



# Disability Awareness & Sensitivity Training

Presented by Molina Healthcare

[MolinaHealthcare.com](https://MolinaHealthcare.com)



# Agenda

- Who are people with Disabilities/ Activity Limitations?
- Visible vs. Hidden Disabilities
- Disability and Culture
- Functional Limitations and Aging
- The Diversity of Disability
- Healthcare Disparities
- Hassle Factors when Accessing Healthcare
- Americans With Disabilities Act (ADA)
- Molina's Bridge2Access Statewide Committee
- What Does Access "Look" Like?
- Preferred Terminology
- Communication Tips
- Provider Resources



# Who are people with disabilities & activity limitations?

Think for a moment about your personal experience with disability. Who in your own circle of friends, relatives, neighbors or family has a disability or activity limitation?

- Are your parents or grandparents able to see and hear as they once did?
- Are you or someone you know pregnant?
- Are you having a more difficult time getting around?
- Does your child have ADHD or another learning disability?
- Do you know someone that lost a limb due to uncontrolled diabetes or cancer?



# Who are people with disabilities?

Developmental Disabilities: Happen before the age of 18 and may include:

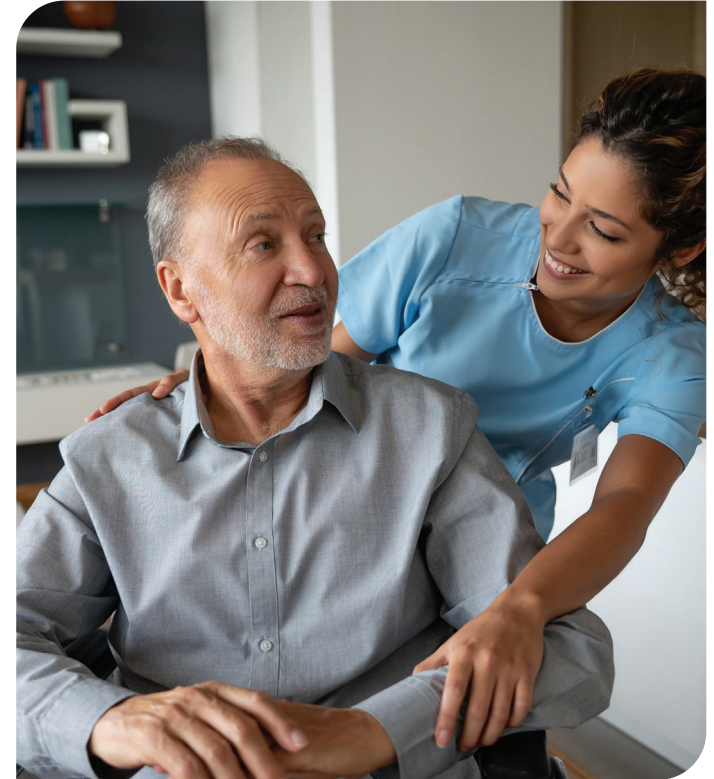
- Cerebral palsy
- Autism
- Epilepsy
- Down Syndrome
- Cognitive or Intellectual
- Other physical (Spina Bifida, etc.)





# Who are people with disabilities?

- **Disability due to Aging**
  - 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, asthma, COPD and other conditions can become disabling or result in an activity limitation**



# Visible vs Invisible disabilities

Many disabilities cannot be seen 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 neighborhoods 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
- Persons 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



