Interior Health

Accessibility Plan

2024-2027

Prepared by Interior Health's Accessibility Committee

In collaboration with:

Organization and People Development and Quality and Patient Safety

Territorial Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené (Da-Kelh De-ney), Ktunaxa (Tun-ah-ha), Nlaka'pamux (Ing-khla-kap-muh), Secwépemc (Se-huep-m), St'át'imc (Statliem), Syilx (See-il-x), and Tŝilhqot'in (Chil-co-teen) Nations where we live, learn, collaborate and work together.

Our land acknowledgement is rooted in humility and respect for those whose land we stand upon and guides how we move forward in both conversations and actions. Interior Health is committed to acknowledging the traditional territories with mindfulness, intention, and reflection. Acknowledgement is an important step in advancing our commitment to partnership and reconciliation.

Contents

Introduction 3
Acknowledgements 3
Executive Summary 3
About Interior Health 4
Definitions 6
Developing the Accessibility Plan 7
Purpose & Legislation 7
Guiding Principles 8
Case for Change 9
Outcomes & Objectives 12
Three-Year Action Plan 13
Objective 1: Employment & Staff 13
Objective 2: Community Engagement & Service Delivery 15
Objective 3: Built Environment 15
Objective 4: Information & Communication 17
Next Steps 18
Continuous Engagement 18
Implementation & Review 19
References 20

Introduction

Acknowledgements

Interior Health (IH) would like to recognize and thank the Accessibility Committee, staff, and recipients of care who participated and provided feedback during the development of the Accessibility Plan ("the Plan"). We would also like to thank Mike Prescott from Disability Alliance B.C. for his guidance and support.

Executive Summary

Interior Health (IH) is committed to changing how we deliver services to improve equity and access for the communities and people we serve. Our vision of 'health and well-being for all' aligns with the purpose in the Accessible B.C. Act[1] (the "Act") where everyone, regardless of their abilities, can participate fully and equally.

The Accessibility Plan was created with input from the Accessibility Committee ("the Committee") and guided by the Act. The Plan aims to recognize, address, and eliminate barriers that prevent equitable access for all. While this Plan provides a high-level overview of our goals and priorities, we recognize the importance of a structured and comprehensive approach to achieving these objectives. A detailed tactical strategy will support implementation and outline specific actions, timelines, responsibilities, and measurable outcomes, which will serve as a roadmap, guiding us through the practical steps necessary to bring our vision to life. An annual summary will be conducted by the Committee each fiscal year to monitor progress on the Plan, and a formal review and evaluation of the Plan will occur every three years.

The actions of the Plan have been categorized into four objectives:

1. Employment & Staff;
2. Community Engagement & Service Delivery;
3. Built Environment; and
4. Information & Communication.

Initial consultation efforts to develop the Plan focused on internal engagement with staff to build organizational capacity and shared understanding of accessibility at IH. To be truly responsive to accessibility needs, consultation will be expanded to capture perspectives of the public, client, and patients in meaningful actions that are representative of the diverse perspectives and experiences of the population we serve.

For the Plan to remain adaptive, implementation of the Three-Year Action Plan will be gradual and intentional to foster an environment of continuous engagement, iteration, and improvement. This approach provides the necessary flexibility to reflect changing circumstances in our communities and environments.

Through the implementation of the Plan, IH aims to cultivate a workforce that reflects the diversity of the populations we serve, create a welcoming and inclusive environment for persons with disabilities, and enable equitable participation. IH is dedicated to improving the overall health outcomes and well-being for all.

About Interior Health

For over 20 years, IH has been working and partnering for the health and well-being of everyone in B.C.'s Interior so we can all enjoy a healthier tomorrow.

Providing a wide range of integrated health services to more than 870,000 people, our region encompasses over 215,000 square kilometers across the ancestral, unceded, and traditional territories of the seven Interior Region First Nations: Dãkelh Dené, St'át'imc, Syilx, Tŝilhqot'in, Ktunaxa, Secwépemc, and Nlaka'pamux Nations (see Figure 1).

