

Building Bridges Across Difference and Disability

A Resource Guide
for Health Care
Providers

**Interacting with People with
Facial and Physical Differences
and/or Disabilities**



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Building Bridges Project: Who Are We?

Building Bridges is a partnership project of the Regional Women's Health Centre, Sunnybrook and Women's College Health Sciences Centre, and AboutFace International (a community-based organization and the only group in Canada providing services to people with facial differences). Our focus has been to examine everyday experiences related to appearance and abilities of adult men and women living with facial and physical differences and/or disabilities. Project activities such as research, workshops, support groups, and outreach have been designed to create opportunities for individuals to share stories, knowledge, and practical ideas; look at what has worked well in social interactions; and build on existing strengths and skills.

In writing this resource, our goal is to increase access to health care services for people with facial and physical differences and/or disabilities by:

- providing insight into how people with differences and/or disabilities experience the health care system and
- enhancing knowledge and skills in interactions with people with differences and/or disabilities.

In the development of this resource, we have drawn upon individuals' experiences in and knowledge about interpersonal interactions within health care environments. This resource is a synthesis of material from:

- interviews with people with facial and physical differences and/or disabilities
- interviews with health care providers
- academic and medical research
- community organizations
- government documents

Quotes have been modified for clarity and space purposes.

Who can Benefit from this Resource?

Within health care settings, many people are involved in the provision of health services. This guide was written for any person working in health care environments such as practitioners (nurses, counsellors, therapists, technicians, and physicians) and anyone else (receptionists, volunteers, and attendants) who may interact with clients with facial and physical differences and/or disabilities. This resource is a useful guide, particularly for those who have direct contact with people with facial differences, physical differences, and/or disabilities.

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Building Bridges Across Difference and Disability

Why this Resource?

In our society, a great deal of importance is placed on our appearance and physical abilities. Social ideals of acceptable and desirable face and body features, shapes, and capacities are associated with competency, independence, and success. Because of this, people living with facial and physical differences and/or disabilities often are subject to negative or inaccurate perceptions of their bodies and lives in interactions with others. People frequently experience challenges in social interactions, including with health care providers.

The suggestions in this booklet are intended to enhance your knowledge and skills in interactions with clients with physical differences and/or disabilities. Positive health care interactions can be facilitated by:

- developing an awareness of each client's own experiences of living with their facial difference, physical difference, and/or disability;
- providing opportunities for your clients to bring in their knowledge of their bodies and health needs;
- building upon your clients' capacities to care for their health; and
- creating a comfortable, non-intimidating, and accessible health care environment.

This will improve comfort and competency in health care interactions for both you and your clients.

Who are People with Facial and Physical Differences and/or Disabilities?

People with facial and physical differences and/or disabilities can be anyone whose physical appearance and/or physical abilities are perceived as different from the 'average' population. Facial and physical differences and/or disabilities can be present at birth or acquired through injury or illness and may be visible or hidden.

Individuals may be those with:

- facial differences e.g. vascular birth marks, cleft lip and palate

- physical differences e.g. burn injuries, dermatological conditions, mastectomy
- physical disabilities e.g. mobility such as spinal cord injury, sensory such as low vision, hard of hearing, chronic illnesses such as multiple sclerosis

People with facial and physical differences may not identify themselves as having a disability. In this resource, we make a distinction between facial and physical differences and physical disabilities. However, there are often overlaps in concerns and issues in interacting with health care providers.

Social Interactions: Perceptions and Behaviours

People with facial and physical differences and/or disabilities often experience negative reactions and behaviours from others such as discomfort, rejection, pity, and inappropriate and unwanted attention to their physical difference and/or disability. For example, people may avert their gaze,

"People feel that you owe them an explanation because you don't look like everyone else. They ask, 'What happened to you?'"

stand further away, walk away, and/or ignore an individual. From strangers and acquaintances, many people with facial and physical differences and/or disabilities routinely experience intrusive questions such as 'What happened to your face?' or 'What is wrong with you?' These encounters are

commonplace, occurring in interactions with teachers, colleagues, and health care providers. Inquisitiveness, awkwardness, and uncertainties about how to behave when meeting someone with a physical difference and/or disability are some reasons for such behaviours. So too are negative and inaccurate perceptions of people who look or function 'differently'.