Physical Ability



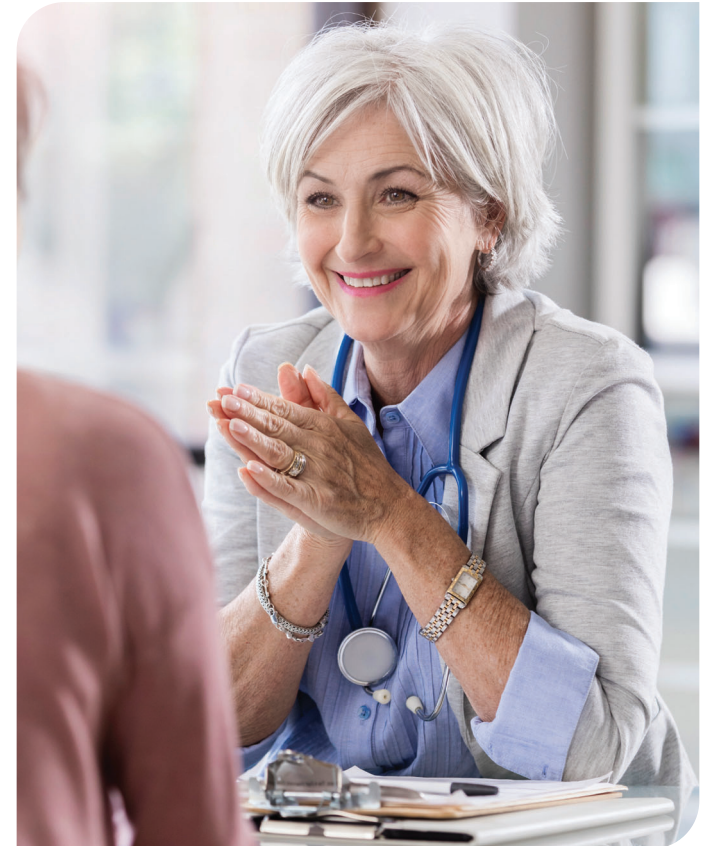
Hearing



Memory



Energy

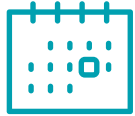




# Functional limitations and aging



By the year 2030: Older Americans will increase to 20% of the population; up from 13% in 2000



By the year 2050: There will be 5 times more Americans who are 85+ than in 2000.



Most people: If we live long enough, we 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 we realize. Many of us may experience temporary activity limitations throughout our lives.

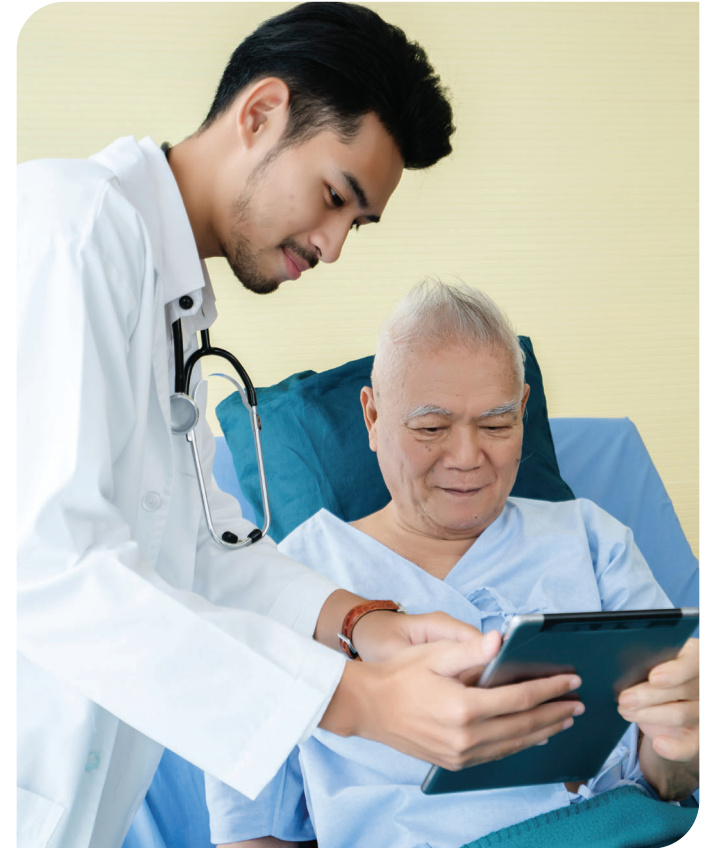
- Pregnancy
- Accidents
- Illness
- Weight related conditions





# The diversity of disability

- Disability affects every race, culture, sexual orientation, income and gender
- There is no “The Disabled” – the type of disability is 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: attitudes, abilities, personalities, histories and resources
- Disability is just one part of the diversity of being human



# The diversity of disability

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, ages and abilities.



# Healthcare disparities

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

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

Why do you suppose these disparities are so high?



# Barriers to accessing Health Care

People with disabilities have compared getting Healthcare 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
- Failure
- Fear
- Fatigue

These 4 “Fs” may result in putting off care that can result in:

- Delayed diagnosis
- Worsening conditions
- More extensive health care
- Shortened life span



# 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
- Difficulty understanding the information
- Difficulty getting 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
- Communication access
- Medical equipment and supply access



# Americans with Disabilities Act (ADA)

The ADA prohibits discrimination against people with disabilities, including discrimination that may affect: employment, public accommodations (including health care), activities of state and local government, transportation, and telecommunications. The ADA is based on three underlying values: equal opportunity, integration, and full participation. Compliance with the ADA extends, expands, and enhances the experience for All Americans accessing health care and ensures that people with disabilities will receive health and preventive care that offers the same full and equal access as is provided to others.

