International Seminar 2025 on
“Advancing Health Equities for Persons with Disabilities”

22nd November 2025

National Rehabilitation Center for Persons with Disabilities
Japan

National Rehabilitation Center for Persons with Disabilities
4-1 Namiki, Tokorozawa City, Saitama Pref., 359-8555 Japan
国立障害者リハビリテーションセンター

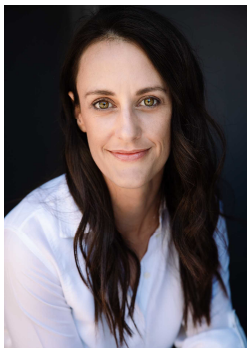
International Seminar 2025
“Advancing Health Equities for Persons with Disabilities”

Time & Date: 22nd November 2025, 13:30-17:15 JST
Venue: Conference room “Hokusai”, 5th floor, Daiichi Hotel Ryogoku located at 1-6-1 Yokoami Sumidaku,Tokyo, Japan
Organizer: National Rehabilitation Center for Persons with Disabilities, Japan (WHO Collaborating Centre for Disability Prevention and Rehabilitation)
Languages: English and Japanese with live interpretation

13:30-13:35	5 min	Opening Address	Nobuhiko Haga President, National Rehabilitation Center for Persons with Disabilities (NRCD), Japan
13:40-14:05	25 min	“Health for All” in Action: Towards Health Equity for Persons with Disabilities	Jody-Anne Mills Technical Officer, Rehabilitation and Long-Term Care Health Policy and Service Design, Division of Health Systems and Services World Health Organization, Regional Office for the Western Pacific
14:10-14:35	25 min	Health Equity and Access to Health Care Service for Persons with Physical Disabilities	Nobuhiko Haga, President, NRCD, Japan
14:40-15:05	25 min	Advancing Health Equities for Persons with Disabilities: The Indian Perspective, the milieu and the crossroads of metamorphosis	Santhosh Kumar Kraleti Founder & General Secretary, Sushena Health Foundation, Founder & CEO, Foot Soldiers for Health Professor & Associate Dean, School of Healthcare, Rishihood University
15:05-15:15	10 min	Break	
15:15-15:40	25 min	Wheelchair recipients’ perceived barriers to in-person and virtual follow-up consultations: A cross-sectional study	Ramon Angel Salud Periquet Active Consultant, Department of Rehabilitation Medicine, Chinese General Hospital and Medical Center Active Consultant, Department of Rehabilitation Medicine, Medical Center Manila
15:45-16:10	25 min	Disability-based inequality in health service access: Challenges and initiatives in Japan	Takashi Saito Researcher, Department of Social Rehabilitation, Research Institute, NRCD, Japan
16:15-16:40	25 min	Bridging Care: Supporting the Admission and Discharge of Persons with Disabilities in Acute Care Hospitals	Sachiko Matsumura Manager, Nursing Department, Certified Nurse in Visiting Nursing, Japan Institute for Health Security, National Center for Global Health and Medicine
16:45-17:10	25 min	Discussion among speakers Facilitator: Ichiro Nakamura, Director, Hospital, NRCD, Japan	
17:10-17:15	5 min	Closing Address	Toru Akune, Director, Rehabilitation Services Bureau, NRCD, Japan

Presentation 1, Keynote lecture

“Health for All” in Action: Towards Health Equity for Persons with Disabilities



Jody-Anne Mills
Technical Officer, Rehabilitation and Long-Term Care
Health Policy and Service Design, Division of Health Systems and Services
World Health Organization, Regional Office for the Western Pacific

【Biography】

Jody-Anne Mills is a Technical Officer within the Health Policy and Service Design Unit of the WHO Western Pacific Regional Office. She is responsible for the areas of rehabilitation, assistive technology, disability, and long-term care. Prior to commencing her role in the Western Pacific Regional Office in 2023, she worked with WHO Headquarters, where she specialized in the development of the rehabilitation workforce. Jody has a bachelor in occupational therapy, a masters in international public health, and a doctorate from the Faculty of Medicine and Health at The University of Sydney, Australia.

【Presentation Brief Summary】

The WHO Global Report on Health Equity for Persons with Disabilities, published in December 2022, revealed alarming disparities affecting 1.3 billion people—or 16% of the global population—who experience significant disabilities. The report demonstrates that persons with disabilities face the risk of dying up to 20 years earlier than those without disabilities and have up to double the risk of developing chronic conditions including asthma, depression, diabetes, obesity, oral diseases, and stroke.

These striking health inequities challenge our progress toward achieving Health for All and demand urgent action to address structural and systemic barriers placing persons with disabilities at heightened risk of premature mortality and disease. Critically, many differences in health outcomes cannot be explained by the underlying health condition or impairment, but by avoidable, unfair and unjust factors within health systems themselves.

In response to this situation, WHO promotes three fundamental principles for all governments and health sector partners: first, placing health equity for persons with disabilities at the center of all health sector actions; second, empowering and meaningfully including persons with disabilities in decision-making processes; and third, monitoring outcomes for persons with disabilities. WHO is operationalizing these principles as it works with ministries of health and health partners around the world to make health systems more inclusive, including through highly consultative situation assessments and action planning. This comprehensive approach tackles misconceptions, broadens health system perspectives on disability, and ensures persons with disabilities have meaningful opportunities to participate in health planning and decision-making processes essential for achieving true health equity.

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"Health for All" in Action: Towards Health Equity for Persons with Disabilities

How we conceptualise disability

- Disability is not the same as a health condition
  - A health condition can contribute to disability, along with personal, social and environmental factors

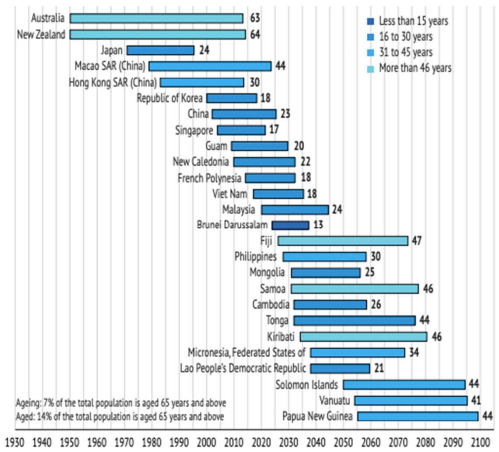
- It is the responsibility of the health sector to:
  1. Prevent and manage health conditions that may contribute to disability
  2. Provide care that optimizes functioning
  3. Advance health equity for persons with disabilities

Why health equity for persons with disabilities matters

- Impacts a significant portion of the population
  - 1.3 billion people, or 16% of people experience disability
  - This number is growing due to epidemiological and demographic factors
- There is a clear link with the health sector
- There are striking disparities in health outcomes that need to be addressed

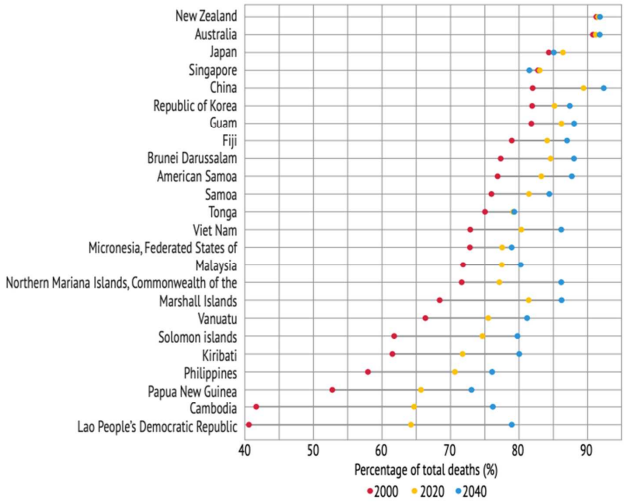
There are more than 240 million people over the age of 65 in WHO Western Pacific Region, and that number is expected to double by 2050.

Speed of ageing for select countries and areas in the Western Pacific Region: projected time required to transition from an ageing to aged society



Source: United Nations Department of Economic and Social Affairs, Population Division

Percentage of NCD burden in select countries and areas in the Western Pacific Region



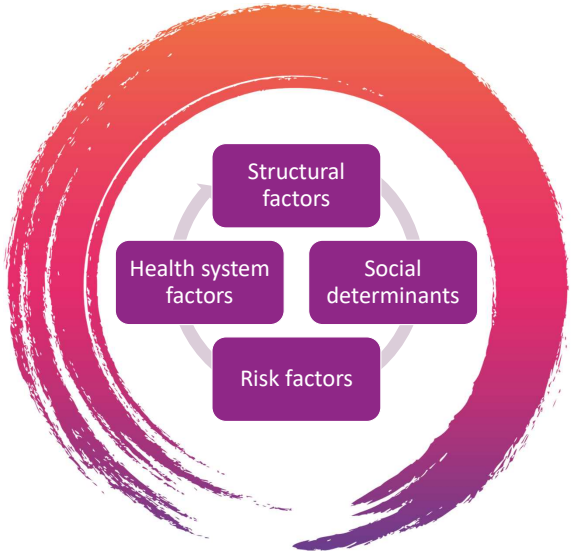
Significantly increasing prevalence of NCDs in the region, mean more people are living with disability

Disparities in health outcomes

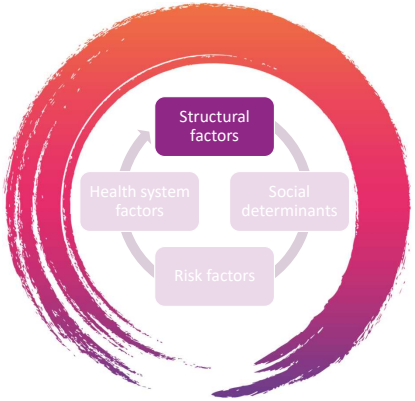
- **Premature death**
  - up to 20 years earlier
- **Poorer health**
  - More than double the risk for certain health conditions
- **More limitations in functioning**
  - Health facilities are six times as hindering
  - Transportation is 15 times hindering

Unjust

These health inequities are due to unfair and avoidable conditions which affect persons with disabilities disproportionately



Contributing factors to health inequities...



Structural factors

Stigma & Discrimination

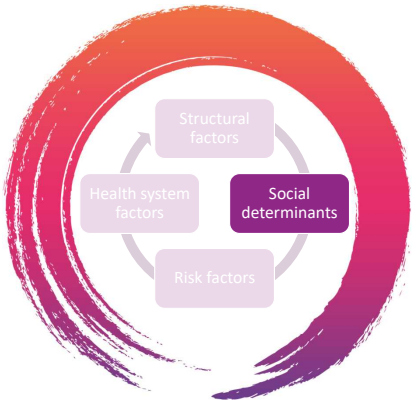
- Cultural and societal values that manifest in ableism, stigma and discrimination
- Intersectionality (e.g., gender)

Policies and processes

- Lack of efficient, equitable and transparent policies and processes
- Examples of non-inclusive social protection mechanisms

Governance

- Systems of accountability in the health sector are weak, with disability legislation and guidelines rarely enforced or implemented
- Persons with disabilities and their organizations are still not engaged in decision-making processes



Social determinants

Poverty and added costs

- A higher % of persons with disabilities live under the poverty line
- Higher healthcare costs

Transportation

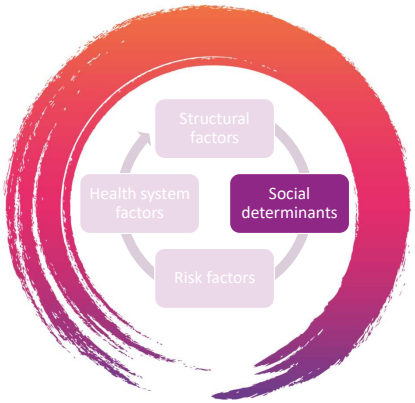
- Lack of accessible transport

Intersectionality

- Health inequities are shaped by the interaction of different aspects of social identities and systems

Education and employment

- Disparities in education and employment



Social determinants

Climate impact

- Climate change related hazards exacerbate vulnerabilities

Living conditions

- Poor living conditions, relating to housing and food security
- Institutionalization and social isolation

Violence

- Added risks of violence, particularly women and girls with disabilities

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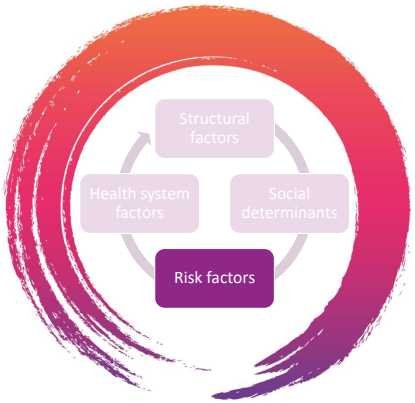
Risk factors



Public health interventions are often not inclusive

Physical inactivity

- Added risk to poor health outcomes due to physical inactivity

Drug and alcohol use

- Added risk to poor health outcomes due to drug and alcohol use

High body mass index

- Added risk to poor health outcomes due to high BMI

Air pollution

- Added risk to poor health outcomes due to air pollution

Smoking

- Added risk to poor health outcomes due to smoking

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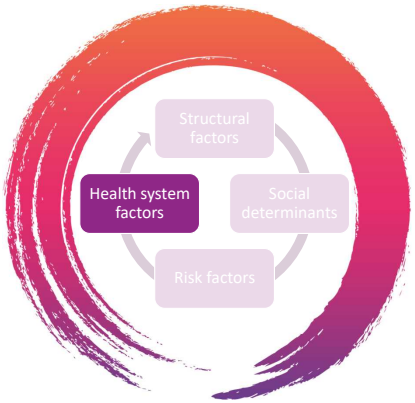
Health system factors



Health and care workforce

- The lack of knowledge, skills and competencies by health and care professionals on the needs of persons with disabilities

Leadership

- The lack of leadership on disability inclusion

Health information systems

- National health information systems often do not collect and disaggregate valid and reliable disability data

Service delivery

- Multiple gaps in service delivery that disadvantage persons with disabilities (e.g., poor health service coordination, inaccessible environments, etc.)

Health systems financing

- Often disadvantage persons with disabilities

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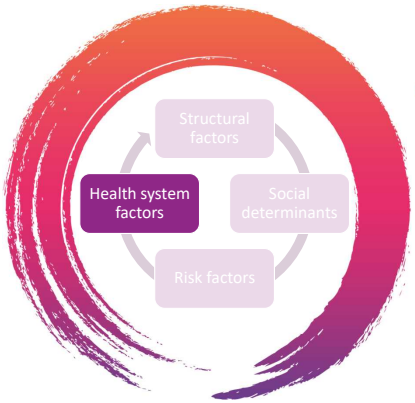

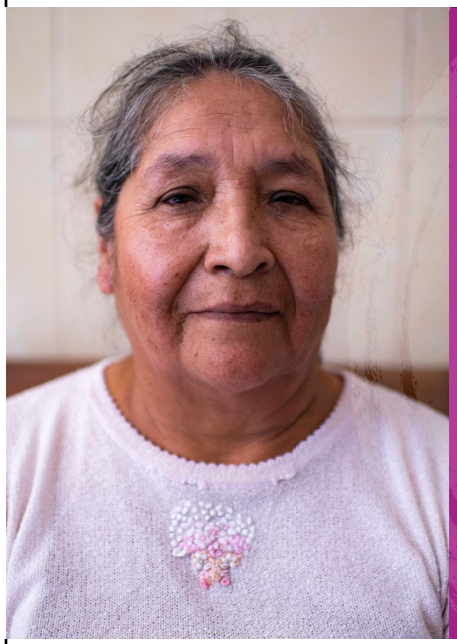

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The case for addressing health equity for persons with disabilities

World Health Organization

State obligation

- Each country has an obligation, under international human rights law and many domestic legal frameworks, to address these inequities
- Article 25 of the CRPD: States Parties must recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination.

