The event will begin momentarily.

- This event is being recorded
- Captions are available by clicking the CC icon in the Zoom toolbar below
- ASL is provided
- Presentation materials are available at: www.access-board.gov
Equity in Healthcare for People with Disabilities
Agenda

Relevant Federal Standards and Resources for Healthcare Accessibility

- **Medical Diagnostic Equipment:** Bobby Stinnette, U.S. Access Board
- **Buildings and Sites:** Bill Botten, U.S. Access Board
- **Information & Communication Technology:** Kathy Eng, U.S. Access Board

Status of Enforceable Accessible Medical Equipment Standards

- Ana Torres-Davis, National Council on Disability (NCD)

Designing Inclusive Healthcare Environments

- Bill Zellmer, Sutter Health Care

Communication Access in Healthcare Environments

- Zainab Alkebsi, National Association of the Deaf
Medical Diagnostic Equipment

Standards address diagnostic equipment in:

- Physicians' offices
- Clinics
- Hospitals
- Rehabilitation facilities
- Optometrists
- Dentists
- Other medical settings
Rehabilitation Act §510

Mandates the Access Board to issue minimum technical criteria for accessible medical diagnostic equipment in consultation with the FDA

Affordable Care Act amends the Rehabilitation Act to address access to MDE

(March 23, 2010)
Diagnostic Equipment Includes:

- Examination tables
- Examination chairs (including those used for dental or optical exams)
- Weight scales
- Radiological equipment
  - X-ray machines
  - MRI, CT Scan
  - Mammography equipment
- Other MDE
Standards do not cover:

- Personal devices
  - Blood glucose monitors
- Positioning aids
  - Wedges
- Surgical and medical instruments
  - Stethoscopes
  - Forceps, scalpels
Medical Diagnostic Equipment Standards

• Standards are currently voluntary.

• Other agencies can adopt the standards (example - DOJ under the ADA).

• Available for use by other entities as a standard (example – healthcare systems and providers, state and local governments).

• Could be used by FDA to verify labelling claims.
Technical Provisions

• Based on patient position for use
• Supports
• Communication
• Operable parts

Supine, Prone, or Side Lying  Seated  Standing
Medical Diagnostic Equipment Standards

The Standards for Accessible Medical Diagnostic Equipment can be found at:

https://www.access-board.gov/mde/
Guidance on Prescription Drug Container Labels

Advisory (non-binding) guidance developed by a stakeholder working group

Best Practices for All Formats

✓ Communication
✓ Provide options
✓ Quality control
✓ Maintain patient privacy
✓ No Surcharge (extra fee)

https://www.access-board.gov/rx.html
Americans with Disabilities Act (ADA) & Architectural Barriers Act (ABA) Standards

Bill Botten
Senior Accessibility Specialist
US Access Board
All Types of Health Care Facilities Covered

• Clinics, doctors' offices, dental offices, and other professional offices of healthcare providers

• Hospitals, Rehabilitation Facilities, Psychiatric Facilities and Detoxification Facilities

• Long-term Care Facilities
Covered Spaces/Elements

- Parking
- Accessible routes
- Entrances
- Exam rooms and other public or common use areas
- Patient bedrooms
- Toilet and bathing rooms
- Service counters
Available Resources

Department of Justice Guide (ada.gov)

Guide to the ADA & ABA Standards (access-board.gov)
Section 508 Standards for Information & Communication Technology (ICT)

Kathy Eng
Senior ICT Accessibility Specialist
US Access Board
ICT Standards

- Section 508 of Rehabilitation Act
- ICT procured, developed, maintained, or used by federal agencies (can be a resource for other entities)
- Examples of ICT: computers, information kiosks and transaction machines, multifunction office machines, software, applications, web sites, videos, and electronic documents.
ICT Standards for Accessibility

- Electronic Content
- Hardware
- Software
- Support Documentation and Services
Healthcare Electronic Content

• Web sites and apps
  • Forms (appointment requests, new patient, payment, etc.)
• Documents (patient history, test results, etc.)
• Chat communication
• Intranets covered also
Healthcare Software

- Virtual Meeting Platforms
- Telemedicine healthcare appointments
- Accessible instructions
- Meeting controls
- Chat features, screen share
- Support captions and audio descriptions
Healthcare Hardware

Check-in Kiosk

Tablet with patient form
ICT Accessibility Resources

• Access Board Technical Assistance
  • 508@access-board.gov
• Section 508 Standards
  • www.access-board.gov/ict
• How To Meet WCAG (Quickref)
  • www.w3.org/WAI/WCAG21/quickref/
  • www.section508.gov
QUESTIONS?

