

Evaluating Barriers to Healthcare among Patients with Visual and Hearing Impairments

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Introduction

-In the U.S, ~50 million people are living with a disability⁶
-1.8 million people ≥15 years report being unable to see printed words and 1 million people ≥15 years report being unable to hear conversations⁷
People with disabilities often do not receive the basic preventative and primary care they need due to barriers in care. The top three most significant barriers include :
1. Structural barriers in the health care facilities
2. Inaccessible medical equipment
3. Policies and procedures that create barriers for patients with disabilities, such as inaccessible forms of communication³
Barriers affecting patients with visual or hearing impairment include: stereotypes about disability by providers, provider misinformation and lack of appropriately trained staff, lack of sign language interpreters, lack of material in formats that are accessible to people who are blind or have low vision, and lack of individualized accommodations.

Furthermore, patients with disabilities
1. Tend to be in poorer health and use health care at significantly higher rates than people who do not have disabilities
2. Experience a higher prevalence of secondary conditions and use preventative services at lower rates
3. Experience more problems accessing health care than any other group and can lead to increased risk for secondary conditions for people with significant disabilities³

The Americans with Disabilities Act (ADA) was created in 1990 to prevent discrimination against people with disabilities. The ADA defines disability as: “any physical or mental impairment that substantially limits one or more major life activities including but not limited to walking, talking, breathing, hearing, or caring for oneself.”⁶
It also requires that public places such as our clinic provide the necessary services to accommodate disabled people without causing undue burden.

Our goal was to evaluate potential barriers to medical care patients with visual or hearing impairments might face when seeking care at the Alvernon Family Medicine Center.

Clinical question: Does our clinic provide the appropriate resources and medical care for people with hearing or visual impairment and what can we do to improve the care we provide?

Methods

A literature review was performed identifying pertinent literature using the following search terms: deaf, blind, visual impairment, hearing impairment, disabilities, health disparities, healthcare barriers, blind access to care, and deaf access to care. A total of six articles were reviewed.^{1,2,3,4,5,6}

A survey was then created and distributed to two major establishments in the Tucson community considered “experts” in terms of providing resources for the visually and hearing impaired.

1. Southern Arizona Association for the Visually Impaired: a private, nonprofit independent living center whose mission is to provide progressive programs and services to meet the rehabilitation and social needs of individuals with vision loss, to encourage individuals to become active participants in determining their success, and to raise public awareness through community involvement and establishment of partnerships with others
2. Community Outreach Program for the Deaf: a grassroots organization partnering with Deaf, Hard of Hearing, and Deaf-Blind persons and organizations in establishing services and providing a “one-stop” center for persons with a hearing loss

