



Welcome! We will begin at 12:00pm PT

- Microphones and cameras will be disabled upon entry.
- Use the Q&A function to submit questions.
- Accessible materials, including presentation and recording, will be made available on <https://nwadacenter.org/oha-healthcare/>
- To enable Communication Access Real-time Translation (CART) services, select “Closed Captions” or “CC” in the Zoom toolbar.
- American Sign Language (ASL) Interpretation will be featured using the Zoom’s “Spotlight” functionality in Zoom.

Physical Access and Telehealth



February 27, 2024

ADA and Healthcare Webinar Series

Presented by Oregon Health Authority and
Northwest ADA Center



Agenda



- Learn about this Webinar Series
- Physical and Digital Access as a Civil Right
- Overview of the ADA Accessibility Requirements
- Accessible Medical Diagnostic Equipment
- Highlight Emerging Issues in Telehealth
- Q&A

ADA and Healthcare Webinar Series



- Collaboration between the Oregon Health Authority and the Northwest ADA Center

#3: Effective Communication and Reasonable Modification

March 27, 2024 (Wednesday)

12:00-1:00 PST

#4: Disability Allyship in Healthcare

April 4, 2024 (Thursday)

12:00-1:00 PST

- <https://nwadacenter.org/oha-healthcare/>

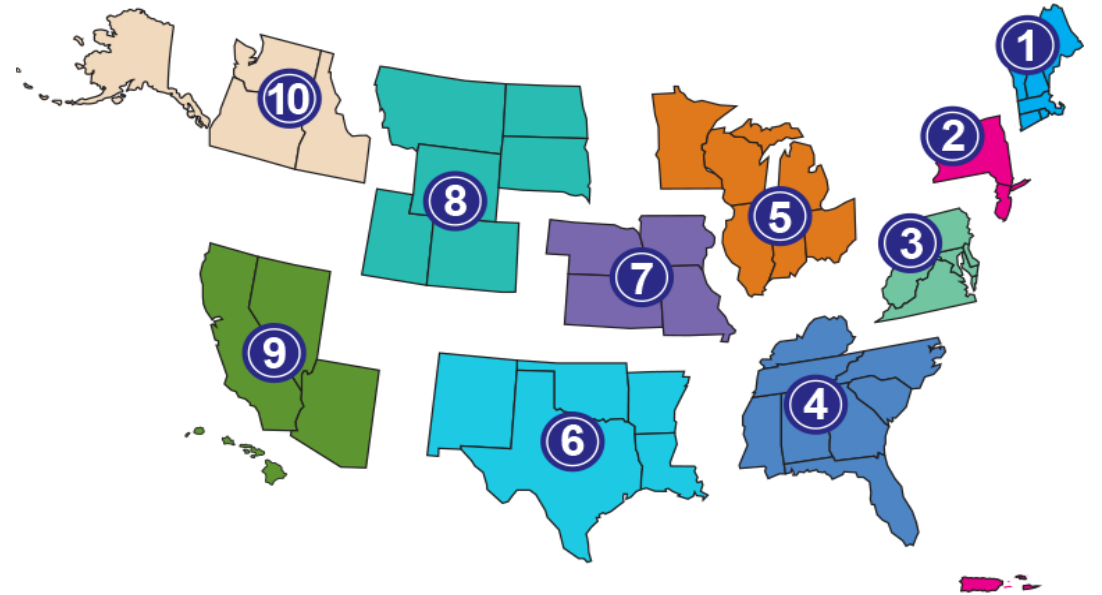
Northwest ADA Center



- Information and training on the Americans with Disabilities Act to residents of Oregon, Alaska, Idaho, and Washington

Presenters

- Katie Warden
- Heather Evans



Legal Disclaimer



The Northwest ADA Center is funded under a grant from the Administration for Community Living (ACL), NIDILRR grant #90DP0095.

However, these contents do not necessarily represent the policy of the ACL, and you should not assume endorsement by the Federal Government.

The information provided by the Northwest ADA Center is intended as general information.



