



**Molina MyCare Ohio Disability Awareness & Sensitivity Training**  
Provider Education | Molina Healthcare | 2018



Your Extended Family.

# Agenda

- Who Are People with Disabilities/Activity Limitations?
- Visible vs. Hidden Disabilities
- Disability and Culture
- Functional Limitations and Aging
- The Diversity of Disability
- Health Care Disparities
- Hassle Factors when Accessing Health Care
- What Does Access “Look” Like?
- Preferred Terminology
- Communication Tips

# Who are People with Disabilities?

Those who benefit from access to quality health care services make up a much larger and diverse group than is commonly believed.

- Developmental Disabilities happen before the age of 18 and may include:
  - Cerebral palsy
  - Autism
  - Epilepsy
  - Down Syndrome
  - Cognitive or Intellectual
  - Other physical Disabilities (Spina Bifida, etc.)
- Age Related Issues
  - Hearing or sight loss
  - Increased chronic conditions
  - Increased use of assistive technology for mobility
- Disability Due to Injuries
  - Auto/motorcycle
  - Falls
  - War
- Chronic conditions such as diabetes and asthma can become disabling or result in an activity limitation.

# Visible vs. Hidden Disabilities

Many disabilities are hidden and may require some type of accommodation for access.

Hidden disabilities may include, but are not limited to:

- Learning
- Vision or hearing loss
- Results from emotional trauma
- Psychiatric conditions
- Significant allergies or chemical sensitivities

# Disability and Culture

Current statistics estimate about one in five Americans have some type of disability or activity limitation.

- This rate is higher in communities of color, low income, and rural areas.
- It does not account for those who don't "identify" as a person with a disability such as:
  - Aging populations who have difficulty accepting their growing functional limitations
  - Persons of different ethnicities and culture concerned about the stereotypes and discrimination associated with having a disability



# Functional Limitations and Aging

Medical advancements and technology have resulted in longer lifespans. As we age, we are more likely to experience functional limitations in:

- Vision
- Hearing
- Energy
- Physical ability
- Memory

By the year 2030, older Americans will increase to 20 percent of the population, up from 13 percent in 2000.

By the year 2050, Americans age 85-plus will be five times greater than 2000.

Most people will age into disability or activity limitations. We are all likely to have a disability or know someone with a disability.

# The Diversity of Disability

More people have disabilities and limitations than is commonly realized.

- Many of us may experience temporary activity limitations throughout our lives
  - Pregnancy
  - Accidents
  - Illness
  - Weight related conditions



# The Diversity of Disability

Disability affects every race, culture, sexual orientation, income, and gender. There is no “The Disabled” – the types of disability are as diverse as our population. It is important to realize there is no “one size fits all.”

- Two people with the same disability may have significantly different needs that can be based on their:
  - Abilities
  - Histories
  - Resources
  - Personalities
  - Attitudes

Disability is just one part of the diversity of being human. When developing services for people with disabilities, we must remember how many people live with disability and functional limitations. Removing barriers and providing policies and procedures to access health care services is useful to people of all cultures, languages, sizes, ages, and abilities.



# Health Care Disparities

Take a look at just a few identified health care disparities for persons with disabilities.

	<b>People who Identify as Disabled.</b>	<b>General Population</b>
Diabetes	16%	7%
Overweight/Obese	30%	19%
Smokers	40%	22%
Osteoporosis in Women	25.5%	5.3%
Depression in Women	30%	8%

# Barriers to Accessing Health Care

People with disabilities have compared getting health care to maneuvering through a mine field. Barriers can be related to:

- Access
- Attitude
- Competency
- Safety risk
- Potentially poor care
- Stress

So much time is spent planning ahead that the planning itself becomes an additional barrier to accessing care.

# Barriers to Accessing Health Care

These barriers or “hassles” often lead to feelings of:

- Frustration
- Fear
- Failure
- Fatigue

These four “F’s” may result in putting off care that can result in:

- Delayed Diagnosis
- More extensive health care
- Shortened life span
- Worsening conditions
- More expensive health care

# Barriers to Accessing Health Care

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- Two people with the same disability may have significantly different needs that can be based on their:
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Disability is just one part of the diversity of being human.

