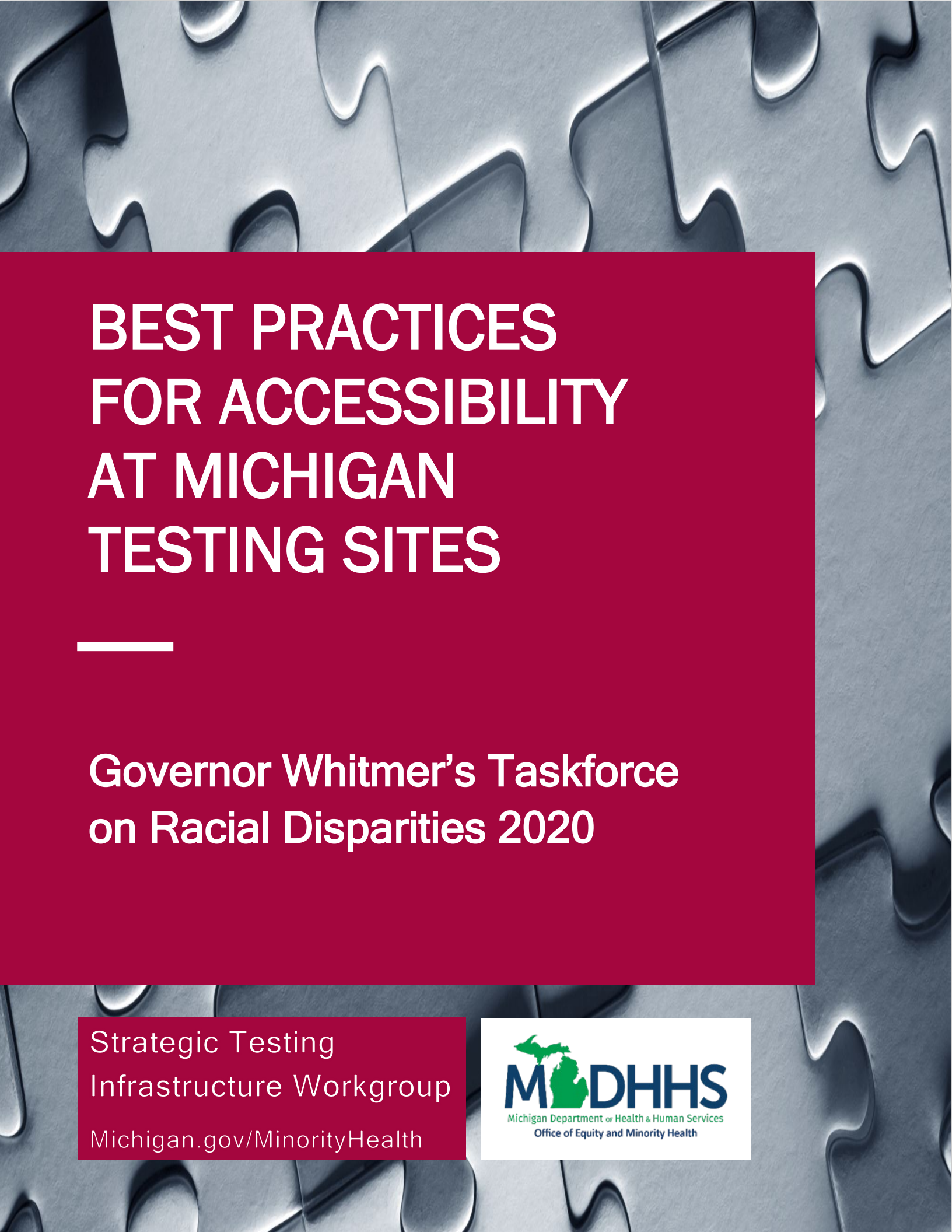

# BEST PRACTICES FOR ACCESSIBILITY AT MICHIGAN TESTING SITES

## Governor Whitmer's Taskforce on Racial Disparities 2020

Strategic Testing Infrastructure Workgroup

Michigan.gov/MinorityHealth

MDHHS
Michigan Department of Health & Human Services
Office of Equity and Minority Health

