

Disability Awareness & Training

For Providers and Staff

Learning Objectives

EDUCATE PROVIDERS/STAFF:

Understand and apply the Americans with Disabilities Act (ADA).

WIDEN AWARENESS:

The ADA affords persons with disabilities the right to reasonable accommodation.

DISABILITY CONTINUUM:

Understanding that disability exists along a continuum and is a function of the interaction of impairment with external, social, economic structural and other environmental factors.

DISABILITY DOES NOT EQUAL POOR HEALTH:

Learn to distinguish the need for accommodations from symptoms of poor health.

Section I: Disability Competent Care

Objectives of this section:

- Understand impact of disabilities on access to health care services
- Help providers improve disability-competent care delivery skills

Defining Disability

Under the Americans with Disabilities Act (ADA), a person with a disability is:

- ❑ A person with a physical or mental impairment that substantially limits one or more major life activities (e.g., breathing, walking, concentrating, etc.)
 - See Appendix A for definition of major life activities
- ❑ A person with a record of such physical or mental impairment
- ❑ A person who is regarded as having such impairment



www.shutterstock.com · 121187878

❑ Click [here](#) for Appendix A: Major Life Activities Definition

Important Facts about Disabilities

- ❑ Each person's experience is different
- ❑ Some people are born with a developmental disability
- ❑ Traumatic experiences can cause a disability.
- ❑ Adult onset of the disability
- ❑ Chronic conditions can become disabling



Understanding Impact of Chronic Conditions

- ❑ Chronic conditions may call for accommodations in the health care setting just as other disabilities may
- ❑ For example, individuals diagnosed with chronic conditions (e.g., diabetes, dementia, heart disease, arthritis, etc.) may:
 - experience activity limitations such as difficulty walking, seeing, understanding, or communicating
 - need for accommodations such as physical accessibility as well as accessible communications
 - may have activity limitations related to vision
 - require accommodation of functional vision limitations such as providing care instructions in large print or audio formats
 - may experience an activity limitation that affects understanding and/or communication



John: Living with Dignity*

1. Understand his Story

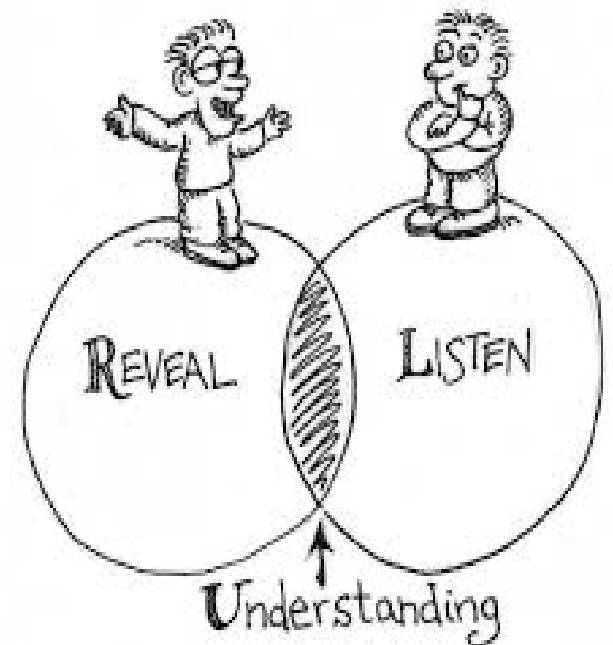
- ❑ 56 year old male with severe arthritis, obesity
- ❑ Limited mobility
- ❑ Depression and anxiety
- ❑ Dependent with most ADLs; some IADL dependencies
- ❑ Good emotional support system, but lives alone and has no one close by
- ❑ Recurrent cellulitis and skin breakdown
- ❑ Recurrent UTIs and hospital admissions
- ❑ No longer able to bear weight or transfer out of bed to chair



John: Living with Dignity cont.

2. Understand what is important to him

- ❑ It is very important that he remains in his own home
- ❑ He wants to stay out of the hospital
- ❑ He is anxious about going to medical appointments
- ❑ He does not want to discuss weight or the need for weight loss
- ❑ He is able to call for help if needed



John: Living with Dignity cont.

3. Develop a plan

- ❑ Collaboration of his IDT team* to establish a realistic plan that addresses both what is important to and for him
- ❑ Plan focused on the areas that John wanted to change, staying out of the hospital, and respected John's choice to risk living alone and with inability to get out of bed
- ❑ Team has begun talking about life-sustaining treatment plans and factoring in John's desire to remain in his home
- ❑ Personal Care Service Plan (PCSP) developed and agreed upon



**Interdisciplinary Team (IDT) includes: John, his Primary Care Provider, Personal Care Assistant (PCA), John's sister and the FIDA Plan Care Manager*

John: Living with Dignity cont.

4. Implement the Plan

- ❑ PCP, PCAs, family accepted and respected what was important to John
- ❑ PCP accepted and respected John's living with the risk of complications from immobility, obesity and living alone
- ❑ John agreed with the Personal Care Service Plan to work on some things that are important for him to prevent skin breakdown and manage UTIs at home
- ❑ FIDA Care Manager provides support; and Assessment conducted in his home in 6 months to evaluate his condition and minor modifications made to his Personal Care Service Plan (PCSP) with another IDT team meeting



John: Living with Dignity cont.

