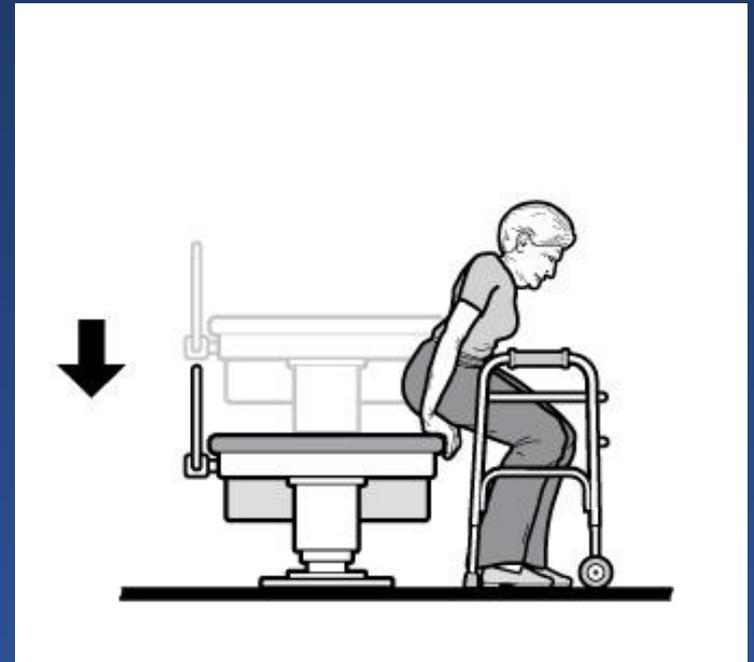


Accessible Healthcare: Rights and Responsibilities under the Americans with Disabilities Act

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Learning Objectives

- **Learn about the resources available through the ADA National Network**
- **Understand the basics of the Americans with Disabilities Act (ADA) and how it applies to the healthcare and aging**
- **Understand the requirements of 'effective communication' and physical access in healthcare and communities**

What is the ADA National Network?

Ten regional centers that provide a wide range of:

- Information;
- Guidance; and
- Training

on the Americans with Disabilities Act in order to

"make it possible for everyone with a disability to live a life of freedom and equality."

Where are the ten regional ADA Centers located?

Located throughout the United States in order to meet the specific needs of their regions.



Who is served by the ADA National Network?

- **Educational institutions**
- **Persons with disabilities and family members**
- **Businesses**
- **Employers**
- **Governments (local, state and national)**
- **Architects, contractors, designers, code officials**
- **Disability organizations and advocates**

Services provided by the ADA National Network

- **Individualized assistance to answer specific ADA questions**
- **High-quality informational materials on the ADA and related laws through national and regional websites and in print formats**
- **Customized regional and national trainings on the ADA through real-time webcasts, online courses and in-person sessions**

Congressional Purpose of ADA

"The purpose of the ADA ... is to provide a clear and comprehensive national mandate to end discrimination against individuals with disabilities and to bring those individuals into the economic and social mainstream of American life."

- A CIVIL RIGHTS ACT!

What does the ADA do for people with disabilities?

