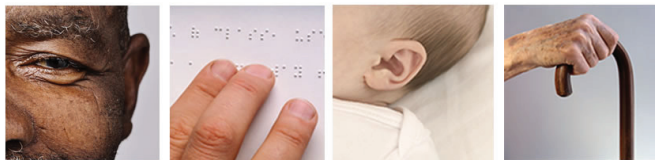


Effective Communication for Health Care Providers

A guide to caring for people with disabilities



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Alternate Formats

For additional copies or alternate formats please visit the Healthy Delawareans with Disabilities website at www.gohdwd.org or contact the Center for Disabilities Studies, University of Delaware at (302) 831-6974.

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Introduction

About 50 million people in the United States have a disability. According to the U.S. Public Health Service and the Department of Health and Human Services, this represents more than 20% of Americans (Office of Disability, 2008). In Delaware, there are about 179,000 individuals with a disability.

Disability, as defined in the Americans with Disabilities Act, is any physical or mental impairment that substantially limits one or more major life activities, including but not limited to walking, talking,



breathing, hearing or caring for oneself. There are many types of disabilities and they can vary in duration and severity. Some individuals are born with a disability; others acquire a disability during their lifetime. Some disabilities are visible; others are not easy to see. It is likely that everyone will experience a disability at some point in their lifetime.

Communication is an important part of any relationship but especially between physician and patient. Effective communication is critical to proper diagnosis, appropriate medication dosing and ensuring patient compliance with a treatment regimen.

Disability can impact communication. Identifying a patient's disability and its potential impact on effective communication is the first step in reducing the risk of miscommunication. The type of disability – whether intellectual, sensory, mobility or mental health – will help determine the kind of accommodation needed. Usually minor accommodations can be made to ensure effective communication. There are many options for auxiliary aids and services to ensure effective communication. Health care providers and their staff can develop skills and acquire tools that will allow them to successfully provide accommodations to patients with disabilities.

This guide will provide information to help you communicate effectively with your patients with disabilities.

PART 1 REQUIREMENT FOR EFFECTIVE COMMUNICATION

This section provides an overview of a health care provider's responsibility to provide "effective communication" as required by the Americans with Disabilities Act.

PART 2 COMMUNICATION BEST PRACTICES

This section outlines best practices that providers can use to establish communication policies in their practices to achieve effective communication with patients. There are suggestions for respectful language, website accessibility, preparing materials in alternate formats, and the use of auxiliary aids.

PART 3 WORKING WITH PEOPLE WITH DISABILITIES

This section provides practical tips on providing accommodations to individuals with different types of disabilities.

PART 1

THE REQUIREMENT FOR EFFECTIVE COMMUNICATION

The Americans with Disabilities Act (ADA) is civil rights legislation that prohibits discrimination against individuals with disabilities.

"A public accommodation shall take those steps that may be necessary to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services unless the public accommodation can demonstrate that taking those steps would fundamentally alter the nature of the goods, services, facilities, privileges, advantages, or accommodations being offered or would result in an undue burden, i.e., significant difficulty or expense."

Americans with Disabilities Act
28 C.F.R. s. 36.303(c)

This applies to state and federal agencies (Title II) and to places of public accommodation (Title III), which includes most businesses. The professional office of a health care provider and hospitals are specifically mentioned in the regulation.

Provider Duty

For health care providers and facilities, there is a duty to provide effective communication to all patients and their families or caregivers, including people with disabilities.

The nature of health care elevates the magnitude of consequences for miscommunication. A misdiagnosis or inaccurate medication dosage can be serious or even fatal.

Some specifics about providing effective communication

- Providers are responsible for ensuring effective communication, regardless of the size of the office or the number of employees.
- This duty extends to “companions” – not just the patient – if it will impact the patient’s care. For example:
 - a father who is deaf in a childbirth preparation class, or
 - a parent who is deaf when the child is the patient.
- Providers cannot rely on family members or friends to interpret when a sign language interpreter is requested. There are two exceptions to this requirement: 1) when the patient’s preference is to have a family member or friend interpret, and 2) in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no interpreter available.
- Providers cannot charge patients for the cost of supplying auxiliary aids or services.

Deciding what accommodation is needed

The U.S. Department of Justice expects that the health care provider will consult with the patient and carefully consider his or her self-assessed communication needs. The ultimate decision as to what measures to take rests with the provider, provided that the method chosen results in effective communication.

Health care providers and their staff must decide what assistance is appropriate, depending on the nature of the communication and the patient’s preferred method of communication.

The rules are intentionally flexible. Different health care settings — a dentist’s office, a surgery center, and a home health agency, for example — may need different solutions, because the nature of their communications are different. Also, different patients need different solutions, because the nature of their disabilities will be different. Some factors that can influence the selection of the accommodation are:

- the nature, length and importance of the communication;
- the individual’s communication skills and knowledge;
- the patient’s health status;
- the patient’s and/or companion’s request for an interpreter or other specific auxiliary aid or service;
- the reasonably foreseeable health activities of the patient; and
- the availability at the required times, day or night, of appropriate auxiliary aids and services.

Examples of auxiliary aids and services

There are many options available for creating effective communication with a patient with a disability. The choices can be simple — paper and pen — or they can be more sophisticated technology, such as video relay services. Some examples include: qualified sign language interpreters, notetakers, computer-aided transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning,

telecommunications devices for deaf persons (TDD's), videotext displays, qualified readers, taped texts, audio recordings, Brailled materials, or large print materials.



Limits

The ADA has limits on how far a business must go in providing effective communication. Businesses are not expected to provide any services that would “**fundamentally alter**” the business’s goods and services or that would cause an “**undue burden**.” Many providers are unsure about how to interpret these concepts.

A fundamental alteration is a change that is so significant that it alters the essential nature of the goods, services, facilities, privileges, advantages or accommodations offered by a business. In health care settlements, the Department of Justice has indicated that very rarely will this be a legitimate defense for failing to provide effective communication.

The ADA does not require businesses to furnish any communication aids or services that place an undue burden on the business. An undue burden is defined as “significant difficulty or expense.” It is evaluated on a case-by-case basis, relative to the business’s overall resources.

Settlement agreements negotiated with the Department of Justice are clear. Being reimbursed less than the cost of services for a sign language interpreter is not considered an undue burden.

It is important to note that, even when a particular communication aid or service would cause an undue burden, a business still has a duty to provide another communication aid or service that is effective but is less difficult or costly, if one is available.

Tax incentives for improving access

Businesses can take advantage of two federal tax incentives available to help cover costs of improving access for customers with disabilities:

- A tax credit for small businesses who remove access barriers from their facilities, provide accessible services, or take other steps to improve accessibility for customers with disabilities
- A tax deduction for businesses of all sizes that remove access barriers in their facilities or vehicles.

