htm*

Title II
State and Local Government Programs

- This includes Local Health Departments
- Barrier Removal is Required When...
  - When no administrative or financial burden exists
  - Removing the barrier does not fundamentally alter the services offered
  - When removing the barrier does not pose a danger to others
- When barrier removal is required is determined on a case-by-case basis
- Title II entities (e.g. health departments must consider all available funding sources, (e.g. all funds available in a county budget)

"Americans with Disabilities Act Questions and Answers."
United States Equal Employment Opportunity Commission and the Civil Rights Division, United States Department of Justice. Online http://www.ada.gov/q&aeng02.htm

Title III
Places of Public Accommodation

Applies to commercial and private facilities/medical practices

You must remove barriers when it is

- "Readily Achievable" to do so
- When barrier removal does fundamentally alter the services offered
- When barrier removal does not pose a danger to others
- Barrier removal requirement is determined on case-by-case basis

"Americans with Disabilities Act Questions and Answers."
United States Equal Employment Opportunity Commission and the Civil Rights Division, United States Department of Justice. Online http://www.ada.gov/q&aeng02.htm

Some ADA Requirements

- Accessible parking
- Accessible path of travel
- Doors do not require more than 5 lbs of force to open
- Accessible signage
- Accessible restrooms
- Providing interpreters or other forms of effective communication at no cost to the patient

P.L. 101-336 and the Americans with Disabilities Act 2010 Standards for Accessible Design

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Universal Design

"The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."

– Ron Mace, The Center for Universal Design, NC State University

A focus on universal design often results in exceeding the basic requirements of the ADA, building codes, local ordinances and makes environments:

- Safer
- Easier to use by people with varying abilities

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Universal Design Features

- Power doors and weather protection at entrances
- Chairs for people who cannot stand while transacting business
- Assistive technology
- Automatic flushing toilets
- Unisex/family restrooms
- **Adjustable-height examination tables**
- **Scales that allow people to be weighed while sitting in a wheelchair**

Consider the **Whole** Environment

- Scheduling
- Parking
- Entrances/paths of travel
- Doors/elevators
- Intake/waiting room
- Restrooms/dressing rooms
- Treatment room
- Medical equipment
- Communication approaches/devices
- Clinical forms
- Health education literature
- Policies and training

Activity: Can You Identify and Remove Barriers?

Location: <u>This meeting room</u>

Addressing Accessibility is an On-Going Process

Review your practice for accessibility annually

- The details matter! Less than an inch of measurement in the wrong direction means no access.

Remember, you **cannot** be "Grandfathered" into the ADA

- However, the ADA is written to be flexible
  - No financial administrative burden, barrier removal is "Readily Achievable"
- Tax incentives can aid Title III entities
  - IRS Code Section 44 provides a tax credit
  - IRS Code Section 190 provides a tax deduction

Waiting Areas: What to Look At

- Clear 36 inch high counter tops with knee space underneath
- Moveable furniture
- Objects are cane detectable
- Staff trained to communicate in accessible way (e.g. holding up sign with patients name if they're deaf)
- Easily understood and visible directional signage

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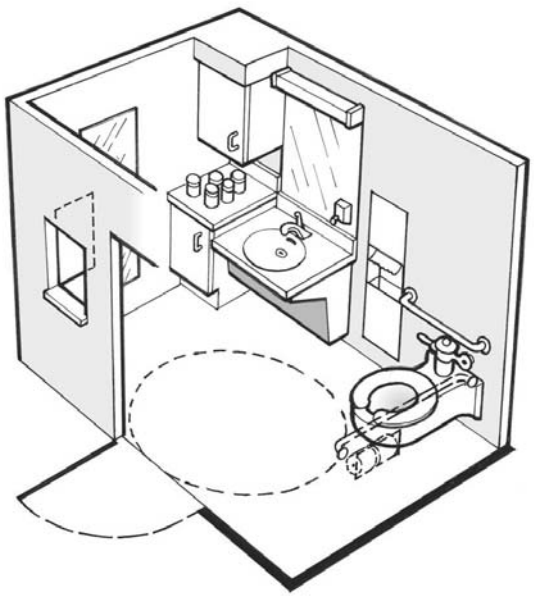
What About the Restrooms:



- Toilet 17-19 inches high
- Grab bars on back and side
- Clear floor space for transferring
- 5 feet diameter circle for turning around
- 32 inch wide doorway
- Sink no higher than 34 inches
- 29 inch clearance under sink with insulated pipes

"Access To Medical Care For Individuals With Mobility Disabilities" United States Department of Justice