IH delivers programs and services to a diverse group of people with varying needs, identities, and experiences. We recognize the importance of prioritizing accessibility so the staff, clients, and communities we serve receive safe, high-quality, person-and-family centered care.

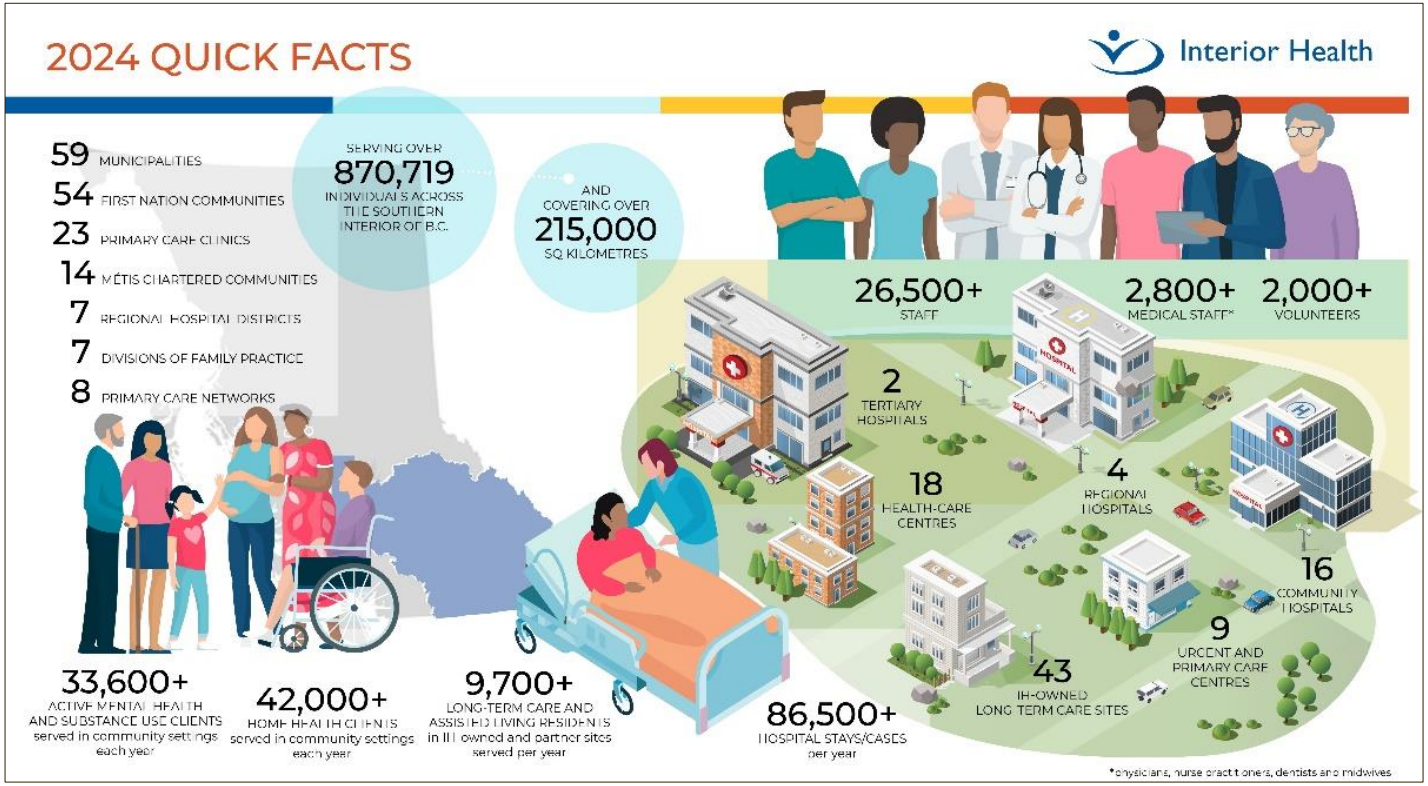

Figure 1: 2024 Quick Facts

Definitions

The definitions below provide additional context to the terms found throughout this Plan. They are meant to support shared language and common understanding, not to create barriers or restrictions. Language should always be human-centered and will depend on personal preference.