"People's reaction is they see you, they look at you, that somehow you are different, and their mind is on how fragile the human body really is. That realization is really scary."

differences and/or disabilities, rather than the physical fact of difference. Frequently, people are seen as less intelligent, dependent, in need of protection, and asexual or inappropriately sexual. Because of having a facial difference, physical difference, and/or disability, people are perceived as ill or diseased. Differences in physical appearance and function are viewed as a personal tragedy,

incapacitating, reducing the quality of life, and a burden to the self and others.

People living with physical differences and/or disabilities frequently

internalize negative judgements about their bodies and lives. They may have learned to view their bodies as inadequate, unacceptable, and a source of shame, stress, and/or anxiety. This can make it difficult to develop or maintain a positive sense of self and has implications for physical and emotional health in the short term and long term.

"We all have issues around appearance. Let's stop looking at each other like we're supposed to be something other than who we are and start realizing we are on this continuum of difference."

Interactions in Health Care Settings

As a health provider you have the power to shape people's feelings about their bodies and lives, and influence their abilities to manage their health and health care.

Clients are impacted negatively or positively in every health care setting. For individuals who have critical encounters or spend considerable time in health care systems, this may be particularly so. For example, when a facial and physical difference and/or disability is newly acquired through accident or disease processes, health care providers likely are the first people with whom clients have significant contact. Alternately, some people have had a history of prolonged contact with health care providers in medical or rehabilitation settings.

"I was objectified as a child. At 8 years old, they stood me up against a wall in the cold to demonstrate how tall I was and they were snapping pictures. I didn't start realizing that I was in textbooks until I was a teenager and I was really taken aback - it was a sense of - I really did get my picture taken. I went back at some point as a teenager and destroyed all the pictures that remind myself where I was as a child."

Social perceptions often frame and legitimize expectations and treatment of people living with facial and physical differences and/or disabilities. These are frequently integrated into health providers' education and practice and into health care institutions, which influence health care interactions.

Individuals develop strategies in social situations, including health care encounters. They may be quite skilled at monitoring and managing health care provider's reactions and associated behaviours that are related to their physicality.

A client's experiences in health care environments influence how she/he interacts with providers and can promote the following:

■ Compliance

In health care settings, individuals often are placed in passive roles,

where things are done to them not with them. These experiences can result in the relinquishing of authority over one's own body and health, which reinforces feelings of dependency, passive behaviours, and over-reliance on health care providers and others. High levels

"I am reduced to a problem or an issue. They just focus on your condition or your disability. We are a case, not a person."

of compliance can be related to frequent early childhood medical interventions. For example, research indicates that adults with facial differences currently have greater feelings of powerlessness if they underwent many medical procedures and surgeries in childhood.

Clients, particularly those who rely heavily on services, may have other fears and concerns. As a woman with a facial difference explained, "People are often concerned that if they are not compliant that this will somehow affect their care."

■ Avoidance

Stressful or traumatic experiences within health care settings influence people's decisions to access and use health care services. In

"I woke up after one of my facial reconstructive operations. I was freezing and thirsty and the plastic surgeon was discussing with the nurse about what kind of anti-wrinkle cream his wife was using and that she didn't show any signs of aging! And all I could think of after all that I've just gone through was I wish you were a bit more tactful when you are going to be discussing this."

many instances, contact with providers has been marked with lack of privacy and respect. People with facial and physical differences and/or disabilities report that their bodies were looked at and touched without warning or permission and handled roughly. When the physical difference or disability is the sole focus and the whole person is not acknowledged, clients often feel objectified. For people with physical disabilities, environmental barriers such as inaccessible health care facilities and lack of proper equipment are further deterrents to health care.

