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Accessible Health Care

Introduction

The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act require that health care providers provide individuals with disabilities full and equal access to their health care services and facilities. Title II of the ADA applies to public hospitals, clinics, and health care services operated by state and local governments. Title III of the ADA applies to privately owned and operated hospitals, clinics and health care providers. Section 504 of the Rehabilitation Act applies to recipients of federal financial assistance, such as Medicaid and federally conducted programs.

Who Is Affected by Inaccessible Medical Facilities and Services?

Nearly 56.7 million people in the U.S. live with a disability.

Mobility Disability = 20,919,916	Vision Disability = 7,333,805
Hearing Disability = 11,267,453	Cognitive Disability = 15,115,121

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

Is Your Facility Accessible for All Patients? Make sure your facility has the following accessibility features:

- 1. Accessible parking spaces, curb ramps, or loading zones at building entrances.
- 2. Accessible routes from parking and loading zones up to building entrance.
- Doorways wide enough to ensure safe and accessible passage by individuals using mobility aids.
- 4. Accessible routes of travel into and throughout buildings.
- Restrooms with adequate maneuvering space for wheelchairs around toilets, grab bars mounted next to and behind toilets, and accessible lavatories.

- Drinking fountains, public telephones, and service counters low enough for an individual who uses a wheelchair or scooter, or who is of short stature.
- No objects protruding into routes of travel that would pose a hazard for someone who is blind or has limited vision.
- 8. Signage with Braille and raised tactile text characters at office and restroom doors and in elevators.

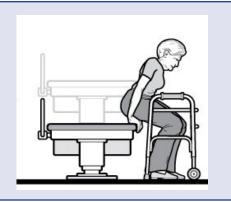
Are Your Examination Rooms and Medical Equipment Accessible to Patients who Use Mobility Devices?



Provide a minimum clear floor space of 30"x 48" next to exam tables, so that individuals can transfer easily onto the tables.

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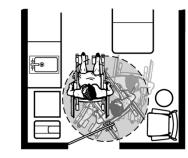
People using mobility devices must be able to transfer safely and easily to and from your exam tables and chairs.





Your mammography equipment must be accessible for patients who use wheelchairs.

Provide patient scales that are capable of weighing an individual using a mobility aid such as a wheelchair. These scales should also be capable of accepting a significant amount of weight.



Make sure that your exam rooms provide clear floor space for a person to turn in a wheelchair or scooter.

Are You Able to Communicate Effectively with Your Patients Who Have Hearing, Vision, Speech, or Cognitive Disabilities?

Type of Disability	Suggestions for Accommodations
Hearing	 When using an interpreter, speak to the patient, not the interpreter.
	 Use written notes for uncomplicated, short, or routine communication.
	 Complex situations may require qualified sign language interpreters.
Vision •W •Er in	 Provide print information in large print, Braille, electronic format, or as an audio recording.
	 With the patient's permission, provide a qualified reader.
	 Ensure that your website is accessible to all patients,
	including those who are blind and may use screen-reading technology.
Speech	 If you have difficulty understanding an individual's speech, be patient, listen attentively, and ask the patient to repeat or write the message if possible.
	 Allow more time to communicate with someone who uses a communication board or device.
Cognitive	 With the patient's permission, provide a qualified reader.
	 If the individual is having difficulty with communication, be patient, repeat your message, and question the patient to make sure he or she understands.
	 Use diagrams and pictures to improve communication.
	 If a family member or personal care attendant accompanies the patient, remember to speak to the patient first, even if the patient may not be able to understand.

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References

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