Accommodating People with Disabilities, Cultural Competency, and Linguistic Competency
• The American Disability Act (ADA) defines a person with a disability as:
  – A person who has a physical or mental impairment that substantially limits one or more major life activities.
    • This includes people who have a record of impairment, even if they do not currently have a disability.
    • It also includes people who do not have a disability, but are regarded as having a disability.
American Disability Act (ADA) Cont.

- Under the ADA, Section 504 of the Rehabilitation Act, and other State and Federal law and regulations, it is unlawful to:
  - Discriminate against persons with disabilities.
  - Discriminate against a person based on their association with a person with a disability.
Accommodations for People with Disabilities

- Physical Accessibility
  - Parking: Adequate marked accessible parking.
  - Route: Access into the facility is stable, firm and slip-resistant.
  - Entry: Zero steps into the building/office, entry doors at least 34” wide, entry door with easy assist system, elevators located on the accessible route with Braille symbols, and audible signals for up and down directions.
  - Restrooms: Large enough to accommodate a person with a wheelchair/scooter, entry doors at least 36” wide and easy to open, grab bars behind and to the wall side of the toilet, soap and towel dispenses 48” or less from the floor.
  - Exam Room: On accessible route with entry door at least 32” wide.
Accommodations for People with Disabilities Cont.

• Accessible Medical Equipment
  – Height adjustable exam tables.
  – Hoyer-type lift available to transfer a patient onto an exam table.
  – Wheelchair accessible weight scales.
  – Moveable exam chairs.

• Effective Communication
  – Use of auxiliary aids and services, such as: qualified readers and/or interpreters, audio recordings, relay service, Braille, assistive listening devices, large print, and captioning.
Accommodations for People with Disabilities Cont.

- **Policy Modification**
  - Flexible appointment times.
  - Longer appointment times.
  - Providing assistance filling out forms.
  - Providing print materials in accessible formats.
  - Allowing service animals and comfort animals when possible.
Empowering People with Disabilities

• It is important to:
  – Acknowledge prejudices;
  – Help combat discrimination; and
  – Encourage empowerment.

• Work with your members to determine the best course of care for them.
Know Your Patients, Be Considerate, and Relax!

• Capture information about accommodations that may be required.
  – Record this information in members’ charts.
• If making referrals to new providers, communicate to that provider the necessary accommodations for the member.
• Offer assistance with appropriate.
• Allocate extra time if needed.
• Treat people fairly.
• Most importantly – RELAX!
By following the Independent Living Model, you can help to empower people with disabilities.

<table>
<thead>
<tr>
<th>Independent Living Model</th>
<th>Medical Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decisions made by the individual.</td>
<td>Decisions made by medical professional.</td>
</tr>
<tr>
<td>Focus is on social and attitudinal barriers.</td>
<td>Focus is on problems or deficiencies.</td>
</tr>
<tr>
<td>Having a disability is a natural, common experience in life.</td>
<td>Having a disability is perceived as being unnatural and a tragedy.</td>
</tr>
</tbody>
</table>
Accommodations

• People with disabilities are entitled, by law, to fair and equal opportunities in all aspects of life.

• ADA Standards assist in meeting the needs and requirements for persons with disabilities by governing accommodation and accessibility requirements for programs of the public entities (government-run healthcare facilities) and places of public accommodation.
Cultural Competency

What is Cultural Competency?

• A set of interpersonal skills (including awareness, attitude, skills, and policies) that allow individuals to increase their understanding, acceptance, and respect for all cultures, races, and religious and ethnic backgrounds.

• These interpersonal skills help professionals work effectively with people of different cultures.
Principles & Key Considerations

- **Self Awareness**: Not treating people differently based on assumptions, biases, or stereotypes.
  - How does your own culture influence how we act and think?
  - Do not categorize everyone in a particular ethnic group in the same way.

- **Understanding**: Remembering that some of your members have experienced discrimination, lack of quality health care, and successful treatment with nontraditional medical approaches.
  - Do you take time to value diversity and accept differences?
  - Linguistic, economic, and social barriers that members from different cultures face may prevent access to healthcare and social services.
Principles & Key Considerations Cont.

• **Aware of Others**: Remember that some members speak to you based on a large number of cultural beliefs and expectations.
  
  – How does the member define health and family?
  
  – Treat each person as an individual, but recognize that their views are shaped by many factors, including: country of origin, religion, ethnic background, language, and family system.
  
  – Make reasonable attempts to collect race and language-specific member information.
Principles & Key Considerations Cont.

• **Reflective**: Critically examine and continually monitor your own beliefs and assumptions.
  – Do you take time to consider the impact of culture when you interact with members?
  – Respect cultural differences regarding physical distance, eye contact, and rate and volume of your voice.

