ADALIVE!

EPISODE 69: Effective Communication, Accessible Health Care, and the ADA

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Speakers: Michael Richardson, Project Director - Northwest ADA Center

Host: Pamela Williamson, Southeast ADA Center

MIKE: Hi, I'm Mike with the Northwest ADA Center and you are listening to ADA Live!.

Music: [Car starting] Yo. [Car starting, helicopter whirling] [Music] [Car starting] All right, let's roll. Let's go. Wel-come to / Here we come [Music fades out].

PAMELA: Good afternoon, on behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University and the ADA National Network, welcome to episode 69 of ADA Live!. I'm Pam Williamson. Before we move on, listening audience please submit your questions at any time about ADA and accessible health care at ADALive.org.

Recent studies by the national council on disability indicate that people with disabilities experience both health disparities and specific barriers and access to health care programs and services. Including health promotion and prevention. They also frequently lack either health insurance or coverage for necessary services such as specialty care, long term care, care coordination, prescription medication, durable medical equipment and assistive technologies. Additionally, people with disabilities tend to be in poorer health and use health care at a significantly higher rate than people who do not have disabilities.

Today our guest is Michael Richardson, director of the Northwest ADA Center at the University of Washington and like the Southeast ADA Center, a member of the ADA National Network. Michael will be talking with us about health care access and the Americans with Disabilities Act. The importance of effective communication and health care decisions and how health care providers can be more inclusive of patients with disabilities.

Michael, thank you so much for being with us today.

MICHAEL: Glad to be here.

PAMELA: Let's talk a little bit about the ADA and Section 504 of the Rehabilitation Act. These laws require health care providers to ensure full and equal access to health services and facilities. How accessible is health care today and who is affected by inaccessible medical facilities and services?

MICHAEL: Well, first of all no health care provider is exempt from the ADA. Public and private health care providers no matter how big or small have an obligation to provide access to health care, services and programs. Health care access can be good or bad, depending where you go and depending how well an organization devotes resources and efforts to ensuring access.

Overall, I believe that there is still much work to be done to ensure equal access to health care for all and related services and programs. There are many disabilities in which health care access can be impacted or may be impacted for people with physical disabilities and who may be using mobility devices that can be physical barriers from accessible parking issues to accessing common areas such as reception areas and restrooms as well as accessing exam rooms and equipment.

People with cognitive disabilities and/or sensory disabilities such as deafness, hearing loss and visual disabilities often experience barriers related to communication whether it is verbal communication with health care providers or accessing print materials that may contain important health care instructions or information. Additionally, people with disabilities can experience attitudinal barriers on behalf of health care providers. People

sometimes stereotypes those with disabilities will make assumptions such as assuming their quality of life is poor or that they are unhealthy because of their impairments. Some people are denied specific services based on such assumptions. For example, it's not uncommon for some women with significant physical disability to be denied reproductive care because there is an assumption because they are there is an assumption or will not be sexually active.

PAMELA: Michael, you mentioned some accessibility features in things that may not be accessible to people with disabilities. What are some of the accessible features that health care providers should consider in terms of access to health care and facility or building accessibility?

MICHAEL: In a nutshell, a health care provider should think about accessibility from the point of arrival to the check in process and to the point of providing services and finishing up with the services. So, the point of arrival we talk about is the parking lot accessible. Meaning are there appropriate number of disability parking spaces that are properly marked and near an accessible entrance.

Now under the ADA, health care facilities often have a higher number requirement of disability parking spaces. So, something to think about as well. Also is there access to the reception desk or check in station? Ideally there would be a lower portion of a counter for wheelchair access and will include the ability to maneuver a lobby area and easily access the restrooms obviously accessible restrooms. Thinking about in the lobby area are there routes for travel making sure there is no planters or unnecessary furniture in the path of travel for individuals who may need physical accesses in that is a lot of great things to consider to ensure that people with disabilities can access the offices and other health care places.

PAMELA: Also, under the Americans with Disabilities Act, state and local governments as well as businesses and nonprofits serve the public are required to communicate effectively with people who have disabilities. What does this mean concerning access to health care?

MICHAEL: Well, under the ADA, health care providers must communicate effectively with people who have communication disabilities. The goal is to ensure that communication with people with disabilities is equally effective as communication with people without disabilities so it can't be partial communication or somewhat insufficient. It has to be equally effective according to the ADA.

The purpose of the effective communication rules is to ensure that a person with a vision, hearing cognitive and/or speech disability can communicate with and receive information from and convey information to the entity, in this case the health care facility. The key to communicating effectively is to consider the nature lent complexity and context of the communication and the person's normal methods of communication.

The rules apply to communicating with the person receiving health care services as well as with that parent's parents, spouse or companion in appropriate circumstances. For example, a def spouse or partner of a pregnant woman has a right to a sign language interpreter, for example, a lamaze class or the actual child birth and family members are never to be used as interpreters which is still a problem sometimes in health care services having been involved in the Deaf community I have seen many situations where health care providers are trying to get family members to be the interpreters or vice versa which is not appropriate.

