

I am Deb Marinos MS CRC LPC- I

1231 Stanfield Rd, Woodburn Oregon 97071

I represent myself as a Oregon citizen, a professional who is legally blind & as an Oregon company  
Adaptability for Life LLC: [www.adaptabilityforlife.com](http://www.adaptabilityforlife.com)

I have provided cultural competency education for healthcare providers for the past year. I offered a 4 hour training once per month- alternating between Saturday & a weekday. At no time was my seminar full to capacity. I have noted that it is difficult for people to find the page where any training is available locally. However, I did do direct marketing to over 9000 health care professionals. And each student stated in their evaluation that they learned important and useful things. That they had no idea what they were missing. That they were grateful for the training. And several of them were pretty open at the start of class, about their unhappiness at being forced to take the class. I do believe it is necessary.

Allow me to explain a bit about what I teach, specifically about legal blindness.

The title of my training which was approved by Oregon Health Authority - OHA is Understanding the Diversity of Legal Blindness, Its Impacts and Solutions - Part 1 Basics.

The reason I am passionately supporting this bill, is twofold.

One is to try to change the unfortunately too common experience by a person who is legal blind faces when trying to be an informed patient or signing in to a healthcare appointment. Often hearing -" sign here "- wherever here is?! And next - "you don't want me to read the whole thing to you - do you? " Along with aftercare instructions which are often done in large print which is even worse for me as I have a type of legal blindness -retinitis pigmentosa, which like glaucoma restricts my peripheral vision - tunnel vision.

Most codes of ethics state that informed consent about policies and medical procedures must be clearly explained and signed. How - if the written forms are inaccessible and there is not time to read them is this possible.

In my training students are provided with simulator glasses, and do exercises to learn about the unique and varied needs of each type vision loss. They learn about the SSA definition of either worse than 20/200 in the best eye, with correction OR less than 20 degrees of field. The physical therapists talked about the direct relationship to falls, while the Occupational therapist were well versed in "fuzzy vision". Counselors and Psychologist were stunned with the dramatic impact that not driving and social stigma, plus all the things that must be memorized in order to stay functional. The case stories and exercise give a glimpse in what interventions help or not. We talk about how you might feel if you couldn't tell if someone was smiling or frowning, and all the visual cues that are missed.

Then we move on to the solutions. Did you know that you can send large print documents for free to a legally blind person through the mail? That a line can be found on a paper by using a fold in the paper, or a signature guide. A signature guide is given to each student, just a heavy piece of paper, like an index card, with a rectangle cut out in the middle, that can be placed centered over the line, that way a person can feel the place to sign. And that your iPhone or iPad talks, is completely accessible for free,

that most people who are blind can read a document if you send it to them in Word or Excel? And that a recording can be made, and then listened to by the person with a headset, so they can independently fill out and really know what is on the form? All these things can be done a no or low cost by any health care provider. Further, simple adjustments to policies and forms can make them accessible, even the playing field. Just saying hello, Deb, if you go 10 feet to your left about 9 o'clock, that's where the empty chair is will make my day?!

I find that health care providers are for the most part, helpers with a heart. They really do want to know how to make people feel welcome and be effective in their care of patients. Unfortunately, though there are a lot of misconceptions and myths out there. Whether it is a disability, race, ethnicity, gender or any other cultural differences that totally get in the way. And mostly we all don't know what we don't know.

Not only does the disconnected non culturally competent experience make a professional like myself feel upset in having to choose to trust the short summary given or potentially be perceived as a difficult patient. The most important issues is that scenario is not only an ethics violations, it also violates both the ADA and HIPAA laws.

So requiring these classes will potentially save each health care provider from paying large fines. So let's make it necessary, and please also fix the issues around finding the training that is readily available, by a bunch of us small companies, who are startups. Get that list that OHA has visible, not hidden. Help more people qualify to teach their special culture. Help your Oregonian who are hoping to help both the impacted populations and the health care providers succeed.

Thank you for your time and attention

Deb Marinos