NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

MODULE : CREATING INCLUSIVE HEALTHCARE ENVIRONMENTS FOR PEOPLE WITH DISABILITIES

Learning Objectives

By the end of this training, participants will be able to:



1. Develop **knowledge** of disability, impairment and disability inclusive health care basics
2. Be aware of the **specific and diverse needs** of persons with disabilities and learn how to address them
3. Learn how to provide reasonable **accommodation**, including disability inclusive **communication** and acceptable **language**, deliver disability inclusive examinations/treatment, and know how to make appropriate **referrals** for persons with disabilities
4. Understand how to obtain informed **consent**, maintain **privacy** for persons with disabilities, and provide **safety and welfare** of persons with disabilities

Overview of the training module

1. Understanding the **needs and experiences** of people with disabilities
2. Creating **inclusive and accessible environments**
3. Developing skills to provide **dignified and respectful care.**

SESSION 1: UNDERSTANDING THE NEEDS AND EXPERIENCES OF PEOPLE WITH DISABILITIES

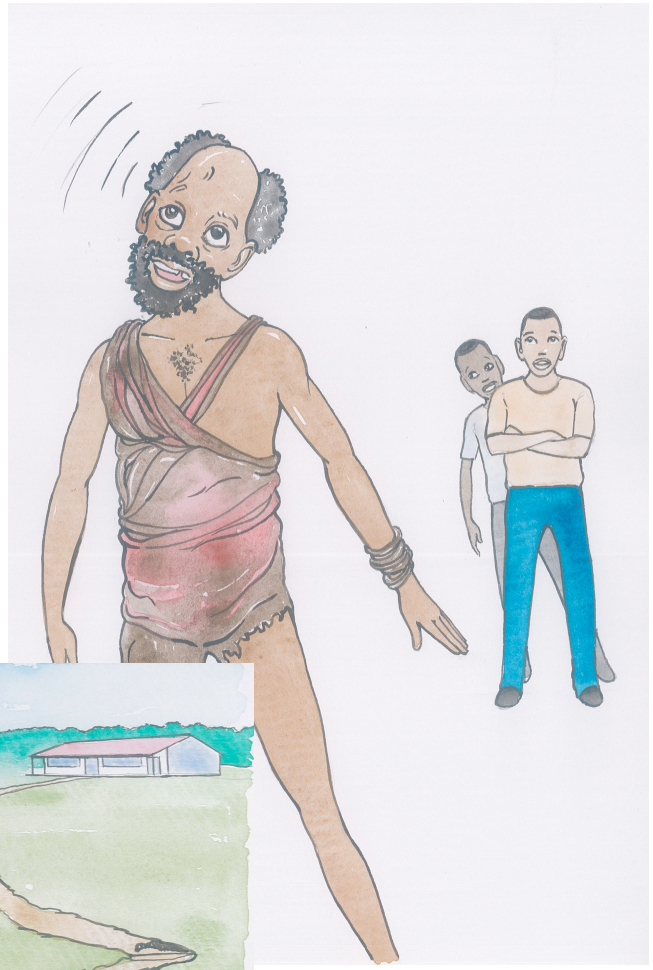
Overview of session 1

1. Understanding disability and its key definitions
2. Overview of the fundamental right to health
3. Activity on identifying barriers to care
4. Understanding the patient care journey

Brainstorming

What comes to mind when you think of **disability**?

What do you see in the **images** to the right?





As a group, discuss…

Key Definitions

Impairment is a physical, mental, or sensory condition that affects the body's structures or organs. Impairments can be **visible or invisible**, including:

- Visual
- Hearing
- Physical
- Intellectual
- Psychosocial or Mental
- Communication

Disability is caused by the interaction between a person's impairment **and the factors in their environment**. It results in difficulties to participate in daily living, school, work, and social life.

1 in 7 people have disabilities, and disability becomes much more common with **age**.

Fundamental right to health

People with disabilities have the fundamental right to equitable access to healthcare, and as health workers, it is our duty to ensure that they receive the same high-quality care and support as any other person.

- In Nigeria, at least **8% (~35 million) the population live with disabilities**, likely to be 15-20%
- Disability inclusive health is included as a priority in Nigeria's :
  - National Health Policy, 2016
  - Discrimination of Persons with Disabilities (Prohibition) Act, 2018
  - National Commission for Persons with Disabilities created in 2020
  - Renewed Hope Agenda producing health for ALL Nigerians

Activity 1: identifying barriers to care

People with disabilities will experience many different barriers across the healthcare journey, including before and after they see you.

In **three groups,** discuss and identify the barriers present in each scenario

Share back: What were the barriers from your scenario?



Scenario 1: Paul is a wheelchair user.



Scenario 2: Alice is a mother with a communication impairment.



Scenario 3: Tendo has a physical impairment and developmental disability.

SESSION 2 : CREATING INCLUSIVE AND ACCESSIBLE HEALTHCARE ENVIRONMENTS

Overview of session 2

1. Creating inclusive environments
2. Using respectful language and communication
3. Scenario activities to understand accessible healthcare environments
4. Main takeaways

Creating inclusive environments

1. **Have inclusive attitudes:** respect, dignity, and equality.

