

CARE FOR INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS DURING AN EMERGENCY

Presented to the Medical Reserve Corp

By Karen Brimm

Virginia Department for the Deaf and Hard of Hearing

2022

Objectives - Participants will learn:

THE DEFINITION OF THE TERM
“ACCESS AND FUNCTIONAL NEEDS”

PLANNING CONSIDERATIONS FOR ACCESS AND
FUNCTIONAL NEEDS DURING AN EMERGENCY;
INCLUDING POINTS OF DISPENSING, CLINICS, AND
SHELTERS

HOW MRC VOLUNTEERS CAN ASSIST THOSE WITH
ACCESS AND FUNCTIONAL NEEDS DURING AN
OUTREACH EVENT

Some individuals need assistance due to any condition (temporary or permanent) that limits their ability to act.

To have access and functional needs does not require that the individual have any kind of diagnosis or specific evaluation.

Populations with **Access and Functional Needs** may include, but are not limited to

- People with disabilities (Sensory, Cognitive, Mobility, and others)
- Individuals with Limited English Proficiency or low literacy
- Older adults
- Children and
- Individuals with limited access to transportation

PEOPLE WITH DISABILITIES

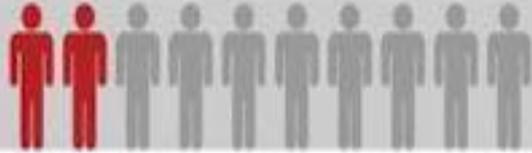
A **person** with a **disability** is a person who has a physical or mental impairment that substantially limits one or more major life activities (activities of daily living = ADL's)

The law defines **disability** as the inability to engage in any substantial gainful activity (SGA) by reason of any medical, physical or mental impairment(s) that can be expected to result in death or that has lasted, or can be expected to last, for a continuous period of not less than 12 months. The ADA covers people with disabilities and those perceived to have disabilities.

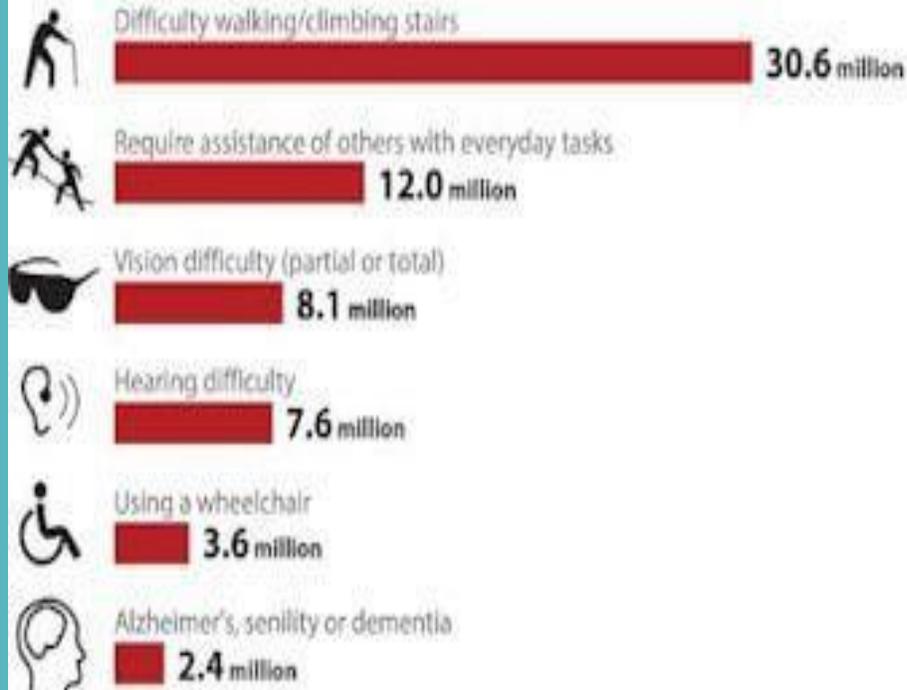
Both the [Americans with Disabilities Act \(ADA\)](#) and the [Civil Rights Act of 1964](#) (pertaining to LEP) require providers to ensure EFFECTIVE COMMUNICATION.