The bottom line is covered entities must provide auxiliary aids and services when needed to communicate effectively when people have communication disabilities.

PAMELA: Can you tell us a little bit more auxiliary agent services and provide examples?

MICHAEL: Sure. Some examples of auxiliary aids and services may include and this is not an all inclusive list, but for people who are blind or have low vision or maybe Deaf blind this could include providing a qualified reader, information in large print, information in Braille or information that is provided electronically on a desk or thumb drive or e mail for use with a computer screen reading program or software. Or an audio recording of printed information.

Going back to the qualified reader provision, under the ADA, a qualified reader means someone who is able to read effectively, accurately and impartially using any necessary specialized vocabulary. So if somebody were to access a medical office and needed enlarged print or had trouble reading materials and there were no alternative formats available immediately, somebody on staff whether the receptionist or a nurse should be able to find time to sit down with the patient and or the partner of the patient to read through the materials that are being provided in an impartial manner so that communication is happening that way, for example, often we go to a health care facilities to read some confidentiality forms and sign those forms.

So be prepared to have a qualified reader on staff who can play that role to read information to people who may have vision loss. For people who are Deaf or hearing loss or who are Deaf blind, this includes providing a qualified notetaker or more importantly a qualified sign language interpreter. Sometimes it's not just always an ASL interpreter but it could be an oral interpreter, acute speech interpreter or a tactile interpreter for those who are deaf blind and may rely on tactile interpreting.

Realtime captioning or computer assisted realtime translation, CART for short, is becoming more prevalent these days with individuals who may have significant level of hearing loss but who do not use sign language to communicate. We can imagine using captioning in health care service programs such as nutrition programs and health care lectures and things like that. Sometimes the provision of written materials can also help with supplementing oral communication and any communication given in a verbal method.

For people who may have speech disabilities, this may include providing a qualified speech to speech transliterator which is a person trained to recognize unclear speech and repeat it clearly, especially the person will be speaking at Lent. In some situations keeping paper and pencil on hand so the person can write out words and cannot understand or allowing more time to communicate with someone that uses a communication board or device may provide effective communication. And what's

important to note here is that sometimes health care providers or doctors will have by policy a set limit time of patient visits.

Now under the ADA, the certain amount of communication requires extra time that will take that doctor or health care provider beyond their set time. They should consider going above and beyond that set time to allow to ensure that communication does take place. So going to be sure there is flexibility in any policies or procedures provided by the health care facility to ensure that such policies and procedures don't impact access to health care.

PAMELA: Michael, it's obvious the ADA puts a big emphasis on effective communication and you provided us with several examples. Is there anything else that health care providers can do to ensure effective communication with patients who may have a disability?

MICHAEL: I think what is key is comprehensive and ongoing staff training, especially in facilities that may experience frequent turnover. Covered entities may have established policies but the front line staff are not aware of them or do not know how to implement them and then problems can arise.

Sometimes we see, probably see procedures, in place and what is key is ensuring that all staff including oncoming and onboarding staff are given continuous and ongoing surrounding accessibility and the ADA and the provision of auxiliary services and things like that. In my experience I have seen situations where possibly they have assistive listening devices or they have other auxiliary aids and services available and staff don't know where to locate them. Having clear policies and guidelines for people to ensure they have access to those pieces of equipment and also guidelines to ensure that staff know how to provide appropriate services to ensure for example effective communication.

Covered entities should enforce the requirements for communicating effectively for people with communication disabilities and note those need of certain patients in their charts so when they do and if they do return, it's worth more efficient and more expeditious to ensure that the provision of auxiliary agent services will take place again and what is

helpful is providing the feedback mechanism for patients with disabilities who can help provide feedback about their experiences and services which could also help in ensuring ongoing quality assurance. And last but not least, facilities can certainly reach out to the regional ADA center for assistant in resources if not training as well.

PAMELA: Michael, you provided us a lot of excellent information about the effective communication requirements and parking and access to the building, but let's talk a little bit more about the accessibility barriers that patients with disabilities encounter in examination rooms and medical equipment. What can you tell us about those issues.

MICHAEL: Sure. Quite often there can be many barriers in this area. We often hear of people with mobility devices not being weighed because there is no accessible weighing scale. So somehow provider may think getting somebody's weight is not significant but in the grand picture of fully equitable health care services and access and ensuring that somebody is maintaining good healthy habits, weighing somebody and knowing what you weigh is critically important in the whole picture of health care access.

So, several things like that can be problematic. An exam room may not have an appropriate doorway, for example, or the area may be too small for a wheelchair user to successfully navigate. Think about having the appropriate amount of space with an exam room for wheelchair and maneuverability and be able to access the exam table or chair. Speaking of which, we often see issues with exam tables that are not adjustable or diagnostic equipment that is not accessible such as mammography machines so quite often individuals get receive an examination while still seated in their power chair or wheelchair because it could also be policies which states that staff members are not allowed to transfer patients which can be a huge problem because sometimes receiving health care services while in the wheelchair may not be fully accessible health care services.

