



Chapter 1

Building a Disability Accessibility Program

Chapter 1 | Table of Contents

Orientation to Accessibility Program Chapter	3
Introduction to Building a Disability Accessibility Program	4
Core Components for Building a Disability Accessibility Program	5
A. Engage the Disability Community	5
B. Develop Leadership Support	6
C. Needs Assessment	6
D. Define Activities of the Program	7
E. Determine Organizational Structure	7
F. Implementation, Evaluation, and Monitoring	8
Appendices Table	9



Orientation to Accessibility Program Chapter

This document is one chapter of a broader Implementation Guide on providing accessible healthcare for people with disabilities. The chapter will guide you through creating a foundation for accessibility in your organization. We recommend reviewing this chapter before implementing other chapters in this guide.

The information in this chapter is a synthesis of existing research and learnings from health systems across the country. This information is intended to provide guidelines adaptable to your local context.

This chapter includes: 1) an introduction to the topic, 2) six steps for implementation, and 3) a variety of appendices. Under each step, the **Actions and Tasks** section outlines best practices and questions to consider while creating and implementing an accessibility program at your organization. The **Materials and Resources** section lists the relevant appendices, which include worksheets, templates, examples, and other resources to assist you in completing the **Actions and Tasks** of each implementation step.

Appendices can also be used independently. For example, you could use Appendix 1.4: *Accessibility Program Costs and Funding* if you are only interested in understanding the items and activities associated with an accessibility program in a health system that may need allocated funding.

Introduction to Building a Disability Accessibility Program

Accessible care affects all aspects of care delivery. Whether you represent a standalone clinic, a hospital, or a health network, providing accessible healthcare to patients with disabilities requires integrated action across your entire organization. **This chapter provides practical steps for establishing a disability accessibility program at your organization.**

There are six components to building an accessibility program:

- A. Engage the Disability Community
- B. Develop Leadership Support
- C. Conduct Needs Assessment
- D. Define Activities of the Program
- E. Determine Organizational Structure
- F. Implementation Planning



We have situated these components in a non-linear fashion.

Your sequence of steps will depend on your position within the organization and your organizational needs. You may also need to re-visit steps. For example, you might need to start with gaining leadership support to begin a Needs Assessment process. After you conduct your Needs Assessment, you might need to return to leadership to gain additional support to define your program. If any of the building blocks or parts of a section are not applicable to your organization, it may be skipped.

Core Components for Building a Disability Accessibility Program

A. Engage the Disability Community

Implementing accessible care for patients with disabilities starts with engaging people with disabilities within your community and organization. Navigating healthcare as someone with a disability is best understood by people with disabilities. Engaging people with disabilities will build trust, inform your understanding, and ensure you meet your community's needs.

Actions and Tasks

1. Include people with disabilities and caregivers of people with disabilities into existing patient advisory boards.
2. Consider developing a disability-specific patient advisory board.
3. Solicit feedback from patients with disabilities about the quality of care delivered within your organization.
4. Solicit feedback from people with disabilities in your community about challenges they may face when accessing care at your organization.
 - Feedback could be collected by integrating disability accessibility questions in patient feedback surveys, focus groups, listening sessions, sharing circles, or partnerships with local disability groups.
 - Ensure there are multiple opportunities and modalities for providing feedback.
5. Review existing feedback and complaints from patients with disabilities.
6. If available, engage your disability employee resource or affinity group.
7. Share accommodation and accessibility features at your organization with your community, through community seminars, conferences, or other means.
8. Partner with and support the visibility of nearby disability organizations to build trust with your local disability community.
 - For example, invite an organization to set up a booth in your clinic or hospital to advertise their services.
9. Ensure marketing and communication materials are inclusive and representative of people with disabilities. Use appropriate disability language.

Across all efforts, it is important to engage people across varying types of disabilities, racial and ethnic identities, sexual and gender identities, levels of health literacy, age groups, as well as caregivers of people with disabilities.

Materials and Resources

- Appendix 0.1: Definitions
- Appendix 0.2: Appropriate Disability Language
- Appendix 0.4: Disability Organizations
- [Effectively Including People with Disabilities in Policy and Advisory Groups](#)
- [Creating an Accessibility Committee](#)
- [Creating Family and Patient Advisory Councils](#)

**Appendices 0.1, 0.2, and 0.4 can be accessed in the General Resources chapter.*

B. Develop Leadership Support

Building an accessibility program requires system level engagement, including support from your organization's leadership. Leadership support will ensure you have the necessary resources to make meaningful change. You will likely need to continue to engage leadership throughout building and sustaining the accessibility program. Each of the subsequent chapters in this guide includes suggestions to engage leadership.

Actions and Tasks

1. Identify what types of leadership support and buy-in you will need.
2. Identify potential champions across your organization.
 - Often, champions are individuals who work in disability specific disciplines (e.g., rehabilitation), are people with disabilities, or are people who have family members with disabilities.
3. Identify how a disability accessibility program will fit within your organization's existing priorities and initiatives (e.g., health equity, quality and safety, patient experience goals).
4. Determine if your organization is involved in regulatory initiatives that align with a disability accessibility program (e.g., Joint Commission Excellent Health Outcomes for All Certification, U.S. Centers for Medicare and Medicaid (CMS) requirements, state-level requirements, etc.)
5. Identify potential concerns leadership may have and possible solutions.
6. Create necessary charters, strategic plans, and presentations to present to leadership and garner their support.

