Seniors and Persons with Disabilities (SPD)

Awareness and Sensitivity Training

Objectives

- Explain how disabilities affect most of us at some point in our lives.
- List different types of disabilities that may be visible or hidden.
- Explain how disabilities affect the senior population.
- List the ways in which seniors and persons with disabilities may have difficulty accessing health care.
- Understand the best ways to interact with seniors and people with disabilities.

Americans with Disabilities Act (ADA)

- Federal civil rights law passed July 26, 1990
- Protects persons with disabilities, similar to the protection on the basis of race, color, sex, national origin, age, and religion
- Ensures equal access to employment, public services, public accommodations, transportation, and telecommunications

Americans with Disabilities Act (ADA)

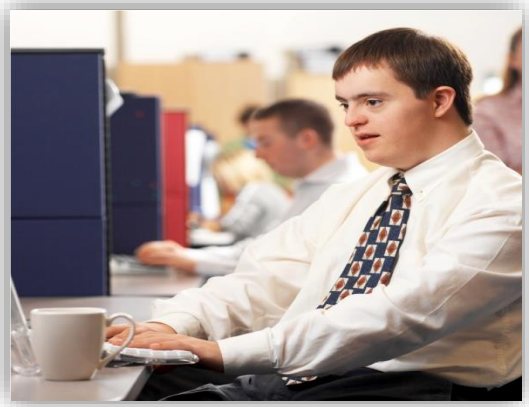
Why it Matters?

"*Each day, individuals living with disabilities contribute immeasurably to every aspect of our country's national life and economy, from science to business, education to technology.*"

A proclamation by President Barack Obama on the 20th anniversary of the ADA.

Main Areas Covered under the ADA

Employment



Public Services

Public Accommodations

Telecommunications

Basics for Accessing Health Care Offices

- Access to, inside, and within the building.
- Height adjustable exam tables
- Wheelchair accessible weight scales.
- Interpreter services and Assistive Listening Devices.

There are federal tax credits and deductions available to private businesses to help offset costs.

What is Disability?

Disability defined by the ADA is:

- Physical and mental impairment that substantially limits one or more major life activities; or
- Record of a physical or mental impairment that substantially limited a major life activity; or
- Being regarded as having such an impairment

Examples of Covered Disabilities

- Spinal cord injury
- Blindness
- Cancer
- Multiple sclerosis
- Epilepsy
- HIV infection & AIDS
- Diabetes
- Hearing Impairment
- Dyslexia
- Major Depression
- Stroke
- Cognitive impairment
- Muscular dystrophy
- Emphysema

What is **NOT** covered under the ADA?

Certain temporary conditions such as:

- Sprain
- Flu
- Minor gastrointestinal disorder
- Active illegal use of drugs
  - Someone in rehab or post-rehab would be covered

What is **NOT** covered under the ADA?

Behavioral Disorders:

Compulsive Gambling

Pyromania

Kleptomania

How Many have Disabilities?

Americans 26%

Californians 23%

PHC Medi-Cal Members 12.6%

Interacting with Seniors

- **Speak at your normal volume**
  - Talk loudly only when you are asked
  - If you are a fast-talker, slow down a bit
- **Address the person formally**
  - Use “Mr.” or “Mrs.”
  - Do not use “dear”, “sweetheart” or “sweetie”
- **Always ask before helping**
  - Offer your arm for balance, if needed
  - Do not grab the person’s arm
- **Be patient**

Interacting with Persons with Disabilities

Acceptable – Neutral*	Unacceptable - Offensive
She has a disability; she is a person with a disability	She is disabled; handicapped; crippled
He has cerebral palsy	He is afflicted with; stricken with; suffers from; a victim of cerebral palsy
She has a congenital disability	She has a birth defect
He uses a wheelchair; has a wheelchair	He is confined to a wheelchair; wheelchair bound
She has a developmental disability; intellectual disability	She is retarded; slow
She is an older person with a disability	She is frail
He doesn't have a disability	He is normal; whole; healthy; able-bodied

Interacting with Persons with Disabilities

- **First of all, relax**
  - If you're not sure what to do, just ask.
  - Don't be embarrassed if you use common terms like "See you later," or "Did you hear that?"
- **Focus on the person, not the disability**
  - Disabilities do not define a person.
  - Assume that a person CAN do something, rather than assuming they CAN'T. They will let you know.
- **Always ask before helping**
  - Offer your arm for balance, if needed.
  - Do not grab the person's arm (or other body parts).

What's wrong with this picture?

What's right with this picture?