A business that annually incurs eligible expenses to bring itself into compliance with the ADA may use these tax incentives every year. The incentives may be applied to a variety of expenditures; however, they may not be applied to the costs of new construction. All barrier removal must comply with applicable federal accessibility standards.

Tax Credit

Small businesses with 30 or fewer employees or total revenues of \$1 million or less can use the Disabled Access Credit (Internal Revenue Code, Section 44). Eligible small businesses may take a credit of up to \$5,000 (half of eligible expenses up to \$10,250, with no credit for the first \$250) to offset their costs for access, including barrier removal from their facilities (e.g., widening a doorway, installing a ramp), provision of accessibility services (e.g., sign language interpreters), provision of printed material in alternate formats (e.g., large-print, audio, Braille), and provision or modification of equipment.

Tax Deduction

Businesses of all sizes may take advantage of this tax deduction. Under Internal Revenue Code, Section 190, businesses can take a business expense deduction of up to \$15,000 per year for costs of removing barriers in facilities or vehicles.

Tax Incentives in Combination

These two incentives can be used together by eligible businesses if the expenditures qualify under both Sections 44 and 190. If a small business' expenses exceed \$10,250 for the maximum \$5,000 tax credit, then the deduction equals the difference between the total spent and the amount of the credit claimed.



For further details and information, review these incentives with an accountant or visit the Internal Revenue Service website at www.irs.gov. Request IRS Publications 535 "Business Expenses" (tax deduction) and 334 for further information on tax incentives, or Form 8826 (Disabled Access Credit) to claim your tax credit (<http://www.irs.gov/pub/irs-pdf/f8826.pdf>). Questions for the IRS can be directed to 800-829-1040 (voice) or 800-829-4059 TDD.

Source: Expanding Your Business, Tax Incentives for Businesses, U.S. Dept. of Justice, Civil Rights Division, Disability Rights Section (<http://www.ada.gov/taxincent.pdf>).

PART 2

COMMUNICATION BEST PRACTICES

Good communication is an essential part of any successful relationship, especially in relationships between health care providers and their patients.

The following suggestions will help your staff to provide the best communication possible to people with disabilities. Suggestions for communicating with individuals with specific types of disabilities are found in Part 3.

- Speak directly to the patient rather than through a companion.
- If you offer assistance, wait until it is accepted before touching the patient.
- Explain all procedures and exams as many times as necessary. Use verbal cues or models when necessary.
- Ask the patient what positions are most comfortable, what is the best way to transfer, and if assistance is needed.
- Remember, the patient knows their needs and preferences better than anyone else.
- Consider that individuals with disabilities are at a higher risk for abuse and neglect, which can come from the caregiver. Always give your patient with a disability a chance to speak with you alone.
- Individuals with disabilities need regular check-ups, screenings and health education. Not every visit may be related to an individual's disability.
- Seek out the newest medical information regarding the relationship between relevant health conditions and your patient's specific disability.
- Ask your patients with disabilities to give you regular feedback and suggestions to help you provide the best care possible.



Not all disabilities will impact communication. If you are not sure, ask. Once you know, usually simple accommodations can be made to achieve effective communication.

Practical solutions

The aim is to figure out practical solutions that allow you to communicate with patients who have disabilities, fit with your type of business, and comply with the ADA. Some easy solutions work in relatively simple and straightforward situations. Other, more sophisticated solutions may be needed if the information being communicated is more extensive or complex.

For relatively simple transactions

You can speak or read information to a patient who is blind or has low vision.

You can use facial or body gestures that express information, point to information, or write notes to communicate with a patient who is deaf or hard of hearing.

You can read notes written by a patient who has a speech disability, or read or listen to the words the patient selects on a “communication board.”

Patients who are blind may also need assistance in finding an item or in maneuvering through your office.

For more extensive or complex communications

For people who are blind or have low vision, printed information can be provided in large print, in Braille, on a computer disk, or in an audio format (such as an audio CD or MP3 player), depending on what is usable for the particular patient. A magnifying glass can also help a person with low vision to read printed materials.

For people who are deaf or hard of hearing, spoken information can be provided using a sign language interpreter, an oral interpreter, a printed transcript of the words that are usually spoken, or a service called “real-time captioning.”

Many people who have been deaf since birth have limited literacy skills. Keep that in mind if the communication method you consider using relies on reading and/or writing.

Ask. Accommodate. Communicate.

One way to be aware of any barrier to effective communication or to delivering proper care is to routinely ask patients if they will need an accommodation during their visit. Usually the patient will be the best source of information about any accommodation needed.

Consider asking the following question when scheduling every appointment:

“Do you have any special needs related to a disability that we can assist you with during your visit?”

Examples:

- Help with dressing or undressing
- Understanding medical information
- Positioning during a procedure
- Help with completing forms
- A sign language interpreter
- Adjustable medical equipment that goes low enough for someone seated in a wheelchair

Respectful Language

People First Language

Our spoken language often conveys more than the words themselves. It is important to speak appropriately and respectfully with and about an individual with a disability. When addressing people with disabilities, it is important to refer to the person first rather than their disability. People’s disabilities are only one part of them; they are not their defining characteristic. Therefore, when speaking to people with disabilities consider using what is called People First Language. Table 1 offers suggestions on how to communicate with and about people with disabilities.

Only refer to the disability if it is relevant to the conversation. Avoid using words such as “victim,” “unfortunate,” and “afflicted.” In addition, when referring to people without disabilities use “people without disabilities” as opposed to “normal” or “able-bodied.”

TABLE 1 COMMUNICATING WITH AND ABOUT PEOPLE WITH DISABILITIES

PEOPLE FIRST LANGUAGE	LANGUAGE TO AVOID
Person with a disability	The disabled, handicapped
Person without a disability	Normal person, healthy person
Person with an intellectual, cognitive, developmental disability	Retarded, slow, simple, moronic, defective, afflicted, special person
Person with an emotional or behavioral disability, or a mental health or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Person who is hard of hearing	Hearing impaired, suffers a hearing loss
Person who is deaf	Deaf and dumb, mute
Person who is blind or has vision loss	The blind
Person who has a communication disorder, is unable to speak or uses a device to speak	Mute, dumb
Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound; a cripple
Person with a physical disability, physically disabled	Crippled, lame, deformed, invalid, spastic
Person with autism	Autistic
Person with epilepsy or seizure disorder	Epileptic
Person with multiple sclerosis	Afflicted by MS
Person with cerebral palsy	CP victim
Accessible parking or bathrooms	Handicapped parking or bathroom
Person of short stature	Midget
Person with a congenital disability	Birth defect
Person with Down syndrome	Mongoloid
Person who is successful, productive	Has overcome his/her disability, is courageous

Source: "Communicating With and About People with Disabilities," National Center on Birth Defects and Developmental Disabilities, http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/DisabilityPoster_Photos.pdf

Describing accessible features

When speaking about services or features designed to accommodate the needs of individuals with disabilities, such as parking spaces, bathroom stalls, or vehicles with lifts, use the word “accessible” instead of “handicapped.”

