

How to Provide Culturally Competent Care for Patients with Disabilities

Quick Facts about Disabilities

The Centers for Disease Control and Prevention (CDC) defines disability as “any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.”¹

- **About 61 million people (26%)** in the U.S. live with one or more communicative, mental or physical disabilities.¹
- **Most people will experience living with a disability** at some point in their lifetime.
- **Disabilities can take many forms** and are not always obvious to others.
- **Every culture has a different understanding of what disability means**, and how to treat and manage it.

Persons with disabilities experience barriers to health care, which result in health disparities. These can include poorer overall health and more chronic conditions. For a person with a disability, getting needed medical care can be frustrating when medical services aren’t accessible or don’t accommodate their needs. In addition, some people may not be aware that their abilities are different than others and may not know what types of support they need. It’s important for providers to learn more about the needs of their patients and offer accessible services.

Tips on providing quality care to patients who have a disability

To reduce health disparities, address the unique needs of people living with disabilities with multiple levels of intervention.¹ Each person may have a complex set of abilities and disabilities.

Start with creating an office policy to help guide your work with patients who have disabilities. You can use these tips to make a checklist.

Build a connection with your patients

- **Ask patients if they need help** before helping.
- **When culturally appropriate, make eye contact and speak directly to the patient**, rather than through their companion.
- **Be patient and listen closely** to what people say. There may be challenges in communication.
- **Find out if a patient needs interpreter or sign language services** for the appointment. If so, ask for the specific language or style of sign language. For example, Pidgin Signed English (PSE), Black American Sign Language (BASL), American Sign Language (ASL) or Signing Exact English (SEE).
- **Recognize that disabilities are not all physical in nature.** For example, individuals with neurodiversity (intellectual, autism spectrum, etc.) may process and convey information in different ways. A provider can support a patient by matching communication styles, i.e., speech volume, speed, vocabulary and literacy level.

Types of disabilities

- Mobility and physical impairments.
- Blindness or visual impairments.
- Developmental disabilities.
- Hearing disabilities.
- Intellectual and learning disabilities.
- Medical disabilities.
- Mental health and emotional disabilities.
- Brain injuries.

(continued)

¹www.cdc.gov/ncbddd/disabilityandhealth/disability.html. Retrieved June 17, 2021.

Use person-first language to reduce stigma

- **Use person-first language** to help create a stigma-free or shame-free setting. This can help patients feel comfortable to discuss concerns about their disability.
- **When speaking with a patient, always put the person before the disability, diagnosis and descriptive traits.** For example, state “this patient uses a wheelchair” instead of “this is a wheelchair patient.”

Discuss facility access and special equipment needs or requests

- **Ask if the patient has any special needs.**
- **Assure the patient that the office, hallways, waiting and exam room, and entrance are accessible** for patients with mobility-assisted devices (such as wheelchairs and walkers).
- **Advise patients if a lift exam table is available** and schedule the patient for that room.
 - **When a lift exam table is not available, ensure that a trained staff member is available** to safely transfer the patient onto an exam table from a wheelchair.

Prep for exams and future care needs

- **Have office protocols to measure and weigh patients.** Train staff to safely transfer patients from a wheelchair to an exam table for each office location.
 - **Have a weight scale and height measure that can be used for people with mobility limitations.**
- **Discuss the process of the exam** so that the patient understands how to prepare and dresses properly for the procedure.
- **Assess for challenges or barriers** where patients may need help, like transportation, medical cost, appointment scheduling, access to facility, etc.
- **Help patients with low vision navigate exam rooms** by giving a brief description of the exam room layout.
- **Use alternate formats** to better communicate information with people who are blind, have low vision or have other functional impairments. Alternate formats can include audio, large print, Braille and accessible PDFs.
- **Make recordings of intake forms.** Patients with low vision or cognitive impairment can use them to fill out forms. Consider YouTube® videos.
- **Emails or information on the patient portal should be fully accessible to screen reader technology.** Scanned documents, such as faxed lab results, cannot be read by screen reader technology.
- **Note in the medical record any specific, stated needs or other reasonable requests** from the patient for future care.

Questions?

For more information and resources, contact Cultural.and.Linguistic.Services@healthnet.com.