A lack of preventative care and/or early intervention of physical and/or mental health issues may result if clients are not able to access health care providers. This can lead to the development of secondary health problems, increased severity of health problems, and the need for extensive and prolonged health care.

■ Self-management

Some clients will develop a high degree of skill and autonomy in regard to their health and health care. Also, many people living with

facial and physical differences and/or disabilities, especially in the long term, may be highly proficient at negotiating the process and outcomes of health care interactions. Often self-management skills have been supported and assisted by health care providers. Yet some people, while skilled at monitoring their own health and interacting with health care providers, will delay or avoid seeking health care as a result of previous negative encounters with health care systems.

"It's hard to make them take the time we would like to listen to what we want to say about our bodies, our pain, our mental state. There is no consultation with the patient. Yet, we know our bodies."

Enhancing Comfort and Competency in Client-Practitioner Interactions

Valuable perspectives are gained by living with a facial difference, physical difference, and/or physical disability. An individual's experiences provide forms of knowledge that can enrich the range of interactions with health care providers.

Creating Opportunities for Client Participation:

■ Support

Support clients to share their own understandings of their bodies and health as well as what they need from you. This will increase your sensitivity to issues and concerns your clients bring to their health care. Also it will provide opportunities for your clients to gain comfort and competencies in interacting with health care providers. Collaboration will encourage clients to participate more actively in their health care and increase effective client-practitioner interactions.

"Our physical difference is looked at from the point that you would never want to have it happen to you. As if it's not something you could possibly gain from. But what strikes me is that people need to understand that there are things to be gained from our experiences. Speaking as a woman with a facial difference, I believe that it is essential that women and men with disabilities/facial differences understand that being different is not only negative, but that it has many positive sides."

■ Validate

Validate the knowledge clients bring to their health care. People with facial and physical differences and/or disabilities understand a great deal about their bodies

and their health needs. This knowledge differs from medical knowledge and is derived from everyday experiences of living with facial and physical differences and/or disabilities. Clients often are the best source of information about their facial and physical difference and/or disability, their health, and health needs.

■ Facilitate

"We need to work on an equal basis. I've had that experience in vocational rehabilitation with a provider. It felt like we were working together – she didn't tell me what I was doing wrong, what I should be doing – she worked with me to achieve some goals that were important to me."

Facilitate clients' knowledge of their bodies as well as their confidence and abilities to manage their health. This is particularly important for clients who have experienced a high degree of institutionalization, who have had limited opportunities to learn or talk about their body, and/or take responsibility for their health care. Partner with your client by being a resource and advocate.

Being responsible for one's own health and health care is an on-going process. Include clients in decision-making and assist them to identify ways to incorporate and evaluate health care recommendations within their health care routines. Clients who are well informed have enhanced confidence in themselves and their abilities to manage their health.

Developing Skills to Support, Validate, and Facilitate

How you interact will be a significant factor in building trust and openness or it can lessen the impact of your genuine care and support of clients. You can support your clients, validate their experiences, and facilitate their knowledge and abilities through your communication; your stance; and your touch and respect for boundaries.

■ Your Communication

Communication includes spoken and written language, body language, eye contact, and ease of conversation with your clients.

Communication needs to be respectful of a client's personhood, body and experiences. The language you use conveys to clients how you think or feel about them. It also influences how clients think

or feel about themselves. Spoken or written communication is not the only means by which attitudes and respect are conveyed. Body language also confirms, intensifies, or contradicts our spoken language messages. Body language can come across as rejecting, disinterested, or disrespectful regardless of whether this message was your intention.

"Sometimes the way health care providers respond to me can have a big impact on how I feel about myself. If I hear words like 'deformity' used to describe me then I feel really shitty."

Some suggestions to enhance communication are:

- **Use language that puts the physical difference and/or disability in the context of the whole person.** 'Person First' language is generally accepted positively. An example would be 'person with a facial difference'.