Interacting with Persons with Disabilities

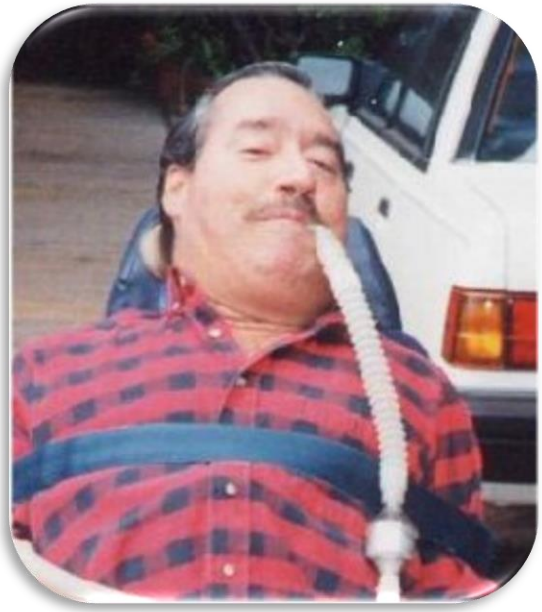
- **Speak directly to the person**
  - Face the person when using an interpreter.
  - Talk directly to the person, not to their family member or caregiver.
- **Listen attentively**
  - Do not finish the person's sentence.
  - Do not pretend to understand if you do not.
- **Be on the same level**
  - Sit in a chair or kneel when speaking to a person in a wheelchair or scooter for more than a few minutes.
  - Instead of leaning over a counter that is too high for someone, step around the counter to provide service.

Interacting with Persons with Disabilities

Available on PHC website

Cultural & Linguistic Services

Living Independently with a Disability



"Disability is a part of life. Some of us are going to get it young, and some of us are going to get it old."

Ed Roberts (1939-1995)

Ed Roberts acquired polio in 1954 at age 14 and became paralyzed from the neck down. The attending physician told his mother, ***"You should hope he dies."***

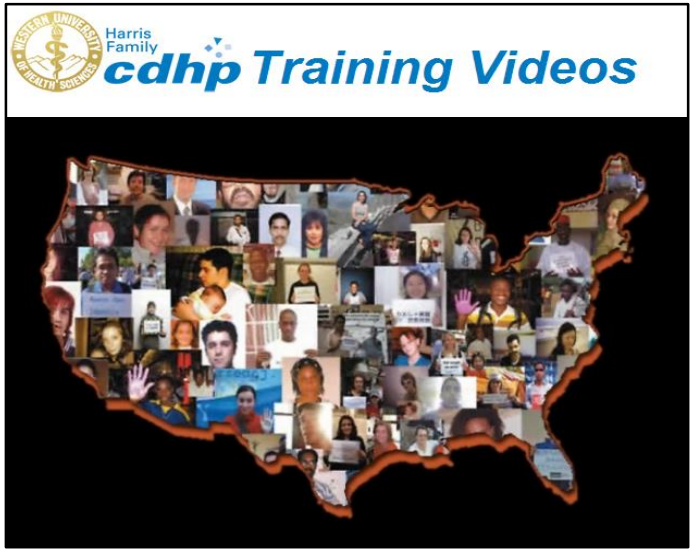
"Known as the father of the Independent Living Movement," he co-founded the World Institute in Berkeley. He started the first independent living center in the U.S. in the 1970s; there are now 500 across the U.S.

Attestation and Quiz

- Complete the training, take the quiz and submit this along with your attestation to verify you have complied with this state requirement.
- A copy of these documents can be found by copying and pasting the link into a new browser and then clicking on the link(s) provided. http://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Seniors-and-Persons-with-Disabilities%E2%80%8B-(SPD%E2%80%8B)-.aspx
- Provider offices should utilize these tools to provide training to their staff on an ongoing basis.
- Direct questions about the training, please contact the Health Education and Cultural& Linguistic Team at CLHE@partnershiphp.org

Who are Persons with Disabilities?

To complete this training, click the link to watch a video developed by the Harris Family Center for Disability and Health Policy to get a better understanding of the barriers people with disabilities experienced while accessing health care. Copy and paste the link below. You will be directed to a new browser.



https://www.westernu.edu/**cdhp**/**cdhp**-about/resources-directory/

Resources

- Harris Family Center for Disability and Health Policy Materials: https://hfcdhp.org/products/
- Improving Accessibility with Limited Resources: http://webhost.westernu.edu/hfcdhp/wp-content/uploads/3-Brief-Access-Limited.pdf
- Americans with Disabilities Act (ADA): https://www.ada.gov/2010_regs.htm
- A Guide to Disability Rights Laws: https://www.ada.gov/cguide.htm
- Effective Communication: https://www.ada.gov/effective-comm.htm
- Access to Medical Care for Individuals with Mobility Disabilities: https://www.ada.gov/medcare_mobility_ta/medcare_ta.htm

DIVERSITY SCIENCE
An Evidence-Based Approach to Inclusion

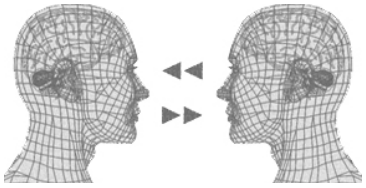
Anti-Bias Strategies

Behavioral Objectives Handout

Below are strategies that are shown to support anti-racism interventions while preventing potential unintended side effects such as inter-racial anxiety and reduced motivation (among whites) to interact with historically and socially marginalized groups.

