ACCESSIBILITY AND ACCOMMODATIONS TOOLKIT ON DISABILITY AND HEALTH

MARYLAND DEPARTMENT OF HEALTH

CENTER FOR CHRONIC DISEASE PREVENTION AND CONTROL

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About the Disability Health Inclusion Program at the Maryland Department of Health

In 2016, the Center for Chronic Disease Control and Prevention (CCDPC) within the Maryland Department of Health was awarded funding from the Centers for Disease Control and Prevention for a 5-year initiative to improve the health and quality of life among people with disabilities through adaptation and implementation of evidence-based strategies. Over the last several years, CCDPC has worked towards achieving this aim with several approaches:

1. Developed internal capacity by establishing the Disability Health Inclusion Program (DHIP) within CCDPC and hiring a program manager to oversee all aspects of the program;
2. Enhanced and expanded partnerships through the establishment of a state-level advisory committee;
3. Assessed, developed, and disseminated health promotion resources, tools, and inclusion strategies for public health and healthcare professionals; and
4. Deployed evidence-based health promotion programs adapted for people with disabilities.

This toolkit aims to address the third approach. For more information, refer to the Disability Health Inclusion Program website at https://health.maryland.gov/bhm/DHIP/Pages/home.aspx.

Vision

We envision a Maryland where all citizens will have equal access to opportunities and resources to lead healthy lives within their communities.

Mission

The Mission of the Maryland Disability Health Inclusion Program is to improve the health status of people with disabilities in the community by:

- Eliminating barriers (programmatic and environmental) to state and community-based health promotion programs
- Increasing the competency of internal and external public health professionals on disability-related issues
- Promoting the support needs of people with disabilities to live healthy lives and be engaged in their communities
- Developing sustainable and mutually-beneficial community partnerships and
- Increasing the availability and use of health promotion resources, tools and inclusion strategies

About the Accessibility and Accommodations Toolkit

The Accessibility and Accommodations toolkit intends to introduce common disability concepts and themes to public health professionals as well as to educate them on strategies to provide accommodations so people with diverse abilities have equitable access to community health and wellness services. This toolkit reflects a collaborative effort by subject-matter experts in the fields of health and disability who serve on the Disability Advisory Committee for the Disability Health Inclusion Program within the Maryland Department of Health. The document contains valuable resources in a variety of modalities organized across key themes to inform the reader on best practices for the successful engagement of people with disabilities within the construct of health. Many topics offer links to fact sheets, checklists, articles, position papers, and on-demand training to ensure the delivery of comprehensive information, while assuring it accommodates the reader's preference. The toolkit seeks to guide public health professionals on effective ways to serve or engage people with disabilities to promote healthy lifestyles. With your engagement and application of some of these tools, you can help assert disability is a demographic and not a health outcome.

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Disability and Health in Maryland

Three Models of Disability

There is no one standard definition of disability; it is varied and is differentiated in several models and across various programs, services, and policies. Within the context of this toolkit, we define "disability" below; however, we would be remiss if we did not acknowledge the common three models associated with the term: medical, functional and social.

The **medical model** is the most known and understood; it views disability as a problem of the person as a result of a health condition, disease, or trauma. Management of the disability is aimed at prevention, treatment or a cure to improve functioning and it makes assumptions of a diminished quality of life for the person.

Similar to the medical model, the **functional mode**l views disability as a condition that resides in the individual, but the expression of disability is caused by physical, medical or cognitive deficits. The focus is on functionality and not diagnosis.

Over the years, disability rights leaders have developed and promoted a different model of disability called the **social model**. The social model focuses on the external barriers an individual with a disability experiences. These barriers can be attitudinal, environmental, and programmatic, to name a few. The solution to addressing these barriers then lies not in fixing the person, but in changing the society to ensure equal access. Disability, in this context, is a human rights issue to be addressed through education, accommodation and universal design approaches.

Image by UAA: http://www.uaa.alaska.edu/accessibility/topic/architecture.cfm

How Do We Define Disability?

For the purposes of this toolkit, while also taking into consideration the various models, we define "disability" as any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. Many disabilities impact a person's vision, hearing, sensory perception, mobility, cognition, etc. They can be present at birth, related to an injury, or develop later in life. According to the World Health Organization, disability has three dimensions:[1]

- Impairment in a person's body structure or function, or mental functioning; examples of impairments include loss of a limb, loss of vision or memory loss;
- Activity limitation, such as difficulty seeing, hearing, walking or problem-solving;
- Participation restrictions in normal daily activities, such as working, engaging in social and recreational activities and obtaining health care and preventive services.

Much of the disability prevalence data within the state of Maryland comes from the Disability and Health Data System (DHDS). DHDS is an online source of state-level data on non-institutionalized adults with disabilities. It is important to note these data sets exclude people with disabilities who may reside in non-community-based settings such as Assisted Living and Nursing Facilities as well as Intermediate Care Facilities. Users can access information on five functional disability types: cognitive (serious difficulty concentrating, remembering or making decisions), mobility (serious difficulty walking or climbing stairs), vision (serious difficulty seeing), self-care (difficulty dressing or bathing) and independent living (difficulty doing errands alone). Information on limitation status (use of special equipment or activity limitation because of physical, mental, or emotional problems) is also available. Data on the DHDS is collected through the Behavior Risk Factor Surveillance System (BRFSS), which monitors disability by type of function.

