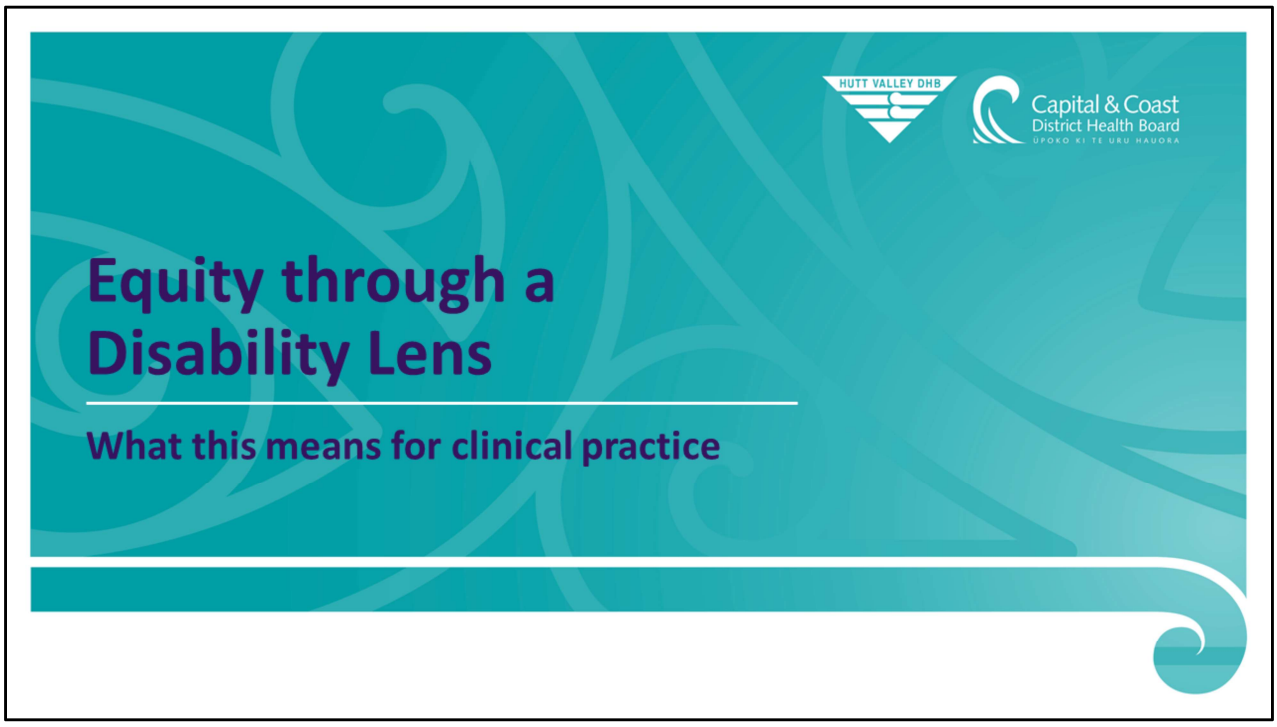

Introduce ourselves –

- Michelle Graham, Senior Nurse & Disability Nurse Educator. I am a person with MS.
- Shannon Morris, NZSL Project Lead & Disability Educator. I am Deaf since birth.

During our presentation, we will also cover:

- Understanding disability
- Reasonable accommodation
- Unconscious bias

Understanding disability

UN Convention on Rights of Persons with Disabilities (2006) states that:

Persons with disabilities include those who have long term physical, mental, learning, sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

It is the barrier that creates disability

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Note people often have **more** than one type and may develop more as they get **older**.

Individual needs **change**. Some people with disabilities may not be visible.

The Health care team have a **legal obligation** to respect, promote and fulfil the rights in the Disability Convention.

This includes at the DHB, PHO's, Public Health, NASCs etc. and the MOH.

This includes allied staff, non clinical staff, as well as our clinical team.

What is equity?

The MOH's definition of equity:

"In Aotearoa New Zealand, people have **differences** in health that are not only avoidable but *unfair* and *unjust*.

Equity recognises different people with different levels of advantage require **different approaches** and resources to get equitable health outcomes".