# COVID-19: Best Practices for Accessibility at Michigan Testing Sites

## Executive Summary

### *Brick and Mortar Testing Sites*

The Michigan Department of Health and Human Services (MDHHS) and the Michigan Coronavirus Racial Disparities Taskforce, Strategic Testing Infrastructure Workgroup are working to increase Michigan's COVID-19 testing capacity. One of many strategies is to open 20 brick and mortar neighborhood test sites across Michigan focused on serving marginalized communities. Neighborhood test sites are unique in following a set of guiding principles as paramount pieces of the strategy: ascertain equitable data to inform sites' locations, trust, relationship-building, and community collaboration, engagement, and empowerment.

We elevate the importance of testing sites being accessible to all. We affirm that accessibility is relevant to each of us and our loved ones as we live longer. Many modifications originally designed for people with disabilities have yielded benefits for everyone. To achieve this goal, we have partnered with approximately 15 disability organizations across the state and applied the following **equity framework** to guide our efforts in increasing accessibility at testing sites:

1. Cultural or Communication Brokers: Use trusted disability networks and individuals to communicate new neighborhood test site opportunities among people with disabilities.
2. Local Community Ambassadors: Locate local community ambassadors (through our partners) who can work with our neighborhood site's community empowerment group in promoting the new sites to ensure that they are physically and operationally accessible based on specific demographic needs (including terrain, walkability, infrastructure, sensory and touch needs, language, etc.).
3. Best Practices for Accessibility at Michigan Testing Sites Report: Leverage the collective wisdom and expertise from key stakeholder and leader interviews in the disability field across the state of Michigan, as well as research to develop general guidelines for accessibility at Michigan testing sites. Key stakeholders and leaders also reviewed and vetted the final draft.

For information on accessibility at drive-thru testing sites, read this resource from the Northwest ADA Center.

## *A Snapshot: People with Disabilities in Michigan*

In 2016, the overall percentage of people with a disability of all ages in Michigan was **14.5 percent**.

- 28.2 percent of adults in Michigan have some type of disability.
- An estimate of 7.4 percent of Michiganders identify as Deaf, Deafblind and Hard of Hearing (DDBHH), and most of this population identifies as hard of hearing.
- Wayne County has the greatest number of people with disabilities (283,631 people).
- The average number of people with disabilities across all counties was 16,633.

In 2016, the Michigan race and ethnicity prevalence of disability for working-age people (ages 21 to 64) was:

- 12.2 percent among Whites
- 19 percent among Black/African Americans
- 11.2 percent among Hispanic Latino/x
- 5.1 percent among Asians
- 26.2 percent among Native Americans
- 15.6 percent among persons of some other race(s)

The intersection between race, ethnicity and disability is inevitable. Despite some historical progress individuals with disabilities continue to experience significant, disproportionate and inequitable health outcomes. When discussing the compounding effect of being both a racial and/or ethnic minority and a person with disabilities, the disparate outcome can be much worse. It is incumbent upon Governor Whitmer's Task Force on Racial Disparities to help eliminate continuing health disparities, including socioeconomic, political and environmental determinants of health, experienced by marginalized populations.

# Glossary of Terms

## ACCESSIBILITY

Accessibility is the ability to access or benefit from a system, service or entity, whether or not one has a disability; including physical environments, transportation, communication, technology, attitudes, etc.

## COMMUNITY EMPOWERMENT

Refers to the process of enabling communities to increase control over their lives. Communities are groups of people that may or may not be spatially connected, but who share common interests, concerns or identities.

## CULTURAL COMPETENCE

The ability to interact effectively with people of different cultures to ensure the needs of all community members are understood and honored. It means to be respectful and responsive to the beliefs and practices of diverse population groups.

