



Appendix 6.11

Physical Structures Barriers and Strategies

Chapter 6: Accessible Physical Structures and Features

Below is a list of barriers that may be encountered when designing, constructing, and modifying facilities that are physically accessible to people with disabilities. 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 the [Expert Recommendations for Implementing Change \(ERIC\) Discrete Implementation Strategies Table](#)⁷ for descriptions of each strategy.

Category of Barrier	Barriers to Accessible Physical Structures and Features	Possible Implementation Strategies
Leadership, staff, and provider attitudes	Not seen as priority Not viewed as required Not viewed as valuable Not viewed as necessary	- Identify and prepare champions who can emphasize the necessity of accessible spaces with their colleagues - Provide ongoing consultation and check-ins via Disability Coordinator, legal team, or other(s) - Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Where possible, use voices of the patient to talk about their experience. - Kudos to high performing staff/clinicians/sites
	Insufficient buy-in or being “voluntold”	- Identify and prepare champions - Promote adaptability - Educate/train on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. - Collect data on health and healthcare outcomes and patient experience - Kudos to high performing staff/clinicians/sites
Staff and provider knowledge and comfort	Lack of knowledge about disability competency/barriers faced in healthcare	- Identify and prepare champions - Provide ongoing consultation and check-ins - Provide training on use of accessibility features/navigating accessible routes - Educate staff on legal requirements, implications for patient satisfaction, patient and workforce safety, etc. Where possible, use voices of the patient to talk about their experience.
	Lack of awareness that patients need accessible spaces to access care	
	Lack of knowledge/training on how to use/assist patients with accessibility features	
Workflow and logistics	Resistance to operational disruptions/lost revenue	- Designate a formal implementation team - Develop policies/standards/contingency plans for maintaining clinical operations - Workflow mapping - Promote adaptability - Provide ongoing consultation and check-ins - Establish centralized technical assistance - Provide training - Promote network weaving by strengthening relationships and collaboration within and outside of the organization, departments, or units

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	Limited time, budget, and resources available	• Conduct needs assessment • Reexamine the implementation plan • Workflow mapping • Identify and prepare champions • Promote adaptability • Provide ongoing consultation and check-ins • Establish centralized technical assistance • Reallocate resources or advocate to reallocate resources with leadership • Access new funding (e.g., identify internal and external grant opportunities for capital projects) • Use data to document need via patient experience surveys and EHR data (see Chapter 2: Documenting Disability Status and Accommodation Needs)⁷ • Relay clinical data to responsible individuals/roles/leadership
Patient-level challenges	Construction would interrupt accessible routes	• Workflow mapping • Promote adaptability • Provide staff and providers with tools (scripts, cheat sheets, quick guides) • Patient-facing educational materials • Prepare patients/consumers to be active participants • Obtain and use patients/consumers and family feedback