Physical Access to Health Services for Person with Disabilities

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January 30th, 2017

Abstract

According to the U.S. Census Bureau in 2010, an estimated 56.7 million persons (or 1 in 5 Americans) of all ages have a self- disclosed disability that is protected under the Americans with Disability Act (ADA). This population experiences health disparities and secondary conditions that can be the result of inaccessible health care facilities and equipment, lack of knowledge among health care professionals, transportation difficulties, and higher poverty rates (CDC, 2017). This paper will examine what is being done on the Federal Level in regards to accessibility from the perspective of the Department of Justice's related cases and their resolutions. Extensive research found one study that revealed the type of access that were available in medical facilities in several U.S. Cities and this will be discussed.

Key words: Americans with Disability Act, U.S. Census Bureau, Access, Disability, Health Facilities, HealthCare Services, Department of Justice, Centers for Disease Control and Prevention

Introduction

When the American with Disabilities Act passed in 1990, people with disabilities increasingly sought facilities that were accessible to their needs especially in a medical facility, where access to an exam or diagnostic equipment was a crucial necessity to being examined or diagnosed. It is typical that when access is not available, persons with a disability will forego their own care. In many cases, they will have poor health, or invariably get diagnosed too late to receive treatment that prevents their condition from worsening.

When a person with a disability does not receive appropriate care, it often puts additional stress on the individual, family and society as a whole when their health worsens. Stress can arise from the increased burden of care due to medical issues, taking time away from work, education or other responsibilities. This also includes additional financial stress that becomes exacerbated with additional co-pays or deductibles.

Research into access in medical facilities needs to occur with more frequency to determine how to improve the likelihood of people with disabilities to receive care. The list of barriers to care according to the National Council on Disability (NCD) in a paper titled, "The Current State of Health Care for People with Disabilities" in 2009, is as follows:

1) Lack of training by healthcare providers regarding transferring patients from a wheelchair to an exam table or having the disability awareness to provide appropriate services
2) Inaccessible exam tables or medical diagnostic equipment
3) Structural and Communication Barriers with the facility such as pathways, space to turn around in the exam room, or even the ability to enter the waiting room itself or no process for obtaining a sign language interpreter or other communication access

upon request

4) Lack of insurance or having insurance that is substandard

To research into the reasons why facilities are not accessible with an exam or diagnostic equipment will lead to solutions, so individuals with disabilities can receive care. When a person receives appropriate and timely care, this reduces stress overall and reduces society's burden on this particular population.

Summary of Paper

This paper will provide background information on the Americans with Disabilities Act, and how it provides medical access for a person with a disability. The Department of Justice's (DOJ) responsibilities and enforcement procedures will give a background view to this agency's scope of work. The research was conducted to determine how many cases under the DOJ involved complaints, by people with disabilities regarding accessibility issues in medical facilities in the United States. There were 8 cases found from 1992 to 2008, and these cases revealed how often complaints occur and what the recommendations were for improvements for medical facilities.

Additional research was conducted to determine the reason why medical facilities were not accessible. An extensive review found one study titled "Access to Subspecialty Care for Patients with Mobility Impairment: A survey." This published study is in the Annals of Internal Medicine, and it explains the research into the who, where and how of the survey, and what the results of their findings were. This paper gives a larger perspective on some reasons as to why a medical facility would not be accessible to a person with a disability.

Based on the cases from the Department of Justice and the study, research in this paper looked into information on the federal level to find out what it offers for funding to assist

medical facilities at the state and local level, to alleviate financial concerns that a medical facility may have towards providing accessible medical exams or diagnostic equipment. There was one federal agency that provided grants to medical facilities to upgrade their health center to be accessible, either with its infrastructure or with its equipment needs.

Finally, additional resources for medical services obtained additional support towards improving access. Two resources had the most current information on how to make a medical facility accessible were from the DOJ and the U.S. Department of Health and Human Services and by the North Carolina Office on Disability and Health.

Background information

The purpose of this paper is to address physical access to health services for Persons with Disabilities and to describe what is being done to address barriers on the federal level. The areas of focus within this broad question are the following: What does access mean, what specifically are the problems, what solutions are there, what does the distribution of federal funding look like, what are the standards provided for ADA compliance? Enforcement is based on complaints by the public, and inspections are provided by the Department of Justice to determine what the deficiencies are and provide solutions that are case-specific based on the standards of the ADA.

