



Alberta Committee of Citizens with Disabilities



Accessibility Audits

Accessible Dental, Eye Care and Pharmacy Services in Alberta



***Accessible Dental, Eye Care
and Pharmacy Services in
Alberta***

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Executive Summary

The Alberta Committee of Citizens with Disabilities (ACCD) has identified the need to raise awareness about the institutional and organizational barriers that exclude Albertans with disabilities from fully participating in dental, eye care and pharmacy services in Alberta. ACCD's research study "*Accessible Dental, Eye Care, and Pharmacy Services in Alberta*" explores the status of accessibility of these health services for people with disabilities in Alberta.

Over the last several years, changes have been taking place in the delivery of Alberta's health services including, for example, the devolution of responsibilities from doctors to pharmacies as well as an increased ability for dental and eye care professionals to diagnose illness due to new and innovative technologies. To ensure equal access to health services in Alberta, it is crucial that people with disabilities are included in future strategies and implementation in order to provide accessible dental, eye care and pharmacy services.

The first goal of our project was to identify the needs of people with disabilities for equal dental, eye care and pharmacy services. In order to accomplish this goal, we engaged people with disabilities, professionals and other employees by conducting surveys to explore their experiences when receiving or providing dental, eye care and pharmacy services. We inquired extensively about ways in which the capacity to provide accessible services could be developed.

The second goal was to raise awareness about the institutional and organizational barriers that exclude Albertans with disabilities from fully participating in dental, eye care and pharmacy services in Alberta. In order to accomplish this goal, we met with decision makers, public servants, stakeholders in the disability community and professional associations. Our purpose for these meetings was to work towards having the gaps addressed through the standards of the regulatory bodies, as well as to provide strategic directions for professionals to develop the capacity to better serve people with disabilities.

There were a number of different sources of information which generated the information included in this report: literature review, an analysis of existing policy, project specific surveys, focus groups and site visits.

Specific surveys were developed regarding dental, eye care, and pharmacy services which were distributed to: 1) people with disabilities and 2) health professionals.

Seven focus groups were conducted covering all regions of the province.

Site visits were performed using ACCD's assessment tool to record the physical measurements at clinics/and offices, starting at the parking area, to the entrance, to the clinics/offices, and to the washrooms.

Of note, the results from our study do not represent all dental, eye care and pharmacy professionals, staff, or offices/clinics in Alberta. We observed that some of the office/clinics we visited adhered to barrier-free access in their premises.

Respondents were generally satisfied by the services received by dental, eye care and pharmacy professionals; however, the four project recommendations point out improvements that need to be made so that people with disabilities can be equal participants in dental, eye care and pharmacy services in Alberta.

Recommendation 1

Improve communication between dental care, eye care and pharmacy professionals and other employees and people with disabilities by including disability-awareness training in post-secondary education programs.

Disability awareness training during post-secondary education and ongoing training for professionals are necessary for improving communication, increasing knowledge and building skills.

Communication and the exchange of information between people with disabilities and professionals and other employees was considered a major challenge in the delivery of dental, eye care and pharmacy services. It is strongly recommended that the regulatory bodies provide guidelines regarding better ways of communication to provide the quality of services needed for all types of patients.

Recommendation 2

Advance the skills and knowledge of existing dental, eye care and pharmacy professionals and other employees by introducing professional development courses, workshops and seminars focusing on removing barriers faced by people with disabilities.

A high proportion of dental, eye care and pharmacy professionals reported that they did not receive training about serving people with disabilities during post-secondary and/or graduate education.

Further, there is a high interest by these professionals to learn more about people with disabilities, which is an indicator to regulatory bodies that their standards could be well served by including training about removing the barriers faced by people with disabilities.

Recommendation 3

Improve the physical access of dental, eye care and pharmacy offices/clinics by adhering to the Barrier-Free Section of the Alberta Building Code and promising practices, including reception areas, counselling/examining rooms, counters and washrooms.

It is highly recommended that the standards of practice of the regulatory bodies include guidelines about the space that patients may require when they are being treated inside the office/clinic/pharmacy. In our review of various policy documents, guidelines were not found for professionals about the physical space that they should maintain to provide accessible services to their wide range of patients.

Enforcement of the Barrier-free Section of the Alberta Building Code and consideration of promising practices are crucial to ensuring physical access to dental, eye care and pharmacy services.

Washrooms are the most inaccessible spaces of all. There were many issues inside washrooms such as getting into the washroom, the required space or turning radius inside the washroom, the location, measurement, type and length of grab bars, the back seat of the toilet, the space under the sink, the height of the mirror, the placement of the soap dispenser and the paper towel dispenser and the type, location and height of coat hooks.

Recommendation 4

Use and promote dental, eye care and pharmacy equipment, packaging and written materials that are accessible to people with disabilities.

It is strongly recommended that the regulatory bodies include guidelines in their policy documents to give directions about the dimensions of equipment, the packaging used and the written materials given to

patients with disabilities so that accessible services can be provided for all types of patients.

Further, our focus group discussions include suggestions that there be a resource list of professionals who can accommodate people with disabilities and more work could be done to ensure information is accessible to people with disabilities.

The results from this study found that lack of appropriate communication, lack of disability awareness and inaccessibility of the offices/clinics are the most prevalent barriers faced by people with disabilities when accessing dental, eye care and pharmacy services.

The findings from this study confirm the need for regulatory bodies to devise, modify or enhance policies so that people with disabilities can be provided with the appropriate dental, eye care and pharmacy services to meet their needs, while at the same time, professionals are supported to gain knowledge and increase their skill capacity in assisting and serving people with disabilities.

The outcomes of this project have enabled us to exemplify the need for barrier-free services and to raise the awareness of dental, eye care and pharmacy professionals of the importance of including people with disabilities in their practices.

It is our sincere hope that the recommendations presented by this research study will be the impetus for health professionals, elected officials, public servants and the disability community to bring forward innovative solutions to address these challenges for the benefit of people with disabilities in Alberta.

Introduction

In 1973, the Alberta Committee of Citizens with Disabilities (ACCD) was formed to foster an attitude that would encourage people with disabilities to overcome social and physical barriers that hinder their abilities to participate fully in society. As a consumer-directed, cross-disability organization, ACCD speaks from the perspective of people with disabilities who are better able through our efforts to be equal members of society. ACCD's Mission Statement is

The Alberta Committee of Citizens with Disabilities actively promotes full participation in society and provides a voice for Albertans with disabilities.

In 2009 and 2012, ACCD conducted two extensive research studies, *Barrier-Free Health and Medical Services in Alberta* and *Barrier-Free Health and Medical Services: Communicating Need*, to explore the status of accessibility for people with disabilities when accessing health and medical services in Alberta. The impetus for these projects arose when, in 2009, ACCD heard from an Albertan in a rural area of the province that due to the inaccessibility of his family physician's office, his annual check-up took place in his van.

The results of our two previous research studies supported this rural Albertan's account and we found that preventative health and medical services are not accessible to people with disabilities. The recommendations in our final report stated that physical layout, communication and a general lack of knowledge and skills by professionals need to be addressed to ensure people with disabilities receive equal access to these services.

Our current research study titled *Accessible Dental, Eye Care and Pharmacy Services in Alberta* builds on the findings of our two previous studies and has two goals. The first goal is to identify the needs of people with disabilities for equal access to dental, eye care and pharmacy services, and the second is to raise awareness about the institutional and organizations barriers that exclude Albertans with disabilities from fully participating in these health services in Alberta.

The timing of this study is important because there are changes taking place in the delivery of health and medical services in Alberta. For example, health care services are being devolved from doctors and other health care professionals to pharmacies. Eye care professionals and dentists can now

diagnose and prevent illness through new and innovative equipment and diagnostic tools. Therefore, it is critical that people with disabilities are included in future strategies and implementation in order to provide accessible dental, eye care and pharmacy services in Alberta.

During our previous two studies, ACCD established a research method that informed decision makers about the needs of people with disabilities when accessing health and medical services. This process was again used in this current research study and includes both a review of up-to-date literature on this subject, and a review of policies that guide dental, eye care and pharmacy professionals when providing services to people with disabilities. Our process also includes four primary methods of collecting data: a survey for people with disabilities, a survey for professionals and other employees, focus groups and site visits.

As an organization that speaks from the perspective of people with disabilities in Alberta, ACCD's goal is that the results from this project will help to inform dental, eye care and pharmacy professionals about how to better accommodate patients with disabilities in their practices. It is also our hope that this project will provide the baseline for future projects on this similar subject.

Project Overview

According to Statistics Canada, 12.5% of the Alberta population have a disability. Pain, flexibility and mobility are the three most reported disabilities among adults aged 15 and over. Numerous studies show that people with disabilities have challenges in accessing health care services (Branigen *et al.*, 2001; HRSDC, 1999; Joines, 2009; Scheer, *et al.*, 2003). To identify specific challenges in the Alberta context related to accessibility, ACCD conducted two extensive research studies to explore the status of accessibility for people with disabilities when accessing health and medical service in Alberta. This current study explores the status of accessibility of dental, eye care and pharmacy services for people with disabilities in Alberta.

Project Goals

The two project goals are:

1. identifying the needs of people with disabilities for equal access to dental, eye care and pharmacy services, and
2. raising awareness about the institutional and organizational barriers that exclude Albertans with disabilities from fully participating in dental, eye care and pharmacy services in Alberta.

WHAT THE RESPONDENTS TOLD US

22% of people with disabilities report having difficulty communicating with dental professionals

23% of people with disabilities report having difficulty communicating with eye care professionals

12% of people with disabilities report having difficulty communicating with pharmacy professionals

45% of dental, eye care and pharmacy professionals report that their patients have difficulty getting transportation from home to the clinic/office/pharmacy

31% of dental, eye care and pharmacy professionals report that their patients have difficulty communicating with them

26% of pharmacy professionals report that their patients have difficulty with prescription bottles and/or packaging

43% of dental, eye care and pharmacy professionals report that they did not receive any training about serving people with disabilities

27% of dental, eye care and pharmacy practices report that they have no policies and procedures about meeting the needs of people with disabilities



Alberta Committee of Citizens with Disabilities



Accessibility Audits

Accessible Dental Services



Definitions

People with Disabilities: is a term used to apply to all people with disabilities including those who

- have a significant and persistent physical, developmental, psychiatric, sensory or learning impairment which may be permanent or temporary in nature;
- experience functional restrictions or limitations in their ability to perform the range of life's activities; and
- experience attitudinal and/or environmental barriers, which hamper their full and self-directed participation in life.

Dental Office/Clinic: The place where patients visit to receive their dental care. This may be a private and/or public dental office or a clinic providing a number of specialty dental practices at the same location.

Dental Professionals: Individuals who have a license to practice and treat patients who require dental care. These include general dentists, dental hygienists, endodontist, prosthodontist, orthodontist, periodontist and any other dental specialty.

Other Employees in the Dental Services Profession: Individuals who support licensed professionals to carry out their work. These include dental assistants and receptionists.

Literature Review

This section provides a review of the literature regarding accessibility in dental offices/clinics. There is limited published data available on the accessibility of dental services in Canada in general, and particularly in Alberta. Therefore, we extended our search of the literature globally. Due to the lack of available research data, our study does not provide extensive research and analysis from academic literature. However, with the available literature, in addition to the data collected from our focus group discussions, site visits and surveys, we were able to gain insight into the barriers faced by people with disabilities when accessing dental care.

Although ACCD's study focuses on the accessibility of dental clinics, including physical, communication, disability awareness and time management, it also highlights challenges from outside offices/clinics. For example, studies show that transportation services for people with disabilities to and from the dental office/clinic may have a significant impact on overall dental care. If a patient with a disability arrives late for a dental appointment due to a delay by accessible transportation services, the patient may have to pay the fee for the dental appointment out of his or her own pocket. Similarly, if the accessible bus service arrives early at the office/clinic to pick up the patient, the patient then has to leave in the middle of the dental appointment and reach the bus within five minutes. Accessible bus schedules typically give a 30-minute pick-up window and a maximum wait time of five minutes upon arrival within a scheduled pick-up time frame.

Given the extent and the significance of the challenges in achieving adequate dental care for people with disabilities, ACCD's research study explores those factors not directly related to dental care services but to overall dental health. More than 9% of respondents with disabilities raised concerns about accessible transit services, and more than 45% of the respondents from the dental, eye care and pharmacy survey believe that their patients with disabilities face problems with transportation from home to the office/clinic.

Accessibility of dental offices/clinics is also highlighted as an area that needs further improvement. Researchers consider that having an accessible dental office/clinic is an essential step towards making dental care available to people with disabilities (Pradhan, Slade & Spencer, 2009).

The literature stresses the importance of training to develop the dental professional's knowledge when providing services that will meet the needs of

people with disabilities. This lack of training and knowledge are considered to be the biggest barriers to patients receiving overall adequate dental care.

In a review of dental treatment accessibility for people with physical and mental disabilities, Oberlink (2009) reported transportation to the dental clinic as a barrier for those who use wheelchairs, with public transport by bus being difficult, and taxis being expensive. In another review of dental care considerations for adults with disabilities, the inability to pay for the cost of dental care due to lack of income and dental insurance, and a lack of trained dentists willing to treat people with disabilities were noted as additional barriers.

In the United States, mobile programs with limited dental care have been suggested for local communities. Likewise, community-based programs have been developed to improve oral health of people with special needs utilizing resources within the community and providing good communication and coordination.

For persons with disabilities, the effect of dental disease on general health and function appears greater than for similar groups without a disability (Brennan and Spencer, 2006; Brogardh-Roth *et al.*, 2009; Bhambal *et al.*, 2011). Persons with disabilities are at a greater risk for poorer oral health than persons in the general population, due to more frequent oral infections and periodontal disease, enamel irregularities, moderate-to-severe malocclusion and craniofacial birth defects (Balogh *et al.*, 2004; Kenney *et al.*, 2008). In addition, persons with disabilities often have a higher level of unmet dental needs and poorer oral hygiene than the general population (Tiller *et al.*, 2001; Waldman and Perlman, 2002; Scully and Kumar, 2003).

Improving the oral health of those with disabilities requires that they receive high-quality clinical care access to the dental office/clinic in the first place (Balzer, 2007). The inaccessibility of dental care goes against Canadian principles in the *Canada Health Act*, which is "to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers." Some agreed upon standards of preventive and restorative oral health care should be provided for people in Canada who need it, irrespective of their physical or geographical ability to access services, or their capacity to pay.

In a report titled "Improving Access to Oral Health Care for Vulnerable People in Canada" published by the Canadian Academy of Health Sciences in 2014, systemic barriers are identified in the provision of oral health care for people with disabilities:

There are important challenges in being able to utilize oral health care services, namely: affordability (Do the provider's charges relate to the client's ability to pay for services?); availability (Does the provider have the requisite resources, such as personnel and technology, to meet the needs of the client?); accessibility (How easily can the client physically reach the provider's location?); accommodation (Is the provider's operation organized in ways that meet the constraints and needs of the client?); and acceptability (Is the client comfortable with the characteristics of the provider, and vice versa?).

While the system of private finance and private provision may provide access to good quality care for many in Canada, the evidence is that this system also creates substantial barriers to care for many others. These other people are Canada's most vulnerable groups, including:

- those with low incomes;
- young children living in low income families;
- young adults and others working without dental insurance;
- elderly people living in institutions or with low incomes;
- aboriginal peoples;
- refugees and immigrants;
- those with disabilities; and
- people living in rural and remote regions.

To summarize, this report identifies the following core problems:

- Vulnerable groups living in Canada have both the highest level of oral health problems and the most difficulty accessing oral health care; and
- The public and private oral health care systems in Canada are not effective in providing reasonable access to oral health care for all vulnerable people living in Canada.

The report also provides recommendations to address these core problems and presents them in a framework that provides a logical order of priority, as follows:

- Communicate with relevant stakeholders concerning the core problems raised in the report.

- Establish appropriate standards of preventive and restorative oral health care to which all people living in Canada should have reasonable access.
- Identify the health care delivery systems and the personnel necessary to provide these standards of oral health care.
- Identify how provision of these standards of preventive and restorative oral health care will be financed.
- Identify the research and evaluation systems that monitor the effects of putting these recommendations into place.

In a survey conducted by Krause *et al.* (2010) on both US and Canadian dental training facilities, research found that not all dentists are prepared or are willing to treat patients with various special needs. One possible reason for dentists' reluctance to provide care for these patients could be rooted in their education. For example, in 2002, Waldman and Perlman found that dentists reported a lack of knowledge about providing care for patients with special needs and a lack of clinical experience concerning the treatment of these patients during dental school.

In 2005, Dao *et al.* reported that the more education dentists receive about providing care for patients with special needs, the better their attitudes were and the more likely they were to actually provide services for these patients.

Research has also found that dentists who received classroom and clinic-based education in treating patients with special needs during their pre-doctoral dental training felt more comfortable caring for these patients and were thus more likely to provide this care. However, the majority of dentists in some earlier studies said they did not feel well prepared from their education. Further, Casamassimo *et al.* (2004) reported that only one in four dentists had received education about special care dentistry. Consistent with the findings by Dao *et al.*, these authors also found that the dentists who had not been exposed to these issues in lectures and clinical settings were less likely to treat patients with special health care needs. In addition, Wolff *et al.* (2004) found that 50% of dental students reported they had not received any clinical training for the management of patients with mental disabilities and that 75% reported they had little or no education or clinical training at all in the management of special needs patients.

Review of Policies, Focus Groups and Surveys in Dental Care

ACCD’s review of policies in dental care is based on nine policy documents that are available from four regulatory colleges (Alberta Dental Association and College, College of Registered Dental Hygienists of Alberta, College of Dental Technologists of Alberta, College of Alberta Dental Assistants). All of the policy documents were downloaded from the colleges’ website during the month of March 2015.

ACCD’s research study included searching words that are not directly related to accessibility, accommodation or disability, but included awareness about patients, communication and attitudes in a patient-centered work environment.

We reviewed the statements from the policy documents that were found using direct and indirect word searches. The direct and indirect words searches were as follows:

Direct Word Search:

Disability, disabilities, accommodation, accommodate, accessibility, barrier

Indirect Word Search:

Communication, patient centered, education, professional development, accountability, human rights, referral, competence, needs of clients

Figure 1 shows the policy documents and standards that were used in this review. These documents were retrieved from the Alberta-based regulatory bodies in each respective service area.

Service Area	College	Policy Document
Dental	<ul style="list-style-type: none"> College of Alberta Dental Assistants 	<ul style="list-style-type: none"> Standard of Practice Code of Ethics
	<ul style="list-style-type: none"> Alberta Dental Association and College 	<ul style="list-style-type: none"> Dentists Profession Regulation – Health Profession Act Standard of Practice Code of Ethics

Figure 1: Policy Documents Reviewed from Dental Colleges in Alberta

Access to Physical Space

During our word search, little was found about accessibility, accommodation and disability. Typically, the findings were about the service that must be

provided regardless of a patient's disability. However, on other occasions, licensing bodies provided guidelines to ensure that the examination room should maintain standards to accommodate medical equipment to provide accessible services. Based on our focus group discussions, surveys and accessibility assessments, more than 75% of participants found that the physical space is a major challenge for people with disabilities when accessing dental services.