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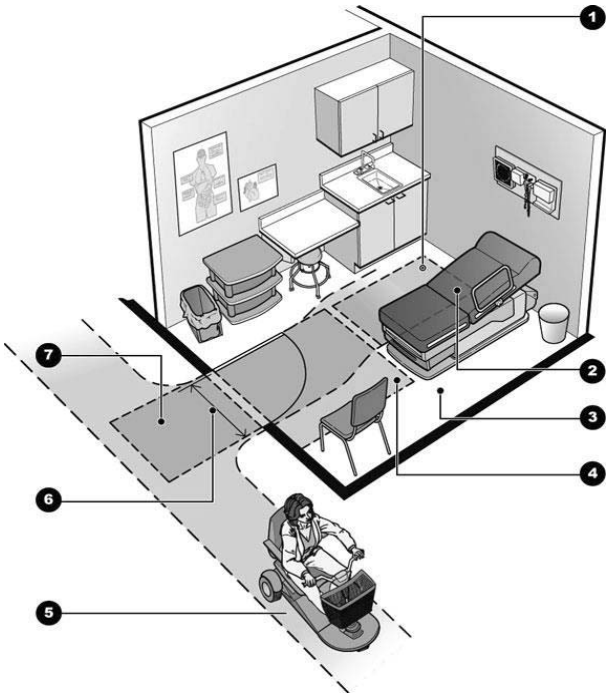
Accessible Exam Room Features



1. At least 30 x 48 inches clear floor space next to exam table for side transfer
2. Height adjustable exam table
3. Space between table and wall for examiner
4. Space at end of bed for transferring or lift
5. Accessible route (36 inch width to all patient areas)
6. Doorways at least 32 inch wide with maneuvering clearance (door can't be in the path of travel)

"Access To Medical Care For Individuals With Mobility Disabilities" United States Department of Justice

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A Patient's Perspective . . .

" Ever since my teen years, I've been asked by medical staff how much I weighed. I never did, but I could have "tweaked" that number a bit if I wanted to! The bad part is that even if an accessible scale is available, many staff don't know it's there or how to use it or I'm in pediatric settings and I don't fit on the scale!"

– Chris Mackey

NCODH Staff Member,

Adult with Spina Bifida and wheelchair user

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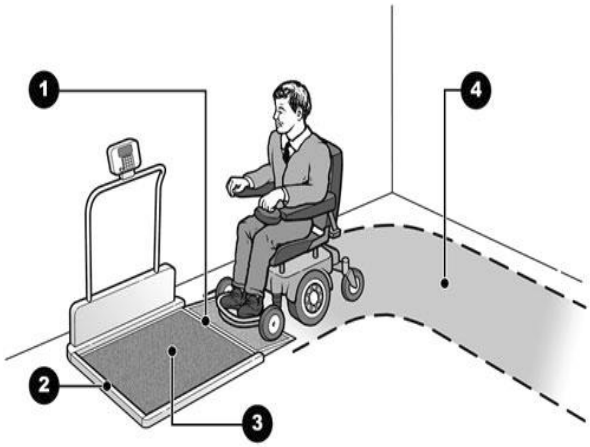
Access to Examinations

- For pediatric patients, transfer onto an exam table may be easier, but all patients grow up
- Patients are not required to bring an assistant
- Extra time should be offered and built into appointment if needed
- Transfer onto accessible table must be provided
  - Adjustable height table is best
  - Use of portable (e.g. Hoyer) lift is next safest
  - Training staff in **safe** transferring techniques (this is the least safe option)

"Access To Medical Care For Individuals With Mobility Disabilities" United States Department of Justice. Online at http://www.ada.gov/medcare_ta.htm

Wheelchair Accessible Scale



1. Sloped surface provides access to scale platform and no abrupt level changes at floor or platform
2. Edge protection at drop off
3. Large platform accommodates various wheelchair sizes
4. Provide maneuvering space to pull on and off the scale

"Access To Medical Care For Individuals With Mobility Disabilities" United States Department of Justice. Online at http://www.ada.gov/medcare_ta.htm

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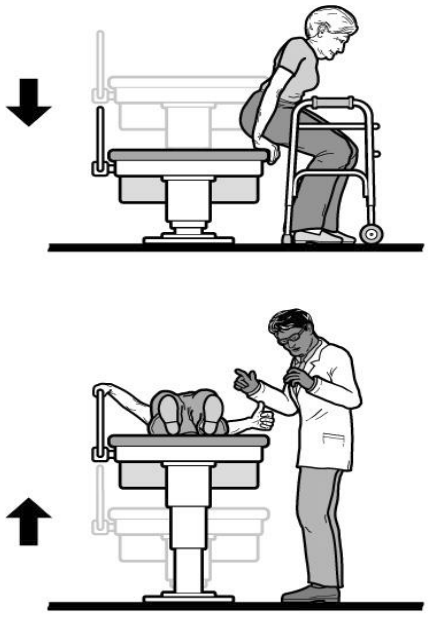
Height Adjustable Exam Table



Minimum requirements for accessible exam tables:

- Lower to wheelchair height (17-19 inches)
- Stabilization, such as rails, straps, cushions, wedges, or rolled up towels
- 30 x 48 inch clear floor space and 36 inch path to table also required

"Access To Medical Care For Individuals With Mobility Disabilities" United States Department of Justice. Online at http://www.ada.gov/medcare_ta.htm

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Rowan County Health Department

After email and phone consultation with NCODH, the Rowan County Health Department installed an accessible exam table and scales.

"We were able to measure for placement ahead of time and actually did some maneuverability checks ahead of delivery using our department wheelchair. This really helped to be prepared for placement prior to delivery."

