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DRNC'S ROLE IN ADVANCING HEALTH EQUITY IN OLDER ADULTS

NC Coalition on Aging

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EQUITY AND INTERSECTIONALITY

- Identifying the link between disability and other marginalized populations has been key since the beginning of the Disability Rights Movement.
- As with race, ethnicity, origin, gender identity and expression, etc., disability often creates an unwanted social stigma or expectation.
- The Disability Rights Movement understands that overlapping systems of discrimination (race, gender, and class, for example) create unique challenges.
- A lower socioeconomic status, which disproportionately affects racially and ethnically marginalized communities, can significantly impact health, including the development of disabilities.
- Rates of some types of disability are noticeably higher among communities of color.

DISABILITY RIGHTS MOVEMENT

1990 Capitol Crawl led to ADA / sidewalk ramps



WHAT IS DISABILITY RIGHTS NC?

- Every state and territory in the US has a Protection and Advocacy Organization (P&A).
- DRNC is the P&A agency in North Carolina, dedicated to advancing the legal rights of people with all types of disabilities, of all ages, statewide.
- Our services are free.
- We have no income requirements.

OUR RESPONSIBILITIES

We emphasize the following goals:

- Ensuring that people with disabilities live in safe and humane conditions, wherever they choose to live
- Ensuring that people with disabilities get a true choice in living arrangement and are not unnecessarily institutionalized
- Enforcing the rights of all North Carolinians with disabilities under federal and state law
- Informing individuals about their legal rights and how to enforce them

ACCESS AUTHORITY – OUR SUPERPOWER

- P&As have broad authority to access facilities and settings that provide services, care, and treatment to people with disabilities.
- Locations include adult day programs, assisted living and nursing homes, rehab facilities, psychiatric hospitals, residential treatment facilities, etc.
- We can go in any of those buildings unannounced and talk to the people who live there.
- The people who run the facilities must allow us to come in and speak to anyone we want -- staff and residents.

ANOTHER SUPERPOWER: REP PAYEE DIVISION



- SSA beneficiaries who are not able to manage their own money may be assigned a person or an organization to manage their benefits for them.
- In 2018, after numerous shocking national media accounts of rep payees abusing, exploiting, and neglecting beneficiaries, Congress added the Protection and Advocacy system into the oversight of beneficiaries.
- A small group of DRNC investigators traverses North Carolina, interviews disabled people where they live, reviews financial records, and makes sure people are safe and know their rights.

REP PAYEE DIVISION -- SOME OUTCOMES

- Requiring hundreds of rep payees to provide written Corrective Action Plans;
- Notifying numerous law enforcement, social service, and regulatory agencies of issues outside the scope of SSA's authority, like the physical or emotional safety of people with disabilities;
- Helping people to know and understand their rights in the community and in facilities, be empowered to self-advocate, access services they didn't know existed, access DRNC's representation in matters outside the scope of SSA's authority, regain their own guardianship and have their representative payee removed, and register to vote.

WHO DO WE HELP?

Across North Carolina

- People with lifelong or acquired disabilities, permanent or temporary (Intellectual/Developmental; Mental Illness; Traumatic Brain Injury; Physical)
- People with perceived disabilities
- Families supporting people with disabilities
- Providers, family members, social workers, or other professionals seeking technical assistance helping a person with a disability

LEGAL DEFINITION OF DISABILITY

Broader than you may think

- A physical or mental impairment that substantially limits one or more major life activities; or
- A record of such an impairment; or
- Being “regarded as” having such an impairment.

“REGARDED AS” UNDER THE ADA

Taking prohibited action based on a belief that the individual has an impairment

Older adults are often perceived as having a disability, e.g.:

- Slow or erratic movements
- Tremors / movement disorders
- Slow speech or reduced volume
- Hearing impairments

Exception: if the perceived condition is both transient (lasting six months or less) and minor, then no protections exist.

AGING AND DISABILITIES

More than 30 percent of Americans over age 65 have some kind of disability, and over 50 percent of those over age 75. These may range from difficulties seeing and hearing to walking and thinking.

Under the ADA, it isn't the cause of the disability that matters, but what it means in everyday life.

EQUITY BARRIERS IN HEALTH SETTINGS

- Failure to offer same treatment options or make treatment recommendations different than offered to nondisabled people
- Inadequate communication: refusal to slow down and explain, standard print, inaccessible electronic records, no sign language interpreters, inaccessible check-in kiosks
- Inaccessible Facilities: doors, exam tables, scales, kiosks
- Lack of providers who are culturally competent, willing to accept patients with disabilities, who accept Medicaid

DUTY TO COMMUNICATE WITH PATIENTS

Providers bear the responsibility of providing effective communication with their patients. Providers cannot require a person to bring someone to interpret for him or her. A covered entity can rely on a companion to interpret in only two situations:

- (1) In an emergency involving an imminent threat
- (2) For ASL, a companion may interpret when a) the individual requests this, b) the accompanying adult agrees, and c) reliance is appropriate under the circumstances.

MORE HEALTH EQUITY CONSIDERATIONS FOR OLDER ADULTS



- Overuse of full guardianship / loss of liberty
- Financial exploitation, abuse, neglect
- Telehealth policies -- accessibility and choice
- Criminalization of disability due to symptom manifestation and misunderstanding
- Marginalization and bias, especially at intersections with other factors such as poverty, race, ethnicity, gender identity and expression, and sexual orientation

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THANK YOU
Please Consider Supporting Our Work

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