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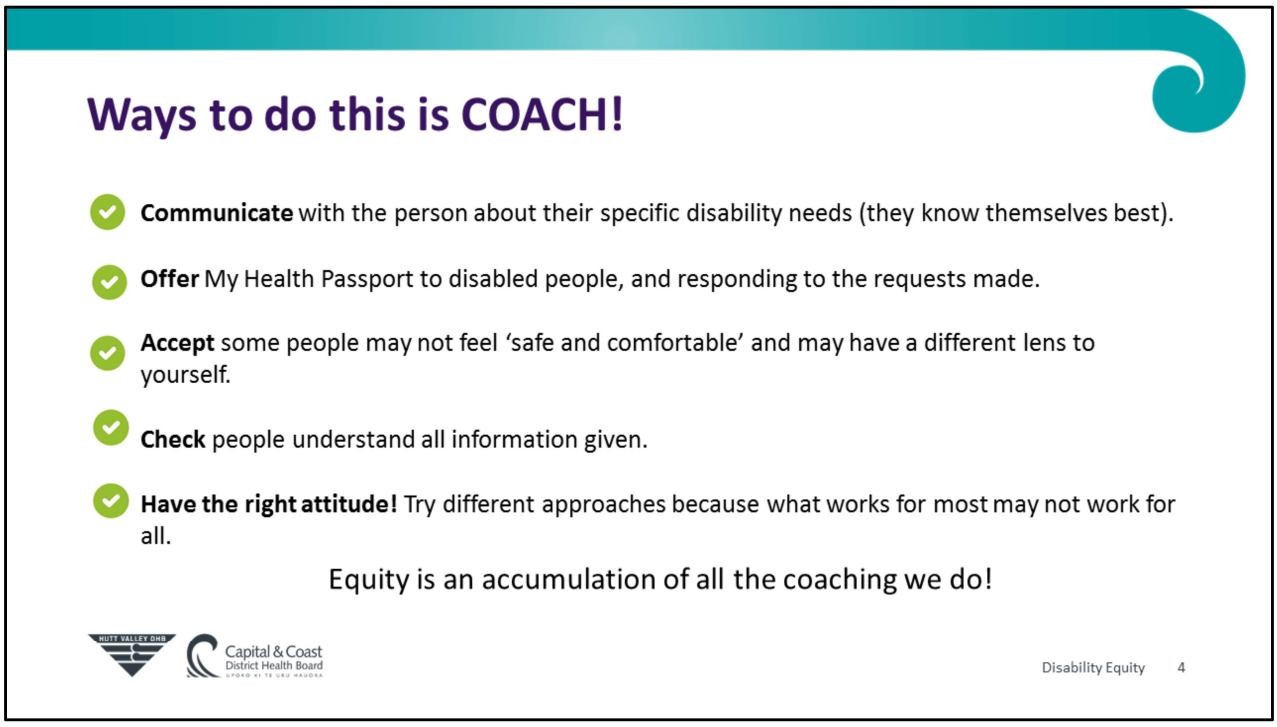
Disability Equity 3

Disabled people may potentially experience **unfair** treatment because of things such as how they **look** or **think**, or their **reliance** on a guide dogs, wheelchairs or other **remedial** means.

CCDHB (2020) did a pro equity commissioning study that says we need organisation health equity by 2030!

