

# EQUITABLE ACCESS TO HEALTH CARE

## How do we achieve equitable communication?

### Why do we need to improve communication?

Communication issues between health care providers and people with disabilities affect the quality of care received by people with disabilities and may lead to adverse outcomes.

- Research shows people with disabilities are more likely to report communication difficulties with health care providers than those without disabilities (28% vs. 10%).<sup>1</sup>

Health care providers may have limited time to communicate with patients, leading to rushed conversations or a lack of clarity on the information provided.<sup>2</sup>

- One study found that the average talk time patients and physicians talk to each other during an appointment is only 5 minutes each.<sup>3</sup>
- The average primary care visit in the United States is 18 minutes long.<sup>4</sup>

Providers often use complex medical terminology that may be difficult for people with disabilities to understand.<sup>5</sup>

- Studies show that medical terminology also poses specific challenges for Deaf individuals who use American Sign Language (ASL) and are at high risk for low reading levels, health terminology recognition, and health literacy.<sup>6,7</sup>

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## What does communication look like?

**44%** of survey respondents reported that it was challenging to communicate with their health care providers. Of these respondents:

- **20%** said their provider did not listen to them or believe them,
- **13%** said their providers do not speak directly to them, and
- **7%** said they were not provided the accommodations they needed (e.g., interpreters, captions, or other aids or services).

**22%** said doctors and staff do not explain what they think about their condition.

**22%** said doctors and staff do not answer all of their questions.

**23%** said health care providers do not involve them in decisions about their health care.



**“I would like people to take more time to talk to me. Doctors sometimes talk to the person with me instead of directly to me.”**

**FOCUS GROUP  
PARTICIPANT**



21% of survey respondents said doctors and staff do not listen carefully to their concerns or symptoms.



Communication issues show up at all points: scheduling, check-in, during appointments, and follow-up.

## Communicating with Deaf and Hard of Hearing Patients



Deaf and Hard of Hearing (HoH) patients said providers often overlook or ignore their need for communication accommodations.

- This makes it difficult to understand their health care and navigate the health system.



Communication before and after appointments was also a concern.



There is a misconception by providers that speaking alone is sufficient for clear communication, disregarding the need for visual clues.



Background noise, such as music, white noise machines, and other people's conversation, all furthered communication challenges.

**“I don't know if I've ever been asked by a provider's office what is the best [way to communicate].”**

**FOCUS GROUP PARTICIPANT**



## Communicating with Deaf and Hard of Hearing Patients

### Patients who are ASL signers



Participants reported delays in care because health care facilities either did not have sign language interpreters available right away or could not provide them at all during urgent situations.



Providers need training on how to work with interpreters.

### Problems with Video Remote Interpreting (VRI)



VRI pulls on-demand interpreters from a virtual pool of interpreters nationwide.



The “random” nature of interpreter assignments leads to challenges due to interpreters who are unfamiliar with regional signs or lack the experience to interpret in high-stakes situations.



Participants frequently experienced malfunctions in VRI equipment/services that prevent effective communication.

Participants described feeling anxiety and stress when presented with VRI, particularly for appointments when on-site interpreters were requested well in advance.

**“Most places want you to use VRI and it’s a problem. That response it’s so upsetting. Like, if I have a heart attack, I could die. That’s scary. They should have it set up so that I can get the interpreting service I need the way I know I need it.”**

**FOCUS GROUP PARTICIPANT**

## Recommendations

- 1 Equip health care personnel with the necessary tools to interact positively with people with disabilities.
- 2 Individuals with disabilities must be represented in decision-making bodies to ensure that communication needs are addressed sufficiently.
- 3 Inform individuals with disabilities of the rights afforded to them.
- 4 Communication devices and technologies should always be working and available to use.
- 5 All communications (e.g., forms, questionnaires, educational materials, instructions) should be accessible, easy to complete, and representative of people with disabilities.
- 6 Consider communication needs and privacy concerns when interacting with patients in health care facilities.

**“The (providers) often treat me in an infantilizing way. They sometimes are unable or unwilling to assist with paperwork that they hand me at the office.”**

SURVEY RESPONDENT

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## For more information:

[www.drme.org/news/2022/health-equity-at-drm](http://www.drme.org/news/2022/health-equity-at-drm)