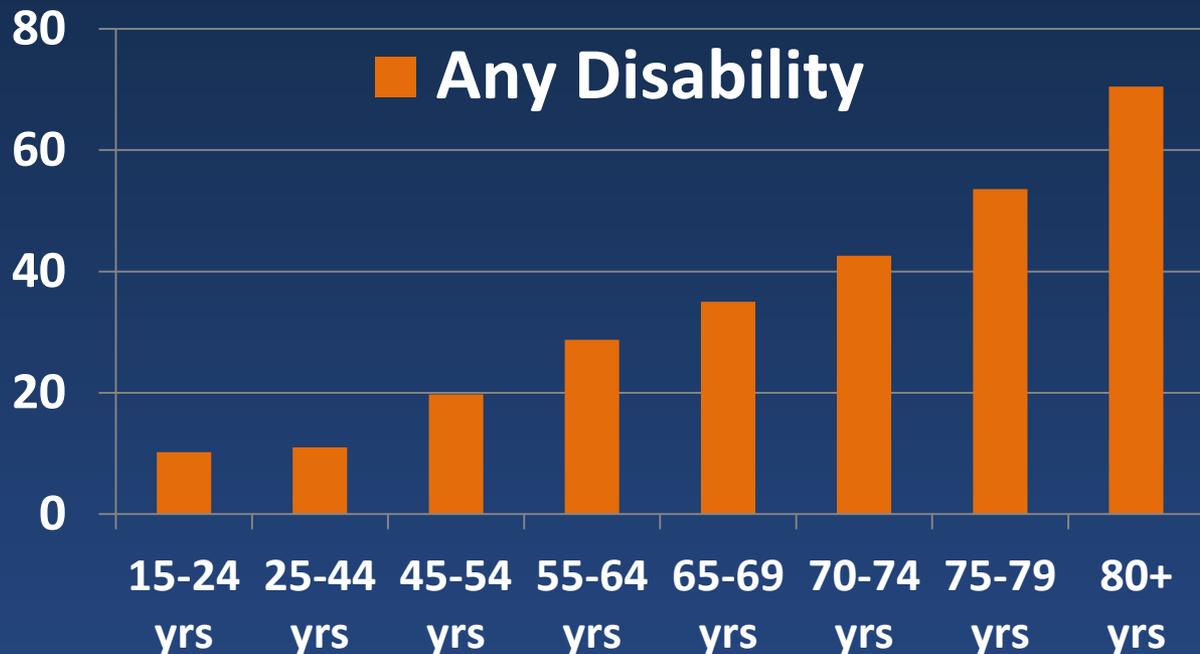
- Guarantees equal opportunity for individuals with disabilities in public accommodations (businesses), employment, transportation, state and local government services, and telecommunications.
- Also have related federal and state laws – e.g., Washington Law Against Discrimination.



Who and what does the ADA cover?

- **Title I - Employment**
- **Title II - State and Local Governments and Transportation**
- **Title III - Public Accommodations (“Businesses”)**
- **Title IV - Telecommunications**
- **Title V - Miscellaneous**

Boomers are relatively wealthy, active, spend freely, travel. What could possibly go wrong?



Despite being healthier than their parents, Boomers cannot escape developing disabilities.

How does the ADA view “aging?”

Some age-related impairments will meet the ADA definition of disability, others will not.

What makes a physical or mental impairment a disability under the ADA is that it:

- Substantially limits one or more major life activities, or**
- There is a record of such an impairment, or**
- The individual is regarded as having an impairment.**

Healthcare Providers under Title III

Hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists, health maintenance organizations (HMOs), and health clinics are included among the healthcare providers covered by the ADA.

Common Scenario

One woman with low vision reported that she learned only after years of taking her thyroid medication at dinnertime that taking the medication with food weakened the drug's effects, which may have compromised her treatment.

Effective Communication

- **Disabilities that affect hearing, seeing, speaking, reading, writing, or understanding may use different ways to communicate.**
- **Information must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.**



Effective Communication

Health care providers have a duty to provide appropriate auxiliary aids and services when necessary to ensure that communication with people with disabilities is as effective as communication with others.

28 C.F.R. § 36.303(c)

Effective Communication

“Auxiliary aids and services” are devices or services that enable effective communication for people with disabilities.



Effective Communication: Who?

- **Customers, clients, and other individuals with disabilities who are seeking or receiving the services of the medical center.**
- **May not always be "patients" of the healthcare provider – Auxiliary aids and services may need to be provided to spouses, partners, family members, etc. with disabilities.**

Effective Communication

- **The means used to provide effective communication is determined on a case-by-case basis – person's needs and situation.**
- **Consult with the individual to determine what communication method or technology will be effective for him or her.**

People with Visual Impairments

People with visual impairments often receive important health care-related information in standard print, which they can't read.

People with Visual Impairments

- **medical exam, test, and lab results**
- **information explaining diagnoses or treatment**
- **prescription medication instructions**
- **explanations of informed consent or end-of-life policies and procedures**
- **physical therapy instructions and instructions for the management of chronic conditions**
- **childbirth preparation resources, prenatal care materials**

Visual Impairments

Where information is provided in written form, ensure effective communication for people who cannot read the text.

- Consider the context,
- the importance of the information,
- the length, and
- complexity of the materials.

