

# Recommendations: PLWH w/ Disabilities

Approved by the Needs Assessment Committee 7.16.19

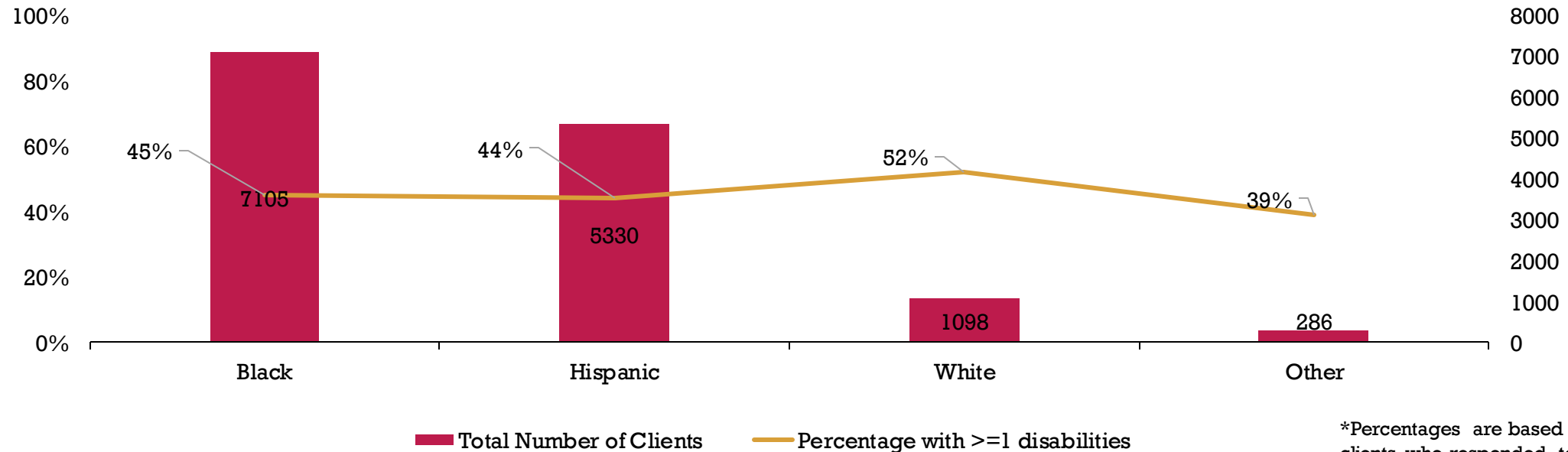


# Disability in Ryan White – 2017

as compiled by Nadine Alexander and the Care & Treatment Unit

At their most recent visit, 6,156 (45%) out of 13,819 clients reported having at least one disability

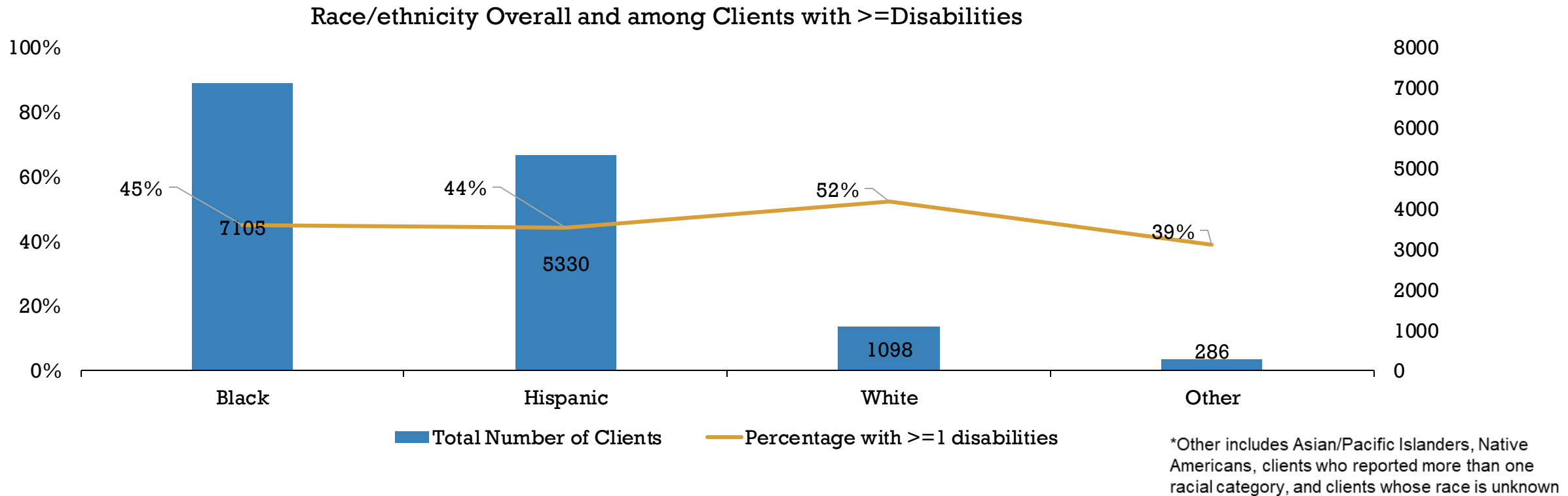
Race/ethnicity Overall and among Clients with  $\geq$ Disabilities