Practice perspective-taking

Many studies have found that **taking a moment to try to see things from the other person's perspective** or imagining yourself in their shoes:



- Helps promote cognitive empathy by reducing bias toward a range of stigmatized groups, including Black people.
- Inhibits activation of unconscious stereotypes and prejudices.

Try this:

- "I am wondering how I might see it if I were looking through your eyes…"
- "I was imagining being in your shoes, and it occurred to me that I would feel this way..."

Check your accuracy by asking: "Am I close?"

Perspective-taking is a **skill that can be learned and will become second nature** if you make a point of practicing it as often as you can – with family, friends, neighbors, coworkers, and patients.

Build partnerships

The sense of **working together towards a common goal** – building a shared ingroup identity – has been shown to reduce bias.

For example, in one study, when white doctors and black patients were reminded before their appointment that they were on the same team, the quality of the encounter increased substantially.

- **Focus on common goals.** Try to think of yourself and your patient as a team, working toward a common goal.
- **Discover what you have in common.** Notice that as humans, we have many more commonalities than differences.
- Try this mind hack: **Use words like "we, us, and our"** instead of "I, you, or them."

Self-care and emotion shifting

Implicit biases are more likely to affect what we do when we are busy, tired, feeling anxious or stressed, or generally depleted for any reason.

When we work long hours under stressful conditions (sound familiar?), it makes it even likelier that implicit racial bias will affect our treatment of patients. Learning emotional regulation and emotion-shifting skills is an essential part of protecting ourselves, our colleagues and our patients from unintended biases.

Some stress reduction strategies can be used anytime, take very little effort, and can be done in just a few minutes. A good example is deep abdominal breathing and progressive relaxation in between patients or while taking a quick break.

- Learn mindfulness: Growing evidence suggests that mindfulness practice lowers implicit bias.
- Exercise, play music, do anything that will help your mood and emotions.
- Positive emotions have been shown to broaden inclusion in our ingroup and reduce implicit biases.

Anti-Bias Strategies Handout

Assume positive intentions

We all use our own standards, traditions, and norms as a lens through which we view and judge others' behavior. People from cultures different from our own likely have different traditions and norms.

Our minds tend to automatically see "different" as "bad."

This causes us to automatically assume others have negative intentions when they act in ways that are not in line with our cultural norms. However, if we consciously choose to assume our patients' behaviors are well-intended, we will make less-biased judgments and we will learn to see behaviors rooted in diverse cultural traditions as valid and acceptable.

Adopt a growth and learning mindset for equity

A growth mindset towards your learning and the learning of those around you fosters an understanding that:

- It is possible to change our attitudes, beliefs, and behaviors.
- **Racial bias is not inevitable**; we can take steps to prevent racial biases from impacting us.
- Interactions are opportunities to learn; they are not tests of our ability to be unbiased.

Make it safe for people to tell you if they notice unintended biases.

Mistakes:

- **Do not mean we are bad people**; it means we are humans - fallible but capable of change.
- Give us the opportunity to learn.
- Are part of growth.
- Are invitations to review what went wrong, take steps to address the things that are hampering our growth, and improve in the future.

Listen for and interrupt / Replace biased narratives

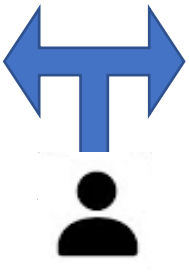
Whether we are aware of it or not, **we tell ourselves stories about other people**. Structural racism and implicit bias can lead to explanations that blame the patient; implying that negative outcomes are unpreventable. Our brains want to make sense of others' behavior.

These **blame narratives take time to unlearn**. Listen for them in yourself and notice them in the way others talk about patients.

Since you now know how harmful this is to patients, you can recognize your responsibility to **gently point out automatic assumptions and offer alternatives**.

Anti-Bias Strategies Handout

Check for double-standards



- **Take a moment** and imagine how you would react, feel, decide, behave if someone different acted in the same way.
- **Remember that we walk in different worlds**; we may not see what someone else is experiencing.
- We cannot truly know what another person's world is like. Each of us can only be an expert in our own world and lived experience. We help patients when we **emphasize collaboration** rather than assuming we know best.