To explore what the federal level provides regarding support to improve accessible facilities under the healthcare system, we begin with the definition of access. Access means the construction and alteration of facilities of public accommodations to allow a way or means of entry such as by persons in wheelchairs. It also applies to medical equipment that would be adjustable to a person's height whether in a wheelchair or by stature. The Department of Justice (DOJ), which publishes regulations for implementing the Americans with Disabilities Act (ADA) 1990, issued new standards in 2010 for medical care facilities which are under section

223.[1] The DOJ publication describes specific medical equipment such as examination tables that can lower to no greater than 17 – 19 inches from the floor.[2]

Accessibility should be assured throughout the process of accessing medical services: from arrival at a building, entering the building, moving throughout the building and into the patient service areas, and to any equipment used at any point during services. Access to a facility in the health field is strengthened by having a trained staff. Employing a group of people who are proficient through specialized instruction or practices on a variety of disability-related topics, is crucial to having an accessible facility and being able to use available equipment on site while also upon request assist in transferring a patient from their wheelchair to an exam table.[3]

Department of Justice Cases

It is useful to examine past cases of inaccessibility in medical care facilities that the Department of Justice (DOJ) has investigated because one can observe specific examples of non-compliant medical centers. The DOJ has made public eight discrimination cases from around the United States from 1992 to 2008, which pertain to inaccessible physical spaces in facilities. These include a hospital on Staten Island and a Women's Center in Florida that had four different locations. These eight facilities throughout the United States had complaints filed against them which the DOJ investigated. The resultant findings gave solutions to resolve the barriers faced by people with disabilities. The primary complaints were as follows:

1. Physical Space

[1] Access Board (Ed.). (2010, January 1). Scoping Requirements. Retrieved January 2, 2015, from http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/ada-standards/chapter-2-scoping-requirements#223 Medical Care and Long-Term Care Facilities

[2] Disability Rights Section, D. (2010, July 1). Access to Medical Care for Individuals with Mobility Disabilities, part 4. Retrieved November 1, 2014, from http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

[3] Disability Rights Section, D. (2010, July 1). Access to Medical Care for Individuals with Mobility Disabilities, part 4. Retrieved November 1, 2014, from http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

a. Separate entrance & waiting area

b. Lack of accessible parking

c. Inaccessible restrooms

d. Inaccessible facilities, including exam rooms

2. Equipment

a. Inaccessible exam tables

b. Lack of trained staff to transfer individuals from their wheelchair to exam table

3. Miscellaneous

a. Lack of knowledge of working with individuals with disabilities

b. Obtaining auxiliary aids and services for effective communication

The Department of Justice also made recommendations that were specific to each facility. However, there appears to be an overall standard list of suggestions that all should have in place. The list of solutions offered by the Department of Justice are as follows:

- Engage in readily achievable barrier removal and implement the barrier removal plan.
- Establishing an ADA Advisory Group
- Establishment of a new process to review all new construction and alteration guidelines.
- Suggestion to facilities to be in compliance with ADA Title III as it pertains to

medical facilities, including its standards which the DOJ developed that are unique to each medical center investigated which they term Attachment K: Program Access to Existing Facilities.

- "Implement policies and procedures to ensure that individuals" (Settlements, n.d.) with disabilities receive services. Policies such as:
    - Asking patients when scheduling appointments if they will require assistance in the exam room, any modification of existing policy and procedure, or provide any auxiliary aids or services during their medical exam due to the Disability.
    - Provide appropriate assistance and equipment when requested.
- Designate an ADA compliance officer
- Training to all staff, including doctors, nurses, technicians, front line personnel to receive training on the following topics:
    - ADA Title III
    - Requirements of the non-discrimination policy
    - Sensitivity Training on interacting with individuals with a disability
- Accessible equipment provided
    - Adjustable height exam table that lowers to 17-19 inches from the floor
    - Adjustable mammogram or x-ray equipment
    - Transfer boards

- Mechanical lifts
- Scale for wheelchair users

- Enforcement and reporting process in place.
- Conduct a survey of all equipment and purchase new accessible equipment needed to ensure that individuals with disabilities have equal access.

The DOJ's goal is to require each facility to remediate the inaccessible facilities and will work within budgetary and staffing constraints to make necessary changes. The timeline is established and agreed upon between the DOJ and the entity receiving the complaint. The schedule to follow up on the complaints can range anywhere from a few months to several years. The factors all are dependent on what is achievable and possible for the correction of the charge. The problem is nationwide in its scope, but not all complaints make it to the Department of Justice. The number of allegations should be higher unless all facilities are now accessible to serve the public per the Americans with Disabilities Act.