Telecommunication Services for Patients with Hearing Loss

Individuals who are deaf or hard of hearing have a range of services available to provide accommodation. Accommodations may include the use of paper and pencil, cell phone text messaging, the use of assistive technology or the services of a sign language interpreter.

RELAY SERVICES

Delaware Relay

Delaware Relay is a free service that provides full telephone accessibility to people who are deaf, hard of hearing, deaf-blind, or have speech or communication difficulties. Relay service is available 24 hours a day, seven days a week and 365 days a year. Using this service, the operator voices everything you type and types everything you say. Free equipment is available for eligible parties. The operator is available by dialing 7-1-1 on any phone or cellphone.



Sprint Video Relay Service

Video Relay Service (VRS) allows natural telephone communication for individuals who use American Sign Language (ASL). Service is easily accessible from nearly anywhere. Communication flows through a qualified video interpreter via a stand-alone videophone appliance or desktop or laptop with video conference capability. This service requires high speed internet service. Learn more about this service at www.sprintvrs.com.

Voice Carry Over

Voice Carry Over allows users who are hard of hearing to speak directly to people with hearing. When a person with hearing speaks to a caller with hearing loss, an operator serves as the “ears” and types everything said to the caller’s TTY or VCO phone.

Hearing Carry Over

Hearing Carry Over (HCO) allows hearing users with a speech disorder to listen to the person they are calling. The HCO user types his/her conversation for the operator to voice the conversation to the party on the line.

TTY

A person who is deaf, hard of hearing, deaf-blind or has a speech disorder uses a text telephone, or TTY, to type his/her conversation to an operator. The operator then reads the typed conversation to a hearing person. Then the operator relays the hearing person's spoken words by typing them back to the TTY user. Dial 711 or 800-232-5460.

Sprint IP Relay

You can place a relay call from any internet connection with a computer or wireless device that has AOL Instant Messenger (AIM) access. Visit www.sprintip.com for more information.

Spanish Relay

TTY users can type in Spanish and the conversation will be relayed in Spanish. TTY users can also request Spanish to English or English to Spanish translation via relay. To make a Spanish relay call, dial 877-335-7595 and instruct the operator how you want your call translated. For more information on any of these services, visit the Delaware Relay Services website at: <http://www.delawarerelay.com/about/what.php>.

Sign Language Interpreters

Some individuals with hearing loss use sign language to communicate. They may request a sign language interpreter as their preferred accommodation during a health care visit. In most cases, it is the provider's duty to secure and pay for these services.

Interpretation is the process of translating spoken English into sign language and/or gestures for communication between deaf and hearing individuals. Interpreters are trained professionals who are fluent in both languages, understand the process and cultural issues, and who are bound by a professional code of conduct.

To locate a certified sign language interpreter, you can ask the patient if they have a suggestion for an interpreter they have used before, or you can visit the Registry for Interpreters for the Deaf at www.rid.org. This website hosts a searchable database for finding a certified sign language interpreter in your area.

Accessible Materials

When not speaking face to face with patients, providers often rely on printed materials, voice recordings and websites to convey critical information about practice procedures or guidelines for seeking emergency treatment. These messages should be accessible and take into account the needs of people with disabilities. Although it is nearly impossible to create documents that consider each person's unique abilities, you can increase access to education and information by designing materials with the broadest range of user abilities in mind. Try to present the same content in multiple formats.



PRINT

The following guidelines will increase usability of your print materials for many patients.

- Use simple and direct language. Keep the reading level at an elementary level. There are simple ways to check reading level, including a feature in Microsoft Word.
- Use large font, at least 12-point with extra space between the lines.
- Use clean, simple fonts. Avoid fancy fonts and italics **LIKE THIS** or *LIKE THIS*.
- Do not clutter text with shading, overlays, or use pictures behind text in documents.
- Avoid glossy white paper; instead use matte, off-white paper.
- Make sure there is sufficient contrast between text and background colors. It is generally better when there is a dark font on a light background, as opposed to the alternative.
- Include photos of individuals with disabilities in your publications.

See illustrations of these principles developed by Lighthouse International at <http://lighthouse.org/accessibility/design/accessible-print-design/making-text-legible>.

WebAim has an online tool to assist with assessing if your color choices provide sufficient contrast. Try it at <http://webaim.org/resources/contrastchecker>.

WEBSITES

Designing accessible websites with understandable language and clear, easy-to-read text is an important part of removing barriers to communication. The internet is now a widely used tool for gaining information, and can be made accessible to people with different disabilities through assistive technology. Reference the resources below to ensure that your website material is accessible to all viewers.

Web Content Accessibility Guidelines have been developed to assist web developers in the features that will improve accessibility. The Web Content Accessibility Guidelines Work Group has identified four design principles to include when designing your web content. It should be:

Perceivable

- Provide text alternatives for non-text content.
- Provide captions and other alternatives for multimedia.
- Create content that can be presented in different ways, including by assistive technologies, without losing meaning.
- Make it easier for users to see and hear content.

Operable

- Make all functionality available from a keyboard.
- Give users enough time to read and use content.
- Do not use visual features that could trigger seizures.
- Help users navigate and find content.

Understandable

- Make text readable and understandable.
- Make content appear and operate in predictable ways.
- Help users avoid and correct mistakes.

Robust

- Maximize compatibility with current and future user tools.

For more information on how to evaluate your website, you can visit: www.webaim.org and use the WAVE evaluation tool at <http://wave.webaim.org/>.

The ADA Best Practices Tool Kit for State and Local Governments provides an easy to understand overview of the elements of accessibility. See the section titled, "Website Accessibility" Under Title II of the ADA at <http://www.ada.gov/pcatoolkit/chap5toolkit.htm>.

POSTERS

Posters are often used to promote healthy behaviors or special events. They should be created with accessibility guidelines in mind to maximize access and allow for effective communication. Posters should generally have:

- Large font that is legible from a distance of 3 to 6 feet
- Sans serif fonts like Arial or Verdana
- High contrast between poster text and poster background
- Properly spaced text characters
- Vertical line spacing should be anywhere between 1.2 and 2.0 to allow for easier focus
- Horizontal line spacing, or “tracking,” adjusted to +3 so that characters are not overcrowded.

