

Disability Awareness Brief:

ACCESSIBILITY*

June, 2015

Note: This is one in a series of six Disability Awareness Briefs: Introduction to Disability Awareness, Disability Competency for Providers, Disability Competency for Care Management Practitioners, Cultural Competency, Accessibility, and Universal Design. This Brief on Accessibility should be considered together with the other five documents in order to have the comprehensive, basic information needed to inclusively address the unique health care needs of individuals with disabilities.

This Brief offers an overview of accessible practice. It is not intended to replace a more complete review of facility, program and communication access that should be conducted by staff, technical experts and individuals with disabilities. Links to federal and other technical assistance websites and resources are provided at the end of this Brief.

WHAT IS ACCESSIBILITY?

Individuals with disabilities are a diverse group of people who share the experience of living with mobility, sensory, mental health, and cognitive limitations or differences that affect their functioning. As a result, they often experience barriers to health care and full participation in their communities. (See Introductory Brief for more complete definition).

Accessibility is the provision of architectural, programmatic and communication elements and services that enable individuals with disabilities to utilize health care and support services in a manner that is equal to individuals without disabilities. In general, there are two broad categories of accessibility: accessible design (architecture, structures) and program accessibility (information and supports for receiving services).

Accessible design refers to the absence of barriers that physically prohibit an individual from obtaining services. Examples include parking spaces close to entrances, well-

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placed ramps or curb cuts, and doors that are wide and easy to open so that individuals with disabilities can enter buildings. Once inside, individuals with disabilities need an unobstructed path of travel, access to counters and exam tables that are low enough to reach, and equipment that is easy to use.^{1,2}

Program accessibility recognizes that individuals who have vision, hearing, speech, mental health, cognitive or other disabilities may need accommodations or assistance in order to participate in and benefit from programs and services. For example, individuals who are blind may give and receive information audibly rather than in writing; individuals with limited vision need print materials that are large enough to read or that are offered in alternative formats; some individuals with cognitive or learning disabilities or who are Deaf may prefer use of images rather than or in addition to written information; and some individuals who are Deaf give and receive information through writing or sign language rather than through speech. Medical records, web pages, brochures, and other information also should be accessible to individuals with disabilities. The goal of effective communication is to ensure that the individual with a disability can communicate with, receive information from, and convey information to the service delivery provider.

WHY IS IT IMPORTANT THAT PROVIDERS HAVE ACCESSIBILITY COMPETENCY?

Provider knowledge about physical and communication accessibility is important not only because providing accessible services is a federal requirement, but also because these accommodations significantly improve the effectiveness of care.

Obtaining health care and other support services can be difficult for individuals with disabilities due to structural design issues or communication barriers. These barriers can prevent access altogether, or can significantly impact the effectiveness of care. Physical accessibility of doctors' offices, medical facilities, and other health and disability services makes it possible for individuals with disabilities to receive quality health care and disability-related services and supports. Effective communication makes it possible for individuals with disabilities to receive and share information and make essential decisions about health issues (e.g., discuss disability accommodations, explore treatment and services options, review health plan benefits and services, and, when necessary, file complaints).³

Two federal civil rights laws, the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973 require that health care providers provide individuals with disabilities full and equal access to health care services and

facilities. The ADA prohibits discrimination against individuals with disabilities in *everyday activities*, including health care services. Title II of the ADA applies to public hospitals, clinics and health care services operated by state and local governments, and Title III of the ADA applies to privately-owned and operated hospitals, clinics and health care providers. Section 504 of the Rehabilitation Act prohibits discrimination against individuals with disabilities on the basis of their disabilities *in programs or activities that receive federal financial assistance* such as Medicaid, Medicare and federally conducted programs.^{4,5}

The standards adopted under the ADA to ensure equal access to individuals with disabilities are generally the same as those required under Section 504. They both require: 1) the provision of full and equal access to health care services and facilities; 2) reasonable modifications to policies, practices, and procedures when necessary to make services fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of the services; and 3) effective communication, including auxiliary aids and services, such as the provision of sign language interpreters or written materials in alternative formats.^{6,7}

INDICATORS OF DISABILITY-COMPETENCY REGARDING ACCESSIBILITY ⁸

Following are examples of disability-competency related to accessibility:

ORGANIZATIONAL CHARACTERISTICS:

- Administrative systems (e.g., policies, procedures and data systems) that enable staff to anticipate and plan ahead for disability-related needs.
- Emergency evacuation plans and procedures for individuals with disabilities.
- Capacities, policies and procedures for achieving and maintaining facility accessibility, such as but not limited to:
 - Maintaining a checklist on the structural elements needed to provide disability-competent care (e.g., ramps, scales, accessible entry points, and signage).
 - Assessing and documenting the availability of accessible and adaptive equipment most often used by individuals with disabilities.
 - Conducting staff through a mock service visit from the perspective of individuals with various disabilities, to help staff understand the challenges that individuals with disabilities may experience, and to identify areas for improving access.