The challenges about physical space are not confined to accessibility inside the examination room. Also included is accessibility starting at the entrance of the building, to the clinic, to the reception, to the dental examination room, to the washrooms, and to the exit of the building.

It is highly recommended that the Standard of Practice also include guidelines about the space that patients may require when they are being treated inside the dental office/clinic. In our review of various policy documents, guidelines were not found for dental professionals about the physical space that they should maintain to provide accessible services to their wide range of patients.

Equipment and Technology

Another significant finding from our research study was that the equipment used in dental offices is frequently inaccessible to people with mobility impairments. The shape, design, width and covering materials that are used on dental chairs have a number of challenges for people with disabilities (e.g. no straps to hold a person's legs in place after they are transferred to the dental chair).

During our site visits, we found that some dental offices/clinics use an accessible dental chair that meets the requirements of all types of patients. However, our focus group participants reported that their treatment was carried out while they were sitting in their wheelchairs because either the dental professional did not have the equipment or they did not have the skills and/or resources to transfer the patient from the wheelchair to the dental chair. Accessible dental chairs and transferring capabilities are necessary for access to dental services for many people with disabilities. About 10% of respondents stated on the surveys for people with disabilities that the equipment used in dental offices/clinics is not accessible.

This finding regarding the challenges around accessible equipment was further evidenced when respondents of the survey for dental, eye care and

pharmacy professionals reported that more than 15% of their patients with disabilities experience difficulty when using equipment inside their offices/clinics.

The Dental Facilities Accreditation section of the Standard of Practice by the Alberta Dental Association and College provides some guidelines on the minimum size of a stretcher. It is strongly recommended that the Standard of Practice include guidelines about the dimensions of dental chairs and other equipment in their policy documents in an effort to give direction so that accessible services can be provided for all types of patients.

Communication

22% of the survey for people with disabilities respondents have faced difficulty in communicating with dental professionals (dentists and dental hygienists), receptionists and other employees while accessing dental services. Communication is an essential component of every patient-centered service. Our research study explored policy documents that provide guidelines on communication with patients. Most of the policy documents from the various dental colleges in Alberta have guidelines on providing effective communication that should meet the needs of patients. However, more than 31% of the respondents of surveys for dental, eye care and pharmacy professionals shared that their patients have difficulty communicating with them.

Given the need for establishing better communication between the service provider and the patient, it is strongly recommended that the regulatory bodies provide guidelines regarding better ways of communication to provide the quality of services needed for all types of patients. In some cases, implementing the use of something as simple as a transparent mask during treatment so that patients with hearing impairments can speech read the instructions provided by the dental practitioner would be an improvement.

Training on How to Better Serve People with Disabilities

Our dental colleges' policy research identified that guidelines are provided to support and encourage continuous education, knowledge maintenance, learning new methodologies and skills development for dental professionals. This is linked to one of our recommendations, which is to build knowledge and increase the skill capacity of dental professionals to better serve their patients with disabilities.

The policy documents emphasize that all dental professionals maintain and demonstrate continued competence, skills of communication and knowledge in their respective practices. From our survey for dental, eye care and pharmacy professionals, the majority never had any training or education about serving people with disabilities during their graduate programs nor have they had any continuous education or professional development training about serving people with disabilities since they started working. One of the assumptions, drawn from these responses, could be that most of the dental professionals have limited knowledge and education that could be significantly useful to them in their practices with patients with disabilities. In addition, respondents stated that they would be better in assisting their patients with disabilities if they had been provided with learning opportunities about meeting the needs of people with disabilities during their graduate programs. They also stated a desire for continuous education and training.

These numbers show that there is a significant need for dental professionals to have opportunities to gain knowledge and increase skill-building capacity so that they can serve their patients with disabilities effectively and efficiently.

Referral of People with Disabilities to Other Dental Colleagues

The Code of Ethics of the Alberta Dental Association and College states that a dentist must be competent in providing assessment and/or treatment. Otherwise, the dentist should refer patients to other dentists for dental assessment and/or treatment. This is likely a regular occurrence for people with disabilities who visit a dental professional who cannot accommodate their needs. They are referred to another dental professional who can meet their accommodation needs. However, from our survey for dental, eye care and pharmacy professionals, most do not know of or maintain a list of professionals or services that can serve people with disabilities that they are unable to accommodate. Further, our focus group discussions highlighted that there should be a resource that provides a list of those dental professionals who can serve and accommodate people with disabilities.

This review cross-references policies and the issues that were identified by people with disabilities when accessing dental services. ACCD's research study presents the need for regulatory bodies to devise, modify or enhance policies so that patients with disabilities can be provided with the appropriate services to meet their needs while at the same time, professionals are

supported to gain knowledge and increase their skill capacity when assisting and serving people with disabilities.

Results from the Surveys, Focus Groups and Site Visits

Survey Results from People with Disabilities

This section elaborates on some of the findings from the surveys distributed to gather information about the needs of people with disabilities who use dental services. 213 surveys were filled out by people with disabilities.

Figure 2 states how many of the people with disabilities respondents have received dental services.

Have you visited a dental office/clinic for your dental care? (E.g. cleanings, fillings, dentures, x-rays, etc.)	
Response	Percent of Respondents
Yes	94.8%
No	3.8%
Did not answer	1.4%

Figure 2: Number of Survey Respondents Who Visited a Dental Office/Clinic

It should be noted that most of the respondents who filled out the surveys use private vehicles to get to dental offices/clinics. Our survey also identified potential difficulties that a person with a disability might have when accessing dental care. The following is a table of responses that we received from the respondents.

Which of the following areas have you experienced difficulty with at your dental office/clinic? Please check ALL that apply.	
Response	Percent of Respondents
Getting transportation from your home to the dental office/clinic	9.4%
Signs to indicate accessible entrance	5.6%
Parking	14.1%
Drop off area for accessible transit	4.7%
Going from the parking/drop off area to the entrance door of the building	9.9%
Going through the entrance door of the building	13.1%
Going from the entrance door of the building to the office/clinic	8.9%
Ramps	3.3%

Stairs	7.5%
Elevators	0.9%
Reception area	4.7%
Signing forms and/or other papers	17.4%
Going from the reception area to the examining room	8.5%
Communicating with the receptionist and other employees	18.3%
Communicating with dental professionals (dentists, dental hygienists, etc.)	22.1%
Equipment (dental chair, x-ray etc.)	10.3%
Transferring and lifting	10.3%
Written instructions and information	10.3%
Verbal instructions and information	16.4%
Washroom	8.5%
Making payment	12.7%
Other (please specify)	15.5%
Did not answer	24.4%

Figure 3: Areas of Difficulty Accessing Dental Office/Clinic by People with Disabilities

From the table above, the major challenges are communication, signing forms, verbal instructions and information, parking and getting through the entrance door of the building. These are significant challenges when taken within the context of including the entire process of accessing dental care.

Respondents indicated that they are unable to understand what is being said to them and they sign the forms without completely understanding what they are signing.

It is also important to note that problems arose before the patient entered the dental clinic/office. The Barrier-Free Section of the Alberta Building Code (which was added in 2006) has guidelines that all public buildings and services be accessible to everyone. Respondents of the survey still highlighted parking and getting into the building as one of their significant challenges.

Most of the respondents expressed satisfaction in terms of the accommodations made by their dental professionals and other employees when taking care of their dental needs. The following figures highlight these observations.

Are you satisfied with the accommodation you receive from your dentist?	
Response	Percent of Respondents
Yes	59.2%
Somewhat	17.8%
No	4.2%
Did not answer	18.8%

Figure 4: Rate of Satisfaction with the Accommodation Received from Dentists

Are you satisfied with the accommodation you receive from your dental hygienist?	
Response	Percent of Respondents
Yes	61.9%
Somewhat	14.6%
No	2.8%
Did not answer	20.7%

Figure 5: Rate of Satisfaction with the Accommodation Received from Dental Hygienists

Are you satisfied with the accommodation you receive from the other employees (reception, dental assistant, etc.)?	
Response	Percent of Respondents
Yes	61.9%
Somewhat	15.9%
No	4.4%
Did not answer	17.8%

Figure 6: Rate of Satisfaction with the Accommodation Received from the Other Employees at Dental Care Offices/Clinics

Of note however, 28% of the respondents think their dental professionals and other employees have misunderstandings and misconceptions about people with disabilities (see Figure 7). This is similar to the challenge identified by people with disabilities in the area of communication gaps and verbal instructions/ information. These observations inform what kind of training and development programs should be part of the curriculum for dental education programs.

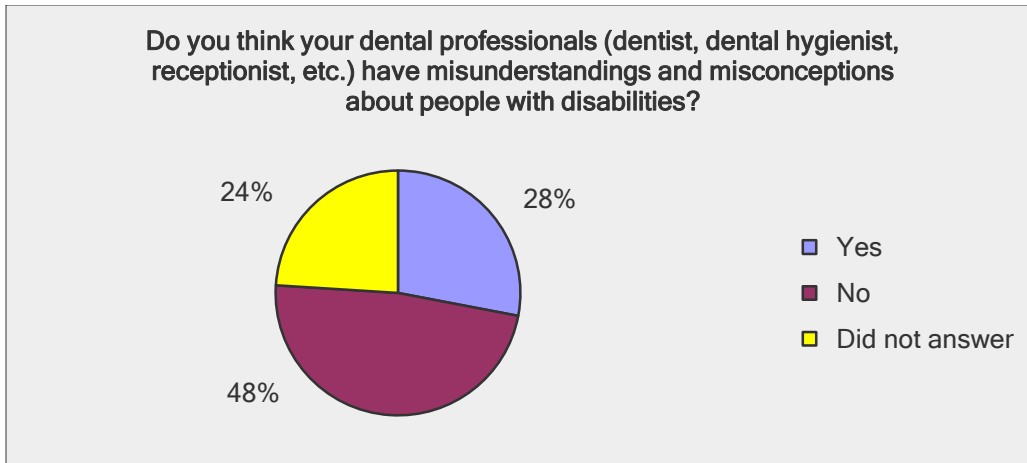


Figure 7: Misunderstandings and Misconceptions About People with Disabilities by Dental Professionals

Focus Groups

This section highlights the information gathered during the focus group discussions that people with disabilities shared regarding their experiences in receiving dental care services.

The focus group data indicated that there are increased challenges for people with disabilities when accessing dental care due to lack of dental professionals' and other employees' training, skills and confidence.

We asked the participants about features that they look for before choosing dental services. They responded that accessibility of the building and the washrooms is important when choosing their dental services. Some of the other features include transfer procedures from the wheelchair to the dental chair and the knowledge of dental professionals and other employees in understanding their individual needs.

Most of the participants shared that their dental professionals use different approaches in order to accommodate their needs. These different approaches include, but are not limited to treating patients in their wheelchairs instead of transferring to dental chairs, wearing clear masks during treatment so a patient with a hearing impairment can speech read and describing the process of treatment to a patient who is blind so the patient is aware of what procedures are taking place.

We also inquired about possible solutions to the challenges and concerns that participants shared during the focus groups. The participants emphasized bringing the colleges and associations on board in order to increase the training levels. Other suggestions include use of a resource

about dental practices that are accessible to people with disabilities so people can visit only those dental care services, as well as promotion of such dental practices as exemplary service providers as a method of appreciating them on a larger community scale.

Site Visits

Throughout this project, ACCD contacted more than 80 dental offices/clinics across Alberta asking them to invite ACCD to perform an accessibility assessment. Our goal was to assess 30 dental offices/clinics. However, due to various factors, such as loss of income by the dentist when spending time on the assessment, fear of repercussions and not considering accessibility an important issue due to not having patients with disabilities, we were only able to assess 14 dental offices/clinics. In addition to the offices/clinics, we were able to assess the Glenrose Rehabilitation Hospital's dental clinic based in Edmonton. This clinic is relatively new and specializes in serving people with disabilities.

Our findings with respect to site visits do not represent the accessibility of dental offices/clinics across Alberta; however, some key issues that were identified during the site visits will be expanded upon.

The parking and the barrier-free path of travel from the parking area to the entrance of the building or clinic were a major concern of the sites visited. Some other issues are insufficient width of accessible parking stalls, no access aisles adjacent to accessible parking stalls, lack of barrier-free ramps, access to ramps from accessible parking stalls and insufficient ratio of height over length of ramps' slopes. Although these issues are addressed in the Barrier-Free Section of the Alberta Building Code, we believe that these issues are not given due consideration and the result is inaccessibility of buildings, offices and clinics.

Another concern that was identified through the site visits is the barrier-free path of travel inside the dental office/clinic to the examination room. In the office/clinic's layout, the width of the pathway to the examination areas was less than the minimum requirement of the Alberta Building Code. The minimum requirement of width of paths of travel has to be barrier free to meet the Code so that people with mobility impairments and those using wheelchairs can access services.

Washrooms were the most inaccessible places of all. There were many issues inside washrooms that include getting into the washroom, the required space or turning circle inside the washroom, the type, length,

location and measurement of grab bars, the space under the sink, the toilet seat back, the height of mirrors, soap dispensers and paper towel dispensers and the type, location and height of coat hooks.

Exemplars

The following dental care professionals were identified by the participants of the focus groups. ACCD recognizes them as the exemplar professionals and acknowledges their extra effort in providing their services in accordance with individual needs of people with disabilities.

Dr. Chipron Ingraham – Dentist

Dr. Curtis Smith – Dentist

Dr. Nikhilesh Roy – Dentist

Dr. Paul Haul - Dentist

Recommendations

- Improve communication between dental care, eye care and pharmacy professionals and other employees and people with disabilities by including disability-awareness training in post-secondary education programs.
- Advance the skills and knowledge of existing dental, eye care and pharmacy professionals and other employees by introducing professional development courses, workshops and seminars focusing on removing barriers faced by people with disabilities.
- Improve the physical access of dental, eye care and pharmacy offices/clinics by adhering to the Barrier-Free Section of the Alberta Building Code and promising practices, including reception areas, counselling/examining rooms, counters and washrooms.
- Use and promote dental, eye care and pharmacy equipment, packaging and written materials that are accessible to people with disabilities.

Value-Added Accomplishments

During this research study, some exemplary achievements added value to the overall project outcomes. Listed below are the details of those accomplishments.

- ACCD collaborated with the Faculty of Dentistry, University of Alberta, to provide education and awareness presentations to two classes of dental students. ACCD acknowledges the efforts of Dr. Iris Kuc for making these presentations possible to the students in her classes.
- ACCD was asked by the Glenrose Hospital Dental Clinic to carry out an accessibility assessment of the hospital's dental offices/clinics. This was a major undertaking considering the clinic has 8 dental areas for use by people with disabilities. ACCD thanks Dr. Iris Kuc for arranging the accessibility assessment visit.



Alberta Committee of Citizens with Disabilities



Accessibility Audits

Accessible Eye Care Services



Definitions

People with disabilities: is a term used to apply to all people with disabilities including those who

- have a significant and persistent physical, developmental, psychiatric, sensory or learning impairment which may be permanent or temporary in nature; and
- experience functional restrictions or limitations in their ability to perform the range of life's activities; and
- experience attitudinal and/or environmental barriers, which hamper their full and self-directed participation in life.

Optician: An optician helps an individual see better by fitting eyeglasses and making lenses to correct vision problems.

Optometrist: An optometrist performs eye examinations and writes prescriptions for corrective lenses.

Ophthalmologist: An ophthalmologist specializes in the diagnosis and treatment of disorders of the eyes.

Other Employees in the Eye Care Profession: Individuals who support licensed professionals to carry out their work. These include eye care assistants and receptionists.

Literature Review

This section provides a review of the literature in the area of eye care for people with disabilities. The topics searched were physical, communication and attitudinal barriers that are faced by people with disabilities when they receive eye care services. Not a single academic article was found even though our search was extensive through various academic journals and non-academic sources on the internet.

Statements from the policy documents, using direct and indirect word searches, were reviewed. The direct and indirect words searches were as follows:

Direct Words Search

Disability, disabilities, accommodation, accommodate, accessibility, barrier

Indirect Word Search

Communication, patient centered, education, professional development, accountability, human rights, referral, competence, needs of clients

In the absence of any research available in this area, we conclude that there is a great need for extensive research in the area of accessible eye care services for people with disabilities. We identified issues for people with disabilities when accessing eye care services through focus groups, surveys and site visits. Given that the focus groups, surveys and site visits identified various issues, we use that information to identify the gaps in provision of accessible eye care services for people with disabilities in Alberta.

Review of Policies, Focus Groups and Surveys in Eye Care

The three major areas of eye care services, Optician, Optometry and Ophthalmology, were researched. Figure 8 lists the policy documents and standards that were used, which were retrieved from the Alberta-based regulatory bodies in the respective service areas.

Service Area	College	Policy Document
Eye Care	• College of Opticians of Alberta	• Regulations under <i>the Health Professions Act</i> • Standard of Practice • Code of Ethics
	• Alberta College of Optometrists	• Guidelines to the Standard of Practice • Standard of Practice and Code of Ethics

	<ul style="list-style-type: none"> • Ophthalmology – College of Physicians and Surgeons of Alberta 	<ul style="list-style-type: none"> • CMA Code of Ethics • Advice to the profession – Insured Person
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Figure 8: Policy Documents Reviewed from the Eye Care Colleges in Alberta

Our research method of reviewing the policy documents in eye care services was the same as in the reviews of other services carried out in this research study. In addition to the word searches, an indirect search relevant to communication and patient-centred services was conducted. Seven policy documents from three specialized service areas were used.

While carrying out the word searches in the policy documents, very little was found that could be linked to services for people with disabilities. Our research uncovered guidance for eye care professionals such as education for professionals, accessibility of offices/clinics and communication with patients. We used the findings from our surveys for people with disabilities and professionals and related them to the policy guidelines from the Alberta-based regulatory bodies.

Access to Physical Space

An area of concern for people with disabilities is the physical spaces where eye care services are delivered. In the Guidelines to the Standard of Practice document by the Alberta College of Optometrists, guidance is provided on the allocation of floor spaces that are safe for patients and staff. Participants in the focus groups indicated that accessibility in eye care offices, clinics and equipment is one of the biggest challenges for them. Participants also indicated that an additional challenge regarding the shortage of space has to do with insufficient space to manoeuvre a wheelchair, which further aggravates the situation when there is a need to lift and transfer patients. Due to insufficient space and immobile eye care equipment, patients are more vulnerable to injury if proper care is not taken or human error is made during lifting and transferring.