# Barriers to Accessing Health Care

Other challenges may be:

- Getting transportation
- Finding accessible parking
- Inability to get into the facility
- Inability to get an interpreter
- Understanding direction
- Cannot get on the exam table

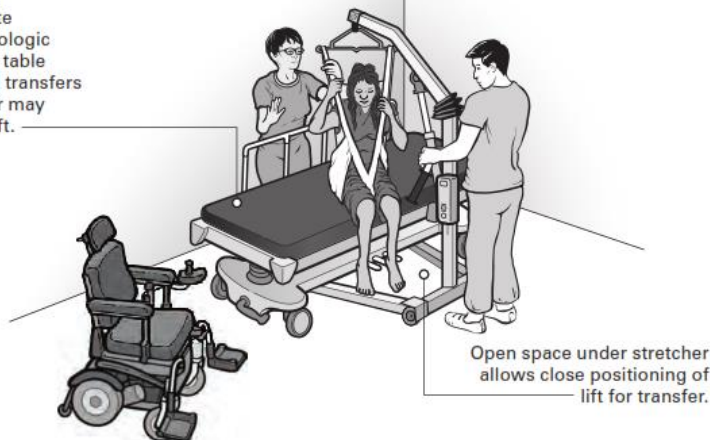
By reducing or eliminating barriers to access, we can improve health and quality of life for people with disabilities.

- Physical access (getting to, into, and through buildings)
- Communication access (communicating with health care providers and understanding information)
- Medical equipment and supply access

# Reducing Barriers to Accessing Health Care



Adjustable height stretchers facilitate transfer onto radiologic equipment with a table surface. Assisted transfers from a wheelchair may require use of a lift.



Assisted Transfer to Stretcher Utilizing a Portable Floor Lift

Reducing barriers to accessing health care can include:

- On-site alternate formats of reading materials such as Braille
- Assistive listening device
- Accessible restrooms
- Lowered counters
- Interpreters
- Portable floor lifts
- Wheelchair accessible scales

Level surface provides access to scale platform -- no abrupt level changes at floor or platform.



Edge protection at drop off

Large platform to accommodate various wheelchair sizes

Accessible Scale

# Preferred Terminology

Acceptable – Neutral	Unacceptable - Offensive
He had polio/She has multiple sclerosis	He was “afflicted” with, “stricken”, “victim”
He has arthritis, she has cerebral palsy	He is arthritic, she is spastic, palsied
A congenital disability	Birth Defect
A wheelchair user	Wheelchair “bound”
She has a disability	She is crippled
A person who has a speech disability or is deaf or hard of hearing	Dumb, deaf mute – (implies an intellectual disability)
A person with spinal curvature	A hunchback or humpback
He has mental illness, emotional or psychiatric disability	He is chronically mentally ill, a nut, crazy, idiot, imbecile, moron
Older people with disabilities	Frail elderly
A person with a developmental disability	Retard, mentally retarded, feeble-minded, idiot
A person without a disability	Normal (“normal” is just a setting on your dryer!)

# Communicating with Members with Disabilities

Effective communication is a critical component for ensuring the health and wellness of our members. We realize that communicating with seniors and members with different disabilities may be different, but no less important.

Don't hesitate to call Molina Healthcare at (855) 322-4079 concerning access services such as:

- General disability and senior access questions
- Materials in alternate formats
- Community-based referrals and resources
- Process to get an ASL interpreter



# Communicating with Members Who are Blind or Have Low Vision

- Speak to the individual when you approach him or her.
- State clearly who you are – speak in a normal tone of voice.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- Never touch or distract a service dog without first asking the owner.
- Tell the individual when you are leaving his/her side or the room.
- Do not attempt to lead the individual without first asking; allow the person to hold your arm and control his or her movements
- Be descriptive when giving directions – verbally give the person information that is visually obvious. For example, if you are approaching steps, mention how many steps.
- If you are offering a seat, gently place the individual's hand on the back or arm of the chair so that the person can locate the seat
- Relax. Don't be embarrassed if you happen to use common expressions such as, "See you later."