2. **Use effective communication:** information in accessible formats (e.g., braille, sign language, easy-to-read materials) and make accommodations as needed.
3. **Ensure accessibility:** Provide reasonable accommodations. e.g. longer appointment times.
4. **Offer inclusive services:** Consider their preferences, provide support if necessary, and involve them in the decision-making processes.
5. **Collaborate:** Engage with disability organisations, advocates, and experts to enhance disability-inclusive care, address gaps, and improve healthcare services.

Using respectful language and communication

Language best practices:	Communication best-practice:
1. Call a person by their name, not their disability	**1. Look and talk directly to the person with a disability.** It is common to talk to carers only.
2. Disability relevance: Only mention a person's disability when it is relevant to the conversation	**2. Speak in normal tone and avoid condescension,** such as patting them on the head or shoulder.
3. Person-first language or preferred terminology: Ask the person how they prefer to be addressed or use person-first language (i.e., person with Down syndrome)	**3. Ask why they have come to see you,** do not focus on the impairment, as this may not be why they are seeking your care.
4. Avoid terms like "normal" or "healthy" to contrast disability. Instead, use neutral terms such as "people without disabilities"	**4. Ask them upfront about their preferences.** Each person may have unique methods or tools they use to communicate (e.g., writing notes, using gestures). Don't rush conversations.
5. Avoid acronyms: Do not reduce people to acronyms like PWDs (People with disabilities)	**5. Don't ask intrusive questions** that you wouldn't ask non-disabled people (i.e., how did you get pregnant?)

Accessible healthcare environments: Scenario 1

Situation:
Mariam is pregnant and uses a wheelchair. She needs antenatal care.

For discussion:
What can you do to provide care for Mariam?



Accessible healthcare environments: Scenario 2

Situation:
Hassan has come to an HIV clinic for treatment and has a hearing impairment

For discussion:
What can you do to provide care for Hassan?



Summary: creating inclusive environments

1. Establish rapport
2.Communicate directly
3.Understand their preferred communication style
4. Respect their expertise
5. Ensure understanding
6. Obtain informed consent
7. Provide accessible information
8. Explain physical examination

Remember, **patient-centered care** is about recognizing the individuality of each person with a disability and tailoring your approach to meet their specific needs and preferences.

By promoting **effective communication and respecting their autonomy,**

you can provide inclusive and high-quality healthcare services.

SESSION 3: DEVELOPING SKILLS TO PROVIDE DIGNIFIED AND RESPECTFUL CARE

Overview of session 3

1. Ensuring consent and privacy
2. Activity 2: ensuring respectful care
3. Activity 3: Identifying common referral points
4. Counseling and advocacy as a health worker
5. Session wrap-up

Ensuring consent and privacy

Informed consent

- **Clear Communication:** Use simple words and pictures to explain procedures, like surgeries or tests
- **Respect Choices:** Let the person decide if they want treatment or not, and take time for them to think about it
- **Understanding Risks:** Talk about what might happen with treatment, like side effects or things that could go wrong
- **Agree to Treatment:** Before doing anything, make sure that the patient says it is okay and understand what's going to happen

Maintain privacy

- **Private Conversations:** Have talks with the person in a quiet room where no one else can listen
- **Respecting Personal** Information: Keep their medical information secret, do not share it with others unless they say it is okay and you need to in order to provide quality care
- **Privacy During Exams**: Use curtains or screens during check-ups so nobody else can see what is going on
- **Getting Permission:** Always ask before sharing any information about their health with someone else, like their family or friends.

Activity 2: Ensuring respectful care

Share with the group:

How would you communicate with these patients?



Mariam is a child who is blind. Her caregiver is seeking care for her stomach ache.



Phiona is a woman with albinism. She has a painful ankle.

Activity 3: Identifying common referral points

Context:
A key objective of training is to empower health workers to **connect people with disabilities to care**.

Referrals are a key part of ensuring health systems expect, accept, and connect people with disabilities.

Activity:
In your small group, brainstorm and list potential referral points for one scenario, considering both community based resources and larger clinics/hospitals or organizations.

Scenarios:

1. A person with a physical impairment requiring specialized rehabilitation Services
2. A boy with an intellectual disability with malnutrition
3. An older man with a hearing impairment requires sign language interpretation services for medical consultations.

Counseling and advocacy as a health worker

Health workers can act as **partners in improving accessibility** and **counsellors** in improving care by:

- **Advocating** with people with disabilities to support motivating change in their communities, particularly around accessibility and inclusion
- **Counselling** people with disabilities on health problems and finding solutions that are accessible to their needs (e.g., inclusive forms of exercise)
- **Encourage and motivate** people with disabilities about their health needs and support available to them

Session wrap-up

- **1 in 7 people are people with disabilities**, which may be visible or invisible
- People with disabilities deserve **dignity, respect, and equal access** to healthcare
- Health workers have a **duty to provide accessible care** for this patient population, including adapting communication styles, examinations, and information to ensure equal treatment
- Practicing inclusive healthcare means creating an inclusive environment, using respectful **language**, good **communication**, and practicing **consent and privacy**



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