Questions asked in the BRFSS include:

1. Are you deaf, or do you have serious difficulty hearing?
2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
4. Do you have serious difficulty walking or climbing stairs?
5. Do you have difficulty dressing or bathing?
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

If a respondent answers "yes" to one or more of these questions, s/he is considered to have a disability. This six-item set of disability questions has been included in several population

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[1] World Health Organization, International Classification of Functioning, Disability and Health (ICF). Geneva: 2001, WHO.

surveys to assess the health status of people with disabilities, including the American Community Survey, the Health Information National Trends Survey, and the Current Population Survey, to name a few. DHIP has been working to incorporate disability questions into various public health assessments which include: 1) Workshop Wizard/National Diabetes Prevention Program, 2) Maryland's Stanford Chronic Disease and Diabetes Self-Management Programs state licensee tracking systems, and 3) the Maryland Pregnancy Risk Assessment Monitoring System (PRAMS).

The Prevalence of Disability in Maryland

One in five Maryland adults living in a community setting has one or more disabilities. People with disabilities experience significant barriers accessing health care services and present higher rates of behavioral risk factors than people without disabilities.[2] Maryland adults with disabilities report higher rates of depressive disorders, arthritis, asthma, kidney disease, cancer, diabetes, hypertension (high blood pressure), cardiovascular disease, and obese weight classification than Maryland adults without disabilities. In 2018, CCDPC developed a data brief titled "Disability and Health Among Maryland Adults."

People with disabilities face significant barriers to maintaining good health despite growing evidence that physical activity and balanced dietary behaviors promote positive health outcomes. The Centers for Disease Control and Prevention (CDC) reports people with disabilities face substantial barriers to learning sustainable healthy living behaviors.[3] The World Health Organization outlines barriers to receiving health care among this population, which include prohibitive costs, limited availability of services, physical barriers, and inadequate skills and knowledge of health workers.[4] People with disabilities also face substantial challenges incorporating physical activity and healthful nutritional choices into their daily lives, and they have higher rates of secondary conditions (such as pain) and co-morbid conditions (such as diabetes).[5]

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[2] Courtney-Long EA, Carroll DD, Zhang Q, et al. Prevalence of Disability and Disability Type among Adults, United States – 2013. MMWR Morb Mortal Wkly Rep 2015; 64: 777-783. https://www.cdc.gov/mmwr/pdf/wk/mm6429.pdf, accessed July 29, 2021.

[3] Centers for Disease Control and Prevention. Disability and Health. Common Barriers to Participation Experienced by People with Disabilities. https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html, accessed July 29, 2021.

[4] "Disability and Health." World Health Organization, World Health Organization, Dec. 2020. .https://www.who.int/news-room/fact-sheets/detail/disability-and-health, accessed July 29, 2021.

[5] U.S. Department of Health and Human Services HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files//43681/index.pdf, accessed on July 29, 2021.

The Role of Social Determinants of Health

The prevalence of health disparities experienced among people with disabilities must take into consideration the impact of social determinants on health. Healthy People 2030[6] defines social determinants of health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education Access and Quality, (3) Health Care Access and Quality, (4) Neighborhood and Built Environment and (5) Social and Community Context.

On average, people with disabilities are much more likely than individuals without disabilities to experience social and environmental circumstances that could threaten their health and wellbeing. Compared with nondisabled individuals, on average those with disabilities have:

- Lower levels of education
- Lower rates of employment among those seeking jobs
- Higher rates of poverty
- Higher rates of food insecurity, defined as the inability to afford the food necessary for a healthy, active life
- Significant problems finding safe, affordable, accessible housing
- Substantial difficulties finding safe, reliable, affordable, and accessible transportation
- Higher probabilities of being victims of crime or domestic violence[7]

To put these discrepancies in a more specific context, the Annual Disability Statistics Compendium gathers the most recent national statistics on people with disabilities from various federal programs, agencies, and surveys related to the prevalence of disabilities as well as key indicators on employment, health, community living, and other outcomes of importance. In its 2020 Compendium, it published the following data from 2019[8]:

- 16.4 percent of young adults with disabilities had not attained a high school diploma, compared to 7.3 percent of their peers without disabilities;

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[6] Disability and Health. Healthy People 2030. Accessed from https://health.gov/healthypeople/objectives-and-data/social-determinants-health on July 29, 2021.

[7] The Role of Law and Policy in Achieving Healthy People's Disability and Health Goals around Access to Health Care, Activities Promoting Health and Wellness, Independent Living and Participation, and Collecting Data in the United States. Accessed from https://www.healthypeople.gov/sites/default/files/LHP_Disability-Health-Policy_2020.03.12_508_0.pdf on July 29, 2021.