- **Avoid using language that evaluates an individual's experience of living with a facial and physical difference and/or disability.** Referring to clients as inspirational, brave, or courageous is patronizing and inaccurate. Also phrases such as a 'victim of' or 'suffering from' or 'burdened with' characterizes an individual's experiences as tragic and hopeless.

"I once had a nurse tell me how 'brave' I was when the only reason I was coming in was because I had a cold not because of my disability."

Language commonly used in medical environments is not always appropriate or welcomed when you talk with your clients. The client may perceive terms such as birth defect and disfigurement as derogatory.

- **Respect your client's choice in how she/he defines her/his facial difference, physical difference, and/or disability.** Be open to being corrected by clients, if you use a term that she/he is not comfortable with or finds unacceptable. Most clients appreciate being asked:

"How do you refer to your facial difference/physical difference?"

"What term(s) are you comfortable having me use?"

"When I am talking to a colleague or I'm referring to a social worker because someone is having trouble coping with their 'deformity' I'll use that word. It might give a little bit of medical background. But when I am talking to a lay person or a patient or a patient's family I'll use facial difference - it's a nicer term." Health Care Provider

"I'm not always able to read the instructions the doctor gives me.

I'm embarrassed to ask her to explain it to me. I don't like having to rely on others to read personal stuff about my health."

"It is condescending to say to someone with a disability that they need to change the way they think about themselves. You need to validate what has been said with empathy only, not with criticism or direction and giving advice – just accept it for what it is and give it a space to be expressed.

That is what I think would be most useful." Health Care Provider

- **Be open to familiarizing yourself with the knowledge level and terms your client uses.** Be aware clients have different histories around their own medical care and therefore will have various levels of medical understanding. This will assist you both to be clear and explicit with one another.

- **Maintain body language that indicates positive attention and regard.** For example, practice sitting close to clients at their height level. Making eye contact is important, yet monitor your eye contact so that a client does not feel that she/he is being stared at.

- **Ask clients about what they need from you to communicate comfortably with you.** Recognize that individuals have different ways and speeds of processing information and communicating. This includes clients whose speech may be difficult to understand, who use augmented communication devices, or who have interpreters.

Have a wide range of communication options such as TTY (TeleType Communication), Braille, and large print (not less than 18 font) materials to make your facility accessible for people with various communication needs.

Consider writing out information or instructions in simple and concrete ways, especially complex or detailed information. This particularly is helpful for clients who, after the appointment, convey this information to a support person or attendant who will carry out the instructions.

■ Your Stance

Positive interactions include talking and listening. Information that flows only from you to your client increases the risk that your client may become a passive recipient, complying with your viewpoint and recommendations without seeking clarification or asking questions. It also increases the risk that an individual may reject the knowledge and experience you bring to the encounter. In either case, this does not support the client to access their own knowledge or to gain knowledge about their health.

You can support a client to recognize and validate their own knowledge by the questions you ask and the ways you phrase them. The following questions suggest general ways to assist clients to access what they know about their bodies and health situations and to share it with you.

- **Phrase questions so you elicit information, rather than dictate or limit a client's answers:**

"You mentioned using makeup earlier. Are there other strategies that have been helpful to you in feeling more comfortable in social situations?"

Avoid questions that are accusatory or derogatory:

"Why aren't you using camouflage makeup or other methods to cover your birthmark?"

- **Ask about the individual's reason for initiating the health care encounter.**

"I have looked through your file. What do you feel is important for me to know about you? What do you need from me today?"

A common assumption of many health care providers is that the primary reason for clients to see you is because of concerns or needs related to their facial differences, physical differences, and/or disabilities. When a client seeks health care for issues or needs unrelated to their physical difference and/or disability, refrain from asking questions or making comments unless they have relevance to the client's visit.