Equipment and Technology

Lack of accessible equipment provides a major barrier for people with disabilities in eye care offices/clinics. Challenges with equipment were brought forward by participants during the focus groups. Both old and new machines/equipment are not accessible to people who use wheelchairs due to their inability to get close enough to the testing equipment.

Communication

There is guidance provided by most of the regulatory bodies stating that communication between the patient and the professional should be clear and appropriate so that the patient can understand the conversation. Our survey for people with disabilities identified 22 areas where people with disabilities face difficulty when accessing eye care services. More than 23% of respondents stated that they have difficulty with 'communicating with eye care professionals and' 18% of respondents stated that 'communicating with the receptionist and other employees' was a challenge for them. From the survey for dental, eye care and pharmacy professionals, more than 31% of the respondents indicated that communication between themselves and their patients with disabilities is difficult.

Training on How to Better Serve People with Disabilities

When we researched policy guidelines on education, continuous learning and development, we found that policies are laid out by most of the regulatory bodies in eye care services to ensure that continuous competencies be demonstrated by professionals. The majority of the dental, eye care and pharmacy professionals that responded to our survey for professionals stated that they have not received any continuing education or professional development training about serving people with disabilities. Most believe that it would be helpful in their practices if learning opportunities were provided. When we asked the professionals about their suggestions for increasing the knowledge of upcoming graduates, the majority stated that any form of training, program, online course, workshop or continuing education opportunity would be useful.

Similarly, the participants from the focus group overwhelmingly stated that educating professionals to serve people with disabilities is the single most effective solution to the problems that are being faced by professionals and people with disabilities.

Adequacy of Appointment Duration

When reviewing the policy guidelines on allocation of sufficient appointment time for patients based on their needs, the Guidelines to the Standard of Practice document by the Alberta College of Optometrists has clear directions on delivering professional services with an appropriate allocation of time. However, our surveys with dental, eye care and pharmacy professionals found mixed responses in allocating appropriate time for

patients. More than 32% of the respondents stated that they give extra time to serve their patients with disabilities and about 31% stated that they give extra time sometimes but not always. Our survey asked about the concerns with giving extra time, and 35% stated that the time they give to patients with disabilities is taken away from other patients. About 25% stated that the extra time given to patients with disabilities costs them extra staff time and lost revenue. This is a major concern in terms of managing the time for the treatment that is required for patients with disabilities.

This correlates to another finding from the surveys when we asked professionals about when they get to know their patient's disability. 9.2% of the respondents found out about their patient's disability at the time of booking the appointment. The other respondents find out about the patient's disability at the time of the patient's arrival for the appointment or when collecting the patient's written medical history or at the time of the patient's treatment.

A significant concern for professionals who serve patients with disabilities is the extra time required. The findings strongly suggest that there is an acute need to establish a mechanism through which professionals can manage their time without taking time away from other patients, as well as providing the services within the expected guidelines from their respective regulatory bodies.

Referral of People with Disabilities to Other Eye Care Colleagues

The policy documents from the Alberta College of Optometrists provided guidelines on the process of referrals to another professional. It states that referrals must be made to appropriate professionals based on the patient's condition requiring evaluation or treatment that is beyond the scope of practice or comfort level of the referring professional. Despite these guidelines, more than 34.8% of the respondents to the survey for dental, eye care and pharmacy professionals stated that they do not refer their patients with disabilities to another appropriate professional based on their inability to meet the needs of the patient. When we inquired how many of the professional respondents maintain a list of professionals that can serve people with disabilities that they are unable to accommodate, 12.2% know of or maintain a list of such professionals.

This concludes our review of eye care policies in Alberta. Through this research, we focused on some of the issues and the concerns that professionals and people with disabilities face when providing and receiving

services. The results of our research study imply that policy documents provide direction to professionals for provision of the best possible services. However, provision of accessible eye care offices/clinics, communication and training and education are major gaps that are identified using the data taken from the surveys and the focus group discussions.

Results from the Surveys, Focus Groups and Site Visits

Survey Results from People with Disabilities

This section elaborates on some of the findings from the surveys completed by people with disabilities.

Figure 9 states the participation of people with disabilities receiving or those who have received eye care services.

Have you visited an eye care office/clinic for your eye care? (E.g. exams, glasses, contacts, surgery, etc.)	
Response	Percent of Respondents
Yes	80.2%
No	7.0%
Did not answer	12.8%

Figure 9: Number of Survey Respondents Who Visited Eye Care Offices/Clinics

When we inquired about the challenges from the respondents about accessing eye care services, we received the following responses.

Which of the following areas have you experienced difficulty with at your eye care office/clinic? Please check ALL that apply.	
Response	Percent of Respondents
Getting transportation from your home to the eye care office/clinic	6.6%
Signs to indicate accessible entrance	6.1%
Parking	14.1%
Drop off area for accessible transit	4.7%
Going from the parking/drop off area to the entrance door of the building	6.1%
Going through the entrance door of the building	8.5%
Going from the entrance door of the building to the office/clinic	3.8%
Ramps	1.9%
Stairs	3.8%
Elevators	0.5%

Reception area	6.1%
Signing forms and/or other papers	14.1%
Going from the reception area to the examining room	8.0%
Communicating with the receptionist and other employees	17.8%
Communicating with eye care professionals (optometrist, ophthalmologist, optician, etc.)	22.5%
Equipment (exam chair, eye-testing equipment etc.)	14.1%
Transferring and lifting	7.0%
Written instructions and information	9.9%
Verbal instructions and information	13.6%
Washroom	6.1%
Making payment	9.4%
Other (please specify)	11.7%
Did not answer	35.7%

Figure 10: Areas of Difficulty Accessing Eye Care Offices/Clinics by People with Disabilities

The findings from this question from the respondents are similar to the challenges mentioned by the respondents accessing dental and pharmacy services. Communication with eye care professionals and other employees and the exchange of information contributes to the highest number of challenges shared by the respondents. This is critical to the quality of services that are provided by eye care professionals. Communication is pivotal to the provision and appropriateness of services. The above survey results indicate that there are gaps in accessible services for people with disabilities when visiting eye care professionals.

Despite communication challenges, respondents indicated that they are generally satisfied with the accommodations made when they get their eyes checked. Figures 11-13 summarize the responses from the respondents.

Are your needs accommodated by your eye care professionals (ophthalmologist, optometrist, optician, etc.) when he/she is taking care of your eyes?	
Response	Percent of Respondents
Yes	54.1%

Some but not all	19.2%
No	4.2%
Did not answer	22.5%

Figure 11: Accommodation Received from Eye Care Professionals

Are your needs accommodated by the other employees (reception, eye care assistant, etc.)?	
Response	Percent of Respondents
Yes	54.9%
Some but not all	17.4%
No	3.8%
Did not answer	23.9%

Figure 12: Accommodation Received from the Other Employees in Eye Care Services

Are you satisfied with the accommodations you receive at your eye care office/clinic?	
Response	Percent of Respondents
Yes	52.1%
Somewhat	20.7%
No	2.3%
Did not answer	24.9%

Figure 13: Rate of Satisfaction with the Accommodation Received at the Eye Care Office/Clinic

People with disabilities were asked about misunderstandings and misconceptions by their eye care professionals regarding people with disabilities. 33% of the respondents stated that they didn't think their eye care professionals had any misunderstanding and misconceptions. Figure 14 shows the survey responses:

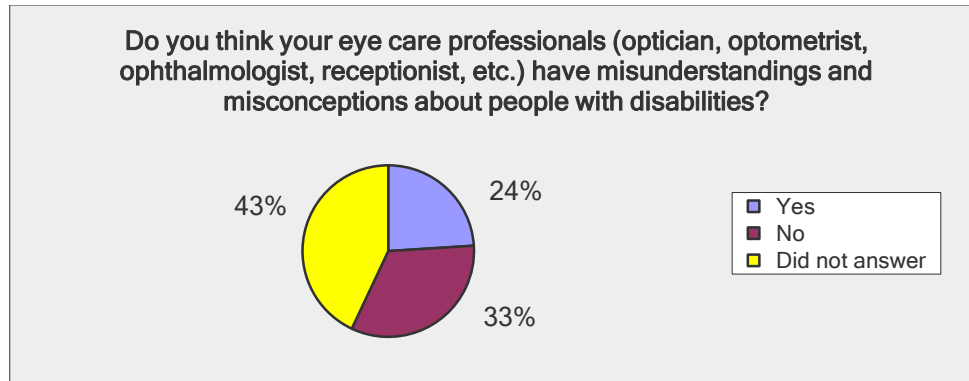


Figure 14: Misunderstandings and Misconceptions about People with Disabilities by Eye Care Professionals

Focus Groups

This section highlights the information gathered during the focus group discussions that people with disabilities shared regarding their experiences when receiving eye care services in Alberta.

A repetitive discussion point that was mentioned is the state of inaccessible eye examination machines/equipment. This includes both the machines that are old and the new modern eye examination machines/equipment. For example, most of the eye care services have refractors that require patients to lean on and keep their chins on the refractor in order to get their eyes examined. The inaccessible examining chair makes it difficult for people with severe mobility disabilities to lean on and keep their chins on the refractor. This chair can pose a potential safety threat. It becomes particularly critical when individuals with severe mobility issues are lifted and transferred onto the examination chair by individuals who are not trained to lift and transfer.

Another indicator from the focus groups is the acute shortage of eye care professionals and eye care services for people with disabilities. For example, an individual living in a rural area of the province may have to travel to a larger city like Calgary or Edmonton to get their eyes examined.

Communication is also highlighted as a potential challenge for people with disabilities when accessing eye care services. This intensifies further due to the misunderstandings that prevail amongst eye care professionals about people with disabilities, particularly about patients with autism. This can lead to services that are inappropriate to the needs of the individual.

When exploring ways about how to work on these challenges, most of the respondents stated that eye care professionals should have formal training about different disabilities and the training should provide hands-on practice with different types of disabilities. New graduates are the most challenged in understanding people with disabilities.

Site Visits

ACCD contacted more than 55 eye care practices across Alberta asking them to allow ACCD to assess their offices/clinics. However, we received permission to assess only 4 private eye care offices/clinics. In addition to these clinics, we were able to assess the Regional Eye Clinic at the Royal Alexandra Hospital based in Edmonton. This clinic is one of the largest sources of high tech services in the area of eye care across Alberta.

Our findings regarding site visits do not represent the accessibility of all eye care offices/clinics across Alberta. However, we will expand on some key issues that were identified during the site visits.

Parking and a barrier-free path of travel from the parking area to the entrance of the building or clinic are of concern in the sites visited. Results from our study showed that there is insufficient width of accessible parking stalls, no access aisles adjacent to accessible parking stalls, lack of barrier-free ramps, poor access to ramps from accessible parking stalls and insufficient ratio of height over length of ramp slopes.

Although these issues are addressed in the Barrier-Free Section of the Alberta Building Code, they are not given due consideration which results in inaccessibility of buildings, offices and clinics for people with disabilities.

Another concern that was identified through the site visits is the barrier-free path of travel inside the eye care office/clinic to the examination room. In the physical layout of these offices/clinics, the width of the path of travel needed in order to access the examination rooms was generally less than the minimum requirements of the Alberta Building Code. The minimum requirements of the width of the path of travel has to be barrier free to meet the Code so that people with mobility impairments and those using wheelchairs can access these services.

Washrooms are the most inaccessible spaces of all. There were many issues inside washrooms such as getting into the washroom, the required space or turning circle inside the washroom, the location, measurement,

type and length of grab bars, the back seat of the toilet, the space under the sink, the height of the mirror, the placement of the soap dispenser and the paper towel dispenser and the type, location and height of coat hooks.

In addition to the above, eye examination rooms contain equipment that is not accessible to people with severe mobility issues.

On a positive note, hand-held refractors are sometimes being used in order to accommodate people with severe mobility issues. This is extremely useful for those individuals who cannot move from their wheelchairs. With the use of hand-held refractors, they are able to get their eyes checked successfully.

Exemplars

Dr. Richard McCormack - Optometrist

Dr. Daniel Senekal – Ophthalmologist

Recommendations

- Improve communication between dental care, eye care and pharmacy professionals and other employees and people with disabilities by including disability-awareness training in post-secondary education programs.
- Advance the skills and knowledge of existing dental, eye care and pharmacy professionals and other employees by introducing professional development courses, workshops and seminars focusing on removing barriers faced by people with disabilities.
- Improve the physical access of dental, eye care and pharmacy offices/clinics by adhering to the Barrier-Free Section of the Alberta Building Code and promising practices, including reception areas, counselling/examining rooms, counters and washrooms.
- Use and promote dental, eye care and pharmacy equipment, packaging and written materials that are accessible to people with disabilities.

Value-Added Accomplishments

During the course of this research study, ACCD had an exemplary achievement that added value to the overall project outcomes. The following details that accomplishment:

- The Regional Eye Centre at the Royal Alexandra Hospital asked ACCD to conduct an accessibility assessment of the entire department consisting of reception areas, nursing stations, approximately 40 examination

rooms, 4 public waiting areas and all of the diagnostic equipment contained in the examination rooms. ACCD acknowledges and appreciates the efforts of Dr. Karim Damji for setting up this opportunity.



Alberta Committee of Citizens with Disabilities



Accessibility Audits

Accessible Pharmacy Services



Definitions

People with Disabilities: is a term used to apply to all people with disabilities including those who

- have a significant and persistent physical, developmental, psychiatric, sensory or learning impairment which may be permanent or temporary in nature; and
- experience functional restrictions or limitations in their ability to perform the range of life's activities; and
- experience attitudinal and/or environmental barriers, which hamper their full and self-directed participation in life.

Pharmacist: Pharmacists are licensed healthcare professionals who practice in a pharmacy focusing on safe and effective medication use.

Pharmacy technician: A pharmacy technician is a health care provider who performs pharmacy-related functions, generally working under the direct supervision of a licensed pharmacist.

Other Employees in the Pharmacy Profession: Individuals who support licensed professionals to carry out their work. These include pharmacy assistants who work alongside licensed pharmacists and pharmacist technicians to help process prescriptions and any other employees helping at the counter of a pharmacy.

Literature Review

ACCD's research study carried out research on literature about accessible pharmacies and the challenges faced by people with disabilities when using pharmacies. Our research results showed that there is a lack of available research materials readily available on this subject. Various internet searches were conducted but only a limited number of articles were found. The following is a review of the limited literature that was available.

A recent study (Kailes & MacDonald, 2009) of patients 60 years and older at a public hospital found that 81 percent could not read or understand the basic information such as the prescription labels and appointment information. Although this is true for seniors over the age of 60 years, it is equally true for people with disabilities as is highlighted in the different types of data collected in our research.

In the same study, Kailes & MacDonald assessed reading and understanding prescriptions by people with disabilities. They used a Medication Knowledge Assessment to assess a person's knowledge and ability to read and comprehend information necessary for appropriate medication use. The study identified some common features that are listed below:

- Name of the medication. (Can the person read the label?)
- Why are you taking the medication? (For what disease or condition?)
- How much are you taking? (Number of pills)
- When to take the medication? (E.g., morning, before meals, twice a day)
- Effects to look for. (Both positive and negative)
- Where do you keep the medication? (To ascertain special storage conditions)
- When is the next refill due? (A plan or method for obtaining refills.)

Kailes & MacDonald (2009) further explore challenges that are faced by people with low dexterity. These conditions hinder the ability to open product packages and medication containers, administer non-oral dosages (e.g., injections, patches, inhalers), use medical devices, or manipulate home testing equipment (e.g., glucose monitoring). Similarly with regard to people with sensory limitations (impaired vision/blindness, impaired hearing/deaf, deaf-blind, and/or difficulty speaking, remembering, concentrating, learning and/or understanding), Kailes & MacDonald propose that a communication solution for one person, may or may not work for another person with the same disability.

Community pharmacies are considered the first step of health care services for people living in the community. However, accessing pharmacies is a significant challenge for people with disabilities.

The main challenges that people with disabilities face are transportation and the physical environment. People with mobility impairments have the greatest challenge with inaccessible physical environments in a pharmacy. Many pharmacies are not accessible because of the physical layout starting from outside of the pharmacy, from the parking area or the bus drop off area to the entrance door. These challenges of inaccessibility of pharmacies from inside and outside add more barriers for people with disabilities.

Review of Policies, Focus Groups and Surveys in Pharmacies

In Alberta, the Alberta College of Pharmacists regulates the pharmacy profession. This review focuses on three policy documents that are regulated by the Alberta College of Pharmacists. The method of reviewing the policy documents was consistent with what was carried out in the dental and eye care sections of this research study.

Statements from the policy documents, using direct and indirect word searches, were reviewed. The direct and indirect words searches were as follows:

Direct Words Search

Disability, disabilities, accommodation, accommodate, accessibility, barrier

Indirect Word Search

Communication, patient centered, education, professional development, accountability, human rights, referral, competence, needs of clients

The following policy documents and standards were used in this review. These documents were retrieved from the Alberta College of Pharmacists.

Service Area	College	Policy Document
Pharmacy	<ul style="list-style-type: none"> • Alberta College of Pharmacists 	<ul style="list-style-type: none"> • Standard of Practice • Code of Ethics • Standard of pharmacies

Figure 15: Policy Documents Reviewed from the Alberta College of Pharmacists

Based on our direct and indirect word search, themes were developed to assess how the accessibility of pharmacies was addressed through these policy documents. The Code of Ethics clearly identifies that provision of

pharmacy services cannot discriminate against any patient on the basis of the patients' age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation or socioeconomic status. This sets a clear direction of what is expected from pharmacists in order to provide exemplary services to their patients.

It is important to mention that there is a provision of the right to refuse to accept an individual as a patient for legitimate reasons.

Access to Physical Space

Patients' confidentiality and privacy is another area that the three policy documents address. Guidance is given to pharmacists to ensure confidentiality and privacy in terms of protecting individual information. In addition, the physical layout of the pharmacies is an important aspect in maintaining privacy and confidentiality. Pharmacies that are in older constructed buildings generally have high counters, and do not have a counselling room. This results in lack of confidentiality and privacy of information that is exchanged at the counter. In newer pharmacies, accessible consultation rooms are built in order to maintain confidentiality of information.

In some pharmacies objects are placed outside the entrance of the consultation rooms making access to the room difficult for people with mobility impairments.

Communication

An area that is included in the Code of Conduct is meeting individual communication needs. Through our literature search, focus groups and surveys communication is the most significant barrier for people with disabilities. Lack of communication and miscommunication compromises the overall well-being of patients and becomes a safety hazard, as well. It is an important aspect of the Code of Conduct for people with disabilities that communication is included.

Training on How to Better Serve People with Disabilities

Given that communication was included in the Code of Conduct, continuing and ongoing education is critical in reducing communication gaps between patients and existing and upcoming pharmacists.

Our recommendations are that continuous training and professional development be provided so that practicing and new graduates can incorporate exemplary services to their patients with disabilities.