5. Outcome

- ❑ No skin breakdown
- ❑ No hospital admissions for 12 months
- ❑ Remains in his own home with support of PCA, homemaking and emotional support from family and friends



People with Disabilities: Health Care Needs

- ❑ People who have both Medicare and Medicaid may have significant health needs, or are more likely than Medicare beneficiaries to be in fair or poor health and have significant functional limitations
- ❑ Within the dual eligible population, there are four identifiable high needs groups:
 - adults under age 65 with physical or sensory disabilities
 - those 65 or older with multiple chronic conditions and functional limitations
 - individuals with serious psychiatric disabilities and/or drug or alcohol disorders
 - individuals with cognitive limitations including intellectual and/or developmental disabilities or dementia

People with Disabilities: Health Care System Concerns

- ❑ Barriers: People with disabilities face physical and other barriers at provider sites, such as architectural barriers, inaccessible exam tables and weight scales, lack of interpreters, inflexible office procedures



*To learn more about the study go to <http://webhost.westernu.edu/hfcdhp/wp-content/uploads/ProvPrimeCare.pdf>

People with Disabilities: Health Care System Concerns

- ❑ Barriers: A survey of primary care physicians found that almost 20 percent were unaware of the Americans with Disabilities Act and 45 percent were not aware of its architectural requirements. Physicians receiving training on disability issues were in the minority*

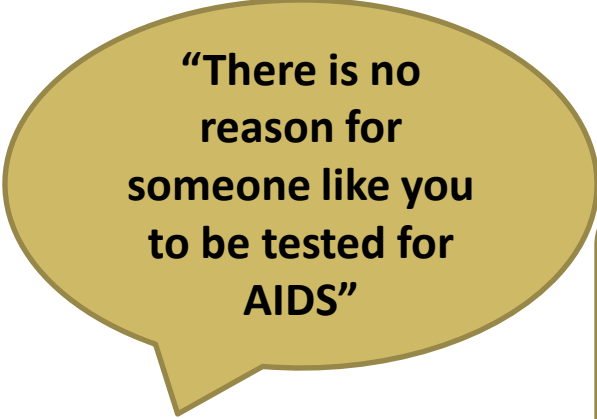


OR

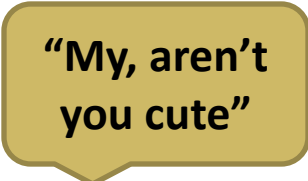


People with Disabilities: Health Care System Concerns

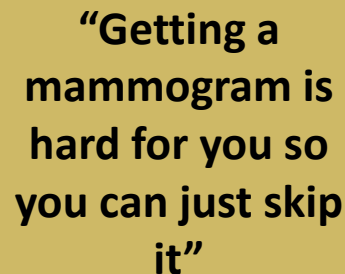
- ❑ **Negativity:** People with disabilities report being treated unfairly at practitioner offices because of their disabilities - they face negative attitudes and lack of knowledge about treating people with their disabilities. This is consistent with other reports finding inadequate preparedness to provide health services to people with disabilities



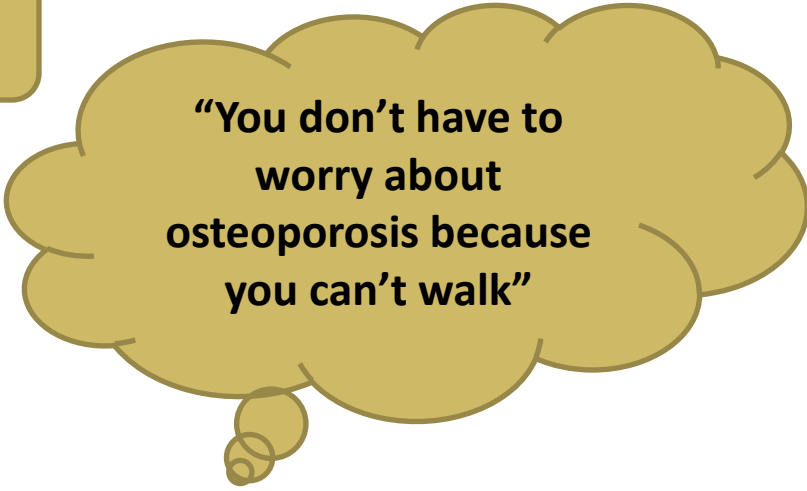
“There is no reason for someone like you to be tested for AIDS”



“My, aren't you cute”



“Getting a mammogram is hard for you so you can just skip it”



“You don't have to worry about osteoporosis because you can't walk”

Health Disparities

- ❑ Research shows people with disabilities are more likely to:
 - have heart disease, stroke, diabetes, or cancer than adults without disabilities
 - experience difficulties with delays and barriers in receiving health care
 - live in poverty
 - experience material hardship
 - experience food insecurity, such as hunger
 - have difficulty paying rent, mortgage and utilities
 - be disproportionately represented in racial and ethnic minority groups
- ❑ Health promotion and prevention activities seldom target people with disabilities resulting in inadequate receipt of preventative diagnostic testing they may require
- ❑ Historically care has focused on the disability at the expense of a primary care focus—looking at the essential body systems

Health Care Access

Some people may be unable to open a door, climb stairs, fill out a form, or see or hear, as a result of disability. For people with disabilities, getting health care can be difficult because of lack of access.