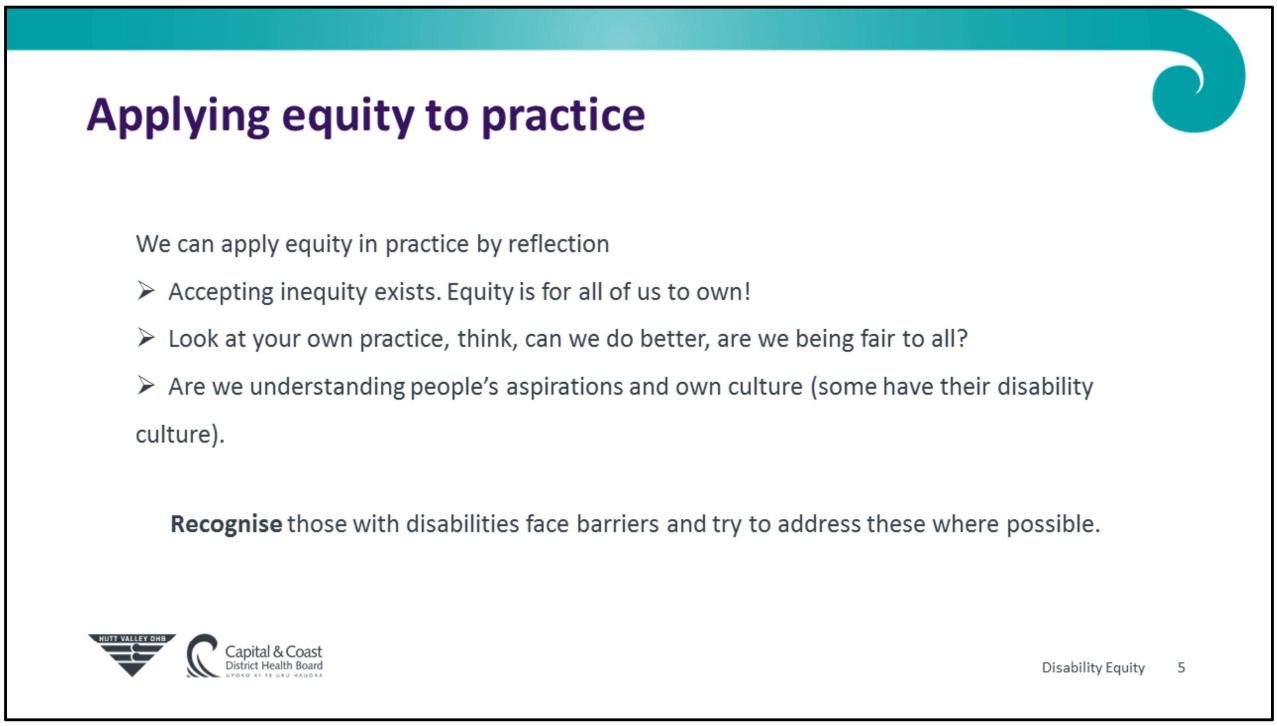


Achieving equity takes a village!
An equitable playing field is essential to improving health outcomes for Maori, Pacific, Disabilities and others.

Clinical staff can personalise care, ie

- If a person requests a quiet room then try to accommodate.
- If they need transport organised this can be done in advance.
- If a person is Deaf or hard of hearing give a small wave at them to get their attention and note on their file not to call but text

The list is endless as no two people are the same.



Reflective practice has been part of Health professionals practice a long time, (Gibbs Reflective cycle, 1988). Reflection is critical for professional growth!

We know **"The need to provide safe, quality care is not only a professional responsibility; it is also a legislated one".**

Each service has different things they can do, however we have an obligation to figure we can each do.
1.1 in NURSES PDRP we have to "Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements."

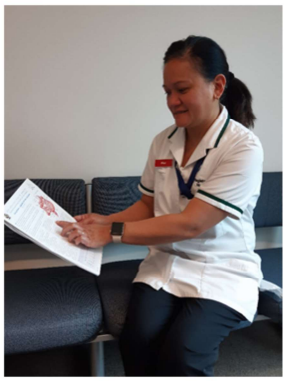
Making accommodations – you can make adjustments to practice to make the health care journey safe and comfortable.

Experiences by Deaf patients:
- midwife 'finger tapping' Deaf pregnant mother of her baby's heartbeat
- post natal experience (no alarm, nurses coming in and tapping on shoulder to wake up – before baby cry alarm arrived), communication tactics – not always having an interpreter, but used paper and pen, nurses station were aware of having Deaf visitors

and father, they could not access the intercom, so they had to press the button and wave at camera, or wait for the door to be opened.

Disability Equity e-Learning

- **New** 30min online learning on Connect Me, Ko Awatea and Ministry of Health's Learn Online platform.
- 3 modules; Disability Explained, Engaging with People and Working with People.
- Core requirement for all staff.
- The intent is to promote appropriate interactions and updated with the rights based language and mind-set.



Disability Equity 7

Are you aware of this online learning resource we have established?

This module is important for you to get familiar of our disability world, this will support your learning and gain an increased understanding when interacting with people with disability.

The contents are all developed and gathered by people with disabilities accessing our health services and we have extensively reflected these in the modules. Each module is approximately 10 minutes, there are three modules to complete.

We are **challenging** you to do this module. **There are no barriers to be able to do the eLearning.**

This can be accessed via ConnectMe (CCDHB), Ko Awatea (HVDHB) and Ministry of Health's Learn Online platform.