You may type and submit questions in the Q&A Area
Enforceable Accessible Medical Equipment Standards

Ana Torres-Davis
National Council on Disability (NCD)
FINDINGS AND RECOMMENDATIONS FROM NCD’S REPORT ON ACCESSIBLE MEDICAL EQUIPMENT

Ana Torres-Davis
Senior Attorney-Advisor
A FEDERAL VOICE FOR PEOPLE WITH DISABILITIES

• Advisor to the President, Administration, Congress & federal agencies

• 9 Presidential & Congressional appointees, and a professional staff of 12
A Federal Voice for Equitable Healthcare for People with Disabilities

2009: The Current State of Health Care for People with Disabilities

2019: Bioethics Report Series – Ethics and Medical Decision-making regarding Patients with Disabilities
May 2021 Report on Accessible Medical Equipment Standards

Most recent report in NCD’s healthcare and health equity series
2016 Accessibility Survey

Illinicare, 25 Primary Care Provider Groups
Cook County, Illinois

Can’t Weigh Patients
19 (76%)

Can’t Transfer Patients
20 (80%)

Can’t Accommodate Patients Who Can’t Independently Transfer
17 (68%)

No Height Adjustable Table
16 (64%)
Physical Barriers:

Inaccessible Weight Scales
Physical Barriers: Examination Tables
Physical Barriers:
Examination Chairs
Key Finding: Inequities & Health Disparities

- People with disabilities experience significant health care disparities due in part to lack of physical access, leading to delayed care, high-cost utilization, loss of dignity, and poorer health outcomes.
Health Disparities

- Experience difficulties or delays in getting the healthcare needed

- Be overweight or obese, have high blood pressure & experience symptoms of psychological distress
Health Disparities

- Not have had an annual dental visit
- Not have had a mammogram in the past 2 years
- Not have had a Pap test in the past 3 years
Health Care Inequities

- Not have had a complete & thorough annual physical examination
- Not be accurately weighed for years
- Be examined while remaining in their devices

Persons with paralysis & mobility disabilities are more likely to . . .
Health Care Inequities

- Be denied inpatient admission for mental health treatment
- Not receive diagnostic test or exams for breast cancer screenings
- Not receive bone density screenings
- Not receive colorectal cancer screenings timely
While accessible MDE is required under the ADA, Sections 504 and 1557, the lack of enforceable MDE standards allows for continued, widespread discrimination in health care for people with mobility disabilities.
Key Recommendations

• To the U.S. Department of Justice, Civil Rights Division

• To the U.S. Department of Health and Human Services (HHS), Office for Civil Rights

• To the HHS, Office of the National Coordinator for Health information Technology

• The Accreditation Council on Graduate Medical Education
Access to healthcare is a civil right
QUESTIONS?

You may type and submit questions in the Q&A Area
Inclusive Health Care Design

Bill Zellmer
Sutter Health Care
Sutter Health – Case Studies and Examples

Bill Zellmer AIA, Certified Access Specialist
Sutter Health Program Manager – Physical Access Compliance and Regulatory Affairs
Sacramento, CA
Accessible Exam Chairs

Best Practices:

- Provide adjustable height medical equipment
- Provide exam chairs that capture weight
Examples
Standard Medical Floor Plans
General Exam Room

Best Practices:

- Create spaces as big as possible for transfers, for both left + right-side bias
Door Maneuvering Clearance – Barn Door
Door Width x 48" Deep
General Exam Room

60" Turning ‘T’ or 60" Turning Circle
General Exam Room

30" x 48" Clear Floor Space at Each Fixture
General Exam Room

PROTRUDING OBJECTS: Confirm that there are no objects ‘Protruding into the ‘Circulation Paths’