- **Provide openings for clients to bring their concerns into the health care encounter.** It can be helpful to ask a client

"I told my surgeon, 'When I tell you I have pain, I know pain. I have dealt with pain all my life. I don't want to be hooked on painkillers. I don't want to be lying in bed most of the time, that's not a life for me. I don't want my child to remember me as the mom who was always sick. I want to take charge of my life.' He acknowledged what I had gone through and what I needed and I felt wow! He's finally listening to me."

"During a routine eye exam, after reading my chart, in the middle of my eye test, this new optometrist says, 'Can you stretch your skin on your body out really far?' I felt like a freak!"

"I've had a lot of surgeries where the surgeon didn't talk to me about what would happen or what I could expect. I need my doctor to take the time to explain things so I know exactly what decision I'm making related to my surgery and medications. I want to be as prepared as I possibly can."

about past experiences of health care. You will gain a greater awareness and sensitivity to her/his feelings towards health care providers and an understanding of how your client may respond in health care interactions.

"Can you tell me what has worked and what hasn't worked in your past experiences with your family doctor?"

- **Provide opportunities for clients to talk about their changing feelings, views, and experiences of their body, health, difference, and/or disability.**

"Massage therapy is one of the only ways my body gets any movement and it eases my physical pain. It's not a luxury for me and my nurse practitioner helped me find an affordable and accessible massage therapy clinic."

"Surgery is wonderful and it can give people new opportunities, but it is only part of the answer. You still need to find ways to be able to go out there and not let people's stares or comments stop you from doing what you want to do."

Recognize that relationships between health, illness, and physical difference and/or disability can be complex and unpredictable for some clients. Some people may experience chronic or recurring health problems as a result of their physical differences and/or disabilities. Assist clients to find solutions to manage symptoms such as pain, fatigue, difficulty concentrating, and decreased mobility in their daily lives.

Changes in appearance and function due to medical interventions, health problems, ageing, or other factors, will affect the way people feel about themselves and their social relationships. Not all changes will be welcomed. Even chosen and desired changes, for example facial reconstruction, require some adjustment. Assist clients to talk about what they feel is positive and affirming as well as what they feel is negative about their bodily changes.

Some clients may desire interventions (surgical, prosthetics, or camouflage make-up) to correct or minimize their difference, while others may not. Find out from your client what options they want to explore, if any. Provide information to allow her/him to make an informed decision and support the choice she/he makes.

- **Treat an individual as a whole and unique person.**

Identifying individuals predominantly in terms of their physical difference and/or disability denies other relevant aspects of their bod-

ies, lives, and health care needs. Alternately, minimizing the effects, health or otherwise, of living with a facial difference, physical difference, and/or disability denies the possible significance of the difference in the person's life.

"If they treat me like a person first and not like a case or a condition, I think there's a big difference to how the whole experience plays itself out."

Develop a broader knowledge of the dimensions of your client's life and how this impacts health care needs, choices, and abilities to manage self-care. For example, respectfully ask if clients if they direct support persons or attendants to carry out instructions such as medical regimes and whether they have barriers of money, time, and access to health related items and practices such as nutritional eating or safer sexual practices.

Like all people, people with facial and physical differences and/or disabilities experience the same range of sexual desires and orientations. However, frequently health care providers overlook sexuality and associated needs. Where appropriate, include sexual and reproductive health care practices in your interactions.

Some clients will need services, such as counselling or social supports, to deal with issues of living with their facial and physical difference and/or disability. If you are unable to provide supportive services, have on hand a list of therapists, social workers, support groups, or community agencies that are knowledgeable and/or trained in working with clients with differences and/or disabilities.

"I can't hold a knife to cut up vegetables/fruits. My doctor worked with me to find a nutritionist who worked with me on meeting my nutritional needs considering my abilities."

■ Your Touch and Respect for Boundaries

- **Respect a client's sense of privacy and vulnerability about her/his body.** Ask permission before looking at and/or touching your client's body and provide information about what you are doing and why.

Be respectful of an individual's personal space. Individuals who use wheelchairs consider their wheelchairs as part of their personal body space. Do not touch, lean, or move a client's wheelchair, crutches, scooter, and/or walker unless given permission.