Using Images or Graphics on Posters

Place images or graphics with consideration to where in the sequence of text they belong.

- Do not place text over images
- Refer to image or graphic titles in the text
- Clearly explain any data charts (i.e. pie charts) with text on the poster.

For more information on poster accessibility, please see the source document, *Guidelines for Creating Accessible Printed Posters*, Gilson, Stephen F. Ph.D. and Robert M. Kitchin Jr., MSW (2007). http://www.aucd.org/docs/annual_mtg_2008/accessibility_posters_gilson2007.pdf

SLIDE PRESENTATIONS

PowerPoint slides are commonly used in presentations as an effective way to display ideas and data. Because PowerPoint is a visual medium, presenters should be sure to make presentations accessible to all audience members.

Text content

Keep the text on your slides clear and simple.

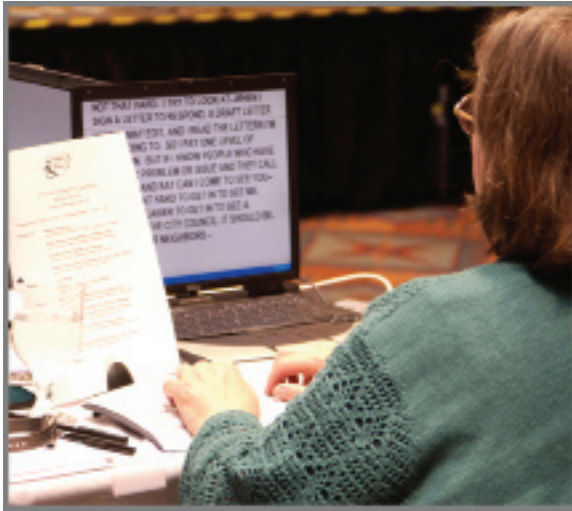
- Title fonts should be 44 point or greater. Text fonts should be 36 point or greater.
- Don't try to cram too many slides into your presentation. Allow your audience time to read slides.
- Place no more than 6 lines of text on a slide.

Graphic content

Note that graphics often cannot be read with screen readers and other text-based devices.

- Replace graphics with text whenever possible.
- If graphics are used, include a detailed explanation of the

meaning of the chart or graphic in a descriptive text-only slide included immediately after the graphic slide. Note that the meaning of the graphic is needed, not a description.



An example that doesn't illustrate the meaning of the graphic would be: "Chart with blue and red bars." An example that conveys the content would be: "Data from this chart illustrates that people with disabilities report spending more time in the emergency room than people without disabilities."

Avoid:

- Slide transitions
- Busy slide backgrounds and chart filler patterns
- Over-crowding text
- Color schemes providing low contrast
- Charts without text descriptions
- Videos that are not captioned.

For more information on creating accessible PowerPoint presentations, including an accessible template, please view the source document from the Association of University Centers on Disability at http://www.aucd.org/docs/annual_mtg_2008/accessibility_ppt_apha2007.ppt

Alternate formats

Even when print materials are designed for maximum usability, not everyone will be able to access information in the same way. Providers need to be prepared to provide information in alternative formats. Examples of alternate formats include: Braille, audio recording, and electronic pdf or text file.

LARGE PRINT

Individuals who have low vision may not be able to read standard sized print on your handouts.

Large print should be printed on single-sided 8.5" by 11" paper and stapled at the top left corner.

Use "portrait" or "letter" orientation, unless a visual element requires "landscape," to achieve maximum visibility.

Left justify all paragraphs and do not use columns.

Keep a one-inch margin on all sides.

Use 18-point font for all text. Larger fonts may be used for headings. Individual users may request fonts larger than 18-point as an accommodation.



Use a bold serif font (such as Times New Roman) for body text and a bold simple sans-serif font (such as Arial) for headings and other information that is set apart from body text. Do not use any compressed or condensed fonts.

Use a minimum of 1.5 line spacing; use double spacing when possible.

Do not use small caps, italics, or all caps for text. Use initial caps and lower case for titles and text.

Use underlining for emphasis instead of italics.

Delete decorative graphics that do not contribute to the meaning of the information being presented.

Source: *AUCD Accessibility Guidelines* <http://www.aucd.org/conference/template/page.cfm?id=50041#handouts>

ELECTRONIC FILES

These files may be available for email or delivered on a CD or a flash drive. Individuals who are blind or have low vision may prefer to have text files of your materials and have their screen readers or other computer software convert the materials. When converting documents to an electronic file:

- Use simple, standard page layout.
- Keep background simple and seek high visual contrast between text and background.
- Use captions or “alt text” to describe any graphics.
- Use a simple font; no italics or compressed fonts.
- A text file format will be a good choice for many documents.

Note that PDF files are often not readable by screen reader technology. When posting documents on the web, it is a good idea to make them available in more than one format, such as PDF, HTML and a text version.

AUDIO RECORDING

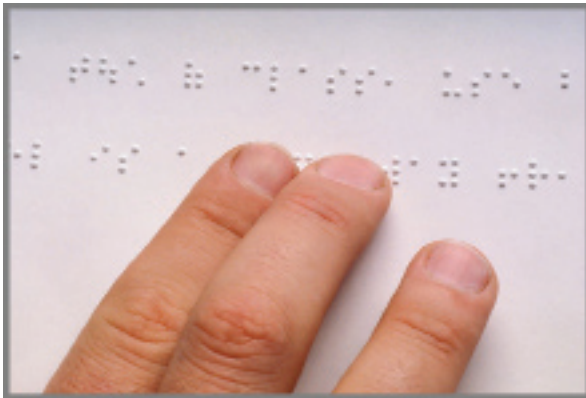
Providing an audio recording is one way to deliver information to patients who cannot see or read your printed materials. For documents with several chapters, double beep the beginning of each chapter

before you say the title and single beep each page so readers can find their place in the document as they follow along.

Make sure the CD presents clear, high-quality sound.

Label the cassette with both Braille and print labels.

Include an option of a text version with an audio recording.



BRAILLE

Put page numbers at the top right-hand corner.

Margins should be wider on the left side.

If using a Braille printer, have someone check for accuracy as misprints can occur.

Accessible Meetings

Any person hosting a meeting should consider the needs of all meeting participants. It is important to host meetings in a usable and comfortable environment for everyone. When planning a meeting, there are some basic considerations to ensure that the meeting is accessible to people with disabilities.

Consider the following:

The facility should meet basic accessibility standards (ADA requirements) so that people with a variety of disabilities are able to move around without physical barriers. This includes parking, pathways and restrooms.

The meeting room itself, including seating, should be accessible to allow access for participants with sensory, physical, and communication disabilities.

All meeting activities such as breaks, off-site tours, social activities, etc. should be accessible to ensure that everyone is an active participant.