So, some facilities don't have staff trained in moving a patient or may lack a lift. Often these lack in fully accessible health care services. However, there are resources and guidelines from the U.S. access board that can help health care providers address these

barriers. If not to say that every single exam table and diagnostic equipment in a hospital has to be accessible, but by providing some level of complete access can go a long way.

So, having several rooms or one or two rooms with accessible equipment in a large hospital can certainly be sufficient in providing access. But again the U.S. access board has an excellent guidelines and recommendations on sorts of exam tables and chairs and diagnostic equipment can work in such facilities.

PAMELA: Michael, thank you so much for that excellent overview of accessibility barriers and things that can be done in examination rooms and with medical equipment. ADA Live! listening audience, if you have any questions about the topic of health care access and the ADA, you may submit your questions by calling 404 541 9001. Or through our website at ADALive.org.

Now let's pause for a word from our featured organization the Northwest ADA Center.

ANNOUNCER: The Northwest ADA Center is funded by the national institute on disability independent living and rehabilitation research and is part of the ADA national network. The Northwest ADA Center is a part of the Department of Rehabilitation medicine at the University of Washington and collaborates with the center for technology and disability studies, a program within the center for human development and disability. As the ADA information center in region 10, the Northwest ADA Center has aggressively staffed its project with professionals familiar with disability, rehabilitation, rehab engineering, special education, the built-in environment. Accessibility to building and electronic disability, civil rights law and business. The regional advisory committee and our state partners are premier leaders in ADA compliance and each of the states served. Alaska, Idaho, Oregon and Washington. For more information about the Northwest ADA Center, please visit their website at NWADAcenter.org.

PAMELA: Welcome back to ADA Live!. We are speaking with Michael Richardson, director of the Northwest ADA Center about accessible health care. Now Michael, I know the Northwest ADA Center has several resources regarding access to health care. Can you please tell us about some of these resources?

MICHAEL: Sure, Pam. We do have some fact sheets on accessible health care that can also be found on the ADA national network website. These can include overviews of exam tables and chairs as well as accessible medical diagnostic equipment and many of these incorporate guidance from the U.S. access board as I mentioned earlier. Also have a medical facility ADA check list that some people may find useful. If not comprehensive, a check list was a good way to get started in accessing the accessibility of your health care facility from the parking lot. The path of travel to the entrance to the common areas and to the exam rooms.

On a national level we are partnering with the center for Medicaid and Medicare services. Under the Medicaid and Medicare coordination office they offer professional and development resource called disability competent care another resource to access health care providers as well. Lastly the Pacific ADA center, one of our partners has been developing an accessible health care resource center that new materials are being developed as we speak.

PAMELA: Michael, that sounds great. So unfortunately, we are about out of time today. So, is there anything else you would like to share with our listening audience?

MICHAEL: I don't have much else to say other than I encourage folks to reach out to the regional ADA center for assistance in training. Again, if you go to the website ADA.org you can locate your regional ADA center and don't be afraid to reach out to them for technical assistance, information and possible training request. We are here to help and want to partner with you in ensuring that people with disabilities have equal access to health care. Thank you.

PAMELA: Michael, thank you so much. The information you have shared with us has been very useful. ADA Live! listening audience, if you would like to learn more about health care and the ADA, we encourage you to check out the four-part webinar series, health care and the ADA inclusion of persons with disability. The webinar series intends to provide information and examples of the health care provision which includes people with disabilities, a following the Americans with Disabilities Act. This four-part series will run from May 23, 2019 through October 23, 2019. Each webinar is 90 minutes and will be

captioned, recorded and archived. For more information, registration and archives of the webinar series health care and the ADA, please visit www.ADApresentation.org/healthcare/schedule.php. The webinar series health care and the ADA is brought to you by the Pacific ADA center on behalf of the ADA National Network health care subcommittee.

The ADA National Network is made up of ten regional centers around the United States and one knowledge translation center that provides information and training on the Americans with Disabilities Act. For confidential answers to your questions related to the Americans with Disabilities Act, contact your regional ADA center by phone at 1 800 949 4232.

ADA Live! listeners, our guest for today for this episode has been Michael Richardson, director of the Northwest ADA Center and as always we thank you for joining us on this episode of ADA Live!. This episode and all previous ADA Live! episodes are available on our website at ADALive.org as well as on our sound cloud channel at sound cloud.com/ADA live. All episodes are archived in a live format including streamed audio and accessible transcripts and download the information as a podcast. It's as easy as going to the podcast icon on your mobile device and searching for ADA Live!. And as a reminder, if you have any questions go to ADALive.org or contact your regional ADA center at 1 800 949 4232. Remember, all calls are free and confidential. ADA Live! Is a program of the Southeast ADA Center. ADA Live! is a program of the Southeast ADA Center. Our producer is Celestia Ohrazda, with Beth Harrison, Mary Morder, Emily Rueber, Marsha Schwanke, and Barry Whaley. Our music is from 4 Wheel City, the Movement for Improvement. So please join us on the next episode.

[Music]

End of Transcript ADA Live! Episode 69: Effective Communication, Accessible Health Care, and the ADA

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