Today's Learning Objectives

- 1) Understand physical and digital access as a civil right
- 2) Become familiar with the ADA's general requirement for providing healthcare services in accessible environments
- 3) Consider the ADA Standards as concrete and practical guidelines for creating accessible facilities
- 4) Be aware of the need for digital access and unique barriers

Access as a Civil Right



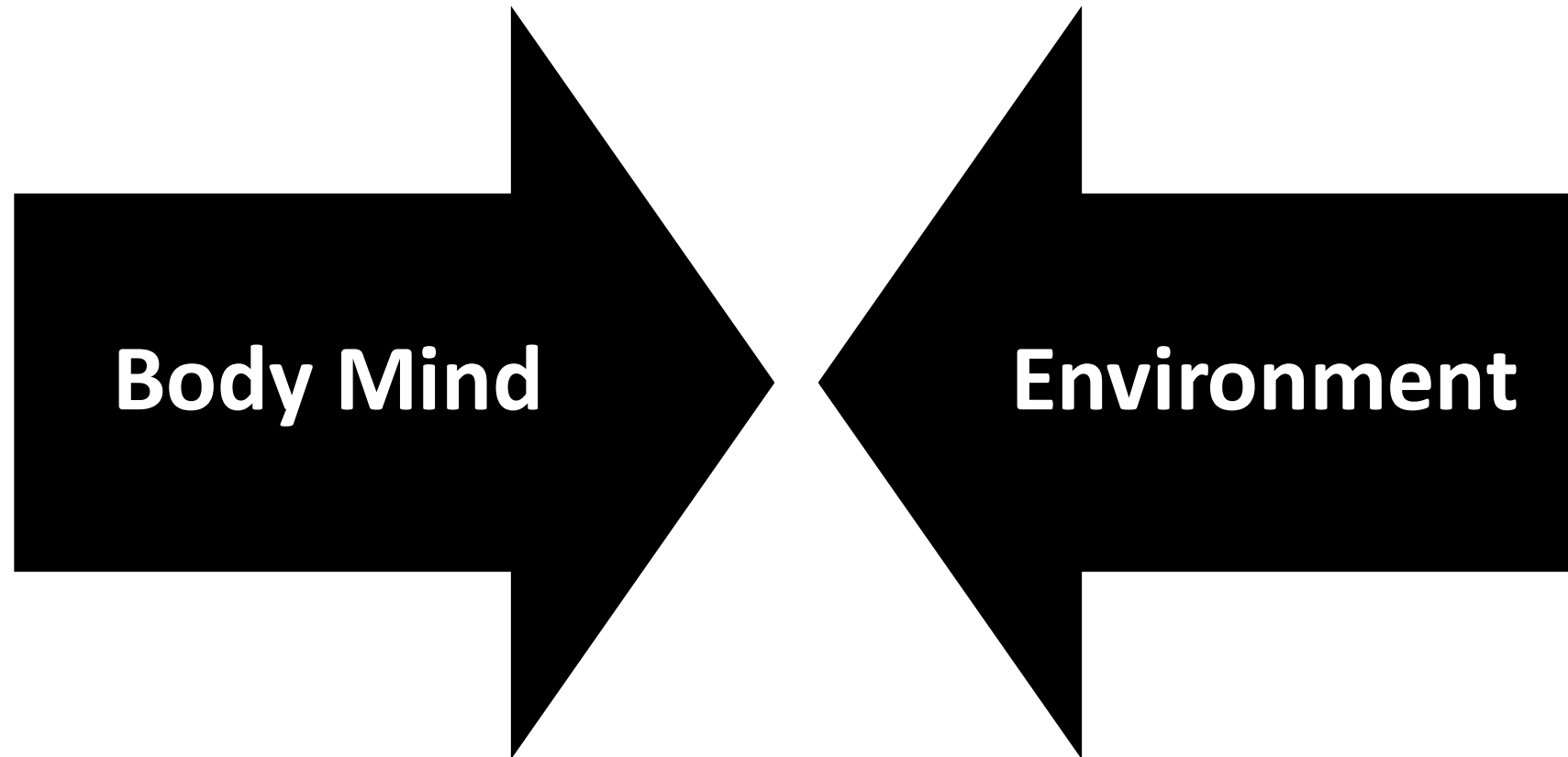
Diversity Framework of Disability



Disability: An interaction between one's way of functioning and the social and built environment in which they find themselves

- Individuals may have nontypical or impaired functioning, but societal barriers ***disable*** individuals

Defining Disability from a Diversity Perspective



Geoff Adams-Spink's "Social Model of Disability Animation."