Research on Access to Healthcare Settings

To better understand the problem of access to healthcare settings, it would be good to see how widespread this issue is. There was only one research study titled "Access to Subspecialty Care for Patients with Mobility Impairment"[4] (2013) that examined how medical facilities are often inaccessible for people with disabilities. The study is on 256 subspecialty medical

[4] Lagu, T., Hannon, N.S., Rothberg, Wells, A.S., Green, K.L., Windom, M.O., Dempsey, K.R., Pekow, P.S., Avrunin, J.S., Chen, A., and Lindenauer, P.K. (2013, March 19). Access to Subspecialty Care for Patients with Mobility Impairment. A Survey. *Annals of Internal Medicine* 148, 441-446.

practices in 5 large US cities in 4 states where a fictional patient with a disability was used to place calls to schedule an appointment for an exam. Out of 256 practices, 56 sites said they could not accommodate the patient. Their main reasons that they indicated were as follows:

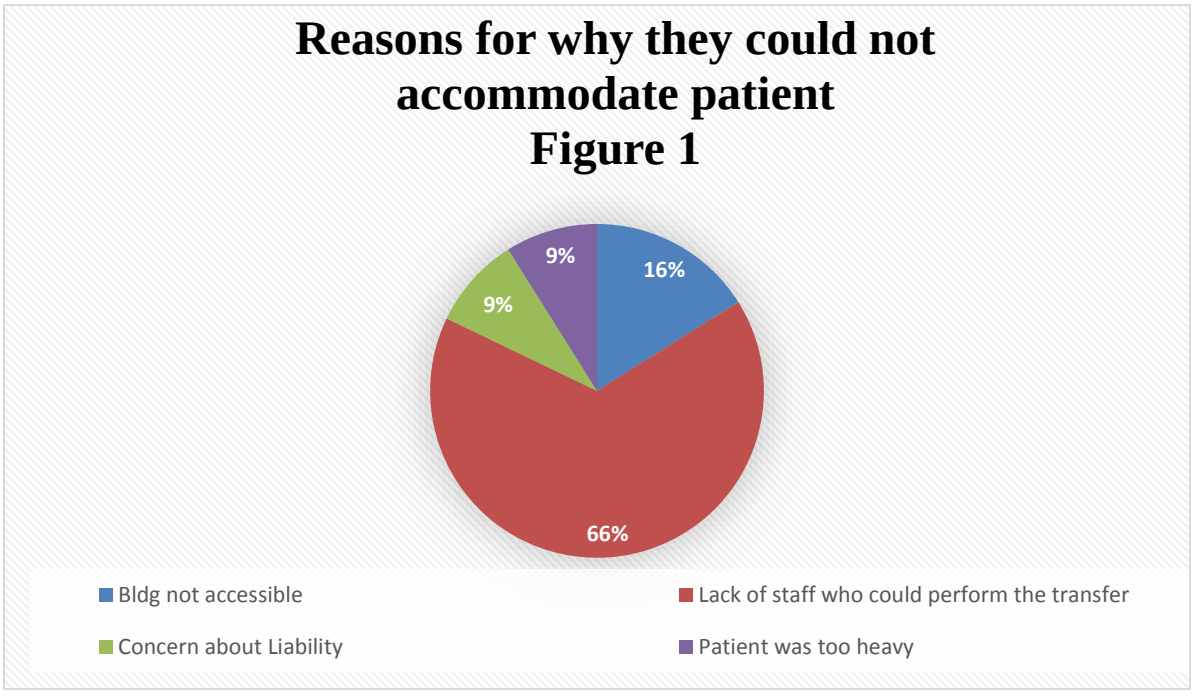
1) 9 sites (16%) said the building was not accessible

2) 37 sites (66%) stated that they did not have staff who could transfer this patient unto an examination table

3) 5 sites (9%) said they were concerned about liability

4) 5 sites (9%) said "the patient is too heavy," see figure 1.

Replication of this study is necessary to see if is more widespread than the 256 sites studied; however, the answer provided in the survey provides a glimpse of potential reasons as to why medical facilities can be inaccessible.



More facilities that would have to transfer the patient to an examination table to provide adequate care were not accessible (74%) as compared to those that might not have to move the

patient to provide adequate care (99%). It shows that when special equipment was used to transfer a large and partially paralyzed patient to an examination table, results indicate they used height-adjustable exam tables and mechanical lifts. Findings reflect that the highest rate of inaccessible practices among all the medical centers studied were gynecologist offices at 44%. Based on this study, it was recommended by the researchers that improved awareness about ADA "requirements and the standards of care for patients with mobility impairments are needed." [5]

Funding Efforts to Assist with the Removal of Barriers

Making the effort to make certain facilities, equipment, and staff are all working well to support people with disabilities can be expensive. Efforts to eliminate obstacles to health care have been a goal of the Centers for Disease Control (CDC) to improve the health, well-being, independence and productivity and also to ensure full social participation for persons with disabilities. The CDC supports five states with funding for programs that specifically remove physical barriers. The funding is intended to improve access to facilities and services to comply with the American with Disabilities Act (ADA). CDC is the only federal agency that provides funding to reduce barriers in the health care setting. If a health care facility wishes to reduce barriers through their existing budget, it is possible, under the ADA, to utilize tax credits. There are rules under the IRS in which federal tax credits and deductions would be made available to offset expenses incurred to comply with the law.