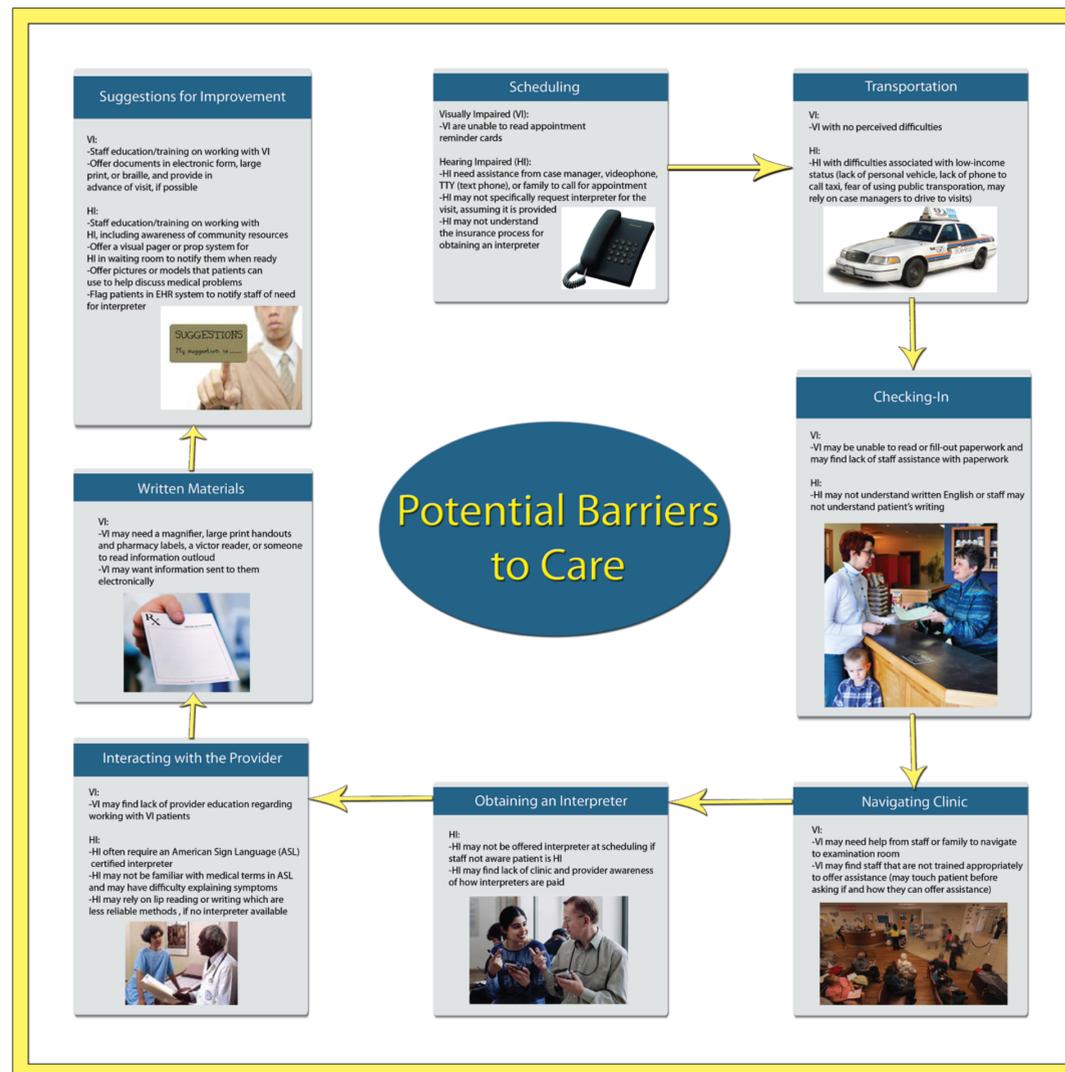
The survey addressed potential barriers that visually and hearing impaired patients may face in the process of an outpatient clinic visit, including scheduling appointments, checking-in at the front desk, interacting with providers, and understanding medical instructions. A total of six surveys were returned and evaluated.

Results

How does our clinic match up?

What we offer:

- Phone reminders for appointments
- Staff assistance for navigating clinic environment
- Staff assistance with document reading although this is not a consistent service as it depends on clinic flow
- We provide an American Sign Language interpreter for appointments (in person or online video interpreter) and understand payment process for interpreters
- Contact information for video translation services for the deaf is listed in provider work stations



This project was mentored by Leslie Cohen, JD, whose time and effort is acknowledged with great appreciation.

What we need to improve on:

- We do not offer formal training or education for staff on caring for patients with disabilities
- We do not offer documents in large print, braille, nor do we send documents electronically or email
- We do not have a magnifying glass available to patients with low vision
- Current electronic health record (Allscripts) does not allow providers to “flag” a patient or alert staff of a patient’s particular need with regard to their hearing or visual impairment
- Scheduling an American Sign Language interpreter requires two weeks’ notice prior to the appointment limiting availability of an interpreter for urgent/acute care visits
- We do not offer pictures or models to assist patients using ASL in describing symptoms
- We do not have any visual paging or prop system in place for notifying hearing impaired patients in the waiting room
- Our waiting room television is not currently setup with captions

Conclusions

- Our literature review and survey identified potential barriers to care for the visual and hearing impaired population when seeking outpatient medical care and allowed us to identify potential barriers to care as well as areas for improvement.
- Most of the identified barriers relate to communication barriers between medical care staff and providers and the patient.
- Improvement in these areas should focus on providing necessary communication tools or devices and educating clinic staff and providers on providing care to those with sensory disabilities.

Study limitations included:

- survey participation was from members of the Tucson community specializing in resources for the visually and hearing impaired in the Tucson area making results less generalizable to a larger geographic area
- actual patients with disabilities were not involved in answering the surveys and their experience navigating the healthcare system may provide further insight into potential barriers and areas needing improvement

Further study might involve administering our survey to patients with sensory disabilities at our clinic and/or implementing some of the recommended changes to our clinic and obtaining feedback from our patients. Given the disparity in care received by patients who are visually or hearing impaired, further study is certainly needed to identify barriers to providing care to meet ADA requirements and finding ways to minimize this disparity.

References

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