Communication - Print materials

- **Alternative formats - Braille, large print text, electronic format, audio recordings.**
- **If little time to have it produced in an alternative format, reading the information aloud may be effective (Qualified Reader).**
- **Example – reading what services you provide, etc.**



**Large
Print**



Common Scenario

Confidentiality Issues

Individuals with vision loss report feeling frustrated and embarrassed after being forced to reveal their confidential financial information or details about highly personal and private physical and mental health concerns out loud in public, in front of strangers.

Cognitive Disabilities

- **Allow plenty of time to teach a new task.**
- **Use repetition with precise language and simple wording.**
- **Treat adults as adults and children as children.**
- **Do not pretend to understand if you do not.**

Cognitive Disabilities

- Ask additional questions to clarify any information a patient may be sharing with you.
- Reduce distractions.
- Use pictures or objects to convey meaning, if appropriate.
- Allow a “wait time” for the patient to process information or respond to a question or to make a comment.

Auxiliary Aids and Services for Individuals who are Deaf or Hard of Hearing

- **qualified interpreters**
- **note-takers**
- **written materials**
- **assistive listening systems/devices**
- **Captioned media, transcripts, etc.**
- **Communication Access Real-time Translation**
- **exchange of written notes.**

Communication - Complex situations

Complex or lengthy exchanges

- an interpreter (sign language, oral, cued speech) or
- CART (Communication Access Real-time Translation)
- Examples – interviews, counseling sessions, community events, meetings, etc.
- Written transcripts or captions on video for pre-scripted situations such as speeches, presentations, etc.



Communication Access Realtime Translation

For individuals with significant hearing loss but do not rely on sign language for communication and who have good levels of reading comprehension, the appropriate auxiliary aid or service is usually the use of transcription services, such as Communication Access Realtime Translation (CART). 28 C.F.R. § 35.104.

Communication Access Realtime Translation



Communication Access Realtime Translation



“But it Costs too Much!”

- A health care provider is expected to treat the costs of providing auxiliary aids and services as part of the overhead costs of operating a business.**
- As long as the provision of the auxiliary aid or service does not impose an undue burden on the provider’s business, the provider is obligated to pay for the auxiliary aid or service.**