- Capacity, policies and procedures for communication and access to information, such as but not limited to:
 - Provisions for intake forms to be completed by individuals with visual impairments with the same confidentiality afforded other individuals.
 - Training, guidance and support for alternative communication methods between office staff and individuals with speech or language impairments.
 - Availability of communication access, including but not limited to American Sign Language (ASL) and ASL interpreters, teletypewriter (TTY) and text support for mobile phone or Internet-based communication, amplification devices, in-office communication devices, and communications facilitators.
 - Provisions for making auditory or visual information (e.g., automated phone menus or messages, print materials) available via alternative means.
- Policies and procedures regarding appointment scheduling and waiting, such as but not limited to:
 - Policies that allow scheduling additional time for the duration of appointments for individuals with disabilities who may require it.
 - Policies to enable individuals who may not be able to tolerate waiting in a reception area to be seen immediately upon arrival.
 - Policies to allow flexibility in appointment times for individuals who require transportation or supportive assistance.
 - Policies to enable compliance with the federal law that guarantees access to medical offices for individuals with disabilities who use service animals.
- Policies and procedures related to conducting medical exams, such as but not limited to:
 - Training staff to effectively and respectfully communicate with and assist individuals with different disabilities.
 - Training of nurses and other medical staff to safely assist or lift individuals from wheelchairs to examination tables or other equipment, and return them safely after the exam.
 - Staff training to appropriately help an individual who may need assistance with dressing both before and at the conclusion of the exam.
 - Purchasing accessible medical equipment, repairing and/or replacing it.
 - Training of doctors, nurses, and other medical staff in the operation of accessible equipment.

PROVIDER KNOWLEDGE:

- Knowledge about the accessibility requirements within the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

- Awareness that a provider cannot refuse to provide an individual with services because of an individual's disability, unless the provider's refusal to provide treatment relates to the individual's disability and is outside the area of that provider's expertise.
- Knowledge about the differentiation between hearing-impaired individuals (hard-of-hearing) and those who are culturally Deaf.⁹
- Awareness that the vast majority (97.5%) of all individuals who have a hearing loss use spoken language skills and that only a small minority (2.5%) uses American Sign Language (ASL) as a primary means of communication.
- Awareness of availability of ASL interpreter services.
- Awareness that individuals cannot be charged for ASL interpreting or real time captioning services when receiving services, and that family members should not be pressured to function as ASL interpreters to save time or expense.
- Staff familiarity with Telecommunication Devices for the Deaf (TDDs) and available communication relay services, such as Video Relay, CapTel, or WebCapTel, as well as health information tools that are effective for individuals with cognitive, visual and mobility disabilities.
- Ability to identify and access necessary and appropriate adaptive equipment to assure an exam or procedure can be conducted.
- Awareness that service dogs are legally allowed in medical facilities and that guide dogs should not be petted or distracted, and respecting the individuals' instructions regarding their guide dogs. However, the same protection does not apply to emotional support animals.¹⁰

PROVIDER ACCOMMODATIONS:

For all individuals who have a disability:

- Asking individuals with disabilities if and how they would like to be assisted.
- Providing flexible appointment or meeting times.
- Providing longer appointment or meeting times to allow for adequate communication; history taking; thorough examination, assessment or planning; and care coordination.
- Providing assistance filling out forms, if needed.
- Ensuring that informational materials are accessible.
- Availability of accessible parking close to entrances.
- Directional signage that indicates accessible routes and building entrances.
- Accessible routes that lead to accessible entrances.
- Signage that uses simple, sans serif fonts such as Arial or Verdana.
- Floor spaces and hallways that are free of equipment and other barriers.

- Alarm systems that can be both seen and heard.
- Involving individuals with a variety of disabilities as part of a team for assessing facility and provider accessibility and recommending additional accommodations.