## DISABILITY

A physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

## EQUITY

Fair and just treatment, access and opportunities for all people while building better outcomes for historically and currently disadvantaged populations.

## INTERSECTIONALITY

A theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression.

## LINGUISTIC COMPETENCE

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

## NEURODIVERSITY

The idea that neurological differences like autism spectrum disorders are the result of normal, natural variation in the human genome.

## PLAIN LANGUAGE

Writing style is clear, concise, organized, and jargon-free to help people understand information.

## RACE EQUITY

The condition where one's racial identity has no influence on how one fares in society. An inclusive approach to transform structures toward access, justice, self-determination, redistribution, and the sharing of power and resources.

# For Test Providers and the Public: Guidelines and Best Practices for Accessibility at Michigan Testing Sites during COVID-19

The application of a race equity and intersectionality lens is essential to reducing COVID-19 cases and deaths. The following guidance on accessibility is derived from a *Targeted Universalism* framework that centers equity by designing both universal goals and tailored strategies for the intended population, in this case: individuals with disabilities. When targeted universalism is implemented, society as a whole benefits. Below is a list of protocols and best practices to ensure accessibility for individuals with disabilities.

## Proposed Protocols to Increase Accessibility at Testing Sites

- Add an accessibility filter to the state COVID-19 test site finder to inform readers about the level of accessibility found at each site (e.g. wheelchair user access, flat terrain, signage in large print, communication in ASL, interpreters on site, etc.).
- Collect, analyze and report COVID-19 cases and deaths with disaggregated data on disability.
- Standardize foundational cultural and linguistic competency training for medical staff and volunteers serving people who are Deaf, Deafblind and Hard of Hearing (DDBHH), have sensory and touch differences, or other disabilities.
- Complete an accessibility evaluation of all sites. Use results to guide possible accessibility modifications.
- Require linguistic competence around spoken language access, American Sign Language (ASL) qualified interpreting, ASL videos, public service announcements, and FAQs communication for the DDBHH, availability and use of clear masks (or those that allow for visibility of the mouth) or face shields at testing sites on request for people who are Deaf, Deafblind and Hard of Hearing and where the ability to see the mouth is essential to communication
- Implement the use of plain language through easy comprehension tools like videos, visual, handouts and infographics that follow accessibility requirements outlined in Section 508 of the Americans with Disabilities Act (ADA).
- Promote expanded testing criteria so that caretakers, support service providers, aides, drivers, etc., get tested when accompanying an individual to the test site.
- Consider social determinants of health in testing strategy. Link people to other resources.
- Establish a scheduling system for people using paratransit or dial-a-ride services to make necessary transportation arrangements to testing site and back home. Inform individuals about appointment duration – transportation services will ask for this information. Transportation is a major concern for people with disabilities.
- Allocate funding for accessibility.
- Promote testing site locations to be near public transit are accessible to many people who cannot drive or do not own a car. Many individuals with disabilities rely on public transportation.
- Adopt the COVID-19 Intake Disability Form and use in daily operations.

# Accessibility/Accommodation

The Americans with Disabilities Act (ADA) requires physical infrastructure and organizational services are accessible for people with disabilities.

## ACCOMODATION REQUESTS

- Explicitly communicate physical accessibility that can be found at test sites.
- Offer to take accommodation requests by phone, email and on-site.
- Promote the use of an appointment system so that individuals can request accommodations when scheduling an appointment and at the point of registration. This will also permit individuals to make other arrangements around transportation, caregiving, etc.
- Promote accepting walk-ins as a barrier reduction strategy for individuals who do not have access to a phone line, adequate technology or internet.
- If online appointment scheduling is permitted, ensure that the website is accessible.

