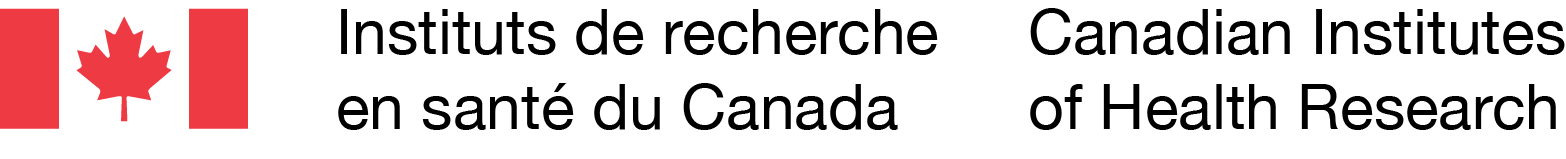
A Vision for a Healthier FutureCIHR Accessibility Plan 2023-2026



CIHR (Canadian Institutes of Health Research) Accessibility Plan 2023-2026

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# Message from the President

I am pleased to present CIHR’s first multiyear *Accessibility Plan*, which is aligned with the [*Accessible Canada Act*’s principles](https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/diversity-inclusion-public-service/accessibility-public-service/accessibility-strategy-public-service-toc.html) and the Clerk of the Privy Council’s [Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service](https://www.canada.ca/en/privy-council/corporate/clerk/call-to-action-anti-racism-equity-inclusion-federal-public-service.html).

CIHR knows there are barriers that make it harder for persons with disabilities to participate in research and the research funding system. Our goal, as outlined in the CIHR Strategic Plan, is to create an equitable and barrier-free health research ecosystem to support the diverse and inclusive culture that is known to promote world-class research.

Our *Accessibility Plan* identifies and describes actions we will take to remove and prevent barriers for persons with disabilities. Whether it is a CIHR staff member, a researcher applying for funding, or a member of the general public looking for information on our website, we are committed to equitable access for anyone who interacts with CIHR in person or online.

This Plan is consistent with our [*CIHR Strategic Plan 2021-2031*](https://cihr-irsc.gc.ca/e/52331.html) priorities and our commitment to value the principles of equity (fairness), diversity (representation) and inclusion (valued participation) in everything we do so that we realize organizational excellence.

Our *Accessibility Plan* includes actions that year over year will embed accessibility in our organizational culture and day-to-day operations. Our communications products and services will be inclusive and respectful of persons with disabilities. CIHR’s health research funding programs will be designed and delivered to be proactively accessible, inclusive, and equitable.

We will take action that brings us closer to reflecting the labour market availability of persons with disabilities in our workforce. Employees and the public will experience a barrier-free physical environment in office space managed by CIHR. We will be better equipped for accessibility in the goods and services we procure and more fully accessible with information and communication technologies.

Some barriers for persons with disabilities in the research and research funding system are shared by other federal research funding organizations (such as the Natural Sciences and Engineering Research Council, and the Social Sciences and Humanities Research Council). Our *Accessibility Plan* includes actions in collaboration with other organizations to find common solutions that will increase the participation of persons with disabilities in research and in health research funding.

I am truly grateful that CIHR employees and external advisors have helped us develop our *Accessibility Plan* through their bold advice, and their sharing of lived, learned, and professional experience and expertise. I am equally grateful to the dedication, openness and candor of the CIHR External Advisory Committee on Accessibility and Systemic Ableism, who have guided the development of this Accessibility Plan. The work that all contributors continue to do will have lasting impact on CIHR and the health research funding system and the research community.

This Plan is a starting point and will evolve over time. As we begin the activities in this Plan, we will continue to learn and use feedback to improve our Plan on an annual basis.

Achieving a fully accessible organization is not just a legal requirement; It is fundamentally the right thing to do. It will benefit everyone associated with CIHR and demonstrate how our actions support discoveries for life.

Sincerely,

Michael J. Strong, MD, FRCPC, FAAN, FCAHS   
President  
Canadian Institutes of Health Research

# Message from the Employee Network for Persons with Disabilities

We are a group of CIHR employees who each responded to an all-staff invitation issued in 2022 to contribute our thoughts and ideas toward the development of a multi-year accessibility plan for CIHR. We are employees living with disabilities and individuals who have witnessed the challenges of accessibility that colleagues and people closest to us continue to experience.

Some of us have not, up to now, disclosed our disability to colleagues in the workplace. We responded to this call out of a common desire to contribute. We want to make a difference. We are agents of change aiming to influence permanent improvements to accessibility that are included in this plan and which focus on practical, concrete, and impactful action.

We have laid the groundwork for the contribution of employees with lived experience to continue guiding and building the work of CIHR in this area. It is our hope that every CIHR employee, current and future, will benefit from the implementation and results.