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Smart investment in Health for All

A disability-inclusive health sector **brings dividends** for individuals and communities.

For every US$1 spent on disability inclusive NCD prevention and care, the return on investment could be US$10.

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Multiplier effect

Addressing health inequities for persons with disabilities **benefits everyone**

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How to advance health equity for persons with disabilities?

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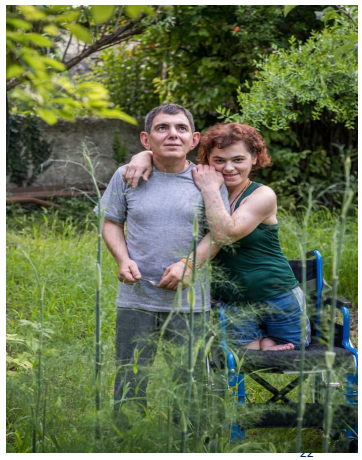
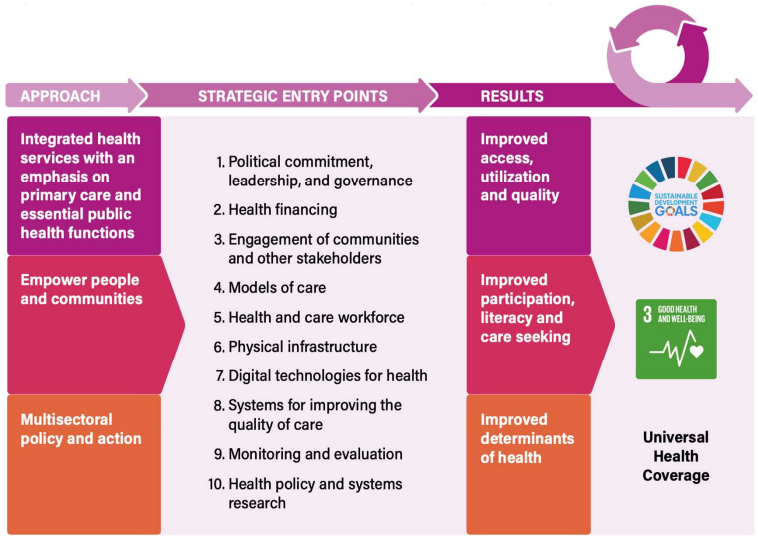
1

Include **health equity for persons with disabilities at the centre** of any health sector action.

- **Integrate targeted actions for disability inclusion** within wider health system strengthening efforts of countries.





Framework for health sector strengthening through PHC – 10 strategic entry points for disability inclusion

World Health Organization

2

Ensure **empowerment and meaningful participation** of persons with disabilities and their representative organizations **when implementing** any health sector action.

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3

Monitor and evaluate the extent to which health sector **actions lead to health equity** for persons with disabilities.

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How is WHO working to advance health equity for persons with disabilities?

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WHO Tools and initiatives

- Disability-inclusive health systems: Guide for Action
- Disability-inclusive health services toolkit and toolkit
- Data collection instruments (MDS, and Brief MDS, F11)
- Disability Inclusive Health Network

World Health Organization

Find out more about our work and resources

Website who.int/health-topics/disability

Contact me millsj@who.int

Presentation 2

Health Equity and Access to Health Care Service for Persons with Physical Disabilities

Nobuhiko Haga
President, National Rehabilitation Center for Persons with Disabilities, Japan

【Biography】

Nobuhiko Haga was appointed as the President of National Rehabilitation Center for Persons with Disabilities (NRCD), Japan, in April 2023, after two years of experience as the Director of Rehabilitation Services Bureau. He now supervises the whole center including the Research Institute, Hospital, and Rehabilitation Services Bureau.

He graduated from the Faculty of Medicine, the University of Tokyo in 1987, and worked as an orthopedic surgeon, especially in the field of pediatric orthopedics and disabilities in children, for 19 years. In 2006, he was appointed as the Professor of Rehabilitation Medicine and Chairperson at the Department of Rehabilitation in the University of Tokyo. He also worked as Vice Director of the University of Tokyo Hospital from 2019 to 2021.

His special interest is rehabilitation medicine and management of rare genetic musculoskeletal conditions, including congenital limb malformations and skeletal dysplasias. He is a board-certified doctor of rehabilitation medicine and orthopedic surgery. Also, he is a board member of The Japanese Association of Rehabilitation Medicine, and member of many academic societies including International Society of Physical and Rehabilitation Medicine. He has published over 170 English articles on various fields of rehabilitation medicine and pediatric orthopedics.

【Presentation Brief Summary】

In Japan, the number and ratio of elderly persons with physical disabilities (PWPD) are increasing. This trend comes from national population aging and elongated life expectancy of PWPD. Adult PWPD need to access health care services not only to receive medical management of their disabilities but to undergo inspections and treatment for clinical conditions unrelated to their disabilities. However, health care services that have few experiences of accepting PWPD may have difficulties in meeting their needs properly.

“Global Report on Health Equity for Persons with Disabilities” (WHO, 2022) presented 40 targeted actions for disability inclusion, including training health service providers and non-medica staff working in health sector on disability inclusion.

Since 2024, we perform research on access to health care services in PWPD funded by the Ministry of Health, Labor, and Welfare research grant. After collecting related materials through website search, we conducted literature search for studies written in English or Japanese. We searched 2,653 articles (2,537 English and 116 Japanese) and obtained 86 articles (75 English and 11 Japanese) for our final review. Then we categorized them as general, hearing, visual, and mobility disabilities. A category for disabled women was added. This literature search revealed that, though each category showed characteristic barriers in accessing health care services, common barriers existed in reaching medical facilities, communication with medical staff, usability of

medical equipment, and knowledge and attitude of medical staff. Based on these results, we are planning to develop manuals that health care services can refer to in accepting PWPD.

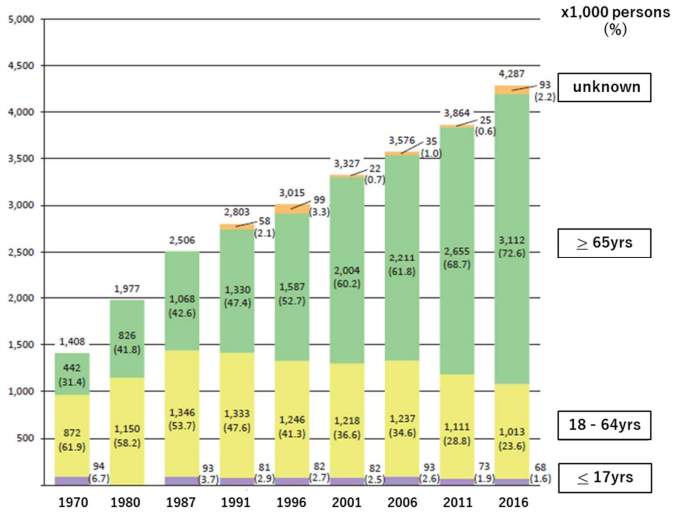
Health Equity and Access to Health Care Service for Persons with Physical Disabilities

Nobuhiko Haga, M.D., Ph.D.

National Rehabilitation Center for Persons with Disabilities

In connection with this presentation, there is no COI to be disclosed with any companies.

Age Distribution in Persons with Physical Disabilities (PWPD)



National population aging
→ Elderly persons become physically disabled.

Improved medical management
→ PWPD become old.

Adult PWPD need to access health care services

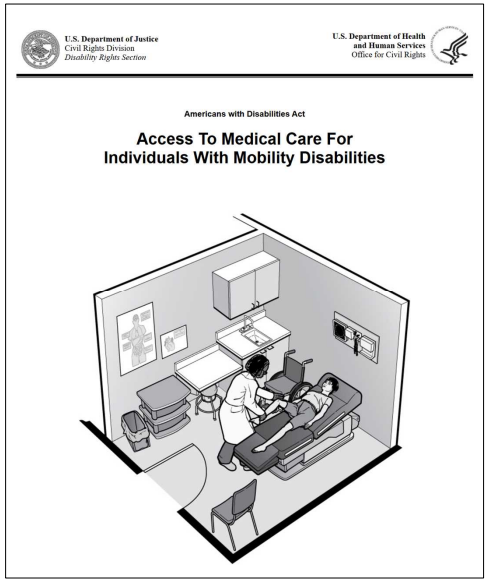
- to receive medical management of their disabilities
- to undergo inspections and treatment for clinical conditions unrelated to their disabilities

Health care services that have few experiences of accepting PWPD may have difficulties in meeting their needs properly.

Disability targeted actions to strengthen PHC and advance health equity for persons with disabilities

#26. Provide training in disability inclusion to all health service providers

#29. Train all non-medical staff working in the health sector on issues relating to accessibility and respectful communication


U.S. Department of Justice
Civil Rights Division
Disability Rights Section

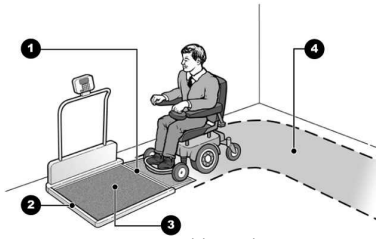
U.S. Department of Health and Human Services
Office for Civil Rights

Americans with Disabilities Act

Access To Medical Care For Individuals With Mobility Disabilities

https://www.ada.gov/resources/medical-care-mobility/

adjustable height examination table



accessible scale

A critical, but often overlooked component to ensuring success is adequate and ongoing training of medical practitioners and staff.

2024~2026: Development of methods necessary to promote cooperation between disability welfare and medical care

as a Research on Disability Health and Welfare
funded by the Ministry of Health, Labor, and Welfare Research Grant

NRCD Group has performed research on access to health care services in PWPD.

Physical disabilities include those in hearing, vision and mobility.

After collecting related materials through website search, we conducted literature search for studies written in English or Japanese.

Literature Search

Data Source:
PubMed for English literature and Ichushi-Web for Japanese literature

Published Year:
Jan. 1980-Jan. 2025

Search Words for PubMed (similar for Ichushi-Web):
("physical disability" OR "physically disabled" OR wheelchair OR amput* OR "visual impairment" OR "hearing impairment")

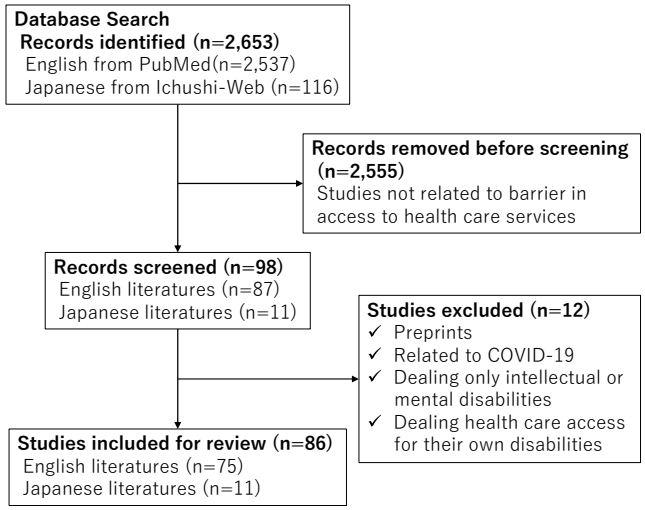
AND (health*care OR hospital)

AND (barrier OR access*)

Inclusion Criterion:
Those related to barrier in access to health care services

Exclusion Criteria:
Preprints
Those related to COVID-19
Those dealing only intellectual or mental disabilities
Those dealing health care access for their own disabilities

Flow Diagram for Identifying Studies



Studies Included for Review

86 studies
(75 English and 11 Japanese)

Categorization

1. General or multiple disabilities
2. Hearing disabilities
3. Visual disabilities
4. Mobility disabilities
5. Disabilities in women

General or Multiple Disabilities

27 English & 2 Japanese literatures

- PWPD experience barriers in accessing various health care, including emergency medical service, primary health care, surgery, and cancer medicine. (Popplewell: *BMJ Open* 2014、Edwards: *Disabil Health J* 2020、Johnston: *Health Aff* 2021、Jolley: *PLOS Glob Public Health* 2024)
- Main barriers in accessing medical services in Africa and India were transportation and its necessary cost. (Vergunst: *Glob Health Action* 2015、Senghor: *BMC Health Serv Res* 2017、Mutwali: *Disabil Health J* 2019、Arunkumar: *Cureus* 2024、Ssemata: *BMC Health Serv Res* 2024)
- Barriers arising from communication problems, attitude of medical staff, and problems in facilities and medical equipment were reported from Europe, North and South America, and Africa. (Graham: *Disabil Health J* 2008、Sakellariou: *BMJ Open* 2019、Carmichael: *West J Emerg Med*, 2023, Tesfaye: *Risk Manag Healthc Policy* 2021、Reichenberger: *Rev Saude Publica* 2024、Ssemata: *BMJ Open* 2024)

- Persons with multiple types of limitations are at high risk of reduced access to health care and unmet health care needs. (Horner-Johnson: *Health Ser Res* 2014)
- PWD who perceive discrimination are less likely to seek healthcare. (Moscoso-Porras: *Disabil Health J* 2018)

- Common concerns of physicians involved high costs, too little time, insufficient space, inadequate training, and lack of adequate mental health services to care for PWD. (Iezzoni: *Disabil Health J* 2024)

Hearing Disabilities

5 English & 3 Japanese literatures

- A systematic review on healthcare use and health literacy in people with hearing impairment revealed lower health literacy, higher medical cost, barriers to obtaining health-related information, and difficulty in communicating with healthcare providers. (Piao: *Arch Public Health* 2023)

- Barriers including scheduling appointments and communicating with providers can lead to avoidance of doctor visits, misdiagnosis, and treatment other than the patients' wishes. (Witte: *Jam Board Fam Pract* 2000, Rannefeld: *BMC Public Health* 2023, Baimbridge: *Cureus* 2024)

- Installing fax machines, setting sign language interpreters, and educating clinicians are necessary but insufficient. (Kitajima: *J Jpn Acad Com Health Nur* 1999, Char: *Am Fam Physician* 2024)

Visual Disabilities

3 English & 5 Japanese literatures

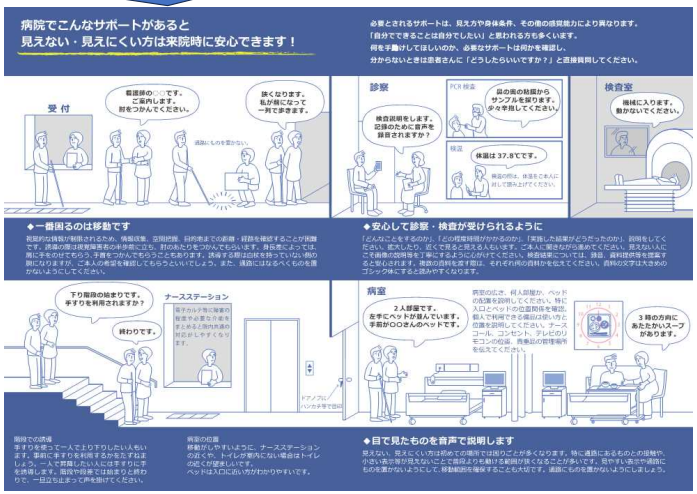
- A review article on healthcare access in people with visual impairment pointed out that they are likely to have limited access to information and healthcare facilities, and to receive sub-optimal treatment because staff are unaware of specific needs related to vision. (Cupples: BMJ 2012)

- Barriers exist in primary healthcare, dental healthcare, medical checkup, and cancer screening. (Yamaki: *Jpn J Public Health* 2017、Binder-Olibrowska: *Int J Environ Res Public Health* 2022、Jena: *Cureus* 2024)

- Variations in the webpages of national university hospitals may prevent visually impaired persons' access to the information due to difficulty of understanding the structure of the webpage. (Tanaka: *J Jpn Assoc Med Informatics* 2016)

- "How to Support the Patients with Low Vision: Guides for the Medical Professionals" has been developed. (Yamaki: *Jpn J Quality Safety Healthcare* 2019)

Persons with visual disabilities feel at ease when they are supported like these at healthcare facilities!



