<table>
<thead>
<tr>
<th>Aspect of Care</th>
<th>Healthcare Champion Criteria</th>
<th>Definitions &amp; Resources</th>
<th>Physician/Facility Assessment</th>
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</table>
| Facility & Care Access | Facilities and delivery of care are universally-designed. | - What is Universal design?  
- Access To Medical Care For Individuals With Mobility Disabilities  
- Creating Accessible Documents  
- CDC: Disability and Health Inclusion Strategies  
- CDC Plain Language Guidelines  
- NH-based accessibility consultations  
- Communication methods for individuals who are Deaf or hard of hearing | - Facility is physically accessible  
- Alternative communication formats available and easily requested  
- Facility has a transfer lift  
- Office has equipment to accommodate bodies of any size  
- Easy to request and confirm accommodations  
- Medical team is flexible in meeting access needs  
- Health programs are accessible and inclusive |
## Diagnosis

Information is delivered in an empathetic, patient-centered, and unbiased manner.

- Diagnosis is presented in-person or at a previously-established time via phone (not unexpectedly or via email).
- Communication is sensitive, respectful, and patient-centered.
- Delivery focuses on the feelings of the individual or family and not on the discomfort of the provider.
- Diagnosis is framed as factual information, not “bad news.”
- Conversations with parent(s) about potential prenatal testing are unbiased, sensitive, and not influenced by a provider's personal attitudes about disability.
- Counseling following a prenatal diagnosis should not be informed by ableism or convey misconceptions that life with a disability isn’t worth living.

## Disability Understanding

Demonstrates understanding of the social model of disability and the ways that ableism can impact the physical and mental health of people with disabilities. Demonstrates respect for the agency and autonomy of the patient with a disability.

- Provider is aware of the challenges that a person with a disability may be experiencing outside of their office related to societal ableism, financial burden, emotional adjustment to a new diagnosis, or navigating systems of supports.
- Provider understands that people with disabilities are typically knowledgeable of their conditions, and this expertise should be respected and used to improve healthcare decisions and care. Provider does not categorically dismiss new symptoms as being associated with previous diagnoses.
- Provider knows under what circumstances caregivers should be included in healthcare encounters and decision-making.
- Provider ensures that quality of life and treatment goals incorporate and reflect the patient’s point of view.

## Resources

- **ABLE NH’s booklet of diagnosis stories from Granite Staters**
- **Reflections on receiving a diagnosis of disability: a message to healthcare providers**
- **NH parent experience with prenatal diagnosis**
- **Delivering Bad or Life-Altering News**
- **Breaking bad news: what parents would like you to know**
- **Delivering a Prenatal Diagnosis**
- **NY Times: Parent perspective on a prenatal Down Syndrome diagnosis**
- **What is the social model of disability?**
- **What is ableism?**
- **Using Supported Decision-Making in Health Care**
- **Disability autonomy & supported decision-making**
- **On Being an Ill Woman: A Reading List of Doctors’ Dismissal and Disbelief**
- **Grieving Chronic Illness and Injury**
- **Provider demonstrates understanding of challenges related to ableism, new diagnosis, etc.**
- **Respect for PwD’s knowledge of their condition and medical needs**
- **Circumstances for caregiver involvement are appropriate**
- **Provider demonstrates understanding of barriers to healthcare for PwD**
- **Treatment goals are reflective of the patient’s point of view**
<table>
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<tr>
<th>Disability Competency</th>
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<tr>
<td>Provider acquires a conceptual framework of disability in the context of human diversity. Demonstrates understanding of accessibility.</td>
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<tr>
<td>• Staff are trained to provide high-quality, accessible care to people with disabilities.</td>
<td>• Core Competencies on Disability for Health Care Education</td>
</tr>
<tr>
<td>• Organization is committed to delivering competent care to PwD</td>
<td>• Disability health disparities</td>
</tr>
<tr>
<td>• Provider and staff directly address the patient, rather than their support person/caregiver/interpreter</td>
<td>• Anti-Filicide Toolkit</td>
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<tr>
<td>• Provider is familiar with signs of caregiver abuse and neglect, and intervenes if any of these patterns are present.</td>
<td>• Recognizing &amp; preventing abuse</td>
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<tr>
<td>• Provider understands concepts like ableism, disability culture, and neurodiversity and has an awareness of their own internal biases.</td>
<td>• Large majority of doctors hold misconceptions about people with disabilities, survey finds</td>
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<tr>
<td>• Provider respects disability as a natural part of human diversity, understanding that people with disabilities have potential and are lifelong learners.</td>
<td>• From Disability Rights to Disability Culture</td>
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<tr>
<td>• Provider demonstrates understanding of health disparities experienced by the disability community.</td>
<td>• What is Disability Culture?</td>
</tr>
<tr>
<td>• Provider bases their understanding of a patient’s quality of life on that particular patient’s reports, and not on their broader assumptions about life with a disability.</td>
<td>• Tips for Treating Patients with Physical and Sensory Disabilities</td>
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<tr>
<td>• Provider does not withhold information about ‘taboo’ topics such as sex and intimacy from patients with disabilities.</td>
<td>• Intersectionality &amp; Disability</td>
</tr>
<tr>
<td>• Provider is respectful of different cultural approaches to disability and understands that an individual’s experience of disability will be influenced by their various intersecting identities.</td>
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- Staff are trained to deliver high-quality care to PwD
- Provider and staff directly address patient
- Provider is familiar with signs of abuse & neglect, intervenes if necessary
- Provider understands disability concepts
- Recognizes disability as part of human diversity
- Understanding of health disparities
- Assessments of quality of life are reflective of the patient’s own perceptions
- Provider does not withhold information about ‘taboo’ topics
- Respect for cultural differences, intersecting identities
| Support & Connection to Resources | Physician provides accurate, thorough informational resources and recognizes the need for community and supports.  
- Provider connects individuals and/or families to local disability support groups, advocacy organizations, and other resources, respecting the need for disability community.  
- Physician provides accurate information about medical conditions associated with an individual’s disability.  
- Provider shares accurate, up-to-date printed and/or electronic materials with patients or families receiving new diagnoses. When possible, provider shares resources created by people with disabilities.  
- Provider is aware of supports and services available in New Hampshire and how the individual may begin accessing them.  
- List of NH-based disability resources  
- How to Find Your Disability Community |  
| Provider connects individuals to local support/advocacy groups and resources  
- Physician provides accurate information about associated medical conditions  
- Patient is given appropriate, accurate informational materials  
- Provider can offer guidance to community supports  
- Provider supports patients who seek community with other PwD |  
| Continuity of Care | Provider gives referrals to appropriate specialists and services and participates in consistent, engaging follow-up care to ensure best outcomes.  
- Provider sets long-term goals with the patient and/or family and helps them to conceptualize what a full, purposeful life can look like for that individual.  
- Provider gives appropriate referrals to other specialists and services, coordinating information from specialists as part of a comprehensive care plan.  
- Provider is accessible to answer questions and provides additional informational resources as necessary.  
- Primary care doctor who accepts patients with disabilities understands the responsibility to remain informed of co-occurring medical conditions or evolving physical and emotional needs that might come up with age.  
- Future planning for people with intellectual and developmental disabilities (IDD)  
- What is person-centered planning?  
- Person-centered planning trainings through UNH  
- What is Charting the LifeCourse?  
- Charting the LifeCourse booklet |  
| Provider helps to set long-term goals  
- Appropriate referrals to other specialists  
- Provider coordinates care & develops comprehensive care plan  
- Provider is available for ongoing questions and information needs  
- Provider plans for patient to have evolving needs throughout the lifespan |