[8] 2020 Annual Disability Statistics Compendium. Accessed from https://disabilitycompendium.org/compendium/2020-annual-disability-statistics-compendium on July 29, 2021.

- 16.1 percent of people with disabilities had a bachelor's degree or more, compared to 39.2 percent of their peers without disabilities;
- 38.8 percent of people with disabilities were employed, compared to 78.6 percent of their peers without disabilities;
- 25.9 percent of people with disabilities were living in poverty, compared to 11.4 percent of their peers without disabilities.

These factors overwhelmingly contribute to poor health outcomes of people with disabilities and must require multidisciplinary interventions to improve the health disparities they face.

I. Health Literacy

Healthy People 2030[9] addresses both personal health literacy and organizational health literacy and provides the following definitions:

- **Personal health literacy** is the degree to which individuals can find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Low health literacy has implications on a patient's/guardians' ability to communicate illness and disease, understand his/her diagnosis and treatment, make appropriate healthcare decisions, and maintain compliance with prescription drugs and courses of treatment. Due to a variety of factors, people with disabilities experience low health literacy, though a valid assessment has yet to be developed to measure its prevalence. With advances in medicine and technology, people with disabilities are living longer and, as such, the expectations health professionals have of them to maintain their health are only increasing. As a result, it is becoming increasingly important for public health and healthcare professionals to be cognizant of health literacy among their patients and clients and to take appropriate measures to limit its impact.

The Centers for Disease Control and Prevention have a comprehensive website on health literacy, including resources and tools on health literacy research, practice, and evaluation for public health topics and situations: https://www.cdc.gov/healthliteracy/. In addition, the Department of Health and Human Services published a national plan to improve health literacy in 2010 and can be accessed via the link: https://health.gov/sites/default/files/2019-09/Health_Literacy_Action_Plan.pdf.

The resources provided below are not specific to disability but are universal in their design.

Tips for Public Health & Healthcare Professionals[10]

- Approach all patients as if they are at risk of not understanding health information
- Use simple language, short sentences and define technical terms
- Supplement instruction with appropriate materials (videos, models, pictures, etc.)

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[9] Health Literacy in Healthy People 2030. Accessed from https://health.gov/our-work/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030 on July 29, 2021.

[10] Adapted from Health Resources and Services Administration. Health Literacy. https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html accessed on July 30, 2021.

- Ask patients to explain your instructions (teach-back method) or demonstrate the procedure
- Ask questions beginning with "how" and "what," rather than closed-ended yes/no questions
- Organize information so the most important points stand out and repeat this information
- Reflect the age, cultural, ethnic and racial diversity of patients
- For Limited English Proficiency (LEP) patients, provide information in their primary language
- Improve the physical environment by using lots of universal symbols
- Offer assistance with completing forms

Health Literacy Strategies for Organizations

DISCUSSION PAPER: Ten Attributes of Health Literate Health Care Organizations

Published by the National Academies of Science in 2012, this document presents ten attributes that exemplify a health literate health care organization by establishing an environment that enables people to access and benefit optimally from the range of health care services. The attributes address leadership and workforce development, strategic planning, and communication strategies, to name a few.

https://nam.edu/wp-content/uploads/2015/06/BPH_Ten_HLit_Attributes.pdf

GUIDEBOOK: Building Health Literate Organizations: A Guidebook to Achieving Organizational Change

For a more explanatory guide, Unity Point Health developed this guidebook, which offers specific strategies and interventions organizations can take towards becoming a health literate organization utilizing the ten-attribute framework.

http://www.unitypoint.org/filesimages/Literacy/Health%20Literacy%20Guidebook.pdf

WEB-BASED TRAINING: Health Literacy for Public Health Professionals

The purpose of this web-based training program is to educate health professionals about public health literacy and their role in providing health information and services and promoting public health literacy.

https://www.train.org/cdctrain/course/1078759/?activeTab=about

II. Disability Etiquette

Disability etiquette describes social interactions that reflect current and widely agreed upon conduct to ensure inclusive and respectful interactions with members of the disability population. This section includes resources on effective communication, person-first language, identity-first language and recommendations by disability-type.

Person-First Language vs. Identity-First Language

It's important to recognize people with disabilities are not a monolith - they are diverse and varied - as is their preference for language. What is preferred by one person with a disability may not be preferred by another. As a result, it is important to be mindful of the diversity in the disability community. When in doubt, treat people the way you'd want to be treated - with courtesy and respect - and always refer to someone with a disability by their name.

For many years, language used to describe people with disabilities emphasized or focused on their disability, rather than their personhood. A movement of advocates urged the adoption of language focused on the person – person-first language, which uses possessive language to refer to disabilities (i.e., Jenny has a disability). Person-first language avoids putting a label or condition prior to an individual's name or title thereby reducing the dehumanization of disability. Stated simply, person-first language places an individual prior to her or his disability.[11]

More recently, disability advocates adopted the concept of "identity-first language." Supporters of identity-first language say this language embraces and celebrates their disability, while person-first language can turn disability into something negative, separating the person from the disability.[12] Examples of identity-first language include: disabled person, Autistic or Deaf community.