"How to Support the Patients with Low Vision: Guides for the Medical Professionals"
(https://plaza.umin.ac.jp/~CanRes/wpsystem/wp-content/uploads/2023/04/26447488d3eef50ec3a3f73813910a43.pdf)

Mobility Disabilities

19 English literatures

- Wheelchair users were unsatisfied with parking, waiting area, and toilet facilities. They also pointed out lack of height-adjustable examination table, safe transfer devices, and wheelchair accessible weight scale.
  (Sanchez: *Rehabil Nurs* 2000、Monro: *J R Soc Med* 2004、Stillman: *Arch Phys Med Rehabil* 2014、Frost: *J Rehabil Res Dev* 2015、Alkawai: *J Community Hosp Intern Med Perspect* 2017)
- Many wheelchair users remained clothed and were examined seated in their wheelchairs.
  (Frost: *J Rehabil Res Dev* 2015、Stillman: *Disabil Health J* 2017、Agaronnik: *Arch Phys Med Rehabil* 2019)
- As for dental clinic accessibility for wheelchair users, the guide for general dental practitioners was published, and a modified dental chair was constructed which would accommodate the wheelchair-bound patients to the dental chair without any transfer. (Ramirez: *Br Dent J* 2018, Lakshmi: *Disabil Rehabil Assist Technol* 2020)

- Experiences of telemedicine and telerehabilitation for wheelchair users have been reported.
  (Leochico: *Spinal Cord Ser Cases* 2020, Salud: *Acta Med Philipp* 2024)

Disabilities in Women

21 English & 1 Japanese literatures

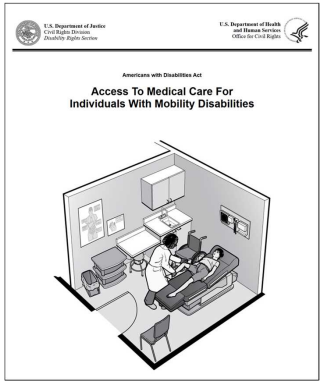
- Many articles on women with disabilities deal with cancer screening and reproductive health.
- Barriers to breast and cervical cancer screening services exist in women with physical disabilities. (Ramjan: *Women Health* 2016)
- In UK, Attendance rates of wheelchair-dependent spinal cord injury women for cervical screening and mammography were within the national average attendance rates in the general population. While, women with visual impairment in US are less likely to receive screening for breast and cervical cancers, and the screening compliance rate for mammography is low in women with severe cerebral palsy in US.
  (Graham: *Spinal Cord* 1998, Xu: *Ophthalmic Epidemiol* 2017、Nandam: *Disabil Health J* 2018)
- Women with major mobility problems who developed early-stage breast cancer confronted numerous physical barriers during their diagnosis and treatment. (Iezzoni: *Oncol Nurs Forum* 2010)
- Review articles on reproductive health in women with physical disabilities reported barriers related to inadequate equipment and facilities, inexperience and lack of knowledge of clinicians, and negative attitudes of medical staff.
  (Pavlidou: *Maedica* 2021、Heideveld-Gerritsen: *Midwifery* 2021)

Barriers in Accessing to Health Care Services for People with Various Physical Disabilities

- Physical barriers in accessing and moving in healthcare facilities
- Medical equipment unsuitable for PWPD
- Communication problems with healthcare services
- Limited knowledge of disabilities and how to assist PWPD in physicians and medical staff, and their attitude

How can we remove these barriers?

Share information with and train
health service providers and non-medical staff working in the health sector.



We are developing brief manuals that health care services can refer to in accepting PWD.

Manuals for
- ✓ mobility disabilities
- ✓ hearing disabilities
- ✓ visual disabilities
- ✓ intellectual disabilities
- ✓ neurodevelopmental disorders
- ✓ cognitive dysfunction
- ✓ aphasia

Acknowledgements:

Core Research Members in *"Development of methods necessary to promote cooperation between disability welfare and medical care"*
Takaoka T, MD, Iwasa M, MD, & Fujitani J, MD
NRCD Group
Ishikawa K, MD, Shimizu T, MD, Maeno T, MD, Kondo R, MD, Ishimaru J, MD
Komi M, PT, Ito S, OT, Ohata M, ST, Ambe C, ST, & Kameyama N, CO

Thank you for your attention!!

Presentation 3

Advancing Health Equities for Persons with Disabilities: The Indian Perspective, the milieu and the crossroads of metamorphosis

Santhosh Kumar Kraleti
Founder & General Secretary, Sushena Health Foundation,
Founder & CEO, Foot Soldiers for Health
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【Biography】

Dr Santhosh Kumar Kraleti is a senior public health specialist, academic leader, and social entrepreneur with over two decades of impactful contributions to maternal and child health, public policy, and healthcare innovation. He serves as the Founder and CEO of Foot Soldiers for Health and is currently the Professor and Associate Dean at the School of Healthcare, Rishihood University.

Dr Kraleti holds key honorary roles, including Member of the National Medical Commission (NMC), the Subcommittee on Health and Mental Health at the National Human Rights Commission (NHRC), and the Medical Advisory Committee under NPCB, Ministry of Health and Family Welfare, Government of India. He also serves as the Founder and General Secretary of both Sushena Health Foundation and Global Illumine Foundation and is the Executive Director of the Dhaatri Chain of Mothers' Milk Banks.

His visionary leadership has led to landmark initiatives such as Netra Kumbh—recognized as the world's largest eye camp—and Kanti Velugu, a statewide blindness control program. Internationally, he has represented India at various WHO, UN, and World Bank platforms, advocating for equitable healthcare access. With deep interests in RMNCH+A, breastfeeding advocacy, health financing, disability inclusion, and community ophthalmology, Dr Kraleti continues to shape policy and practice for a healthier future for all.

【Presentation Brief Summary】

The Indian Scenario has seen a considerable shift in Advancing Health Equities for PwDs in the last decade. Some of the provinces (states) and the center have made tectonic shift in health financing. In my presentation, I shall try to throw light on how exactly the next big challenges (which is access and equity at the new healthcare facilities and at the community level) are being addressed and what more could be done to improve the current scenario.

Advancing Health Equities for persons with Disability

INDIAN PERSPECTIVE, THE MILIEU AND THE CROSSROADS OF METAMORPHOSIS

Dr Santhosh Kumar Kraleti

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Disability and the Current Indian Milieu

Definition

According to the World Health Organization...

"Disability results from the **interaction** between **individuals with a health condition**, such as Cerebral palsy, Down syndrome and Depression, with **personal and environmental factors** including negative attitudes, inaccessible transportation and public buildings, and limited social support.

A person's environment has a huge effect on the experience and extent of disability."

Reducing inequities for the disabled in India

Notable achievements in last 10 years

Governance & Law
- Department of Empowerment of Persons with Disabilities (Divyangjan) (2016)
- Enactment of the Rights of Persons with Disabilities (RPwD) Act, 2016
- National Sample Survey 76th Round– On Persons with Disabilities (2018)
- Augmented Budgetary Allocation

Access & Infrastructure
- Accessible India Campaign (Sugamya Bharat Abhiyan)
- Unique Disability ID (UDID) Card

Healthcare & Infrastructure
- ADIP Scheme (Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances)
- Launch of the 'KIRAN' Mental Health Rehabilitation Helpline
- Setting up of District Early Intervention Centres (DEIC) under RBSK program
- Niramaya scheme
- Ayushman Bharat

Education
- Scholarship Schemes for Students with Disabilities
- Establishment of the Indian Sign Language Research and Training Centre (ISLRTC

Skill Development & Employment Generation
- Skill Development Programmes (SDP-PwD)
- Skill Council for Persons with Disbilities

Sports
- Setting up of Centres for Disability Sports

Governance and Law

स्वावलम्बन
Swavlamban
Department of Empowerment of Persons with Disabilities (Divyangjan)
Ministry of Social Justice & Empowerment

Department of Empowerment of Persons with Disabilities (Divyangjan) (2016) with Augmented Budgetary allocation

- A separate Department of Empowerment of Persons with Disabilities was carved out of the Ministry of Social Justice and Empowerment on 12.05.2012 as the Department of Disability Affairs to **ensure greater focus on policy matters to effectively address disability issues** and to act as a nodal Department for greater coordination among different stakeholders, organizations State/UTs Governments and central Ministries and Departments.
- The Department was **renamed as the Department of Empowerment of Persons with Disability** in December 2014 and as the **Department of Empowerment of Persons with Disabilities (Divyangjan)** DEPwD(D) in May 2016 to explicitly express the focus of the Department on overall empowerment of PwDs
- **Augmented Budgetary Allocation**: The budget for the Department has been significantly increased from **₹338 crore in 2014 to over ₹1,313 crore today**, reflecting a higher priority for disability welfare.

Rights of Persons with Disabilities Act, 2016

An Act to give effect to the UN Convention on the Rights of Persons with Disabilities on 13th Dec 2006

- Enacted as an Act of Parliament in December 2016, came into force in 2017.
- Overwrote earlier Persons with Disabilities Act, 1995
- Defines 'Person with Disability' as "a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others"
- "Barrier" means any factor including communicational, cultural, economic, environmental, institutional, political, social, attitudinal or structural factors which hampers the full and effective participation of persons with disabilities in society
- Specifies 21 types of Disabilities (earlier Act had only 7)
- Responsibility of the state governments to ensure disabled persons enjoy right to equality, life with dignity and respect for integrity
- Benefits- Reservation in govt. / aided higher education institutions (increased from 3% to 5%), government jobs (increased from 3% to 4%), in allocation of land
- Healthcare- Provide free healthcare in the vicinity; barrier free access in hospitals; priority in attendance and treatment

Source: https://cdnbbsr.s3waas.gov.in/s3e58aea67b01fa747687f038dfde066f6/uploads/2023/10/2023101610539589 42.pdf

21 type of Disabilities- Classified in RPwD Act, 2016

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy
12. Chronic Neurological conditions
13. Specific Learning Disabilities
14. Multiple Sclerosis
15. Speech and Language disability
16. Thalassemia
17. Hemophilia
18. Sickle Cell disease
19. Multiple Disabilities including deaf-blindness
20. Acid Attack victim
21. Parkinson's disease

Source: https://www.pib.gov.in/newsite/printrelease.aspx?relid=155592

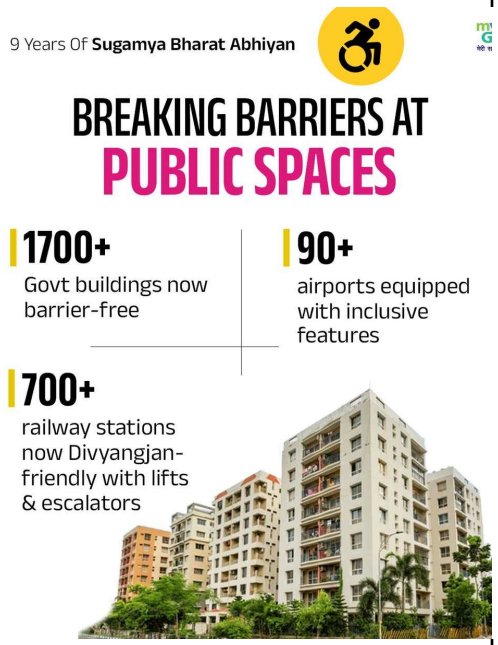
National Sample Survey (NSS) 76th Round (July-Dec 2018)

Most recent household survey to identify persons with disabilities (as per the RPwD Act 2016)

- Household level survey, 1,18,152 households (68.55% Rural & 31.45% Urban)
- Prevalence of disability- 2.2% (2.3% in rural and 2.0% in urban)
- More in males (2.4%) than females (1.9%)
- 52.2% of persons with disabilities (Aged >= 7 years) were literate
- 3.7% of persons with disability were living alone, 62.1% had a caregiver and for 37.7% caregiver was not required
- 5.1% persons did not take treatment for their disability since they could not afford
- 21.8% received aid from government, 1.8% received aid from other organizations, 76.4% did not receive aid
- 28.8% had a certificate of disability
- 23.8% was the labour force participation rate (Aged >=15 years)

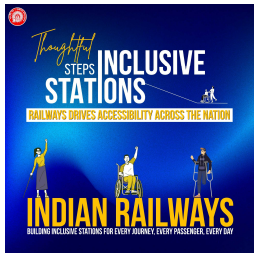
Source: Persons with Disabilities in India, NSS 76th round report, July –Dec 2018, Government of India, MoSPI, https://www.mospi.gov.in/sites/default/files/publication_reports/Report_583_Final_0.pdf

Access and Infrastructure



Accessible India Campaign (Sugamya Bharat Abhiyan)

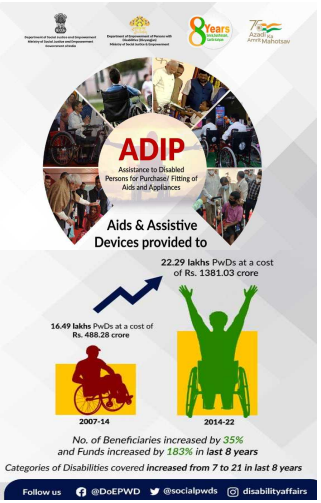
- Launched in 2015 by the Hon'ble PM, this flagship program focuses c creating a barrier-free environment in public infrastructure, transportation systems (airports and railways), and information and communication technology (ICT) ecosystems.
- Covers 3 verticals (sectors) viz.
  - Physical Environment (Infrastructure)- State Govt and Central Govt buildings- Retrofitting and increasing access for the disabled. Budget allocation of 563.85 crores in Phase 1.
  - Transportation- Railways (Provision of ramps, lift, reserved parking, use of braille), Airways (lifts with audio signage & braille, ramps and toilets) and Buses (partially/ fully accessible by PwD)
  - ICT- Govt. websites made accessible, more than 1000 sign language interpreters trained, Accessible TV channel viewing



Unique Disability ID (UDID) Card

- The government introduced the UDID project in 2016-17 with an objective to create a national data base for Persons with Disabilities (PwDs) and provide a single, universal identity card for persons with disabilities, simplifying access to various government schemes and benefits eliminating the need for multiple documents.
- New version of UDID Portal was rolled out on 6th May, 2024.
- As on date, above 1.10 crore UDID Cards have been generated and issued through the Swavlamban Portal across the country.