About **2 in 10** adults live with a **disability**



How Common are Specific Disabilities?



Disability Impacts ALL of US

COMMUNITIES

LIVELIHOOD

HEALTH



A Snapshot of Disability in the United States

Click for state-specific information →



22%

of adults in the United States have some type of disability

The percentage of people living with disabilities in each state is highest in the Southeast.

Red icon: People living with a disability
Yellow icon: People living with no disability

Percentage of adults with select functional disability types

13.0%

MOBILITY

Serious difficulty walking or climbing stairs



10.6%

COGNITION

Serious difficulty concentrating, remembering, or making decisions



6.5%

INDEPENDENT LIVING

Difficulty doing errands alone such as visiting a doctor's office or shopping



4.6%

VISION

Blind or serious difficulty seeing even when wearing glasses



3.6%

SELF-CARE

Difficulty dressing or bathing



VIRGINIA DISABILITY STATISTICS AS OF 2019

The overall percentage of people with disabilities in Virginia is 11.8%.

The county with the highest percentage of people with disabilities was Dickenson (28.0%).

The county with the lowest percentage of people with disabilities was Loudoun (5.8%).

<https://disabilitycompendium.org/compendium/2019-state-report-for-county-level-data-prevalence/VA>

People with disabilities are **diverse**. Many disabilities are not visible or immediately clear, and some may not *identify* as disabled but do need accommodations

People with disabilities and health conditions may need **assistance** making an appointment and getting to the service site

They may also need support **during** the onsite service process. They may need curbside or car-side service delivery, or shuttle service from the parking lot.

People with disabilities know their own accommodations needs. **Ask them** what they need, and work with them to find a reasonable accommodation.

Make culturally acceptable accommodations for limited mobility (wheelchair, walker, or cane); blindness or low vision; difficulty hearing, communicating or understanding information, etc. Respect the intersectionality of disability and cultures.

APPROPRIATE TERMINOLOGY

Terms we no longer use

Term used now

<i>the disabled</i> (as a group)	people with a disabilities
wheelchair bound or confined to a wheelchair	wheelchair user, person who uses a wheelchair
the handicapped	disabled person, person with a disability
mental(ly) handicapped	intellectual(ly) disabled
normal	non-disabled
suffers from	has
hearing impaired	D/deaf or hard of hearing (note, capital-D Deaf indicates cultural considerations)

Note: “person first” language is best practice, but some groups choose to identify as a cultural group, like Deaf people for example
“Disability” is not a “bad word”: it is not encouraged to use the terms “special needs,” “differently abled,” “handi-capable,” etc.

MAKING MRC SERVICES ACCESSIBLE TO PEOPLE WITH DISABILITIES

Ease of access to/with technology: Make sure the registration materials are accessible to **screen readers** (device used by someone who blind or visually impaired), and video content is captioned

Ensure that individuals **without internet** access can register, for example using a call center

Cognitive accessibility: Give clear information about what will happen during their experience and how it will be done

Explain all the steps: This information should be available in different formats and in **plain language**; a visual **storyboard** can help to improve understanding