What is Reasonable Accommodation?

Reasonable accommodation means adapting the way services are delivered so they are accessible to people with impairments.

Think about what is needed to have a successful interaction.
For example organising NZ Sign Language Interpreters.

Can you think **HOW** your department can provide reasonable accommodations? And if not possible, what are the options?

Disability Equity 8

Reasonable accommodations (not about housing) is a United Nations phrase from the Convention of Rights that NZ supports.
Healthcare providers must "**take reasonable measures**" to ensure the equal treatment of all. This is elaborated in the eLearning module.

For example, we have a colleague in our team that **USES** a wheelchair, so we have to ensure our facilities are accommodating his needs from his arrival upon parking at an accessible car parking space and navigating to his desk. Ensuring the journey's environment is accessible, like things he needs where he can reach, having an accessible bathroom.

This applies to any environment – including your health service facilities, is there an accessible bathroom? Is there a hoist to move the person?

If these are not possible, what other reasonable accommodations are you able to deliver to ensure the patient with a disability's experience more meaningful and positive?

What can you do in your area to remove barriers for people to receive equitable health care?

You can make reasonable accommodations!

- Be open minded to accommodate differently, just **COMMUNICATE** what is needed. Listen and respond.
- Read the alerts and My Health Passport.
- Consider learning basic NZSL.
- Know how to book interpreters, equipment and the resources the DHB has.

Have you ever talked to the persons support worker or interpreter, rather then the patient?

Disability Equity 9

Disabled adults were 6.1 times as likely as non-disabled adults to have experienced psychological distress. **How can you accommodate for this**?

Info about how to book interpreters here will be explained shortly. Type Deaf on the intranet to obtain information and resources. This page also has useful video resources on interacting with Deaf people.

Examples are:

- Accommodate by planning meeting an interpreter for the first time – Where will you sit? Is the room large enough for the patient, their support persons, an interpreter and staff. How will the room be organised (eg: lighting), all of these factors is important for you to communicate with the Deaf patient to ensure their needs are achieved.
- Check if the patient has a disability alert on their file, and check what requirements there are.
- My Health Passport, if the patient has this, ask and allow time for you to go through their notes, preferences and assistance required before you undertake any consultation.
- Handover notes – communicate with your team upon handover, ensure there are notes on the patient's file around accommodation requirements.
- Put visual notes at the end of the patient's bed, such as 'I am Deaf, please remove your

mask/tap my shoulder if I am not facing you or sleeping', and other supporting information.

- Learn basic essential NZSL, such as Deaf Aotearoa's 25 Signs to Learn in Medical Situations booklet, you can laminate the pages and this can be a deskfile resource to use while having a deaf patient in your care.

Remember to **communicate – just ask.**

Health is a disability rights issue
Research consistently shows that disabled people have poorer health outcomes than non-disabled people and do not receive appropriate health care.

Globally, disabled people are:
- Twice as more likely to find healthcare provider skills and facilities inadequate
- Three times more likely to be denied health care
- Four times more likely to be treated badly in the healthcare system

Disabled people are a priority group who face socio economic factors that are a BARRIER:
- Not going to the GP due to cost is a barrier.
- Not having transport to get Hospital is a barrier.
- Dependence on others may mean accessing care in a timely manner is delayed
- Not understanding your appointment letter, or discharge summary are barriers!!!
- Not having a cell phone or computer is a barriers! Census data suggested 98% of people do have a cell phone! There are some people who cant grasp the technology or rural people of refuges etc
- Covid showed us some children didn't have access to computers at home or have access to the internet, this was more common at low socio economic areas.

SOCIAL ISOLATION is a consideration when nursing disabled people.
FACT Disabled people tend to be less happy and more anxious (stats.govt.nz). Awareness enables you to discuss this and discuss strategies, if appropriate.

24% of NZ'ers live with a disability, according to 2013's Census.

Tangata Whaikaha
‘person with strength’

Tangata Whaikaha is the term used for Māori with disabilities as it shows how Māori see these whānau members.

Improving health for Tangata Whaikaha will benefit all.

Remember the power of Te Reo.

Māori people face inequity and if they have a disability this is **compounded**. Māori adults were nearly twice as likely to have experienced psychological distress

Pasifika Lens

- Understanding the Pasifika lens we have to appreciate their unique perspective. This is not only important but essential *(*Kapele et al 2020*)*.
- Pacific people with disabilities may have multiple complex issues (Sipaia Kupa, DHB Pacific Service Development).
- Pacific people with disabilities may face double inequity.