# Communicating with Members Who are Deaf or Hard of Hearing

- It is appropriate to tap a person who is deaf gently on the arm or shoulder to gain his or her attention.
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice, and keep your hands away from your face. Use body language; it offers important clues about what you are saying.
- Ask about the best way to communicate, and arrange for a sign language interpreter if needed. If the person uses an interpreter, speak directly to the person who is deaf, not the interpreter.
- When calling an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat who you are, and the reason for the call, if asked.
- Rephrase rather than repeat. If the person did not understand you, then try using different words to express your ideas. Short sentences tend to be understood better.
- Many people who are deaf prefer to use text messaging or a Video Relay Service (VRS) to communicate. The phone number you dial may be a relay operator that will use ASL to communicate your information.
- TTY is not as common, but still used by some. If you do not have a TTY you can dial “711” to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.

# Communicating with Members with Mobility Disabilities

- If possible, put yourself at the wheelchair user's eye level, or take a few steps backward so the other person does not have to "look up" at you.
- Do not lean on a wheelchair or any other assistive device.
- Do not assume the individual wants to be pushed; ask first and respect his/her answer.
- Offer assistance if the individual appears to be having difficulty opening a door, but wait for the response and respect his/her answer.
- When calling his/her residence, allow the phone to ring longer to allow extra time for him/her to reach the telephone.



# Communication with Members with Speech Disabilities

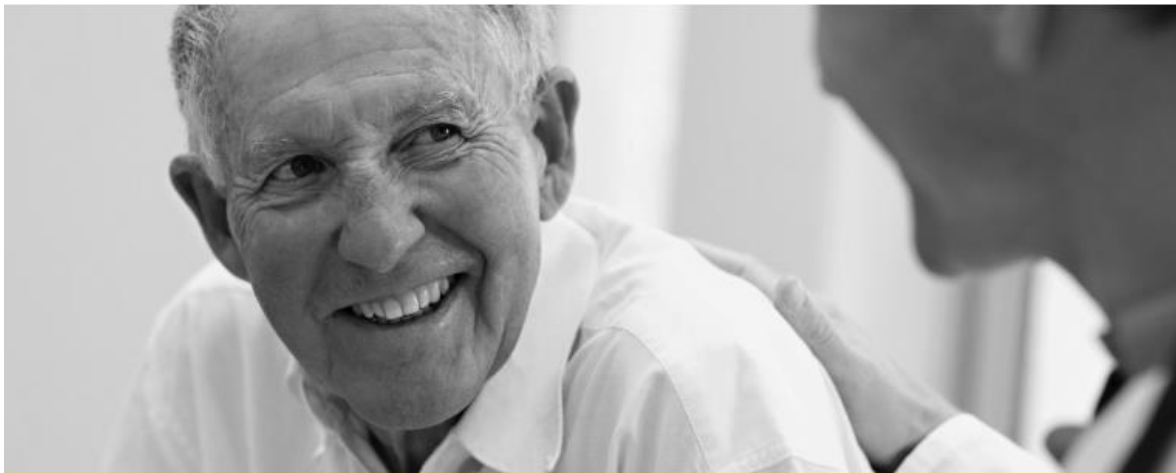
- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what he or she said and then repeat it back to confirm your understanding.
- Be patient. Take as much time as necessary.
- NEVER assume a person has a cognitive or intellectual disability when he or she has difficulty with speech.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish his or her sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

# Communicating with Members with Cognitive or Intellectual Disabilities

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Speak in concise sentences and use simple language.
- Be prepared to repeat what you say orally, in writing, or with pictures.
- Offer assistance for completing forms or help with understanding written instructions.
- Provide extra time for decision-making. Wait for the individual to accept the offer of assistance; do not “over-assist” or be patronizing.
- Be patient, flexible, and supportive. Take time to understand the individual and make sure the individual understands you.

# Communicating with Seniors

- Directly face seniors when speaking.
- Communicate clearly – speak at a moderate pace and volume.
- Speak in concise sentences and use basic vocabulary.
- Listen to what the older individual is communicating; ask for clarification, if needed.
- Ask older individuals to repeat back instructions or vital information to avoid any misunderstanding.
- Be mindful and respectful of cultural and generational differences, which could influence an older individual's perception of illness, willingness to adhere to medical regimens, and ability to communicate with health care providers.
- Always provide written instructions using clear, simple language, and summarize main points.



# Questions?