Give people the time they need to understand the information

You may need to wait a little longer for a response



A closeup of hands on an analog clock. Getty Images/Stockphoto

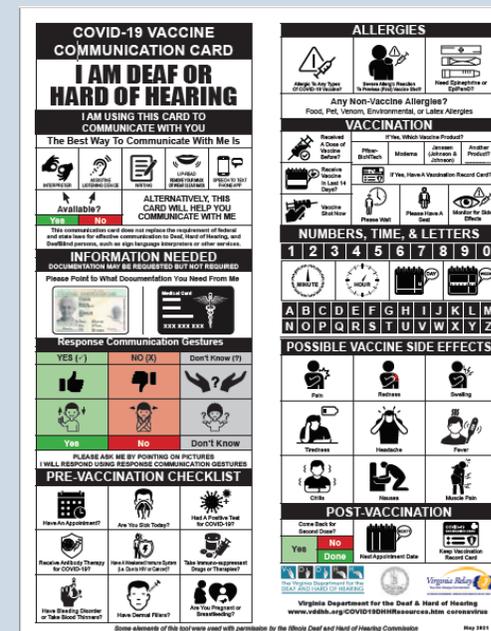


MAKING MRC SERVICES ACCESSIBLE TO PEOPLE WITH DISABILITIES

- **Language access:** Individuals who are deaf or hard of hearing may need to utilize **interpretation services** (provided either virtually or onsite) or may need to lipread. People who are blind may request **read-aloud** of printed material. Signage, forms, fliers should be available in multiple languages. **Digital media must be accessible too!**
- **Physical access:** Make sure the space is easy to get to and to move around inside for people with limited mobility and those who use wheelchairs, and assist with navigation only with permission
 - People who are blind or have low vision need a **clear path of travel** that is smooth and free of all barriers. Don't touch them without permission
 - Ask people if they need any assistance or support during the service process
- **Sensitivities:** Some people with disabilities, such as autism or people who have suffered a trauma (i.e., brain injury, accident or stroke) may be sensitive to lights, sounds, smells, or the physical touch that testing and vaccination requires
 - **Limiting waiting times** may be critical
 - Consider providing **low-stimulation areas** or **curbside services**
 - Some individuals **may prefer reduced eye contact**

COMMUNICATE ABOUT...

- ...the person's accommodation needs
- ...the process they will be experiencing
- ...the person's comfort level
- ...the immediate surroundings
- ...the person's level of understanding



HOW?...

- ...in the language most readily understood by that person
- ...in the mode they need (written, aural, icons, etc.)
- ...at an understandable pace
- ...using Plain Language (approx. 4th grade level)
- ...using first-person (“you” not “him/her/they”)

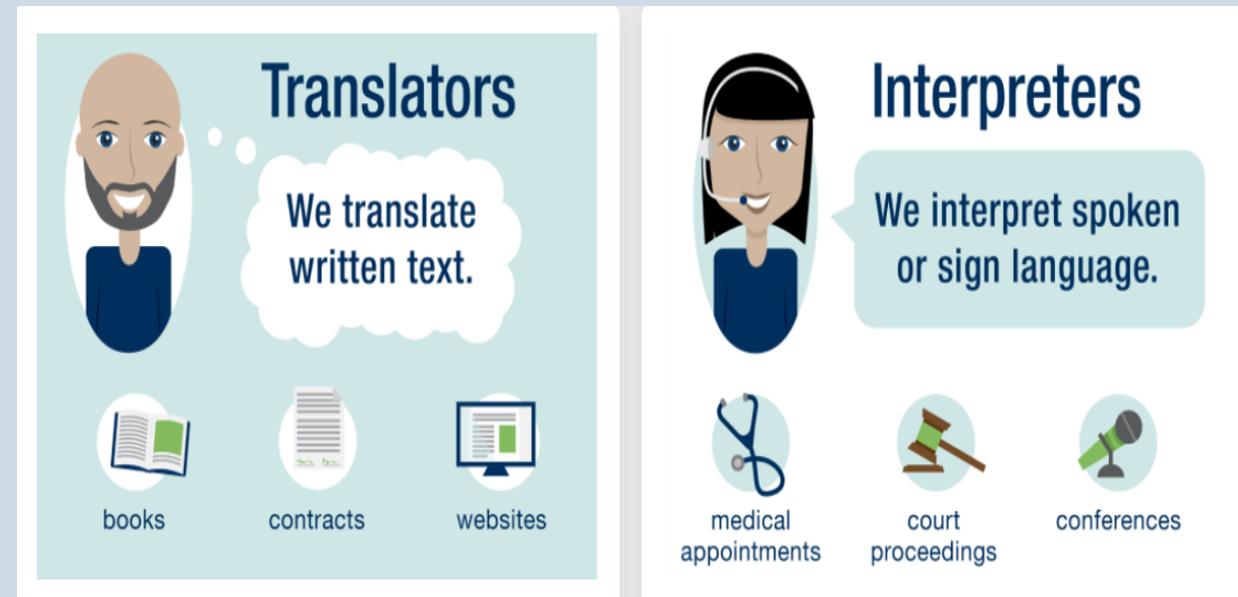
- **Communicate directly with the person being served** in a way that shows respect and is appropriate for their age. Do not direct questions or directions to companions, but instead direct them to the person being given the vaccination. Instead of asking “Does he...?” ask, “Do you...?” This approach allows for the dignity and autonomy of the person being served.
- Have a small **dry erase board** and markers for interactive conversations.
- A phone or tablet can be used to access **communication apps**.
- Have pictures available or demonstrate procedures using **visual cues**.
- Use a lot of **verbal communication** with people who are blind or who have low vision. Let them know when you are reaching toward them, what you are planning to do next, etc.