Healthcare & Rehabilitation



ADIP Scheme (Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances)

- Funds are released to various implementing agencies for distributing aids & assistive devices to Divyangjan, resulting in their social, economic and educational empowerment
- This scheme was revised and expanded to provide modern, durable, and scientifically manufactured aids and assistive devices at subsidized rates or for free.
- Registration of beneficiaries is also done through ARJUN PORTAL (https://adip.depwd.gov.in/) where beneficiaries may register themselves directly by login on the portal for requisite aids and appliance
- Under the Scheme, aids and assistive devices at a cost of Rs. 2055.42 crore have been provided to 28.79Lakh Divyangjan in the last ten years.
- 65786 Motorized tricycles distributed, 6764 cochlear implant surgeries (5960 under ADIP and 804 under CSR) successfully completed

Mental Health Rehabilitation

- National Institute of Mental Health Rehabilitation (NIMHR), Sehore made operational in September 2019, set up with an estimated cost of Rs 179.54 crore
- Launch of the 'KIRAN' Mental Health Rehabilitation Helpline: A 24x7 toll-free mental health helpline (1800-599-0019) has been launched to provide early screening, psychological support, distress management, and mental well-being services in 13 languages.

Rehabilitation Council and Centres

REHABILITATION COUNCIL OF INDIA

- Regulates and monitors the training programmes in the field of rehabilitation of PwDs.
- Maintains Central Rehabilitation Register of persons possessing the recognized qualification.
- Promotes research in rehabilitation and special education
- It has recognized about 57 programmes which includes Master, Bachelor, Diploma and Certificate level programmes.
- Total number of Registered Professional/ Personnel: --2,34,139 (Incl. special teachers, audiologists, speech therapists, prosthetics, etc.)

REHABILITATION CENTRES

- 25 Composite Rehabilitation Centres (CRC) set up across the country
- Provide rehabilitation services, education and skill development to all categories of PwD, train rehabilitation professionals and workers
- Create awareness among parents and the community regarding the needs and rights of PwDs
- 449.40 crore have been released as Grant-in-Aid to CRCs and 58.65 Lakh beneficiaries served

Niramaya Scheme

- Provides affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities
- Medical cover upto Rs 1 Lakh including In-patient, OPD treatment, medicines and diagnostics
- Treatment can be availed from any hospital across the country
- Covers transportation costs as well

District Early Intervention Centres (DEIC) under RBSK program

- Setting up of DEIC in each District under the RBSK program of National Health Mission, MoH&FW
- Programme is a systematic approach for early identification of medical conditions and providing the required intervention thereof for children from birth to the age of 18 years
- The initiative covers four Ds (covering around 30 medical conditions)– Defects at Birth (club foot, congenital cataract, etc), Diseases in Children (Convulsive disorders, Rheumatic heart disease, etc), Deficiency Conditions (Anaemia, Goitre, etc) and Developmental Delays including Disabilities (Motor, cognitive, language delays, etc)

Ayushman Bharat- Health & Wellness Centres (HWC) & PM-JAY

- HWC or Ayushman Aarogya Mandir
  - Upgradation of 1.5 Lakh SC to HWC or Ayushman Aarogya Mandir having 10 service packages including RMNCHA and Geriatric care at the primary level.
  - These also includes early detection and response to early childhood development delays and disability.
- PM-JAY
  - Globally the Largest government funded health insurance scheme providing hospital based secondary and tertiary treatment in public and private sector hospitals in the country.
  - Launched in 2018 with 1393 packages and extended to 1949 packages for all ages and gender. Some of these include musculoskeletal, childhood (clubfoot), RoP, childhood cataract, mental illnesses, neurological conditions, hearing disabilities, blood disorders and palliative care packages, etc.

Ali Yavar Jung National Institute of Speech and Hearing Disabilities (Divyangjan) Ministry of Social Justice & Empowerment, Government of India

- Established in 1983 in Mumbai.
- 4 Regional centres and 4 Composite Regional Centres across various States
- Autonomous organization under Department of Empowerment of Persons with Disabilities (Divyangjan)
- Objectives- **Manpower Development** through UG, PG and PhD programs; **Research**; **Educational programs** such as Open school for the drop outs/ illiterates; **service facilities** like early identification and rehabilitation procedures; **Community programs** such as tele-rehabilitation services; **Material Development** for education, **Public awareness and parent counselling**; **Documentation** of recent developments in the science and technology of speech and hearing.

Source: https://ayjnishd.nic.in

Education

Scholarship Schemes for Students with Disabilities

- An Umbrella Scholarship Scheme with 6 components such as pre-matric, post-matric, top-class education, National fellowship, National Overseas and free coaching for students with disabilities was launched from 2014-15.
- Objective to provide financial assistance from school to post-graduation levels and increased maintenance and disability allowances.
- Direct transfer (DBT) of Scholarships amounting to Rs 834.74 crore released to 2.57 lakh students with disabilities

Indian Sign Language Research and Training Centre (ISLRTC)

- Establishment of the Indian Sign Language Research and Training Centre (ISLRTC) in September 2015
- This center focuses on using teaching and conducting research in Indian Sign Language (ISL).
- Offers diploma courses and free online training modules
- It has developed and launched an ISL dictionary with over 10,000 terms and converted NCERT textbooks into sign language in digital format.
- 183 hearing students and 79 deaf students have been trained as ISL interpreters and teachers
- Provide free skill training and coaching to deaf students

Sports & Recreation

Atal Bihari Vajpayee Centres for Disability Sports

- The government has established a state-of-the-art international level Centre of Excellence for Divyang sports persons (PwDs) in Gwalior (named after Atal Bihari Vajpayee) with full accessibility as per norms.
- Its working on another in Shillong to provide world-class training facilities and promote participation in sports for Divyangjan athletes.
- Aim is to create specialized sports infrastructure so that the para-sports persons can undergo rigorous and specialized training in the Centre and to facilitate their integration into Society.
- It ffers sports training for persons with disabilities, enabling them to compete in Paralympics, Deaflympics, Special Olympics, and other international events. Facilities include outdoor and indoor activities, a hostel, and a range of sports facilities

Skill development & employment creation

Skill Development for PwD

- National Action Plan for Skill Development of PwDs (NAP-SDP) launched in March, 2015
- Key objectives of the Scheme are to enhance skills of PwDs to enable them to become self-reliant and productive member of the society
- Training are imparted through Empanelled Training Partners(ETPs) comprising Govt. Organizations(GOs) and Non-Govt.
- Organizations (NGOs) (like Infosys) through MoUs have been established to offer specialized skill training and enhance the employability and self-reliance of persons with disabilities in various fields.
- Amount of Rs. 204.68 Cr. has been released for skill training of 1.94 Lakhs PwDs upto 2023-24.

Skill council for Persons with Disability

- Skill Council for Persons with Disability (SCPwD) was incepted as a National Body in October 2015 to fulfil the mission of mainstreaming 'Persons with Disability'(PwD) through skill training to enable them to earn a livelihood and lead a life of dignity in the mainstream society and in turn contribute to growing economy of the country.
- Skill training is imparted at accredited training centres through trained and certified trainers
- Enables successful skilling of Persons with Disability (PwD) on the National Occupational Standards (NOS) such that the disability does not become a restraint factor in his/ her learning

SCPwD
दिव्यांग व्यक्तियों के लिए कौशल परिषद्
Skill Council for Persons with Disability

Factors contributing to Health inequities for PwD

Structural factors– Socioeconomic & political context

(Budgetary allocations and utilization are low)

Social determinants of Health– Conditions in which person is born, live, grow, work and age

(Implementation at ground level unequal such as lack of rehabilitation centres)

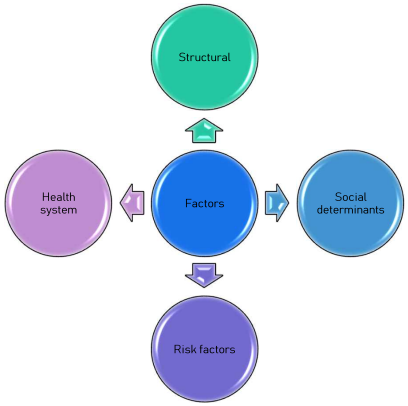
Risk factors– NCDs, Environmental factors (air pollution) due to lack of non-inclusive public health interventions

(Non availability of Safe & Disabled friendly infrastructure in many hospitals pose challenge to access quality care)

Health system factors– Barriers in service delivery, healthcare workforce, IT, technology, financing and leadership

(Accessibility and equity are still a major challenge in some regions esp for vulnerable and poor)

Source: Global report on health equity for persons with disability, WHO, https://iris.who.int/



Advancing health equities for PwD

10 Strategic entry points

Source: Global report on health equity for persons with disability, WHO, https://iris.who.int/

The Indian Metamorphosis

Sr. No.	Strategic Entry Points	India's crossroad to metamorphosis
1	Political commitment, leadership & governance	RPwD Act 2016– 21 specified disabilities increased from earlier 7. Blood disorders– Hemophilia, Thalassemia and Sickle cell disease and Acid attach victims are some newly identified disabilities. National Health Policy 2017 – Equity & universality are at its core; establishing DALY index as a measure of burden of disease
2	Health financing	Ayushman Bharat– Health & Wellness Centres (HWC) & PM–JAY in 2018, Niramaya Health Insurance scheme. HWC– Upgradation of 1.5 Lakh SC to HWC or Ayushman Aarogya Mandir having 10 service packages including RMNCHA and Geriatric care at the primary level, includes early detection and response to early childhood development delays and disability. PM–JAY– Globally the Largest government funded health insurance scheme providing hospital based secondary and tertiary treatment in public and private sector hospitals in the country. Launched in 2018 with 1393 packages and extended to 1949 packages for all ages and gender. Some of these include musculoskeletal, childhood (clubfoot), RoP, childhood cataract, mental illnesses, neurological conditions, hearing disabilities, blood disorders and palliative care packages, etc. Niramaya– Provides affordable Health Insurance to persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, cover upto Rs 1 Lakh including In-patient, OPD treatment, medicines and diagnostics

The Indian Metamorphosis

Sr. No.	Strategic Entry Points	India's crossroad to metamorphosis
3	Engagement of stakeholders & private sector providers	The NHP 2017 lays a strong foundation to collaborations with NGOs and engagement with Private sector and leveraging CSR for awareness generation and filling health infrastructure gaps. Government's commitment to Public Private Partnerships in all healthcare programs including the National Health Mission and Ayushman Bharat (HWC, PM–JAY, ABDM) and empaneling private sector hospitals for healthcare delivery. Engagement of multisectoral stakeholders for policy designing and implementation
4	Physical infrastructure	NABH and NQAS guidelines for Disability friendly physical infrastructure in hospitals; Establishing primary and secondary facilities as per norms
5	Health and care workforce	Reservation for PwD in Medical colleges (5%) by the National Medical Commission for UG and PG courses and in healthcare workforce employment (4%) in public sector as mandated by the RPwD Act 2016; Informed consent mandatory by law before carrying out minor and major procedures/ treatment in health facilities.
6	Models of care	Besides PHCs, Health and Wellness centres have been set up to provide a bouquet of services at the community level. Forward and Backward referral mechanisms are a work in progress.

The Indian Metamorphosis

Sr. No.	Strategic Entry Points	India's crossroad to metamorphosis
7	Digital technologies for health	Telemedicine and ABDM including ABHA have been actively taken up by the Government of India.
8	Quality of Care	NABH, NQAS and PM-JAY standards have been laid down for healthcare providers to ensure that they are adopted by the accredited hospitals for patient's safety and quality of care
9	Monitoring & Evaluation	The NSS (by MoSPI) and NFHS (by MoH&FW) are large national level surveys conducted by the GoI to evaluate the parameters and disability indicators. Besides each health program has its own MIS for regular monitoring at National and State level
10	Health policy & systems research	The NHP 2017 has recognized key role of health research and to increase investment in health research in areas such as social determinants of health and neglected health issues such as disability.

Sushena Health Foundation- Enabling Equity for Disabilities

Thank you

Presentation 4

Wheelchair recipients' perceived barriers to in-person and virtual follow-up consultations: A cross-sectional study

Ramon Angel Salud Periquet

Active Consultant, Department of Rehabilitation Medicine, Chinese General Hospital and Medical Center

Active Consultant, Department of Rehabilitation Medicine, Medical Center Manila

【Biography】

Dr. Ramon is a board-certified physical medicine and rehabilitation physician based in Manila, Philippines. He completed his residency training at the Philippine General Hospital in 2022, where he served as the resident-in-charge of the hospital's wheelchair donation and fitting program, helping patients with mobility needs regain independence and dignity.

He currently practices at Chinese General Hospital and Medical Center, ManilaMed, and remains affiliated with the Philippine General Hospital. His work focuses on general rehabilitation, musculoskeletal ultrasound, image-guided procedures, and conservative approaches to managing pain and movement limitations.

He also performs ultrasound-guided interventions such as platelet-rich plasma injections, nerve hydrodissections, and joint aspirations. He holds international certification in musculoskeletal ultrasound and continues to train abroad, having attended hands-on workshops in Germany and Japan.

He also teaches rotating medical interns, sharing practical approaches to rehabilitation drawn from both local experience and international training. Outside of medicine, he enjoys traveling, cooking, and picking up new skills, always with an eye toward improving how he cares for others.

【Presentation Brief Summary】

The Philippine General Hospital (PGH), a national tertiary referral center, has long partnered with Latter-Day Saint Charities (LDSC) to provide wheelchairs to patients in need. The program includes in-person services such as screening, fitting, and mobility training. However, many recipients face barriers to returning for follow-up consultations, prompting interest in telerehabilitation as an alternative. This study aimed to identify perceived barriers to both in-person and potential virtual follow-up care among wheelchair recipients.

A cross-sectional survey was conducted among 113 individuals (mean age: 42.9 years) who had received a wheelchair through the PGH-LDSC partnership. Most lived outside Metro Manila (53.1%) and earned less than PHP 9,520 per month (86.7%). The majority received standard wheelchairs (85.8%).

Top barriers to in-person follow-ups included accessibility issues (82.3%), cost of transportation (79.6%), and long travel distances (71.7%). Despite limited prior awareness (50.9%) or experience (74.1%) with telehealth, 72% of respondents expressed interest in using telerehabilitation in the future. Nearly all owned mobile phones (98.2%), and 67% had stable internet access.

These findings highlight that while structural barriers hinder in-person care, there is clear openness to virtual alternatives. However, limited awareness and uneven internet access remain challenges. Efforts to improve digital literacy, expand connectivity, and evaluate the cost-effectiveness of telehealth compared to in-person care are recommended, especially for individuals with disabilities.