Disability Equity 12

Pacific do not have a literal translation **disability, like Tangata Whaikaha, as have so many languages and cultures.**

Pacific people have a unique family lens. We have to take culture into view to see their lens.

Disability prevalence (Statistics NZ 2013)

Total % of Disabled Population	Māori			Non-Māori		
	Males	Females	Total	Males	Females	Total
0–14 years	19.0%	10.6%	**14.9%**	11.0%	7.2%	**9.2%**
15–24 years	20.3%	23.5%	**20.9%**	14.0%	13.8%	**13.9%**
25–44 years	24.7%	22.2%	**23.3%**	14.0%	15.3%	**14.7%**
45–64 years	39.6%	45.3%	**43.6%**	26.0%	26.1%	**26.1%**
65+ years	73.7%	50.0%	**62.2%**	55.1%	57.0%	**55.9%**

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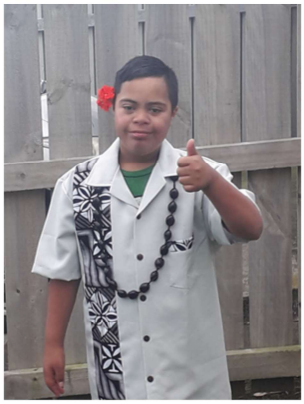
Disability Equity 13

All of these stats show the prevalence of disability is higher in Maori compared to these who are not Maori.

If you notice in particular in the 45-65 age group, 43% in comparison to 26% - that's almost double!

Reference: https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/disability

"Numerous reports show that disabled people continue to experience discrimination when accessing health services and do not have their specific and individual requirements met"



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Disability Equity 14

A combination of barriers, namely cost, limited availability of services, inaccessible environments and communication, and inadequate skills and knowledge of health workers, prevent disabled people from accessing appropriate health care.

Although disability is more prevalent with age the younger age group have notable **sensitivity** around their disability.
Disabled adults were 6.1 times as likely as non-disabled adults to have experienced psychological distress.

Thinking of **Scoliosis** this affects people of all ages; however, it is most **commonly found in children aged 10 to 15 years** so the language you use with families is particular important.

Are they deformed? Is it an abnormality? Do the suffer from this? NO! NO! NO!

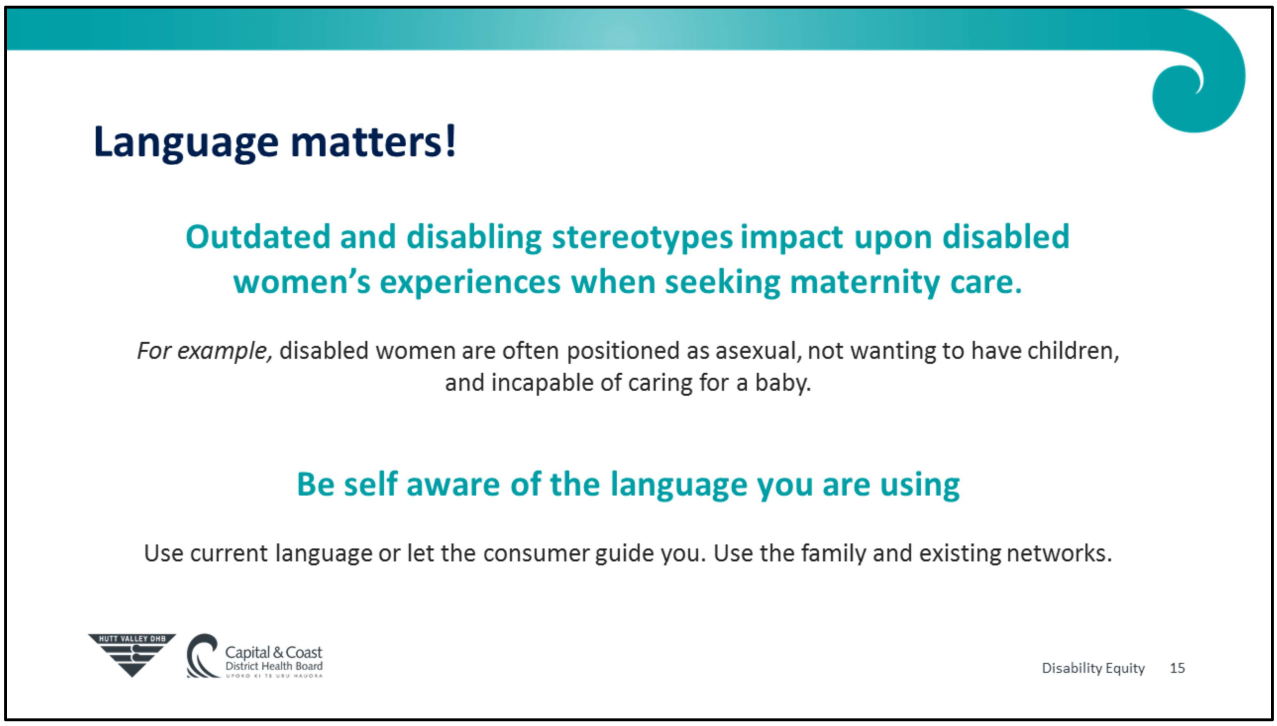
"School screening for scoliosis is controversial and is falling out of favour"? Children can be screened at any age but idiopathic scoliosis (most common) is more commonly found 10 – 15 years. Scoliosis a simply a curvy back.