**EFFECTIVE COMMUNICATION
IS NOT OPTIONAL, IT'S
REQUIRED**

PEOPLE WITH
LIMITED ENGLISH PROFICIENCY (LEP)

WHAT DOES LIMITED ENGLISH PROFICIENCY MEAN?

- Individuals who do not speak **English** as their primary language and who have a **limited** ability to read, speak, write, or understand **English** can be **limited English proficient**, or “**LEP**”
- These individuals are entitled language assistance with respect to services, benefits, or encounters
- Language assistance requires the use of licensed or certified interpreters and/or translators



Some key questions to ask include:

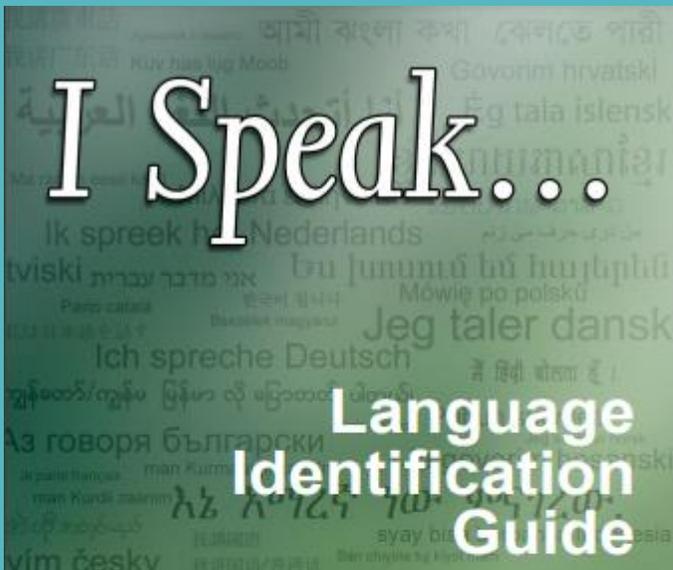
- What languages does the person speak, other than English?
- What is their ethnicity and cultural background?
(eye contact, hand shake, gender considerations)
- What is their experience with your service? (COVID 19 vaccines)
- How comfortable are they with communicating in English?
Will this comfort level change with the length or complexity of the communication?
- Are they able to read in their preferred language, or in English?
- What issues will you be discussing?

Provide written materials, **flyers**, **pictures**, designed to facilitate communication

TIPS FOR COMMUNICATING WITH LEP POPULATIONS...

- **Nonverbal** communication is key (gestures, pointing, facial expression, personal space)
- Do not speak too softly or too loudly
- Speak each word as a separate word, try not to run words into each other
- Enunciate words clearly at a relaxed pace
- Be Sure to finish each word so that the tense of the words are clear to the listener
- Call for an onsite **interpreter** if available, or call a phone/video interpreter
- Use **infographics, pictures, designs, and colors** when available

PLAN AHEAD: USE YOUR RESOURCES!



I Speak...
Language Identification Guide

This guide assists literate individuals who are not proficient in English to identify a preferred language.