Information should be presented in such a way that it is easily understood by individuals with a variety of abilities.



DETERMINING WHAT THE AUDIENCE NEEDS

It is easy to include a simple question to determine accommodation needs through the registration or RSVP process. Create a standard question to ask each meeting participant or have a list of accommodations that the participant can check off.

Make alternate formats of handouts available. See section above for information on alternate formats. Participants can be given the opportunity to request accommodations (e.g., large print, assistive listening devices, interpreters) that they might need to participate in the meeting and planners should make every effort to fulfill those requests.

GUIDELINES FOR SPEAKERS

- Use a microphone during the presentation. This is important for persons who may be using assistive listening devices that rely on a sound system.
- Before answering any questions, repeat the question into the microphone.
- Provide verbal descriptions of any overheads, slides, or charts, reading all text on the visual aids.
- Present key points in multiple ways, including visual, auditory and tactile approaches.
- Handout materials should be made available to meeting planners in advance so alternate formats can be produced if requested, or the speakers should bring their own copies in alternate formats.

Excerpted from: Planning Meetings That Are Accessible To All Participants, created by the North Carolina Office on Disability and Health. See the source document at <http://www.fpg.unc.edu/~ncodh/pdfs/rbmeetingguide.pdf>

PART 3

WORKING WITH PEOPLE WITH DISABILITIES

There are many types of disabilities, such as those that affect a person's hearing, vision, movement, thinking, remembering, learning, communicating, mental health, and social relationships.

Disability can impact communication. Providers and their staff can learn about each patient and the impact of their disability and make simple accommodations to ensure effective communication.

Ask. Accommodate. Communicate.

One way to be aware of any barrier to effective communication or to delivering proper care is to routinely ask patients if they will need an accommodation during their visit. Usually the patient will be the best source of information about what accommodation will work best.

Consider asking the following question when scheduling every appointment:

“Do you have any special needs related to a disability that we can assist you with during your visit?”

Examples include:

- Help with dressing or undressing
- Understanding medical information
- Positioning during a procedure, such as a mammogram
- Help with completing forms
- A sign language interpreter
- Adjustable medical equipment that goes low enough for someone seated in a wheelchair.

Be prepared to make accommodations. This will make the patient visit a better experience for staff and patients. The following information offers suggestions and resources for accommodating patients with different types of disabilities.

ABOUT HEARING LOSS

Hearing loss is a full or partial decrease in the ability to detect or understand sounds.¹ It can range from a mild hearing loss to total deafness. According to the 2008 American Community Survey, approximately 10.4 million individuals in the U.S., or 3.5% of the U.S. population, have hearing loss.² In Delaware, approximately 31,000 individuals (3.6% of all Delawareans) have hearing loss.

Caring for people with hearing loss

With appropriate auxiliary aids and methods, it is possible to communicate with people with hearing loss. Ask about the patient's preferred method of communication. Explore if the person reads lips, uses a hearing aid, sign language interpreters, writes, speaks, or gestures by following cues. Some people who have significant hearing loss may use cochlear implants that help them receive sounds.

- Ask persons with hearing loss what kinds of accommodations they will need when scheduling an appointment.
- Explore different types of assistive technology, such as captions, video phones or Teletype (TTY) that may assist your patients.
- Do not rely on family members or children to interpret, but provide a sign language interpreter if one is requested.
- Speak in a normal tone of voice directly to the person.
- Always direct the conversation to the person with the hearing impairment even if a family member, caregiver, or sign language interpreter is also present.
- To get the attention of a person who has a hearing impairment, tap the person on the shoulder.
- Make sure you have the person's full attention before speaking.
- Ensure that the individual can always see your face. Your mouth and your facial expressions carry a lot of helpful information.
- Have conversations in a one-on-one setting without background noise whenever possible.

¹ U.S. Legal. Retrieved from www.definitions.uslegal.com

² Erickson, W., Lee, C., von Schrader, S. (2010, March 17). Disability Statistics from the 2008 American Community Survey (ACS). Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved from www.disabilitystatistics.org



Resources

Delaware Office for the Deaf and Hard of Hearing (DODHH)
 4425 North Market Street
 Wilmington, DE 19802-1307
 302-761-8275 Phone
 302-761-8336 TTY
 302-761-6611 Fax
<http://www.delawareworks.com/dvr/dodhh.shtml>

Registry of Interpreters for the Deaf
 333 Commerce Street
 Alexandria, VA 22314
 703-838-0030 Phone
 703-838-0459 TTY
 703-838-0454 Fax
<https://www.rid.org/acct-app/index.cfm?action=search.members>
 To find a sign-language interpreter through the online, nationwide registry go to
<https://www.rid.org/acct-app/index.cfm?action=search.members>

Relay Delaware

Free telecommunication services for communication between people who are deaf, hard of hearing, deaf-blind, have a speech disorder and hearing.

Call 7-1-1

800-232-5470 Toll Free

800-232-5460 TTY

877-335-7590 Voice Carry Over

800-232-5460 Hearing Carry Over

877-335-7274 Speech To Speech

877-335-7595 Spanish

<http://www.delawarerelay.com>

National Association of the Deaf

8630 Fenton Street, Suite 820

Silver Spring, MD 20910

301-587-1788 Phone

301-587-1789 TTY

<http://www.nad.org>

Questions and Answers for Health Care Providers:

<http://www.nad.org/issues/health-care/providers/questions-and-answers>

Hearing Loss Association of America

7910 Woodmont Avenue, Suite 1200

Bethesda, MD 20814

301-657-2248 Phone

<http://www.hearingloss.org>

Delaware Assistive Technology Initiative Locations in New Castle, Kent and Sussex Counties

800-870-3284 Toll Free (Delaware only)

302-651-6790 Phone

302-651-6794 TDD

302-651-6793 Fax

<http://www.dati.org>

ABOUT VISION LOSS

Vision loss or low vision is a reduction in vision that can't be corrected with standard glasses or contact lenses and it reduces a person's ability to function at certain or all tasks. It includes:

- inability to see images clearly and distinctly;
- loss of visual field;
- inability to detect small changes in brightness;
- color blindness; and
- sensitivity to light.³

Blindness means no vision or vision that, even with correcting glasses, is so limited that it prevents the performance of ordinary activities. According to the 2008 American Community Survey, approximately 6.8 million individuals in the U.S., or 2.3% of the U.S. population, have a visual disability⁴. In Delaware, 22,600 individuals (2.6% of all Delawareans) have a visual disability.

Caring for people with vision loss

Ask persons with vision loss what kinds of accommodations they will need when scheduling an appointment.

Every person with a visual impairment has a different level of sight.

Good lighting is essential. Avoid any type of glare that can disturb people's vision.