For individuals who are wheelchair users or have a mobility impairment:

- Accessible parking places, including designated van parking spaces, which means room for a lift or ramp to deploy and the individual to exit the vehicle.
- Accessible curb ramps at building entrance.
- Accessible, stairs-free route from parking and loading zones up to building entrance.
- An accessible entrance to the facility that is clearly marked.
- Doorways throughout the facility that are wide enough to ensure safe and accessible passage by individuals using mobility aids.
- Accessible routes of travel into and throughout buildings that are free of objects that block aisles and doorways (e.g., trash cans, carts, plants, objects protruding from the walls, and storage containers).
- Restrooms that have adequate maneuvering space for wheelchairs around toilets, grab bars mounted next to and behind toilets, and accessible lavatories.
- Drinking fountains, public telephones, and service counters low enough for an individual who uses a wheelchair or scooter.
- Exam rooms that are accessible to wheelchair users.
- Adjustable exam tables for clinical services.
- Examination rooms that have clear floor space for an individual to turn in a wheelchair or scooter.
- A minimum clear floor space of 30 by 48 inches next to exam tables so that individuals using a wheelchair or other mobility aid can transfer onto the tables.
- Use of proper positioning techniques to provide adequate physical examinations and comfortable and safe experiences for the individual.
- Accessible medical equipment and health care devices (e.g., mammograms or x-ray equipment that can be used by individuals who use wheelchairs, scales that are capable of weighing an individual using a mobility aid like a wheelchair).
- Provision of physical assistance, if necessary, for a full and complete medical exam, even if it requires more time or assistance; this includes provision of personal assistance for dressing and undressing.
- If requested, assistance with arranging for accessible transportation to and from appointments.

For individuals who are blind or have a visual impairment:

- Front office staff who recognize the possible need for and can assist in orienting the individual to the office environment (e.g., describe the office, including doors, steps, or ramps) and to locate specific areas in the facility.
- Raised tactile lettering that use uppercase and Braille on signs at office, elevator and restroom doors.
- Signs in large size font for individuals with limited vision.
- No objects protruding into routes of travel that would pose a hazard for someone who is blind or has limited vision.
- Provision of print information in alternative formats, such as large print, Braille, and an audio recording or computer disk for use with a screen reader.
- With the individual's permission, providing a qualified reader (i.e., someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary).
- Web sites that can be used by all individuals, including those who are blind and may use computer screen reading technology.

For individuals who are Deaf or have a hearing loss:

- Facing the individual when speaking.
- Use of written notes for uncomplicated, short, routine communication.
- As appropriate, provision of a qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter when requested or for more complex situations. A "qualified" interpreter means someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the individual with a disability is saying) and expressively (i.e., having the skill needed to convey information back to that individual) using any necessary specialized vocabulary. An interpreter generally will be needed for situations such as taking the medical history of an individual or for discussing a serious diagnosis and its treatment options.
- Provision of a qualified note-taker, when requested.
- Provision of assistive listening systems that help amplify sounds the individual wants to hear.
- Provision of computer assisted real time transcription services (CART) that provide instant translation of the spoken word into English text using a stenotype machine, notebook computer and real-time software.
- Provision of text-to voice relay service and video-relay service for individuals whose primary language is American Sign Language (ASL).
- Provision of real time captioning services, when requested.

For individuals who have a speech impairment:

- Listening attentively and not being afraid or embarrassed to ask the individual to repeat a word or phrase that is not understood.
- Providing a qualified speech-to-speech transliterator (an individual trained to recognize unclear speech and repeat it clearly).
- Taking more time to communicate with someone who uses a communication device.
- Keeping paper and pencil on hand so the individual can write out words that cannot be understood.

For individuals who have an intellectual / developmental disability or cognitive impairment:

- If the individual is having difficulty with communication, showing patience, presenting information simply and clearly, repeating the information if necessary and asking the individual to verify his/her understanding.
- Allowing for more time to enable the individual to speak as well as more time to understand what is being said.
- Accommodating use of a personal communication device.
- Using diagrams and pictures to improve communication.
- With the individual's permission, providing a reader.
- Presence of staff able to assist the individual to enter and negotiate exam rooms and with undressing or other relevant procedures.

For individuals who have a mental health disability:

- Awareness that a provider cannot require an individual with a mental health disability to bring someone with them to a medical appointment if the individual would prefer to attend the appointment alone.
- Allowing the individual to bring a support individual with them to a medical examination or consultation if the individual desires this because of their mental health disability.
- Scheduling an appointment at a specific time if the individual's disability makes it difficult to wait in a crowded waiting room.
- Taking extra time for an appointment, if the individual's disability affects the amount of time it takes to process information and ask questions.