"Accessibility" refers to the practice of making information, activities, and/or environments sensible, meaningful, and usable for as many people as possible. A common example of accessibility that we have all encountered is in the context of architectural design.[2]

"Accessibility Committee" or **"The Committee"** refers to the committee made up of Interior Health staff members who participated in the development of the Accessibility Plan.

"Accessibility Plan" or "The Plan" refers to Interior Health's Accessibility Plan 2024-2027.

"The Act" refers to the Accessible British Columbia (B.C.) Act.

"Areas of Accessibility" refer to areas in which barriers to accessibility can exist, such as employment and staffing, delivery of services, the built environment, information and communications, transportation, health, education, and procurement.

"Barrier" refers to anything that hinders a person's full and equal participation in society. Barriers can be caused by architectural and structural builds, attitudes, beliefs and social biases, information and communication, the physical environment, technology and policies and practices.

"Disability" refers to any impairment, including a physical, mental, intellectual, cognitive, learning, communication, or sensory impairment – or a functional limitation – whether permanent, temporary, or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society.[3]

"IH" refers to Interior Health.

"Indigenous" refers to the collective term to describe the distinct and diverse groups of First Nations, Métis, and Inuit.

"Persons with Disabilities" refers to any person who identifies with a disability/disabilities as noted above. Can be used in a singular or plural form.

"Staff" refers to all IH employees, residents, students, medical staff, and volunteers.

Developing the Accessibility Plan

Purpose & Legislation

IH is committed to changing how we deliver services to improve equity and access for the communities and people we serve. Our vision of 'health and well-being for all' aligns with the purpose in the Accessible B.C. Act where everyone, regardless of their abilities, can participate fully and equally.

To align with the Act, IH has taken the following steps:

- Established an Accessibility Committee:
  - In October 2023, IH staff were invited to become members of IH's first Accessibility Committee ("the Committee"). The purpose of the Committee is to assess accessibility at IH for staff and members of the public, make recommendations, and take action to improve accessability through the creation of a IH's Accessbility Plan. Twenty-six staff members were selected for the Committee based on their identity as a person with a disability in combination with their role, lived experience, expertise, training, and/or education to enable diversity of thought and perspective. Over half of the Committee members identify as persons with disabilities and membership includes Indigenous representation.
- Developed an Accessibility Plan:
  - The Plan identifies barriers and proposes actions to remove and prevent barriers to accessibility for clients, staff, and members of the community, in an effort to meaningfully improve accessibility at IH.
- Created a Feedback Tool:
  - To effectively capture the diverse perspectives and experiences of the population IH serves, a mechanism to capture feedback on the Plan and to report barriers to accessibility has been established. As part of this initiative, community members, recipients of care, and staff will be able to submit their feedback and any suggestions for improvement via the confidential email address, accessibility@interiorhealth.ca.

Guided by the Act, the Plan emphasizes respect, accessibility, equity, and person- and family-centered care for all individuals, which aligns with B.C.'s Health Quality Matrix [4] and the Accreditation Canada/ Health Standards Organization (HSO) quality dimensions. [5] The Plan reinforces our commitment to broader diversity, equity, and inclusion efforts and enables a unified approach to delivering high-quality, accessible health care that meets the diverse needs of our communities.

Guiding Principles

The Government of B.C. embraced a set of guiding principles to direct provincial efforts in formulating accessibility standards, and these same principles have been applied to IH's Plan. The guiding principles represent the core values those served by IH can expect to experience and provides an overarching approach for how IH and the Committee will recognize, eliminate, and prevent barriers to accessibility.

Inclusion: All British Columbians, including persons with disabilities, should be able to participate fully and equally in their communities.[6]

Adaptability: Accessibility plans should reflect that disability and accessibility are evolving concepts that change as services, technology, and attitudes change.