- ❑ Programmatic accessibility , meaning the services programs, and activities of a public entity must be “readily accessible to and usable by” people with disabilities” is as important as physical accessibility

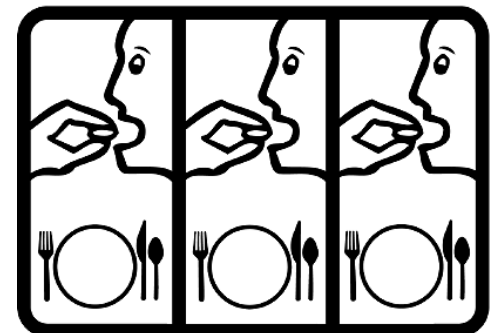


Health Care Access

- Accessibility may need to be provided in an array of areas such as:
 - Communication—hearing impaired, blind, intellectual disability—may require more time, alternative materials
 - Physical—wheelchair accessible, counter heights
 - Medical Equipment—scales, exam tables, chairs, patient transfer lift
 - Programs—procedures, practices



Take 3 times with meals



Taking Positive Actions

- ❑ Providers must ensure that physical, communication, and programmatic barriers do not inhibit participants with disabilities from obtaining all covered Items and services
- ❑ For example, programmatic access can be providing:
 - flexibility in scheduling as an accommodation
 - quiet spaces and/or help in filling out forms
 - extra time for instructions or explanations of care
 - interpreters for those who are hearing impaired or whose first language is not English
 - materials in alternate formats, including the option of large print or electronic Text-to-Speech programs or persons with visual impairments



Sign Language Interpreter?

yes

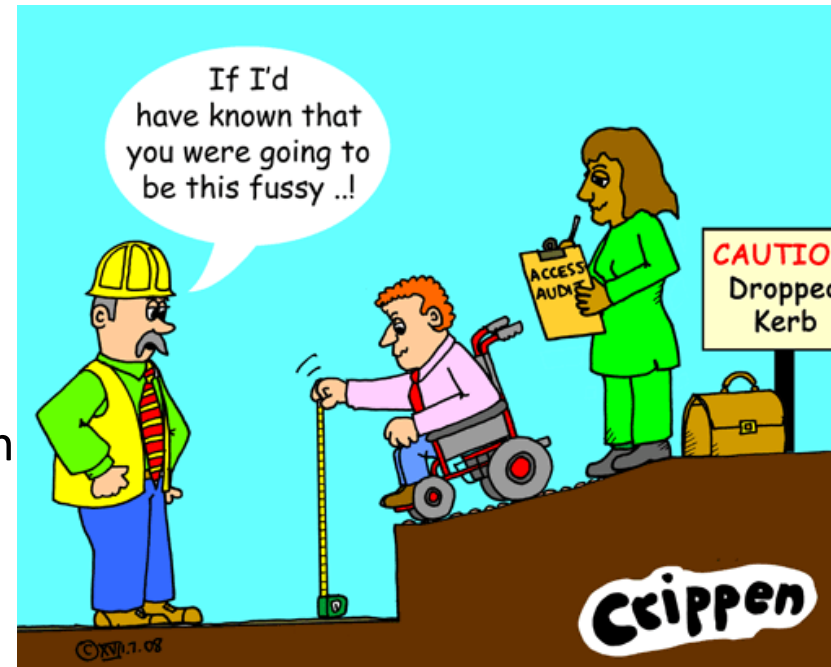
no



Removing Barriers to Care: Physical Barriers

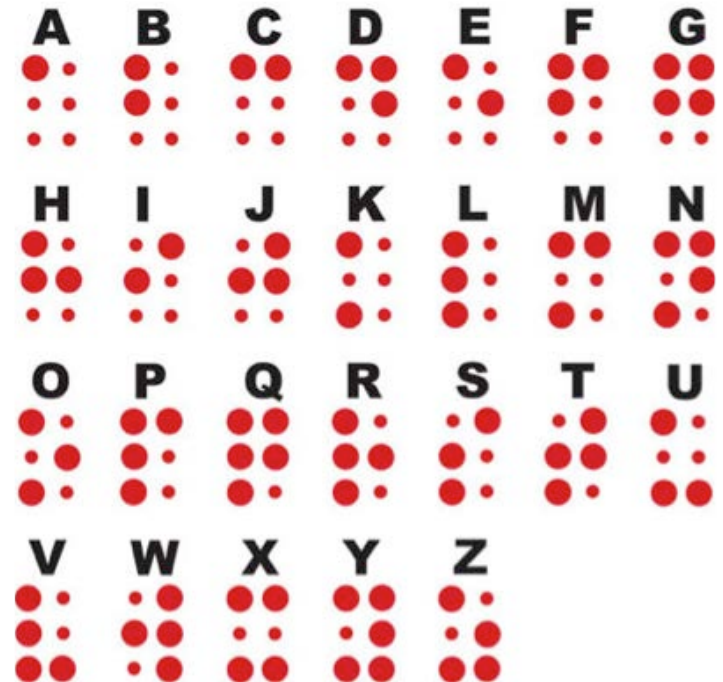
Meet Accessibility Requirements:

