



DISABILITY AWARENESS

OBJECTIVES

- Explain the prevalence and types of disabilities within Providence's population
- Identify and explain the legal requirements related to access for person with disabilities
- Define the basic rights of persons with disabilities
- Identify the physical accessibility components at a provider's office that are assessed and reported.
- Define your responsibilities in interacting with members, visitors', patients & their companions with disabilities.
- Use appropriate terminology and proper etiquette when interacting with people with disabilities
- Identify available resources and community resources.

DEFINITIONS: IMPAIRMENT VS DISABILITY

Impairment

- Alteration of a person's health status as assessed by medical means
- Typically identified with an organ or body part
- Ranges from mild (pinky amputation) to severe (tetraplegia)
- Does not include impact on person's ability to function in society

Disability

- A physical or mental impairment that substantially limits one or more of the major life activities (mobility, cognitive, vision, speech, or hearing)
- Birth (congenital) to acquired over lifetime
- Visible or hidden

Functional Limitations

- Difficulty completing basic or complex activities because of a physical, mental, or emotional restriction.
- May be due to behavioral and/or chronic health conditions.

Functional Capabilities

- Strengths of a person with a disability to perform certain activities, with or without accommodations.

WHO ARE PEOPLE WITH DISABILITIES ?

- Disabilities span a broad spectrum ranging from mild, to moderate, to severe
- Self- report surveys use the following definitions to gather statistics

Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
• Blindness or serious difficulty seeing even when wearing glasses	• Deafness or serious difficulty hearing	• Serious difficulty concentrating, remembering or making decisions	• Serious difficulty walking or climbing stairs	• Difficulty bathing or dressing	• Difficulty doing errands alone, such as visiting a doctor's office or shopping

- U.S. Total population of persons with disability : 12.7 %

Vision	Hearing	Cognitive	Ambulatory	Self-care	Independent Living
2.4%	3.6%	5.1%	6.9%	2.6%	5.8%

AMERICANS WITH DISABILITIES ACT

The ADA requires:

- Medical care providers make their services available in an accessible manner
- Policies, procedures and guidelines be in place regarding non-discrimination based on disability
- Providence is committed to providing equal access for members and their companions with disabilities



“No individual shall be discriminated against on the basis of disability...”

Most important legislation for disability rights

Prohibits discrimination

Fundamental Values:
Equal Opportunity
Integration
Full participation

THE REHABILITATION ACT OF 1973

Section 504- Prohibits discrimination due to disabilities in programs that receive federal funding

“No qualified individual with a disability ...shall be excluded from, denied the benefits of, or be subjected to discrimination under” any program activity.

Program accessibility

Effective communication

Accessible construction and alterations

Section 508- Requires electronic and information technology to be accessible to people with disabilities including employees and members of the public

Visual and audio outputs, optical aids

Accessibility- related software: Jaws (job access with speech)

THE OLMSTEAD DECISION

Olmstead, or Olmstead v. LC, is the name of the most important civil rights decision for people with disabilities in our country's history. This 1999 United States Supreme Court decision was based on the Americans with Disabilities Act. The Supreme Court held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following three-part test is met:

1. The person's treatment professionals determine that community supports are appropriate;
2. The person does not object to living in the community; and
3. The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.



MOST INTEGRATED SETTING

Integrated setting

- Refers to a setting that. “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible”
- Term means services and benefits to persons with disabilities should not be separate or different from person without disabilities unless the separate programs are necessary to ensure that benefits services are equally effective

Least restrictive

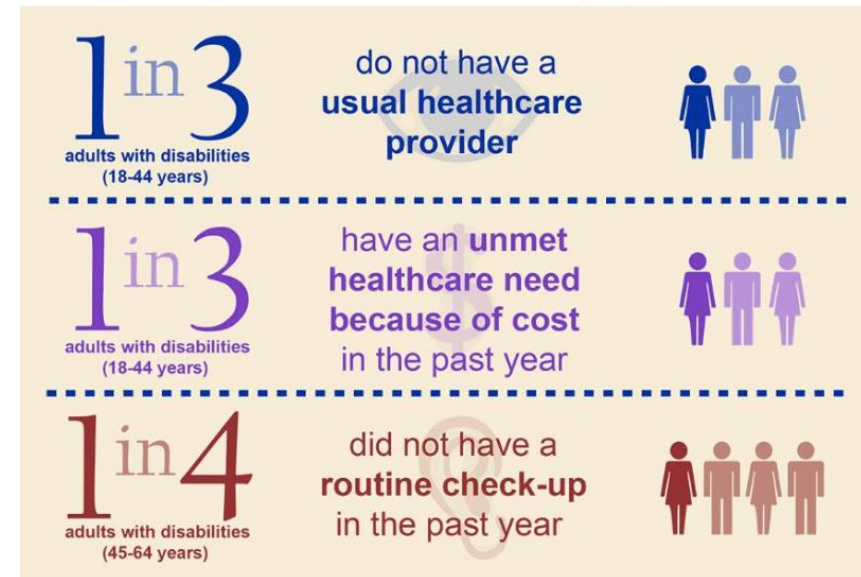
- Least restrictive environment is terminology for education settings
- All other settings use the term “integrated setting”
- A “least restrictive environment/setting possible” means members are treated in an environment and manner that respects individual worth, dignity, privacy and enhances their personal autonomy.