‘Circulation Paths’ (Yellow Areas) defined

Wall of ‘Things’ defines the edge of the ‘Circulation Path’
Mammography Room
Mammography Room

30” x 48” Clear Floor Space at Point Access to the Equipment

Access to Operator Console, requires a 36” wide ‘accessible route’

Angled Access if Needed
Stress Test Room
Stress Test Room

30” x 48” Clear Floor Space at Treadmill

Provide 30” x 48” Clear Floor Space at Table

Access Aisle at Side-2 is provided, w/ equip in the aisle...can be moved as needed
Accessible Patient Bedroom

Clear Floor Space: 30" x 48" Req'd at both sides of bed

60" Turning Circle
CT Scan Room
CT Scan Room

Provide a 36” ‘Accessible Route’ to both sides of the table

Medical codes often require a 36” clearance between walls and equipment
Physical Therapy - Gym
Overhead Lifts at Physical Therapy Gym
Activities of Daily Living (ADL)
Training Kitchen – w/ Patient Lift and Track
Overhead Lifts at Patient Bedrooms
Independent Living Unit – In the Hospital
Communication Features – ‘Point Cards’
ASL On-Site + Phone & Video Interpreter Services
Solutioning

Protruding Objects:

- Placement out of circulation paths
- Placement over cane-detectable elements
- Placement lower on wall to create cane detectable surface
Furniture / Equipment:

Create a ‘Home Base’ for all furniture and equipment that does not intrude on any required accessible routes, turning circles or other clearances.
Solutioning

Solutions:

- Remove Clutter
- Accessible Exam Chairs – w/ Scale Built-in
- Place Computer at Back of Room
- Wall-Hung Sinks (Gives more room)
- Place Trash Can Under Counter
QUESTIONS?

You may type and submit questions in the Q&A Area
Communication Access in Healthcare Environments

Zainab Alkebsi
Policy Counsel, NAD
Inequity in Access to Medical Facilities

• Failures to provide communication access:
  • Frequent refusals to provide auxiliary aids and services
  • Inappropriate claims of undue burden
  • Overreliance on VRI
  • Failure to vet quality of auxiliary aids and services
Explosion of and Overreliance on VRI

- Many medical facilities have stopped providing in-person interpreters and instead now only provide Video Remote Interpreting (VRI)
- Limiting to one option = inappropriate
- Many adverse situations where VRI was involved
- VRI should be a last resort, not the sole option
- Advantages of on-site interpreters over VRI:
  - More mobility
  - Greater access to visual and auditory cues in the room
  - No loss of connection due to malfunctions
- [NAD Position Statement on VRI](#)
Telehealth

• Lack of Accessibility Features on Telehealth Platforms

• Relay workaround issues:
  • Two devices
  • Sufficient bandwidth to handle two simultaneous video calls
  • Split attention
  • Lack of context (interpreter/captioner is unable to see the main screen)
  • Quality issues
  • Same screen = vital
Impact of Inaccessible Telehealth

• Remote access – greater importance during pandemic
  • Ability to get care without exposure

• Jeopardizes safety of DHOH community who are forced to go in person to overloaded hospitals full of patients, especially during current surge

• Inaccessible telehealth is tantamount to denying medical care
Telehealth Solutions

• **NAD Position Statement on Telehealth Access** – Provider Version

• **NAD Position Statement on Telehealth Access** – Consumer Version

• Build platforms designed with accessibility & consult with DHOH

• The NAD has urged the HHS to adopt strict standards for telehealth accessibility and VRI accessibility, and we encourage the Access Board to do the same
**Bottom line:** More facilities fail to provide communication access than do provide access

**Consequences:** Puts deaf/hard of hearing patients at risk and increases liability for providers

**Call to Action:** Implement appropriate protocols in consultation with DHOH community
Inequity in Access to Medical Facilities

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Impact of inequities in Medical Service Access

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Further Information

U.S. Access Board

ta@access-board.gov

www.access-board.gov

(800) 872-2253 (voice)

(800) 993-2822 (TTY)
Thank you for Joining us today.

This concludes our event. This event has been recorded and the recording will be available on the Access Board’s homepage and its YouTube Channel soon.