\*Percentages are based on the numbers of clients who responded to the questions

# Disability in Ryan White - 2017

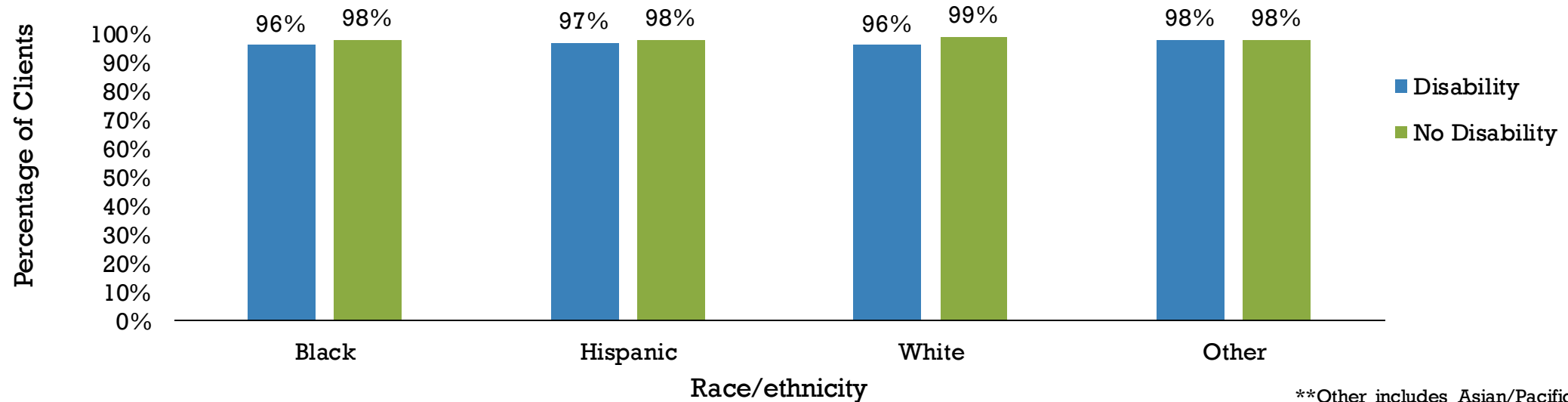
## Race/ethnicity in RW and Disability by Race



# Disability in Ryan White - 2017

97% of all clients were engaged in care (with a disability (96%) vs without a disability (98%))

