



Appendix 1.3

*Accessibility
Program
Barriers and
Strategies*

Chapter 1: Building a Disability Accessibility Program

Below is a list of potential barriers that might be encountered when establishing an accessibility program and the far-right column lists implementation strategies to address the barriers. You could use one or a combination of the implementation strategies listed for each barrier.

Refer to [ERIC Discrete Implementation Strategies Table](#) for descriptions of each strategy.

Category of Barrier	Barriers to Developing an Accessibility Program	Possible Implementation Strategies
Leadership, staff, and provider attitudes	<p>Not seen as priority</p> <p>Not viewed as valuable</p>	<ul style="list-style-type: none"> Designate a formal implementation team Develop a formal implementation blueprint Identify and prepare champions Promote adaptability Provide ongoing consultation Provide resources (e.g. Leadership Support slide deck) Provide training Audit and provide feedback Kudos to high performing staff/clinicians/sites
	<p>Insufficient buy-in and being “voluntold”</p>	<ul style="list-style-type: none"> Designate a formal implementation team Develop a formal implementation blueprint Promote adaptability Identify and prepare champions Provide resources Provide training Audit and provide feedback Kudos to high performing staff/clinicians/sites
Staff and provider knowledge and comfort	<p>Lack of knowledge about disability, including prevalence, types, and disability language</p>	<ul style="list-style-type: none"> Identify and prepare champions Provide ongoing consultation Provide training Provide staff and providers with tools (scripts, cheat sheets, quick guides)
	<p>Concern that system/clinic might not have needed accommodations or accessibility features</p>	<ul style="list-style-type: none"> Conduct a needs assessment Workflow mapping Identify and prepare champions Provide ongoing consultation Provide centralized technical assistance Provide resources (e.g., 3 types of accommodations for a certain disability) Provide training Provide staff and providers with tools Audit and provide feedback Kudos to high performing staff/clinicians/sites Patient-facing education materials

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Workflow and logistics	Challenges coordinating across departments and roles	<ul style="list-style-type: none"> • Designate a formal implementation team • Conduct a local needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation • Provide centralized technical assistance • Provide training • Relay clinical data to responsible individuals/roles • Review staff performance data to inform changes
	Limited time available Competing demands	<ul style="list-style-type: none"> • Conduct a local needs assessment • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation • Establish centralized technical assistance • Provide resources • Use reminders (EHR alerts, tents, signs) • Provide staff and providers with tools • Relay clinical data to responsible individuals/roles • Review staff performance data to inform changes • Audit and provide feedback • Kudos to high performing staff/clinicians/sites
	Not assigned responsibility for tasks	<ul style="list-style-type: none"> • Change record systems/EHR • Designate a formal implementation team • Conduct a needs assessment • Develop a formal implementation blueprint • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation • Provide centralized technical assistance • Relay clinical data to responsible individuals/roles • Review performance data to inform changes • Audit and provide feedback