Diversity: Every person is unique. People with disabilities are individuals with varied backgrounds. Individual characteristics including race, gender, sexual orientation, religion, and lived experience greatly inform the experiences of individuals. Accessibility plans should acknowledge the principle of intersectionality and the diversity within the disability community.

Collaboration: Promoting accessible communities is a shared responsibility and everyone has a role to play. Accessibility plans should create opportunities for organizations and communities to work together to promote access and inclusion.

Self-determination: Accessibility plans should seek to empower people with disabilities to make their own choices and pursue the lives they wish to live.

Universal design: Refers to the design and composition of an environment so that it can be accessed, understood, and used to the greatest extent possible by all people regardless of their age, size, ability, or disability.[7] An accessibility plan should be designed to enhance the experiences and ability of all people who interact with the organization.

Case for Change

To date, consultation efforts primarily focused on internal engagement with the intent to expand efforts externally. Continued community involvement and feedback on both the Plan and the larger topics of inclusion and accessibility will support IH's commitment to advancing equity and access. There is much to learn, and the journey to accessibility will evolve through continuous engagement with staff and the public to ground future iterations of the Plan in meaningful consultation.

Employee Census 2020

Consultation to develop the Plan started with an internal review and environmental scan of existing data to better understand internal experiences related to accessibility. In 2020, IH conducted its first Census to understand staff demographic data and associated feelings of inclusion. The Census was sent to over 20,000 staff with a response rate of 47.5 per cent. Of all respondents, 5.7 per cent identified as a person with a disability and 6 per cent preferred not to answer. In 2024, B.C. reported that 20.5 per cent of British Columbians 15 years of age and over identify as a person with disability – highlighting a significant difference in representation.[8]

Respondents who identified as persons with disabilities also reported gaps on the inclusion index, with a 14.95-point divergence from the IH average (Figure 2). The inclusion index is based on the five inclusion factors: belonging, fairness, support, voice, and commitment.

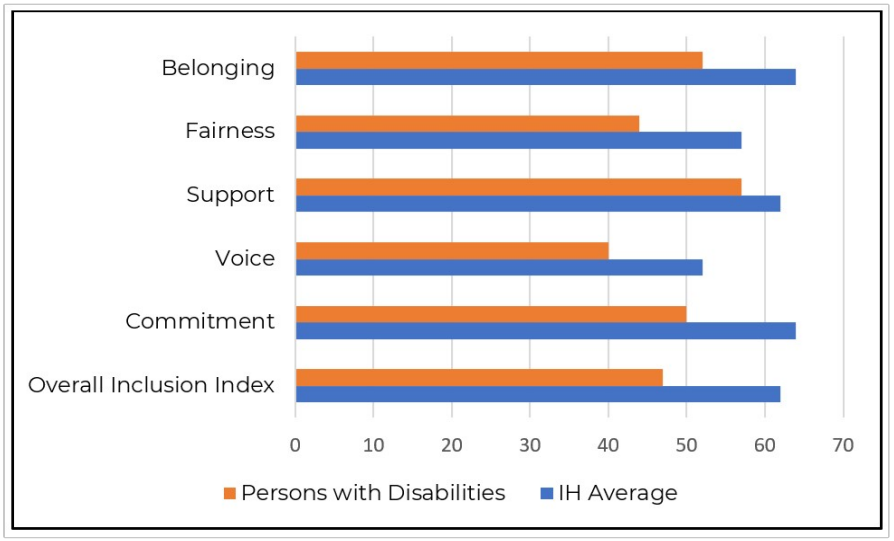

Figure 2: Inclusion Index for Persons with Disabilities; Census 2020

The Accessibility Committee

The Committee held its first meeting in October 2023. Monthly meetings and ongoing engagement exercises were held with the Committee to incorporate the diverse perspectives of committee members and to ground actions for the Plan in lived and living experiences.