Congressional Findings



- The Congress finds that –
 - individuals with disabilities continually encounter various forms of discrimination, including:
 - **the discriminatory effects of architectural ... and communication barriers...**
 - **failure to make modifications to existing facilities...**

Common Access Barriers





Types of Access Barriers

**Architectural
Barriers**

**Communication
Barriers**



Where Patients Encounter Barriers

- **Barriers to entering or navigating a health care facility**
 - Approach and entrance to the facility
 - Navigation within the building and provider's office
 - Patient check-in
 - Restroom facilities
 - Clinical examination
- **Barriers to accessing medical equipment**



Effects of Access Barriers

- **Compared to individuals without disabilities, individuals with disabilities are:**
 - Less likely to receive comprehensive preventive care
 - Less likely to have an annual dental visit
 - Less likely to receive diagnostic imaging and
 - Less likely to receive recommended cancer screenings

What does the ADA require?



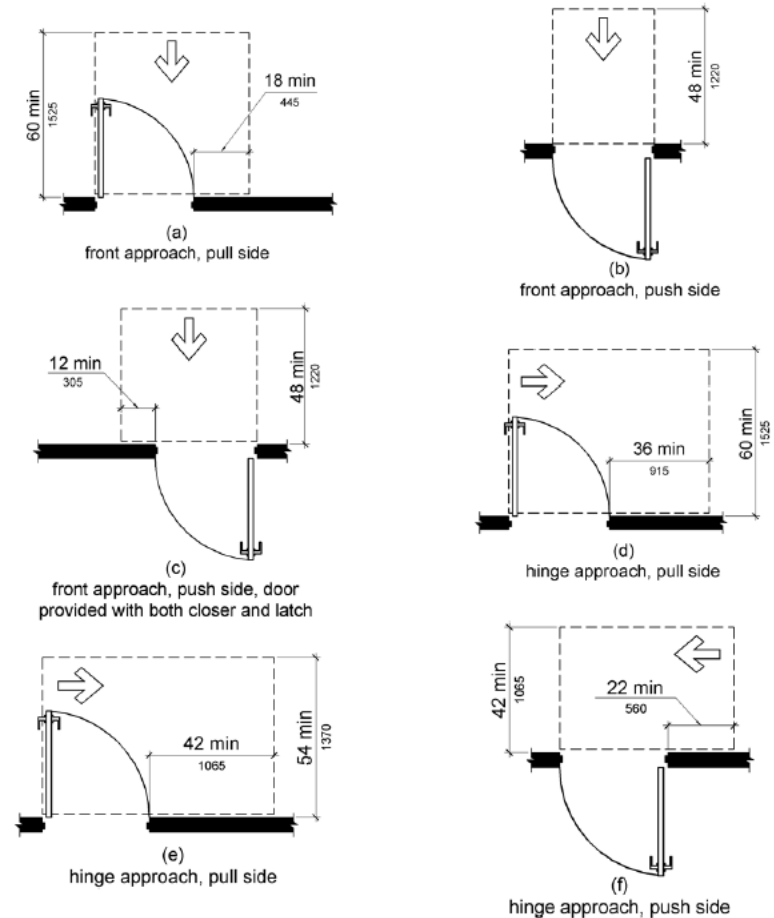


Non-Discrimination Principle

- The ADA requires healthcare providers to make their services available in an accessible manner.
 - Provide individuals with disabilities:
 - full and equal access to their health care services and facilities; and
 - reasonable modifications to policies, practices, and procedures;
 - effective communication.
- The ADA prohibits outright exclusion.