## OUTSIDE

- Add signage at physical sites to denote level of ADA accessibility at each neighborhood test site. Signage should also display mask wearing requirement.
- Ensure accessible and clearly marked parking.
- Provide an accessible path of travel from parking lot into building, free from stairs or rough terrain, wide enough and without obstructions.
- If there are multiple entrances, have clear signage indicating which entrance is accessible.
- Directional or informational signage should be in large font with bold contrasting colors.
- If you are providing American Sign Language (ASL), a prominent sign with the ASL logo is helpful.

## INSIDE

- Add signage to display mask wearing requirement as well as hand washing or disinfectant stations.
- Entrance must be stair-free and wide enough to accommodate a wheelchair (32 inches minimum, 36 inches is better).
- Automatic door buttons are ideal.
- Door handles that can be operated with a closed fist are accessible to the most people. If door handles are not accessible, leave doors wide open.
- Path of travel inside the building should be wide enough to accommodate a wheelchair and must not have steps or obstacles.
- Bathrooms should be accessible, with at least one stall wide enough for a wheelchair and with a door that swings out to open, rather than in (so it can close once the wheelchair is in). Grab bars are also essential, as is being able to reach the sink, soap, paper towels or dryers.
- Create priority lines for people with disabilities, pregnant persons, and the elderly so they do not have to stand and wait as long or around many people. An alternative is to provide space and opportunities to rest while in line.
- Set up a private and COVID-free space to make accommodation requests, read instructions for people who need it, space to move around within the testing site and to await transportation or a caregiver.
- Ensure there are chargers for power chairs and other devices.

## Community Empowerment

- Involve the disability community in decision-making, planning and implementation from the beginning.
- Use communication brokers within the intended populations' network to validate and promote the neighborhood test site. Trust is built when the voice promoting the site is respected, such as an individual with disabilities or those who have extensive experience with individuals with disabilities (caregivers, seasoned clinicians, advocates, etc.).
- Provide information on what will happen before, during and after a test so that individuals can make informed decisions and self-advocate more effectively.

## Effective Communication (Linguistic Competence)

The American with Disabilities Act (ADA) requires that Title II entities (state and local governments) and Title III entities (businesses and nonprofit organizations that serve the public) communicate effectively with people who have communication disabilities. The rules apply to communicating with the person who is receiving the covered entity's goods or services as well as with that person's parent, spouse, or companion in appropriate circumstances.

### NORMALIZE TERMINOLOGY

- Careless use of population-based terminology - like handicapped, deficient, crippled, crazy, special, stricken, etc., is dehumanizing and can deter testing.
- Promote education on culturally competent language and the person's first language – such as a person with a disability, a person with an atypical brain, an individual with an amputation, etc.
- Put people first and not their condition. People may have a disability, but they are **not** the disability. When in doubt, kindly ask people about their preferences.
- Explain medical terms and procedures before, during and after testing.

### USE PLAIN LANGUAGE

- Communicate using plain language tools like handouts, videos, visuals and infographics with key information. Straightforward plain language is accessible to more people.
- Ensure you have large print versions of key documents available; in general do not use less than size 12-point font (16-18 is considered large print), use bold contrasting colors; if possible, have key documents in braille (though electronic documentation can also be sent to patients who are blind and have computer access and a screen reader).

### COMMUNICATION PROCESS

- Communicate clear information about what will happen before, during and after the test. Make sure both the site staff and the individuals being served know what will happen. Include caregivers, aides, support persons and/or family members. Clear information and instructions of what to expect will help thoroughly prepare the individual to have a successful testing experience.
- Provide information to ensure safety measures are explained – some families do not have access to media or are very busy providing care and may not be aware of standard precautions.

- Communicate effectively cross-culturally.