Reference:
https://academic.oup.com/pch/article/12/9/771/2648067.

https://www.scoliosis.gen.nz/ - says **Crooked Wings still learn to fly – this reminds us to use empowering language**

“discussing and understanding disability discrimination is an **essential aspect of eliminating the acts of discrimination”** (paraphrased) https://www.shegerianlaw.com

Discuss could the language you use a bedside handover be modified?
Does this person have co morbidities or co occurring conditions?



Trisomy 21 – extra chromosome – was called downs syndrome – now consumers use different name. Use what the person/ family use.

Babies born with impairment were studied last year and research consistently points to health care professionals' use of unsuitable language, including the inappropriate use of medical terminology and inability to talk about impairment and the needs of babies.

A person with cerebral palsy is not a cripple! Cerebral palsy is one of the most complex of the common permanent disabling conditions for children. Nursing is not just about the anatomy and physiology and pharmaceuticals.

The **medical model** is around treating with physical therapy, orthopaedic corrections and technological aides. The **social model** is about removing barriers.

Reference: https://nurseslabs.com/cerebral-palsy/?nowprocket=1

Sensory – known as Deaf or hard of hearing, blind, low vision.
Mental disability changes from mental distress.
Intellectual disability is know known as learning disability

Until 1916, the New Zealand Census identified people who were deaf and dumb, blind, lunatics, idiots, epileptics, paralysed, crippled and/or deformed.

Use the language the person or their family use.

Communicating with disabled people

- Never speak about the person as if they cannot understand or as if they are not there.
- Face and speak directly to the person rather to their support person/s or interpreters.
- Remember to explain what you are doing.

Why don't we always introduce ourselves and wear name badges?

Disability Equity - HCA

There is a huge range of impairments and disabilities so just **ask** what is needed.

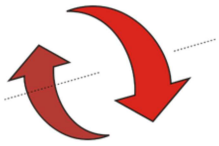
Rosie is our model in the photo, she has physical disability and also has learning disability, she is with our Nurse, Maria. When working with wheelchair users, if standing for more then a few minutes, do sit. This is to emphasis not to have negative or intimidating body language.

Say this slide with emphasis in your tone, and paused to enable reflection.

Unconscious bias

- Ask yourself, do some types of disabled people make you feel uncomfortable?
- "We don't see the world as it is, we see it as we are."
- Implicit bias effects behaviour and this is done without even knowing it!
- Bias is universal, it is nearly impossible to have an unbiased perception of others. "All of us have our favourite, comfortable and preferred type of people."
- Unconscious bias impacts at a systemic and population level.

Houkamau, C. Blank, A. 2017. *Rewire: The little book about Bias.*



Read along and emphasise: Ask yourself, do some types of disabled people make you feel uncomfortable?

Booking NZSL Interpreters

All staff are responsible for booking **NZSL interpreters.** Type 'DEAF' in the search bar on the intranet to book interpreters through iSign.

iPads are available to be used for all NZSL users accessing health services in each DHB.