– Sharon Owen, Nursing Director,
Rowan County Health Department

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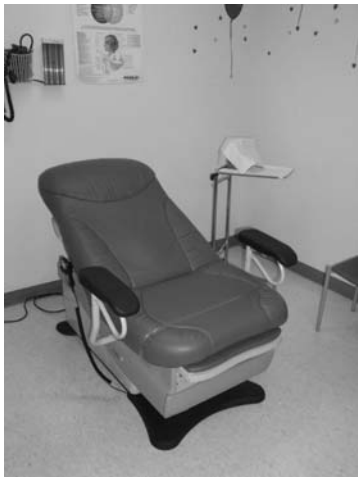
Accessible Equipment: Rowan County Health Department



Height-adjustable exam table with clear floor space surrounding it

Wheelchair-accessible scale (with fold-down ramp) and ambulatory scale for patients who can stand with assistance/handrails

Wheelchair Accessible Scale, front view

Photo Credit: Rowan County Health Department. Used with permission

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Optimizing Care for Patients with Disabilities

- Gather information about assistance or accommodations needed prior to appointment from parents, caregivers etc.
- Promote a realistic schedule – longer time slots, less busy part of day, or multiple visits, etc.
- Never assume, always ask –family/caregivers know their child the best
- Comply with accessibility laws and incorporate Universal Design into your practice
  - Budget for accessible equipment
  - Provide health education and other materials in alternate formats

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Creatively Responding to a Patient's Ability

"My son has both physical and intellectual disabilities and becomes highly, even dangerously, anxious at the doctor's office. The best pediatric practices are the ones that take time to ask about my son's needs **before** the appointment and are flexible in how they provide care. Some even go as far as to provide basic procedures in the car on days when he's especially anxious."

---Mother of adult with multiple disabilities & Apparent Life-threatening Episodes

Supporting a Patient with an Intellectual Disability

- Treat adults as adults
- Use precise words and simplified language
- Give clear instructions and not too many at one time
- Use developmentally appropriate educational resources and visual props
- Help the patient practice new behaviors in their real environment
- Repetition is needed to master new learning and behaviors
- Check for understanding
- May need more frequent and longer appointments
- Engage family, direct support staff, therapists and others

Supporting Patients Who Are Deaf

- Ask the patient his/her preferred means of communication
- Provide a qualified, licensed sign language interpreter at no cost to the patient if needed
- Use an appropriate seating arrangement for interpreter, provider and patient
- Do not talk while writing or reading
- Use a normal voice tone
- Use gestures
- Reduce ambient noise
- So patients can read your lips – avoid obstructions such as direct sunlight on your face
- Have staff trained on NC Relay: www.relaync.com or dial 711

Effective Communication

- Auxiliary aids and/or services such as:
  - sign language interpreters
  - written notes
  - large print
  - Braille
  - Information provided with good visuals and little text
- Without aids and services, there is a risk of misdiagnosis, inappropriate treatment, and lack of patient comprehension
- Staff must be able to communicate with patients and their caregivers/parents who may have disabilities
- A patient cannot be charged for the costs of auxiliary aids or communication services
- Division of Services for the Deaf and the Hard of Hearing, Interpreter directory www.ncdhhs.gov/dsdhh/directories.htm

Supporting Patients with Vision Loss or Blindness

- Always identify yourself and others in the room
- When conversing say the name of the person to whom you are speaking
- Speak in a normal voice tone and say when you are moving from place to place
- Don't leave without saying you are leaving
- When offering directions use specifics, such as "left 100 feet" or clock cues.
- **NEVER** pet or distract a working service animal or canine companion
- Provide a private/confidential area for information gathering

Next Steps – Working with NCODH

- Who is responsible for promoting accessible health care services for persons with disabilities?
- What resources can you offer your practice and community?
- How can NCODH assist you in improving access and the delivery of quality health care?
  - Site surveys
  - Trainings/Presentations
  - Partnerships with local disability community groups
  - Document and policy review to increase accessibility and inclusivity

On-site Accessibility Surveys

- Length depends on size of facility, but usually takes at least 2 hours
- Goal is to increase the practice's accessibility
  - Conducted with all available staff (medical/dental, administrative, operations/maintenance)
  - Local disability advocates/partners participate and serve as on-going local resource

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Accessibility Surveying Tools

Door Pressure Gauges (or a portable fish scale)

Tape Measures

Digital Level

Rolling Tape Measure

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Resources

- "Removing Barriers to Health Care: A Guide for Health Professionals", 1998. NCODH and The Center for Universal Design. http://fpg.unc.edu/resources/removing-barriers-health-care-guide-health-professionals. Also available in hard copy. Call 919 707-5607.
- Americans with Disabilities Act: Access to Medical Care for Individuals with Mobility Disabilities." Online. US Department of Justice. www.ada.gov/medcare_mobility_ta/medcare_ta.pdf
- June Issacson-Kailes, www.jik.com Nationally recognized Disability Policy Consultant, Center for Disability and the Health Policy, Western University of Health Sciences, Pomona, CA

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Thank You

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Internal Training Purposes Only

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