- ❑ Ensure there are no obstructions in pathways that would inhibit free movement
 - 36" paths of travel that can narrow to 32" for no more than 2 feet
 - Remove all furniture and garbage cans, magazine stands, etc. that obstruct movement
- ❑ Physical locations, waiting areas, examination space, furniture, bathroom facilities and diagnostic equipment must be accessible. Examples include but are not limited to adjustable exam tables and accessible weight scales (platform/roll-on scales)
- ❑ Routes of travel are easily navigable and accessible. (*i.e.*, stable, slip-resistant)



Removing Barriers to Care: Communication Barriers

- ❑ Interpreters for people with hearing and/or visual impairments,
 - e.g., sign language
- ❑ Readily accessible auxiliary aids and other services provided in appropriate circumstances
 - Braille, large print, audio tapes, color and symbol signage etc.
- ❑ Staff training on sensitivity issues related to people living with disabilities
- ❑ Simple language for medical instructions and forms
- ❑ Quiet spaces for people to fill out forms or read instructions
- ❑ Flexible appointment availability



Removing Barriers to Care: Attitudinal Barriers

- ❑ Lack of understanding or sensitivity may also lead to incorrect or discriminatory assumptions about people with disabilities
- ❑ These assumptions have led some providers to believe that people with disabilities do not have a good quality of life
- ❑ Examples of attitudinal barriers include:
 - People with developmental disabilities do not feel pain, therefore do not require anesthesia
 - People who are hearing impaired have cognitive deficits
 - Women with disabilities do not require reproductive counseling and care because they're likely not sexually active
 - People with mobility disabilities will not profit from exercise or nutrition programs
 - People with disabilities cannot make informed decisions about their own care



Independent Living Philosophy

- The Independent Living Philosophy can be incorporated into the FIDA Person-Centered Service Planning process for Participants with disabilities.
- When making care planning decisions, bear in mind that:
 - Participants should be empowered to make their own choices, including making their own mistakes.
 - Participants are the best experts on their needs, and should take the initiative, individually and collectively, in designing and promoting better solutions.
 - Participants can have high quality of life and can be self-directing.
 - Participants have the same right to participation, to the same range of options, degree of freedom, control and self-determination in everyday life and life projects as all individuals.

Awareness and Etiquette

Understanding the needs of individuals with disabilities and offering common courtesy...

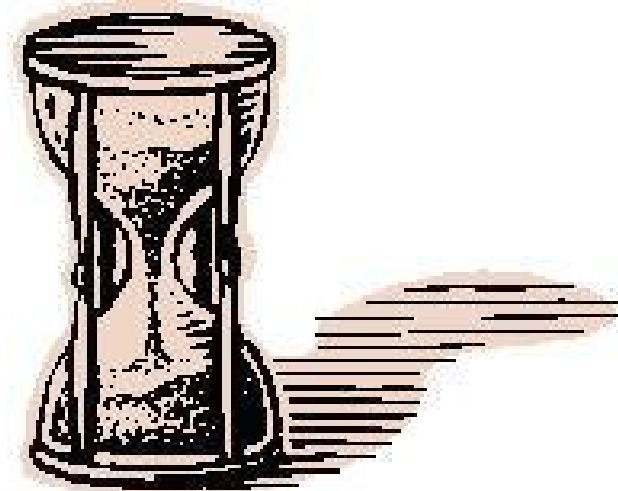


General Considerations In Treating Persons with Disabilities

- ❑ Do not refer to the individual's disability unless it is relevant to treatment
- ❑ Ask the person with the disability what they need to access their care, for example
 - “Do you need some help changing?”
 - “Would you like me to explain anything about the medications I’ve just prescribed?”
 - “Is there anything about our conversation that you did not understand?”
- ❑ Avoid asking personal questions about their disability
 - If the information is required be sensitive and respectful
- ❑ Use person first language when addressing the person, for example
 - “a person with a disability” rather than “a disabled person”
 - “a person who uses a wheelchair” rather than someone who is wheelchair bound
 - “a person who is blind” rather than the blind person

People with Cognitive Disabilities

- ❑ Prepare instructions or information in simple language
- ❑ If someone is having difficulty understanding you, repeat yourself using different words, without showing frustration
- ❑ Be *patient*
- ❑ Break up your ideas into smaller, manageable bits of information that can easily be remembered--*KEEP IT SIMPLE*
- ❑ Be considerate without being patronizing
- ❑ Keep all conversations at the appropriate level (adult to adult)



People with Hearing Impairments

- ❑ Make eye contact with the person you are speaking to
- ❑ If the person is not facing you, a gentle tap on the shoulder will assist you in announcing your presence
- ❑ Face the person you are speaking with; speak naturally and clearly
- ❑ If there is a break down in communication, write down what you are attempting to convey
- ❑ People who are hearing impaired or have hearing impairments often use texting to communicate—offer this option as needed
- ❑ If the person is accompanied by an interpreter, make sure you speak to the person, not their interpreter