During engagement, the Committee was asked:

- What has been your personal experience with accessibility at IH?
- What, if any, barriers have you experienced at IH?
- What has worked well?
- What are your top wishes for improving accessibility?

A discussion around each topic was held and Committee members were encouraged to share candidly. A confidential, collaborative whiteboard was also used so Committee members could record their thoughts anonymously and continuously throughout the development of the Plan. A prioritization summary was then completed, which was comprised of ranking the importance of each item for people with disabilities as rated by the members of the Committee, including considerations for feasibility and ease of implementation, based on the Committee's knowledge of IH.

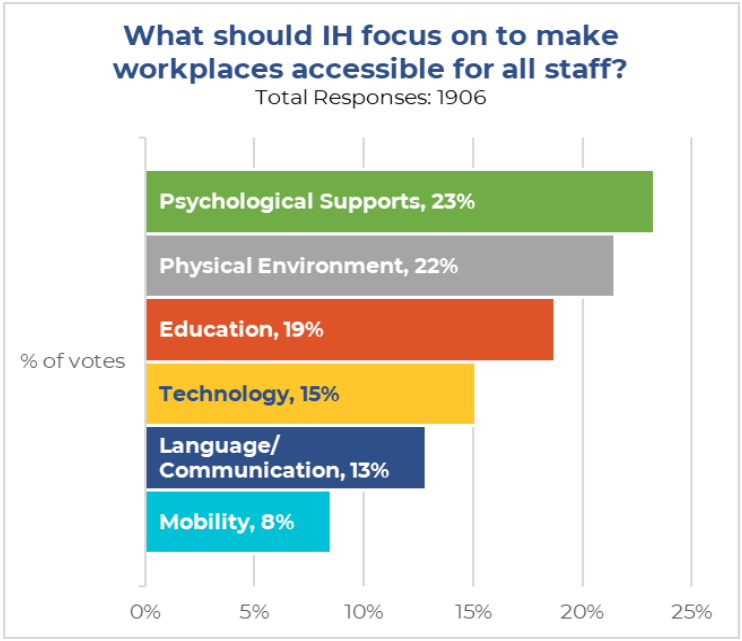

Figure 3: Accessibility Poll Questions on Focus Areas

Accessibility Poll and Engagement

In January 2024, IH staff were asked a question regarding top priorities and focuses to enable more accessible workplaces at IH (see Figure 3). Responses identified psychological supports, education, and physical environment as the top choices. The poll results were considered in identifying and prioritizing accessibility work.

Throughout the engagement process, the following barriers were identified as areas of focus for the Plan:

- **Technology**
- **Education**
- **Physical environment**
- **Mobility**
- **Language and communication**
- **Psychological supports and solutions**

Outcomes & Objectives

The Plan will enable the creation of an inclusive environment where everyone, regardless of their abilities, can participate fully and equally. By actioning the objectives set out in this Plan, IH will achieve the following outcomes:

Cultivate a workforce that reflects the diversity of the populations we serve.

Foster an inclusive workplace culture that enhances IH's understanding of accessibility and provides equitable employment opportunities and accommodations for persons with disabilities.

Create a welcoming and inclusive environment for persons with disabilities.

Actively engage with the community and populations we serve in the planning, designing, and evaluation of policies, practices, programs, and services to enhance accessibility and inclusion.

Create physical and psychological environments to enable participation from everyone.

Create environments that are accessible, inclusive, and supportive to develop and maintain barrier-free spaces that are accessible and accommodating for all clients and staff.

To address the barriers identified in the engagement process and to support meaningful action towards achieving these outcomes, actions are categorized into the following objectives:

1. **Employment & Staff**
   - To improve our understanding of accessibilty as an organization;
   - To provide employment opportunities and accommodations for candidates with disabilities;
   - To create an inclusive and welcoming workplace for staff with disabilities; and
   - To create a representative workforce reflective of the populations we serve and employ.
2. **Community Engagement & Service Delivery**
   - To create a welcoming and inclusive environment for persons with disabilities; and
   - To provide opportunities for the public to participate in planning, designing, and evaluating IH policies, practices, programs, and service that enhance accessibility.