- Molina Healthcare of Illinois performs site visits to all provider locations to ensure offices are in compliance with the ADA.
- Go to [ada.gov](https://www.ada.gov) for information about the ADA, design standards and technical assistance, including a document that is specific to medical care.



## Molina's focus on removing barriers

- Molina Healthcare empowers plan members to access healthcare services, including identifying and removing barriers to care, through the use of appropriate forms of member education materials, on-line tools and resources, and via one-to-one interactions with their MolinaHealthcare manager.
- The Molina Healthcare Bridge2Access Statewide Advisory Committee provides a forum for structured input from committee members on MolinaHealthcare operations, the provider network and the delivery of care to members.



## Bridge2access statewide advisory committee

- Membership of the B2A Committee is comprised of a wide range of community organizations, advocates and Molina Healthcare members. Those interested in joining the committee should contact Sonia Robins via email at [Sonia.Robins@molinahealthcare.com](mailto:Sonia.Robins@molinahealthcare.com) or **(888) 562-5442**, extension 163906.
- The B2A Committee will evaluate and provide input on changes to public policy and the implementation of policies that affect health care delivery for seniors and persons with disabilities. The committee will also:
  - Review Molina Healthcare's outreach and communication process with a focus on the needs of seniors and persons with disabilities;
  - Review policies or procedures as they relate to seniors and persons with disabilities;
  - Advise on educational and operational issues affecting members who are blind, have impacted vision or who speak a primary language other than English, including American Sign Language.

## What does Access “look” like?





# Reducing barriers to accessing Health Care





# Preferred terminology

Acceptable to Neutral	Unacceptable to Offensive
He had polio/ She has multiple sclerosis	He was “afflicted” with, “stricken,” with, “victim” of
He has arthritis, she has cerebral palsy	He is arthritic, she is spastic, she is 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 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 people with disabilities

Effective communication is a critical component for ensuring the health & 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 the Molina Healthcare Department of Disability & Senior Access Services at **(877) Molina7** for:

- General Disability/Senior Access Questions
- Community based Referrals/resources
- Material in Alternate Formats
- Process to get an ASL Interpreter
- Brochures
- .....Much more!



# 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 their 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 their residence, allow the phone to ring longer to allow extra time for them to reach the telephone.



# Communicating 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 they have 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 and 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.



## Provider Resources

- Contact a local Center for Independent Living for services available in the community to assist persons with disabilities live independently. A list of CILs in Illinois is available at [incil.org](http://incil.org).
- Great Lakes ADA's website [adagreatlakes.org](http://adagreatlakes.org) lists technical assistance available in Illinois.





## Provider Resources

- Reports of abuse, neglect and exploitation should be made to the Illinois Department on Aging administered Elder Abuse Hotline **(866) 800-1409** or **(888) 206-1327 (TTY)** for victims aged 60 and older who reside in the community and are receiving home and community-based services.
- To report abuse/neglect for the elderly in hospitals or nursing homes call the Illinois Department of Public Health ombudsman hotline at **(800) 252-4343**.
- Reports of abuse, neglect and exploitation of members residing in Supportive Living Facilities (SLF) should be made to the SLF Complaint Hotline at **(800) 226-0768**.
- Reports of abuse, neglect and exploitation should be made to the Illinois Department of Human Services Office of the Inspector General 24-hour hotline **(800) 368-1463** voice/TTY.



## Long-term care Ombudsman program

The Long-Term Care Ombudsman Program protects and promotes the rights and quality of life for residents and prospective residents of long-term care facilities in Illinois. This program does this through:

- Informing residents and their families of their rights
- Resolving complaints
- Providing information on residents needs/ concerns to their families, staff and community
- Advocating for good individualized care
- The program is available to residents, families of residents, LTC staff and the community at large.



Contact information for local ombudsmen can be found at: [state.il.us/aging/1directory/ombudsmen.pdf](https://state.il.us/aging/1directory/ombudsmen.pdf) or by calling the Illinois Department on Aging Senior Helpline at **(800) 252-8966** or **(888) 206-1327** for TTY.

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