Engagement among Clients by Disability Status and Race

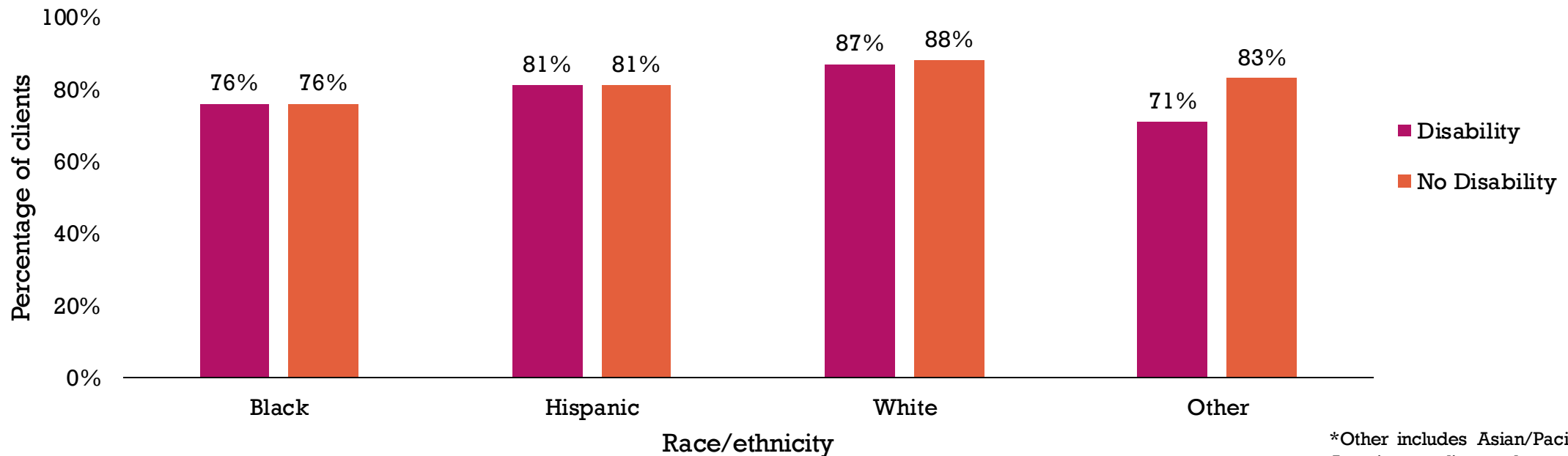


\*\*Other includes Asian/Pacific Islanders, Native Americans, clients who reported more than one racial category, and clients whose race is unknown

# Disability in Ryan White - 2017

Overall, 79% of all clients were virally suppressed (with a disability (78%) vs without a disability (79%))

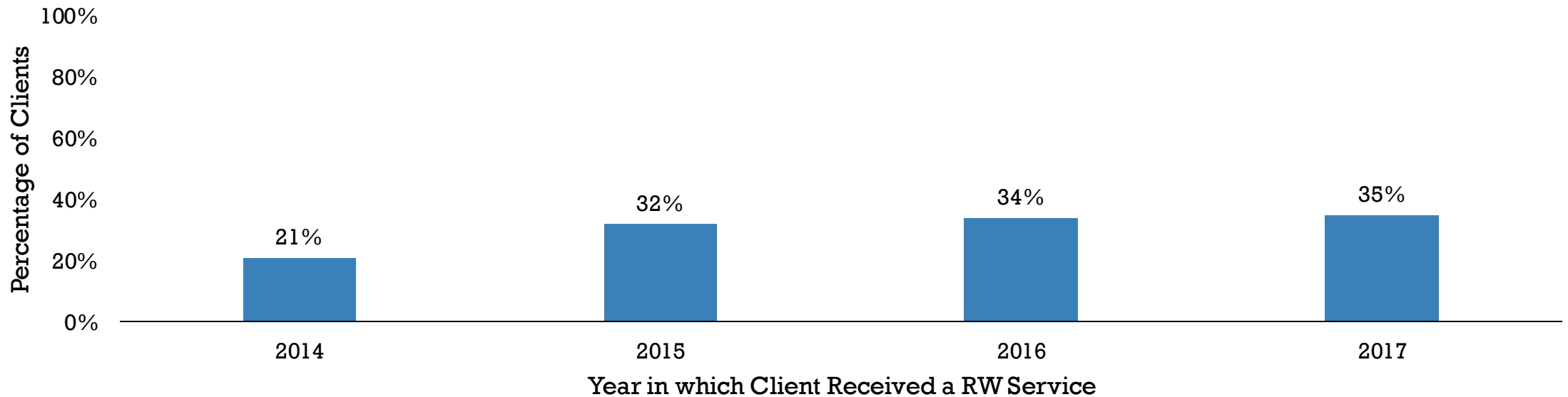
### Viral Suppression among Clients by Disability Status and Race



\*Other includes Asian/Pacific Islanders, Native Americans, clients who reported more than one racial category, and clients whose race is unknown

# Disability in Ryan White - 2017

Proportion of Clients Aged 50 or older, Reporting  $\geq 1$  Disabilities, by Year of Service



\*Percentage is relatively low because the majority of programs started reporting on disabilities in April 2014

# Disability in Ryan White - 2017

## Top Seven Service Categories Serving Clients with Disabilities

Service Category	No. and % of All Clients with 1 ≥ Disabilities*
Food and Nutrition Services (FNS)	1,793 (29%)
Medical Case Management (MCM)	1,173 (19%)
Field Services Unit (FSU)	552 (9%)
Mental Health Services (MHV)	360 (6%)
Legal Services (LSN)	349 (6%)
Non-Medical Case Management for Incarcerated or Release Individuals (NMI)	330 (5%)
Harm Reduction Services (HRM)	305 (5%)

\*The number reflects the total number of clients with at least one disability in the service category, and the percentage reflects the proportion all clients with a disability served by that service category

# Recommendations

## 1. Data Systems

Improve and enhance data collection on disabilities in general throughout the Ryan White Part A (RWPA) portfolio, including all future information systems and screening tools.

- A. Grantee will identify validated screening tools and guidance to improve the identification of disabilities among RWPA clients.
  - i. Ensure that hidden disabilities and disabilities associated with aging are assessed.
  - ii. Ensure that client disabilities are addressed in their service plan.