FACTORS AFFECTING IN-PERSON AND TELEREHABILITATION FOLLOW-UP CONSULTATIONS AMONG WHEELCHAIR RECIPIENTS: A CROSS-SECTIONAL STUDY

Ramon Angel P. Salud MD
Completed as a Resident-Trainee (Oct 2022)
Department of Rehabilitation Medicine
University of the Philippines – Philippine General Hospital

BACKGROUND

- **Philippine General Hospital – Latter-Day Saint Charities**
  - Serves patients in need of mobility devices, such as wheelchairs, through in-person services from screening to assessment, measurement, assembly, fitting, and mobility training
  - Healthcare provision may be difficult
  - Telerehabilitation in developing countries has been rising as a practical and innovative solution

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  - Healthcare provision may be **difficult**
  - **Telerehabilitation** in developing countries has been rising as a practical and innovative solution

OBJECTIVES

1) to determine the **demographic characteristics and clinical profile** of the wheelchair recipients since the start of the program of LDSC until September 2020;

2) to determine the barriers to in-person follow-up consultations with their local wheelchair assessors; and

3) to determine the factors that can potentially facilitate or hinder telerehabilitation as an alternative to in-person follow-up consultations.

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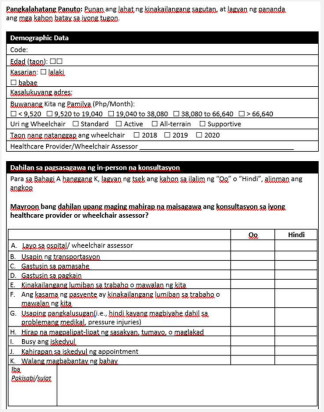
3) to determine the factors that can potentially facilitate or hinder **telerehabilitation** as an alternative to in-person follow-up consultations.

METHODOLOGY

- **Cross-sectional study**
  - total enumeration of patients that received a wheelchair from the PGH-LDSC program
- An original checklist
  - Potential factors that affect patients' compliance to actual in-person and potential virtual follow-up consultations



Pangkalahatang Panuto: Punan ang lahat ng kinakailangang sagutan, at lagyan ng pananda ang mga kahon batay sa iyong tugon.

Demographic Data

Code: _____

Edad (taon): ☐☐

Kasarian: ☐ lalaki ☐ babae

Kasalukuyang adres: _____

Buwanang Kita ng Pamilya (Php/Month):
☐ < 9,520 ☐ 9,520 to 19,040 ☐ 19,040 to 38,080 ☐ 38,080 to 66,640 ☐ > 66,640

Uri ng Wheelchair ☐ Standard ☐ Active ☐ All-terrain ☐ Supportive

Taon nang natanggap ang wheelchair ☐ 2018 ☐ 2019 ☐ 2020

Healthcare Provider/Wheelchair Assessor _____

Dahilan sa pagsasagawa ng in-person na konsultasyon

Para sa Bahagi A hanggang K, lagyan ng tsek ang kahon sa ilalim ng "Oo" o "Hindi", alinman ang angkop

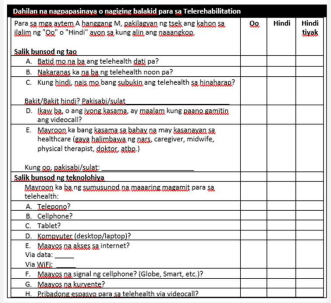
Mayroon bang dahilan upang maging mahirap na maisagawa ang konsultasyon sa iyong healthcare provider or wheelchair assessor?

	Oo	Hindi
A. Layo sa ospital/ wheelchair assessor		
B. Usapin ng transportasyon		
C. Gastusin sa pamasahe		
D. Gastusin sa pagkain		
E. Kinakailangang lumiban sa trabaho o mawalan ng kita		
F. Ang kasama ng pasyente ay kinakailangang lumiban sa trabaho o mawalan ng kita		
G. Usapin pangkalusugan) e., hindi kayang magbiyahe dahil sa problemang medikal, pressure injuries)		
H. Hirap na maepalipat-lipat ng sasakyan, tumayo, o maglakad		
I. Busy ang sked/oyl		
J. Kahirapan sa sked/oyl ng appointment		
K. Walang magbabantay ng bahay		

Iba Paksa/Isyu: _____

METHODOLOGY

- **Cross-sectional study**
  - total enumeration of patients that received a wheelchair from the PGH-LDSC program
- An original checklist
  - Potential factors that affect patients' compliance to actual in-person and potential virtual follow-up consultations



Dahilan na nagpapasinaya o nagiging balakid para sa Telerehabilitation

Para sa mga aytem A hanggang M, pakilagyan ng tsek ang kahon sa ilalim ng "Oo" o "Hindi" ayon sa kung alin ang naaangkop.

	Oo	Hindi	Hindi tiyak
Salik bunsod ng tao			
A. Batid mo na ba ang telehealth dati pa?			
B. Nakaranas ka na ba ng telehealth noon pa?			
C. Kung hindi, nais mo bang subukin ang telehealth sa hinaharap? Bakit/Bakit hindi? Paksa/isyu: _____			
D. Ikaw ba, o ang iyong kasama, ay maalam kung paano gamitin ang videocall?			
E. Mayroon ka bang kasama sa bahay na may kasanayan sa healthcare (gaya halimbawa ng nars, caregiver, midwife, physical therapist, doktor, atbp.) Kung oo, paksa/isyu: _____			
Salik bunsod ng teknolohiya			
Mayroon ka ba ng sumusunod na maaaring magamit para sa telehealth:			
A. Telepono?			
B. Cellphone?			
C. Tablet?			
D. Kompyuter (desktop/laptop)?			
E. Maayos na akses sa internet? Via data: _____ Via WiFi: _____			
F. Maayos na signal ng cellphone? (Globe, Smart, etc.)?			
G. Maayos na kuryente?			
H. Pribadong espasyo para sa telehealth via videocall?			

METHODOLOGY

- This checklist was administered to wheelchair recipients either electronically or through individual phone interview
- Descriptive statistics was used to analyze and present the data

RESULTS

Characteristics	n (%)
Sex	
Male	59 (52.2%)
Female	54 (47.8%)
City of Residence	
Antique	20 (17.7%)
Batangas	1 (0.9%)
Binan	1 (0.9%)
Cagayan	1 (0.9%)
Caloocan	1 (0.9%)
Cavite	8 (7.1%)
Laguna	33 (29.2%)
Las Pinas	10 (8.8%)
Malabon	3 (2.7%)
Mandaluyong	2 (1.8%)
Manila	11 (9.7%)
Marikina	1 (0.9%)
Navotas	1 (0.9%)
Pampanga	2 (1.8%)
Quezon	1 (0.9%)
Rizal	10 (8.8%)
San Juan	1 (0.9%)
Taguig	2 (1.8%)
Valenzuela	3 (2.7%)
Zambales	1 (0.9%)

RESULTS

Type of Wheelchair Received	
Standard	97 (91.5%)
Active	4 (3.8%)
All-terrain	0 (0%)
Supportive	5 (4.7%)
Unknown	7
Year of Receipt of Wheelchair	
2018	51 (45.1%)
2019	22 (19.5%)
2020	40 (35.3%)
Household Income Bracket	
Less than 9,520	98 (86.7%)
Between 9,520 – 19,040	12 (18.8%)
Between 19,040 – 38,080	3 (4.7%)
Between 38,080 – 66,640	0 (0%)
Greater than 66,640	0 (0%)

RESULTS

Table 2. Factors that Hinder In-person Follow-up Consultations with their Wheelchair Assessor (N=113).

Barriers	Yes n (%)	No n (%)
Distance to the hospital/wheelchair assessor	81 (71.7%)	32 (28.3%)
Transportation concerns	77 (68.1%)	36 (31.9%)
Cost of travel	90 (79.6%)	23 (20.4%)
Cost of meals	73 (64.6%)	40 (35.4%)
Patient will have to miss the day's work or wage	21 (18.6%)	92 (81.4%)
Patient's companion will have to miss the day's work or wage	65 (57.5%)	48 (42.5%)
Health issues (i.e., cannot tolerate travel due to medical problems; pressure injuries)	61 (54.0%)	52 (46.0%)
Difficulty in transfers, standing, or walking	93 (82.3%)	20 (17.7%)
Busy schedule	54 (47.8%)	59 (52.2%)
Appointment scheduling difficulty	68 (60.2%)	45 (39.8%)
Nobody will take care of the house	25 (22.1%)	88 (77.9%)

RESULTS

Factors	Yes n (%)	No n (%)	Not Sure n (%)
Have you heard of telehealth before? (Prior telehealth awareness)	51 (45.1%)	57 (50.4%)	5 (4.4%)
Have you had telehealth experience in the past? (Prior telehealth experience)	24 (21.2%)	84 (74.3%)	5 (4.4%)
If not, are you willing to try telehealth in the future? (missing: n = 5) (Willingness to adapt)	78 (72.2%)	16 (14.8%)	14 (13.0%)
Do you or does your companion know how to engage in videocall? (Technical skill)	100 (88.5%)	6 (5.3%)	7 (6.2%)
Do you have a companion at home who is trained in healthcare (e.g., nurse, caregiver, midwife,	16 (14.2%)	97 (85.8%)	0 (0%)

RESULTS

Factors	Yes n (%)	No n (%)	Not Sure n (%)
Technology access either personally owned or borrowed at home:			
Landline phone	9 (8.0%)	103 (91.2%)	1 (0.9%)
Mobile phone	111 (98.2%)	2 (1.8%)	0 (0%)
Tablet	23 (20.4%)	90 (79.6%)	0 (0%)
Computer (desktop/ laptop)	18 (15.9%)	94 (83.2%)	1 (0.9%)
Stable access to internet	76 (67.3%)	22 (19.5%)	15 (13.3%)
Stable telecommunication network signals	77 (68.1%)	15 (13.3%)	21 (18.6%)
Stable electricity	99 (87.6%)	10 (8.8%)	4 (3.5%)
Private space for telehealth	71 (62.8%)	38 (33.6%)	4 (3.5%)

DISCUSSION

TOP 3 REASONS HINDERING COMPLIANCE

82%: Accessibility Issues

79%: Costs of Travel

72%: Distance to Hospital/Wheelchair Assessor

TOP 3 REASONS HINDERING COMPLIANCE

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TOP 3 REASONS HINDERING COMPLIANCE

82%: Accessibility Issues

79%: Costs of Travel

72%: Distance to Hospital/Wheelchair Assessor

FACTORS AFFECTING VIRTUAL FOLLOW-UPS

72% Willing to experience telerehabilitation despite lack of awareness (50%) nor prior experience (74%)

98% Access to Mobile Phones

67% Internet Stability

68% Stable Telecommunication Access

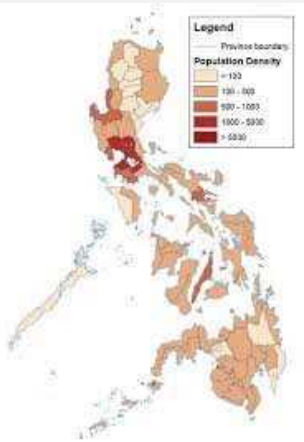
FACTORS AFFECTING VIRTUAL FOLLOW-UPS

No access to landline phone (91%), tablet (80%), or computer (83%)

Stable electricity only present in 87%

Private space for telehealth only present for 62.8%

ACCESSIBILITY

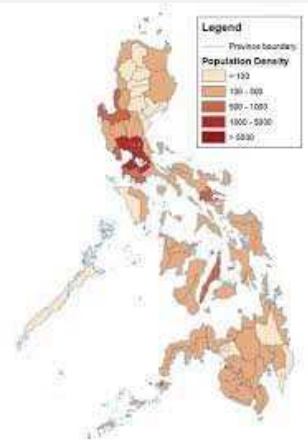


- Philippines – 7,641 island-archipelago

+

- Poor transportation system & infrastructure

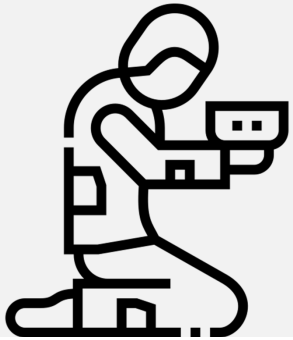
ACCESSIBILITY



- Philippines – 7,641 island-archipelago + Poor transportation system & infrastructure
- PLUS wheelchair patient

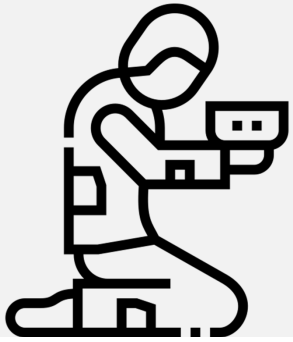
DISCUSSION

- Majority of respondents had household incomes below the poverty line (threshold estimated at Php12,082 per month)

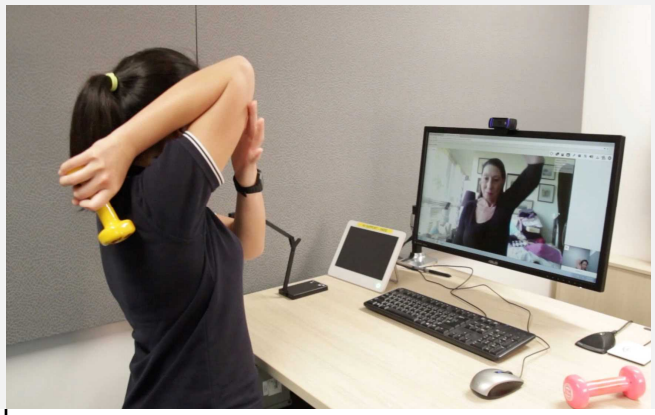


DISCUSSION

- Majority of respondents had household incomes below the poverty line (threshold estimated at Php12,082 per month)
- Php 12,082 = ~JPY 31,541



TELEREHABILITATION AS AN ALTERNATIVE?



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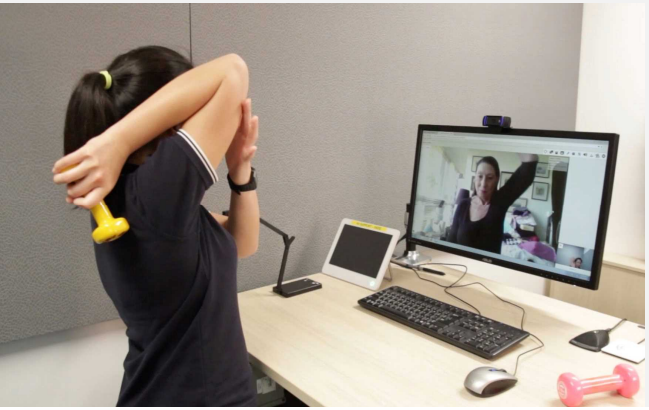
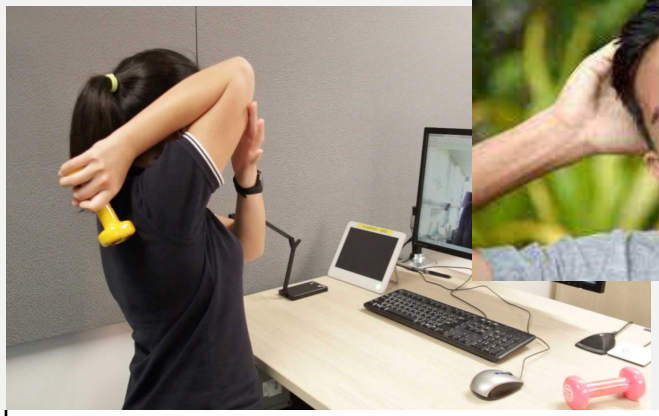


TELEREHABILITATION AS AN ALTERNATIVE?