The above areas of inaccessibility of pharmacies and maintaining individual privacy and confidentiality, communication and training for pharmacy professionals are included in the policies and standards for licensed practices; however, based on the evidence from our focus groups and surveys, there is a need to ensure that these policies and standards are properly applied by those working in the field.

Results from the Surveys, Focus Groups and Site Visits

Survey Results from People with Disabilities

This section elaborates on some of the findings from the survey provided in order to collect information about the needs of people with disabilities who use pharmacy services. Figure 16 shows how many of the respondents used pharmacy services.

Have you visited a pharmacy? (E.g. prescriptions, over the counter medications, vaccines, blood pressure monitoring, etc.)	
Response	Response Percent
Yes	75.6%
No	7.6%
Did not answer	16.8%

Figure 16: Number of Survey Respondents Who Visited a Pharmacy

We inquired about the challenges that the respondents experience when accessing pharmacy services and received the following responses.

Which of the following areas have you experienced difficulty with at your pharmacy? Please check ALL that apply.	
Response	Response Percent
Getting transportation from your home to the pharmacy	3.8%
Signs to indicate accessible entrance	4.2%
Parking	8.9%
Drop off area for accessible transit	2.3%
Going from the parking/drop off area to the entrance door of the building	6.1%
Going through the entrance door of the building	3.8%
Going from the entrance door of the building to the pharmacy	6.1%

Ramps	0.9%
Stairs	1.9%
Elevators	0.5%
Prescription drop off and pick up area	10.8%
Signing forms and/or other papers	8.9%
Going from the waiting area to the counselling/ examining room	3.3%
Communicating with the pharmacist	11.7%
Communicating with other pharmacy employees (e.g. technicians, assistants etc.)	13.1%
Equipment (blood pressure etc.)	1.4%
Prescription bottles and/or packaging	13.1%
Written instructions and information	13.1%
Verbal instructions and information	10.8%
Washroom	5.6%
Making payment	8.0%
Other (please specify)	14.6%
Did not answer	46.9%

Figure 17: Areas of Difficulty Accessing Pharmacies by People with Disabilities

The findings from this question raised two concerns that are identified earlier in this research study. Communication and packaging are the most identified challenges for people with disabilities in pharmacies.

Good communication is critical to giving and receiving required services at a pharmacy to ensure patient safety and confidentiality of the information. Our research study shows that good communication is not consistently provided and that this is an area that needs to be improved.

Despite communication challenges, respondents stated that they are generally satisfied with the accommodations made when visiting pharmacies. Figures 18 and 19 summarize the responses from the respondents.

Are your needs accommodated by your pharmacist?	
Response	Response Percent
Yes	57.7%
Some but not all	13.1%
No	2.4%
Did not answer	26.8%

Figure 18: Needs Accommodated by Pharmacists

Are you satisfied with the accommodations you receive from your pharmacist?	
Response	Response Percent
Yes	60.5%
Somewhat	11.7%
No	1.0.%
Did not answer	26.8%

Figure 19: Rate of Satisfaction with the Accommodations Received from Pharmacists

ACCD asked people with disabilities about the misunderstandings and misconceptions of pharmacy professionals about disabilities. 38% of respondents stated that they did not think that their pharmacy professionals had any misunderstandings and misconceptions about people with disabilities. Figure 20 describes the responses that respondents of the survey shared.

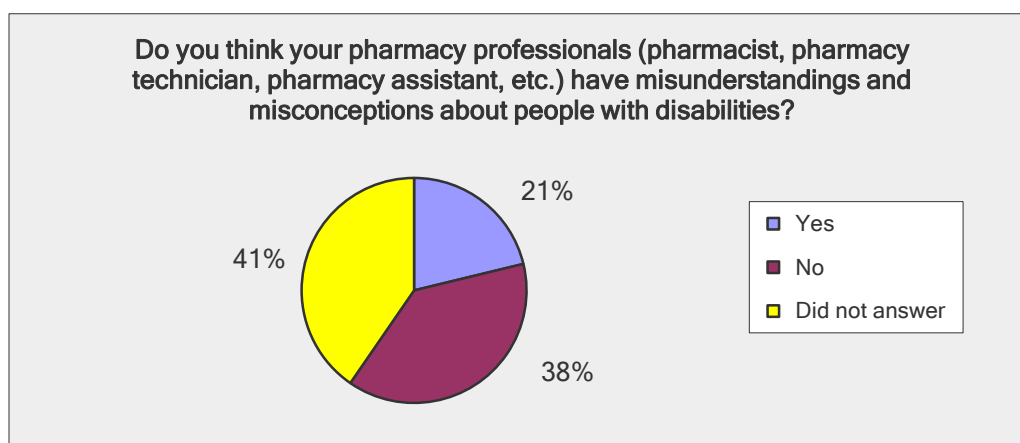


Figure 20: Misunderstandings and Misconceptions about People with Disabilities by Pharmacy Professionals

Focus Groups

This section highlights information gathered during the focus group discussions that people with disabilities shared regarding their experiences when receiving pharmacy services.

ACCD’s research study conducted seven focus groups across Alberta covering all regions, including a focus group for participants from First Nations. Some of the issues discussed were the challenges of visiting pharmacies e.g. high counters, lack of privacy and confidentiality and lack of a counselling room. The focus groups did not identify communication as a prominent challenge as all were satisfied with communication with their respective pharmacists, for the most part.

The most discussed issue was the inaccessible height of pharmacy counters at the drop-off area. The pickup area is relatively accessible.

Physical access in terms of entrances and getting to the pharmacies were major concerns for most of the participants, especially when the pharmacy is part of a larger store. Barriers are created when marketing materials are placed in the aisles making it difficult to reach the pharmacy. This is consistent with the site visit results. It appears that other employees working in the pharmacy are unaware of the implications of placing these items on the path of travel to reach pharmacy counters.

The second issue that was discussed by most of the focus group participants is the lack of confidentiality of their information when accessing services due to the layout of the pharmacies. Some of the participants shared that new pharmacies are more able to keep information private due to accessible counselling rooms.

There were other concerns raised with regard to pharmacy services for AISH and NIHB (Non-Insured Health Benefits for First Nations and Inuit) recipients in both rural and urban areas of Alberta. Concerns were shared that the quality and type of medications that are given under these programs do not have the same effectiveness as brand name medicines. Since this was out of the scope of our research study, these discussions were not investigated with the participants.

The solution proposed by the participants is to increase the amount of education and training opportunities about providing required services to people with disabilities. This includes curriculum development at the undergraduate level and providing ongoing professional development courses for professionals practicing in the field.

This solution is consistent with the dental and eye care sections of our research study where participants with disabilities and professionals agreed that more education should be provided to develop the knowledge and skills required to better serve people with disabilities.

Site Visits

ACCD contacted more than 80 pharmacies across Alberta asking them to agree to allow ACCD to assess their pharmacies and three agreed to let ACCD assess their establishments. Although the tool identified many

small issues, this section addresses the larger issues in order to get a better understanding about accessibility within most of the sites visited.

In a community pharmacy setting, accessibility from the entrance, to the pharmacy counter, to the counselling room is a major challenge. These access issues add to further challenges with confidentiality when exchanging information between the patient and the pharmacist.

From the physical accessibility perspective, the parking spaces, signage, access to entrances and getting to the pharmacy counter are not as much of a challenge in modern and franchised pharmacies. The challenges lie in the knowledge and understanding of pharmacy employees about keeping marketing materials out of the aisles that obstruct the path of travel to the pharmacy counters.

There are also some concerns with the height of the counters at the drop off and the pickup areas. In modern franchised pharmacies, there is a better understanding that both of these areas should be made accessible so people with disabilities can drop off their prescriptions and pick up their medications.

Washrooms were another area of concern where most of the pharmacies that were visited were in non-compliance with the Barrier-Free Section of the Alberta Building Code. This non-compliance ranges from a single item to many items mostly due to the lack of knowledge of the needs of the people with disabilities. Some issues of an inaccessible washroom include, but are not limited to, lack of proper signage on the door, lack of minimum turning space inside the washroom, inappropriate installation of grab bars, sink, paper towel and soap dispensers. These are just some of the major issues that the site visits identified within the washrooms of the pharmacies that were visited.

Recommendations

- Improve communication between dental care, eye care and pharmacy professionals and other employees and people with disabilities by including disability-awareness training in post-secondary education programs.
- Advance the skills and knowledge of existing dental, eye care and pharmacy professionals and other employees by introducing professional development courses, workshops and seminars focusing on removing barriers faced by people with disabilities.

- Improve the physical access of dental, eye care and pharmacy offices/clinics by adhering to the Barrier-Free Section of the Alberta Building Code and promising practices, including reception areas, counselling/examining rooms, counters and washrooms.
- Use and promote dental, eye care and pharmacy equipment, packaging and written materials that are accessible to people with disabilities.

Value-Added Accomplishments

During the course of this research study, ACCD had some exemplary achievements that added value to the overall project outcomes. The following are the details of those accomplishments:

- ACCD collaborated with the Alberta Pharmacists Association (RxA) and presented the project initial findings at the bi-annual Professional Development Conference.
- ACCD has collaborated with the Faculty of Pharmacy, University of Alberta and provided several presentations and workshops to students within pharmacy programs.
- Through ACCD's collaboration with pharmacy students at the University of Alberta, students developed a template of an accessible pharmacy tool, which outlines the steps to be taken to ensure the pharmacy is accessible to people with various disabilities including physical, blind or visually impaired, deaf or hard of hearing and people with communication disabilities.
- ACCD was asked to present the project at the University of Alberta's Pharmacy Awareness Month. ACCD acknowledges and appreciates the efforts of Dr. Cheryl Sadowski for her effort in driving these accomplishments for ACCD's research study.

Survey Results from Dental, Eye Care and Pharmacy Professionals and Other Employees

ACCD worked in collaboration throughout this research study by engaging dental, eye care and pharmacy professionals and other employees in order to explore their experiences when providing services to people with disabilities. We conducted a survey for these professionals so they could share their experiences. 164 surveys were completed.

When we inquired about the offices/clinics where they are currently working, the location and scope of practice were named as the highest priorities for them to have established their work in their current locations.

The survey also asked for information about the types of disabilities represented in their practices. The respondents stated that mobility, visual impairment, hard of hearing, obesity, mental and psychological disabilities are the most common types of disabilities represented, which indicates that these professionals experience patients with all the major types of disabilities.

We inquired about the areas where their patients with disabilities experience the most difficulties. The most difficult challenges their patients experience are getting transportation from home to the office/clinic and communication between people with disabilities and themselves. The latter challenge is consistent with the survey for people with disabilities where they identified communication as one of the most difficult challenges they face when they access dental, eye care and pharmacy services.

During your post-secondary and/or graduate education, did you receive any training about serving people with disabilities?	
Response	Percent of Respondents
Yes	17.7%
No	43.3%
Did not answer	39.0%

Figure 21: Training Received during Post-Secondary and/or Graduate Education about Serving People with Disabilities

We further inquired about receiving continuing education or professional development training about serving people with disabilities.

Since graduating, have you received continuing education or professional development training about serving people with disabilities?	
Response	Percent of Respondents
Yes	6.2%
No	54.8%
Did not answer	39.0%

Figure 22: Continuing Education or Professional Development Training Received since Graduation about Serving People with Disabilities

The results from Figure 21 and Figure 22 show that 43.2% of survey respondents did not receive any training about serving people with disabilities during their post-secondary/graduate training and 54.8% have not had any training since.

When we inquired about whether learning more about the needs of people with disabilities would help in their practices, we received the following responses.

Would learning more about meeting the needs of people with disabilities help you in your practice?	
Response	Percent of Respondents
Yes	52.4%
No	7.9%
Did not answer	39.7%

Figure 23: Responses on the Impact of Learning to Meet the Needs of People with Disabilities in their Practices

We inquired about whether or not they would be interested in learning more about the needs of people with disabilities to help in their practices and 52.4% responded that they would be interested in learning more.

The above data show that professionals acknowledge that developing their knowledge and skills about serving patients with disabilities would help them in their practices. This finding not only serves as an indicator by professionals that training would help them when serving their patients with disabilities, it also opens up the opportunity for regulatory colleges to review and expand their standards and policies to include training about serving people with disabilities.

Further, 49% of the survey respondents consider eLearning as the preferred way of learning new information while they are practicing. At the same time, they also suggested that there should be more education

available through structured programs, courses and conferences during their post-secondary and/or graduate studies.

The survey also inquired about whether their practices have policies about meeting the needs of people with disabilities and 27% responded that they do not have these policies and procedures.

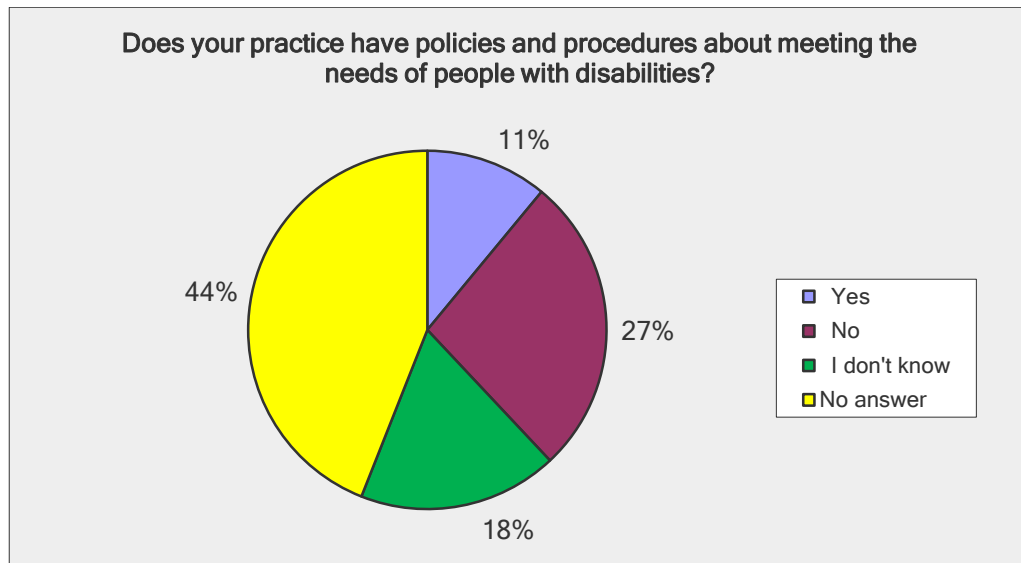


Figure 24: Policies and Procedures about Meeting the Needs of People with Disabilities

Another area of interest relevant to our research study is the use of advanced technology and equipment by dental professionals to meet the needs of their patients with disabilities. More than 63% of the respondents from the survey stated that they use technology, equipment, instruments, medications or alternative procedures to meet the needs of people with disabilities. However, more than 53% did not receive any training on how to use the technology, equipment, instruments, medications or alternative procedures. This indicates a major deficit in policy that can be addressed by the respective colleges to ensure proper continuous training is received.

Appendix 1: Focus Groups



Alberta Committee of Citizens with Disabilities

The Alberta Committee of Citizens with Disabilities actively promotes full participation in society and provides a voice for Albertans with disabilities.

Accessible Dental, Eye Care and Pharmacy Services in Alberta **Focus Group Agenda, Questions and Facilitator's Guide**

Agenda

- a) Consent Form collection
- b) Greetings and introduction
- c) Introduction of ACCD and the project
- d) Focus group, purpose and rules
- e) Discussion questions
- f) Conclusion & thank you

Facilitator's Guide

- a) Consent Form Collection
 - Collect the consent forms from the participants before any proceedings begin and make sure participants have a copy for their records.
- b) Greetings and Introduction
 - Welcome everyone who is present.
 - Introduce yourself and ask the participants to introduce themselves.

- c) Introduction of ACCD & the Project

About ACCD: The Alberta Committee of Citizens with Disabilities came into existence in 1973 when a group of people decided to work for full participation in society by people with disabilities. Since that time, ACCD has been Alberta's only provincial, cross-disability organization of and for people with physical, mental, sensory, learning, developmental and progressive disabilities. We remain a grassroots, consumer-directed organization dedicated to improving the quality of life of people with disabilities.

ACCD has been a part of many positive changes in Alberta. We have helped bring about a variety of services and programs designed to assist people with disabilities to participate fully in the community and be equal partners in society. For example, since 1979, we have made an ongoing commitment to raise awareness about the importance of the Assured Income for the Severely Handicapped program. In 2005 and 2012, we were pleased to see the government implement many of the suggestions we made for improving this vital program.

ACCD has been a leader in the growing disability movement. All over Alberta, people with disabilities are making their voices heard in

increasing numbers. ACCD is proud to be a part of this consumer-directed movement. All of our endeavours are guided by the principles of accessibility, equity and full-participation.

About the Project: Did you know that Alberta has more than 410,000 (12.5%) people with disabilities and this number will significantly increase over the next few years? And, did you know that the government and professional associations are increasingly putting their efforts into making their services more inclusive and accessible to people with disabilities? In an effort to support government and professional associations, ACCD has undertaken a project to gather information about the accessibility of dental, eye care and pharmacy services.

Our goal is to increase the awareness of dental, eye care and pharmacy professionals about the accessibility of their premises in order to better serve their clients with disabilities. To achieve our goal, we will review existing policies and practices, conduct accessibility assessments and use this information, along with community consultations, to recommend improvements for creating more accessible dental, eye care and pharmacy services.

d) Focus Groups

A focus group is a form of research where a group of people are asked about their perceptions, opinions, beliefs and attitudes towards a product, service, concept or idea. Questions are asked in a group setting where participants are free to talk with other group members. Purpose: ACCD's focus group research will be used to develop and improve products or services. The main purpose is to provide data to enhance change or create programs or services targeted at helping people with disabilities.

Rules

1. There are no right or wrong answers. All opinions count.
2. Listen actively and respect others when they are talking.
3. Speak from your own experience instead of generalizing.
4. Do not be afraid to respectfully challenge one another by asking questions, but refrain from personal attacks. Focus on ideas.
5. Don't interrupt. Everyone has the right to be heard.
6. Participate to the fullest of your ability. Community growth depends on the inclusion of every individual voice.
7. Instead of invalidating somebody else's story with your own spin on her or his experience, share your own story and experience.
8. The goal is not to agree. It is to gain a deeper understanding.
9. Be conscious of body language and nonverbal responses. They can be as disrespectful as words.

10. We will tape/video record the group discussions. We won't identify anyone by name in our report. You will remain anonymous.

e) Discussion Questions

a. Dental Care

- i. What do you look for when you choose a dental service?
- ii. Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?
- iii. Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?
- iv. How many of you have found a dentist who uses different approaches to accommodate people with disabilities?
- v. What are the possible solutions to these challenges?

b. Eye Care

- i. What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?
- ii. Any suggestions for improving services?
- iii. Do you know about practices that are doing an exemplary job in eye care clinics?

c. Pharmacy

- i. What are some of your concerns when visiting a pharmacy in your community?
- ii. What are some of your suggestions to increase pharmacy accessibility?
- iii. Has anyone been accommodated by your pharmacy due to your disability?

f) Conclusion and Thank You!

