Effective Communication in Healthcare
Strategies to Meet Your Obligations
Under Disability Law

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Health Resources and Services Administration (HRSA)
Session II Objectives

1. Understand legal obligations
2. Consider examples of communication disabilities
3. Review strategies to help promote compliance
4. Obtain resources
Legal Requirements

Section 504 of the Rehabilitation Act

Americans with Disabilities Act

Section 1557 of the Affordable Care Act

Recipients must take appropriate steps to ensure communication with people with disabilities is equally as effective as communication with people without disabilities.
Disabilities that affect **hearing, seeing, speaking, reading, writing, or understanding** may use different ways to communicate.

Recipients must provide appropriate **auxiliary aids and services** when necessary to ensure effective communication with patients with communication disabilities.
Auxiliary Aids and Services

General requirements – Must provide services:

- At no cost;
- Where it allows an equal opportunity to participate in program or activity; and
- In accessible format, timely manner, and in such a way that protects privacy and independence.

Will vary according to:

- Method of communication used by the individual;
- Nature, length, and complexity of the communication involved; and
- Context in which the communication is taking place.
General Prohibitions

Recipients may **NOT**:

- Require person with a disability to bring another individual to interpret for them;
- Rely on minor child to interpret or facilitate communication (except in an emergency);
- Rely on an adult accompanying person with disability to interpret or facilitate communication (except in an emergency or if person with disability requests it, adult agrees, and reliance on adult is appropriate); or
- Retaliate against an individual for requesting aids or services.
## Limitations

<table>
<thead>
<tr>
<th><strong>Fundamental alteration</strong></th>
<th><strong>Undue burden</strong></th>
<th><strong>Note:</strong></th>
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</table>
| • A change so significant that it alters the essential nature of the goods or services offered by a covered entity | • Significant difficulty or expense  
• Evaluated on a case-by-case basis relative to the entity’s overall resources | • Even if a particular aid or service would cause an FA or UB, you still have a duty to provide an alternative aid or service that is equally effective, if one is available. |
Patients with Visual Impairments

Examples of alternative formats to standard size print:

- Braille
- Large print text
- Electronic format
- Audio recordings
- Qualified reader
## Patients with Visual Impairments (continued)

### Examples of materials that should be provided in alternative formats:

- Medical exam, test, and lab results
- Information explaining diagnoses or treatment
- Prescription medication instructions
- Explanations of informed consent
- Directions on how to manage chronic conditions
- Childbirth preparation resources; prenatal care materials
Patients with Intellectual and Developmental Disabilities (I/DD)

- Allow extra time
- Use repetition
- Ask clarifying questions
- Avoid pretending to understand
- Use pictures/objects
- Provide questions/info ahead of time
Patients who are Deaf/HH

Do not rely entirely on:

- Lip reading
- Written notes
- Interpreters who only use American Sign Language
- Volunteer interpreters
Qualified Sign Language Interpreter

An interpreter who, via a VRI service or on-site appearance, is able to interpret effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary.
Family Members as Interpreters?

No!
Because family members generally:

- Cannot remain impartial
- Do not have appropriate language skills (specialized vocabulary)
- Do not have training to effectively and accurately interpret a medical appointment.
## Auxiliary Aids & Services for Patients who are Deaf/Hard of Hearing

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Qualified sign language interpreters (onsite)</td>
<td>Note takers</td>
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<tr>
<td>Video remote interpreting</td>
<td>Written materials or notes</td>
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<td>Assistive listening systems/devices</td>
<td>Open or closed captioning, including real-time</td>
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<td></td>
<td>Voice, text, and video-based telecommunications systems</td>
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<td></td>
<td>Visual medical aids, charts, diagrams</td>
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</tbody>
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Video Remote Interpreting (VRI) – Legal technology requirements

- Performance standards
- Video/audio quality
- High speed connection
- Clear picture
- Easily understood transmission
Issues with VRI

- Patient is in pain or under the influence
- Size and distance of device
- Patient has visual impairment
- Weak signal/audio
- Multiple deaf individuals cannot all access VRI
- Interpreters cannot see context
Tips for Accessible Print Materials

Use simple and direct language (elementary level).

Use large font.

Use clean and simple fonts.

Do not clutter text with shading, overlays, or use pictures behind text.

Avoid glossy paper; use matte paper.

Ensure sufficient contrast between text and background colors.
Effective Communication Policies and Procedures

- Definition of who is entitled to services
- Examples of services that the entity has available
- How to respond to a request for services
- How long it should take to respond to requests
- Where devices are stored
- Names of subcontractors that provide services
Effective Communication Policies and Procedures #2

- Hours of when services are provided
- Procedures for obtaining services during an emergency
- When to exchange written notes v. call an interpreter
- Who is considered a qualified interpreter
- Language about friends, family, and 3rd parties
- Appropriate times and settings to use VRI
Contact

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