

**CITY OF PITTSBURGH/ALLEGHENY COUNTY
TASK FORCE ON DISABILITIES
NOVEMBER 19, 2007
MINUTES**

- Location:** Oakland Clinic Staff Classroom
Magee Women's Hospital - UPMC
- Members Present:** Jeff Parker, Chairperson, Katherine D. Seelman, Co-chair, Aurelia Carter, Janet Evans, Liz Healey, Milton Henderson, Rich McGann, Paul O'Hanlon, John Tague
- Members Absent:** Linda Dickerson, Sarah Goldstein
- Others Present:** Greg Bell, Victoria Campbell, Diana Chiaverim, Jim Costello, Linda Cumpston, Pam Dodge, Dee Delaney, Holly Dick, Dianne Gallagher, Angela Hadbavny, PhD., Chuck Keenan, Margie Kimmel, PhD., Stephen Knezevich, Kevin Maxwell, Richard Meritzer, Charles Morrison, Teresa Nellans, James C. Noschese, Dana Phillips, Terry Reynolds, Susan Schaeffer, PhD., Joanne Lengle Sharer, Sally Jo Snyder, Arnell White

The meeting was called to order by Mr. Parker at 2:15 PM.

Introductions:

Mr. Parker pointed out this was the 4th Annual Meeting the City of Pittsburgh / Allegheny County Task Force on Disabilities has held. The object of the Task Force is a barrier free world. Sally Jo Snyder then introduced herself. Everyone else then introduced themselves.

“Midwives” in Birthing Quality Health Care:

Pam Dodge of Magee Women's Outpatient Clinic reported on their health care center for people with disabilities. This project arose out of comments from the community. It was funded by FISA for the first three years. They put together a committee of hospital employees and community representative to oversee this center. 6½ years later they are still meeting. 3 half days a week the center has a gynecologist. One of these is just for diagnoses. They have had 1500 visits since the program started. Their objective is health promotion and disease prevention. There had been some snags, such as mammograms causing problem. The program is further ahead, but it is still a work in progress.

Maggie Kimmel, PhD, Chairperson of the Advisory Council Disabilities Resource Center for UPMC reported she came to the University of Pittsburgh to get her PhD thirty years ago and got hook and ended up teaching at Pitt. Subsequently she was diagnosed with Polio. Then four years ago she was diagnosed with cancer. That is when she found out about the women with disabilities center. She was chair of the board at Canterbury Place and has an honorary seat on the UPMC Board. She sent a letter identifying the lack of system wide disability services. They met in April 2006. In October 2006 a proposal was presented. Two days later it was funded. Susan Schaeffer started March 7, 2007. Since July 13 she has instructed 3,000 staff members. She serves on the Governor's Commission on Disabilities.

Susan Schaeffer, PhD, Director of the Disabilities Resource Center for UPMC reported that they were removing barriers and providing training. They are looking at accessible equipment. Their goal is to hear the voice of the community and deal with problems. They created Hospital Champions to find out how hospitals actually work. They are developing signage to get people to identify needs. Every organization should have a contact person for UPMC.

Angela Hadbavny suggested the signs have high contrast colors. White on black is better than black on white. She asked what about Braille. Add Jumbo Braille dots. James “Chris” Noschese added there are a lot of signs in hospitals. People with sight problems need to get information as quickly as possible. Dr. Kimmel said the signs should be as close to the door as possible. Joanne Lengle Sharer stated that if there is a deaf symbol on the sign, people will assume there is a signer on staff.

Ms. Evans asked if they have lifts to get people in wheel chairs to the tables. Dr. Schaeffer said they are identifying where they need lifts. She is working through the administrative process. They need to get the equipment they have to the people who need them. Signage will help get the equipment to the right people sooner. They have just about finalized the administrative policies. Ms. Evans pointed out the new beds at Mercy Hospital are not user friendly. The remotes are on the side of the bed and are not as easy to access as the old remotes. Dr. Schaeffer said she needs information like that. Holly Dick said she had a bad experience at the Hillman Cancer Center. She asked if this service is provided to men. Dr. Schaeffer said her services are provided for everybody. Mr. McGann said the hospitals find the ADA Laws complicated. Staff should be educated not to panic. Deaf people should be involved in the committees. Dr. Schaeffer responded the goal is to focus on the ADA. She is approaching staff to educate them.