Alternatively, contact iSign: 0800 934 683 or bookings@isign.co.nz

NZ Video Interpreting Service (NZVIS) is an option done remotely via Skype or Zoom if no physical interpreter is available or in need at a short notice. To know more or to book, visit www.nzrelay.co.nz

What can you do when there is no available interpreter?

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Disability Equity 18

NZVIS is part of NZ Relay, and is available 8am-8pm on weekdays, 10am-5pm on Saturdays, and 12pm to 5pm on Sundays.
This is an example of reasonable accommodation for deaf people need to be made.

Explain the difference between having a interpreter in person and via remote interpreting preferences between people. NZSL is a language used by 24,000 NZ'ers. However, dialect and local literacy plays a different ballgame.

- **Local interpreters** are MORE familiar and have connections in their community and are familiar with the Deaf person's literacy level and can adapt. This is much more preferred and can be done simultaneously and be 'active' in surroundings. Interpreters can be booked via iSign – www.isign.co.nz. DHBs are responsible to cover funds.

We recommend you book in an interpreter in advance.

- **NZ Video Interpreting Service** call centre is based in Auckland, so the interpreters are less familiar with adapting to the Deaf person's literacy level and dialect, also we need to keep in mind with using technology, it can cause some issues around connectivity,

environment set up, or the device isn't updated or after hours. This method is suitable for short and straight forward consultations, in triage or needing communication before a physical interpreter arrives. This is also ideal for ward check ins.

We recommend that you book an interpreter on VIS at least two business days in advance to guarantee availability. You can book a VIS interpreter here: https://www.nzrelay.co.nz/bookInterpreter

Emphasis on the use of whanau & friends to use as communicators – this is **NOT** best practice but is a **very, very last resort** if all options are exhausted. Also, maintain your eye contact to the patient as opposed to the interpreter.

What do you do when there is no interpreter – ask participants, have a conversation about their suggestions? Examples are:

- Writing on paper – remember to use simple, key and short sentences. Avoid jargon, medical terminology, and use plain English.
- Use pictures from internet, draw, or use objects such as blood pressure monitor etc.
- Gesture, use your fingers as numbers, such as taking two pills.
- Point to visual resources
- Use visual picture chart resource.
- Learn NZSL!

We are currently in the COVID world where face coverings are used. This is a HUGE pitfall for us as we rely on facial expressions and a percentage of the deaf and hard of hearing community uses lip-reading. Remove your mask and try to physically distance.

Spoken languages and NZSL policies are separate, type in 'Deaf' when looking for NZSL use of interpreters policy.

Interpreters are **NOT** support people, they are removing barriers around communication between parties. Interpreters should be excluded from the patient's support people / whanau, regardless of restrictions.

My Health Passport

Health Passport is a patient owned communication tool.

Healthcare is **partnership**, YOU can give them out.

What can your service do to promote My Health Passport?

Aspiration

You apply equity when you ask
and respond to people with disabilities!

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The objective of this talk is to raise consciousness, reflect and consider adaptations to clinical practice to improve outcomes for this group.

You can treat all people with **Manaakitanga** – Respect, caring, kindness. You can provide a safe and quality service **for all, regardless of disability**. This is one of **our** values.

To achieve equity we have recognise our populations unique cultures and be open to doing thigs differently.

If you could increase your score by one point by doing one action, in the next month, than what would you do?
What number would you want to raise your score to in one month?

Artists produce paintings, architects produce bridges, what do Nurse produce? Better health outcomes for all!

TIME PERMITTING – ask people to share what they have learnt from todays talk and how will they change their interaction?

Mention the Disability Network Employee group – we change champion attitudes about disability, starting with people group of having a disability???

CALL TO ACTION – offer my Health Passport to a patient this week!

References

1. CRPD Convention (2006)
2. Health and Disability System Review, 2020)
3. Helen Clark Foundation (2020)
4. Mental Health Services for Disabled People, Imagine Better (2020)
5. CCDHB DHB strategic plan
6. New Zealand Disability Strategy and Action Plan (2019).
7. Sub-Regional Disability Strategy (2017-2022).
8. Stats NZ (2013)
9. Helen Clark Foundation.
10. Tarawhiti Report, "The Hidden Abuse of Disabled People Residing in the Community" (2013)

https://www.odi.govt.nz/home/about-disability/history-of-disability-in-new-zealand/