Materials and Resources

- Appendix 0.3: Federal Requirements
- Appendix 0.10: Leadership Support: Key Individuals
- Appendix 1.2: Accessibility Program Implementation Planning
- Appendix 1.3: Accessibility Program Barriers & Strategies
- Appendix 1.4: Accessibility Program Costs and Funding
- Appendix 1.5: Accessibility Program Leadership Support Slides Template

**Appendices 0.3 and 0.10 can be accessed in the General Resources chapter.*

C. Needs Assessment

Identify the current state of accessibility initiatives and activities at your organization.

Actions and Tasks

1. Identify what disability accessibility initiatives are currently happening, including who is leading the work and the department or unit the work is happening within.
2. Engage with other healthcare organizations to understand their healthcare accessibility programs, including what is and isn't working for them. Consider joining the Disability Equity Collaborative's Leaders workgroup to create a peer network.

Materials and Resources

- Appendix 0.7: Accessibility Screening Tool Template
- Appendix 0.8: Disability Accommodations Examples
- Appendix 1.1: Accessibility Program Needs Assessment
- [Disability Equity Collaborative's Leaders workgroup](#)

**Appendices 0.7 and 0.8 can be accessed in the General Resources chapter.*

D. Define Activities of the Program

Identify the activities of your accessibility program. Activities could include but are not limited to documenting disability status in the electronic health record (EHR), purchasing accessible diagnostic equipment, and conducting disability competency training. The activities will be informed by your Needs Assessment, engagement with the disability community, institutional priorities and resources, and the structure of your accessibility program.

Actions and Tasks

1. Identify existing activities and how they will be incorporated in your new accessibility program.
2. Identify new, high priority activities to include in the accessibility program (i.e., those related to legal compliance).
3. Identify new, low priority activities that should be implemented in the future.
4. Identify current funding and potential funding resources for your activities.
5. Review federal, state, and accreditation requirements to ensure your activities are compliant.

Materials and Resources

- Appendix 0.3: Federal Requirements
- Appendix 1.4: Accessibility Program Costs and Funding
- Appendix 1.6: Accessibility Program Activities
- Appendix 1.7: Accessibility Program Activities Priority Worksheet

**Appendix 0.3 can be accessed in the General Resources chapter.*

E. Determine Organizational Structure

To establish an accessibility program, your organization will need to determine where the program is situated within the organization at large. This is influenced by available funding and resources, priority activities, and the Needs Assessment.

Actions and Tasks

1. Identify department(s) the program will exist in. Consider integrating your accessibility program's goals and objectives into your organization's existing quality improvement, patient safety, or population health initiatives.
2. Determine if accessibility activities will be driven by a single or multiple departments.

3. Determine what position(s) will oversee the accessibility program or the different aspects of the accessibility program.
 - Create and post job descriptions as needed.
4. Create an advisory committee to oversee the accessibility program. This should include key institutional members, as well as people with disabilities.

Materials and Resources

- Appendix 1.6: Accessibility Program Activities
- Appendix 1.8: Accessibility Program Organizational Structure
- Appendix 1.10: Example Disability Coordinator Job Description
- [Effectively Including People with Disabilities in Policy and Advisory Groups](#)
- [Creating an Accessibility Committee](#)
- [Creating Family and Patient Advisory Councils](#)

F. Implementation, Evaluation, and Monitoring

Using the information identified in the Needs Assessment, complete the Implementation Planning worksheet to create a plan for developing an accessibility program at your organization.

Actions and Tasks

1. Define goals and successful outcomes of your accessibility program. Create a workplan and timeline to achieve your goals.
2. Identify how you will measure progress.
 - a. Identify relevant data sources to measure success.
 - b. Identify how you will include patients' perspectives in your evaluation.
3. Execute and document any needed adaptations.
4. Consider integrating your accessibility program's goals and objectives into your organization's existing quality improvement, patient safety, or population health initiatives.
5. Federal, state, and accreditation requirements update frequently. Closely monitor these requirements to ensure your program is compliant.

Materials and Resources

- Appendix 0.6: Project Planning
- Appendix 1.1: Accessibility Program Needs Assessment
- Appendix 1.2: Accessibility Program Implementation Planning
- Appendix 1.7: Accessibility Program Activities Priority Worksheet
- Appendix 1.9: Accessibility Program Monitoring Progress and Adaptations