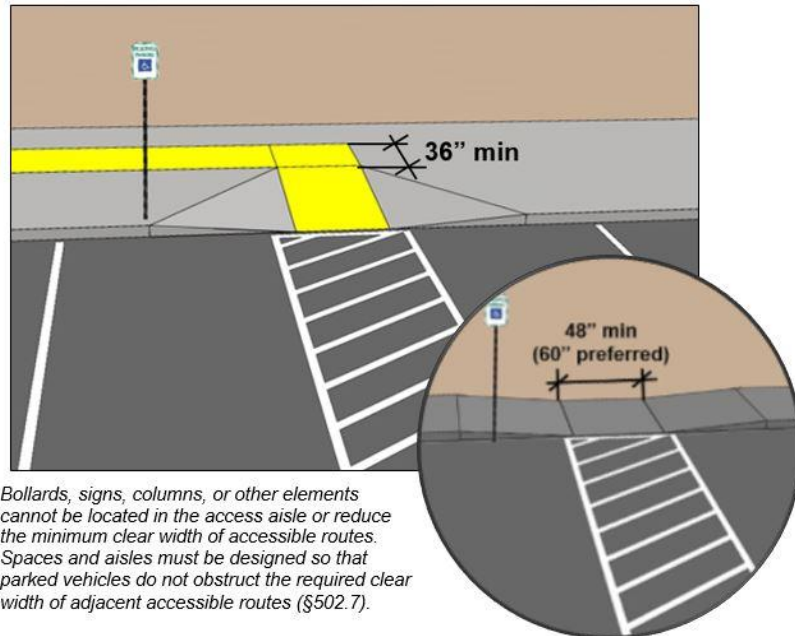
ADA Standards

- Design and construction requirements
- Outline of what is required for a building or facility to be physically accessible



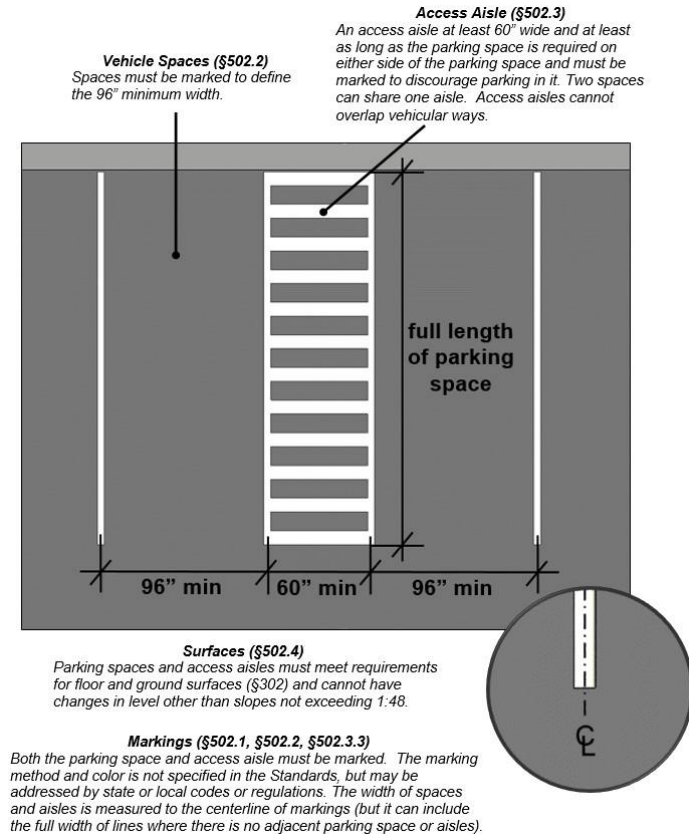
Guide to the ADA Standards

Accessible routes must connect directly to access aisles. Curb ramps, where provided, cannot protrude into access aisles (which cannot slope more than 1:48 max.) to accommodate wheelchair transfers and vehicle ramps or lifts (§502.4). A landing at least 36" deep is required at the top of curb ramps; in alterations where space for this landing is unavailable, curb ramps must have side flares with a 1:12 max. slope (§406.4).



Bollards, signs, columns, or other elements cannot be located in the access aisle or reduce the minimum clear width of accessible routes. Spaces and aisles must be designed so that parked vehicles do not obstruct the required clear width of adjacent accessible routes (§502.7).

Where space for curb ramps is limited, including in alterations, parallel ramps can provide an alternative.