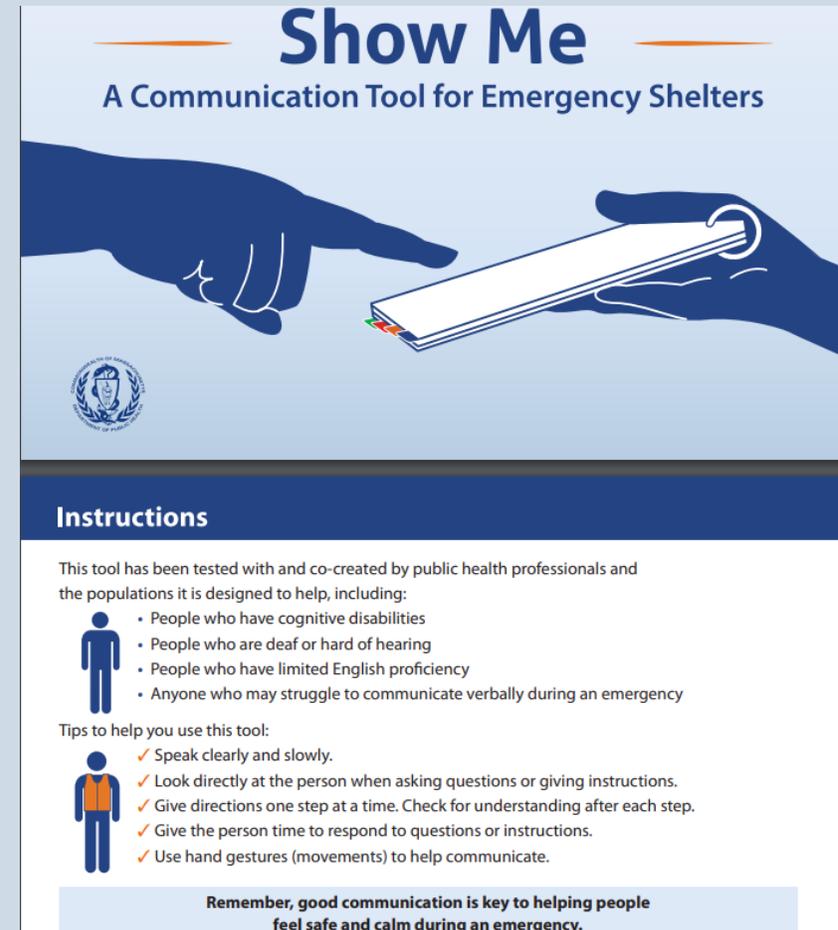


Homeland Security

The poster features the title 'I Speak...' in a large, stylized font, followed by 'Language Identification Guide' in a bold, sans-serif font. Below the title, there is a list of languages in their respective scripts, including Spanish, French, German, and many others. The background is a light green color with a subtle pattern of language words.

The “I Speak” guide, poster, and supporting materials are available at

<https://www.dhs.gov/publication/dhs-language-access-materials>



Show Me
A Communication Tool for Emergency Shelters

Instructions

This tool has been tested with and co-created by public health professionals and the populations it is designed to help, including:

- People who have cognitive disabilities
- People who are deaf or hard of hearing
- People who have limited English proficiency
- Anyone who may struggle to communicate verbally during an emergency

Tips to help you use this tool:

- ✓ Speak clearly and slowly.
- ✓ Look directly at the person when asking questions or giving instructions.
- ✓ Give directions one step at a time. Check for understanding after each step.
- ✓ Give the person time to respond to questions or instructions.
- ✓ Use hand gestures (movements) to help communicate.

Remember, good communication is key to helping people feel safe and calm during an emergency.

The poster features a blue and white color scheme. At the top, the title 'Show Me' is in a large, bold font, followed by 'A Communication Tool for Emergency Shelters' in a smaller font. Below the title, there is an illustration of two hands, one pointing and the other holding a book. The background is a light blue color. The 'Instructions' section is highlighted with a dark blue background and white text. The bottom section contains a reminder in a light blue box with black text.

The “Show Me” Communication Tool is available for download at <https://www.mass.gov/doc/show-me-a-communication-tool-for-emergency-shelters/download>

LOW LITERACY

ADULT LITERACY IN THE UNITED STATES



How Many U.S. Adults Have Low English Literacy Skills?

43 million U.S. adults are unlikely to have the reading skills necessary to compare and contrast information, paraphrase, or make low-level inferences.