**Appendix 0.6 can be accessed in the General Resources chapter.*

Appendices Table

NAME	DESCRIPTION
Appendix 1.1: Accessibility Program Needs Assessment	A worksheet to review the current landscape of the organization, identify gaps and strengths, and identify specific goals for the accessibility program.
Appendix 1.2: Accessibility Program Implementation Planning	A worksheet to identify the future direction and processes that will be followed when developing an accessibility program.
Appendix 1.3: Accessibility Program Barriers and Strategies	Lists possible barriers to developing an accessibility program and potential implementation strategies that could address those challenges.
Appendix 1.4: Accessibility Program Costs and Funding	Lists the expenses to consider that are associated with an accessibility program in a health system, as well as possible sources for health systems to leverage in identifying funding resources.
Appendix 1.5: Accessibility Program Leadership Support Slides Template	A slide deck template that can be used by health systems to present to leadership to garnish leadership support for accessibility initiatives.
Appendix 1.6: Accessibility Program Activities	A list of all the possible initiatives, activities, and tasks of a disability accessibility program in a healthcare organization.
Appendix 1.7: Accessibility Program Activities Priority Worksheet	A worksheet to prioritize program activities by: existing activities; high priority/need for immediate implementation; low priority/future implementation.
Appendix 1.8: Accessibility Program Organizational Structure	Describes possible organizational structures for the disability accessibility program.
Appendix 1.9 Accessibility Program Monitoring Progress and Adaptations	A worksheet to track progress and adaptations to the implementation plan.
Appendix 1.10: Example Disability Coordinator Job Description	Sample responsibilities and qualifications to include in a Disability Coordinator job description.



Appendix 1.1

Accessibility Program Needs Assessment

Instructions

- This assessment can be completed by anyone at any point of developing an accessibility program. Questions that are not applicable to your organization or clinic can be skipped.
- Please note that needs assessments are long processes that require input and commitment from multiple partners within the organization and community to develop a robust and sustainable plan.

Current State of Accessibility

This section will offer a snapshot of the current landscape of accessibility at your organization or clinic. These questions will work to identify existing resources, opportunities for growth, and describe the current culture of accessibility at your organization.

Background

1. What is the motivation driving the development of the disability accessibility program?
 - Patient complaint
 - Lawsuit
 - Adherence to accreditation standards
 - Legal compliance
 - Improve quality of care for patients with disabilities
 - Other: _____
- a. Are there specific populations you are focused on (e.g., people with physical disabilities, intellectual or developmental disabilities, etc.)? If so, why?
- b. Are there certain settings you are focused on (e.g., scheduling, specific specialty appointments, outpatient, inpatient, etc.)? If so, why?
2. What is the specific goal or desired outcome of developing an accessibility program?
3. How does the accessibility program align with current organizational priorities (e.g. quality and safety; health equity; patient experience; Diversity, Equity, and Inclusion)?
4. What, if any, leadership support is there for the accessibility program? What levels of support do you need?
5. Is disability/accessability included in any existing initiatives or efforts?
 - Compliance
 - Health equity

- Quality and safety
 - Patient experience
 - Interpreting services
 - Population health
 - Human resources
 - Other _____
-

6. How does your organization define disability?

- a. Do your mission statements include disability appropriate language (in other words, not ableist language)?

7. Is there a disability- or accessibility-specific budget?

- a. What type of budget exists?

- b. What types of initiatives or supplies are covered by that budget?

8. What, if any, regulatory requirements are there for establishing an accessibility program (e.g., Joint Commission Excellent Health Outcomes for All Certification, CMS requirements, state-level requirements, etc.)?

Partnering with People with Disabilities

1. What existing partnerships does your organization have with local disability organizations?
2. Does your organization have a disability employee resource or affinity group?
3. Are there people with disabilities in your patient and family advisory groups?
4. What disability types are included in the above efforts? (e.g., developmental disabilities, physical disabilities, etc.)

5. Are there existing employee or Human Resources initiatives to increase representation of employees with disabilities?

People

**Reminder: questions that are not applicable can be skipped.*

1. Does your organization have the following, and if so, who is it?
 - Disability Coordinator
 - ADA Coordinator
 - Section 1557 Coordinator
 - Section 504 Coordinator
 - Name: _____
2. Is there one person or multiple individuals responsible for accessibility services? Who?
 - a. In what department is this person/people located?
 - b. What is their current role and responsibilities?
 - c. Are there separate roles responsible for patient needs verses staff needs?
 - d. Does this person/people have dedicated full-time equivalent (FTE)? If so, how much?
 - e. Who manages patient complaints?
 - f. Who do patients go to with accommodation needs?
3. Are the people who are leading disability activities in positions to enact change?
4. Do you have any clinician champion(s) (formally or informally designated)?
 - a. If no, is there someone you could recruit?

- b. Do you have other champions within your organization? This could be a Nurse, Medical Assistant (MA), front desk or office manager; someone who may not have a leadership position, but a vested interest in program success.
5. Who in your organization might have expertise on providing accessible care (e.g., interpreting services, rehabilitation services)?
6. If any, what is the role of your Compliance Office in enforcing accessibility requirements?

Activities

1. What accessibility activities are currently offered? See Appendix 1.6: *Accessibility Program Activities* for a list.
 - Documenting disability status and accommodation needs in the electronic health record (EHR)
 - Accommodations (See Appendix 0.8 in the General Resources chapter for a list of accommodations)
 - Digital accessibility
 - Disability-related training modules for staff and clinicians
 - Environmental and architectural accessibility
 - Activities for patients with intellectual and developmental disabilities
 - Other: _____
2. In which clinics or units are the activities available?
3. Are there specific individuals, groups, or departments within your organization who are excelling at accessibility activities?
4. What disability populations are included in current accessibility initiatives?
5. Is there a disability-specific budget available for the activities?
 - a. What types of budget(s) exist?
 - b. Who or what department is responsible for the budget(s)?

- c. What types of initiatives or supplies are covered by the budget(s)?