Do NOT try to suppress bias

Focusing on suppressing your biases can lead to "rebound effects" such as increased social distancing and undermining the interpersonal quality of care. It requires intense effort, which can deplete cognitive resources.

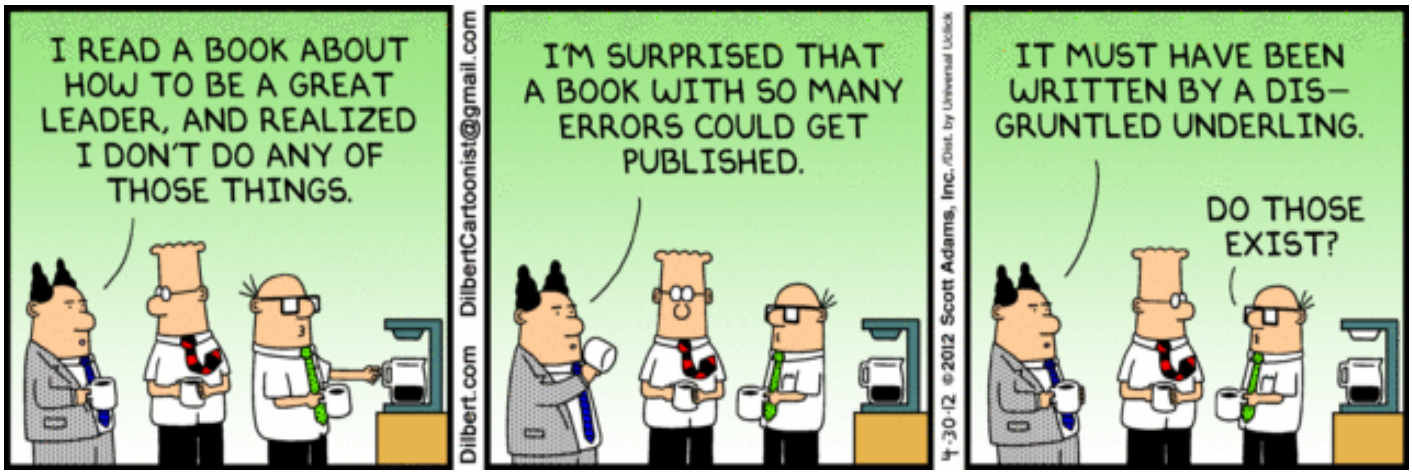
Do NOT worry about being biased during a patient encounter. Instead:

- Focus on the patient and **take a moment for perspective-taking**.
- **Think of yourself as being on the same team as your patient** and try to communicate that sense to them.

Evaluate your skepticism

Humans have an automatic preference for information that increases positive emotions (and an aversion to information that increases negative emotions).

- We automatically look for, and prefer, less distressing explanations for experiences.
- Many studies show we are biased in the way we evaluate evidence of discrimination or differential treatment.
- We reflexively discount information not consistent with our implicit beliefs.



Anti-Bias Strategies Handout

Buffer patients from racism by creating a safe and healing space

Make the implicit, explicit

Ask things like*:

- "I don't want to assume anything about your identity. How do you identify racially, ethnically, culturally, and what are your pronouns?"
- "Many of my patients experience racism in their health care. Are there any experiences you would like to share with me?"
- Say, "It's my job to get you. You shouldn't have to work to get me. If I miss something important or say something that doesn't feel right, please know you can tell me immediately and I will thank you for it."

* Questions courtesy of Southern Jamaica Plain Health Center (Boston Massachusetts)

Use trauma-informed practices

Trauma-informed care considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently retraumatize. This can mean many things:

- Explain why you are asking sensitive questions and how the information will be helpful in providing the best care possible.
- Explain why you need to perform a physical exam.
- Ask permission before touching.
- Invite patients to let you know if they need you to stop at any time.

If someone refuses outright to have a certain exam or test, respond with compassion and work with them, rather than attempting to force them or becoming annoyed.

Consider the environment

Audit the space for stereotypic images. Consider how you might change or add things to signal that this is a safe space. Consider pictures on the wall, pictures in patient education, and magazines in the waiting room.

Pay attention to your language

The words we use and our tone of voice signals partnership and respect vs. power-over and disrespect. For example, instead of "Why didn't you take your prenatal vitamins?" you can ask something like, "People have good reasons for their decisions. Help me understand more about what's going on with prenatal vitamins for you, so I can support you in being as healthy as possible."

Make a list of the questions that you ask patients every day. As you review them, ask yourself if there is a way that you could ask them differently, so they are more likely to convey respect, caring, and partnership.