Accessible Exam Rooms, Chairs, and Medical Diagnostic Equipment

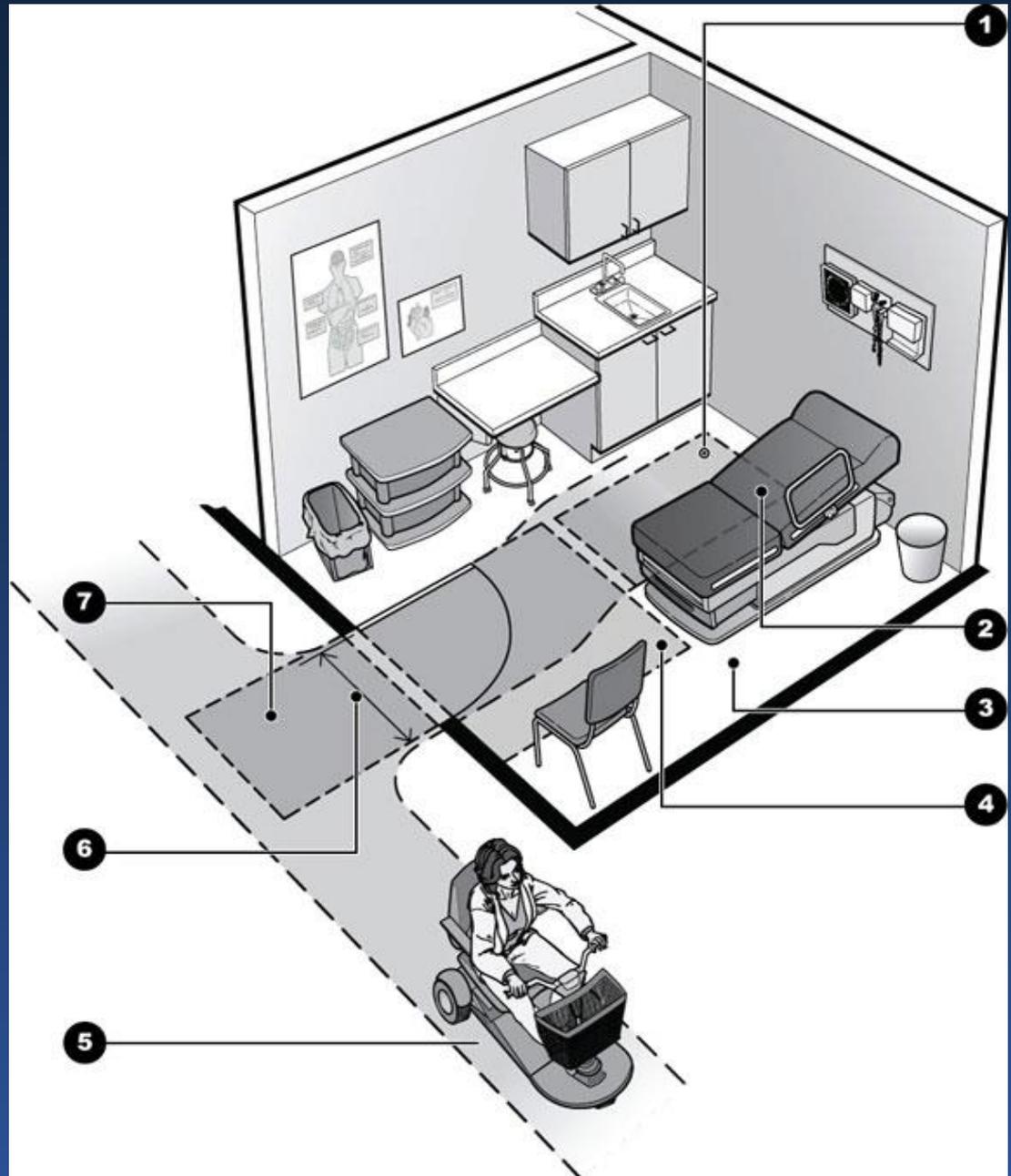
Common Scenario

A woman with a significant disability, and a wheelchair user, was not able to get routine reproductive healthcare services due to physical and attitudinal barriers. Subsequently, she was discovered to have advanced endometrial cancer only after significant symptoms warranted attention.

U.S. Access Board

“Issued accessibility standards for medical diagnostic equipment under section 510 of the Rehabilitation Act. These standards provide design criteria for examination tables and chairs, including those used for dental or optical exams and procedures, weight scales, radiological equipment, mammography equipment and other equipment used for diagnostic purposes by health professionals.”

1. Clear floor space
2. Adjustable exam table
3. Space to assist with transfers
4. Floor space
5. Accessible route
6. Accessible entry
7. Maneuvering clearances at entrance



Accessible Medical Diagnostic Equipment

Examination Tables and Chairs

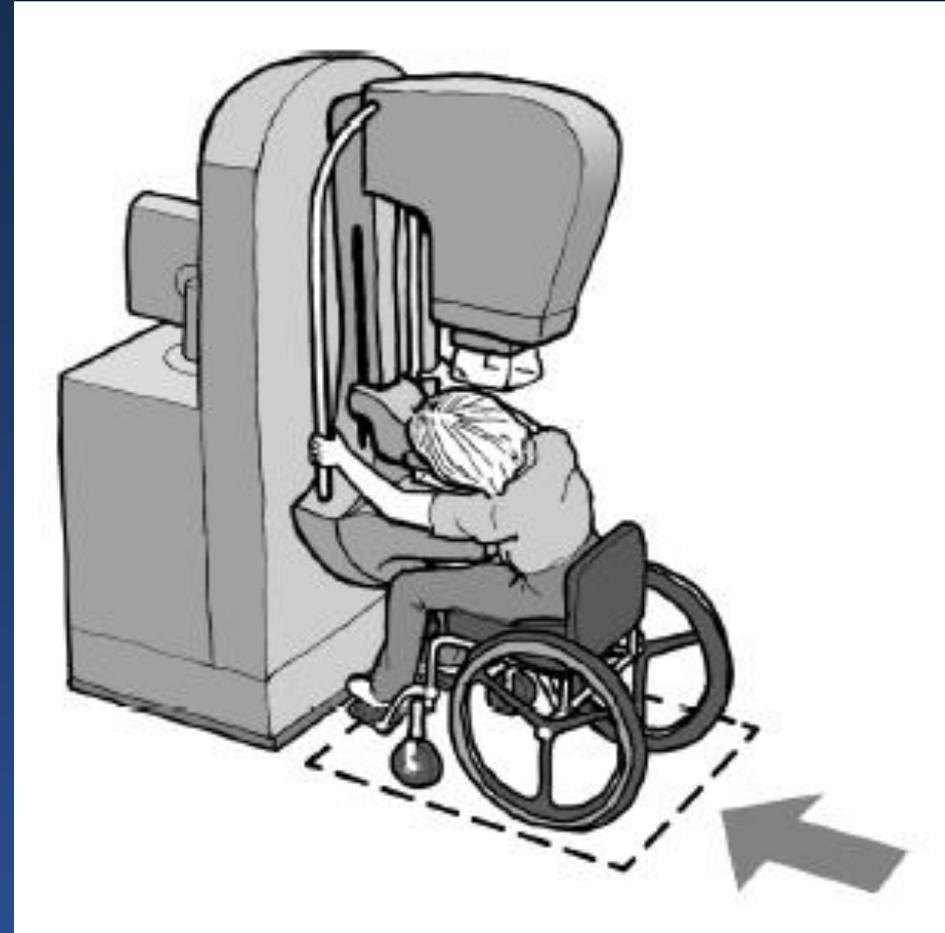
- adjustable transfer surface height
- transfer surface size
- support rails
- armrests
- space for floor lift