- 6. What infrastructure is available to support disability accessibility initiatives?
 - Internal website with resources
 - Systems to order equipment
 - EHR builds
 - Training modules that include disability
 - Other: _____

Policies

- 1. What disability-related policies currently exist (i.e., grievances/complaints, service animals, interpreter services, use of lifts or scales)?

- 2. Do non-discrimination and other patient policy statements include disability?

Evaluation

- 1. How is your organization monitoring the quality and safety of care delivered to patients and subpopulations? Are patients with disabilities included as a subpopulation?

- 2. How are patient complaints regarding accessibility monitored and addressed?

- 3. Do your patient surveys include questions about accessibility?
 - a. Can you filter patient survey responses by disability status?

Identify Gaps and Strengths

This section will help you identify existing gaps and opportunities for future initiatives.

Based on the above information, describe your organization's:

1. Strengths: What internal factors exist that could facilitate developing or expanding your accessibility program?
2. Weaknesses: What internal barriers exist that inhibit developing or expanding your accessibility program at your organization?
3. Opportunities: What favorable external factors exist that could promote developing or expanding your accessibility program at your organization?
4. Threats: What external factors exist that have the potential to inhibit the success developing or expanding your accessibility program at your organization?



Appendix 1.2

*Accessibility
Program
Implementation
Planning*

The following plan will help guide your work in developing or expanding an accessibility program in your organization.

INSTRUCTIONS: Use this worksheet to guide your overall organization/clinic plan for building or expanding an accessibility program. Questions that are not applicable may be skipped. The following could serve as a practical worksheet or a thought exercise for your implementation team.

GOAL FOR THIS PLAN:

(Examples: “We plan to focus on developing an effective communication initiative.”; “We plan to focus on improving access to care for our patients with intellectual and developmental disabilities.”)

Engaging the Disability Community

WHICH disability organizations or groups will you collaborate with? What disability types do these organizations represent?

HOW will you include people with disabilities in your patient and family advisory committees?

- Representation on existing committees
- Create a disability-specific advisory committee
- Other: _____

HOW will you engage with your disability employee resource group or affinity group?

HOW will you elicit feedback from **disabled people in the community** (not necessarily patients) about how you are doing and your plans for improving? Who will you invite to these activities? Select all that apply.

- Listening sessions
- Focus groups
- Sharing circles
- Surveys
- Other: _____

HOW will you elicit feedback from your **patients with disabilities** about how you are doing and your plans for improving? Who will you invite to these activities?

- Listening sessions
- Focus groups
- Sharing circles
- Patient feedback surveys
- Advisory committee

- Other: _____

HOW will you ensure multiple identities (e.g., racial/ethnic populations with disabilities) are represented?

LEADERSHIP SUPPORT AND BUY-IN

WHICH members of leadership do you need to support from? For what purpose?

WHAT charters, strategic plans, presentation, etc. do you need to create (see Appendices 1.5 & 1.6 for examples)?

WHAT regulatory requirements must your accessibility program meet?

- ADA
- Section 1557
- Section 504
- Joint Commission Excellent Outcomes for All Certification
- Other: _____

TEAM

WHO will oversee the accessibility program?

- ADA Coordinator
- 1557 Coordinator
- Section 504 Coordinator
- Disability program coordinator
- Other: _____

WHO else will be on the team to oversee, monitor, and evaluate the program?

WHAT department(s) will the accessibility program exist within?

WHAT FTE amounts are allocated to the people implementing the program?

WHO will be your champions throughout your organization?

RESOURCES

WHAT budget(s) is available to the accessibility program? Will you have:

- A centralized budget
- Activity-specific budgets
- Budget to cover FTE
- Other: _____

WHAT resources—such as accessible medical diagnostic equipment, staff training materials, policies, electronic health record build—will you need? Reference your completed Needs Assessment.

HOW will you identify resources needed?

- Internal
- External
- Other: _____

ACTIVITIES OF THE PROGRAM

WHICH activities are you currently providing and that you will continue to provide? (See Appendix 1.7 for a list of activities.)

WHAT new activities will you provide?

WHAT activities will be available to entire organization?

WHAT activities will be available to specific clinics or units? List each clinic/units and the activities.

WHICH disability types could benefit from program activities?

WHAT gaps in patients' needs will the activities address?

METHODS FOR IMPLEMENTATION

This step will aid you in creating workflows for each accessibility program activity. This is an involved process. See Appendix 0.6 in the General Resources chapter for workflow examples.

WHO is leading each of the activities?

WHAT departments are involved in each of the activities?

WHAT resources are needed to begin each activity?

WHAT budget(s) is needed for each activity?

TRAINING AND BUY-IN

HOW will you inform staff and clinicians that your organization has an accessibility program?

- Newsletters
- Presentations at staff meetings
- Email announcements
- Other: _____

HOW will you engage staff and clinicians and increase buy-in for the accessibility program?

- Training
- Kudos
- Patient stories
- Other: _____

HOW will you train staff and clinicians on applicable accessibility program activities?

WHERE will training materials be located?

- Internal website
- Other: _____

HOW often will you provide training?

- New employee orientation
- Yearly
- Other: _____

HOW will you inform patients of your accessibility program?

- Notice by placards/flyers at front desk, waiting room, exam rooms
- Emails
- Other outreach: _____

HOW will you inform patients of their rights and other non-discrimination policies?