People with Visual Impairments

- ❑ Always make your presence known
 - Be sure to greet the person who may not know you are there
 - Use the person's name to whom you are speaking so they are aware you are speaking to them



- ❑ Talk directly to the person who is blind, not through their companion
- ❑ Ask before interacting with any guide dog or service animal
 - they are working animals, not pets

- Never take a guide dog or service animal from their owner



- ❑ Always ask a person if they would like help or for you to guide them to a destination

- If they say yes, ask how best to help. If they say no, accept your help is not necessary
 - ❑ some people will hold your elbow
 - ❑ others may want to hold your shoulder
 - ❑ others may prefer verbal cues



- Pulling at or steering a person is never appropriate, it is *dangerous* and disrespectful

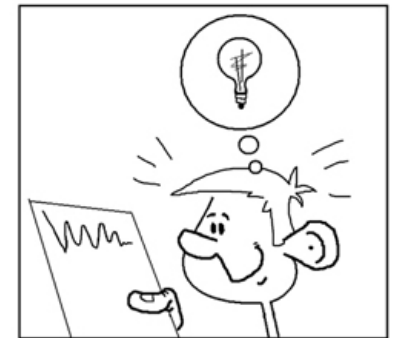
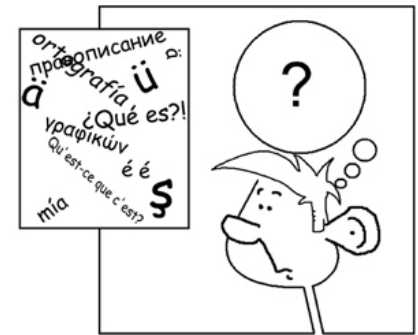
People with Speech Disabilities

- ❑ People with speech disabilities know that they can be hard to understand, particularly over the phone; they are used to repeating themselves or figuring out other ways of communicating
 - Never pretend to know what a person is saying
- ❑ Admit when you do not understand what the person is saying to you--if you get some of what is being said, repeat what you heard and ask the person to repeat the rest
 - If you still don't understand, ask the person if there is another way you can communicate
- ❑ Do not finish their sentences for them--allow them time to say and express their thoughts and wishes



People with Learning Disabilities

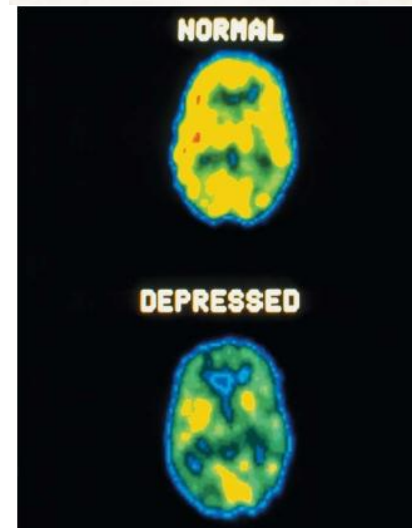
- ❑ Ask the person the best way for them to get information
 - e.g., in writing; on tape; other?
- ❑ Ask the person whether they need help reading & filling out forms
- ❑ Use simple language for all instructions & information
- ❑ Break down complicated tasks or concepts into smaller bits
- ❑ Ask the person if they need a quiet environment or more time to complete a task
- ❑ Tell the person that you will be available to help if and when they need help
 - e.g., I can read the forms for you; I can explain anything you don't understand; etc.
- ❑ Remember that this person has the same intellectual capacity as any other patient



People with Psychiatric Disabilities

Psychiatric disabilities may affect the ability to think, feel, relate to others, and/or handle the stress of daily life. Often “attitude” in people with psychiatric disabilities comes from the feeling of being unheard or of not being respected.

- ❑ Recognize that psychiatric disabilities are usually invisible
- ❑ Try not to make assumptions about any psychiatric disability
 - Ask what is happening before you make a judgment
 - For example, both sleepiness and irritability can be signs of a medication side effect
- ❑ Ask the person with a psychiatric disability what he/she needs to make him/her most comfortable
- ❑ Avoid making judgments or decisions on how to treat someone before you ask what would be best for them
- ❑ Do not make negative assumptions about the person’s abilities and potential



People who use Wheelchairs

- ❑ Ask the person who uses a wheelchair if they would like assistance before you jump in to help (*your help may not be needed or wanted*)
 - If they say, yes, ask how you can help; if they say no, accept that your help is not necessary
- ❑ A wheelchair is part of a person's personal space
 - Do not lean on a person's wheelchair or put anything on the wheelchair without the person's permission
- ❑ Take steps to ensure needed materials are within reach of someone that uses a wheelchair
- ❑ If your conversation will last more than a few minutes, consider sitting down in order to maintain similar eye level

Section II: Americans with Disabilities Act (ADA)

Objectives of this section:

□ Americans with Disabilities Act Requirements

□ How to Comply



The Americans with Disabilities Act - The Civil Rights Laws

- ❑ The Americans with Disabilities Act (ADA), the landmark disability rights law passed in 1990, prohibits discrimination against people with disabilities in five major areas:
 - employment, state and local government, public accommodations transportation, and communication
- ❑ The ADA provides a basic right of “reasonable accommodation” for a person with a disability to be afforded access to health care, examples include:
 - Providing an e-mail or text appointment confirmation for a person with a hearing loss
 - Access to a patient lift for a wheelchair rider needing to get out of the chair for an examination
- ❑ All governmental activities of public entities are covered, even if they are carried out by contractors