- **Consider developing a trusting rapport before asking questions about a client's experiences of living with a physical difference and/or disability.** Clients may not raise issues or problems of living with a facial and physical difference and/or disability that they are experiencing. Some reasons may be the fear of not being believed or of being ridiculed, lack of experience in talking about issues, and/or protecting others. If a client doesn't bring it up and you have a sense that it is affecting your client's physical or emotional wellbeing, consider asking about the effects on her/his sense of body and self and in her/his life.

"I wanted to check in with you about your facial difference. Do you have any concerns, health or otherwise, that you want to talk about?"

- **Always speak directly to your client regardless of who may be with them.** If the client attends the appointment with another person, such as an attendant or family member, offer the client the opportunity to speak with you in private. Clients may feel vulnerable and feel a lack of privacy if interacting with you in the presence of another person.

When I bring a parent to help me transfer into the dentist's chair, the dentist always speaks to them instead of me. It's like I'm not even there."

Sometimes a parent, partner, or worker may answer for your client even if you speak directly to the client. Check in with your client to see if what they have said is an accurate reflection of her/his own thoughts or needs. If this continues to happen, you could say to the support person:

"I appreciate your input, however I would really like to hear from Nadia directly."

If a client appears to need assistance, ask before giving it. It is the client's decision to accept or refuse the offer of help.

If another person is needed for assistance with procedures, inform the client ahead of time. For procedures that are highly personal or intrusive, such as pelvic exams, ensure the assistant is also a health care provider rather than family member, receptionist, etc.

- **Be flexible and creative in carrying out practices and procedures.** The pace of activities in health care environments is very

rapid. Give more time for people to get from the waiting room to offices or treatment rooms and to prepare for procedures, such as undressing and getting on the table.

"I've never had a proper pap exam because the gynaecologist won't take the time nor has the patience to try different positions. In the end we both leave the appointment frustrated and I am sore."

Standard ways of doing assessments or examinations will not be appropriate for some clients depending on their physical abilities and comfort levels. For example, the knee-chest position for pelvic exams may be more comfortable for some women with physical disabilities.

If your client uses accessible transportation, ask what is her/his pickup time at each visit. Make sure your interaction is comfortably completed prior to time the client has to leave. If there is any delay inform the client as soon as possible.

Creating an Accessible Environment

Positive interactions and physical access within health care environments are connected for people with facial and physical differences and/or disabilities.

- **To ensure that your facility is accessible to all clients, here are some basic structural features to accommodate everyone and make sure your space is an accessible, welcoming place:**

The receptionist should be easily seen and accessed. Low counters and service windows, especially at the receptionist station will help interactions with people who use wheelchairs and people who are of short stature.

"At the eye doctor, I have to sit in the middle of the waiting room while I wait for my appointment. People have to climb over my scooter to get to the receptionist's window. I feel really uncomfortable."

The lobby and reception area should have a large open floor space to accommodate people who use wheelchairs and scooters.

Have chairs in the waiting areas and treatment rooms that can be easily moved allowing for more space area for attendants or family members to sit with the client.

Doors to the building, offices, and washrooms should be power operated. When it is not possible to have automatic doors, ensure the door has a lever handle and is not spring-loaded so that it is easy to swing open and manoeuvre through with a wheelchair, walker, or scooter.

Have at least one accessible washroom and changing room. Consider purchasing a height adjustable exam table, if you don't already have one. This table can benefit clients with and without disabilities.

- **Let clients know that your health care environment is physically and attitudinally accessible and accommodating by:**

Placing symbols such as the wheelchair (universal sign of accessibility) in visible places. Post a sign if you have a TTY (TeleType Communication) so clients are aware and able to ask for it.

Making sure that waiting room reading materials can be easily accessed and are representative of a diverse population. Broaden your reading selection beyond business and beauty publications to include magazines and articles that include, or are about, and for, people with facial and physical differences and/or disabilities.

