York Region

Health Services Department

Environmental Scan

The Health Services Department provides programs and services to a wide variety of clients including those who are temporarily or permanently disabled. As management and staff deal with accessibility issues on a daily basis, it is no wonder that Health Services Department continues to have many achievements in the areas of identification and removal of barriers for persons with disabilities. The challenge for the Department is to continue to be innovative and proactive in providing and modifying our many programs and services so that they are accessible to all our client groups.

Our Customers

All Branches of the Health Services Department work together to promote, protect and enhance the health and safety of the people of York Region. The Health Services Department serves a variety of clients including York Region residents of all age groups, the general public and other health care professionals.

Many of the services, even a majority of the services, provided by our three operational Branches (Emergency Medical Services, Long Term Care and Seniors and Public Health) are offered to persons with disabilities. They include direct health care service, health education and promotion, emergency and non-emergency medical response, family and children's health programs, immunization services, prevention and management of infectious diseases, environmental health, health protection, community outreach and long term care programs and services.

Accessibility Statement

The Health Services Department will identify barriers and implement strategies to increase accessibility on an ongoing basis. The focus of the Health Services Department in 2005 will be to assess the physical locations of our classes / workshops; to make physical and practice improvements to our facilities to ensure that persons with disabilities can fully participate in our programs; and to pilot test an awareness training module for Health Services staff regarding the *Ontarians with Disabilities Act*, accessibility issues and available resources.

Accessibility Achievements – 2003 / 2004

Barrier Identified[1]	***Barrier Type***[2]	**Disability Type**[3]	***How the barrier was addressed***[4]
Decreased awareness of Health Services Department staff regarding *the Ontarians with Disabilities Act,* accessibility issues and available resources.	Informational Communicational Attitudinal Policy/Practice	Physical Cognitive Sensory	• Focus groups were conducted with a sample of Health Services management and staff during 2004. • Subsequently, a Staff Awareness Survey related to accessibility issues and the *Ontarians with Disabilities Act* was developed and administered to approximately 500 Health Services staff. • Results will be used to develop appropriate awareness training for Health Services staff.
Access to Health Services prenatal education for clients with physical disabilities.	Communicational Policy/Practice	Sensory Physical	• Sign language interpretation was arranged for clients who experienced hearing impairments and required the service in order to participate fully in prenatal classes. • The options of one-to-one teaching sessions or sessions at accessible locations closer to home were offered to clients with mobility impairments. Individual transportation issues were also addressed.
Difficulty in understanding the overall message contained in handouts, displays and the video and audio components of Falls Program workshops	Technological Communicational	Sensory	• Larger print and improvements in colour contrast were incorporated into handouts, and power point and overhead presentations • The use of microphones at workshop sessions was increased • Provided more than one method simultaneously for communicating the message (visual and auditory)
Content and messaging was difficult to understand in a number of classes and	Communicational	Cognitive	• The content and the delivery of program content was modified to address the needs of clients with comprehension difficulties. • Delivery was provided on an individual basis when required and

[1] Give a description of the barrier and indicate where the barrier was found. For example: was the barrier in a program, service, by-law, policy, practice or facility?
[2] Indicate the type(s) of barrier (physical, architectural, informational, communicational, attitudinal, technological, policy/practice).
[3] Indicate the type(s) of disability affected by the barrier (physical, sensory, cognitive or other).
[4] Describe the action taken to identify, remove or prevent the barrier.