79%
Mid or
High
English
literacy



21%
Low
English
literacy



1 in 5 adults
have low English literacy skills



NOTES: The percentages above show the proficiency of U.S. adults ages 16 to 65 on the PIAAC literacy scale in 2012/2014. **Low English literacy** refers to adults who perform at PIAAC literacy proficiency level 1 or below or adults who could not participate in the study because of language barrier or a cognitive or physical inability to be interviewed. **Mid or High English literacy** refers to adults who perform at PIAAC literacy proficiency level 2 or above.

People with low literacy skills are masters at **concealing** their deficit, so it is difficult to realize that a problem exists

Some excuses are:

“I don’t have my glasses”

“I’m too tired to read ”

“I’ll read this when I get home”

Poor readers often lift text closer to their eyes, or point to the text with a finger while reading

Often miss appointments

Make errors regarding their medication

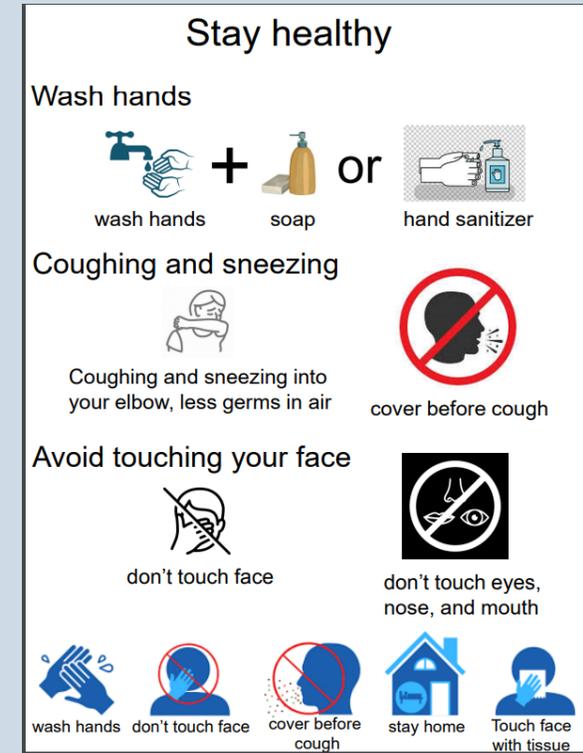
TIPS FOR GETTING YOUR POINT ACROSS...

Culturally tailored **text** (use everyday language, and images to assist with meaning; create a checklist, create easy versions/transcreations of all text documents)

Video/Audio (short videos, conversational audios, consider audience culture, language and behavior)

Infographics and images (use images, diagrams and graphs, data visualization instead of tables, **colors** to visually communicate qualitative aspects of issues)

Storytelling; people with low literacy rely on their friends and family to share information with them, often via conversation, we need to share personal experiences and stories, use photos to create a strong emotional connection (“my neighbor was very ill with COVID 19 but is getting better”)



Part of infographic from
The American Red Cross

TYPES OF LITERACY

Literacy

The ability to read and write.



Health Literacy

The cultural, cognitive and social skill which determines the motivation and ability of individuals to gain access to, understand, and use health-related information.



OLDER ADULTS



An Aging Nation

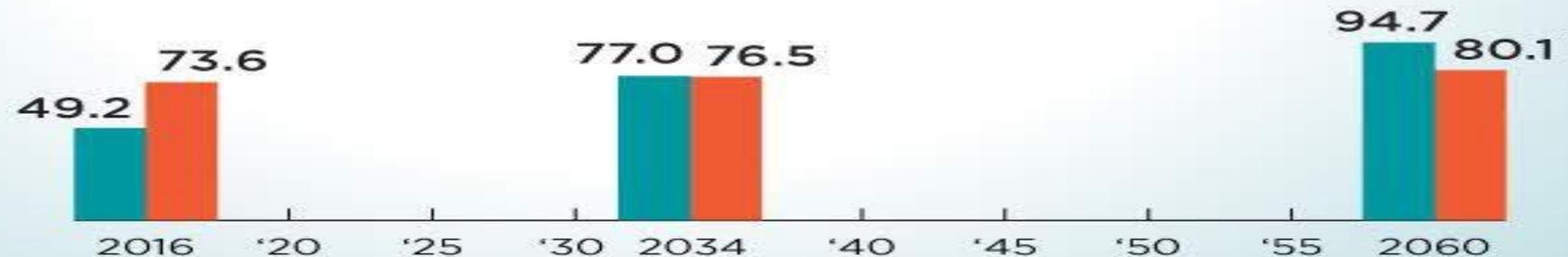
Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2034

Projected
percentage
of population



Projected
number
(millions)



Note: 2016 data are estimates not projections.