- Thank the participants for sharing their time, knowledge and experiences.
- Inform them about the next steps of the project.
- Distribute contact information so that participants can contact us later.

Materials & Set-up for the Focus Group

- Have two sets of Consent Forms ready for the participants.
- Have posters placed on the wall/easels for easy access.
- Post-it notes and markers should be distributed.
- Have agendas ready.
- Hand out/send ACCD brochures.

- Have contact information ready to distribute to the participants. If the focus group is by teleconference, ask participants to identify themselves when speaking and speak clearly.
- If the focus group is by teleconference, be sure to send the information out well in advance of the meeting.

Accessible Dental, Eye Care and Pharmacy Services Project Information Sheet/Consent Form for Focus Group

Last Name: _____ First Name: _____

Address: _____ City: _____

Postal Code: _____

Phone: _____ Email: _____

Do you or your family member have a disability? _____ Type of disability:

Your Availability: Check all times when you can participate in the focus group.

Dec 1, 2014

10:00 am – 11:30 am

12:30 pm – 2:00 pm

2:00 pm – 3:30 pm

The Project: Over the next 12 months, ACCD will be carrying out a project about accessible dental, eye care and pharmacy services in Alberta. The project includes gathering information through focus groups, surveys, assessments and a literature review. We are conducting focus groups in several locations in Alberta.

Focus Group: You are invited to participate in the focus group because you or your family member has a disability. None of the health or medical services that you presently receive will be affected if you do not participate in the focus group. Your participation is voluntary. There are no known risks associated with this focus group.

Procedure: If you agree to participate in the focus group, a facilitator from the project team will contact you in advance of the focus group to ask a few questions about your experience receiving dental, eye care and/or pharmacy services and to set up the focus group with you. Details about the time for the focus group will be given to you in advance.

Potential Benefits: If you agree to participate in the focus group, you will contribute valuable information that may be beneficial to you and other people with disabilities when going to the dentist, eye doctor or pharmacy in

the future. If you tick yes at the bottom of this form, when the project is completed, you will be sent a written summary of the results of the research project.

Confidentiality: We ask that all participants keep confidential what was discussed during the focus group. Your participation and identity will not be shared with anyone. Your name and any identifying information will not be included in the transcript of the focus group or the final project documents.

Consent: Your signature indicates that you have signed this form and are giving permission for the information you provide to be used in the final documents of the project.

Name of person consenting (Please print):

Signature: _____

Date: _____

Do you want to receive the summary of results of this project?

Focus Group, Edmonton, May 31, 2014

Introduction

Bev Matthiessen, executive director, Jackie Beaton, accessibility manager, and Minhas Ali, program manager, participated on behalf of ACCD. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. Minhas reviewed the objectives and possible outcomes of the project.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- Accessibility of the entire clinic and office. Access is the greatest concern as it creates one of the biggest barriers for people with disabilities.
- Accessibility of the clinic and office along with accessible parking.
- There are other issues associated with the accessibility of medical services beyond the medical clinic such as the area where accessible transport services drop off, the ramp and the curb. Accessibility of these areas is an important issue when determining which offices and clinics people with disabilities choose to visit.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- One participant said that her dentist has put in a new ramp as the one that was there before was too steep.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answers:

- No participant in the group has been referred to another dentist due to inaccessibility in providing service and care.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- A participant said her dentist helped her transfer out of her chair into the dental chair so that she can be put back to have her teeth properly cleaned.

Question 5: What are the possible solutions to these challenges?

Answers:

- Educating dental professionals about the needs of people with disabilities is key to changing attitudes and raising awareness about the needs of people with disabilities.
- Curb cuts should be in the middle of two accessible parking stalls, which should have a dedicated access aisle.

EYE CARE

The participants were briefed about what eye care means in this project: optometry, optician and ophthalmology. These terms were explained to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- One participant said that he did not have any issues with accessibility as he uses a cane. However, for many people with disabilities and service providers there is confusion about accessibility and what it means.
- Another participant shared that there are a lot of inconsistencies in understanding accessible places. Accessibility of a place should be connected to getting there.
- There are no accessible transport services available for people with disabilities in smaller towns. For example, even DATS, the Edmonton accessible service, only goes to the outskirts of Edmonton, not into Sherwood Park or St. Albert.

Question 2: Any suggestions for improving services?

Answers:

- Educating the public would create a big impact regarding accessible eye care services.
- Professionals need to be taught about the services required and the needs of people with disabilities.

- Expand the concept of accessibility to outside the offices and clinics, not only to inside the offices and clinics.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answers:

- No participant in the group knows about practices that are doing an exemplary job in an eye care clinic.

PHARMACY

The participants were briefed about increased responsibility being placed on pharmacists. Alberta Health Services is devolving services from physicians to pharmacists.

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- One participant shared that she chose another pharmacy over her original one as the latter had a life-threatening ramp due to its steep slope.
- Another participant shared that there are some serious concerns around accessibility in the city including all medical services.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- Accessibility should be looked at from a holistic point of view, not just for the clinics and offices. There is a need to make sure there is accessibility of the entire process from home to the offices and clinics and vice versa.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- No participant in the group has been accommodated by a pharmacy due to his/her disability.

The participants were thanked for sharing their time and experiences.

Focus Group, Grande Prairie, (GP) August 11, 2014

Introduction

Bev Matthiessen, executive director, Jackie Beaton, accessibility manager and Minhas Ali, program manager, participated on behalf of ACCD. Minhas began by confirming attendance and introducing the ACCD team. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. Bev thanked the participants and gave a brief history of ACCD and its programs. Bev expanded on how this project has evolved since 2009. Minhas reviewed the objectives and possible outcomes of the project. Before starting the discussion, the rules of focus group participation were read aloud. Jackie went through the points and there was no question raised by any participant regarding any rule.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- Dental clinics should be on the ground level.
- Accessible doors.
- Wheelchair accessible.
- Place where AISH cards are accepted.
- A list of those places where participants could find such services on government rates.
- It is embarrassing that participants are being rejected unless they pay extra money to cover the high fee beyond government funding coverage.
- It is quite a job to find a dentist that meets all the requirements and has all these features.
- Participants also need to make sure that the dentists have familiarity with their disabilities, as it requires special skills and techniques; for example, transferring, dealing with hyper people. "It is a nightmare getting such help!"
- The access to dental offices is sometimes hard. There are double doors, which require three people to get a wheelchair into the clinic.
- The dental rooms are most of the time very small and difficult to access using a wheelchair.

- Other participants concluded that it depends on what kind of training is given to these professionals so that they are aware of the different behaviours of people with disabilities.
- One of the dentists in GP requires a \$200 deposit to ensure the person keeps the appointment and makes it to the appointment.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- One participant shared that her friend is in the dental field where she gets her child's teeth checked. The dental office is located on the second level and there is no elevator to access the clinic. However, the dentist refers to another dentist who is accessible and provides comfortable, appropriate services. (Dr. Chip Engram) She knows the financial pressure on dentists to provide accommodation. Therefore, she is not in favour of passing any forced legislation.
- Another participant shared the exemplary services provided by a newly built facility where the clinic uses portable x-ray machines. The other machines are set up for doing other dental tasks so that patients do not need to transfer from one chair to another – (Dr. Curtis Smith). The option is also given to those who do not want to transfer into dental chairs. This doctor accepts AISH recipients and follows government rates.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answer:

- One participant from Slave Lake was using the hospital for her daughter's dental care until she was 18 years of age. Although no dental x-ray machine existed within that hospital, her daughter was fine as she does not like travelling. Soon after she became 19, she was referred to the U of A and Grey Nuns Hospital to get her dental check-up. This is very inconvenient for her and her daughter. She wished she could have continued to receive the services within the community. She felt very comfortable at the U of A and was treated appropriately.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- One participant found a dentist who lets him remain in his power chair. The dental chair moves backwards and his wheelchair moves into that location. This dentist accepts AISH applicants, as well. This dentist is in private practice in his own building (Dr. Roy).
- At the Grey Nuns, where parents went the first time, nurses were scared to see her daughter with autism and epilepsy. However, the second time, the Grey Nuns was well prepared.

Question 5: What are the possible solutions to these challenges?

Answers:

- Education is considered the most important tool. Training should be necessary.
- An information bulletin about where accessible services are offered would be helpful for the community and the professionals.
- To have a dental facility within the community, especially in rural settings. One participant suggested that additional funding should be given to support financially those dental professionals who want to make their facilities accessible.

EYE CARE

The participants were briefed about what eye care means in this project: optometry, optician and ophthalmology. These terms were explained to participants to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- Due to non-availability of an eye surgery facility in the entire GP region, a participant stated that she had to travel to Edmonton for surgery. She was told it would be very painful. She was released from the hospital the next day and she had to travel back to GP that same day on the bus. She was intoxicated with medicine that gave her images of snakes and spiders on the walls of the bus. The surgery was well handled but after surgery, it was pathetic.

- Another participant confirmed that the rounded ramp is very unsafe. It has a very sharp turn and no handrail on it. However, the doctor is now working on modifying the ramp.
- Another participant shared that accessibility was a challenge with her doctor despite the doctor being very nice. Due to a lack of modern accessible eye examination machines, the optometrist ends up examining her using an old manual method. The type of disability requires a digital machine to check her eyes as it keeps changing. She ended up having glasses that she cannot use.
- Another participant confirmed that Dr. Robert is 10/10. This doctor is very kind and skilled in dealing with different needs.
- Another participant shared that one of the optometrists in GP could not understand her daughter with autism; therefore, it was suggested to her by her family doctor that she get a referral to an ophthalmologist in order to get her daughter sedated and then get her eyes checked.
- FYI doctors (formerly Northern Vision) is the name of the eye care facility in GP where they have a good setup for accessibility.
- Another participant shared about a person with Irlen Syndrome, which is not covered under AHS. Being on a fixed income from government does not allow them to find and treat the eye problem as it is very rare as well as expensive.
- These clinics are located in rental buildings, which do not have ramps. The dental office owner does not have the responsibility or the liability; it is the building owner who is responsible to install ramps.

Question 2: Any suggestions for improving services?

Answers:

- Contact the local developer to let him know that the ramp does not meet the standard, as it is a liability issue.
- We need to work on building permits along with city council as city people don't know the needs of people with disabilities.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answers:

- Dr. Senekal in GP is an exemplary doctor and so is the facility.
- Dr. Robert's office is very new and has very wide hallways, doors and rooms. He has a hand-held device to do the eye check-ups. However, there is no automatic door. There is also a rounded ramp, which

seems very dangerous and when asked about it the doctor responded that it is as per the code.

PHARMACY

The participants were briefed about increased responsibility being placed on pharmacists. Alberta Health Services is devolving services from physicians to pharmacists.

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- One participant criticized new medicines.
- Privacy is a major issue despite people staying far behind in the line. One of the participants was able to hear another pharmacist talking to another patient.
- If one is getting AISH, and if due to some illness that person requires a stay in the hospital for more than a certain number of days, then government will stop the AISH benefit. It is important to note that that person still has to pay rent and other bills no matter if he is staying in the hospital for a few days.
- Participants observed that when AISH increased, the government started cutting off many other things which were covered by the government before this increase.
- Sometimes some services are denied by AISH only because the client has a savings of \$3,000. It was only because of AADL they were able to receive some extra services.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- One strategy to deal with privacy issue is to have a token number or name-calling and until that time, every client should be seated in the waiting area.
- Government should post the information on what changes they have made, and on what is covered and what is not covered every time they make changes. Patients have been buying one med for years under government coverage and all of a sudden, she finds out that she now will have to pay for the same med as government has removed that med from coverage.

- The pharmacy at Superstore was brought up. It has separate cubicles for privacy and confidential discussions.
- Using executive orders to change whatever and whenever the government wants in the pharmacy is highly discouraged by the participants.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- One participant shared that his pharmacy experience has been really good from the beginning to receiving the drugs. Staff are also knowledgeable. It is SDM outside GP.
- The Slave Lake SDM is also very nice. She goes beyond, taking extra care of the patient.
- Another participant shared that most of the time the pharmacy has been easily accessible except that there is no private area to talk. One of the most appreciated efforts made by pharmacies is that they deliver medicines without any extra charge.

The participants were thanked for sharing their time and experiences.

Focus Group, Calgary, August 18, 2014

Introduction

Trudy Huget, office manager, and Minhas Ali, program manager, participated on behalf of ACCD. Minhas began by confirming attendance and introducing the ACCD team. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. The participants were thanked and a brief history of ACCD and its programs was given. Trudy expanded on how this project has evolved since 2009. Minhas reviewed the objectives and possible outcomes of the project. Before starting the discussion, the rules of focus group participation were read aloud. Minhas went through the points and there was no question raised by any participant regarding any rule.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- Accessibility in the building, the offices and the bathroom.
- Transfer lift from wheelchair to dental chair.
- I look for a ramp.
- Attitude, willingness to accommodate, and willing to be open minded to allow service dogs.
- Access to the office and be able to provide dental care from his chair.
- Hearing loss. Attitude is important in deciding which dental service to use. When professionals wear a mask it should be transparent so the patient with a hearing loss can speech read.
- Allow a sign language interpreter to communicate between the patient and the practitioner.
 - This led to a question about who pays for the interpreter and the respondent said that it's provided by the government for up to two visits per year. In cases of emergency, interpreters are provided free by the AHS.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- One participant uses a power wheelchair so there is no need to transfer from a wheelchair to a dental chair. The dentist bends over to treat the patient.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answers:

- Due to the nature of the dental issue, it was decided that all of her teeth had to be removed. The first surgeon's office was inaccessible as they did not have a lift to transfer her and because of her size, lifting manually was out of the question. She was referred to another practitioner where she found everything accessible and she had a great experience.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- One practitioner uses a lift to transfer, which makes the entire experience easy for her.
- Other participants, one who is paraplegic and one who is blind, said that their professionals describe everything before doing anything on their teeth.
- Another participant shared that the practitioner does not transfer him to a dental chair; rather, he remains seated in his power chair and tilts it so he can rest his head on the head rest. However, sometimes the tilt is not sufficient so they put cushions under the front wheel of the wheelchair so it goes further back and the practitioner is able to do the treatment.
- Use of clear masks during the work so the patients can speech read.

Question 5: What are the possible solutions to these challenges?

Answers:

- Create a phone book or a website that contains the information about the width of doors, ways of transferring patients, elevators, time, etc. In wintertime, where do people wait for their HandiBus? Is it sheltered? Is it safe? So having a booklet where they can find out the information about services provided would be helpful.

- A suggestion was made to bring the dental, eye care and pharmacy associations on board so that they can start making possible changes or advancements in ways that would be useful to the profession.
- The ability to have American Sign Language interpreters to explain the procedures as well as the process on how to make payments.
- Dental professionals that are already accessible should be promoted so their names and services are recognized in the community as a reward for the outstanding contribution they are making to the community, which can also motivate other dental professionals to provide more accommodation for their patients with disabilities.

EYE CARE

The participants were briefed about what eye care means in this project: optometry, optician and ophthalmology. These terms were explained to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- Diagnosis machines are not accessible. Most of the eye-related diagnosis machines are not moveable. He had to lie down on the table tilting his head up so that his eye can be put up close to the machine. This required lifting and transferring.
- Another participant said that she couldn't use the examination machines either.
- For a power wheelchair user, the leg rests are detachable so she detaches them when she gets close to the machines. The height is adjustable.
- The participants discussed that when the wheelchair leg rests cannot be detached, this creates a barrier for wheelchair users not being able to be examined at the eye clinics.
- Interpreters are only paid for seniors and children once a year, and for adults, it's not paid for. And, it becomes difficult to speech read in a dark examination room.
- Another participant added that people who have a problem when leaning forward, putting their chin on the machines for eye examinations is a major challenge.
- One of the participants shared that he cannot see the eye chart. And since he has prosthetic eyes, he goes to a prostheses place. But, at

the prosthetic shop, there are no words and no Braille, which makes it difficult for him to access the services.

Question 2: Any suggestions for improving services?

Answers:

- There is one eye center in Calgary that is completely accessible and has probably the most accessible machines, but that center only takes referrals from other eye doctors. It was suggested that all of the eye doctors should have been informed of that center so when referrals are being done for a person who needs accessibility, they can refer in the right direction.
- Similar to the new X-ray machines that are relatively accessible to people with disabilities, eye examination machines should also be advanced to make them more accessible to people with disabilities.
- Increase awareness by going to their colleges and associations.
- Offer grants, bursaries and scholarships to students who are studying in these professions.
- Education of the support staff is also critical for making these services accessible to people with disabilities. Booking clients for the next day is unrealistic because when booking transportation, (HandiBus) 4 days in advance is required. Support staff should be sensitive and understanding of the needs of people with disabilities.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answers:

- Dr. Hay in Walmart gives extraordinary accommodation regarding time management. There is no waiting time.

PHARMACY

The participants were briefed about the increased responsibility being placed on pharmacists. Alberta Health Services is devolving services from physicians to pharmacists.

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- A participant shared that the medication is delivered to his home. However, depending on the type of prescription drugs, there are some charges involved in home delivery.

- Rural people don't usually have the luxury of having medications delivered to their homes.
- Many allergies are from perfume and odour. It turns into an asthmatic attack. And most of the pharmacy's counters are at the back of the store where people have to go through the cosmetic area, which creates a lot of challenges.
- Rural people don't have that luxury.
- The dispensing fee is charged every time she bought any prescription medicines. This becomes costly when there is more than one drug. Pharmacists should tell us up front about how we can save money.
- Sometimes interpreters are not provided for people who are deaf. They are not covered for pharmacy visits unless they are in the same building where the physician has prescribed the medicine, and you can ask interpreters to accompany you to the pharmacy. Most of the deaf people do not have English as a first language, which can become a health concern.
- A question was asked about when a person has multiple disabilities (visual and hearing loss), what happens in that case?
- To answer the question, sign language is typically required for such patients. Physical touch is used to explain about the prescription medicine.
- There is no Braille on the packaging.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- iPhone apps for those who have visual impairments are used by some people for reading the bottles that can help them identify the different medicines.
- The machine used to pay should be able to be moved so that payment through credit cards could be made safely.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- One participant can't open the childproof containers so pharmacists accommodate her with that.
- The pharmacy reminds a participant that the prescription needs to be refilled before it runs out completely.

- New construction has low counters; old construction usually has high counters.
- Most of the pharmacies accommodate through free delivery of medicine to the client's home, which makes the whole process very easy.
- Participants discussed that some of the pharmacies are doing a great job with their counselling rooms. They found the counselling room very accessible.

The participants were thanked for sharing their time and experiences.