Accessible Medical Diagnostic Equipment

Mammography equipment

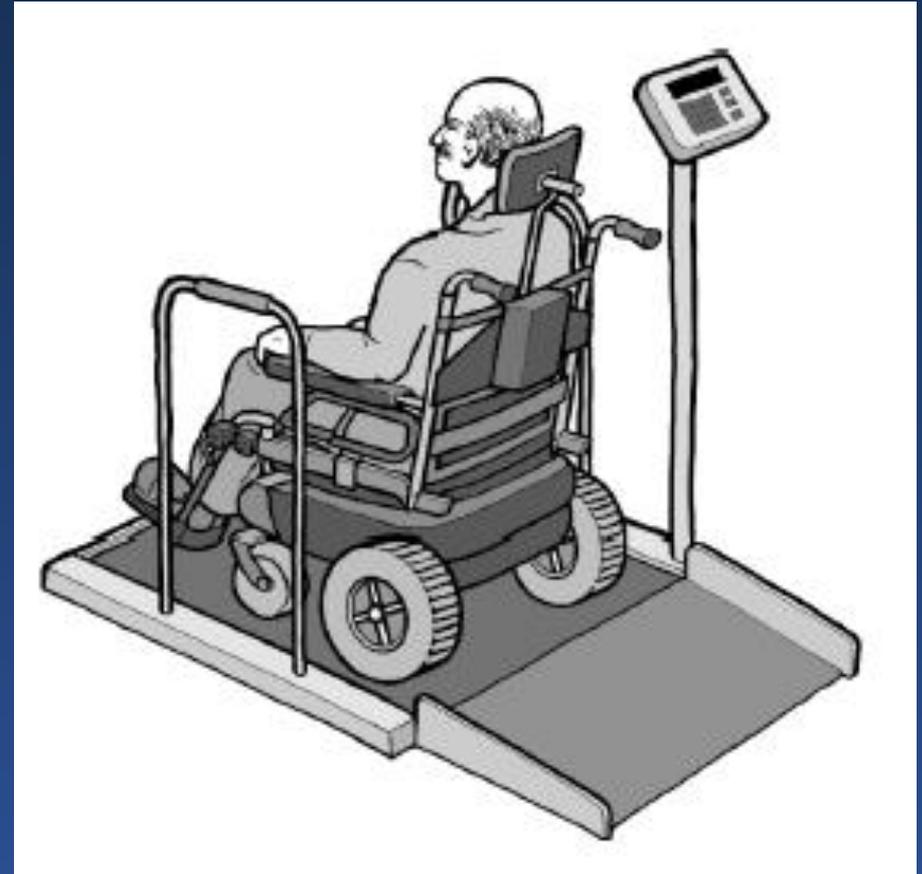
- breast platform height
- space for approach
- knee and toe clearance



Accessible Medical Diagnostic Equipment

Weight scales

- minimum space for wheelchair
- ramps
- edge protection
- support rails



Resources

- Regulations, appendices, standards are available at DOJ's ADA web site at www.ada.gov
- For answers to specific questions, DOJ toll-free ADA information line:
800-514-0301
- U.S. Access Board www.access-board.gov

Contact the ADA National Network



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