• **Lifelong Learner**: Develop skills necessary for working with people of different cultures and backgrounds.
  – Have you ever encountered a situation where a misinterpretation or misjudgment occurred?
  – Become as familiar with your members’ culture as possible.
  – Learn from situations where misinterpretation or misjudgment occurred so that you are better able to help members in the future.
Steps for Providing Culturally Competent Care

• Provide services that reflect an understanding of diversity between and within cultures.
• Understand that members from different cultures consider and use alternatives to Western healthcare.
• Consider the members and their family's background in determining which services are appropriate.
• Consider the member and their family's perceptions of illness and aging.
• Treatment and care plans should be developed with consideration of the member’s race, county of origin, native language, social class, religion, mental or physical disabilities, age, gender, and sexual orientation.
Tips for Successful Cross-Cultural Communication

- Let the person see your lips as you speak.
- Be careful with your pronunciation.
- Project a friendly demeanor/attitude.
- Stick to the main point.
- Be aware of your assumptions.
- Emphasize or repeat key words.
- Don’t rush the member.
- Control your vocabulary – avoid jargon, slang, and difficult words.
- Listen carefully.
- Ask the member to repeat the information back to you to ensure they understood it.
- If the person did not understand you, try to phrase what you are saying in a different way.
- Speak clearly, but not more loudly.
- Write down key information for them to refer to later, or provide a translation.
Tips for Working with Interpreters

- Family and friends are not the same as a professional interpreter. They are more likely to modify what the member/provider has said in their effort to be helpful.
- Allow enough time for appointments involving interpreters.
- Speak directly to the member and not to the interpreter. The interpreter should not have side conversations with the medical professional.
- Avoid jargon and technical terms.
- Keep your sentences short, pausing to allow for interpretation. Say one longer sentence or three to four short ones. Stop in natural places to allow the interpreter to pass along your message.
- Ask only one question at a time.
- Be prepared to repeat yourself in different words if your message is not understood. If answers to questions don’t seem to fit, then go back and repeat yourself using different words.
- Check to make sure your message is understood.
Access to Interpreter/Translation Services

• IlliniCare Health members understand that they have access to medical interpreters, signers, TDD/TTY, and translation services to facilitate communication with no cost to them.

• To arrange interpreter and translation services:
  – Contact Member Services at 866-329-4701 (TDD/TTY: 866-811-2452) as soon as possible, or at least two (2) business days before the appointment.
  – In the event of an emergency, call Members Services for immediate assistance.
Linguistic Competency

- Treat people with disabilities with respect rather than using demeaning terms.

- “Person-First” language can help modify prejudice, discrimination, and stigma since it puts the person first and the disability second.
## “Person-First” Language

<table>
<thead>
<tr>
<th>Person-First</th>
<th>Disability-First</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability / Disabled</td>
<td>Handicap / Handicapped</td>
</tr>
<tr>
<td>Accessible Parking</td>
<td>Handicapped Parking</td>
</tr>
<tr>
<td>Had or has a disability</td>
<td>Stricken / Victim / Suffering from…</td>
</tr>
<tr>
<td>Cognitive or Intellectual Impairment</td>
<td>Retard / Mongoloid</td>
</tr>
<tr>
<td>Uses a wheelchair</td>
<td>Wheelchair bound</td>
</tr>
<tr>
<td>Person with a Communication Disorder</td>
<td>Dumb / Deaf / Mute</td>
</tr>
<tr>
<td>A Person who is Deaf</td>
<td>The Deaf</td>
</tr>
<tr>
<td>A Person who is Blind</td>
<td>The Blind</td>
</tr>
</tbody>
</table>
## Disability Etiquette Tips

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility Impairments</td>
<td>Don’t push or touch someone’s wheelchair. Don’t lean on a wheelchair. When possible, bring yourself down to their level to speak.</td>
</tr>
<tr>
<td>Visually Impaired</td>
<td>Identify yourself. Don’t speak or touch a guide dog who is working.</td>
</tr>
<tr>
<td>Hard of Hearing</td>
<td>Speak directly to the person, not the interpreter. Don’t assume the member can read your lips. Don’t chew gum or wear sunglasses or otherwise obscure your face.</td>
</tr>
<tr>
<td>Speech Disorders</td>
<td>Don’t finish the person’s sentences. Ask the person to repeat, or you can repeat to make sure you understood.</td>
</tr>
<tr>
<td>Seizure Disorders</td>
<td>Don’t interfere with the seizure. Protect their head during the event. Don’t assume you need to call 911, but use your judgment if you feel calling 911 is appropriate.</td>
</tr>
<tr>
<td>Respiratory Disorders</td>
<td>Don’t wear perfumes. Don’t use sprays or chemicals. Maintain good ventilation.</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>Speak clearly using simple words. Don’t use baby talk or talk down to the person. Don’t assume they can’t make their own decisions, unless you have been told otherwise.</td>
</tr>
</tbody>
</table>