U.S. Access Board



En Español

[About](#) [News](#) [Advancing Access](#) [Guidelines & Standards](#) [Services](#) [File an ABA Complaint](#) [Contact Us](#)

Technical Assistance

The Access Board provides technical assistance on its accessibility guidelines and standards and accessible design through its helpline at 1-202-272-0080, extension 3, and by email at ta@access-board.gov from 10:00 a.m. to 5:00 p.m. (ET) weekdays. Accessibility specialists are available to answer questions on accessibility as it relates to the built environment, recreation and outdoor areas, streets and sidewalks, transportation vehicles and vessels, information and communication technology, and medical diagnostic equipment.

The Board also provides [guidance documents](#) that explain requirements in the current editions of the [ADA Guidelines](#) and [ABA Standards](#). These guidance documents offer clearly labeled recommendations for best practices that exceed the minimum requirements. The Board also provides [animations](#) to help design professionals understand the reason and method of application of the requirements in the standards. In addition, [technical assistance documents](#) that review design recommendations are available. For information on and to request training, visit the Board's [Training page](#).

<https://www.access-board.gov/>



Technical Assistance by Phone

Phone 1-202-272-0080, extension 3 from 10:00 a.m. to 5:00 p.m. (ET) weekdays for all technical assistance needs regarding the guidelines and standards covered by the Americans with Disabilities Act (ADA), Architectural Barriers Act (ABA), and Section 508 of the Rehabilitation Act.



Buildings & Sites

Email ta@access-board.gov for technical assistance on general building and facilities.

- [Guide to the ADA Standards](#)
- [Guide to the ABA Standards](#)
- [Guide to the ADA Guidelines for Transportation Vehicles](#)
- [Accessibility Animations](#)



New Construction/Alterations

- **Follow ADA Standards!**
- All new construction and alterations to existing facilities must be readily accessible to and usable by people with disabilities.
 - Alterations—renovations and other changes that affect usability

Existing Facilities



Public Providers

Program Access

Private Providers

Barrier Removal

Design Priorities



- Providing access from public sidewalks, parking areas, and public transportation;
- Providing access to your services;
- Providing access to restrooms; and
- Removing barriers to other amenities offered to your patients.

Take Action!





Evaluate for Barriers

- Approach and entrance to the facility (public transportation, drop-off locations, and parking)
- Navigation within the building and provider's office (information desk and hallways)
- Patient check-in (waiting room, check-in counter, or kiosk)
- Restroom facilities
- Clinical examination

Checklists



ACCESSIBILITY CHECKLIST FOR MEDICAL CLINICS AND FACILITIES IN OREGON

2010 ADA STANDARDS FOR
ACCESSIBLE DESIGN
OREGON STATE BUILDING CODE

OCTOBER 2013

Northwest ADA Center

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Northwest  Center



Checklist How To's



HOW TO PERFORM AN ACCESSIBILITY SURVEY

Planning for the Survey:

If possible, we suggest that a team of two or more individuals carry out the survey. It is very helpful if one person directs the process, takes pictures and notes while the other person performs the measurements. It is also suggested that people with disabilities be involved in the survey.

Using a Floor Plan: It is often helpful to have a floor plan, or a sketch of a floor plan, for note taking while conducting the survey. Elements in this checklist can be identified on the floor plan.



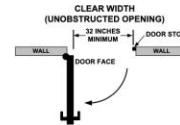
Tools

- Clipboard to make recording on the checklist easier.
- Flexible steel tape measure.
- Carpenter's level (either electronic or manual) for measuring slope on ramps and inclined walkways.
- Digital fish scale or door pressure gauge for measuring door opening force.
- Digital camera for photo documentation of barriers and accessible features.

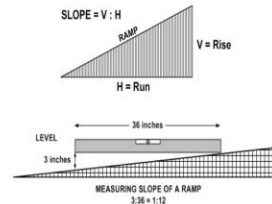


Conducting the Survey:

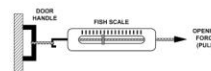
Measuring clear width (unobstructed opening) - To measure the clear width (unobstructed open space) at a door, measure the distance between the face of the door and the door stop, with the door open at 90 degrees. Clear width measurements at other locations (ramps, accessible routes, etc.) are measured in the same manner; measure the width of the unobstructed space for passage.