Barrier Identified[1]	*Barrier Type*[2]	**Disability Type**[3]	*How the barrier was addressed*[4]
workshops offered by the Public Health Branch. (e.g. prenatal, falls program, etc)			was augmented with a number of visual teaching tools (charts, posters, and videos) as appropriate.
Accessibility issues for staff and members of the public attending educational programs at Paramedic Response Stations.	Architectural	Primarily Physical	New Paramedic Response Stations in King City, Markham (Riviera), Mount Albert and Richmond Hill have accommodated: • Wider corridors in the facilities. • Accessible washrooms, lounge, kitchen and offices. • High visibility outdoor signage. • Non slip floors in garage area
Improvement required in the visibility, accessibility and identification of services provided by Emergency Medical Services	Technological Communicational	Primarily Sensory	• Launch of a new high-visibility decal package for EMS ambulances and paramedic response vehicles. • Fluorescent lights installed in ambulances to provide increased light • Ambulance exterior emergency lights upgraded to a strobe lighting system. • Ambulance stretchers upgraded to 35P proflexx which are lighter and easier to handle. • Installation of state of the art 'Nederman' diesel exhaust emissions systems in all new paramedic response stations. • Uniforms printed with YORK EMS PARAMEDIC in large print (e.g. T-shirts and jackets/coats) to assist with the identification and visibility of paramedics particularly at public events.
Limited number of accessible apartments at Hadley Grange.	Physical/ Architectural	All	• The project to renovate 14 apartments to be physically accessible at Hadley Grange supportive housing site is in the second year of a three year plan. • In 2004, $35,000 was received from the Ministry of Health and Long-Term Care to hire an architect for the project.

Barrier That Will Be Identified for 2005

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
Access to universally funded influenza vaccine by the YR elderly population that experience difficulty leaving their homes to attend a community based immunization clinic	Physical Sensory Cognitive	Increased immunization coverage and protection for themselves and their families/caregivers, resulting in decreased morbidity and mortality	Needs assessment developed and implemented through focus groups targeting the seniors' population, their families and professional caregivers	Needs assessment completed in 2005. Scan of other jurisdictions completed.	Needs Assessment to be developed and conducted during 2005 Program modifications to be implemented in 2005-2006 flu season.
Physical accessibility to prenatal classes, falls and school workshops.	Physical Architectural	Improved ability for persons with physical disabilities to participate in programming.	Assessment of physical accessibility of present locations will be carried out. Opportunities to change locations will be investigated and implemented as needed. Availability of accessible locations for events/classes will be marketed.	A proportion of locations will have increased accessibility Workshops will be offered in accessible locations for	Assessment - 2005; Promotion and evaluation to commence in 2005 and will be ongoing.

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
			Appraisal of accessibility of locations will become part of ongoing evaluations of the programs offered.	interested clients A statement regarding the physical accessibility of classes will be included in all promotional products related to these programs. Responses from evaluations will indicate that locations are accessible for persons with physical disabilities.	

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
Assess the accessibility of prenatal classes by persons with hearing impairments.	Communication al	Improved ability for persons with hearing impairments to participate in programming.	Promotion of accessibility of classes for hearing impaired as above. Assess the need for TTY and sign language interpretation at time of registration and arrange for service. Evaluation of accessibility by those with hearing impairments will become part of the class evaluation.	A statement regarding the accessibility of prenatal classes by persons with hearing impairments will be included in all promotional products related to this program. Post - program evaluations will indicate positive responses re: accessibility and accommoda-tions (TTY, sign language interpretation) .	2005 & on going
Accessibility to Private Drinking Well Systems (PDWS) Education and Outreach Program; PDWS testing service;	Physical Informational Technical	Equal opportunity for all YR citizens on private wells to assess the safety of their PDWS; to access the PDWS testing service; and to be	Review and revise well water education package through focus groups in order to be able to service persons with disabilities.	Evaluation by focus groups before and after changes to the	To commence in 2005 and continue through 2006

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
and retrieval of water test results from the MOHLTC Lab.		able to retrieve water sample results through the MOHLTC Lab service.	Investigate the MOHLTC's capability to revise its Well Kit. Review and revise Policies & Practices to provide well water testing for persons with disabilities. Training to involved staff. Investigate ability of the provincial lab to provide 'over the phone/ automated' results to persons with disabilities including TTY.	program MOHLTC response to requests for modifications Evaluation/feed-back following training to staff who are involved with the well water testing process Lab response	
Readability of written materials sent to parents re: school programs.	Informational	Accessible written materials and information for parents	Consultation with internal communications resources to assess literacy level, and to ensure font size, font type and colour contrast promote readability.	Newsletters and other materials are reviewed. Revisions are made as required in order for materials to be easier to read and understand for parents.	2005 & ongoing