Dana Phillips said sometimes patients have family members who are disabled. Do you provide them with interpreters? Dr. Schaeffer said anyone who requests an interpreter should get one. They are working with ADA Inc. to identify barriers. Dee Delaney added there needs to be strong advocacy. Interpreters cost money. They need to start a fund for this. Insurance companies should reimburse better. Mr. McGann agreed there needs to be more advocacy. People who are deaf, deaf/blind and hard of hearing create additional expense. There is never enough money. The cost is part of the accommodation. Dr. Schaeffer responded UPMC doesn't not use cost as an excuse. Someone added the problem is with small clinics and doctor's offices.

Breathe and Push and Encourage:

Dr. Seelman Co-chairperson of the City of Pittsburgh / Allegheny County Task Force on disabilities presented the PowerPoint *Hospital Accessibility for the Deaf and Hard of Hearing* produced by Leslie Cooke (see attached).

Mary Jo Snyder, Consumer Health Coalition's Community Organizer for the Health Committee for People with Disabilities reported that successful advocacy is when corporate bodies meet consumers. They are bringing people together. This involves everybody; getting input from the entire community. You need to know when to push (and push hard) and when to sit back and take a breath.

“Sonograms” of Past and Present Health Care Systems’ Accessibility:

Joanne Lengle Sharer reported the ADA requires communication access, including a qualified Interpreter. In Pennsylvania that is covered by Act #57. Qualified interpreters must be on the registry. At this point there are not enough qualified interpreters in Pennsylvania. There are exceptions when the deaf person gives permission or during an emergency which endangers the deaf person. American Sign Language (ASL) is not grammatically the same as English; it is a different language. Interpreters adhere to a Code of Conduct. There are privacy issues. The question is the cost of communication greater than the cost of miscommunication. Family members have the right to be family members, not interpreters. Interpreters have training family members do not have. We need to improve education in forums and medical schools. People in the front lines may not know what to do; make input part of the orientation. Get insurance companies involved. This is part of quality health care. The Pennsylvania Bar association adds \$5.00 to everybody’s dues to set up a communication fund. The medical community could do something like that.

Teresa Nellans added the ADA says qualified interpreters, Pennsylvania has a registry. Consumers can choose. Mr. McGann said the management office is looking at the cost of accessibility. While other ADA costs are just once, interpreters are an ongoing expense. This should become easier as we do this more often. Ms. Lengle said the cost of interpreters is tax deductible.

Teresa Nellans, MA MBA, President of the Hearing Loss Association of Pittsburgh reported that the State provides hearing aids for the elderly, but Allegheny County opted out of that program. It is estimated the 10% to 18% of youth under age 18 have some hearing loss and this percentage is increasing. Most do not have a support system. There are focus groups of people who are hard of hearing. Usually these people want to keep the same doctors, but these doctors do not understand the issues around hearing loss. We need to give providers sensitivity training and certificates. The pain of hearing loss never goes away. Other Cities have hearing loss support specialist, but there are none in Pennsylvania. Hospital staff often does not understand how cochlear implants work and how they are reattached. Sometimes the identification does not follow the patient. PSAs are not captioned.

Baby Steps to Big Shoes:

Mr. Parker summarized the challenge is to work with hospitals, doctors, insurance companies and everyone. He thanked Magee Hospital for hosting the meeting.

The meeting was adjourned at 4:00 p.m.

THE NEXT TASK FORCE MEETING:

DATE: June 18, 2007
TIME: 1:00 P.M.
LOCATION: Large Conference Room
200 Ross Street
Pittsburgh, PA 15219