With pride,

Members of the Employee Network for Persons with Disabilities

# Executive Summary

This first *CIHR Accessibility Plan* covers a three-year period as of April 2023 to March 2026. It builds on action taken or in progress leading up to launching the plan in December 2022. The *CIHR Accessibility Plan* is structured to include elements per the guidance of the Office of Public Service Accessibility (OPSA).

The consultation process leading to the *CIHR Accessibility Plan* reflects the Government of Canada (GoC) principles of *‘Nothing Without Us.’* Key contributors come from sources within CIHR (e.g., employee network for persons with disabilities) and external to CIHR (e.g., [External Advisory Committee on Accessibility and Systemic Ableism).](https://cihr-irsc.gc.ca/e/52841.html)

Overarching barriers to accessibility found through consultations emphasize the importance of organizational culture. These cross-cutting barriers include:

* Lack of awareness/understanding of how work-related practices impact persons with disabilities.
* Limited understanding of the scope and benefits of being a fully accessible organization.
* Limited consideration of accessibility in organizational planning and resource allocation.

On this basis, the *CIHR Accessibility Plan* includes an area for action devoted to an accessible organizational culture.

The following objectives set the foundation for the *CIHR Accessibility Plan*:

* Establish and support an organizational culture that promotes accessibility for anyone interacting with CIHR in any role.
* Identify, remove, and prevent barriers to recruitment, promotion, and retention in support of a representative workforce and an inclusive workplace.
* Provide an accessible, barrier-free built environment for employees and the public in CIHR-managed office space.
* Promote the development of CIHR’s information and communication technologies to be as fully accessible as possible for employees and external users.
* Provide accessible information and ensure that CIHR communications products and services are inclusive and respectful of persons with disabilities.
* Identify, remove and prevent instances of ableism and barriers to accessibility within the design and delivery of CIHR’s health research funding programs, so that they are proactively accessible, inclusive, and equitable.
* Integrate accessibility in the procurement process for goods and services used by CIHR.

Each area for action in the *Accessibility Plan* includes an overall objective followed by goals and supporting action. Governance and performance measurement framework, along with monitoring and reporting requirements will support our progress. A process for submitting feedback on the *CIHR Accessibility Plan* is included for anyone wishing to share their thoughts or suggestions.

Ongoing engagement of our interest groups, most importantly persons with disabilities and experienced allies, within and external to CIHR, will help us to learn and improve on this *Accessibility Plan* each year.

# General

CIHR is Canada's health research funding agency. CIHR was created in 2000, under the authority of the [*Canadian Institutes of Health Research Act*](https://laws-lois.justice.gc.ca/eng/acts/c-18.1/). We are a federal agency that is accountable to Parliament through the Minister of Health.

CIHR is comprised of a headquarters located in Ottawa as well as Institutes located throughout the country that support individuals, groups, and communities of researchers and trainees across Canada.

CIHR is a federal employer that sets its own human resources policies and programs (e.g., staffing policies, performance management). At the same time, CIHR applies most of the same parameters for people management as the broader federal public service (e.g., occupational health and safety).

## **A Brief Overview of How CIHR Supports Health Research**

CIHR supports postsecondary-based research, research training, and knowledge mobilization activities in the health sciences. Strategic direction, [research priorities](https://cihr-irsc.gc.ca/e/50077.html) and budgets are set by CIHR [Governing Council](https://cihr-irsc.gc.ca/e/38103.html). [Science Council](https://cihr-irsc.gc.ca/e/33807.html), a committee with membership of CIHR senior executives and Scientific Directors of CIHR’s 13 [virtual institutes](https://cihr-irsc.gc.ca/e/7155.html), endorses funding for research to the President for final approval. The [executive team](https://cihr-irsc.gc.ca/e/25920.html) leads day-to-day management of CIHR.

Applicants can seek [funding for research](https://cihr-irsc.gc.ca/e/37788.html) from CIHR through grant programs, which are organized into two main categories:

* investigator-driven funding (i.e., the applicant selects the area of research), and
* priority-driven funding (i.e., applicants apply to a specific call for proposals in a CIHR priority research area).

Researchers, graduate students and post-doctoral fellows can seek training or career support from CIHR through awards programs. CIHR also offers funding opportunities in collaboration with the other federal research funding agencies, the [Natural Sciences and Engineering Research Council (NSERC)](https://www.nserc-crsng.gc.ca/index_eng.asp) and the [Social Sciences and Humanities Research Council (SSHRC)](https://www.sshrc-crsh.gc.ca/home-accueil-eng.aspx). Eligibility criteria vary by funding opportunity and details are published on CIHR’s website. For major competitions, informational webinars are held. Information about the [application process](https://cihr-irsc.gc.ca/e/795.html) is available on CIHR’s website.