¹ *Accessibility*. Centers for Disease Control and Prevention; Atlanta Georgia. Available at: <http://www.cdc.gov/ncbddd/disabilityandhealth/accessibility.html>.

² *ADA Checklist for Existing Facilities*. New England ADA Center at the Institute for Human Centered Design(IHCD); December 2011. Available at: <http://www.adachecklist.org/>

³ *Improving Access to Health Care for Individuals with Disabilities – Module 3: Effective Communication*. Disability Rights Education & Defense Fund, Berkeley, CA; October, 2014. Available at: <http://dredf.org/2014/11/28/improving-access-health-care-individuals-disabilities/> .

⁴ *Accessible Health Care Fact Sheet*. ADA National Network; 2014. Available at: <https://adata.org/factsheet/accessible-health-care>.

⁵ The Department of Justice's revised regulations for Titles II and III of the Americans with Disabilities Act of 1990 (ADA) were published in the Federal Register on September 15, 2010. These regulations adopted revised, enforceable accessibility standards called the 2010 ADA Standards for Accessible Design, "2010 Standards." On March 15, 2012, compliance with the 2010 Standards was required for new construction and alterations under Titles II and III. March 15, 2012, is also the compliance date for using the 2010 Standards for program accessibility and barrier removal. http://www.ada.gov/2010ADASTandards_index.htm.

⁶ *The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III*. United States Department of Justice; March 15, 2011. Available at: http://www.ada.gov/2010_regs.htm

⁷ *Access to Health Care for Individuals with Mental Health Disabilities*. Disability Rights California. Available at: <http://www.disabilityrightsca.org/pubs/CM2601.pdf>.

⁸ This information was obtained from the following sources:

- *Access to Health Care for Individuals with Mental Health Disabilities*. Disability Rights California. Available at: <http://www.disabilityrightsca.org/pubs/CM2601.pdf>.
- *Access to Medical Care for Individuals with Mobility Disabilities*. U.S. Department of Justice. http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm.
- *ADA Checklist for Existing Facilities*. New England ADA Center at the Institute for Human Centered Design (IHCD); December 2011. Available at: <http://www.adachecklist.org/>
- *Desired Educational Outcomes of Disability-Related Training for the Generalist Physician: Knowledge, Attitudes, and Skills*. Minihan PM, Robey KL, Long-Bellil, LM, Graham, CL, Hahn, JE, Woodard L, Gary E. *Academic Medicine*: September 2011 - Volume 86 - Issue 9 - pp 1171-1178. Available at: http://journals.lww.com/academicmedicine/Abstract/2011/09000/Desired_Educational_Outcomes_of_Disability_Related.31.aspx.
- *Got Transition*. Cooley WC. Center for Health Care Transition Improvement, the National Alliance to Advance Adolescent Health: Washington, DC; 2014-2015. Available at: www.gottransition.org
- *Ill-Prepared: Health Care's Barriers for Individuals with Disabilities*. The Equal Rights Center, Washington, D.C.; November 2011. Available at: http://www.equalrightscenter.org/site/DocServer/III_Prepared.pdf?docID=561
- *Improving Access to Health Care for Individuals with Disabilities*. Disability Rights Education & Defense Fund, Berkeley, CA; October, 2014. Available at: <http://dredf.org/2014/11/28/improving-access-health-care-individuals-disabilities/>.
- *Revised ADA Requirements: Effective Communication*. U.S. Department of Justice; 2014. Available at: <http://www.ada.gov/effective-comm.htm>.
- *Training Curriculum on Improving Access and Quality of Care for Individuals with Disabilities*. World Institute on Disability, Berkeley, CA; 2011. Available at: <http://wid.org/publications/access-to-medical-care-training-tools-for-health-care-providers-disabled-individuals-and-advocates-on-culturally-competent-care-and-compliance-with-disability-law/>.

⁹ *Hearing Impairment vs. Deafness*. Audiology Awareness Campaign. Available at: http://www.audiologyawareness.com/hearinfo_impairdeaf.asp

¹⁰ *Access to Health Care for Individuals with Mental Health Disabilities*. Disability Rights California. Available at: <http://www.disabilityrightsca.org/pubs/CM2601.pdf>.

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