TELEREHABILITATION AS AN ALTERNATIVE?

- Despite the previous research done on the benefits of telehealth **(+) identified potential barriers** to experiencing the benefits
- **Other countries** – connectivity issues, resistance to technology, difficulty expressing self and symptoms

TELEREHABILITATION AS AN ALTERNATIVE?

- Despite the previous research done on the benefits of telehealth **(+) identified potential barriers** to experiencing the benefits
- **Other countries** – connectivity issues, resistance to technology, difficulty expressing self and symptoms

LOCAL RESEARCH
Barriers:
Internet speed
Skepticism and legal concerns (privacy issues)

CURRENT STUDY

- Beyond connectivity and technological issues, legal concerns, and skepticism, majority of the participants expressed that there was a gap in knowledge regarding said services

CURRENT STUDY

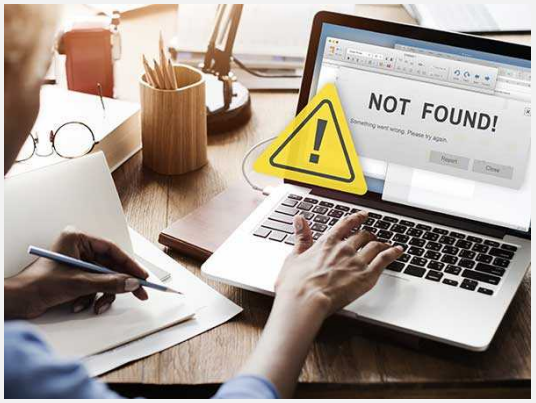
- Approximately half had never heard of telehealth
- ~80% of the participants had never tried engaging in telehealth services

CURRENT STUDY

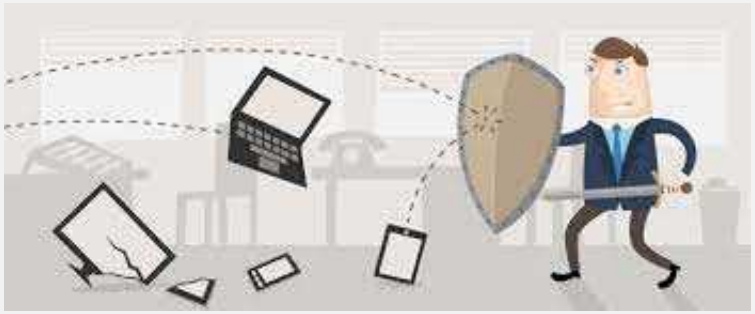
- approximately half of the sample had never heard of telehealth
- ~80% of the participants had never tried engaging in telehealth services

Important to note
72% of the participants expressed an interest in trying to avail of this service

CONNECTIVITY ISSUES REMAINED TO BE A MAJOR HINDRANCE



CONNECTIVITY ISSUES REMAINED TO BE A MAJOR HINDRANCE



CURRENT STUDY

- the presence of a companion skilled in technology could serve as a potential facilitator to engaging in said services

? ACCESS TO TECHNOLOGY

- Despite this, (+) poor access that patients have to technological equipment
- Majority reported not having landlines, computers, or tablets at home
- Instead, the most available communication devices were mobile phones

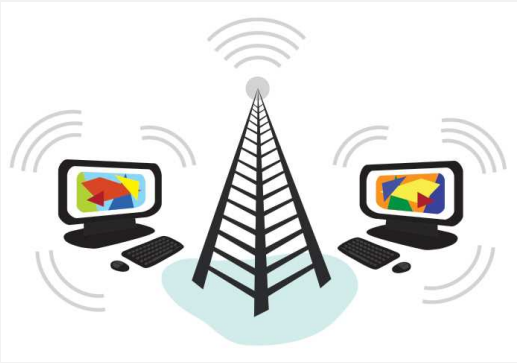
? ACCESS TO TECHNOLOGY

- Many of this study's participants lacked proper resources to avail of telerehabilitation services to its fullest extent

STRENGTHS OF THE STUDY

STRENGTHS OF THE STUDY

ACCESS TO INTERNET



Year 2010 – **27%**

⬇

Current study 67%

STUDY LIMITATIONS

- Difficulties in recruiting participants
  - 1) patient demise
  - 2) invalid contact number
  - 3) no answer to call attempts
- This resulted to a small sample size which can limit the scope of our data analysis and generalizability of the results obtained

CONCLUSION

- **Main Barriers**
  - Related to accessibility, costs and travel
- **Telerehabilitation**
  - Despite its emergency globally still has yet to be fully adopted in our country
- **Needs Improvement**
  - Connectivity and technological issues
  - Stakeholder awareness

RECOMMENDATIONS

- Given the lack of awareness regarding telehealth service delivery, future efforts can focus on **improving awareness in this specific population**

FROM BARRIERS TO BRIDGES: REVISITING 2020 DATA IN 2025'S TELEHEALTH LANDSCAPE

Where does telerehabilitation stand now?

THEN (2020-2022)

- **In-person barriers**: cost, distance, transport issues
- **Telerehabilitation** seen as a promising solution
- 72% of wheelchair users were **open to telehealth**

Study captured early patient perspectives before mass adoption

NOW (2025)

- Face-to-face consultations have largely returned to pre-pandemic patterns
- Telerehabilitation use **sharply declined** after 2022
- Many hospitals shifted focus back to physical assessments
- Funding and training programs for telehealth plateaued

WHY HAS TELEREHABILITATION DECLINED?

- **Clinical limits**: Difficult to examine tone, balance, spasticity, transfers virtually
- **Equipment issues:** Challenging to inspect or adjust a wheelchair accurately via video
- **User preference:** Patients feel "safer" and more reassured in person
- **System inertia**: No sustained reimbursement or policy support

THE REALISTIC ROLE OF TELEREHABILITATION TODAY

- **Adjunct**, not replacement
- Useful for:
  - Education and counseling
  - Basic exercise follow-up
  - Screening or triage for distant patients

THE REALISTIC ROLE OF TELEREHABILITATION TODAY

- **Adjunct**, not replacement
- Not ideal for:
  - Complex physical exams
  - Equipment fitting or troubleshooting
  - Training new wheelchair users

WHAT 2022 STILL TEACHES US

- Identified real barriers (cost, travel, access) that remain unsolved
- Showed patient **willingness to adapt** — still crucial for future hybrid models
- Serves as a **baseline** for comparing digital access pre- and post-pandemic
- Reminds us that **equity and inclusion** matter more than technology itself

REGIONAL REFLECTION (JAPAN-PHILIPPINES)

Japan	Philippines
Advanced infrastructure but aging, tech-averse users	Connectivity improved but financial barriers persist
Policy-backed telerehab for chronic care	Limited institutional support post-pandemic
Both countries rediscovering value of in-person assessment	Shared opportunity: hybrid follow-ups for select cases

KEY TAKEAWAY

Telerehabilitation was never meant to replace hands-on care—it was meant to fill gaps when face-to-face care isn't possible.

- The challenge now is how to **integrate telehealth sustainably**, not abandon it.
- **Future focus**: hybrid models, cost-effectiveness, and patient-centered selection.

FACTORS AFFECTING IN-PERSON AND TELEREHABILITATION FOLLOW-UP CONSULTATIONS AMONG WHEELCHAIR RECIPIENTS: A CROSS-SECTIONAL STUDY

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Pangkalahatang Panuto: Punan ang lahat ng kinakailangang sagutan, at lagyan ng pananda ang mga kahon batay sa iyong tugon.

Demographic Data

Code:

Edad (taon): ☐☐

Kasarian: ☐ lalaki
☐ babae

Kasalukuyang adres:

Buwanang Kita ng Pamilya (Php/Month):
☐ < 9,520 ☐ 9,520 to 19,040 ☐ 19,040 to 38,080 ☐ 38,080 to 66,640 ☐ > 66,640

Uri ng Wheelchair ☐ Standard ☐ Active ☐ All-terrain ☐ Supportive

Taon nang natanggap ang wheelchair ☐ 2018 ☐ 2019 ☐ 2020

Healthcare Provider/Wheelchair Assessor _____

Dahilan sa pagsasagawa ng in-person na konsultasyon

Para sa Bahagi A hanggang K, lagyan ng tsek ang kahon sa ilalim ng "Oo" o "Hindi", alinman angkop

Mayroon bang dahilan upang maging mahirap na malsagawa ang konsultasyon sa iyong healthcare provider or wheelchair assessor?

	Oo	
A. Layo sa ospital/ wheelchair assessor		
B. Usapin ng transportasyon		
C. Gastusin sa pamasahe		
D. Gastusin sa pagkain		
E. Kinakailangang lumiban sa trabaho o mawalan ng kita		
F. Ang kasama ng pasyente ay kinakailangang lumiban sa trabaho o mawalan ng kita		
G. Usaping pangkalusugan(i.e., hindi kayang magbiyahe dahil sa problemang medikal, pressure injuries)		
H. Hirap na magpalipat-lipat ng sasakyan, tumayo, o maglakad		
I. Busy ang iskedyul		
J. Kahirapan sa iskedyul ng appointment		
K. Walang magbabantay ng bahay		
Iba *Pakisabi/sulat*		

Dahilan na nagpapasinaya o nagiging balakid para sa Telerehabilitation

Para sa mga aytem A hanggang M, pakilagyan ng tsek ang kahon sa ilalim ng "Oo" o "Hindi" ayon sa kung alin ang naaangkop.	Oo	Hindi	Hindi tiyak
Salik bunsod ng tao			
A. Batid mo na ba ang telehealth dati pa?			
B. Nakaranas ka na ba ng telehealth noon pa?			
C. Kung hindi, nais mo bang subukin ang telehealth sa hinaharap? Bakit/Bakit hindi? Pakisabi/sulat _____			
D. Ikaw ba, o ang iyong kasama, ay maalam kung paano gamitin ang videocall?			
E. Mayroon ka bang kasama sa bahay na may kasanayan sa healthcare (gaya halimbawa ng nars, caregiver, midwife, physical therapist, doktor, atbp.) Kung oo, pakisabi/sulat: _____			
Salik bunsod ng teknolohiya			
Mayroon ka ba ng sumusunod na maaaring magamit para sa telehealth:			
A. Telepono?			
B. Cellphone?			
C. Tablet?			
D. Kompyuter (desktop/laptop)?			
E. Maayos na akses sa internet? Via data: _____ Via WiFi: _____			
F. Maayos na signal ng cellphone? (Globe, Smart, etc.)?			
G. Maayos na kuryente?			
H. Pribadong espasyo para sa telehealth via videocall?			

Presentation 5

Disability-based inequality in health service access: Challenges and initiatives in Japan

Takashi Saito

Researcher, Department of Social Rehabilitation, Research Institute, National Rehabilitation Center for Persons with Disabilities, Japan

【Biography】

Takashi Saito, certified Physical Therapist, is a Researcher at the Department of Social Rehabilitation, National Rehabilitation Center for Persons with Disabilities (since 2021). He received his B.S. degree in Physical Therapy at Yamagata Prefectural University of Health Sciences in 2004. Then, he worked as a physical therapist for more than ten years in field of community care for older people with long-term care needs.

He earned his M.S. and Ph.D. both in Gerontology at the Graduate School of Gerontology, Oberlin University in 2016. Subsequently, he worked as a Japan Overseas Cooperation Volunteer of the Japan International Cooperation Agency (Physical Therapist) in West New Britain Province, Papua New Guinea (2018-2020).

【Presentation Brief Summary】

Disability-based inequality in health service access is a global public health issue. Japan, with approximately 11.64 million people with disabilities (PWDs), has been tackling this public health issue.

In my presentation, I would like to share information on overview of persons with disabilities in Japan. Subsequently, I would like to present challenges on the health service access among PWDs and some solutions for this issue in Japan.

Disability-based inequality in health service access: Challenges and initiatives in Japan

Takashi SAITO
(Researcher, Ph.D., physiotherapist)
National Rehabilitation Center for Persons with Disabilities, Japan

This talk will cover

1. Disability-based inequality in health service access
2. Overview of persons with disabilities in Japan
3. Challenges of the service access
4. Initiatives for equal access

1. Disability-based inequality in health service access

Disability-based inequality in health service access

- People with disabilities are, on average, more likely to experience a broad range of health problems than those without disabilities
- "Narrow margin of health"
- People with disabilities represent significant health needs and investment in health care resources

Smith, R. D. (2000). Health Promotion International, 15(1), 79–86.

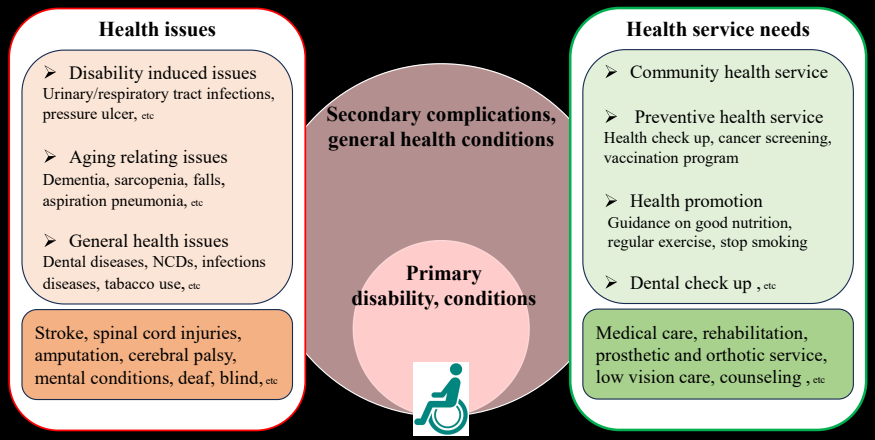
However,

People with disabilities are, disproportionately, hindered from accessing health services, that directly affects their lives

Disability-based inequality in health service access is a global public health issue

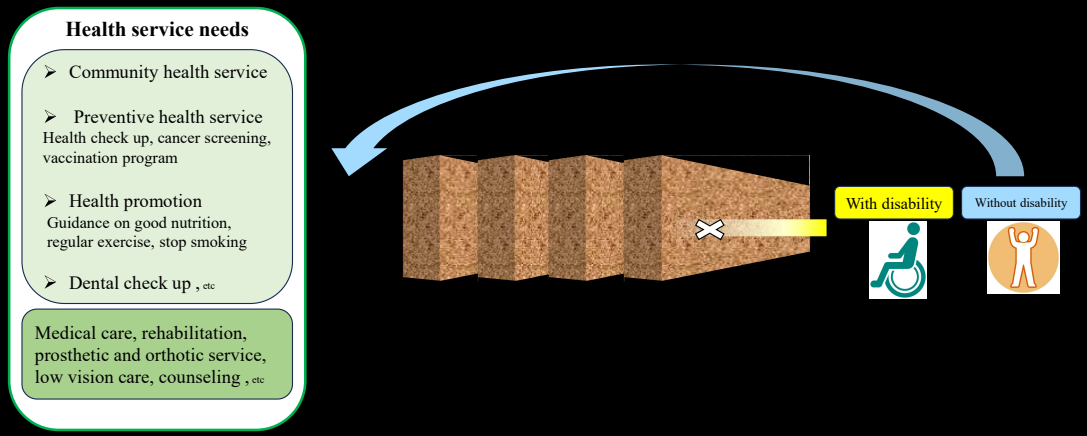
WHO. (2015). WHO global disability action plan 2014-2021. Better health for all people with disability.