Make alternate formats of your practice's printed materials available such as brochures and care instructions. Alternate formats may include large print, Braille or audio versions.

Arrange to have intake forms available either online for improved accessibility and for use with screen readers or in large print format.

³ U.S. Legal. Retrieved from www.definitions.uslegal.com

⁴ Erickson, W., Lee, C., von Schrader, S. (2010, March 17). Disability Statistics from the 2008 American Community Survey (ACS). Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved from www.disabilitystatistics.org

⁵ Partially excerpted from Disability Etiquette, Tips On Interacting With People With Disabilities, United Spinal Association (2008). New York.



Introduce yourself to a patient with vision loss upon entering the room. If you leave the room, inform the person first. If leaving the person in the room, be sure to orient them to the layout of the room and make sure they are aware of landmarks - tables, doors, or equipment.

Explain any procedure or treatment before you execute it so the person knows what to expect.

If the person has a guide dog, walk on the opposite side of the dog. Do not touch the dog, as the dog is working and needs to concentrate on his/her task.

If the person uses a cane, do not touch the cane. The cane is considered part of the individual's personal space.

If the person needs to be guided, offer your arm but don't take his/her arm. The person may need his/her arms for balance.⁵

Resources

Delaware Division for the Visually Impaired
Biggs Building
1901 North DuPont Highway
New Castle, DE 19720
302-255-9800 Phone
302-255-9854 TDD
<http://www.dhss.delaware.gov/dvi/>

Delaware Association for the Blind
800 West Street
Wilmington, DE 19801
302-655-2111 Phone
888-777-3925 Toll Free
302-654-1376 Peer Support
302-655-1442 Fax
<http://www.dabdel.org>

National Federation for the Blind
200 East Wells Street at Jernigan Place
Baltimore, MD 21230
410-659-9314 Phone
410-685-5653 Fax
<http://www.nfb.org>

American Optometric Association
1505 Prince Street, Suite 300
Alexandria, VA 22314
800-365-2219 Toll Free
<http://www.aoa.org>

Delaware Assistive Technology Initiative
Locations in New Castle, Kent and Sussex
Counties
800-870-3284 Toll Free (Delaware only)
302-651-6790 Phone
302-651-6794 TDD
302-651-6793 Fax
<http://www.dati.org>

ABOUT COMMUNICATION DISORDERS

Speech and language disorders refer to problems in communication and related areas such as oral motor function. These delays and disorders range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and eating. Some causes of speech and language disorders include hearing loss, neurological disorders, brain injury, intellectual disabilities, drug abuse, physical impairments such as cleft lip or palate and vocal abuse or misuse.⁶ Since causes of communication disorders vary greatly and there are few published data, it is difficult to determine how many Americans cope with a communication disorder. Approximately 1% of the U.S. population stutters and about 1% of the U.S. population have aphasia (partial or complete impairment of language and expression, often due to a stroke).⁷

Caring for people with communication disorders

When interacting with people with communication disorders, it is important to:

- Speak as you would to anyone else, using normal tone of voice.
- Give the person your undivided attention.
- Keep your manner encouraging rather than correcting.
- Tell the person if you do not understand and ask them to clarify any information they have given you.
- Ask short questions that require brief answers or head nods.
- Make pen and paper available, if useful.
- Become familiar with and be patient with any communication devices patients may be using.

⁶ Kennedy Krieger Institute. Communication/Speech/Language Disorder. Retrieved from http://www.kennedykrieger.org/kki_diag.jsp?pid=1079

⁷ American Speech-Language-Hearing Association. Retrieved from http://www.asha.org/research/reports/speech_voice_language.htm



Resources

Delaware Speech-Language-Hearing Association
P.O. Box 7383
Newark, DE 19711
For information, email dsha@dsha.org.

Delaware Assistive Technology Initiative
Locations in New Castle, Kent and Sussex Counties
800-870-3284 Toll Free (Delaware only)
302-651-6790 Phone
302-651-6794 TDD
302-651-6793 Fax
<http://www.dati.org>

American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850
301-296-5700 Phone
301-296-5650 TTY
301-296-8580 Fax
<http://www.asha.org>

National Institute on Deafness and Other Communication Disorders
National Institutes of Health
31 Center Drive, MSC 2320
Bethesda, MD 20892
800-241-1044 Toll Free
800-241 1055 Toll Free TTY
<http://www.nidcd.nih.gov/>

United States Society for Augmentative and Alternative Communication
100 E. Pennsylvania Avenue, Courtyard
Towson, MD 21286
<http://www.ussaac.org>
info@ussaac.org

ABOUT INTELLECTUAL, COGNITIVE AND DEVELOPMENTAL DISABILITIES

An intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills and originates before the age of 18.⁸ Cognitive impairments are not caused by any one disease or condition. Alzheimer's disease and other dementias and conditions such as stroke and traumatic brain injury can cause cognitive impairment. Some causes of cognitive impairment are related to treatable health issues (e.g., medication side effects, vitamin B12 deficiency, and depression).⁹

A developmental disability means a severe, chronic disability of an individual 5 years of age or older that 1) is attributable to a mental or physical impairment or combination of these, 2) manifests itself before an individual turns 22 years of age, 3) is likely to continue indefinitely, 4) results in substantial functional limitations in three or more areas of major life activity (e.g. self-care, language, learning, mobility) and 5) requires services, supports or other assistance for a lifelong or extended duration.¹⁰



Developmental and intellectual disabilities are not exactly the same. Developmental disability is used as an umbrella term that includes intellectual disability but also includes physical disabilities. Some developmental disabilities are only physical, such as blindness from birth. Some individuals have both physical and intellectual disabilities stemming from genetic or other physical causes (e.g., Down Syndrome, fetal alcohol syndrome). Sometimes intellectual disabilities can stem from nonphysical causes, such as the level of child stimulation and adult responsiveness.¹¹

⁸ American Association on Intellectual and Developmental Disabilities. FAQ on Intellectual Disability. Retrieved from http://www.aaidd.org/content_104.cfm

⁹ Centers for Disease Control and Prevention. Healthy Brain Initiative. Retrieved from <http://www.cdc.gov/aging/healthybrain/>

¹⁰ Abbreviated from the definition of developmental disability as outlined in the Americans with Disabilities Act (ADA), Section 102 (8)

¹¹ American Association on Intellectual and Developmental Disabilities, FAQ on Intellectual Disability. Retrieved from http://www.aaidd.org/content_104.cfm

¹² Erickson, W., Lee, C., von Schrader, S. (2010, March 17). Disability Statistics from the 2008 American Community Survey (ACS). Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved from www.disabilitystatistics.org

According to the 2008 American Community Survey, approximately 13.5 million individuals in the U.S., or 4.8% of the U.S. population, have a cognitive disability.¹² In Delaware, approximately 36,000 individuals (4.5% of all Delawareans) have a cognitive disability.