- Notice by placards/flyers at front desk, waiting room, exam rooms
- Emails
- Other outreach: _____

ARE patient facing materials available in multiple modalities?

- Large print
- Braille
- Plain language
- Other: _____

CULTURE OF ACCESSIBILITY

HOW will you promote a general culture of accessibility and inclusion?

- Ensure mission statements don't include ableist language
- Patient education and other patient-facing materials are accessible
- Patient education, artwork, promotional materials, and other patient-facing materials have images that are inclusive of people with disabilities
- Other: _____

PLANNING FOR IMPLEMENTATION AND EVALUATION

WHAT is your timeline for implementing your accessibility program?

WHAT are the target outcomes of your accessibility program?

- Improve health outcomes for patients with disabilities
- Comply with federal/state regulations
- Reduce patient complaints
- Other: _____

HOW will you monitor the outcomes of your accessibility program?

WHAT are the data sources for monitoring your accessibility program?

- Dashboards
- Patient feedback surveys
- Other: _____

HOW will your monitoring activities be integrated into your organization's existing quality and safety monitoring activities?

- Include disability as a subpopulation in quality measurement
- Other: _____

HOW often will you monitor your progress?

- Weekly
- Monthly
- Quarterly
- Other: _____

HOW will you monitor whether your program aligns with federal, state, accreditation, etc. standards?

- Work with your compliance office
- Other: _____

HOW will you continue to engage leadership support in this work?

- Regular reporting of data

Chapter 1: Building a Disability Accessibility Program

- Highlight positive patient stories
- Other: _____

HOW will you continue to engage people with disabilities in this work?

- Regular reporting of data via publicly available webinars
- Regularly meet with advisory committee
- Other: _____



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	Not seen as priority Not viewed as valuable	<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
	Insufficient buy-in and being “voluntold”	<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	Lack of knowledge about disability, including prevalence, types, and disability language	<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)
	Concern that system/clinic might not have needed accommodations or accessibility features	<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

Chapter 1: Building a Disability Accessibility Program

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



Appendix 1.4

*Accessibility
Program
Costs and
Funding*

Below is a list of sample accessibility program costs that may need an allocated budget, as well as a list of potential sources that could be leveraged to fund your program.

Costs

- Employee salaries (% Full Time Equivalent (FTE) or salary in dollars)
 - Person(s) leading the accessibility program
 - Person(s) to train staff and providers
 - Person(s) to provide accommodations
 - Person(s) to ask patients' disability status and accommodation needs
- Training costs
 - Training materials used during New Employee Orientation
 - Disability training materials for current employees
 - Employee time to complete training
- Building modifications for existing facilities
- Electronic Health Record (EHR) updates or changes
 - Integrating disability status and/or accommodation needs fields in EHR
- Accessibility compliance of websites and printed documents
- Adaptation of patient education materials into accessible formats
- Compensation for disability partners: interns, advisory committee members
- Legal fees
- Adaptive safety equipment
- Program evaluation and quality improvement
- Accommodations*
 - Disability-specific medical equipment
 - Auxiliary aids and services
 - Interpretation supplies or Virtual Remote Interpreting

**See Appendix 0.8 in the General Resources chapter for a comprehensive list of accommodations.*

Funding Sources

- Central health system budget
- Departmental budget (if the accessibility program has its own department)
- Internal health system grants
- External grants, such as federal or foundation grants
- Research grants
- Donations
- Technology companies



Appendix 1.5

*Accessibility
Program
Leadership
Support
Slides Template*

The following PowerPoint template was created to help you prepare a presentation to your organization's leadership about the value of your accessibility program.



[LEADERSHIP SUPPORT SLIDE DECK LINKED HERE](#)



Appendix 1.6

Accessibility Program Activities

Below is a list of activities that are typically included under an accessibility program and are the responsibility of the role(s) managing the program.

Lead and Provide Subject Matter Expertise

- Raise awareness of disability needs within organization
- Lead culture changes in organization
- Support accessibility across all departments

Manage Accessibility Policies

- Ensure organizational compliance with federal and state accessibility requirements and accreditation standards
- Ensure policies posted for patients are comprehensive and accessible
- Manage accessibility policies across the organization
- Manage disability-related policies, such as service animal policies

Assess Organization Accessibility

- Maintain inventory of accommodations
- Maintain inventory of accessible medical diagnostic equipment
- Evaluate building and facility accessibility
- Evaluate digital accessibility
- Ensure compliance with federal and state requirements

Establish Partnerships

- Manage relationships with other departments
- Engage with disability employee resource or affinity groups
- Engage with local disability community
- Facilitate professional business relationships when needed
- Engage marketing and outreach teams
- Collaborate with patient navigators
- Work closely with patient advisory councils

Conduct and Oversee Disability/Accessibility Training

- Conduct organization-wide disability competency training
- Facilitate skill-specific training for staff when necessary
 - Ex) Training staff to safely transfer patients with physical disabilities onto an exam table

Oversee Specific Initiatives or Projects, such as:

- Effective communication
- Documenting disability status in the electronic health record
- Autism and sensory programs
- Environmental/facility accessibility

Manage Patient Accommodations

- Develop workflows for delivering accommodations
- Review and adapt process for accommodation delivery
- Oversee physical maintenance of accommodations

