



EFFECTIVE COMMUNICATION: HEALTHCARE

People who have visual, hearing, or speech disabilities (“communication disabilities”) use different ways to communicate.

Under the Americans with Disabilities Act (ADA), all state and local governments, as well as businesses and nonprofits that serve the public, are required to communicate effectively with people who have disabilities.

As a healthcare facility or provider, what does this mean for me?

All healthcare facilities or providers, regardless of the number of employees and the size of the office, must provide auxiliary aids and services to communicate effectively with people with disabilities. Healthcare facilities or providers include hospitals, nursing homes, psychiatric and psychological services, dentists, and health clinics.

Auxiliary aids and services must be available for both private consultations with patients and public conferences and health education and training sessions held by the healthcare provider.

What are auxiliary aids and services?

Auxiliary aids and services can include a wide range of technologies, such as assistive listening systems and devices; captioning and communication access real-time translation (CART); text telephones (TTYs), videophones, and captioned telephones; and screen reader software, magnification software, and optical readers. To learn more about the latest adaptive technology, contact your local Assistive

Technology Act Project or the Association of Assistive Technology Act Programs (ATAP).

	Examples of auxiliary aids and services
For people who are blind, have vision loss, or are deaf-blind	<p>A qualified reader (someone who is able to read effectively, accurately, and impartially, using any necessary specialized vocabulary)</p> <p>Healthcare information available in large print, Braille, or electronically for use with a computer screen-reading program; or an audio recording of printed information</p>
For people who are deaf, have hearing loss, or are deaf-blind	<p>A qualified notetaker</p> <p>A qualified sign language interpreter, oral interpreter, cued-speech interpreter, or tactile interpreter (someone who is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary)</p> <p>Real-time captioning, written materials, or a printed script of a stock speech</p>
For people who have speech disabilities	<p>Keeping paper and pencil on hand so the person can write out words that staff cannot understand</p>

For people who have speech disabilities (continued from above)	Allowing more time to communicate with someone who uses a communication board or device
For people who have intellectual or developmental disabilities	Using plain language Giving additional response time Providing written information, written checklists, and illustrations or graphic representations

Who pays for the use of auxiliary aids and services?

The healthcare provider should treat the use of auxiliary aids and services as part of the costs of operating a business, as long as the aid or service does not impose an undue burden on the business. If the use of a specific auxiliary aid or service would result in an undue burden, work with the person to determine an alternative aid or service.

Eligible small businesses may claim some tax credits for the use of auxiliary aids and services. Please consult with your tax advisor.

As a healthcare facility or provider, how do I know which auxiliary aids and services to provide?

Ask. Consult with the person with a disability to discuss what aid or service is appropriate for them. If the choice expressed by the person with a disability would result in an undue burden, work with the person to determine an alternative aid or service.

What if the client or customer wants to bring his/her own interpreter (a family member or friend)?

The ADA holds you, the business or nonprofit, responsible for providing effective communication, including the use of interpreters. Family members or friends who act as interpreters often lack the impartiality and specialized vocabulary to interpret effectively and accurately in your field.

There are two exceptions to this rule: 1) in the case of imminent threat, and 2) in situations not involving an imminent threat, an adult accompanying someone may be relied upon to interpret or facilitate communication when a) the individual requests this, b) the accompanying adult agrees, and c) reliance on the accompanying adult is appropriate under the circumstances. This exception does not apply to minor children.

How can we ensure that our front-line staff remains aware of providing effective communication?

- Provide comprehensive and ongoing staff training on effective communication and disability language and etiquette.
- Develop a clear policy and procedure in acquiring auxiliary aids and services to ensure success in implementing policy.

For more information about the ADA, Effective Communication, and Training:

Northwest ADA Center

www.nwadacenter.org

Toll-Free: 800-949-4232, Local: 425-248-2480, Relay: 7-1-1

FAX: 425-774-9303

Email: nwadactr@uw.edu

ADA National Network

www.adata.org

U.S. Department of Justice

ADA Information Line

www.ada.gov

Voice: 800-514-0301

TTY: 800-514-0383

ADA Requirements: Effective Communication

(Detailed fact sheet by the U.S. Department of Justice)

www.ada.gov/effective-comm.htm

About Our Organization

Northwest ADA Center provides technical assistance, information, and training regarding the Americans with Disabilities Act. Information is provided from the regional office in Washington State and affiliates in Alaska, Idaho, and Oregon. Specialists are available to answer specific questions pertaining to all titles of the ADA and accessibility of the built environment. Training staff offers presentations to businesses, organizations, schools, people with disabilities, and the general public.

Northwest ADA Center

800-949-4232 ♦ **www.nwadacenter.org**



NIDILRR

National Institute on Disability, Independent Living,
and Rehabilitation Research

The Northwest ADA Center is a member of the ADA National Network. The contents of this fact sheet were developed under a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DPAD0002). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). The contents of this fact sheet do not necessarily represent the policy of NIDILRR, ACL, or HHS, and you should not assume endorsement by the Federal Government.

Alternate formats available upon request