Caring for people with intellectual/ cognitive and developmental disabilities

The following are some suggestions for having successful interactions with individuals with intellectual/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. 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.
- Many people with cognitive/intellectual disabilities try to give the answer that they think you want to hear. Phrase questions in a neutral way to get accurate information and verify responses by asking each question in a different way.

Resources

Delaware Division of Developmental Disabilities Services
Woodbrook Professional Center
1056 South Governor’s Avenue, Suite 101
Dover, DE19904
1-866-552-5758 24-Hour Toll Free
302-744-9600 Phone
302-744-9632 Fax
<http://www.dhss.delaware.gov/dhss/ddds/index.html>

American Association on Intellectual and Developmental Disabilities
501 3rd Street NW, Suite 200
Washington, D.C. 20001
800-424-3688 Toll Free
202-387-1968 Phone
202-387-2193 Fax
<http://www.aaidd.org>

Delaware Assistive Technology Initiative
Locations in New Castle, Kent and Sussex Counties
800-870-3284 Toll Free (Delaware only)
302-651-6790 Phone
302-651-6794 TDD
302-651-6793 Fax
<http://www.dati.org>

“Overcoming Communication Barriers: Working with Patients with Intellectual Disabilities”
A reprint from Australian Family Physician, 38, 1-2, January/February 2009
<http://www.racgp.org.au/afp/200901/200901chew.pdf>

ABOUT PHYSICAL AND MOBILITY DISABILITIES

A physical or mobility disability means that a person has limited fine or gross motor ability function of a limb that necessitates the use of adaptive equipment such as a cane, crutches, walker, wheelchair, scooter or other assistive device. Mobility impairments may result from a number of different medical conditions, such as multiple sclerosis, cerebral palsy, spina bifida, diabetes, muscular dystrophy, and paraplegia¹³ or from injuries sustained in motor vehicle crashes or falls. Mobility limitations can be temporary or permanent and vary greatly in their extent. It is important to assess each individual's abilities on a case-by-case basis.

According to the 2008 American Community Survey, approximately 19.2 million individuals in the U.S., or 6.9% of the U.S. population, have an ambulatory disability, meaning they have difficulty walking or climbing stairs.¹⁴ In Delaware, approximately 53,000 individuals (6.7% of all Delawareans) have an ambulatory disability.

Caring for people with physical or mobility disabilities

The following are some suggestions to improve interaction with individuals with physical/mobility impairment.

- Ensure that spaces, entrance ways, walkways and restrooms are accessible and free of potential barriers (e.g. boxes, equipment, chairs in the hallway, etc.).
- Attempt to provide accessible exam tables (e.g. exam tables that are height-adjustable) and medical equipment (e.g. accessible scales, mammography equipment).
- Always ask permission to move a person's assistive device.
- Always ask how the device should be moved.
- When speaking with a person using a wheelchair, kneel or attempt to speak at the person's eye level.
- Offer assistance, but wait for acceptance before assisting.
- Do not lean on any part of a wheelchair when speaking. The chair is considered part of the individual's personal space.
- Before transferring, always ask the individual the best way to transfer. If the individual uses a wheelchair, make sure the wheels are locked prior to the transfer.



Resources

Delaware Division of Services for Aging and Adults with Physical Disabilities
1901 North DuPont Highway
Main Building, First Floor Annex
New Castle, DE 19720
800-223-9074 Toll Free
302-255-9390 Phone
302-255-4445 Fax
<http://dhss.delaware.gov/dhss/dsaapd/index.html>

Delaware Aging and Disability Resource Center (ADRC)
800-223-9074 Toll Free
302-391-3505 or 302-424-7141 TDD
<http://dhss.delaware.gov/dsaapd/adrc.html>

Delaware Assistive Technology Initiative
Locations in New Castle, Kent and Sussex Counties
800-870-3284 Toll Free (Delaware only)
302-651-6790 Phone
302-651-6794 TDD
302-651-6793 Fax
<http://www.dati.org>

U.S. Department of Justice, Civil Rights Division, Disability Rights Section
Americans with Disabilities Act (ADA)
Access to Medical Care for Individuals with Mobility Disabilities (July 2010)
http://www.ada.gov/medcare_mobility_ta/medcare_ta.pdf

¹³ Adapted from Those of Us DisLabeled: A Guide to Awareness and Understanding. University of Kentucky Human Development Institute, Cooperative Extension Service. Retrieved from http://ada.ky.gov/mobility_imp_def.htm

¹⁴ Erickson, W., Lee, C., von Schrader, S. (2010, March 17). Disability Statistics from the 2008 American Community Survey (ACS). Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics (StatsRRTC). Retrieved from www.disabilitystatistics.org

ABOUT MENTAL HEALTH DISORDERS

According to the National Alliance on Mental Illness, mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder.

Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan. In addition to medication treatment, psychosocial treatment such as cognitive behavioral therapy, interpersonal therapy, peer support groups and other community services can also be components of a treatment plan and assist with recovery. The availability of transportation, diet, exercise, sleep, friends and meaningful paid or volunteer activities contribute to overall health and wellness, including mental illness recovery.¹⁵

According to the 2008 National Survey on Drug Use and Health, which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), 13.4% of adults in the U.S. received treatment for a mental health problem in either inpatient or outpatient settings.¹⁶

Caring for people with mental health disorders

The following are some suggestions to improve communication with individuals who have a mental health disorder.

- Avoid using words like "crazy," "wacko," or "loony."
- Do not define a person by his/her diagnosis but treat each person as an individual.
- Ask a person what makes him/her most comfortable and accommodate needs to the greatest extent possible.
- Create an environment that builds on people's strengths and promotes understanding.
- Try to keep a situation as stress-free as possible.
- Stay calm and supportive in a crisis situation. Ask the person how you can assist and try to identify who his/her support person/system is so you can involve them for help.¹⁷



Resources

Delaware Division of Substance Abuse and Mental Health
Herman M. Holloway, Sr. Campus
1901 North DuPont Highway
Main Building
New Castle, DE 19720
302-255-9399 Phone
302-255-4428 Fax
800-652-2929 Crisis Intervention only
<http://www.dhss.delaware.gov/dhss/dsamh/>

Contact Lifeline in Delaware
P.O. Box 9525
Wilmington, DE 19809
302-761-9100 Phone
800-262-9800 Toll Free in Kent and Sussex
302-761-9700 Deaf Helpline (TDD)
302-761-9800 Administrative Office
302-761-4280 Fax
<http://www.contactlifeline.org>