Assist with Purchasing

- Identify necessary equipment and accommodations

Advocate During Emergency Planning

- Learn the needs of people with disabilities in emergency situations
- Include the needs of people with disabilities in emergency planning

Participate in Architecture Planning

- Contribute expert knowledge of federal and state requirements for building/facility accessibility
- Provide guidance for remodeling existing buildings/facilities
- Provide guidance for new builds

Participate in Digital Accessibility Initiatives

- Provide expertise to ensure website and patient portal accessibility
- Contribute expert knowledge of federal and state requirements for digital accessibility
- Provide expertise to ensure telehealth accessibility

Manage Complaints

- Respond to patients' disability and accommodation requests and complaints
- Respond to employees' disability and accommodation requests and complaints
- Review and adapt (if needed) complaint processes

Monitor Accessibility Program

- Evaluate progress towards goals of program
- Evaluate outcomes of program
- Evaluate processes and effectiveness of program
- Implement change when necessary to improve program effectiveness



Appendix 1.7

*Accessibility
Program Activities
Priority Worksheet*

Using Appendix 1.6: *Accessibility Program Activities*, organize your accessibility program's activities in the following categories:

1. Existing activities
2. New, higher priority activities to implement immediately
3. New, lower priority activities to implement in the future

Existing Activities	Higher Priority Activities for Immediate Implementation	Lower Priority Activities for Future Implementation



Appendix 1.8

*Accessibility
Program
Organizational
Structure*

The structure of your accessibility program will depend on your organization's size, existing departments, staff, and budget. This appendix provides guidance and examples on how to structure your accessibility program.

Disability Accessibility Coordinator

Organizations with 15 or more employees are legally required to have a Coordinator responsible for managing their organization's compliance with Section 1557 of the Patient Protection and Affordable Care Act¹ and Section 504 of the Rehabilitation Act of 1973.² Organizations with 50 or more employees are required to have a Coordinator responsible for compliance with the Americans with Disabilities Act.³ These titles and responsibilities can be combined into one role.

At least one employee must be allocated to oversee accessibility initiatives in your organization. The amount of FTE designated for the role will depend on the size of the organization and the number of responsibilities assigned to the person. Large health care organizations, for example, will likely need multiple employees to manage the accessibility program.

To be successful, the Coordinator must have training and experience in facilitating accessible care. Do not assume a person has the level of knowledge and expertise necessary to take on this role based solely on their current job title. For example, sign language interpreters do not necessarily have knowledge about physical accessibility. However, several positions may have an existing knowledge base that could help them more easily serve or be trained to serve as the Disability Accessibility Coordinator, such as:

- Civil Rights Coordinators
- Interpreter Services Coordinators/Managers/Directors
- Language Access Program Managers
- Quality Program Managers
- Program Directors for Diversity and Inclusion
- Practice Managers

Sample job titles for dedicated Disability Accessibility Coordinators include:

- 504 Coordinator/504 Officer/504 Compliance Manager
- 1557 Coordinator/1557 Officer/1557 Compliance Manager
- ADA Coordinator/ADA Officer/ADA Compliance Manager
- Disability Program Manager
- Inclusion Specialist
- Assistive Services Program Manager
- Accessibility Coordinator or Manager
- Program Manager for Facilities Compliance

Departments

When determining what department(s) will house the accessibility program and the Disability Accessibility Coordinator, consider the following:

1. How will the mission of the department influence the Program? For example, if the program exists within your Legal or Compliance Office, how might this affect its priorities and activities?
2. How does the department affect the authority or ability of the Disability Accessibility Coordinator to enact change in the organization? For example, will the Coordinator be included in regular meetings with leadership?
3. Do people within the department have the knowledge and skills to support an accessibility program?

The accessibility program could be housed within departments such as:

- Disability Resource Department or Center
- Quality and Safety
- Patient Experience/Patient Care Services
- Health Equity and Inclusion
- Clinical Operations (e.g., Ambulator Operations, Nursing)
- Compliance and Regulatory/General Counsel
- Interpretive Services

Models

There are a wide variety of models for structuring the accessibility program. In considering the model that will work for your organization, ensure you have sufficient personnel with the appropriate training, expertise, time, and resources to carry out program activities. The following are three different examples of how a health system might organize the personnel overseeing their disability accessibility activities.

Example Model #1: The Disability Accessibility Coordinator or a team lead all disability accessibility activities. These individuals will collaborate and work within all departments in their organizations to carry out disability initiatives. They are considered the accessibility experts within their organization.

Example Model #2: For large healthcare systems, a system-level Disability Accessibility Coordinator will oversee local Coordinators who work within the systems' hospitals or clinics. The local Coordinators have other job titles and responsibilities (e.g., Practice Manager), and this is just one of their responsibilities. The local Coordinators will be the staff members implementing disability activities within their hospital or clinic. They rely on the system-level Disability Accessibility Coordinator for advice and support.

Example Model #3: Accessibility activities and initiatives are divided amongst different departments. For example, someone in the legal department is responsible for federal compliance, someone in Interpreter Services is responsible for providing effective

communication to patients with hearing loss, and someone in the Patient Experience office manages disability accessibility complaints.