Resources to Improve Access in a Healthcare Setting

In North Carolina, the Office on Disability and Health has gone further by creating two

[5] Mobility Impairment Reduces Access to Subspecialty Care. (n.d.). Retrieved from http://annals.org/aim/article/1666710/mobility-impairment-reduces-access-subspec

papers to assist in making health facilities accessible. The first paper addresses the health of people with disabilities. It describes overall health issues of people with disabilities and promotes strategies for a more healthy population of disabled persons in North Carolina for the period 2010 to 2020.[6] The second paper deals with the usability of health care services for people with disabilities. It offers a Universal Design concept for products and facilities that would be aesthetically appealing and usable for everyone regardless of their age, ability or status in life in the healthcare setting. The second paper is comprehensive enough to include specifications of a height adjustable and articulating examination table and weight scale that accommodates people who use wheelchairs.

A third paper published by the US Department of Justice and the US Department of Health and Human Services gives a more extensive overview of accessible medical equipment and facilities that would include an accessible examination room.[7] Accessible medical equipment was examined such as adjustable height exam tables and chairs, wheelchair accessible scales, adjustable height radiologic equipment, portable floor and overhead track lifts, gurneys and stretchers including the use of a transfer board and gait belt. According to this paper, "the right solution or solutions for providing accessible medical care depends on existing equipment, the space available both within the examination room and for storage of equipment, the size of the practice and staff, and the patient population."[8]

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[6] NC Office on Disability and Health. (2013, January 1). North Carolina's Plan to Promote the Health of People with Disabilities: Everywhere, Everyday, Everybody (2nd ed.). Retrieved November 2, 2014. Chapel Hill: The University of North Carolina, FPG Child Development Institute http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/NC_Plan_Health_People_with_Disabilities_2013.pdf

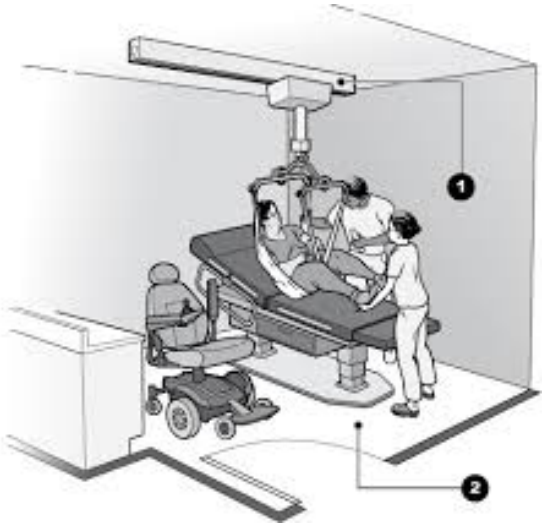
[7] North Carolina on Disability and Health. (2007, January 1). How usable are your health care services and facilities to people with disabilities? Retrieved November 2, 2014, from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/other-resources/NCODH_RemovingBarriersToHealthCare.pdf

[8] Access to Medical Care for Individuals with Mobility Disabilities. (n.d.). Retrieved from http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

Findings and Limitations

This paper (Physical Access to Health Services for Person with Disabilities) provides a comprehensive look at the scope of medical access from a variety of perspectives. One example is the DOJ and its cases, the study on "Access to Subspecialty Care for Patients with Mobility Impairment. A Survey." This study was conducted by a group of medical authors, with funding support for medical facilities from the Center for Disease Control and with the available resources on how to create an accessible medical facility from the federal and state government. Based on the perspectives from these various sources, the findings in this paper provide a preliminary understanding of how to improve access to medical care for people with disabilities.

In addition, this paper limitations only had one study that was conducted to determine the reasons as to why a medical facility may not be accessible; replication needs to be done on a larger scale to determine if this remains to be true or if other conditions were to arise. It also had only two current resources listed. There were others, but they were either outdated or did not have enough information to warrant inclusion. The likelihood of the decrease or increase of funding by the CDC could change based on their budgetary considerations on the federal level.



Conclusion

One of the most important aspects of access to medical services is having an accessible building and appropriate equipment, but having trained medical staff is also a key component. The medical staff should be trained on how to use each piece of accessible medical equipment and other devices such as the assistant transfer lift, transfer board and the gait belt. Training is necessary to increase understanding of the needs of each group in the disability community, particularly those with physical, cognitive/intellectual, developmental disabilities, as well as those with hearing or visual sensory loss. Adaptive equipment requires training so that it can be used correctly and safely when assisting individuals with a disability.

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