National Alliance on Mental Health in Delaware
2400 West 4th Street
Wilmington, DE 19805
888-427-2643 Toll Free
302-427-2075 Fax
<http://www.namidelaware.org>

Mental Health Association in Delaware
100 West 10th Street, Suite 600
Wilmington, DE 19801
302-654-6833 or 800-287-6423 Phone
302-654-6838 Fax
<http://www.mhainde.org>

Substance Abuse and Mental Health Services Administration
SAMHSA's Health Information Network
P.O. Box 2345
Rockville, MD 20847
877-726-4727 Phone
800-487-4889 TTY
240-221-4292 Fax
<http://www.samhsa.gov>

National Suicide Prevention Lifeline
800-273-8255 Phone
888-628-9454 Spanish
800-799-4889 TTY
<http://www.suicidepreventionlifeline.org>

¹⁵ National Alliance on Mental Illness. What is Mental Illness: Mental Illness Facts. Retrieved from http://www.nami.org/template.cfm?section=about_mental_illness

¹⁶ National Institute of Mental Health. Use of Mental Health Services and Treatment Among Adults. Retrieved from http://www.nimh.nih.gov/statistics/3USE_MT_ADULT.shtml

¹⁷ Partially adapted from United Spinal Association, Disability Etiquette: Tips on Interacting with People with Disabilities (2008). Jackson Heights, NY.

Additional Resources

Below are resources to strengthen accessibility and effective communication in your practice.

ACCESSIBILITY

Access to Medical Care for Individuals with Mobility Disabilities

This document, developed by the Department of Justice in 2010, outlines important considerations for providers in creating accessible exam rooms and gives an overview of accessible medical equipment including accessible exam tables and chairs, lifts for transferring patients and accessible mammography equipment.

http://www.ada.gov/medcare_mobility_ta/medcare_ta.pdf

How Usable are Your Facilities for Patients with Disabilities?

Prepared by the The Center for Universal Design and the North Carolina Office on Disability and Health, Chapel Hill, NC.

<http://www.fpg.unc.edu/~ncodh/pdfs/rbhealthcare.pdf>

BUSINESS

Expanding Your Market - Tax Incentives for Businesses

<http://www.ada.gov/taxincent.pdf>

Mid-Atlantic Disability and Business Technical Assistance Center (DBTAC)

This regional center provides information, guidance and training on the Americans with Disabilities Act (ADA), tailored to meet the needs of businesses, government entities, organizations, and individuals in the Mid-Atlantic Region.

<http://www.adainfo.org/>

ADA Best Practices Tool Kit for State and Local Governments Website Accessibility Under Title II of the ADA

Although designed for municipalities, this document provides an overview of basic accessibility issues.

<http://www.ada.gov/pcatoolkit/chap5toolkit.htm>

Reaching out to Customers with Disabilities

This online course is a good overview of the implications of the ADA for small business. Lesson 2 addresses customer communication.

<http://www.ada.gov/reachingout/intro1.htm>

COMMUNICATION AND LANGUAGE ISSUES

Plain Language: A Promising Strategy for Clearly Communicating Health Information and Improving Health Literacy

Office of Disease Prevention and Health Promotion, Dept of Health and Human Services

<http://www.health.gov/communication/literacy/plainlanguage/PlainLanguage.htm>

Removing Barriers: Tips and Strategies to Promote Accessible Communication

North Carolina Office on Disability and Health (2002). Chapel Hill, NC.

<http://www.fpg.unc.edu/~ncodh/pdfs/rbtipsandstrategies.pdf>

Language Line Services

Language Line Services is the leader in over-the-phone interpretation and document translation services in more than 170 languages.

1-800-752-6096

<http://www.languageline.com>

DISABILITY ETIQUETTE

Disability Etiquette: Tips on Interacting with People with Disabilities

United Spinal Association (2008). Jackson Heights, NY.

<http://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf>

Ten Commandments of Disability Etiquette

United Cerebral Palsy (2011). Washington, DC.

<http://www.ucp.org/resources/disability-etiquette>

PROVIDER TRAINING

“Healthcare Access for Persons with Disabilities,” A Continuing Education Course for Physicians, Nurses, Social Workers, Other Healthcare Professionals and Medical Office Staff.

University of Kansas Disability and Health Program

http://www.kdheks.gov/disability/download/KS-TRAIN_course_HC_professionals.pdf

Access to Medical Care: Adults with Physical Disabilities and Access to Medical Care: People with Developmental Disabilities.

World Institute on Disability. Oakland, CA.

<http://wid.org/access-to-health-care/health-access-and-long-term-services/access-to-medical-care-adults-with-physical-disabilities>

Notice of Non-Discrimination, Equal Opportunity and Affirmative Action

The University of Delaware does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender identity or expression, or sexual orientation in its programs and activities as required by Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and University policies. The following person has been designated to handle inquiries regarding the Americans with Disabilities Act, the Rehabilitation Act, and related statutes and regulations: Tom Webb, Director, Office of Disabilities Support Services, 240 Academy Street, Alison Hall Suite 119, University of Delaware, Newark, DE 19716, 302-831-4643. The following person has been designated to handle inquiries regarding the non-discrimination policies and to serve as the overall campus coordinator for purposes of Title IX compliance: Bindu Kolli, Chief Policy Advisor, Office of Equity and Inclusion, 305 Hullihen Hall, University of Delaware, Newark, DE 19716, 302-831-8063. The following individuals have been designated as deputy Title IX coordinators: for Athletics, Jennifer W. Davis, Vice President for Finance and Administration, 220 Hullihen Hall, University of Delaware, Newark, DE 19716, 302-831-2769; and for Student Life, Dawn Thompson, Dean of Students/AVP for Student Life, 101 Hullihen Hall, University of Delaware, Newark, DE 19716, 302-831-8939. Inquiries concerning the application of anti-discrimination laws may be referred to the Title IX coordinators or to the Office for Civil Rights, United States Department of Education. For further information on notice of nondiscrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the U.S. Department of Education office that serves your area, or call 1-800-421-3481.

Healthy Delawareans with Disabilities (HDWD)

focuses on improving health care and health status for all Delawareans with disabilities.

Visit our website, **GoHDWD.org**

for information and resources for individuals with disabilities, family members, professionals, policymakers and legislators.

Join our mailing list

to receive updated information on issues impacting the health of people with disabilities. You can join at www.gohdwd.org/signup.

Follow us

Join us on Facebook and Twitter @gohdwd.

HDWD is funded through the Centers for Disease Control and Prevention.



Center for Disabilities Studies • University of Delaware • College of Education and Human Development
461 Wyoming Road • Newark, DE 19716
302-831-6974 • 302-831-4689 TDD • www.udel.edu/cds