The Americans with Disabilities Act - Olmstead Decision

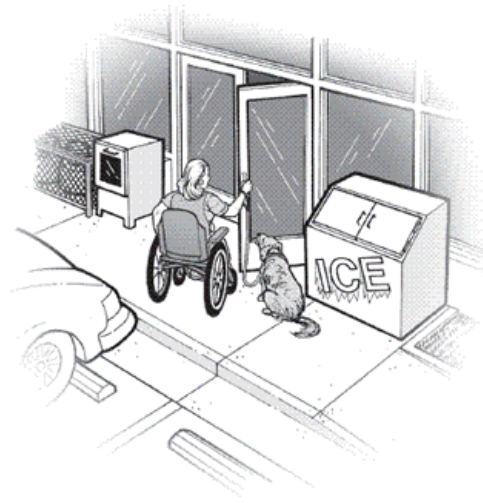
- ❑ All care must be provided in compliance with the ADA and Olmstead – a Supreme Court decision that requires care to be delivered in the most integrated setting
- ❑ The intent and spirit of the law is that people with disabilities have the right to participate with their nondisabled peers in all aspects of society, including access to health care

“..No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”



The Americans with Disabilities Act - Olmstead Decision

- ❑ The Court found that unjustified institutionalization, isolation, and segregation of people with disabilities was illegal discrimination
- ❑ Affirmative steps must be taken to ensure that people with disabilities are treated in a non discriminatory manner



The Americans with Disabilities Act - Olmstead Decision

- ❑ The intent and spirit of the law is that people with disabilities have the right to participate with their nondisabled peers in all aspects of society, including access to health care

“..No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.”



Section III: Abuse, Neglect, and Exploitation

Objectives of this section:

- Help providers understand obligations to identify and respond to incidents of participant abuse, neglect, or exploitation

Abuse, Neglect, and Exploitation

- Providers can help identify, prevent, and report abuse, neglect, financial exploitation, including:
 - Inappropriate antipsychotic drug use, usually as a means of chemical restraint;
 - Failure to abide with legal requirements for patient choice, including:
 - The right to be involved and participate in care planning;
 - The right to refuse care, even if refusal is viewed as detrimental; and,
 - The right to individual preferences (e.g. dining, toileting, grooming);
 - Failure to respect patients' privacy;
 - Failure to provide for patients' dignity and quality of life, as mandated by law;
 - Medication mismanagement;
 - Physical and verbal abuse; and,
 - Insufficient provision of care needed to maintain highest practicable level of independence (e.g. putting someone in a diaper in place of providing assistance with toileting).

Abuse, Neglect, and Exploitation

- Long Term Care Ombudsman Program (LTCOP)
 - This program investigates and resolves complaints and concerns about long term care facilities such as adult homes, skilled nursing facilities, nursing homes and assisted living residences.
 - For specific providers by county, visit: <http://www.ltcombudsman.ny.gov/Whois/directory.cfm>
- Independent Consumer Advocacy Network (ICAN)
 - This ombudsman program provides FIDA Participants with free, confidential assistance.
 - ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org
- Adult Protective Service (APS)
 - This is a state-mandated case management program that arranges for services and supports for physically and/or mentally impaired adults who are at risk of harm.
 - For contact information by county, visit: <http://www.nyc.gov/html/hra/html/services/adult.shtml>

References

- ❑ www.accessiblesociety.org/topics/demographics-identity/new-paradigm.htm
- ❑ www.ada.gov/ada.fedresources.htm
- ❑ www.ada.gov/olmstead/olmstesad_about.htm
- ❑ www.ncd.gov
- ❑ www.ncsd.org
- ❑ www.who.int/mediacentre/factsheets/fs352/en
- ❑ www.wid.org