References

1. U.S. Department of Health & Human Services. Designation and responsibilities of a Section 1557 Coordinator. 45 CFR §92.7. 2024. <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-92/subpart-A/section-92.7>
2. U.S. Department of Health & Human Services. Designation of responsible employee and adoption of grievance procedures. 45 CFR § 84.7(a). 1977. [https://www.ecfr.gov/current/title-45/part-84#p-84.7\(a\)](https://www.ecfr.gov/current/title-45/part-84#p-84.7(a))
3. U.S. Department of Justice. Designation of responsible employee and adoption of grievance procedures. 28 CFR §35.107(a). 2010. [https://www.ecfr.gov/current/title-28/part-35/section-35.107#p-35.107\(a\)](https://www.ecfr.gov/current/title-28/part-35/section-35.107#p-35.107(a))



Appendix 1.9

*Accessibility
Program
Monitoring
Progress
and Adaptations*

Use this appendix to start tracking progress and adaptations made to your original plan during implementation. In this plan, include a space to describe what changes or adaptations were made to the original implementation plan and the reason for the adjustment. Below are a few examples of adaptations that could be tracked.

HAVE practice leaders proactively removed organizational barriers (such as attitudes and culture) to establishing and maintaining an accessibility program?

- Not started
- Just beginning
- Actively addressing
- Completed

HAVE practice leaders established relationships with other departments, the local disability community, patient advisory councils, and others to inform the accessibility program?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the organization at in the process of hiring a disability accessibility coordinator?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the organization at in the process of disseminating accessibility policies to patients and staff?

- Not started
- Just beginning
- Actively addressing
- Completed

HAVE staff evaluated the accessibility of the organization, including:

- Building and facility accessibility
 - Not started
 - Just beginning
 - Actively addressing
 - Completed
- Digital Accessibility
 - Not started
 - Just beginning
 - Actively addressing
 - Completed

- Compliance with federal and state requirements
 - Not started
 - Just beginning
 - Actively addressing
 - Completed

HOW many departments/units/teams/staff have received disability/accessibility training?

- None
- 25%
- 50%
- 75%
- All
- Other: _____

ARE there standardized protocols in the practice workflow to receive requests for and provide accommodations?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT modifications have been made to the original implementation plan across your organization and at each site?

- When?
- Where?
- Why?
- Who requested the modification? Who executed the modification?
- How has this improved implementation?



Appendix 1.10

Example Disability Coordinator Job Description

Below is an extensive list of sample descriptions, responsibilities, and qualifications that could be included in a disability coordinator's job description. Each example was adapted from existing healthcare organizations' descriptions of the role. You may choose or alter any of the descriptions below to meet your organization's needs and the scope of your disability coordinator's role.

Position Summary Examples

"The Disability Coordinator reflects the mission, vision, and values of [Organization], adheres to the organization's [Code of Ethics and Corporate Compliance Program], and complies with all relevant policies, procedures, guidelines, and all other regulatory and accreditation standards."

"The Coordinator is responsible for developing and leading projects to support the [Accessibility Program] mission and to target developing our people, culture, and resources. The Coordinator is the [Organization]'s central resource for disability inclusion."

"A Coordinator uses project management skills, change management techniques, and robust communication tactics to engage with diverse stakeholders across the organization. This role leads and develops [Organization]'s system-wide disability inclusion initiatives in compliance with applicable laws, regulations and standards. The Disability Coordinator is responsible for monitoring and maintaining compliance with the [Implementation Plan (if applicable)]; responding to patient and employee concerns about access to care for patients with disabilities; providing subject matter expertise to develop training materials or contribute to internal/external marketing materials; and to assist in reviewing accessibility changes on [Organization] campuses (physical, sensory, or other related changes)."

Sample Responsibilities

- Lead organization's implementation of federal, state, and local accessibility requirements and accreditation standards
- Design, implement, manage, and evaluate local, regional, and system-wide accessibility initiatives
- Manage small to large scale regional and system level projects using project management and interpersonal skills to effectively coordinate all aspects of a project
- Lead and facilitate project-specific meetings
- Independently develop high impact presentations to engage and garner support from organization leadership
- Develop effective verbal and written communication materials for internal and external audiences
- Translate large amounts of information into clear, succinct language for communications in meetings, presentations, and strategic planning
- Establish and maintain partnerships with clinical and administrative teams
- Document work to reference during short- and long-term planning

- Lead and facilitate change efficiently and effectively in a changing legal and cultural environment
- Completes other duties as assigned

Sample Qualifications

- Bachelor's degree in healthcare management or related field
- MBA/MHA/MPH or other relevant graduate degree preferred
- 2-3 years of project management related experience
- 2-3 years' experience in addressing accessibility issues and working with the disability community strongly desired
- 8-10 years of related healthcare administration or clinical leadership experience
- Knowledge of state and local laws
- Ability to work with diverse groups of healthcare professionals in a matrix environment
- Proven change management skills
- Proven software competencies (MS Office Suite, project management applications)
- Demonstrated organizational and leadership skills
- Strong prioritization skills
- Excellent analytical and critical thinking skills
- Effective problem solving and multi-tasking skills
- Excellent verbal and written communication skills
- Self-directed and comfortable with ambiguity
- Knowledge of the rules, regulations, laws, and practices on accessibility for persons with disabilities, such as Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, the Fair Housing Act, and the Architectural Barriers Act
- Experience reviewing public access to facilities and services
- Experience engaging with people with a broad range of disabilities
- Able to handle confidential matters judiciously
- Some experience developing curriculum or training materials
- High level of energy and enthusiasm
- Ability to travel to all [Organization] sites as needed to review and/or evaluate facilities by observing or gathering information about entrances, accessible routes, furniture and equipment, and other elements of accessibility

