Cara Pelletier:

The buildings are what they are. So how can you get creative in making sure that you do have equitable access for everyone?

Announcer:

In this mini episode of Tim Talk, we return to Tim's conversation with Cara Pelletier from Disability IN and to Jessica Shaffer, Director of Health Equity, Northern Light Health, to discuss how to make buildings more welcoming spaces for employees and patients with disabilities.

Tim Dentry:

So I know one of the challenges being in the Northeast, probably being anywhere, actually, is that we have older facilities. Some of our community services are in older buildings. Some of our practices, for example, our doctor practices. In fact, over the past few years though, Northern Light has updated some of our rural hospitals to be more efficient, modern, and accessible. So accessibility and that kind of sensitivity were key parts of the design of those campuses, and especially in Blue Hill and Greenville. So, Cara, do you run into this with businesses you consult with and how do you address it, that sort of physical space aspect of that?

Cara Pelletier

Yeah, it's a great question and it is a common challenge. So again, the ADA was signed... The Americans with Disabilities Act was signed in 1990. Think about how many buildings you see around you, whether it's healthcare buildings, municipal buildings, schools, libraries, other public spaces were built far prior to that date. So the Americans with Disabilities Act allows for flexibility and creativity in how you bring facilities into compliance. For example, if you're doing a renovation and there's a piece of accessibility that you want to build in but it exceeds kind of a pre-established threshold for how much more money that would cost, there's some flexibility in how you do that. So it's recognizing that a lot of what we have as a country wasn't purpose-built to be fully accessible and that the goal is to remove barriers. But again, as we've talked about, it doesn't always require costly renovations.

For example, can you relocate services to more accessible parts of the building, or in some cases just adjust how services are delivered to better meet patient needs? But I believe that accessibility is an ongoing conversation. It's not a one-time fix. So it's important to have a really clear process for collecting and acting on patient feedback. Can you regularly ask patients what accommodations they need? To your point, can you ask folks before they're bombarded by the healthcare environment, because you'll get the best response possible? And it might just be accessible signage or making adjustments to service locations. But really knowing that you are open to receiving feedback, that there's a mechanism by which people can provide it and that you are responsive to it, even if the response is, "I'm sorry, this part of the building has these challenges, we're looking into renovating it in five years." People want to know that they're being heard and listened to and that the buildings are what they are, so how can you get creative in making sure that you do have equitable access for everyone?

Tim Dentry:

Thank you so much, Cara. Jessica, is there anything you would add to this from a healthcare system point of view?

Jessica Shaffer:

I think Cara actually summed up what I was thinking in terms of this question in that when thinking about how we improve our facilities or build new facilities, whatever the case may be, I think that aspect of codesign and getting the perspectives of patients with disabilities or their caregivers in terms of the facility

updates, the facility layout, and making them an active part of the process can be so important to informing how we can better create these facilities to accommodate those needs. And I'd even take it a step further beyond just the physical facility to say that a lot of the infrastructure we set up in healthcare, whether it's our health records or patient registration mechanisms, isn't always accessible to folks. And so I think involving them in those conversations as well can be really important. So yeah, I think definitely agree with Cara that co-design with people that are living these experiences is so important.

Cara Pelletier:

Jessica, that's such a great point, and I'm so glad you brought it up. People with disabilities are the best judges of what we can and cannot do and what we need. And so we have a saying in the disability community, nothing about us without us. So if you are designing something on our behalf, include us so that we can help inform you about what that should look like to be as accessible as possible for everybody.

Jessica Shaffer:

And also, I think contributes to that, we've talked a lot about inclusivity and how do we make patients with disabilities feel more included in their healthcare experience? And what a great way to do that is by just asking them, "How can we make the physical, the infrastructure experience better for you?"

Announcer:

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