Place visual art such as posters that depict people with facial and physical differences and/or disabilities in positive ways in your environment.

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Resources in Ontario

AboutFace International

AboutFace is an international organization that provides a wide range of services to support individuals with facial differences and their families. We welcome and include people whose facial differences were present at birth or develop as a result of illness or trauma. AboutFace provides information, support services, and educational programs for a wide population including parents and families, children and adults with facial differences, service providers, and other community members. AboutFace does not provide information on treatment options or medical referrals. We offer an opportunity to be connected and understood. Links to additional resources and organizations are available.

AboutFace International
 123 Edward Street, Suite 1003
 Toronto, Ontario, M5G 1E2
 Tel: (local) 416-597-2229
 (toll-free) 800-665-FACE (3223)
 Fax: 416-597-8494
 e-mail: info@aboutfaceinternational.org
 Website: <http://www.aboutfaceinternational.org>

Anne Johnston Health Station (AJHS)

The Anne Johnston Health Station is a community health centre in Toronto. This centre has a Barrier Free Program for persons with spinal cord related physical disabilities who live in the Toronto area. Services include primary medical services, including physician, pharmacy, nursing, chiropody, and occupational therapy. As well, the Health Station provides counselling, dietician, advocacy, and a number of peer support programs.

Anne Johnston Health Station
 2398 Yonge Street
 Toronto, Ontario M4P 2H4
 Tel: 416-486-8666
 Fax: 416-486-8666
 e-mail: catherineb@ajhs.ca

Burn Resource Centre

The Burn Resource Centre provides comprehensive information and educational resources concerning many aspects of burn care to health care professionals, burn survivors, and community members. Training seminars and consultations are available for health care providers who work across the continuum of burn care (at the scene, in the hospital, or in the community) and for burn survivors and their family and friends. Educational materials cover a wide variety of topics including burn prevention, physical care (critical care, rehabilitation, wound management, pain management, and more), supportive and psychosocial care, and psychosocial aspects of living with physical and facial difference. This site also provides links to a variety of organizations within the United States and Canada.

Web site: <http://www.burnresource.com>

Directory of Disability Organizations in Canada 2002/2003

The Directory of Disability Organizations in Canada, compiled by the Canadian Abilities Foundation, has a comprehensive listing of organizations across Canada, organized by province. There is a cost for this directory.

To order:

Canadian Abilities Foundation

489 College Street., Ste. 501

Toronto, ON M6G 1A5

Tel: (416) 923-1885

Fax: (416) 923-9829

e-mail: able@interlog.com

Website: <http://indie.ca/abilites/>

Disabled Women's Network of Ontario (DAWN Ontario)

DAWN Ontario is a province-wide organization for women with all types of disabilities and is operated by women with disabilities. They provide a wide range of resource materials on topics that highlight issues for women living with disabilities. In addition to resource materials, you can download information on physical barriers and accessible designs that go beyond ramps, to assist in increasing your service accessibility. One example of useful information related to accessibility is the Access Checklist. The DAWN Ontario website also provides links to a number of programs and services across the province including resources on health, disability, and health care provision.

DAWN Ontario
162- 975 McKeown Ave. Unit 5A
North Bay, Ontario P1B 9P2
Tel: 705-494-9078
e-mail: dawn@thot.net
Website: <http://dawn.thot.net>

The Disability and Physical Differences Initiative of the Body Image Project, Regional Women's Health Centre

The Disability and Physical Differences Initiative was developed to provide women with disabilities and physical differences a comfortable place where they can begin to address their body image concerns. We provide counselling services for adult women over the age of 16, information, education, and referrals to community services.

Regional Women's Health Centre
Sunnybrook and Women's College Health Sciences Centre
790 Bay Street, 8th Floor
Toronto, Ontario M5G 1N8
Tel: 416-351-3702
Fax: 416-351-3727
e-mail: building.bridges@swchsc.on.ca