Tips for Public Health & Healthcare Professionals

- Ask the person how they would prefer to describe their disability. Engage in conversation with them about it.
- Avoid using euphemisms like "differently-abled," "special needs," or "handi-capable."
- Avoid offensive language like the "r-word" or "crippled."

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[11] Communicating About People with Disabilities. Accessed from https://www.ndrn.org/resource/communicating-about-people-with-disabilities/ on August 3, 2021.

[12] Disability Language Guidance. Accessed from https://www.naccho.org/blog/articles/disability-language-guidance on August 3, 2021.

- Don't sensationalize the disability experience by using words such as "suffers from" or "is afflicted with."
- Presume competence.
- People with disabilities don't exist for the purposes of inspiring those without disabilities

GUIDEBOOK:

This Disability Language Guide, written by Labib Rahman and reviewed and approved by the Stanford Disability Initiative, is a starter guide (non-exhaustive, non-definitive) for considering disability equity. Published July 2019.

https://disability.stanford.edu/sites/g/files/sbiybj1401/f/disability-language-guide-stanford_1.pdf

FACTSHEET:

The American Association on Health and Disability is a cross-disability national non-profit 501(c)(3) organization committed to promoting health and wellness initiatives for children and adults with disabilities.

https://www.aahd.us/2011/08/disability-etiquette/

HANDBOOK:

This 36-page handbook, published by the United Spinal Association provides tips to follow to help create positive interactions with people with disabilities and raise everyone's comfort levels.

https://www.unitedspinal.org/pdf/DisabilityEtiquette.pdf

VIDEO:

Developed by the District of Columbia Government's Office of Disability Rights, this disability sensitivity training video is less than four minutes long and features people with disabilities.

https://www.youtube.com/watch?feature=player_embedded&v=Gv1aDEFlXq8&list=PLbFKGFkIKL21ureNznAlzeQmeB4zECsOc

ON-DEMAND TRAINING:

"No Need to be Awkward: Disability Etiquette for Everyone" is a 30-minute webinar recorded in July 2017 and organized by the Mid-Atlantic ADA Center.

http://www.adainfo.org/training/disability-etiquette-for-everyone

Writing About Disability

GUIDE: Disability Language Style Guide

The style guide is intended for journalists, communication professionals and members of the general public who are seeking the appropriate and accurate language to use when writing or talking about people living with disabilities. The guide covers general terms and words on physical disabilities, hearing and visual impairments, mental and cognitive disabilities, and seizure disorders.

http://ncdj.org/style-guide/

III. Accessibility

People with disabilities experience barriers to accessing healthcare and health promotion programming, which, in turn, negatively impacts their health and well-being. Accessibility refers to the design of products, services, the built environment, and programs and whether it can accommodate a person with a disability. Accessibility can be viewed as the "ability to access" and benefit from some system or entity.

Universal Design

Recognized as a best practice and inclusive of all populations and their needs is the concept of universal design. Universal Design, also called Inclusive Design, Design-for-All and Lifespan Design, is a framework for the design of places, things, information, communication, and policy to be usable by the widest range of people operating in the widest range of situations without special or separate design.[13]

Americans with Disabilities Act of 1990

Accessibility cannot be addressed without recognizing the impact of the Americans with Disabilities Act of 1990 (ADA). The ADA is a civil rights law prohibiting discrimination against individuals with disabilities in all areas of public life, including work, education, and public and private spaces. The law is intended to ensure the rights of people with disabilities are upheld. The law is divided into five sections related to different areas of public life.

Title I – Employment

Title II – Public Service/Government (applies to public hospitals, clinics, and health care services operated by state and local governments)

Title III – Public Accommodations and Services Operated by Private Entities (applies to privately-owned and operated hospitals, clinics and health care providers)

Title IV – Telecommunications

Title V – Miscellaneous Provisions

Transportation is covered by Title II of the ADA. More information about the ADA can be found at http://www.adata.org.

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[13] https://humancentereddesign.org/index.php?q=universal-design

FACT SHEET: An Overview of the ADA

Developed by the ADA National Network, this fact sheet includes a general overview, what each title addresses, and where to find more information.

https://adata.org/factsheet/ADA-overview

CHECKLIST: Checklist for Readily Achievable Barrier Removal Version 2.1

This document supports Title III of the Americans with Disabilities Act which requires accommodations to provide goods and services. This document provides information on how to assess and achieve accessibility features of facilities and make changes to remove barriers over time.

https://www.ada.gov/racheck.pdf

HOTLINE:

The Mid-Atlantic ADA Center can answer all your questions on any aspect of the ADA and provide resources to comply with the law.