3. **Built Environment**
   - To create barrier-free physical spaces for clients and staff.
4. **Information & Communication**
   - To create and promote a culture of inclusion for clients and staff with diverse needs and abilities, and embed an accessibility lens in all daily operating practices; and
   - To promote inclusive storytelling and marketing materials representative of persons with disabilities.

Three-Year Action Plan

Objective 1: Employment & Staff

Action		Measurement of Success	Focus Area	Year
1.01	Explore external resources, such as funding and grant opportunities, to support the implementation of priorities identified in the Accessibility Plan in collaboration with the Accessibility Committee.	Funding opportunities identified and applications submitted.	• In support of all identified focus areas	1
1.02	Create an employment equity policy and program to further enable inclusive and equitable recruitment practices.	Recruitment processes are inclusive and equitable.	• Education • Psychological Supports & Solutions	1
1.03	Implement accessibility training for staff and leaders to reduce ableism and promote greater awareness and understanding of supporting persons with disabilities.	Training is developed and participation is tracked.	• Education • Psychological Supports & Solutions	1

Action		Measurement of Success	Focus Area	Year
1.04	Increase awareness of ergonomic tools and resources available to staff.	Staff and leaders report the physical work environment is conducive to their needs.	• Physical Environment • Mobility • Technology	1
1.05	Assess and standardize the use of accessible technology tools, such as captions and Microsoft features, to enable broader usage and understanding by staff.	Staff understand available accessibility supports.	• Education • Technology	1
1.06	Implement an accommodation request procedure for candidates during the recruitment process to support employment equity.	Interviews are accessible.	• Psychological Supports & Solutions • Technology	2
1.07	Increase awareness and understanding of staff accommodation processes and supports, including 'leave' and 'return to work' practices.	Staff and leaders understand and feel supported in accommodation and leave processes.	• Education • Psychological Supports & Solutions	2
1.08	Review staff onboarding, 'job-ready' and mandatory training for universal design principles to create accessible learner experiences.	Training is reviewed with adjustments made, as required.	• Education • Psychological Supports & Solutions • Language & Communication	2
1.09	Implement a process for staff with disabilities to consistently self-identify using IH systems.	Workforce representation data and analysis is continually observed.	• Psychological Supports & Solutions • Technology	3

Action		Measurement of Success	Focus Area	Year
1.10	Explore and develop employment partnerships to attract and retain a representative workforce and enable meaningful work for persons with disabilities.	Partnerships explored and more persons with disabilities hired in meaningful work.	• In support of all identified focus areas	3

Objective 2: Community Engagement & Service Delivery

Action		Measurement of Success	Focus Area	Year
2.01	Create mechanisms to continually engage with communities and recipients of care to understand accessibility barriers while using IH services, programs or spaces, and garner feedback on IH's Accessibility Plan.	Ongoing feedback is collected and incorporated into meaningful action.	• In support of all identified focus areas	1

Objective 3: Built Environment

Action		Measurement of Success	Focus Area	Year
3.01	Develop staff awareness of inclusive design standards, such as the Rick Hansen Design Guide, and reference these standards in the development and retrofit of capital projects.	Accessibility lens is applied to discussions about development projects.	• Physical Environment	1
3.02	Create opportunities for the Accessibility Committee to engage and consult on matters related to enabling accessible environments.	Accessibility Committee is engaged as subject matter experts.	• Physical Environment • Mobility	1

Action		Measurement of Success	Focus Area	Year
3.03	Conduct an accessibility audit of buildings, sites, and services to understand and remove physical barriers for community, recipients of care, and staff.	Audits are complete with opportunities to improve documented.	• Physical Environment • Mobility	2