DISABILITIES AND HEALTHCARE ACCESS

- Persons with disabilities and functional limitations may encounter environmental altitudinal barriers to care
- Most difficult barriers to overcome are attitudes
- Focus on individual's ability rather than on disability

Physical Access	Communication Access	Program Access
Ability to get: <ul style="list-style-type: none">• To• Into• Through• Onto	Ability to:: <ul style="list-style-type: none">• Understand what is being asked• Use the information given• Result in effective communication	Participate in: <ul style="list-style-type: none">• Health education• Prevention & treatment• Community-based programs

Healthcare access barriers for working-age adults include



ACCESSIBILITY REQUIREMENTS FOR PROVIDERS

Intended to meet the needs of any patient to improve program access and health outcomes

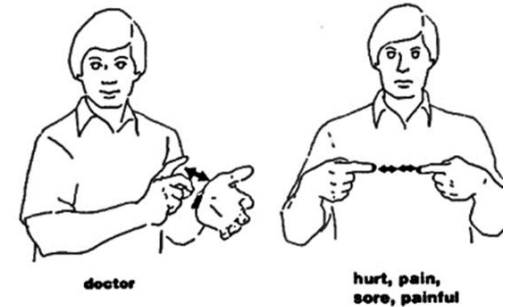
- DHCS requirement MMCD PL 12-006 requires California plans “ to assess the physical accessibility of provider sites, including specialist and ancillary service providers that serve high volume of seniors and persons with disabilities.”
- Required for all Medi-Cal contracted providers



Physical access



Effective communication



REASONS FOR ACCOMMODATIONS

Functional limitations may create a need for accommodations, such as:

- Physical accessibility
- Changes to provider office policies
- Accessible exam or medical equipment
- Effective communication
- Member and health education materials in alternate formats
- Physical disabilities may be more obvious, but unseen mobility issues are more common.
- For example, a member may experience an issue with physical ability to move around or walk a distance due to hip or knee problems, breathing issues, weakness, etc.
- Never assume to know the members disability

TYPES OF PHYSICAL ACCOMMODATIONS

- Put yourself in the position of a person who is sight impaired, uses a wheelchair or is hard of hearing. Then think about what you would need to access information or simply enter an office
- Can you think of additional common types of physical accommodations? There are many barriers to access that are often overlooked by people who don't need them.
- These are everyday things we use, including: elevator, doors, doorways, hallways, restrooms, parking lots, telephones, forms and documents



SPEECH DISABILITIES

Members with speech disabilities may use:

- Their own voice
- Letter board
- Pen and paper
- Augmentative and alternative communication devices
- Speech generating devices (SGDs) “talk” when certain letters, words, pictures, or symbols are selected
- Speech-to-speech relay services (STS)
- A call that uses a specially-trained communications assistant



Speech disabilities can be:

- Developmental
- Result of illness or injury
- No speech
- Difficult to understand

COMMUNICATION TIPS

When talking about a disability or with a person with disabilities, focus on the person, not the disability, avoid negative language and use people-first language

If you have trouble communicating:	
Ask the member how he or she wants to communicate	Speak slowly, clearly and patiently, and give time to respond

Don't:
Assume — which also includes not assuming someone from another culture understands American Sign Language.
Rush or ask the member to hurry.

Use People-First Language			
Person with a disability	Person who is deaf	Person who uses a wheelchair	Person with an intellectual disability

Avoid Negative Language:
Handicapped person, blind person, wheelchair-bound or mentally retarded

COMMUNICATION TIPS (CONT.)

Members with mental health and/or substance abuse conditions may need consideration:

- Know how to get help in the event of a crisis, remain calm and offer support
- Keep stress levels to a minimum
- Change words you use
- Ask what environment they are most comfortable in

Member with Speech Disabilities may need consideration:

- Allow them to say what they want to say
- Be polite
- Ask them to repeat or rephrase or offer a pen and paper
- Be considerate

DON'T:

- Finish their sentences or cut them off
- Mimic or mock their speech
- Assume you know what they are saying
- Be patronizing

RESOURCES AND AUTHORITIES

- Contact the members assigned health network, if the member is in a health network for interpreting services
- Centers for Disease Control and Prevention, Disability and Health www.cdc.gov/disabilities
- Deaf and disabled telecommunications program (DDTP) 1-800-806-1191
<http://ddtp.cpuc.ca.gov>
- California telephone access program
<https://www.youtube.com/watch?v=9j3lwGUvS0c>
- California relay services (CRS) <http://ddtp.cpuc.ca.gov/default1.aspx?id=1482>
- Title 29, The United States Code, Section 794 (section 504 of The Rehabilitation Act of 1973)
- Americans with Disabilities Act of 1990
- DHCS Facility Site Review (FSR), Physical Accessibility Review Survey (Attachment C- “29 elements”)
- Department of Health Care Services (DHCS)