Focus Group, Lethbridge, August 26, 2014

Introduction

Bev Matthiessen, executive director and Minhas Ali, program manager, participated on behalf of ACCD. Minhas began by confirming attendance and introducing the ACCD team. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. The participants were thanked and a brief history of ACCD and its programs was given. Bev expanded on how this project has evolved since 2009. Minhas reviewed the objectives and possible outcomes of this project. Before starting the discussion, the rules of focus group participation were read aloud. Minhas went through all the points and there was no question raised by any participant regarding any rule.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- The accessibility inside and outside the dental office is important. Especially getting into the building where the dental office is located. That is one of the biggest challenges and that should be considered before anything else.
- The ability to transfer from the wheelchair to the dental chair. Many times patients feel that they are being ignored throughout the entire process of transferring which sometimes leads to back or neck conditions.
- There should be enough room to manoeuvre a wheelchair inside the dental examining room. It depends on the type of wheelchair as it varies due to the different chair sizes. Generally, dental offices are small and crunched with almost no space for wheelchairs. When it comes to power wheelchairs, it becomes impossible to use them in a dental office.
- Parking is another factor before deciding upon any dentist. The availability and location of accessible parking and curb cuts between the parking area and the building.
- Most of the time the dentist is chosen not on the basis of their services, rather on the basis of accessibility.
- One participant had a challenge getting into a dental office. He had to phone the dental office to send someone to open the door for him.

- If, for any transportation reason, the appointment is missed, then they will not take you back unless you pay upfront. Sometimes such situations lead to depression about using such services. There is a big gap in understanding people with disabilities and that they are vulnerable.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- One participant uses a power wheelchair that enables him to tilt his chair and get his teeth treated while sitting in his chair.
- Another participant shared that her dentist is very accommodating, understanding and listens to what she asks for.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answers:

- No participant in the group has been referred to another dentist.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- One of the participants shared that he is being treated in his chair. This is possible because he is able to tilt his power wheelchair and the dental professional is able to do the work standing in a position that helps get the dental work done.

Question 5: What are the possible solutions to these challenges?

Answers:

- Education is the key to make a difference in all these services especially around the mental health, which is not that visible and most ignored by medical professionals generally.
- Dentists should wear transparent masks as people with hearing impairments speech read, but when there is a solid-coloured mask over the dentist's mouth, the patient is unable to understand.
- Installation of lifts that help people with mobility issues be transferred easily.

EYE CARE

The participants were briefed about what we mean by eye care in this project. It refers to optometrists, opticians and ophthalmologists. These terms were explained to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- Accessibility of inside and outside eye care services.
- Equipment should be mobile so that people with severe mobility challenges can be examined while they are in their wheelchairs. In some cases where the wheelchair is powered and can be lifted, this problem does not remain as significant. However, it is important to know that there are very few people who can afford a powered wheelchair.
- Attitudes of the staff sometimes become very challenging. Most of the time it is the lack of understanding of the needs of people with disabilities that leads to such situations.

Question: Any suggestions for improving services?

Answers:

- Education should be provided to eye care students so that more professionals in the field become aware and they understand the different needs of people with disabilities and help them without lacking confidence.
- Attitudes can be significantly influenced if there is an educational component to their regular education program, which helps them to understand and help people with disabilities based on their needs.
- Making the eye care examining machines and devices more accessible, especially for those who cannot move from their wheelchair due to severe spinal issues. They cannot lean forward to put their chin on the machine.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answers:

- One participant said that her eye care professional is extremely accommodating. Her eye care professional asks for suggestions on how to improve services for her. Since the participant can't hear

properly, her optometrist prints out what the optometrist is communicating which makes the entire process very easy and comfortable.

PHARMACY

The participants were briefed about the increased responsibility on pharmacists. Alberta Health Services is devolving services from physicians to pharmacists.

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- The pharmacies in rural Alberta are not very accessible. The standards for basic accessibility of pharmacies are not even close to what they should be for accessibility. Part of the reason is that they are established in old buildings, which do not need to follow the Alberta Building Code.
- The pharmacies that are accessible at the entrance have issues with counter heights.
- Sometimes, when people with disabilities cannot get to their pharmacies, they use home delivery; but, they are required to pay extra for home delivery.
- One of the participants shared that once when he visited his pharmacy for his hearing test, it was done in a hallway as the examining room was not accessible. He does not think that the result of the exam was correct. He felt very depressed about such inaccessible services for his health care needs.
- Another participant shared that there are curbs that make it difficult for people in wheelchairs to use.
- Sometimes people in wheelchairs do not enter the aisles in the pharmacies as there is not enough space to pass another person in the aisle.
- One participant shared that her pharmacy has put up a cardboard advertisement and there is no room to get around it.
- There are many items in the aisles which becomes a big barrier for people who can't go down the aisles. Even if the aisles are bigger in the new pharmacies, they put up displays in the aisles, which make it hard for people in wheelchairs.
- Privacy is another concern for people with disabilities. Many times, due to higher counters or other reasons, people with disabilities are not

provided the information in a private fashion, which increases the vulnerability of people with disabilities.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- Increasing the awareness amongst pharmacy staff and the entire medical field will help them understand the needs of people with disabilities.
- An understanding that displays are a barrier for people with disabilities.
- Increasing the size of the aisles will help resolve some problems.
- Professionals should be educated. They should be given training on what the needs are of people with disabilities and how they can accommodate their patients based on their needs.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- One of the participants shared that he finds his pharmacy accessible with wide aisles and lowered counters.

The participants were thanked for sharing their time and experiences.

Focus Group, Red Deer, October 3, 2014

Introduction

Bev Matthiessen, executive director and Minhas Ali, program manager, participated on behalf of ACCD. Minhas began by confirming attendance and introducing the ACCD team. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. Bev thanked the participants and gave a brief history of ACCD and its programs. Bev expanded on how this project has evolved since 2009. Minhas reviewed the objectives and possible outcomes of this project. Before starting the discussion, the rules of focus group participation were read aloud. Minhas went through all the points and there was no question raised by any participant regarding any rule.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- A participant is in a large wheelchair and he has to look for a dental service that is big enough to accommodate him. He transfers from his wheelchair to the dental chair. He does not have an attendant so he has to rely on the dental staff to help him with transfers.
- Another participant shared that he is legally blind. He looks for help getting into the building and the offices. He relies on the staff to sign the AISH form that the dental staff give him.
- Another participant shared that she had to find a place where the staff members are aware of her disability and needs of her disability. Unfortunately, she has experienced many times that despite letting the staff know in advance, the staff are unaware of her condition when she arrives at the appointment, which really frustrates her. She also finds it difficult sitting on new stylish dental chairs that have slippery surfaces. Because of this, she falls from the chairs as there are no belts to hold her.
- Another participant said that transportation needs to be on time. If any of the appointments are missed, they are charged for the missed appointment. He doesn't have control over the missed appointments as the HandiBus is making him late. Those late schedules cost him as he has to pay for missed appointments.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- A participant used to have a person who would go to his home to clean his teeth and that was easier and comfortable for him. However, those services have stopped and it is a big deal for him to get to the dental offices.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answers:

- One participant shared that with her child's initial dentist had some challenges in understanding her child's behaviour; therefore, they went to the hospital. At the hospital, the staff managed very well as they had already dealt with a similar situation, so it was easier for her child.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- One of the participants stated that she looks for someone who will take her son as a patient. Her son has a genetic disorder and exhibits violent behaviour. Due to her son's behaviour, provision of dental services have been refused a number of times. However, they helped him at Michener Center.

Question 5: What are the possible solutions to these challenges?

Answers:

- There should be wheelchair accessible parking stalls at every dental office. And make sure that there are no barriers for people with disabilities to get into the building and the offices.
- Increase the awareness and basic understanding of various disabilities and the implications on a person with a disability. It has been found and experienced that there is an enormous lack of knowledge of and about people with disabilities by dental professionals and other staff working at dental offices.

- Professionals lack awareness about handling and assisting people with disabilities.
- The dental practitioner should understand that many people with disabilities, who live in extended care, have not had any dental care.

EYE CARE

The participants were briefed about what eye care means in this project: optometry, optician and ophthalmology. These terms were explained to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- When people with disabilities are on AISH, eye care offices don't serve them. It is because AISH has limited coverage once every two years on the cost of their glasses. Now, after having insurance, they are being served. And, as a part of insurance rule, the patient has to pay upfront and then they get that money paid back from the insurance.
- Another participant shared that due to an acute shortage of specialized eye doctors in Red Deer, he has been unable to find an eye doctor; therefore, he has to travel from Red Deer to Edmonton using the Action Bus. There are only two specialists in that field, and it takes about a year to get an appointment.
- It has become more challenging for large wheelchairs to get behind the eye examination machines.
- Another participant looks for a place where a doctor can give extra time in adjusting her husband's disability. Her husband has MS.

Question 2: Any suggestions for improving services?

Answers:

- Reduced wait times to meet the needs of people with disabilities.
- Use of images and pictures for testing the eyes instead of letters. Many people with disabilities have a difficult time reading letters. Images are easier for people with disabilities to read.
- There should be a bigger room for examining eyes that can accommodate a large wheelchair.
- The eye examining equipment needs to be bigger so it can accommodate people with severe mobility issues. They could get their eyes examined while sitting in their wheelchair.

- Increased use of portable examination equipment so people with severe mobility challenges can get the procedures.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answers:

- For people with autism, it is more challenging for the staff and eye care professional to understand their disability. The parent makes sure that everyone who is dealing with her autistic child is educated and aware of the situation. Now the eye care clinic understands and accommodates her child. For example, she no longer has to wait in the waiting room.

PHARMACY

The participants were briefed about the increased responsibility on pharmacists. Alberta Health Services is devolving services from physicians to pharmacists.

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- The counters of the pharmacies are too high. These high counters are not accessible and they compromise privacy.
- There are no waiting areas provided in the pharmacies where a patient can wait to pick up the prescription.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- Pharmacists need to educate patients whenever there is a change in the medication.
- Pharmacists should be more aware of people with disabilities and their needs. As pharmacists are getting more and more responsibilities, they will be in a position to serve more people with disabilities.
- There is a need for accessible counselling rooms.
- Another participant does not visit the pharmacy during peak hours. She visits after supper so she can get more time from the pharmacist to help her understand her medications.
- Increase the awareness amongst pharmacy staff to help them understand the needs of people with disabilities.

- Pharmacy professionals should be educated about meeting the needs of people with disabilities and the accommodation that their patients may require.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- A participant shared that her pharmacy delivers her medicines to her home; however, the person who delivers does not provide instructions about the prescription.

The participants were thanked for sharing their time and experiences.

Focus Group, Brocket, October 21, 2014

Introduction

Bev Matthiessen, executive director and Minhas Ali, program manager, participated on behalf of ACCD. Minhas began by confirming attendance and introducing the ACCD team. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. Bev thanked the participants and gave a brief history of ACCD and its programs. Bev expanded on how this project has evolved since 2009. Minhas reviewed the objectives and possible outcomes of this project. Before starting the discussion, the rules of focus group participation were read aloud. Minhas went through all the points and there was no question raised by any participant regarding any rule.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- The First Nation provider has to check the Non-Insured Health Benefits for First Nations and Inuit Fee Schedule to see if the costs are covered. There is a waiting period of ten weeks for preapproval. It used to be 12 to 16 weeks.
- First Nation dental fees are only covered through NIHB dental providers. There has been an acute shortage of such providers. In fact, there are no dental services that are under NIHB coverage yet in her area. In that case, only those who can pay from their own pockets get the treatment. Others are left out of receiving this basic treatment.
- The reason for this problem is lack of funding from the federal government.
- Another participant, from a different region, shared that they don't face the problem of not being accepted by their dentist because of the NIHB program. Service providers from Indian Affairs are better.
- Children and their parents are penalized for missing appointments due to their disability. There is a penalty for not showing up and further appointments are not booked until a deposit is taken. If the patient does not show up, they take the money out of the deposit to cover the cost of time that the patient was unable to be there.
- Sedation costs may range from \$100 - \$500. NIHB does not provide coverage of sedation costs. A patient can appeal for reimbursement of

that cost through an appeal process. The appeal process is three tiers and takes up to a month, which results in abscessed teeth.

- One participant, who is a family support worker, has experienced working with some clients who have never been to a dentist because they don't have transportation and there is no support system provided. There are no emergency services provided to people living in these areas. There was a death caused by an abscessed tooth, which was horrific.
- The Non-Insured Health Benefits (NIHB) covers the basic services for dental care.
- Dentures for adults are paid once every 8 years, and if anything goes wrong with your teeth during that time, the cost must be covered by the patient.
- Alberta is unique in terms of the fee schedule. The providers can charge whatever they want to charge. The providers under the NIHB program are not required to follow the fee schedule of the NIHB program, which is why most of the patients are required to pay extra money to cover the cost of the dental care. Otherwise, they don't go to get their dental work done. There is only one oral surgeon who uses the fee schedule of the NIHB program; however, there is not any dental professional who is under the NIHB program in Treaty 6, a population of 46,000. The predetermination of the cost of dental work takes about 10 weeks at this time.
- There is an enormous amount of cost involved in taking care of your teeth such as getting to Lethbridge, staying in Lethbridge, time-off from work, sedation cost and any other costs that are not covered by the NIHB. For children, a parent or guardian has to accompany each time.
- One parent shared about her child requiring dental surgery. Dr. Paul Haul (dentist) from Lethbridge referred her son to Alberta Children's Hospital in Calgary to Dr. Bell (dental surgeon). In this case the wait time for her son to get him checked at the Alberta Children's Hospital is about 4 - 5 hours. The total time is 1.5 hours preparation time for anaesthesia, 3 hours for her son to get out of the surgery and 1 hour wait to recover. Since the child has high anxiety, that's the reason any dental work needs to be done with anaesthesia. Usually this visit is scheduled once every six weeks. The cost of treatment is completely

covered as the child is in the hospital but the cost of gas, time off and food is paid from her own pocket.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- One participant shared that her dentist knows that she is coming from Calgary with her son. The dental care staff give extra time to calm her son down. The dental professional is very patient in dealing with her son and gives her son, who is disabled, time to react as smoothly as possible.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answers:

- Parents usually phone the local provider for their children's dental appointment and find out the details about what dental services are available for that particular concern. Usually local dental services do not provide sedation so they refer the parents to a city like Lethbridge. It is important to note that parents have to travel to Lethbridge for these services; however, the services are not covered under the insurance program.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- Sometimes, the basic dental care staff inform the patient of what they need to do and where they can find specialized dental services, as per their dental needs.

Question 5: What are the possible solutions to these challenges?

Answers:

- In the past, a dentist used to come to the health center, which seemed to be working very well for the local community and for those people who were not able to get these services for many reasons.
- Funds need to be put in place and those funds need to be updated so that the dental professional community can be attracted to come and serve people in these regions.

- Have Health Canada or the federal government negotiate the fee that is being charged in Alberta.
- Increase preventative education about dental hygiene in the First Nations communities.
- A dental therapist visits a few times in a year to examine teeth and refer to a dental professional for further care, if needed. However, this dental therapist is shared amongst many other reserves, which becomes challenging for the people on the reserve to access dental services.

EYE CARE

The participants were briefed about what eye care means in this project: optometry, optician and ophthalmology. These terms were explained to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- A participant shared that a person under 18 years under the NIHB program can be examined once in a year. However, for adults, it's once every two years. There is a fixed amount set by the NIHB program that covers glasses. Anything above that amount needs to be paid by the patient. If anyone is diabetic and over 18 years of age, they are covered with more visits to their eye care professional under the NIHB program.
- For every specialized service, people from the reserves have to travel to Edmonton, Calgary or Lethbridge, which means that they have to pay extra costs for travel, food and time off from work. And most of the time, these services are not covered by insurance.

Question 2: Any suggestions for improving services?

- Better transportation as missed appointments means that the patient has to pay \$60 for missing the appointment.
- Better access to optometrists on reserves will make the community have quicker and better access to eye related issues. Some reserves have access to optometrists, but most don't. That is why people on many reserves have to travel to other areas to get their eye treatment.

- Having an eye professional visit, educate students and do eye examinations for children within the schools on the reserves would help resolve some of the challenges.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answer:

- One participant shared that there have been no challenges for her when accessing eye care services. It is relatively simple and easy for her to get eye care services. These services are available on the reserve. The province pays for eye care related services and glasses. If the glasses are more expensive than the basic glasses, which are paid for by the province, she has to pay the extra costs.

PHARMACY

The participants were briefed about the increased responsibility being placed on pharmacists. Alberta Health Services is devolving services from physicians to pharmacists.

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- In order to meet the requirement of Alberta Health for people with disabilities, the medicines that are prescribed by a doctor are given in a generic form instead of the brand name. The participant thinks that this compromises their health, as they are not of the same quality.
- If a child has an ADHD, for example, and needs a prescribed medicine to control his behaviour, then the majority of the patients with the same kind of kind of disability end up in getting medications that are not covered by the NIHB. The NIHB should look into the safety of children with regard to what medications have been prescribed and these medications need to be covered regardless of what the cost of that medication is! There should be provision of such medications in the policy.
- One participant, who works for Alberta Government in First Nations, shared that pharmacists are not aware that every medicine can be appealed. It's their job to make that call and let the government know about the condition of the patient so that they remain covered under the NIHB. There have been cases in palliative care when those appeals

have been made and approved by the government to end the patients' lives comfortably. So she does the education part to the pharmacist so the pharmacists do their job effectively and efficiently.

- There is a big gap in knowledge about the procedures and processes in the medical field including doctors, pharmacists and people who work for government.
- Pharmacists and doctors should make it clear about the side effects of these medicines that are being prescribed.
- Another participant shared that she is given medicines with instructions about how many times they should be taken, but there is no information provided to her about the side effects of the medicines.
- Most communities do not have a pharmacy in the community; therefore, they have to travel to get their medicines.
- Coverage, re-coverage and not covered is a big grey area within medicine and insurance.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- Educate all involved in the medical field. In the local communities, provide workshops and conferences, which would help reduce the gap in knowledge about what they can do. Educate the community to help them understand the issues.
- The NIHB is considered a most important topic for people living on reserves, as there are a lot of issues about what is covered and what is not.
- There is an NIHB website but it is very difficult to read and understand the content. The participant has been reading it for the past fifteen years but she is unable to understand it so far. She had a discussion with the head of the NIHB who agreed that the website should use simple language so everyone can understand the information on the website.
- If the NIHB would update the entire program, that would be a great benefit.
- The NIHB should be more visible and transparent in all its programs.
- Information sessions should be held to make things clear.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- Some of the pharmacies provide delivery services; unfortunately, they do not have time to provide details about the side effects of the medicines that are delivered to the home.

The participants were thanked for sharing their time and experiences.