. THE .  
. FUTURE .  
. IS .  
. ACCESSIBLE .



# Recommendations

## 1. Data Systems (cont.)

- B.** Patient records should include the accommodations needed and ensure that patients do not have to ask for them at each visit.
  - i.** Facilitate the adoption of simplified systems to help raise agency/organizational awareness of this information.



# Recommendations (cont.)

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## 2. Training To Improve Access

The Grantee will ensure RWPA providers are trained on what reasonable accommodations are, and how to provide such accommodations.

- A. Ensure the use of “people-first” language
- B. Ensure providers understand the full breadth of accommodations and are able to identify and meet clients needs.
- C. Ensure that providers treat patients with sensitivity and competence to appropriately identify a patient’s disability.



# Recommendations (cont.)

## 2. Training To Improve Access (cont.)

- D. Use scenarios/experiential learning to bring the experiences of consumers with disabilities to life.
- E. Shift attitudes from “fixing” people to accepting them.
- F. Prepare and encourage providers to integrate people with disabilities into program staff, from peers to full time staff.



# Recommendations (cont.)

## 3. Guidance and Compliance

Provide guidance to help ensure compliance with all relevant local, state and federal laws governing access for people with disabilities. Strengthen Grantee's ability to oversee and ensure compliance.

- A. Provide tools that guide providers on how to conduct appropriate assessments.
- B. Develop a publicly available directory/map of RWPA services that clearly lists disability access available at each service site.



# Recommendations (cont.)

## 3. Guidance and Compliance (cont.)

- C. Accessibility shall be included in the Part A Quality Management Program to increase access to care for consumers with disabilities.
- D. For agencies with websites, recommend agency websites are fully accessible. Provide guidance on where to access technical assistance.
- E. Work with the Mayor's Office on Disabilities to continually update literature, recommendations and guidelines for working with people with disabilities.



# Recommendations (cont.)

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## 4. Resource Guide for Providers

Identify funding resources, support and advocacy organizations, checklists, and guidance that providers can use to ensure ADA compliance

- A. Guide will be updated as needed to ensure that contact information and identified point persons are accurate. Recommend publication (web/print) in an accessible manner: contrast, large font, braille, etc.



# Recommendations (cont.)

## 4. Resource Guide for Providers (cont.)

### B. Guide should include:

- i. Organizations that can provide assistance with modifications to infrastructure (facilities, residences, etc)
- ii. Guidance on universal design<sup>5</sup>
- iii. Validated data collection tools to identify disabilities and appropriate accommodations
- iv. Funding for assistive technologies



<sup>5</sup> <http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/>

# Recommendations (cont.)

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## 5. Access to Assistive Technologies

The Grantee will identify gaps in access for individual assistive technologies and determine mechanisms for assistance (including RWPA) in the acquirement of such technologies, such as hearing aids, wheelchairs, etc. for those who need them.





# Recommendations (cont.)

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## 6. Improved Engagement

Working with providers, consumers, the Council and Grantee:

- A. Recommend providers recruit consumers with disabilities onto Consumer Advisory Boards. Engage CABs in the work of driving improvements for consumers with disabilities
- B. Recommend providers engage consumers with disabilities in planning and service evaluation.



# Recommendations (cont.)

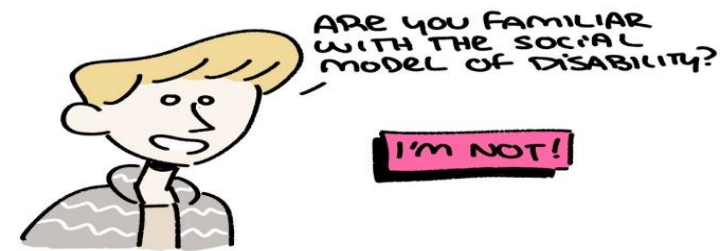
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## 6. Improved Engagement (cont.)

Working with providers, consumers, the Council and Grantee:

- C. The Council's Consumer Committee will take the lead on hosting periodic events with consumers, particularly vulnerable consumers such as those with disabilities, in order to collect feedback on access and other barriers to care toward improving the RWPA portfolio of services.
- D. Provide disability rights awareness trainings to all stakeholders.





WHO'S LEFT:  
**HEALTHCARE + DISABILITY**

THE SOCIAL MODEL OF DISABILITY WAS DEVELOPED IN 1976 BY THE UNION OF THE PHYSICALLY IMPAIRED AGAINST SEGREGATION.



THE IDEA IS THAT AN IMPAIRED INDIVIDUAL IS DISABLED BY A SOCIETY THAT EXCLUDES AND ISOLATES THEM.