1 (800) 949-4232 V/TTY

Within the Healthcare Setting

FACT SHEET: Accessible Healthcare Overview

The Northwest ADA Center developed this brief 4-page document providing an overview of accessible healthcare.

https://adata.org/sites/adata.org/files/files/Accessible_Health_Care_final2019.pdf

GUIDE: Increasing the Physical Accessibility of Healthcare Facilities

A 15-page document developed by the Centers for Medicare and Medicaid Services, Office of Minority Health issued in May 2017.

https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Issue-Brief-Physical-AccessibilityBrief.pdf

GUIDE: PACER ADA Question and Answer Guide for Health Care Providers

The National Parent Center on Transition and Employment provides a question-and-answer guide to define covered health care providers, policies and procedures, effective communication, adaptive equipment, existing facilities, and more.

https://www.pacer.org/transition/learning-center/laws/ada/health-care-providers.asp

BRIEF: Wheelchair –Accessible Medical Diagnostic Equipment: Cutting Edge Technology, Cost-Effective for Health Care Providers, and Consumer-Friendly

Developed by the Administration for Community Living, this brief provides information about the use of Accessible Medical Diagnostic Equipment in the healthcare profession, solutions for reducing health care worker and patient injuries, and steps medical providers can take to leverage existing resources to integrate accessible medical diagnostic equipment.

https://aahd.us/wp-content/uploads/2019/08/ACLMedicalDiagnosticEqupwheelchairaccessibility-July2019.pdf

IV. Accommodations

All people should have equitable access to healthcare services. Healthcare practitioners can create a welcoming environment by asking people if they require accommodations before receiving treatment. People with disabilities know the supports they need. Accommodations may only need to be provided temporarily and can increase the quality of care for the patient and conserve costs for the healthcare provider.

CHECKLIST: Questions to Ask for Identifying Communication and Accommodation Needs

This 6-page document developed by a researcher at the Harris Family Center for Disability and Health Policy at Western University of Health Sciences in Pomona, CA, provides a list of questions a healthcare professional can ask to determine a patient's communication and accommodation needs.

https://www.hpsm.org/docs/default-source/provider-services/provider_toolkit_identifying_accommodation_needs.pdf?sfvrsn=f39614ec_16

GUIDE: Accessible Print Materials: Formatting Guidelines to Accommodate All Audiences

The Massachusetts Department of Public Health, Healthy Aging & Health, and Disability Unit have developed this 11-page document to guide making print materials accessible to all audiences.

https://www.mass.gov/doc/accessible-print-materials/download

GUIDE: Disability & Health Information for Family Caregivers

Families can provide support and care for relatives with a disability. The Center for Disease Control and Prevention's Disability and Health site provides information for family caregivers to guide the process of promoting the health and safety of your family.

https://www.cdc.gov/ncbddd/disabilityandhealth/family.html

V. Policies and Procedures

Effectively serving people with disabilities can only be accomplished when inclusive practices are embedded throughout the organization. This includes adopting policies and procedures to support disability inclusion and establishing infrastructure for disability competency. People with disabilities are largely an unrecognized health disparity population, and public health programs can improve health services by collecting disability data and monitoring this population.

Tips for Public Health & Healthcare Professionals

- Require staff to be trained in disability competency and etiquette.
- Ensure your materials are accessible (large print/Braille for printed materials, plain language, and pictures for people with intellectual and developmental disabilities, 508-compliant websites).
- Include people with disabilities on boards, advisory groups, committees, etc.
- Consider costs associated with accessibility and accommodations and allocate appropriate funding within the organizational budget.
- Adopt policies to reinforce inclusive practices.
- Publicly commit to inclusive practices (www.committoinclusion.org)

MANUAL: Guidelines for Disability Inclusion in Physical Activity, Nutrition, & Obesity Programs and Policies

The National Center on Health, Physical Activity, and Disability developed this implementation manual to guide government and public entities and organizations on how to develop policies and programs as they relate to health and physical activity that are more inclusive to people with disabilities. It provides a description of each guideline, why it is important, steps to accomplish the guideline, resources for more information on the guideline, and examples of the use of the guidelines in the field.

http://www.centerondisability.org/docs/Guidelines_Disability_Inclusion_Implementation_Manual.pdf

GUIDE: U.S. Department of Health and Human Services Implementation Guidance on Data Collection Standards for Disability Status

The Administration developed a set of uniform data collection standards for inclusion in surveys conducted by the HHS as required by Section 4302 of the Affordable Care Act.

https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status

GUIDE: Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services

This guide illustrates ways health departments can implement low-cost inclusive programs and positively affect people with disabilities in their jurisdictions.

https://www.naccho.org/uploads/downloadable-resources/Fact-Sheet_Strategies-for-Inclusion.pdf

TOOLKIT: Community Health Inclusion Index

The Community Health Inclusion Index (CHII) is a set of survey tools used to help communities gather information on the extent to which there are health living resources that are inclusive of all members of the community, including persons with disabilities.

https://www.nchpad.org/1273/6358/Community~Health~Inclusion~Index

VI. Types of Disability

Deaf and Hard of Hearing

The deaf and hard of hearing community is diverse and supports its own culture. It is important to acknowledge differences in hearing levels, communication styles, and languages. Established in 1880, the National Association of the Deaf (NAD) is the nation's premier civil rights and advocacy organization of, by and for deaf and hard of hearing individuals in the United States. NAD publishes position papers that are helpful to review before interacting with someone who is deaf or hard of hearing.