Other Items

Management Responsibilities

- This position will supervise [Department] staff and other administrative staff as assigned for projects

Additional Scope

- Guides initiatives that aim to ensure equal access to care for all, including but not limited to patients with disabilities

- Designs and implements a program, in compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (“Section 504”), for dignified and equal access by patients, families, companions, visitors, and other individuals so that their entire healthcare experience at [Organization] is improved
 - Incorporated into this design are a respect for a patient’s right to control healthcare decisions and the beliefs that all patients shall have equal access and receive equal care; dignity is never compromised; caring and compassion are as important as technology; and education and information are vital to informed healthcare decision-making

Additional Responsibilities

- Act as a system-wide resource for disability issues
- Serve as a central resource throughout the [Organization] for information concerning Section 504/ADA issues, accessibility of [Organization] facilities and services, resources to individuals with disabilities, and compliance initiatives and obligations
- Assess and advise leadership regarding Section 504 and ADA compliance
- Provide leadership and/or consultation on decisions impacting services provided to patients, families, companions, and visitors with disabilities
- Maintain current knowledge of and monitor [Organization] compliance with local, federal, and state regulations, laws, and regulatory actions
- Work collaboratively with stakeholders and key leaders across [Organization], including individuals with disabilities, to ensure compliance with local and federal standards and regulations and to implement strategies to address issues of equal access to healthcare for individuals with disabilities
- Play an active role in improving quality of care and patient safety by working to ensure availability of resources necessary to meet the needs of patients and visitors with disabilities
- Develop or ensure that the institution has appropriate written guidelines and policies for reasonable accommodations
- Create and maintain a program to measure compliance

Complaint and Grievance Resolution

- Establish and maintain effective Section 504/ADA grievance procedures consistent with [Organization] policies and procedures
- Partner with Patient Relations staff at [Organization] facilities to field, investigate, manage, and respond to concerns and complaints from patients, families, companions, visitors, and [Organization] staff on issues relating to disabilities
- When appropriate, and in collaboration with [Office of General Counsel] and the [Office of Corporate Compliance & Integrity], serve as the [Organization] liaison to the Office for Civil Rights (OCR)

Training/Education

- Develop and update policies and procedures consistent with the requirements of Section 504 and the ADA
- Develop program to provide on-going training and support to [Organization] staff regarding Section 504 and the ADA

- Work with [Organization] Academy, Marketing and Communications, and others to develop educational and promotional materials on disabilities and access issues
- Establish expectations and assist in educating staff and physicians concerning these issues
- Create environment in which care for individuals with disabilities is coordinated in a cohesive manner with minimal impediments across the organization

Facilities and Equipment Access

- Ensure process for 24/7/365 availability, maintenance, and repair of reasonable accommodations and services, including interpreters and video remote interpreting, to meet the needs of patients, families, companions, and visitors with disabilities. Monitor use and continuously improve resources and processes
- Be familiar with the use and operation of reasonable accommodations and other accessible equipment made available by [Organization] to its patients, families, and visitors, and where such auxiliary aids and equipment are stored
- Maintain inventory of accessible equipment to optimize the use of high-cost equipment by multiple departments, where such sharing is effective, and to ensure patients have access to up-to-date and appropriate equipment for their healthcare
- Work with individual departments to assess their readiness to receive and accommodate a patient, family member, companion, or visitor with a disability
- Support Facilities leadership as needed to:
 - Regularly conduct evaluations of physical space, accessible furniture and equipment, and auxiliary aids and services
 - Provide recommendations for any changes to physical space, accessible furniture and equipment (existing or newly acquired) and auxiliary aids and services throughout [Organization] to maximize accessibility
 - Oversee institutional processes for ensuring that capital projects comply with the requirements of the ADA and Section 504.
 - Recommend the allocation of funds towards physical space changes and/or equipment purchases determined necessary to adhere to local or federal regulations and/or recommended to enhance a patient, family, companion, or visitor's experience at [Organization]

Information Dissemination/Community Relations

- Establish processes to communicate across the continuum of care about issues of accessibility for individuals with disabilities
- Work towards enhancing [Organization] reputation in the community and achieving the objective of becoming the provider of choice for patients with diverse needs
- At the direction of the [Vice President, Integrity], assist in communicating with local, national, and international agencies providing expertise and resources relating to disability issues
- Direct relevant staff in creating, updating, and maintaining accessible internal and external web presence for [Organization]'s internet and intranet
- Direct the development and maintenance of a database of community disability resources
- Serve as a resource to [Organization] staff on ADA and Section 504 compliance

Chapter 1: Building a Disability Accessibility Program

- Ensure and monitor effective communication on websites, libraries, and other resources
- Promote confidentiality, respect, and dignity for all persons at [Organization]
- Keep current on best practices, regulatory and accreditation standards, and data collection/survey techniques on disability and accessibility issues
- Communicate regularly with patients and other organizations involved in disability advocacy, regulators, accrediting agencies, community groups, etc.