Health issues and health services needs of PWDs

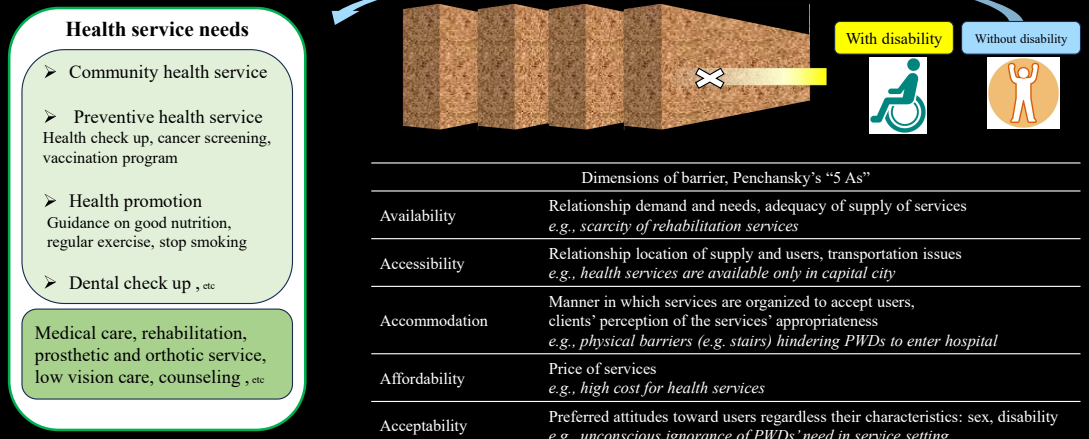


WHO. (2015). WHO global disability action plan 2014-2021. Better health for all people with disability.
Smith, R. D. (2000). Health Promotion International, 15(1), 79–86.

Barriers for health services access in PWDs



Barriers for health services access in PWDs



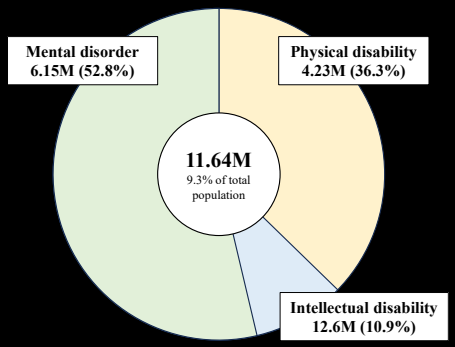
Dimensions of barrier, Penchansky's "5 As"	
Availability	Relationship demand and needs, adequacy of supply of services *e.g., scarcity of rehabilitation services*
Accessibility	Relationship location of supply and users, transportation issues *e.g., health services are available only in capital city*
Accommodation	Manner in which services are organized to accept users, clients' perception of the services' appropriateness *e.g., physical barriers (e.g. stairs) hindering PWDs to enter hospital*
Affordability	Price of services *e.g., high cost for health services*
Acceptability	Preferred attitudes toward users regardless their characteristics: sex, disability *e.g., unconscious ignorance of PWDs' need in service setting*

Penchansky R. et al. (1981). Med Care. 1981 Feb;19(2):127-40

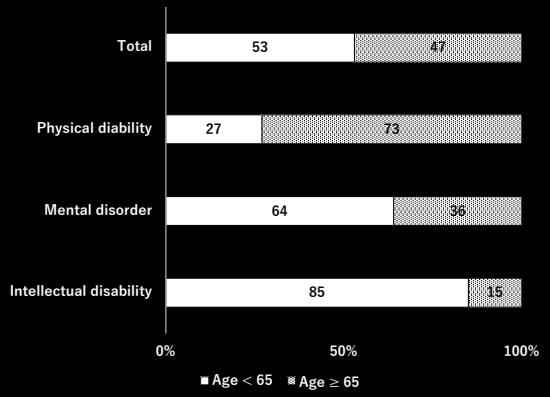
2. Overview of persons with disabilities in Japan

Overview of persons with disabilities in Japan

＜Number＞



＜Age distribution＞



The Ministry of Health, Labor and Welfare of Japan
https://www.mhlw.go.jp/toukei/list/dl/seikatsu_chousa_b_r04_02.pdf

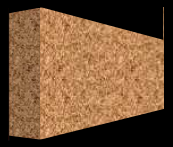
Health services for PWDs in Japan

Comprehensive Support for Persons with Disabilities Act *(since 2013)*

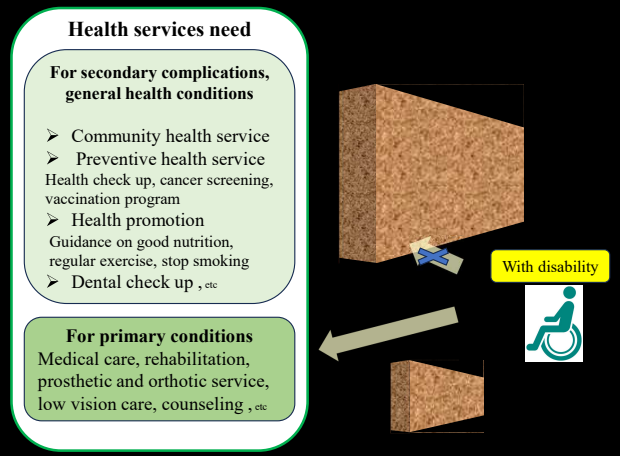
	Service items	Examples
Welfare services	Care services	Home-help, medical care, assistance on travel
	Training services	Rehabilitation, support for employment
	Community consultation assistance service	Assistance to shift to community life
	Community life support services	Sign language volunteer program, voluntary activity support program
Medical service	Outpatient psychological treatment	
	Medical rehabilitation service	
	Public health care to the disabled children	
	Prosthetic appliances and daily-use equipment	

The Ministry of Health, Labor and Welfare of Japan (2025)
https://www.mhlw.go.jp/content/12200000/001327493.pdf

3. Challenges of the service access



Challenges of the service access in Japan



- Generally speaking, access to services for primary conditions has been improved in past decades thanks to relevant legislations.
- Contrary, access to services for secondary complication, which is not necessarily organized to accept PWDs, is still needed to become more accessible

Compromised access to the health services for the secondary complications or general health condition is one of challenges in Japan

Use of health check up and cancer screening in PWDs

International Journal of Environmental Research and Public Health

MDPI

Article

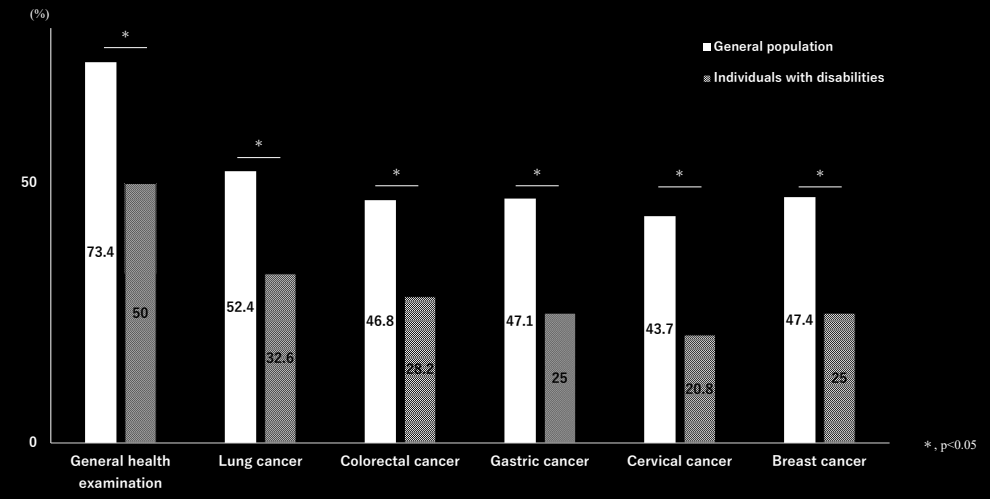
Use of General Health Examination and Cancer Screening among People with Disability Who Need Support from Others: Analysis of the 2016 Comprehensive Survey of Living Conditions in Japan

Takashi Saito [1,*,†], Kumiko Imahashi [1,†] and Chikako Yamaki [2,†]

- Health check up and cancer screening are crucial for early detection of diseases and health conditions
- Analyzing secondary data of a national representative survey in Japan (n=15,294)
- Describing gap of use of general health examination and cancer screening between people with and without disabilities.
- Disability definition: individuals who need support or super vision from other others in daily life.

Saito T., et al. (2024). Int J Environ Res Public Health. 2024 Feb 13;21(2):219

Participation rate of health check up and cancer screening in Japan



Saito T., et al.(2024). Int J Environ Res Public Health. 2024 Feb 13;21(2):219

Regular dental check up among PWDs

ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

Archives of Physical Medicine and Rehabilitation

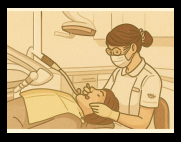
journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2017;98:2442-8

ORIGINAL RESEARCH

Access to Preventive Services for Working-Age Adults With Physical Limitations

Gilbert Gimm, PhD,[a] Elizabeth Wood, MHPA,[b] Preeti Zanwar, PhD[c]



- Unfortunately, no direct evidence of disability-based inequality in dental check up was found in Japan
- Instead, a representative data in U.S. adults (n=75,145; age range, 18-64y)
- Describing gap of dental health check up (in the past 12months) between people with and without disabilities.
- Disability definition:
  Physical limitations,
  Nonphysical limitations, and
  No limitation

Gimm G., et al. (2017). Arch Phys Med Rehabil. 2017 Dec;98(12):2442-2448.

Regular dental check up among PWDs

Table 1 Descriptive characteristics of working-age adults by type of limitation

Characteristic	Physical Limitation	Nonphysical Limitation	No Limitation	χ^2 P
Weighted population size, n	13,143,426	22,519,330	133,842,933	
Unweighted sample size, n	6042	9680	59,423	
Dental visit (in last year), %	44.7	51.5	59.4	<.001

Adults with physical limitation were less likely to have a dental checkup (44.7% vs 59.4%, respectively; P<.001) than those with no limitation

Gimm G., et al. (2017). Arch Phys Med Rehabil. 2017 Dec;98(12):2442-2448.

Regular dental check up among PWDs

Table 4 Logistic regression of dental care visit in last year (n=67,919)

Variables	OR	*P*	95% CI
No limitation	NA	(Reference)	NA
Physical limitation	0.76	<.001	0.69–0.83
Nonphysical limitation	0.87	<.001	0.81–0.93

After adjusting confounding factors, the likelihood of receiving a dental checkup was lower for adults with physical limitations and nonphysical limitations compared with adults with no limitations

Gimm G., et al. (2017). Arch Phys Med Rehabil. 2017 Dec;98(12):2442-2448.

Regular dental check up among PWDs in Japan

歯科口腔保健の推進に関する基本的事項
最終評価報告書（案）
（令和４年６月 24 日暫定版）

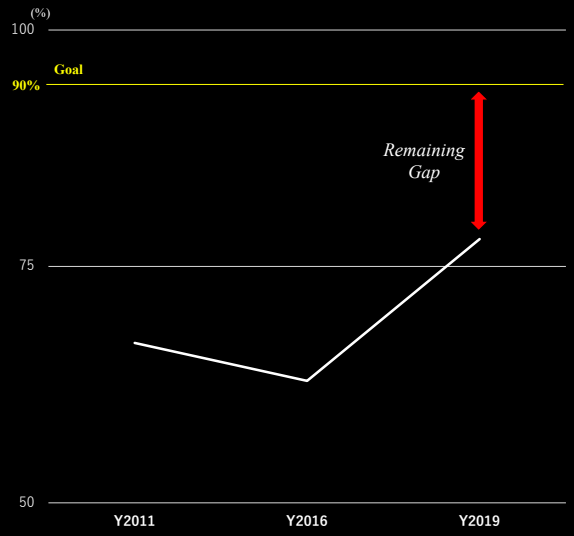
Final report on promotion of dental oral health(2022)

The Ministry of Health, Labor and Welfare of Japan
https://www.mhlw.go.jp/content/000999685.pdf

- Although, there is no direct evidence of disability-based inequality in Japan, some reports suggest difficulties accessing regular dental check among PWDs.
- In 2012, a target rate* (90%) was set to promote regular dental check up in nursing facilities for PWDs, based on Act on Promotion of Dental and Oral Health

*Percentage of nursing facilities in which regular dental check ups are implemented

Percentage of nursing facilities in which regular dental check ups are implemented



- An upward trend was observed, but the percentage has not yet reached the goal
- The report highlights necessity for more efforts to encourage dental health check up in nursing facilities for PWDs in Japan

The Ministry of Health, Labor and Welfare of Japan
https://www.mhlw.go.jp/content/000999685.pdf

4. Initiatives for equal access

Initiatives for equal access

Health services need

For secondary complications, general health conditions

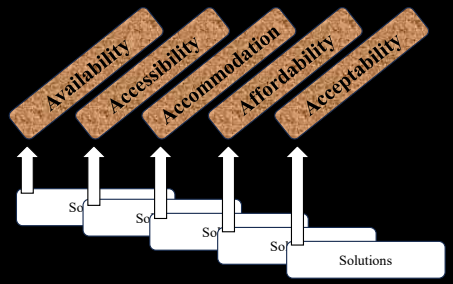
- Community health service
- Preventive health service

Health check up, cancer screening, vaccination program

- Health promotion

Guidance on good nutrition, regular exercise, stop smoking

- Dental check up , etc



With disability

To overcome the barriers,
multifaceted initiatives consisting of unique solutions that are specific for each barriers are needed

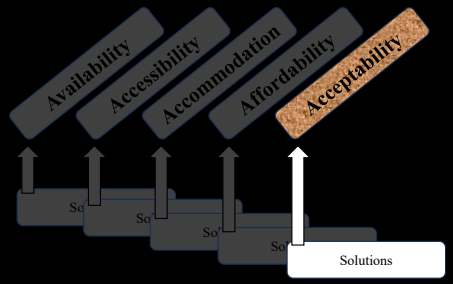
Examples of initiative for equal access in Japan

Example1:
Teaching Leaflets for health professionals

Example2:
Teaching Leaflets for PWDs

Example3:
Dental oral health care center

Example1. Teaching Leaflets for health professionals



Example1:
Teaching Leaflets for health professionals

Example2:
Teaching Leaflets for PWDs

Example3:
Dental oral health care center

Teaching Leaflets for health professionals

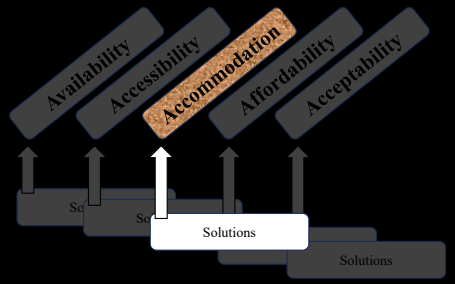
- **Teaching leaflets for health providers in hospital settings.**
- **Raising awareness about disability to overcome the barriers relating "acceptability"**

Example1. Teaching Leaflets for health professionals

- Brief teaching leaflet (4 pages) providing basic knowledge and skills for accommodating patients with visual impairments
- Available online, free of charges
- Similar leaflets focusing on patients with hearing impairment (deaf), intellectual and developmental disabilities are also available.
- These leaflets are expected to raise awareness about disabilities among health providers, that would contribute to make hospital setting more acceptable for PWDs

Cancer Control Research
https://plaza.umin.ac.jp/~CanRes/match/match-achievement/
Health, Labour and Welfare Sciences Research Grants(20EA1014)

Examples of Initiatives for equal access in Japan



Example1:
Teaching Leaflets for health professionals

Example2:
Teaching Leaflets for PWDs

Example3:
Dental oral health care center

Teaching Leaflets for PWDs

- **Teaching leaflets for persons with disabilities.**
- **Providing knowledge on diseases, symptoms, examinations, and treatments to overcome the barriers relating "accommodation"**

Example2. Teaching Leaflets for PWDs

- Brief teaching leaflet (10-20 pages), written in "Easy Read," provides basic knowledge on disease and relevant info.(examinations and treatments) for PWDs.
- Available online, free of charges
- Similar leaflets focusing on colorectal and cervical cancer are also available.