Appendix

A: Major Life Activities

B: Specific Disabilities, US Census Bureau

C: Chronic Conditions

1. Facts

2. Dual Eligible Prevalence, *bar chart*

3. Dual Eligibles-Multiple Conditions, *chart*

Appendix A – Major Life Activities

❑ In general

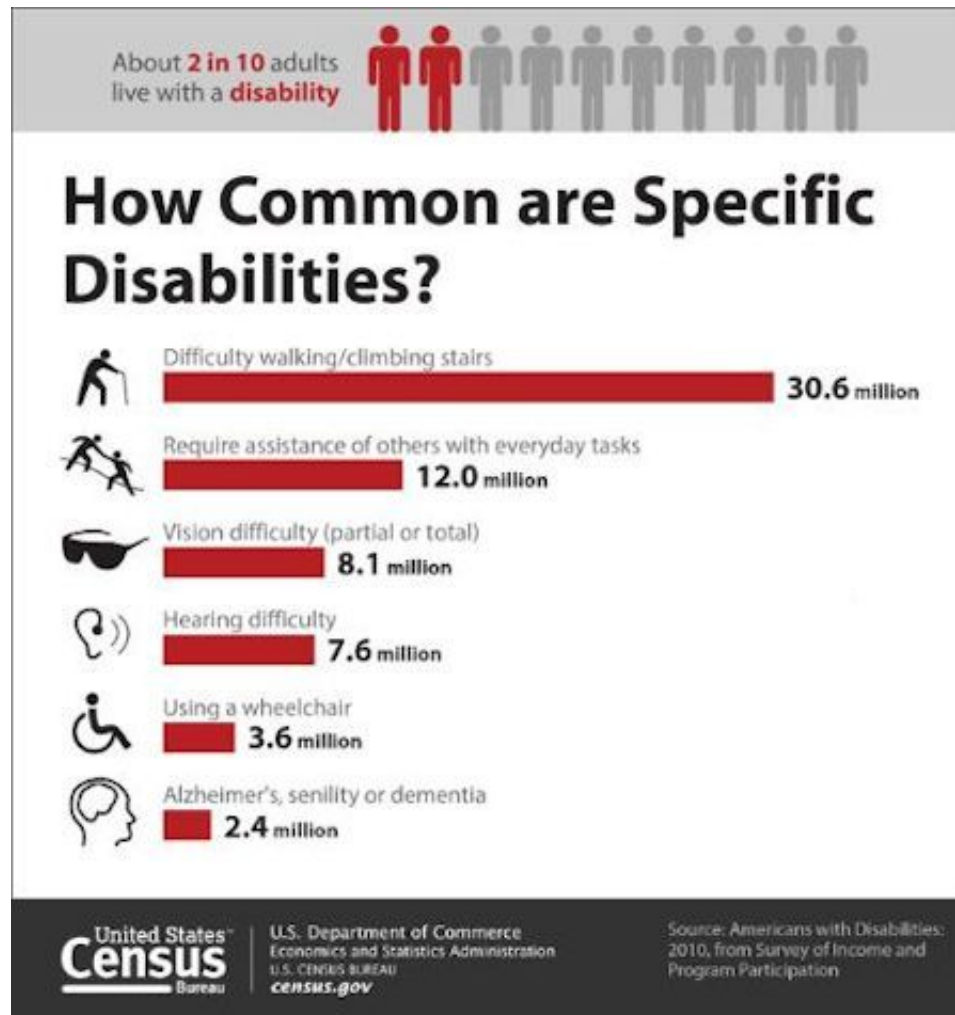
- ...major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working

❑ Major bodily functions

- ...a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions

- ❑ Source: <http://www.law.cornell.edu/uscode/text/42/12102>

Appendix B – Specific Disabilities



Appendix C-1 Chronic Conditions: Facts

Conditions such as high blood pressure, high cholesterol, heart disease and diabetes highly prevalent among Medicare beneficiaries, and over 50% of beneficiaries have multiple chronic conditions

Multiple chronic conditions increase the risks for poor outcomes such as mortality and functional limitations as well as the risk of high cost services such as multiple hospitalizations and emergency department visits

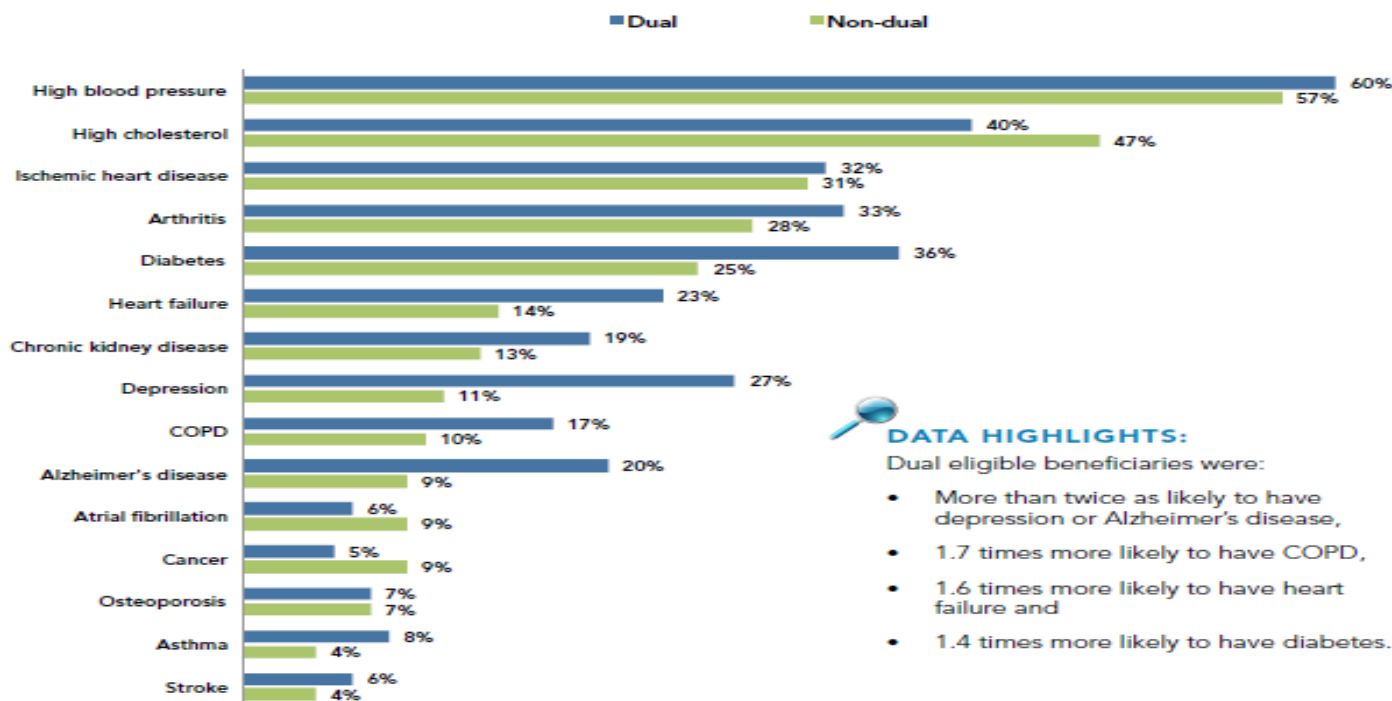
Chronic conditions tend to be more prevalent among beneficiaries eligible for both Medicare and Medicaid benefits