Measuring slope - Slope is calculated by calculating the ratio of vertical rise to horizontal run. For example, if a ramp 6 inches in vertical height traverses a horizontal distance of 6 feet (72 inches) then the slope is $6 / 72 = 1 / 12 = 0.083$ (8.3%). Typically the maximum allowable slope for a ramp is written as 1:12. To measure the slope, lay one end of a carpenter's level on the uphill side of the ramp, lift the downhill end of the tool to bring it to level (bubble in the middle), and measure the distance between the downhill bottom edge of the level and the ramp surface. See the figure. In this case the slope is 3 inches rise over 36 inches horizontal distance or the ratio of 1:12.



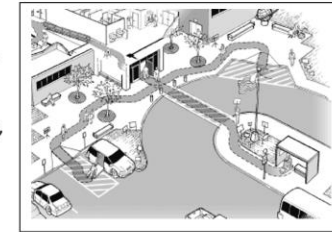
Measuring door opening force - If using a fish scale or similar device, tie one end of the scale to the door handle and observe the maximum force displayed on the scale as you pull the door from a closed position.



ADA Checklist: Accessing Health Care Facilities

Site-Arrival, Parking, and Entrance

This checklist is designed to help you survey existing facilities and identify some of the common structural barriers that may impede or prevent individuals with disabilities from gaining access to your facility and receiving services, visiting patients, or participating in programs or services that you may offer to the general public.



You Will Need:

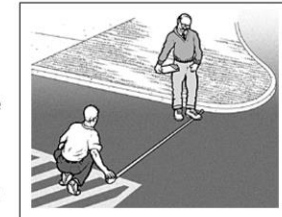
- Checklist
- Clipboard and pencils
- Tape measure, preferably at least 16 feet long
- Digital or carpenter's level, preferably 24 inches long
- Door pressure gauge or fish scale for measuring door-opening force; if using a fish scale or double-action (push-pull) gauge, you may need a string or other way to attach the hook to a door handle
- Digital camera with plenty of memory capacity
- Spare batteries or charging capacity, as appropriate
- Bag to hold these items

Using Tools and Measuring

Measuring Tape

Keep your measuring tape straight and taut when measuring between two points.

When measuring the **width of parking spaces** and adjacent access aisles, measure from the centerline of the markings – from the center of one painted line to the center of the opposite painted line. If a parking space or access aisle does not adjoin another space or aisle (e.g. end of row) you can measure the full width of the painted line, or to the curb or edge of the level, usable space.



Checklist Examples



ACCESSIBLE PARKING

People with disabilities should be able to arrive at your business and easily locate & use accessible parking.

1. Facility Parking

Does your facility provide accessible parking spaces designated for use by individuals with disabilities?

- Yes
 No



Note: This does not apply to on-street parking spaces.

2. Number of Accessible Parking Spaces

Does the parking area have the minimum number of accessible parking spaces specified in the table below?

- Yes
 No



Total Parking Spaces	Designated Accessible Parking
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1000	2% of total
1001 and over	20 plus 1 for each 100 over 1000

* If no, how many accessible parking spaces are available?

* What is the total number of parking spaces available for the public?

Note: At least one of every 6 accessible parking spaces must be designated "van accessible." For example, if the facility has only one accessible parking space, then that space must be van accessible. If you have 7 accessible parking spaces then 2 must be van accessible. See Item 5 on the next page.

3. Space Location

Are the accessible parking spaces located on the shortest possible accessible routes to the accessible building entrances?

- Yes
 No



Note: An accessible route is free of stairs, steep inclines, sharp changes in surface level, and has a surface which is stable, smooth and slip resistant. Where parking serves more than one accessible entrance, accessible parking spaces shall be dispersed and located on the shortest accessible route to the accessible entrances.

Are the accessible parking spaces located on a level area?

- Yes
 No

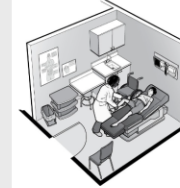
Note: Ground surfaces of parking spaces and access aisles should not exceed 1:48 (approximately 2% slope) in any direction.

ACCESSIBLE EXAMINATION ROOMS AND MEDICAL EQUIPMENT

1. Accessible Route

Do all interior accessible routes to and through examination rooms have a minimum clear, unobstructed width of 36 inches?
Note: Accessible routes should connect the examination rooms to all public use and common use areas.