Focus Group, Edmonton, December 1, 2014

Introduction

Bev Matthiessen, executive director and Minhas Ali, program manager, participated on behalf of ACCD. Minhas began by confirming attendance and introducing the ACCD team. Minhas went over the agenda reminding participants about the three service areas and that there will be equal time for discussion for each service area. Bev thanked the participants and gave a brief history of ACCD and its programs. Bev expanded on how this project has evolved since 2009. Minhas reviewed the objectives and possible outcomes of this project. Before starting the discussion, the rules of focus group participation were read aloud. Minhas went through all the points and there was no question raised by any participant regarding any rule.

Participants were asked a set of pre-determined questions.

DENTAL

Question 1: What do you look for when you choose a dental service?

Answers:

- Assistance in transferring and lifting from a scooter to a dental chair and vice versa. Sometimes a dental chair becomes challenging. The participant has CP and her dentist helps her out very well. She walks into the dental office with the help of a staff member as there is no space in the dental office for the scooter.
- Accommodation of powered wheelchairs inside the dental office. Her husband uses the Glenrose Hospital for all dental services. He fell on the ground during a transfer from his scooter to a dental chair and the management had to call the fire department to lift him up.
- We have to find a place that provides x-rays because we have not had success in getting x-rays and some other work done because of the inability to provide such services to young autistic children. The issues are not necessarily the physical barriers but it's more subtle; for example, sensory and communication. There should be proper training for meeting the needs of autistic children by these professionals as there has been a big gap in understanding children with autism.

Question 2: Is there any different approach that you have experienced/seen a dentist use to accommodate people with disabilities?

Answers:

- A participant's dentist changed the dental chairs and other equipment in the office to accommodate him. Although it is not completely accessible, he likes the attitude and willingness of his dentist towards accommodating him.
- To make a participant's jaw and mouth relax, her dentist keeps on taking breaks every two minutes. Having CP makes a person's neck and mouth very tight; therefore, this strategy works very well for her.
- Another participant remains seated in his power wheelchair while the dentist stands while working on his teeth. This works well for the participant.
- Some of participant's dentists do Happy Visits, which are to familiarize patients with the dental office environment. This is an opportunity to help kids be comfortable in that environment.

Question 3: Has anyone been referred to another dentist due to inaccessibility in providing service and care? If yes, what were the reasons for these referrals?

Answers:

- A participant shared her experience about a referral from a paediatrician who is specialized in Down Syndrome to a dentist who is recognized for working with kids with Down Syndrome. The participant felt that this referral didn't make much of a difference. It is because the new dentist and their staff were unaware of the situation completely. They did not have a very comfortable experience at the new dentist. They then chose another dentist who they found to be more engaging and got things done in a more playful environment. This new dentist also gave some extra time to develop a rapport to make the child feel more comfortable.
- Due to multiple chemical sensitivities, a dentist refused to work with her husband. The dentist suggested finding someone else. The dentist was unable to provide any names of other dentists who could help them so they did the research on their own and found another dentist. The new dentist had a lack of understanding about dealing with people with disabilities. She pointed out that this is universal and that most dentists lack an understanding about people with disabilities.

Question 4: How many of you have found a dentist who uses different approaches to accommodate people with disabilities?

Answers:

- A participant's son has autism and he is very sensitive to all basic and advanced dental procedures. The dental professionals now take extra care and spend extra time to calm him down and use a playful approach to get his basic work done.
- A participant's dentist has a moveable dental chair, which helps the participant get his power wheel chair into the same location as the dental chair.

Question 5: What are the possible solutions to these challenges?

Answers:

- The time difference of pick up and drop off to and from the dental office by accessible transportation is a big challenge that needs to be fixed by allowing extra time for the patient to be treated. There should be an understanding that sometimes it is due to late transportation that the patient is unable to make it to the appointment.
- There should be a conversation with the person with the disability and the family member who is accompanied them before treatment takes place. This conversation between the family member and the person with the disability can facilitate an exchange of ideas and help develop an understanding of the procedures before they take place.
- Education and training should be mandatory for all health care professionals regarding understanding the needs of people with disabilities. The courses of study in dentistry should include promising practices about dental treatment for people with disabilities. There should be continuing educational sessions available for dental professionals.
- There should be a list of dental professionals who can accommodate people with disabilities with a wide range of needs and ages. In this way, dental professionals will be able to identify and help people with their specific needs and people with disabilities will be able to go to offices and clinics where those needs can be accommodated.
- One participant suggested that in addition to the dentist, dental hygienists also need to be educated and given disability awareness training so they can understand the needs of people with disabilities.

EYE CARE

The participants were briefed about what eye care means in this project: optometry, optician and ophthalmology. These terms were explained to distinguish and give a better understanding of the three terms.

Question 1: What is the most significant challenge you have faced when visiting eye care professionals? And why is that challenge significant to you?

Answers:

- Accessibility of the front doors, offices and waiting rooms.
- Transferring to and from the eye clinic chair is a big challenge.
- Modern eye examination machines are still not accessible to people with disabilities, especially wheelchair users as examination chairs are fixed to the floor and are kept at a certain distance from the wall where the numbers are that the patient is expected to read.
- Since there are old machines used to examine eyes (dilation, air puff, etc.), many times people in wheelchairs or those with severe mobility issues can't get those tests done at eye care offices.

Question 2: Any suggestions for improving services?

Answers:

- Recognition of those professionals who are doing exemplary work accommodating people with disabilities.
- Develop standards around this profession so all professionals are required to follow the standards and conduct expected in the standards. This would greatly help people with disabilities get accessible eye care services.
- Accessible examination rooms to accommodate large wheelchairs.
- The eye examining equipment needs to be accessible so it can accommodate people with severe mobility issues. Eye examinations should be able to be done while the person with the disabilities is in his or her wheelchair.

Question 3: Do you know about practices that are doing an exemplary job in eye care clinics?

Answers:

- Dr. McCormack has been named as an exemplary eye care professional

PHARMACY

Question 1: What are some of your concerns when visiting a pharmacy in your community?

Answers:

- High counters at the pharmacy so no personal contact can be made which makes it difficult to communicate with the pharmacist.
- In some pharmacies, the counters for the prescription drop off area are higher than prescription pick up areas. This creates a problem because it only gives the opportunity to communicate with pharmacy staff at the prescription pick up area.

Question 2: What are some of your suggestions to increase pharmacy accessibility?

Answers:

- Make physical space accessible.
- Provide educational opportunities to all the pharmacists and pharmacy staff so they become more sensitive and understanding of the needs of people with disabilities.

Question 3: Has anyone been accommodated by your pharmacy due to your disability?

Answers:

- No participant in the group has been accommodated by his/her pharmacy due to his/her disability.

The participants were thanked for sharing their time and experiences.

Appendix 2: Surveys

Survey for People with Disabilities

Accessible Dental, Eye Care and Pharmacy Services in Alberta

Your Voice is Important!

Accessible dental, eye care and pharmacy services are important to the health and wellbeing of people with disabilities. We need your help to find out what challenges people with disabilities and their health care professionals face when accessing and providing these services.

Since 1973, the Alberta Committee of Citizens with Disabilities has worked to promote full participation in society by Albertans with disabilities. Information is being gathered about accessibility of dental, eye care and pharmacy services through a literature review, focus groups and surveys. This information will be used to develop recommendations to create more accessible services in Alberta.

We are working in collaboration with an Advisory Committee consisting of people with disabilities and health care experts.

Please fill out the survey to help us develop recommendations for accessible services. The information gathered is confidential and will not be shared with any organization, government department or regulatory body. Your participation is anonymous and there are no costs or risks to you. It will take about 10 minutes to complete. Your participation is greatly appreciated!

If you have any questions, please contact ACCD in Edmonton at 780-488-9088, or toll free at 1-800-387-2514. You can also reach us by email at programmgr@accd.net.

Thank you

Alberta Committee of Citizens with Disabilities

www.accd.net

www.barrierfreehealth.ca

Survey for People with Disabilities

Tell Us About You (This information will help us identify areas where improvement is needed)

1. Where do you live in Alberta? Please name the location, e.g. Edmonton, Calgary, Peace River, Claresholm.

2. Please describe the type of community you live in.

- Urban (population of 10,000 or more)
 - Rural (population of less than 10,000)
 - Aboriginal reserve/settlement
 - Geographically isolated/remote
 - Other, please specify:
-

3. What is your disability? (check ALL that apply):

- i. Blind
 - ii. Visual impairment
 - iii. Deaf
 - iv. Hard of hearing
 - v. Speech
 - vi. Mobility
 - vii. Agility
 - viii. Chronic Pain
 - ix. Learning
 - x. Developmental
 - xi. Mental/psychological
 - xii. Memory
 - xiii. Progressive medical condition
 - xiv. Obesity
 - xv. *Other, please specify:*
-

4. What is your gender?

- i. Male
- ii. Female
- iii. Other

5. What is your age?

- i. 0 – 18 years
- ii. 19 – 30 years
- iii. 31 – 50 years
- iv. 51 – 70 years
- v. 71 and over
- vi. Prefer not to answer

6. You are

- i. Employed
 - ii. Unemployed
 - iii. A student
 - iv. Retired
 - v. *Other, please specify:*
-

7. What is your total annual household income?

- i. Less than \$20,000
- ii. \$20,000 to \$39,999
- iii. \$40,000 to \$59,999
- iv. \$60,000 to \$79,999
- v. \$80,000 or more
- vi. Prefer not to answer

8. Choose your living situation.

- i. Home living
- ii. Supportive living
- iii. Facility living

iv. *Other, please specify:*

9. Who provides your personal care? (e.g. bathing, toileting, dressing, eating) Please check ALL that apply.

- i. Myself
 - ii. Family
 - iii. Friends
 - iv. Home care
 - v. Self-managed care
 - vi. Supportive living
 - vii. Facility living
 - viii. None required
 - ix. Required, but not available, please explain:
-

x. *Other, please specify:*

10. On a scale of 1 to 5, rate your awareness of the common myths and misconceptions (faulty thinking and misunderstandings) about people with disabilities. (1 being least and 5 being most)

Tell Us About The Services You Use

11. Which of these services have you visited? Please check ALL that apply.

- i. Dental (e.g. cleaning, fillings, dentures, x-rays, etc.)
- ii. Eye Care (e.g. exams, glasses, contacts, surgery, etc.)
- iii. Pharmacy (e.g., prescriptions, over the counter medications, vaccines, blood pressure monitoring, etc.)

12. Which of these services do you receive at home? Please check ALL that apply.

- i. Dental (e.g. cleaning, fillings, dentures, x-rays, etc.),
please explain:

- ii. Eye Care (e.g. exams, glasses, contacts, surgery, etc.),
please explain:

- iii. Pharmacy (e.g. prescriptions, over the counter medications, vaccines, blood pressure monitoring, etc.),
please explain:

13. How often do you use dental services?

- i. Once a month
ii. Once every 6 months
iii. Once every year
iv. Once in two years
v. *Other, please specify:*

14. How often do you use eye care services?

- i. Once a month
ii. Once every 6 months
iii. Once every year
iv. Once in two years
v. *Other, please specify:*

15. How often do you use pharmacy services?

- i. Once a month
ii. Once every 6 months

- iii. Once every year
 - iv. Once in two years
 - v. *Other, please specify:*
-

16. When getting your teeth taken care of, what type of transportation do you use?

- i. Private vehicle
 - ii. Accessible public transport (HandiBus, DATS, etc.)
 - iii. Taxi
 - iv. Public Transit
 - v. *Other, please specify:*
-

- vi. *Not applicable*
-

17. When getting your eyes taken care of, what type of transportation do you use?

- i. Private vehicle
 - ii. Accessible public transport (HandiBus, DATS, etc.)
 - iii. Taxi
 - iv. Public Transit
 - v. *Other, please specify:*
-

- vi. *Not applicable*
-

18. What type of transportation do you use when you go to the pharmacy?

- i. Private vehicle
- ii. Accessible public transport (HandiBus, DATS, etc.)
- iii. Taxi
- iv. Public Transit

v. *Other, please specify:*

vi. *Not applicable*

Tell Us More About Your Dental Services (e.g. cleaning, fillings, dentures, x-rays, etc.):

19. Which of the following areas have you experienced difficulty with at your dental office/clinic? Please check ALL that apply.

i. Getting transportation from your home to the dental office/clinic, please explain:

ii. Signs to indicate accessible entrance, please explain:

iii. Parking, please explain:

iv. Drop off area for accessible transit, please explain:

v. Going from the parking/drop off area to the entrance door of the building, please explain:

vi. Going through the entrance door of the building, please explain:

vii. Going from the entrance door of the building to the office/clinic, please explain:

viii. Ramps, please explain:

ix. Stairs, please explain:

x. Elevators, please explain:

xi. Reception area, please explain:

xii. Signing forms and/or other papers, please explain:

xiii. Going from the reception area to the examining room,
please explain:

xiv. Communicating with the receptionist and other employees,
please explain:

xv. Communicating with dental professionals (dentists, dental
hygienists, etc.) please explain:

xvi. Equipment (dental chair, x-ray etc.), please explain:

xvii. Transferring and lifting, please explain:

xviii. Written instructions and information, please explain:

xix. Verbal instructions and information, please explain:

xx. Washroom, please explain:

xxi. Making payment, please explain:

xxii. Other, please explain:

20. Are your needs accommodated by your dentist when he/she is taking care of your teeth?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

21. Are you satisfied with the accommodation you receive from your dentist?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

22. Are your needs accommodated by your dental hygienist when he/she is cleaning your teeth?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

23. Are you satisfied with the accommodation you receive from your dental hygienist?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

24. Are your needs accommodated by the other employees (reception, dental assistant, etc.)?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

25. Are you satisfied with the accommodation you receive from the other employees (reception, dental assistant, etc.)?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

26. If someone else helps you with your disability when you are getting your teeth looked after, please explain.

Who else helps you? Please indicate, e.g. caregiver, family member, friend.

How do they help you?

27. Are you satisfied with the accommodation you receive at your dental office/clinic?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

28. Do you think your dental professionals (dentist, dental hygienist, receptionist, etc.) have misunderstandings and misconceptions about people with disabilities?

i. Yes, please explain:

ii. No, please explain:

29. Please give suggestions about how to improve your experience at your dental office/clinic?

30. Please add any other comments that you would like to make?

Tell Us More About Your Eye Care Services (e.g. exams, glasses, contacts, surgery, etc.)

31. Which of the following areas have you experienced difficulty with at your eye care office/clinic:

i. Getting transportation from your home to the eye care office/clinic, please explain:

ii. Signs to indicate accessible entrance, please explain:

iii. Parking, please explain:

iv. Drop off area for accessible transit, please explain:

v. Going from the parking/drop off area to the entrance door of the building, please explain:

vi. Going through the entrance door of the building, please explain:

vii. Going from the entrance door of the building to the office/clinic, please explain:

viii. Ramps, please explain:

ix. Stairs, please explain:

x. Elevators, please explain:

xi. Reception area, please explain:

xii. Signing forms and/or other papers, please explain:

xiii. Going from the reception area to the examining room, please explain:

xiv. Communicating with the receptionist and other employees, please explain:

xv. Communicating with the eye care professionals (ophthalmologist, optometrist, optician, etc.), please explain:

xvi. Equipment (exam chairs, eye testing equipment, etc.), please explain:

xvii. Transferring and lifting, please explain:

xviii. Written instructions and information, please explain:

xix. Verbal instructions and information, please explain:

xx. Washroom, please explain:

xxi. Making payment, please explain:

xxii. Other, please explain:

32. Are your needs accommodated by your eye care professionals (ophthalmologist, optometrist, optician, etc.) when he/she is taking care of your eyes?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

33. Are you satisfied with the accommodation you receive from your eye care professionals (ophthalmologist, optometrist, optician, etc.)?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

34. Are your needs accommodated by the other employees (reception, eye care assistants, etc.)?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

35. Are you satisfied with the accommodation you receive from the other employees (reception, eye care assistants, etc.)?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

36. If someone else helps you with your disability when you are getting your eyes looked after, please explain.

Who else helps you? Please indicate, e.g. caregiver, family member, friend.

How do they help you?

37. Are you satisfied with the accommodation you receive at your eye care office/clinic?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

38. Do you think your eye care professionals (optician, optometrist, ophthalmologist, receptionist, etc.) have misunderstandings and misconceptions about people with disabilities?

i. Yes, please explain:

ii. No, please explain:

39. Please give suggestions about how to improve your experience at your eye care office/clinic?

40. Please add any other comments that you would like to make?

Tell Us More About Your Pharmacy Services (e.g. prescriptions, over the counter medications, vaccines, blood pressure, etc.)

41. Which of the following areas have you experienced difficulty with at your pharmacy:

i. Getting transportation from your home to the pharmacy, please explain:

ii. Signs to indicate accessible entrance, please explain:

iii. Parking, please explain:

iv. Drop off area for accessible transit, please explain:

v. Going from the parking/drop off area to the entrance door of the building, please explain:

vi. Going through the entrance door of the building, please explain:

vii. Going from the entrance door of the building to the pharmacy, please explain:

viii. Ramps, please explain:

ix. Stairs, please explain:

- x. Elevators, please explain:

- xi. Prescription drop off and pick up area, please explain:

- xii. Signing forms and/or other papers, please explain:

- xiii. Going from the waiting area to the counselling/examining room, please explain:

- xiv. Communicating with the pharmacist, please explain:

- xv. Communicating with other pharmacy employees (e.g. technicians, assistants), please explain:

- xvi. Equipment (blood pressure, etc.), please explain:

- xvii. Prescription bottles and/or packaging, please explain:

- xviii. Written prescription handling instructions and information, please explain:

- xix. Verbal prescription handling instructions and information, please explain:

- xx. Washroom, please explain:

- xxi. Making payment, please explain:

xxii. Other, please explain:

42. Are your needs accommodated by your pharmacist?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

43. Are you satisfied with the accommodation you receive from your pharmacist?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

44. Are your needs accommodated by the other employees (pharmacy assistants, etc.) at your pharmacy?

i. Yes, please explain:

ii. Some but not all, please explain:

iii. No, please explain:

45. Are you satisfied with the accommodation you receive from the other employees (pharmacy assistants, etc.)?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

46. If someone else helps you at your pharmacy, please explain who else helps you? Please indicate, e.g. caregiver, family member, friend.

How do they help you?

47. Are you satisfied with the accommodation you receive at your pharmacy?

i. Yes, please explain:

ii. Somewhat, please explain:

iii. No, please explain:

48. Do you think your pharmacy professionals (pharmacist, pharmacy assistant, etc.) have misunderstandings and misconceptions about people with disabilities?

i. Yes, please explain:

ii. No, please explain:

49. Please give suggestions about how to improve your experience at your pharmacy?

50. Please add any other comments that you would like to make?

Note: Please give us your contact information if you would like to know more about ACCD's barrier-free initiatives and receive the final report.

Name (Optional):

Email:

Telephone:

Survey for Health Professionals Accessible Dental, Eye Care and Pharmacy Services in Alberta

Your Voice is Important!