FACT SHEET: Community & Culture—Frequently Asked Questions

This NAD document explains the differences between "deaf," "Deaf," and "hard of hearing" and calls out the problems with negative terminology used in the past.

https://www.nad.org/resources/american-sign-language/community-and-culture-frequently-asked-questions/

POSITION STATEMENT: Healthcare Access for Deaf Patients

This NAD document offers guidelines for healthcare professionals to provide for effective communication to individuals who are deaf and communicate in sign language.

https://www.nad.org/about-us/position-statements/position-statement-on-health-care-access-for-deaf-patients/

POSITION STATEMENT: Minimum Standards for Video Remote Interpreting Services in Medical Settings

https://www.nad.org/about-us/position-statements/minimum-standards-for-video-remote-interpreting-services-in-medical-settings/

QUESTIONS & ANSWERS FOR HEALTH CARE PROVIDERS:

This Q&A document from NAD focuses on the obligations of health care providers in providing care to their patients who are deaf or hard of hearing but is also applicable to public health providers.

https://www.nad.org/resources/health-care-and-mental-health-services/health-care-providers/questions-and-answers-for-health-care-providers/

To locate a registered interpreter for the deaf in your area, refer to the Registry of Interpreters for the Deaf. This national membership organization establishes national standards for sign language interpretation services, at www.rid.org.

Blind and Low Vision

"Legal Blindness" is a definition used by the United States government to determine eligibility for vocational training, rehabilitation, schooling, disability benefits, low vision devices, and tax exemption programs. It is not a functional low vision definition and does not indicate what a person can and cannot see. "Low Vision" is a condition caused by eye disease, in which visual acuity is 20/70 or poorer in the better-seeing eye and cannot be corrected or improved with regular eyeglasses.

VIDEO: How Can I Help You?

This 15-minute video from 2011 produced by the New Hampshire Association for the Blind and Concord Hospital guides the viewer on how to provide support to people who are blind or have low vision navigate the health care setting.

https://www.youtube.com/watch?time_continue=67&v=xlP7mCr3LmQ

CHECKLIST: Ensuring Access to Services and Facilities by Patients Who Are Blind, Deaf-Blind, or Visually Impaired

This document with corresponding checklists will guide the reader through a process of examining healthcare facilities and services, identifying possible barriers to access faced by persons who are blind, deaf-blind, or visually impaired, and make recommendations to identify possible solutions to these barriers.

https://www.afb.org/blindness-and-low-vision/your-rights/advocacy-resources/ada-checklist-health-care-facilities-and

Mobility Impairments

Mobility impairments range in severity from limitations of stamina to paralysis. Some mobility impairments are caused by conditions present at birth, while others are the result of illness or physical injury. Mobility impairments may be caused by spinal cord injury or other causes such as amputation, arthritis, cerebral palsy, neuromuscular disorders, and fibromyalgia.

TOOLKIT: Access to Medical Care for Individuals with Mobility Disabilities

The United States Department of Justice and the Department of Human Services offers a toolkit to support health care providers in the process of removing barriers to care, enabling people with disabilities to access preventative healthcare. The ADA Titles II mandates services and Facilities and III and Section 504 to require medical care providers to provide individuals with disabilities: full and equal access to their health care services and facilities. Reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available to individuals with disabilities unless the modifications would fundamentally alter the nature of the services.

https://www.ada.gov/medcare_ta.htm

Cognitive/Intellectual and Developmental Disabilities

Intellectual disability is a term used when there are limits to a person's ability to learn at an expected level and function in daily life. Levels of intellectual disability vary from person to person.

WEBSITE: Facts About Developmental Disabilities

The Centers for Disease Control and Prevention provides information about Developmental Disabilities on a Developmental Disabilities website.

https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html

The Florida Center for Inclusive Communities recently developed tools within a model called "XCEL" for health care professionals on how to provide appropriate support to individuals with developmental disabilities within the health care setting. These resources will provide information on how to reduce dissatisfaction and disparities for patients with developmental disabilities by utilizing effective communication strategies, adapting the clinical environment, and addressing logistical barriers.