CULTURALLY DIVERSE COMMUNICATION: OLDER ADULTS

- Communication is the cohesive force in every human culture and the dominant influence in the personal life of everyone of us
- The form and function of communication vary with culturally diverse personality types and **age** characteristics of the persons involved
- Mental faculties change as a person ages, especially those that pertain to communication, like senses and memory



HEARING, VISION, OR COGNITIVE DECLINE



- Nearly 25 percent of those aged 65 to 74, and 50 percent of those who are 75 and older have disabling hearing loss (NIH) (exposure to loud noise over time, auditory processing issues)



- 12.2% of Americans 65 to 74 years of age reported having vision loss, and 15.2% of Americans 75 years of age and over reported having vision loss (AFB)



- The prevalence of subjective cognitive decline among adults aged 65 years and older is 11.7%, compared to 10.8% among adults 45-64 years of age. (CDC)

CROSS CULTURAL COMMUNICATION: OLDER ADULTS

- Use Proper Form of Address (respectful and age appropriate)
- Make Older Patients Comfortable
- Take a Few Moments to Establish Rapport
- Try Not to Rush
- Avoid Interrupting
- Use Active Listening Skills
- Demonstrate Empathy
- Avoid Medical Jargon

EFFECTIVE COMMUNICATION WITH OLDER ADULTS

- Allow extra **time** for older populations
- Avoid **distractions**, quality time with them is important
- Communicate **face to face**, some older patients have vision and hearing loss
- Maintain **eye contact**, direct & powerful form of nonverbal communication
- **Listen**, the most common complaint patients have is that medical professionals “don’t listen”
- **Speak** slowly, clearly, and with appropriate volume
- Use **short**, simple words and sentences, and if you need to repeat find out if they didn’t hear (repeat verbatim) or if they didn’t understand (rephrase)
- Stick to **one topic** at a time
- Simplify and write down your **instructions**
- Give senior citizens an opportunity to **ask questions**

PEOPLE WITH LIMITED
TRANSPORTATION ACCESS

PROVIDING FOR THOSE WHO CANNOT OR DO NOT DRIVE

Transportation to and from service locations may be needed for people with disabilities and unique health needs.

If your health system offers accessible transportation, make this option clear for people who may visit your location, as well as the process for getting a ride.

Public transit and paratransit should be available to the service site wherever possible

PARTING ADVICE

Seek subject matter experts to help you train and plan for accessibility

Designate a person who will oversee accessibility planning and execution

Make sure your consumers have a way to request accommodations

Consider designating an “expedited assistance” line or table where AFN can be identified and addressed

Don't separate the person from their personal care assistant, service animal, or assistive device

Don't make decisions for the person with AFN

Don't assume, ask what their needs are (but the person doesn't have to disclose their diagnosis to you)

RESOURCES

- <https://www.vdh.virginia.gov/content/uploads/sites/191/2021/03/Vaccination-Site-Access-and-Functional-Needs-Guidance.pdf>
- <https://www.dhs.gov/publication/dhs-language-access-materials>
- <https://www.vdh.virginia.gov/health-equity/office-of-health-equity/covid-19-health-equity-guidebook/>
- https://www.fema.gov/pdf/emergency/disasterhousing/ADA_ShelterRequirements.pdf
- https://www.dss.virginia.gov/files/division/gsoem/plans/annex/Annex_B_-_NonCongregate.pdf
- https://www.fema.gov/sites/default/files/2020-05/fema_nims_509_accessandfunctionalneedsadvisor_2.pdf
- https://www.vaemergency.gov/wp-content/uploads/2021/07/VDEM_Communication_Accessibility_Guidance_for_State_Agencies.pdf
- [Plainlanguage.gov](https://www.plainlanguage.gov)
- [Section508.gov](https://www.section508.gov)
- [Adata.org](https://www.adata.org)