Accessible dental, eye care and pharmacy services are important to the health and wellbeing of people with disabilities. We need your help to find out what challenges people with disabilities and their health care professionals face when accessing and providing these services.

Since 1973, the Alberta Committee of Citizens with Disabilities has worked to promote full participation in society by Albertans with disabilities. Information is being gathered about the accessibility of dental, eye care and pharmacy services through a literature review, focus groups and surveys. This information will be used to develop recommendations to create more accessible services in Alberta.

We are working in collaboration with an Advisory Committee consisting of people with disabilities and health care professionals.

Please fill out the survey to help us develop recommendations for accessible services. The information gathered is confidential and will not be shared with any organization, government department or regulatory body. Your participation is anonymous and there are no costs or risks to you. It will take about 10 minutes to complete. Your participation is greatly appreciated!

If you have any questions, please contact ACCD in Edmonton at 780-488-9088, or toll free at 1-800-387-2514. You can also reach us by email at programmgr@accd.net.

Thank you

Alberta Committee of Citizens with Disabilities

www.accd.net

www.barrierfreehealth.ca

Survey for Dental, Eye Care and Pharmacy Professionals

To be completed by professionals ONLY

Tell Us About You

Which of these best describes your work?

- Dental Professional
 - General Dentist
 - Endodontist
 - Prosthodontist
 - Orthodontist
 - Periodontist
 - Other dentist specialty; please specify:

 - Other dental services employee, please specify:

- Eye Care Professional
 - Optician
 - Optometrist
 - Ophthalmologist
 - Other eye care specialty; please specify:

 - Other eye care services employee; please specify:

- Pharmacy Professional
 - Pharmacist
 - Pharmacy technician
 - Other pharmacy specialty, please specify:

- Other pharmacy services employee, please specify:
-

1. Please check whichever applies.

- I am full-time
- I am part-time

2. What is your gender?

- Male
- Female
- Other

3. What is your age?

- 19 – 30 years
- 31 – 50 years
- 51 – 70 years
- 71 and over
- Prefer not to answer

Tell Us About Your Work

4. How long have you been practising in your field?

- Less than a year
- More than a year, up to 5 years
- More than 5 years, up to 10 years
- More than 10 years, up to 20 years
- More than 20 years

5. Where is your primary workplace located in Alberta? Please name the location, e.g. Edmonton, Calgary, Peace River, Claresholm.

6. How long has your workplace been operating at its current location?

- Less than a year
- More than a year, up to 10 years

- More than 10 years, up to 20 years
- More than 20 years

7. Please describe the population PRIMARILY served by you.

- Urban (population of 10,000 or more)
 - Rural (population of less than 10,000)
 - Aboriginal reserve/settlement
 - Geographically isolated/remote
 - Other, please specify:*
-

8. Why did you consider establishing your practice or working at your current location? (Please check ALL that apply)

- Location
 - Parking
 - Convenience
 - Affordability
 - Scope of practice
 - Remuneration
 - Professional development opportunities
 - Other, please specify:*
-

9. Types of disabilities that you are aware of that are represented in your practice (please check ALL that apply):

- Blind
- Visual impairment
- Deaf
- Hard of hearing
- Speech
- Mobility
- Agility

- Chronic Pain
 - Learning
 - Developmental
 - Mental/psychological
 - Memory
 - Progressive medical condition
 - Obesity
 - Other, please specify:*
-

10. How many people with disabilities do you estimate are currently served in your practice?

- None
- 1 to 5 patients
- 6 to 10 patients
- 11 to 20 patients
- more than 21 patients
- Do not know

11. How many people with disabilities do you estimate are served each month in your practice?

12. When serving people with disabilities, do you give extra time?

- Yes, please explain:

- Sometimes but not always, please explain:

- No, please explain:

13. If you answered "Yes" to question 12, is there a cost in terms of:

- Time taken from other patients
 - Extra staff time
 - Lost revenue
 - Other, please specify:*
-

14. In which of the following areas have your patients with disabilities experienced difficulties? (Please check ALL that apply)

- Getting transportation from home to the office/clinic/pharmacy, please explain:
-

- Signs to indicate accessible entrance, please explain:
-

- Parking, please explain:
-

- Drop off area for accessible transit, please explain:
-

- Going from the parking/drop off area to the entrance door of the building, please explain:
-

- Going through the entrance door of the building, please explain:
-

- Going from the entrance door of the building to the office/clinic/pharmacy, please explain:
-

- Ramps, please explain:
-

- Stairs, please explain:

- Elevators, please explain:

- Reception area, please explain:

- Signing forms and/or other papers, please explain:

- Going from the reception area to the counselling/examining room,
please explain:

- Communicating with the receptionist, please explain:

- Communicating with you, please explain:

- Prescription bottles and/or packaging, please explain:

- Written prescription handling instructions and information, please
explain:

- Verbal prescription handling instructions and information, please
explain:

- Equipment, please explain:

- Transferring and lifting, please explain:

- Washroom, please explain:

- Making payment, please explain:

- Other, please explain:

Tell Us About Your Education:

15. During your post-secondary and/or graduate education, did you receive any training about serving people with disabilities?

- Yes
- No

16. If you answered "Yes" to question 15, please answer the following.

Course:

Institution:

Duration of disability training:

Usefulness: Please indicate one of the following options below:

- Very Useful
- Useful
- Neutral
- Not useful
- Useless

17. Since graduating, have you received continuing education or professional development training about serving people with disabilities?

- Yes
- No

18. If you answered "Yes" to question 17, please answer the following.

Course:

Institution:

Duration of disability training:

Usefulness:

- Very Useful
- Useful
- Neutral
- Not useful
- Useless

19. On a scale of 1 to 5, rate your knowledge about the needs of people with disabilities? (1 being least and 5 being most)

20. Would learning more about people with disabilities help you in your practice?

- Yes, please explain:

- No, please explain:

21. What steps do you take to obtain knowledge, skills, or training about meeting the needs of people with disabilities in your practice?

22. What method of education would be most useful to assist you when serving people with disabilities in your practice? (Webinars, E-Learning, Workshops, Conferences, On-site Training, etc.)

23. On a scale of 1 to 5, rate your awareness of common myths and misconceptions (faulty thinking and misunderstandings) about people with disabilities. (1 being least and 5 being most)

24. Please provide suggestions that would help post-secondary or graduate students increase their knowledge about serving people with disabilities?

Skills:

25. On a scale of 1 to 5, please rate your ability to communicate with people with disabilities? (1 being least and 5 being most)

26. In your practice, when do you most often find out about your patient's disability?

- At the time of booking an appointment or requesting a service by telephone
- At the time of patient's arrival

- At the time of collecting written patient medical history or information
- At the time when the patient is being treated or served
- After treating or serving the patient
- None of the above, please explain:

27. Does your practice have policies and procedures for meeting the needs of people with disabilities?

- Yes
- No
- I don't know, please explain:

28. Do you use technology, equipment, instruments, medication or alternative procedures to meet the needs of people with disabilities?

- Yes, please explain:

- No, please explain:

29. If you answered "Yes" to question 28, did you receive training on how to use the technology, equipment, instruments, medication or alternative procedures?

- Yes, please explain:

- No, please explain:

30. Do people with disabilities, parents or caregivers assist you on how to meet the needs of your patients with disabilities?

Yes, please explain:

No, please explain:

31. Have you referred someone with a disability to another professional or service based on an inability to meet their needs?

Yes, please explain:

No, please explain:

32. Do you maintain a list of professionals or services that can serve people with disabilities that you may be unable to accommodate?

Yes

No

33. Do you serve people with disabilities who are recipients of income support programs?

Yes

No, please explain:

34. What are some of the challenges in your current practice that may hinder your ability to meet the needs of people with disabilities?

35. Please add any other comments that you would like to make.

To be completed by employees ONLY

Tell Us About You

36. Please check whichever applies.

- I am a full-time employee
- I am a part-time employee

37. Which of these best describes you?

- Employee at a dental clinic
 - Employee at an eye care clinic
 - Employee at a pharmacy
 - Other, please specify:*
-

38. What is your gender?

- Male
- Female
- Other

39. What is your age?

- 19 – 30 years
- 31 – 50 years
- 51 – 70 years
- 71 and over
- Prefer not to answer

Tell Us About Your Experience

40. How long have you been working in this field?

- Less than a year
- More than a year, up to 5 years
- More than 5 years, up to 10 years
- More than 10 years, up to 20 years
- More than 20 years

41. Where is your workplace located in Alberta? Please name the location, e.g. Edmonton, Calgary, Peace River, Claresholm.

42. How long has your workplace been operating at its current location?

- Less than a year
- More than a year, up to 10 years
- More than 10 years, up to 20 years
- More than 20 years

43. Please describe the population PRIMARILY served by you.

- Urban (population of 10,000 or more)
 - Rural (population of less than 10,000)
 - Aboriginal reserve/settlement
 - Geographically isolated/remote
 - Other, please specify:*
-

44. Why did you consider working in your current position?

- Location
 - Parking
 - Convenience
 - Remuneration
 - Professional development opportunities
 - Career advancement opportunities
 - Other, please specify:*
-

45. Types of disabilities that you are aware of that are represented in your workplace. (please check ALL that apply)

- Blind
- Visual impairment

- Deaf
 - Hard of hearing
 - Speech
 - Mobility
 - Agility
 - Chronic Pain
 - Learning
 - Developmental
 - Mental/psychological
 - Memory
 - Progressive medical condition
 - Obesity
 - Other, please specify:*
-

46. How many people with disabilities do you estimate are currently served at your workplace?

- None
- 1 to 5 patients
- 6 to 10 patients
- 11 to 20 patients
- more than 21 patients

47. How many people with disabilities do you estimate are served each month at your workplace?

48. When serving people with disabilities, do you give extra time?

- Yes, please explain:

- Sometimes but not always, please explain:

- No, please explain:

49. If you answered "Yes" to question 48, is there a cost in terms of:

- Time taken from other patients
- Extra staff time
- Lost revenue
- Other, please specify:*

50. In which of the following areas have your patients with disabilities experienced difficulties? (Please check ALL that apply)

- Getting transportation from home to the office/clinic/pharmacy, please explain:

- Signs to indicate accessible entrance, please explain:

- Parking, please explain:

- Drop off area for accessible transit, please explain:

- Going from the parking/drop off area to the entrance door of the building, please explain:

- Going through the entrance door of the building, please explain:

- Going from the entrance door of the building to the office/clinic/pharmacy, please explain:

Ramps, please explain:

Stairs, please explain:

Elevators, please explain:

Reception area, please explain:

Signing forms and/or other papers, please explain:

Going from the reception area to the counselling/examining room, please explain:

Communicating with the professionals and other employees, please explain:

Communicating with you, please explain:

Prescription bottles and/or packaging, please explain:

Written prescription handling instructions and information, please explain:

Verbal prescription handling instructions and information, please explain:

Equipment, please explain:

- Transferring and lifting, please explain:

- Washroom, please explain:

- Making payment, please explain:

- Other, please explain:

Tell Us About Your Education

51. If you received post-secondary and/or graduate education, did you receive any training about serving people with disabilities?

- Yes
- No
- Not applicable

52. If you answered "Yes" to question 51, please answer the following.

Course:

Institution:

Duration of disability training:

Usefulness: Please indicate one of the following options below.

- Very Useful
- Useful
- Neutral
- Not useful
- Useless

53. Have you received continuing education or professional development training about serving people with disabilities?

- Yes
- No

54. If you answered "Yes" to question 53, please answer the following.

Course:

Institution:

Duration of disability training:

Usefulness: Please indicate one of the following options below.

- Very Useful
- Useful
- Neutral
- Not useful
- Useless

55. On the scale of 1 to 5, rate your knowledge about meeting the needs of people with disabilities? (1 being least and 5 being most)

56. Would learning more about people with disabilities help you in your work?

Yes, please explain:

No, please explain:

57. What steps do you take to obtain training about meeting the needs of people with disabilities at your work?

58. What method of training would be most useful to assist you when serving people with disabilities at your work? (Webinars, E-Learning, Workshops, Conferences, On-site Training, etc.)

59. On a scale of 1 to 5, rate your awareness of common myths and misconceptions (faulty thinking and misunderstandings) about people with disabilities. (1 being least and 5 being most)

60. Please provide suggestions that would help future employees increase their knowledge about serving people with disabilities?

Tell Us About Your Skills

61. On a scale of 1 to 5, please rate your ability to communicate with people with disabilities? (1 being least and 5 being most)

62. In your work, when do you most often find out about the patient's disability?

- At the time of booking an appointment or requesting a service by telephone
- At the time of patient's arrival

- At the time of collecting written patient medical history or information
- At the time when the patient is being treated or served
- After treating or serving the patient
- None of the above

63. Does your workplace have policies and procedures for meeting the needs of people with disabilities?

- Yes
- No
- I don't know, please explain:

64. Do you use technology, equipment, instruments, medication or alternative procedures to meet the needs of people with disabilities?

- Yes, please explain:

- No, please explain:

65. If you answered "Yes" to question 65, did you receive training on how to use the technology, equipment, instruments, medication or alternative procedures?

- Yes, please explain:

- No, please explain:

66. Have you referred someone with a disability to another professional or service based on an inability to accommodate their disability?

Yes, please explain:

No, please explain:

67. Do you maintain a list of professionals or services that can serve people with disabilities that you may be unable to accommodate?

Yes

No

68. Do you serve people with disabilities who are recipients of income support programs?

Yes

No, please explain:

69. What are some of the challenges in your current workplace that may hinder your ability to meet the needs of people with disabilities?

Please add any other comments that you would like to make?

Note: Please give us your contact information if you would like to know more about ACCD's barrier-free initiatives and receive the final report.

Name (Optional):

Email:

Telephone:

Appendix 3: Site Visits

Site Visits

The research gathered was from conducting site visits and taking physical measurements at clinics and offices, starting at the parking area, to the entrance, to the clinics and offices, and to the washrooms.

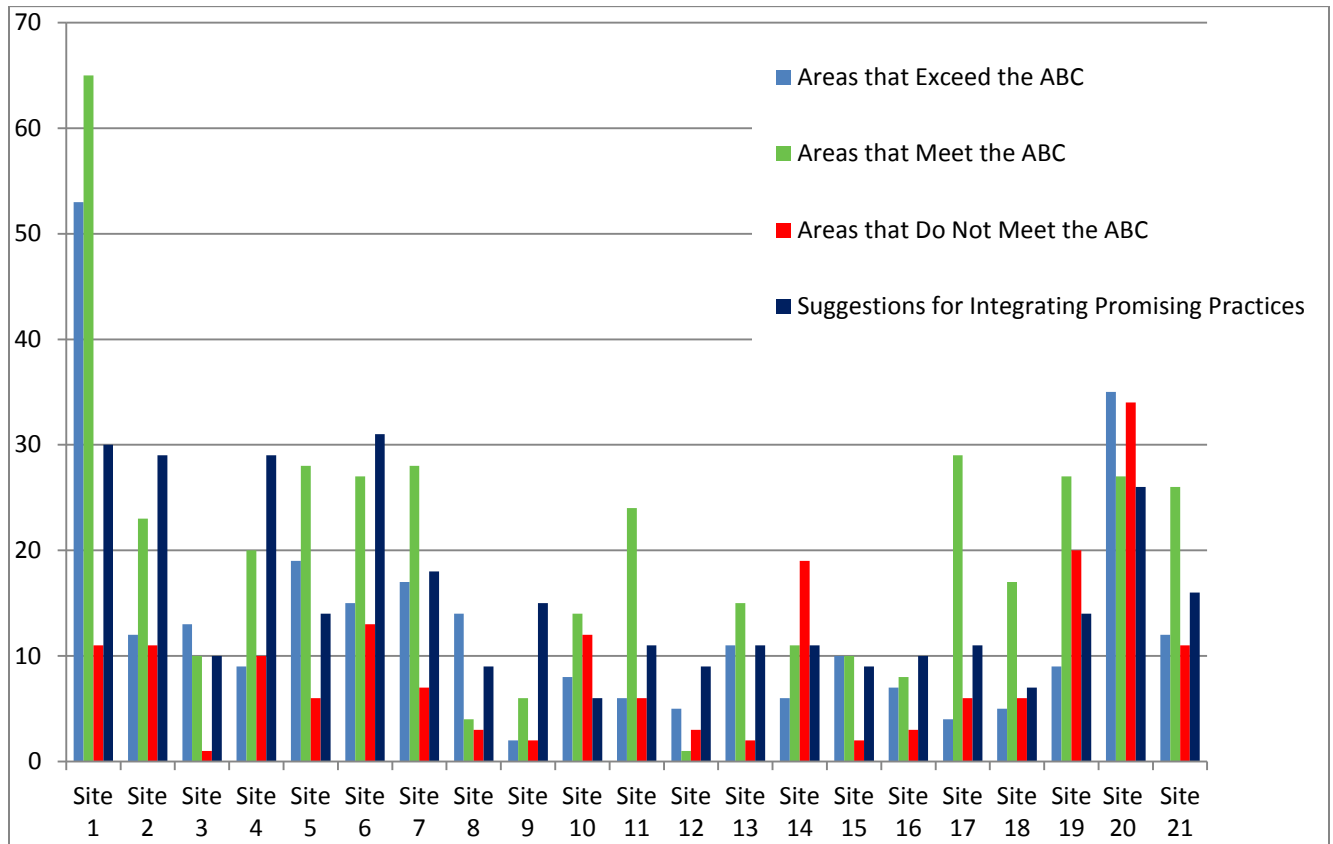
ACCD used an Accessibility Assessment Tool to record the data of all the sites visited. ACCD has researched extensively in the development of this tool incorporating four sections: areas that exceed the 3.8 Barrier-Free Section of the Alberta Building Code; areas that meet the 3.8 Barrier-Free Section of the Alberta Building Code; areas that do not meet the 3.8 Barrier-Free Section of the Alberta Building Code; and suggestions for integrating promising practices for accessibility. Appendix 3 demonstrates the overall status of each of the sites within the context of the above four sections.

During ACCD's two decades of performing accessibility assessments, knowledge and experience have been developed in the area of accessibility of any facility to be used by people with disabilities.

Site Visits Graph

The following graph shows the number of areas each site was matched with the Accessibility Assessment Tool

*ABC: Alberta Building Code



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Alberta Committee of Citizens with Disabilities



Accessibility Audits

The Alberta Committee of Citizens with Disabilities actively promotes full participation in society and provides a voice for Albertans with disabilities.

Since 1973, ACCD has been Alberta's only provincial, cross-disability organization of and for people with physical, mental, sensory, learning, developmental and progressive disabilities. We are a vital and strong organization dedicated to improving the quality of life of people with disabilities.

To learn more about ACCD, please visit our website at www.accd.net or contact us at 780-488-9088 or 1-800-387-2514.

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Human Rights
Education and
Multiculturalism
Fund

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