Objective 4: Information & Communication

Action		Measurement of Success	Focus Area	Year
4.01	Establish a presence for inclusion and accessibility on IH's website.	Community, staff, and recipients of care are aware of IH's commitment and progress.	• Language & Communication • Technology	1
4.02	Create mechanisms to continually engage with staff to understand accessibility barriers during employment with IH.	Ongoing feedback is collected and incorporated into meaningful action.	• In support of all identified barriers	1
4.03	Review brand guidelines and internal and external communication mechanisms to incorporate accessible principles.	Communication is accessible.	• Education • Language & Communication	2

Next Steps

Continuous Engagement

To be truly responsive to accessibility needs, IH recognizes that the work is ongoing and that continuous engagement with our staff, clients, and community partners is required. Engagement and consultation efforts will continue to grow, including the expansion of external engagement, to ground the Plan in meaningful consultation and advance actions that are representative of the diverse perspectives and experiences of the population IH supports. This expansion will include the addition of community members into the Accessibility Committee to capture the voices of those with disabilities interacting with IH, and the community organizations who support people with disabilities. The Committee will have a quarterly standing meeting to monitor progress of the Plan and to provide ongoing feedback.

Additionally, through the Person- and Family-Centered Care (PFCC) Steering Committee, Patient Advisory Councils will be established across IH. These Advisory Councils will also provide opportunity for public members to participate in dialogue around the Plan.

Feedback Mechanisms

To effectively capture the diverse perspectives and experiences of the population IH serves, a mechanism to capture feedback on the Plan and to report barriers to accessibility has been established. As part of this initiative, community members, recipients of care, and staff will be able to submit their feedback and any suggestions for improvement via the confidential email address, accessibility@interiorhealth.ca. The email will be shared on multiple communication platforms, including InteriorHealth.ca.

Feedback will be categorized into the identified barriers of accessibility: technology, education, physical environment, mobility, language/communication, and psychological supports. This will enable a streamlined approach to collecting feedback, sharing the feedback in a timely manner with the Committee and appropriate IH team, and incorporating the feedback into the Plan, as appropriate.

Implementation & Review

Through the implementation of the Plan, IH aims to cultivate a workforce that reflects the diversity of the populations we serve, create a welcoming and inclusive environment for persons with disabilities, and enable equitable participation. IH is dedicated to improving the overall health outcomes and well-being for all.

While this Plan provides a high-level overview of our goals and priorities, we recognize the importance of a structured and comprehensive approach to achieving these objectives. A detailed tactical strategy will support implementation and outline specific actions, timelines, responsibilities, and measurable outcomes, which will serve as a roadmap, guiding us through the practical steps necessary to bring our vision to life. An annual summary will be conducted by the Committee each fiscal year to monitor progress on the Plan, and a formal review and evaluation of the Plan will occur every three years.

To ensure the Plan remains adaptive, implementation of the Three-Year Action Plan will be gradual and intentional, and will foster an environment of continuous engagement, iteration, and improvement. This approach provides the necessary flexibility for the implementation to reflect changing circumstances in our communities and environments, and to reflect on lessons learned.

The Plan represents an important milestone towards improving equity and access for the communities and people we serve, but we know that the work is never truly done. By following the above steps, IH will drive meaningful change towards a more equitable and accessible health-care system for all.

References

1. B.C. Laws: Accessible B.C. Act
2. Accessibility Definition: SeeWriteHear
3. Health Quality B.C.: B.C. Health Quality Matrix dimensions of quality:
    a. Respect: Honouring a person's choices, needs and values.
    b. Accessibility: Ease with which health and wellness services are reached.
    c. Equity: Fair distribution of services and benefits according to population need.
4. Accreditation Canada: Health Standards Organization quality dimensions:
    a. Accessibility: Give me timely and equitable services.
    b. Client-centred Services: Partner with me and my family in our care.
5. Disability Definition: Accessible Canada Act
6. Principles of Accessibility Legislation: B.C. Framework for Accessibility Legislation
7. Universal Design: Centre for Excellence in Universal Design
8. Government of B.C.: Diversity of Disability