- Yes
 No



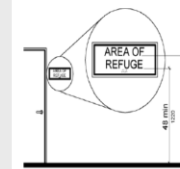
Are all interior accessible routes to and through examination rooms free of protruding objects?

- Yes
 No

2. Signs for Examination Rooms

Is every examination room designated with a sign having good contrast between characters and background, adequate character size for viewing distance, raised (tactile) characters and Braille?

- Yes
 No



Are tactile signs mounted so the bottom edges of the highest tactile characters are 60 inches maximum and the lowest tactile characters are 48 inches minimum from the floor surface?

- Yes
 No

3. Accessible Doorway to Examination Room

Do the examination room doors have at least a 32-inch clear, unobstructed opening?

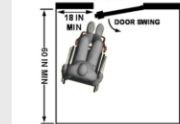
- Yes
 No



Do the pull and push sides of doors have adequate maneuvering clearances in front of and to the sides of doorways so that a person using a wheelchair can position themselves to easily and safely open the door? **Note:** See section of this Checklist titled "Accessible Approach and Entrance – Exterior Routes" for more information.

- Yes
 No

MANEUVERING CLEARANCE AT DOOR FRONT APPROACH TO PULL FACE OF DOOR



Are the heights of thresholds at examination room doorways 1/2 inch or less?

- Yes
 No

Do examination room doors have a handle that does not require tight grasping, pinching, or twisting to operate (for example, a lever handle) and can the door be opened with 5 pounds or less force?

- Yes
 No





Self-Evaluation Assistance

- Design Experts
 - [ADII: Accessible Design and Innovative Inclusion](#)
- Disabled People
 - [Oregon's Independent Living Centers](#)
- Remember the Access Board!

OHSU Mammography Accessibility Project



Accessible Mammography Machine

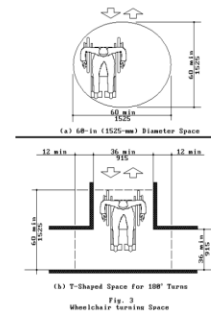
[Material in this section excerpted from the 2008 Massachusetts Facility Assessment Tool (MFAT), which compiles standards from the Americans with Disabilities Act of 1990 (ADA), the Massachusetts Architectural Access Board codes, and other Massachusetts Department of Public Health requirements.]

144. The mammography machine is on an accessible route. Yes No

145. The machine has a positioning chair with a braking device and adjustable arms available for ready access. Yes No

146. The machine has a breast platform that lowers to a height of 24"-27" above the floor to the top side of the platform. Yes No (NOTE EXCEPTION TO MFAT: This question varies the height requirement from the original MFAT standard of 24".)

147. The machine has a 60" diameter circle of clear floor space or a T-shaped clear floor space as shown adjacent to the machine. Yes No



