SARTAC Zoom Meetings

A National Connection for Self-Advocates

Green Mountain Self-Advocates and SARTAC www.selfadvocacyinfo.org
Two Clicks - #1 Click on Resources then #2 Click on SARTAC Zoom Meetings

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Educating Doctors on Interacting with People with Disabilities

- We will share some ways self-advocates are training healthcare providers.
- There will be an opportunity to work in small groups to share training ideas.
- The training outline provided is an example developed by the Vermont Inclusive Healthcare Partnership Project in collaboration with Green Mountain Self-Advocates.
10 - Minute Discussion In Small Groups

Is your self-advocacy group training Healthcare providers?
How is it going?
Healthcare Provider Training

The Basics!

First: Decide what you want them to learn. *For Example:*

1. What is disability
2. How our understanding of disability has changed over time.
3. Identify barriers people with visible and invisible disabilities face when accessing healthcare.
4. Different ways to communicate
5. Provide suggestions to improve providing healthcare to people with disabilities
PART I: Why we’re excited to talk about improving healthcare for People with Intellectual and Developmental Disabilities.

1. Give them the facts!
   a. 1 in 5 adults have at least one type of disability, and 1 in 10 have two or more disabilities.
   b. Adults with a disability are three times as likely than adults without a disability to have asthma, diabetes, heart disease, kidney disease, and depression. (Ask your state health department or LEND program to get you the numbers for your state.)
PART I: Why we’re excited to talk about improving healthcare for People with Intellectual and Developmental Disabilities.

2. Ableism - what is it and how it impacts our lives.

National survey of doctors found:

- 40.7% feel very confident to provide the same quality of care to patients with disabilities as their other patients received.
- 56.5% strongly agreed that they welcomed patients with disabilities into their practices.
- 82.4% said people with disabilities have a lower quality of life.

Data is from: Physicians’ Perceptions Of People With Disability And Their Health Care Vermont Inclusive Healthcare Partnership Project Final and Green Mountain Self-Advocates
PART I: Why we’re excited to talk about improving healthcare for People with Intellectual and Developmental Disabilities.

3. Lessons from the Self-Advocacy Movement
   - Do not make assumptions about what I can and cannot do
   - Nothing About Us Without Us
   - Control over our lives.
   - True inclusion. *We want what you got*
   - Live free from violence, neglect, and financial and sexual exploitation.
PART II: Barriers to Getting Healthcare

1. Many have outdated ideas about what it means to have a disability. Explain how what it means has changed over time. (moving away from the medical model)

2. Access Barriers
   a. Physical Environment and Mobility & Sensory considerations
   b. Providers do not know how to communicate with people with all kinds of abilities.
   c. Not having insurance (⅓ uninsured)
   d. All the paperwork and required phone calls are not accessible
   e. Poor support
PART III: Creating a Welcoming Environment for People with Disabilities

1. Provide basic information about the ADA. But let’s go beyond compliance. It is the right thing to do.
2. Describe Universal Design. Why it is Good for Everyone.
3. Self-Advocates should find out about Relationship-Centered Communication. This is a new training model for doctors that has been around for 5 years. It makes sense for people with disabilities. It is all about: Respect and Dignity; Active listening; Empathy (putting yourself in the other person's shoes.) doctors and patients coming up with a treatment plan together and much more.
PART III: Creating a Welcoming Environment for People with Disabilities

4. Communication Strategies:
   ● Give examples basic information written in Plain Language
   ● Describe some examples communication devices and supporting people to communicate
   ● Provide tips for effective communication

PART IV: Resources, Questions/Discussion
Problem: inaccessible information

Conjunctivitis

You have contracted conjunctivitis. This is an inflammation or swelling of the conjunctiva. Often called "pink eye," conjunctivitis is a common eye disease. It may affect one or both eyes. Some forms of conjunctivitis are highly contagious. You have bacterial conjunctivitis which you need to treat with prescription eye drops from the pharmacy. Follow the directions on the bottle. It may improve after three or four days of treatment, but you need to take the entire course of antibiotics to prevent recurrence. Good hygiene is important also.
You have Pink Eye. To make it go away:

1. Get eye drops from the drug store.
2. Squeeze 4 eye drops into your eye.
3. Use the drops 3 times a day.
   - Morning
   - Noon
   - Night
4. Use the drops until they are gone.

Pink Eye is easy to give to another person. Wash your hands a lot!
Small Group Activity: We want to learn from you. Collectively you have years of experience working with people with disabilities. Look at the communication tips listed above. As a group come up with an example of when you applied this tip and it was helpful. And an example of when you did NOT use this tip and the interaction did NOT work out.

1. Tell the person who you are and why you are there.
2. In general, do not assume a person can’t read, but also don’t assume they can.
3. Speak in typical (tone, volume, speed), unless asked to do otherwise.
4. Be patient – almost all non-traditional communication methods take more time
5. Don’t fill the “silence” while the other person is deciding what to say. Learn to be comfortable with silence while you wait your turn.
6. Let the person know if you don’t understand something.
7. Talk directly to the person, not their assistant or interpreter.

8. Use everyday words. Repeat or re-word what you said. Use visual or concrete examples. Check back for understanding. Ask the person to tell you what was said, but in their own words.

9. Give one direction at a time. Ask one question at a time.

10. Be prepared to provide the same information more than once.

11. Do not touch someone’s communication devise without permission. Same goes for wheelchair, cane, or any other adaptive equipment.
12. Know that some people have a history of trauma from dealing with doctors.

13. Consider asking if the pace of talking is too fast or too slow.

14. Keep distractions to a minimum.

15. Be aware of personal space and sensory issues.

16. Do not try to guess what the person is saying, or cut them off.

17. Don’t give me too much information when you are talking to me. One idea per sentence is a good rule to follow.