VIDEO: Florida Center for Inclusive Communities: XCEL Training

https://www.youtube.com/watch?v=hxvx-k-x2N0

FACT SHEET: Providing Excellent Care for Patients with Developmental Disabilities

http://flfcic.fmhi.usf.edu/docs/XCEL_Fact%20Sheet.pdf

FACT SHEET: Improving Communication with Patients who have I/DD

http://flfcic.fmhi.usf.edu/docs/FCIC_PhysicianFactSheet_1_Improving_Communication.pdf

TOOLKIT: Healthcare for Adults with Intellectual and Developmental Disabilities: A Toolkit for Primary Care Providers

Through the joint efforts of Vanderbilt Kennedy Center for Research on Human Development, the University of Tennessee Boling Center for Developmental Disabilities and the Tennessee Department of Intellectual and Developmental Disabilities, this E-Toolkit is a comprehensive repository of resources, general information, checklists, and health tables for primary care providers to deliver culturally competent care to a patient with intellectual and developmental disabilities (IDD). Links to on-demand training for healthcare professionals, individuals with IDD, family members, and care providers are included.

www.iddtoolkit.org

Sensory Processing Impairments

Sensory Processing Disorder (originally called Sensory Integration Dysfunction) is a neurological disorder in which the sensory information the individual perceives results in abnormal response.

https://nationaldisabilitynavigator.org/wp-content/uploads/Materials/Population-Specific-Fact-Sheet-ASD.pdf

TOOLKIT: AASPIRE Healthcare Toolkit

The AASPIRE Healthcare Toolkit was created as part of an on-going research project by the Academic Autistic Spectrum Partnership in Research and Education (AASPIRE) to help improve healthcare access and quality for adults on the autism spectrum. It offers primary care resources for adults on the autism spectrum and their healthcare providers. Patients can utilize the Autism Healthcare Accommodations Tool to develop a customized report to give to their healthcare provider to assist them in making their doctor visit more accommodating.

www.autismandhealth.org

VII. Resources

Organization	Information
ADA Coordinators	The primary roles of an ADA coordinator include: (1) Ensure all community members and employees have an opportunity to participate in programs, activities and services offered in a full and meaningful way; (2) Ensuring ADA violations do not occur OR are remedied if they do, and (3) Serve as a primary point of contact for ADA compliance, for both your employer and for members of the community. https://adata.org/find-your-region#region3
Arc of Maryland	The largest statewide nonprofit organization dedicated to the rights and quality of life of persons with intellectual and/or developmental disabilities and their families. This is accomplished through public policy, advocacy, public awareness, and training and membership support. http://www.thearcmd.org/
Area Agencies on Aging	Area Agencies on Aging (AAA) are local agencies who assist and support older adults, family caregivers, and adults with disabilities. AAAs are the lead agency for Maryland Access Point and you can find MAP located within each AAA and, in some areas, at local senior centers. https://aging.maryland.gov/accesspoint/Pages/Area-Agencies-on-Aging.aspx
Brain Injury Association of Maryland	The Brain Injury Institute of Maryland (BIA) is the voice of those affected by brain injury through advocacy, education, and research. BIA provides leadership and support for a wide variety of projects and programs in resource coordination, prevention, education, advocacy and self-determination. https://www.biamd.org/

BRFSS Brief: Disability and Health among Maryland Adults (Volume 3, Number 1)	Public health practitioners, people with disabilities, and advocates can use this document to understand the burden of disease among Maryland adults with disabilities and to inform programs and policies to address health risk behaviors and chronic disease outcomes among this population. https://health.maryland.gov/phpa/ccdpc/Reports/Documents/MD-BRFSS/BRFSS_BRIEF_2018-08_Disability.pdf
Centers for Independent Living	Centers for Independent Living (CILs) are community-based organizations designed and operated by people with disabilities. CILs serve people with all types of disabilities and provide peer support, information and referral, advocacy, and independent living skills. https://www.ilru.org/projects/cil-net/cil-center-and-association-directory-results/MD
Center for Disease Control and Prevention, Disability and Health Branch	The Centers for Disease Control and Prevention (CDC) has been involved in disability and health activities since 1988. The mission of the CDC Disability and Health Branch is to promote the health and full participation in society by people with disabilities across the lifespan. https://www.cdc.gov/ncbddd/disabilityandhealth/aboutus.html
Center for Developmental Disabilities, Kennedy Krieger Institute	The Maryland Center for Developmental Disabilities (MCDD), a part of Kennedy Krieger Institute (KKI), is one of a national network of University Centers for Excellence in Developmental Disabilities. MCDD links the community to research and information to improve the lives of people with disabilities. https://www.kennedykrieger.org/community/initiatives/maryland-center-for-developmental-disabilities
Developmental Disabilities Administration	The Developmental Disabilities Administration (DDA) provides a coordinated service delivery system for people with developmental disabilities and

	partners with people with developmental disabilities and families to provide leadership and resources. https://dda.health.maryland.gov/Pages/home.aspx
Kakana	Kakana offers a streaming adapted fitness platform for individuals with disabilities. https://onekakana.com/index
Maryland Access Point	Maryland Access Point (MAP) is the Aging and Disability Resource Program in Maryland, designed to assist individuals with long term care needs and their caregivers identify and locate services in their community. MAP is a centralized, single point of entry for access to the services provided by several state agencies. https://marylandaccesspoint.211md.org/
The Maryland Developmental Disabilities Council	The Maryland Developmental Disabilities Council (Council) is an independent, self-governing organization dedicated to advancing the inclusion of Marylanders with developmental disabilities in all facets of community life. The Council is 100% federally funded. http://www.md-council.org/
Maryland Office for Genetics and People with Special Health Care Needs	The Maryland Department of Health's Office for Genetics and People with Special Health Care Needs provides infant follow up services, access to specialty care, and systems-building for children with special health care needs. Specific programs and efforts include newborn bloodspot screening follow up, birth defects surveillance and education, critical congenital heart disease screening, early hearing detection and intervention (infant hearing), access to specialty care for uninsured or underinsured children with special health care needs, health care transition, medical home, and long-term sickle cell follow up. https://phpa.health.maryland.gov/genetics/Pages/home.aspx