Medical Diagnostic Equipment



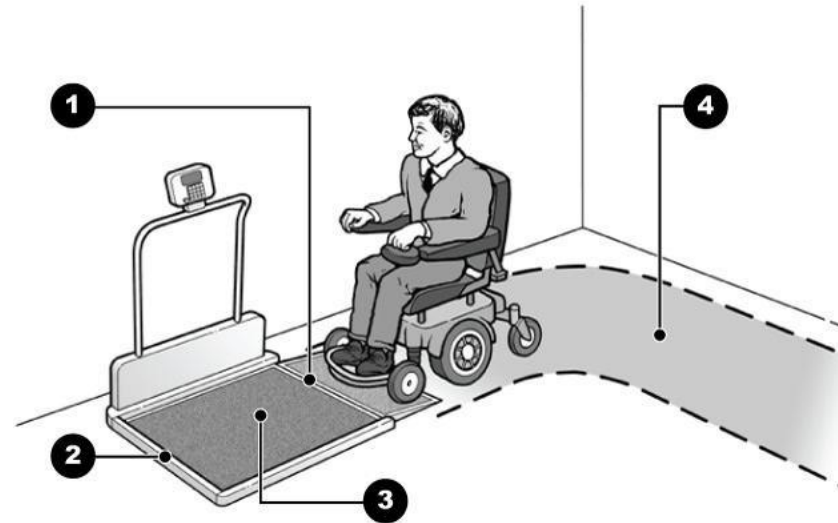
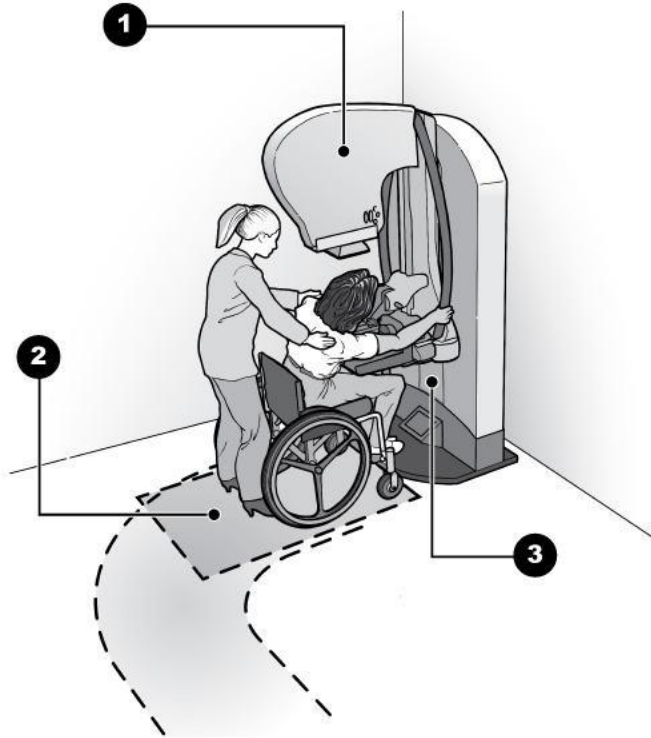


What is Accessible MDE?

- Adjustable-height exam tables and chairs
- Wheelchair-accessible scales
- Adjustable-height radiologic equipment
- Portable floor and overhead track lifts
- Gurneys and stretchers

What is important is that a person with a disability receives medical services equal to those received by a person without a disability.

Examples of Accessible MDE





Legal Updates

National Council on Disability:

- People with disabilities reported their healthcare professionals often created ad hoc “accommodations” due to inaccessible MDE that included skipping parts of examinations during which a barrier was encountered or even refusing to treat the patient due to facility’s inaccessibility...

[Accessibility Standards for Medical Diagnostic Equipment](#)

[Fact Sheet: Notice of Proposed Rulemaking on Accessibility of Medical Diagnostic Equipment](#)

Issues in Telehealth





Digital Access

- Content is accessible with a screen reader.
- Alternative text for pictures or graphs.
- Website can be navigated through use of a keyboard, as an alternative to mouse navigation.
- Don't rely on color to convey meaning.
- Provide captions or transcripts for all audio or video content.
- [Fact Sheet: Notice of Proposed Rulemaking on Accessibility of Web Information and Services of State and Local Government Entities](#)

Access for Interpreters and Support People



- Telehealth platforms should allow interpreters and support people to join the session.
- [COVID-19: Guidelines for Healthcare Providers – Video-Based Telehealth Accessibility for Deaf and Hard of Hearing Patients](#)
- [Telehealth ADA.gov](#)

Key Resource



CMS Improving Access to Care for People with Disabilities

Lesson Frame

mln
WEB-BASED TRAINING COURSE

P

Modernizing Health Care to Improve Physical Accessibility

[CLICK TO BEGIN COURSE](#)

The banner features a dark blue background with a white silhouette of a human head in profile on the left. The interior of the head is composed of several geometric shapes in shades of blue and teal. These shapes contain icons: a wheelchair, a large white letter 'P', a hand with a pointing finger, and a stylized eye. In the top left corner, there are circular patterns and the text 'Lesson Frame'. The top right corner contains the 'mln' logo and 'WEB-BASED TRAINING COURSE'. Below the graphic, the title 'Modernizing Health Care to Improve Physical Accessibility' is displayed in bold, followed by a dark blue button with the text 'CLICK TO BEGIN COURSE'. At the bottom right, there are three logos: the Department of Health and Human Services, CMS, and Medicare Learning Network.



Q & A

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