

Illinois Department of Public Health

Disability and Health Program

Exam Room and Medical Equipment Accessibility Survey Results

Today, 56 million (18.7%) Americans live with disability¹. In Illinois, the prevalence of disability for adults may be even higher at 22.5 percent². The number of people with disability will continue to increase due to advances in medicine that allow people with disability to live longer as well as increasing numbers of seniors with age-related functional limitations. Just like those without disability, people with disability need access to a full range of primary health care services to delay or avoid onset of illnesses, to continue to be independent and stay healthy and to participate in community life as much as they want³. When accessing primary health care, however, people with disability may encounter barriers that prevent them from receiving the full benefit of the services. These include physical barriers that make it difficult to navigate within the facility (e.g., lack of clear path to and within exam rooms and narrow door width at entrances), communication barriers (e.g., difficulty in communicating with providers), attitudinal barriers (e.g., focusing on a person's disability rather than their need for routine preventive care services), and programmatic barriers (e.g., policies, practices and procedures that prevent full and complete access to health care services)⁴.

Accessible health care facilities with accessible primary, diagnostic, and imaging equipment are important in allowing early detection and treatment of health problems and avoidance of more serious illness, increased complications, worse prognosis and longer hospital stays.

To raise awareness about disability barriers and increase accessibility of primary health care to people with disability, the Illinois Department of Public Health Disability and Health Program collaborated with statewide disability advocacy organizations to develop a health care facility exam room and medical equipment accessibility survey. The 20 question, anonymous, online self-assessment survey was distributed to providers by the Illinois Primary Health Care Association, Illinois Academy of Family Physicians and Illinois Chapter of the American Academy of Pediatrics. Survey questions focused on exam room and primary medical equipment accessibility features related to physical disabilities, rather than those components related to sensory and cognitive disabilities. The survey was conducted for three weeks in August 2013.

Results of the survey showed:

- A total of 160 responses were received.
- Approximately 70 percent of respondents were located in northern Illinois.
- The majority (77%) of respondents were physicians, 76 percent reported serving 100 or more patients a week and 29 percent estimated that 10 percent or more of their daily patients were people with disabilities.
- Approximately 70 percent reported having some familiarity with the Americans with Disabilities Act requirements pertaining to medical service for people with disabilities.
- Most (79% to 91%) respondents reported that the path of travel leading to the exam room, the space inside the exam room and the doorway width were accessible to people with disabilities.
- Fewer (65%) reported having door hardware easily usable by people with limited grasping.
- Less than half the respondents reported having at least one height-adjustable exam table and approximately one-fourth reported the availability of accessible weight scales. Only eight respondents (5%) reported having a patient lift.
- Less than one-fourth of the respondents reported having stabilizing elements (e.g., rails, straps, pillows, etc.) and only about 1 in 5 reported having a transfer board and gait belt to assist the patient during transfer and while on the table.

- One-third of respondents reported having staff at all times who were trained in how to properly assist with patient transfers and approximately 1 in 4 have staff at all times that were trained in the proper use of accessible equipment.

This survey looked only at accessible primary medical equipment, such as accessible weight scales and patient lifts, and transfer equipment, such as gait belts and transfer boards. However, it is important for a facility also to have accessible diagnostic and imaging equipment and to ensure appropriate policies, practices and procedures are in place. In addition, staff need to be fully trained and available to facilitate full and complete access to health care services for people with disabilities. An encouraging aspect of the survey is the finding that the majority of respondents reported sufficient access to and within the exam room for people with disabilities. However, many of the findings highlight the need for raising awareness about the importance of having health care facilities and medical equipment accessible to people with disabilities. The majority of respondents indicated a considerable need for accessibility improvements, particularly in regards to the availability of accessible primary medical equipment and other elements within the exam room, as well as staff properly trained in the use of accessible medical equipment. Although the survey did not look at policies, practices and procedures of health care facilities, it also is important to note providers need to go one step further and ensure that these are reasonably modified or created. They also need to provide training so staff understand how to make available and use the accessible equipment, unless the provider can demonstrate that such modification or creation of a new policy will fundamentally alter the nature of the services⁵.

Several Illinois agencies are willing to assist facilities to increase accessibility. The Great Lakes ADA Disability Business Technical Assistance Center provides information, materials, technical assistance and training on the Americans with Disabilities Act of 1990 (ADA). They can be reached at 312-413-1407 (V/TTY) or 800-949-4232 (V/TTY). Disability advocacy organizations within Illinois also are willing to assist in increasing accessibility. Illinois' 22 Centers for Independent Living (CILs) work within their communities to bring about positive change in attitudes and accessibility, creating an open and welcoming environment for citizens with disabilities. Visit www.incil.org to find a complete listing of the CILs and a list of the counties they serve. The Illinois Department of Public Health Disability and Health Program will provide additional tips and recommendations in future articles and will provide technical assistance in increasing health care facility accessibility. The program may be reached at 217-782-3300.

Respondents to the accessibility survey were provided a link to the U.S. Department of Justice publication "Americans with Disabilities Act: Access to Medical Care for Individuals with Mobility Disabilities," which can be found at http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm.

NOTE: This survey focused on primary care and pediatric care practices in Illinois. The findings cannot be generalized to other medical specialties or other areas of the country. In addition, the medical practices were selected on the basis of willingness to participate. It is not known how the findings compare to non-participating practices within the state or across the country.

References

1. Brault, M. W. (2012). *Americans With Disabilities: 2010*. Washington, DC: U.S. Census Bureau.
2. Illinois Department of Public Health. (2013). *Illinois Disability and Health Data Report: Demographic and Health Profile of Illinoisians with Disabilities 2011*. Springfield, IL.
3. Lollar, D. J., Hartzell, M. S., & Evans, M. A. (2012). Functional Difficulties and Health Conditions Among Children With Special Health Needs. *Pediatrics*, 129(3), e714-e722.
4. Mudrick, N., & Yee, S. (2007). "Defining Programmatic Access to Healthcare for People with Disabilities." Retrieved April 14, 2014, from <http://dredf.org/public-policy/health-access-to-care/defining-programmatic-access-to-healthcare-for-people-with-disabilities/>.
5. Americans with Disabilities Act, Title III, C.F.R. §28 36.302, September 15, 2010