Cancer Control Research
https://plaza.umin.ac.jp/~CanRes/match/match-achievement/
Health, Labour and Welfare Sciences Research Grants(20EA1014)

Example2. Teaching Leaflets for PWDs

https://www.youtube.com/watch?v=_LcNuPCsEQg

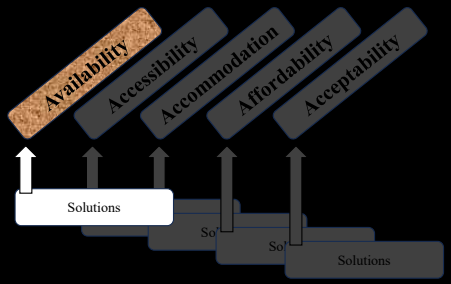
+

DAISY version

- Sign language version is available for Leaflet of lung cancer
- DAISY version is available for:
  Leaflet of lung cancer
  Leaflet of colorectal cancer
- These leaflets are expected to help PWDs understand diseases and relevant medical procedures, that would contribute to make hospital setting more accommodative for PWDs

Cancer Control Research
https://plaza.umin.ac.jp/~CanRes/match/match-achievement/
Health, Labour and Welfare Sciences Research Grants(23EA1030)

Examples of Initiatives for equal access in Japan

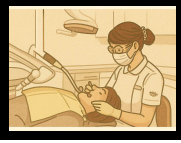


Example1:
Teaching Leaflets for health professionals

Example2:
Teaching Leaflets for PWDs

Example3:
Dental oral health care center

- **Dental oral health care centers.**
- **Providing dental care for PWDs to overcome the barriers relating "availability"**



Example3. Dental oral health care center

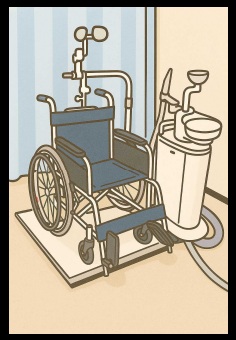
Dental oral health care centers

- The dental oral health care center aims to provide oral health care for PWDs who cannot receive treatment at ordinary dental clinics due to disability relating issues (e.g., individuals with intellectual disabilities who cannot receive treatment calmly)
- The centers are established based on Act on Promotion of Dental and Oral Health
- 354 centers are available across Japan (as of 2017)

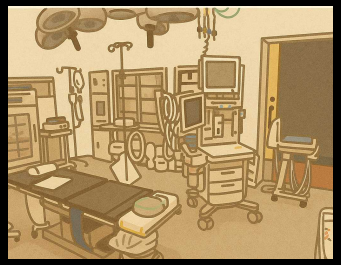
https://www.city.saitama.lg.jp/006/007/002/015/012/p065463_d/fil/01_20190626_1.pdf
https://www.mhlw.go.jp/content/10804000/000840095.pdf

Example3. Dental oral health care center

Dental oral health care centers



Special unit for W/C users

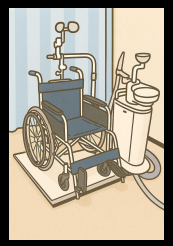


General anesthesia

Eating and swallowing training

Conclusions

- The solutions presented are promising, but barriers for services access are still existing in Japan
- Further efforts are needed to overcome the barriers and to make health service access equitable for all



Presentation 6

Bridging Care: Supporting the Admission and Discharge of Persons with Disabilities in Acute Care Hospitals

Sachiko Matsumura

Manager, Nursing Department, Certified Nurse in Visiting Nursing, Japan Institute for Health Security, National Center for Global Health and Medicine

【Biography】

Sachiko Matsumura graduated from the National Hospital Nursing School in 1988. After working at Chiba Cancer Center for four years, she transferred to the National Center for Global Health and Medicine in 1992. Her clinical experience includes working in the operating room, ICU, and outpatient departments. Since 2011, she has been involved in discharge planning as a nurse in the Regional Care Collaboration Center and has served as chief nurse since 2017. She is a certified Visiting Nurse Specialist by the Japanese Nursing Association.

【Presentation Brief Summary】

In this presentation, I will introduce the work of Inpatient Care Support Center at a 716-bed acute care hospital in Tokyo, Japan, where I currently serve as chief nurse. Established in 2017, the center plays a crucial role in supporting patients before admission and during discharge by addressing potential concerns and barriers to hospitalization.

Our team—consisting of nurses, pharmacists, and dietitians—conducts pre-admission interviews with patients to assess their health status, medications, and daily living challenges. This process helps to reduce anxiety and improve the quality of care from the moment of admission.

In line with the theme of this international seminar, I will focus particularly on our support for persons with disabilities. When such patients are scheduled for admission, we collect detailed information from caregivers about their daily routines, communication styles, and required care methods. We also coordinate with home-visit nurses and care managers to obtain written care plans and instructions. This allows us to develop individualized nursing care plans in advance and ensure a safe and comfortable hospital stay.

Our role does not end at admission. We provide similar support at the time of discharge to ensure continuity of care and a smooth return to the community. This coordinated approach helps to bridge the gap between hospital and home, particularly for patients with complex needs.

A bridge of care

Bridging Acute and Community Care for Persons with Disabilities in Japan.

"Hospital Admission and Discharge Support for Persons with Disabilities"

self-introduction

Sachiko Matsumura

National Center for Global Health and Medicine
Hospital Admission Support Center
Head nurse
Certified nurse in visiting nurse

National Center for Global Health and Medicine (NCGM)

- Beds: 706
- Departments: 43
- Outpatients: 1,400 per day
- Ambulance acceptance: Approximately 10,000 units/year
- Roles: Infectious disease center, acute care,

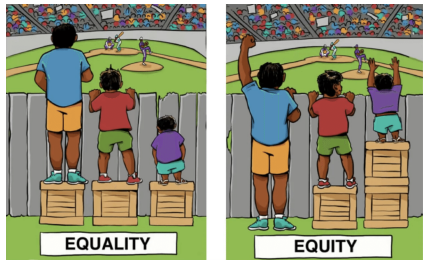
Outline of Today's Talk

1. What is Health Equity?
2. Challenges for persons with disabilities in acute care
3. Our hospital-based support model
4. A case example
5. Lessons and future directions

1. What is Health Equity?

Health Equity Concept

Health equity means everyone should have a fair opportunity to attain full health potential.”
— WHO
(World Health Organization)



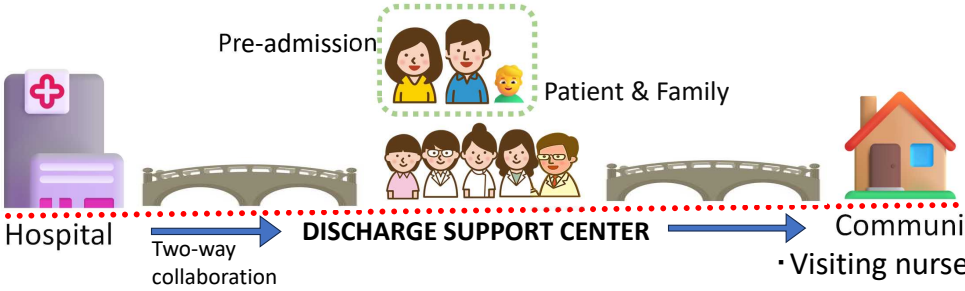
https://unifywestfield.org/news/equity-versus-equality/

Creating a level starting line toward a shared goal

2. Challenges for persons with disabilities in acute care

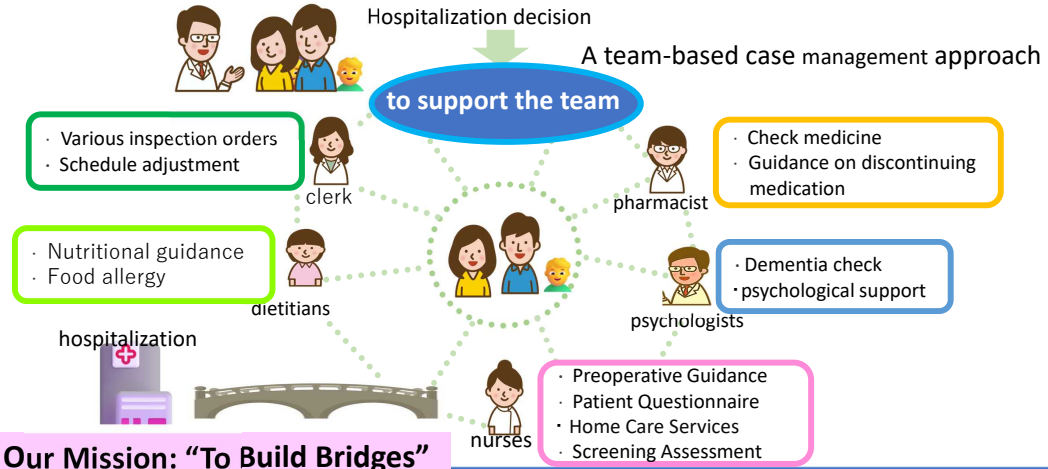
Supporting children and adults with disabilities from admission to discharge.

3. Our hospital-based support model



“Our mission is to build bridges between hospital and community.”

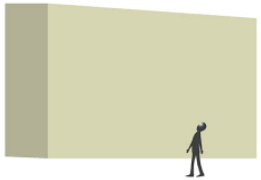
3. Our hospital-based support model



Our Mission: “To Build Bridges”

Challenges faced by persons with disabilities during hospitalization

1. Barriers to information and communication
2. Barriers in the medical environment
3. Difficulties in continuing care



Main Activities ① Pre-admission Support

Early information sharing from families/facilities

- Environmental check for medical care needs
  (suction, PEG, ventilator)
- Psychological support for families
- communication methods

Main Activities ② In-hospital Support

- Communication aids
  (visual tools, interpreters)
  and psychological support
- Multidisciplinary case conferences
- **Advance Care Planning (ACP)**
  -based decision-making support

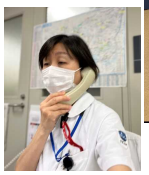
Main Activities ③ Discharge Support

- Collaboration with home-visiting nursing services, welfare, and education sectors
- Pre-discharge conference to ensure smooth transition
- Focus on continuity of care and empowerment of families

Case example

Female in her 20s – Spinocerebellar Degeneration

- Information collected at the Admission and Discharge Support Center
- Patient questionnaire and family interview
- Summary memo from family and home care service providers
- Use of communication aids



Bridging Care Settings:

home → inpatient care→ Conduct pre-discharge conference → Discharge
→Home-visiting nursing service continues post-discharge

Home-visiting nursing services Summary

Communication aids and psychological support throughout hospitalization

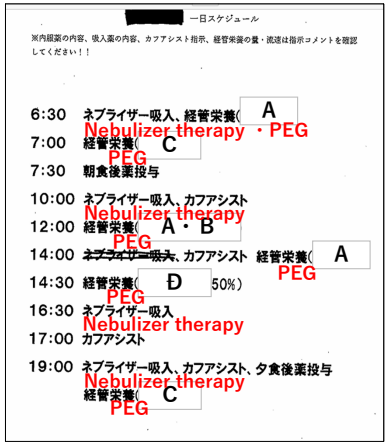
コミュニケーションの取り方について

1，イエス・ノーの質問なら、手を握って<u>イエスの時</u>
握ってもらう
もしくは、筋緊張が四肢にある時など、イエスの
場合、くちびるをすぼめてムッとして
というと出来るときもあります。

2，または 50 音で質問、手を握り、
<u>あかさ　たなは　まやらわ</u>　とゆっくり読むと
手でにぎってくれます。

3，エアースイッチを左手に握らせてください。
調子のよいときは iPad の電源がついていれば自
分で操作できます。
コミュニケーションアプリ指伝話が iPad に入っ
ています。

Daily care schedule



[redacted] 一日スケジュール

※内服薬の内容、吸入薬の内容、カフアシスト指示、経管栄養の量・流速は指示コメントを確認してください！！

6:30 ネブライザー吸入、経管栄養(A
Nebulizer therapy ・PEG
7:00 経管栄養(C
PEG
7:30 朝食後薬投与
10:00 ネブライザー吸入、カフアシスト
12:00 経管栄養(A・B
Nebulizer therapy
PEG
14:00 ~~ネブライザー吸入~~、カフアシスト 経管栄養(A
PEG
14:30 経管栄養(D 50%)
PEG
16:30 ネブライザー吸入
Nebulizer therapy
17:00 カフアシスト
19:00 ネブライザー吸入、カフアシスト、夕食後薬投与
Nebulizer therapy
経管栄養(C
PEG

Requires care every 1 to 2 hours.

The family posts a handwritten schedule in the room to share care information.

Multidisciplinary Discharge Conference

The multidisciplinary team reviews the patient's progress and finalizes the discharge plan before discharge.

⇒Discharge

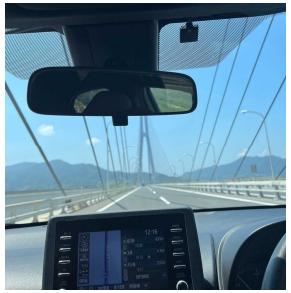
5. Challenges and Learnings

- System limitations and regional disparities
- Shortage of human resources in coordination roles
- Importance of flexible and patient-centered responses

5. Future Directions

1. Education and training for inclusive care
2. Strengthening regional care networks
3. Policy recommendations and advocacy for inclusive healthcare

Thank you for your attention！



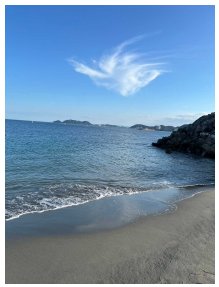


Photo: Shimanami Kaido, symbolizing the bridge of care