Maryland Emergency Management Agency – Emergency Preparedness	Maryland Emergency Management Agency (MEMA) is a national leader in Emergency Management that provides Maryland residents, organizations, and emergency management partners with expert information, programmatic activities, and leadership in the delivery of financial, technical and physical resources "To shape a resilient Maryland where communities thrive." https://mema.maryland.gov/Pages/default.aspx
Maryland Department of Transportation – MobilityLink	MobilityLink service is for individuals with disabilities who are unable to use the MTA fixed route system, which includes CityLink, LocalLink, Metro SubwayLink or Light RailLink service. https://www.mta.maryland.gov/mobility
Maryland Technology Assistance Program	The Maryland Technology Assistance Program (MDTAP) is a program of the Maryland Department of Disabilities. The program aims to enhance the lives of all Marylanders with disabilities, older Marylanders, and their families by helping support access to assistive technology (AT) devices and services. http://mdod.maryland.gov/mdtap/Pages/MDTAP-Home.aspx
Mid Atlantic ADA	The Mid-Atlantic ADA 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 (DC, DE, MD, PA, VA, and WV). It consists of ten regional centers located throughout the United States to educate the public about the ADA. https://www.adainfo.org/
National Alliance on Mental Illness, Maryland Chapter	NAMI Maryland is the NAMI state organization in Maryland. NAMI Maryland provides educational resources and events, statewide outreach, advocacy, and affiliate organizational support. NAMI Maryland provides free training so NAMI affiliates are allowed to deliver NAMI programs. http://www.namimd.org/

National Association of County and City Health Officials, Health and Disability Branch	NACCHO's Health and Disability Program is supported by the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention. The program provides local health departments with the tools and resources needed to successfully include people with disabilities in all local health department activities. https://www.naccho.org/programs/community-health/disability
National Federation of the Blind, Maryland Chapter	The National Federation of the Blind of Maryland is a 501c (3) nonprofit made up of blind people of all ages, their families and friends. The program assists blind persons to acquire skills of independence, advocates for policies that eliminate discrimination and educate the public through seminar, community activities and publications. http://www.nfbmd.org/
National Center on Health, Physical Activity and Disability (NCHPAD)	Founded in 1999, the National Center on Health, Physical Activity and Disability (NCHPAD) is a public health practice and resource center on health promotion for people with disability. NCHPAD is the premier resource for information on physical activity, health promotion, and disability, serving persons with physical, sensory and cognitive disability across the lifespan. NCHPAD's features a variety of resources and services which can benefit all ages and populations. https://www.nchpad.org/
Office of the Deaf and Hard of Hearing	The Governor's Office of the Deaf and Hard of Hearing was established in October 2001 through legislation (Chapter 537 of the Acts of the 2001 General Assembly). In accordance with the State Government Article, section 9-2407 of the Annotated Code of Maryland, the office promotes the general welfare of Deaf and hard of hearing individuals in Maryland by addressing policy gaps, providing expertise related to Deaf and hard of hearing issues, and facilitating the ability to access resources and services. https://odhh.maryland.gov/

Pathfinders for Autism	Pathfinders for Autism works to support and improve the lives of individuals affected by autism through expansive, individualized programming, and by providing resources, training and information and activities free of charge. https://pathfindersforautism.org/
People on the Go	People On the Go (POG) is a group of advocates with intellectual and developmental disabilities who use their voices to be heard and recognized. POG is currently a partnership between the Maryland Developmental Disabilities (DD) Council and the Maryland Center for Developmental Disabilities (MCDD) at Kennedy Krieger Institute. https://www.peopleonthegomaryland.com/
Special Olympics Maryland	The mission of Special Olympics is to provide year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities. Special Olympics Maryland currently serves 7,782 athletes throughout the state of Maryland with the goal of reaching 20,000 athletes by the year 2025. https://www.somd.org/
SPIRIT Club	Spirit Club offers inclusive physical fitness opportunities online and in-person for people with and without disabilities in a socially integrated setting. https://spirit-club.com/
The Wellness Center at the League for People with Disabilities	Located in Baltimore, the Wellness Center at the League for People with Disabilities is a multifaceted exercise and rehabilitation facility that is totally accessible and equipped with state-of-the-art machines and dedicated personal trainers. https://www.leagueforpeople.org/the-wellness-center

TheraFit Rehab – Physical Therapy	TheraFit Rehab offers physical therapy in 5 cities throughout Maryland and provides specialized, activity-based rehabilitation and fitness programs to children, adults, and seniors with disabilities. https://www.therafitrehab.com/