## PEOPLE WHO ARE BLIND OR HAVE LOW VISION

- State your name and role clearly. Repeat this introduction if there are multiple personnel involved so that the community member being tested can identify who is talking to them.
- Verbally describe each step of the procedure, using specific directional words like “left” and “right,” etc., instead of “here” and “there.”
- Provide written materials in high-contrast large print, Unified English braille, and as text-only files that can be emailed to the person.
- If written materials are laminated or plastic, use low-glare coating whenever possible.
- Provide adequate, dimmable, directional lighting for all items that require close-up reading.
- Offer to read documents aloud to the person.
- Offer to handwrite for the person to fill out a form, etc.
- To mark a signature area, use a plastic signature guide (which can be disinfected).
- Establish additional protection and sanitation protocols for individuals who must touch and rely on things like tactile signing and are unable to observe the recommended guideline to keep six feet of distance.

## DEAF, DEAFBLIND, AND HARD OF HEARING

- Use the Deaf and Hard of Hearing infographic tool to facilitate communication at testing sites.
- People who are Deaf and Hard of Hearing, and those who care for or interact with a person who is hard of hearing, rely on facial expressions, lip reading, and/or sign language for communication. When communicating, make sure to face the individual and that your mouth is not blocked by any object (including hands, gum and food).
- Consider using a clear face covering/mask to prevent spread of coronavirus. If a clear mask is not available, consider whether you can use written communication or closed captioning.
- Test sites must have equipment (protective barriers like clear masks or face shields) as well as appropriate use procedures to serve deaf and hard of hearing populations who would have difficulty communicating without the ability to read lips per Executive Order 2020-64: not only sign language must be provided upon request, but also Personal Protective Equipment (PPE) for the interpreter in case of in-person encounters.
- Some individuals may prefer and/or need an in-person interpreter. Parameters for safe practices must be developed in this case.
- If ASL is a possibility, make sure to put the ASL symbol on your website and other materials. Not knowing if ASL interpreting is available may discourage some from seeking testing.
- If ASL interpreters cannot be on site, video remote interpreting (VRI) should always be available.
- *All* of the following specific VRI performance standards must be met:
    - Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;
    - Sharply delineated image that is large enough to display the interpreter’s face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position;
    - Clear, audible transmission of voices;
    - Adequate staff training to ensure quick set-up and proper operation; and

- Necessary technology devices for VRI, including iPad/tablets, laptop, or computers.

## Cultural Competency

### STANDARDIZE DISABILITY ETIQUETTE

- It's okay to ask someone with a disability if they need assistance. If accepted, ask what kind of help they need. Remember that, by and large, people with disabilities know what they need and are capable of doing many things better than anyone can provide.
- Ask for permission before you touch a wheelchair, walker, dog, communication device or anything else a person may use.
- Talk to people at eye level, including those using a wheelchair, you can sit down next to them so they don't have to crane their neck. Remember the wheelchair is part of the person's personal space.
- When talking with someone who has speech differences, make sure you understand what they are saying. It's better to ask them to repeat themselves than to risk miscommunication. Whatever you do, never pretend to understand. Be patient. If necessary, use another method of communication such as paper and pen.
- Talk directly to the individual instead of to their caregiver, interpreter or support service providers.

### FOLLOW CULTURAL COMPETENCY PRINCIPLES

- Treat everyone with respect.
- Work to improve attitudes and reduce biases about the individuals who are being served. For instance: do not assume people with disabilities are incapable or incompetent; do not assume they wish they did not have a disability.
- Establish a defined set of cultural competency values and principles, and demonstrate behaviors, attitudes, policies and structures that enable staff to work effectively cross-culturally.
- Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations, and communities served.
- Increase cultural knowledge about the populations served.
- Understand a population's traditional health beliefs, values, and practices and changes that occur through acculturation.

## Sensory and Touch Diversity

- Some individuals, like people who are neurodiverse, may experience sensory and touch issues that can escalate and be perceived as threatening. Even wearing a mask and taking a swab test could be challenging or daunting for some.
- Provide training on how to work in ways that acknowledge and support different sensory and touch needs.
- Care coordination with those who support the individual may be needed. Ensure that the individual being tested knows they can be accompanied by someone trusted, including: a family member, community navigator, aide, regular caretakers and/or through patient care coordinators.

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