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
Ability to consistently reach a staff member when calling in to the Department's long term care and seniors programs.	Technological	Improved client independence and quality of life.	Through focus groups, determine the needs of the clients related to voice mail. Apply communication standards (already developed) for communicating with seniors via telephone or voice mail. Investigate options or alternatives to the current system.	Clients will call in on their own behalf. Options will be identified.	To commence in 2005 Ongoing

Barriers That Will Be Addressed for 2005

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
Decreased awareness of Health Services Department staff regarding the *Ontarians with Disabilities Act,* accessibility issues and available resources.	Informational Communicational Attitudinal Policy/Practice	Improved customer service and program delivery for persons with disabilities and their families/advocates.	• Results of survey of Health Services Department staff conducted in 2004 will be used to develop a pilot awareness training module for the Department. • Implementation of any training project for the Department will be in conjunction with corporate ODA training initiatives. • A list of resources will be developed, compiled and made available to all staff.	Evaluation of staff knowledge pre and post training. Use of resource list by staff to address queries and complaints.	The pilot module will be tested in 2005. Plans for further implementation will be made following the conclusion of the pilot project. First draft of resource list will occur in 2005. On-going process.
Falls Program workshop content and delivery difficult for persons with visual impairments to see.	Informational	Improved customer service to persons with visual impairments	Utilize the falls prevention workshop template in conjunction with CNIB agency staff to create workshops for this specific audience	Customized workshops for persons with visual impairments will be created.	2005
Accessibility of Paramedic Response stations in York Region	Physical / Architectural	Paramedic Response Stations will be accessible to staff and members of the	Construction of new stations in Vaughan, Queensville	Improved access for staff and members	Multi-year project based on 10 year Capital

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
		public attending educational sessions/tours	and Maple with wider hallways, accessible washrooms, electronic door-openers, visible exterior door signs etc.	of the public to these stations.	Plan
Paramedic staff require improved access to stretchers in ambulances.	Physical	Increased ability of paramedic staff to move about an ambulance while providing care to clients.	Trial of centre mounted stretcher ambulance vehicles (2) E450.	Care provided more quickly/efficiently .	2005
Affordable, accessible rental housing units for frail, elderly seniors and adults with disabilities	Physical Architectural	Addition to the inventory of social housing units available to those with disabilities and the frail elderly in currently underserved areas.	Development of up to 60 new, affordable units for seniors in partnership with the City of Vaughan. At least 5% of units will be fully accessible. The public areas of the building will be fully accessible as well. Renovation and upgrade of 14 units at Hadley Grange seniors building in Aurora to accommodate fragile seniors	Housing additional households of persons with disabilities and the frail elderly	2006 2005 to 2007
Drop off zone for Day Programs at Maple Health Centre is congested with both individual transportation vehicles and mobility buses.	Architectural Physical	Easier access to and from vehicles when participating in the Day Programs at Maple Health Centre. Architectural guidelines for future programs.	Specifically designated drop off/pick up areas for Day Program participants only. Develop written guidelines and requirements for future Day Programs.	Designated drop off/pick up zones during selected hours. Joint planning regarding future	late 2004/2005 Development of architectural guidelines for future programs – to commence in

Barrier identified	Barrier type	What will be gained by removing or preventing this barrier?	Means to prevent/remove the barrier	Indicators of success	Timing
				renovations to Maple Health Centre	2005 with ongoing modifications.
The physical space for activities and in hallways is too small for the large number of wheelchairs and walkers utilized by Day Program participants at Maple Health Centre.	Architectural Physical	More space for programming and better flow of clients transitioning from one program space to another. Emergency preventative planning.	Investigate physical mobility /cognitive status of program participants in regards to emergency procedures. Consult with Fire Prevention Officer for assessment of safety guidelines. Investigate the options of creating a larger program area with potential renovations to that section of the building. Develop guideline and future requirements for future Day Programs.	Easier traffic flow in programming space. Day Program representative to participate on committees dealing with facility renovations. Written guidelines will be in place.	Commence in 2005 Development of architectural guidelines for future programs – commence in 2005 with ongoing modifications.