Increase in prevalence of depression is seen in individuals with chronic conditions and the elderly

Appendix C-2 Chronic Conditions: Dual Eligible Prevalence

“Most chronic conditions were more prevalent for dual-eligible beneficiaries”

Figure 1.1d Percentage of Medicare FFS Beneficiaries with the 15 Selected Chronic Conditions by Dual Eligibility Status: 2010



DATA HIGHLIGHTS:

Dual eligible beneficiaries were:

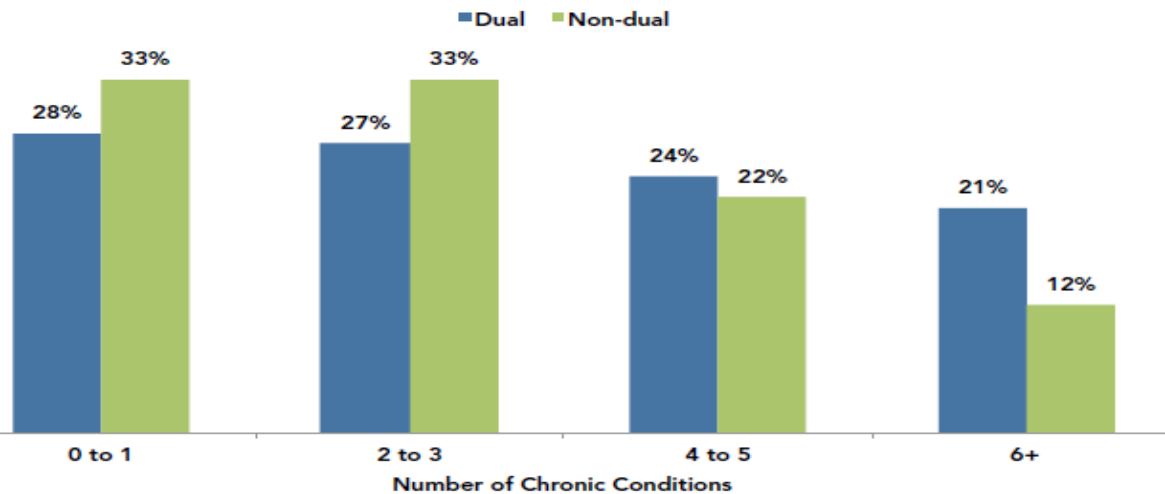
- More than twice as likely to have depression or Alzheimer's disease,
- 1.7 times more likely to have COPD,
- 1.6 times more likely to have heart failure and
- 1.4 times more likely to have diabetes.

SOURCE: Centers for Medicare and Medicaid Services. Chronic Conditions among Medicare Beneficiaries, Chart book, 2012 Edition. Baltimore, MD. 2012

Appendix C-3 Chronic Conditions: Dual Eligibles-Multiple Conditions

“Dual-eligible beneficiaries were more likely to have multiple chronic conditions”

Figure 1.2e Percentage of Medicare FFS Beneficiaries by Number of Chronic Conditions and Dual Eligibility Status: 2010



DATA HIGHLIGHTS:

- Seventy-two percent of dual-eligible beneficiaries had two or more conditions compared to 67% of non duals.
- Dual-eligible beneficiaries were 1.7 times as likely to have 6 or more chronic conditions.

SOURCE: Centers for Medicare and Medicaid Services. Chronic Conditions among Medicare Beneficiaries, Chart book, 2012 Edition. Baltimore, MD. 2012.

Test Questions

Disability Awareness

1. Disability equals poor health

True or False

2. Programmatic accessibility is as important as physical accessibility

True or False

3. What is the landmark disability rights law passed in 1990, prohibiting discrimination against people with disabilities

- a. The Americans with Disabilities Act (ADA)

- b. The Civil Rights Act

Test Answer Key

Question	Answer
<i>Disability equals poor health</i>	<i>False</i>
<i>Programmatic accessibility is as important as physical accessibility</i>	<i>True</i>
<i>What is the landmark disability rights law passed in 1990, prohibiting discrimination against people with disabilities</i>	<i>The Americans with Disabilities Act (ADA)</i> <i>The Civil Rights Act</i>