Applications for research grants or training/career support awards are submitted to CIHR through an [online portal](https://www.researchnet-recherchenet.ca/rnetsso/ssologin?language=en). Applications submitted to CIHR undergo a [peer review process](https://cihr-irsc.gc.ca/e/39380.html) which involves the evaluation of applications by a group of reviewers. These reviewers have (individually or collectively) the experience and/or expertise to assess the quality of the applications within the context of the funding opportunity objectives and evaluation criteria.

Peer review committees make recommendations for funding to CIHR and partners, who in turn make the final [funding decisions](https://cihr-irsc.gc.ca/e/38021.html). Once approved, there are various [funding policies](https://cihr-irsc.gc.ca/e/204.html) in place that guide the use of CIHR funds throughout the conduct of the research project or duration of the training/career period. CIHR funding is not provided directly to the applicant but rather funding is administered through an [eligible institution](https://cihr-irsc.gc.ca/e/36770.html) on CIHR’s behalf.

## The Accessible Canada Act and Regulations

The [*Accessible Canada Act* (ACA)](https://laws-lois.justice.gc.ca/eng/acts/A-0.6/) came into force in 2019. Its intent is to achieve a barrier-free Canada by 2040. The legislation benefits all Canadians, especially persons with disabilities, by proactively identifying, removing and preventing barriers to accessibility in seven priority areas:

* employment
* the built environment
* information and communication technologies (ICT)
* communication other than ICT
* the design and delivery of programs and services
* the procurement of goods, services and facilities
* transportation

The ACA defines what constitutes a ‘[barrier](https://laws-lois.justice.gc.ca/eng/acts/a-0.6/page-1.html#1153399)’. The legislation also defines what constitutes a ‘[disability](https://laws-lois.justice.gc.ca/eng/acts/a-0.6/page-1.html#1153402).’

The ACA tasks regulated entities with three important requirements to support accessibility:

* Create three-year accessibility plans, in consultation with persons with disabilities, that set out how they will identify, remove, and prevent barriers to accessibility.
* Publish annual progress reports that describe how organizations are delivering upon their accessibility plans.
* Implement processes to collect, manage, and respond to feedback on accessibility, including accessibility plans and progress report.

The ACA gives the authority to create and enforce accessibility regulations. The ACA also establishes a framework for advancing accessibility through a combination of new and existing organizations and positions that administer and enforce the ACA and monitor outcomes.

A [summary of the *Accessible Canada Act*](https://www.canada.ca/en/employment-social-development/programs/accessible-people-disabilities/act-summary.html) is available online.

The [*Accessible Canada Regulations*](https://laws-lois.justice.gc.ca/eng/regulations/SOR-2021-241/index.html) operationalize the ACA’s accessibility planning and reporting requirements.

## Accessibility Statement

CIHR is fully committed to the ACA's intent of making Canada barrier-free by January 1, 2040. Over the course of this first *Accessibility Plan* and the plans that follow it, CIHR will focus on identifying, removing and preventing barriers by integrating accessibility best practices in our organizational culture, management practices, programs, policies, services, and workplace.

Persons with disabilities are underrepresented in health research and the health research funding system. To increase participation of persons with disabilities, we are committed to developing and maintaining health research funding programs and services that are inclusive, barrier-free, and non-discriminatory.

Persons with disabilities are also under-represented in the CIHR workforce. Focusing our attention on measures to increase the diversity of our workforce and building an inclusive workplace, will further support CIHR in every part of our business.

## Feedback on the CIHR Accessibility Plan

The *CIHR Accessibility Plan* contact is Lindsay Carlson, Manager, HR Programs & Policies in the Human Resources Branch.

The CIHR would like to receive feedback in the way that it is implementing its accessibility plan.

Employees may provide feedback about barriers they are experiencing within the CIHR

Persons (clients, suppliers, members of the public) other than employees, that deal with the CIHR, may also provide feedback about barriers at the CIHR.

CIHR employees and persons (Clients, suppliers, members of the public) may provide feedback as follows:

* E-mail
  + [AccessibilityPlan-PlanAccessibilite@cihr-irsc.gc.ca](mailto:AccessibilityPlan-PlanAccessibilite@cihr-irsc.gc.ca)
* Telephone
  + Monday to Friday 7:00 a.m. – 8:00 p.m. Eastern Time
  + Telephone: 613-954-1698
  + Toll Free: 1-888-603-4178
* Write
  + Attention: Lindsay Carlson  
    Human Resources Branch  
    Canadian Institutes of Health Research  
    160 Elgin Street, 10th Floor  
    Address Locator 4809A  
    Ottawa, ON. K1A 0W9
* Anonymous
  + Complete the [online form](https://cihr-irsc.gc.ca/accessibilityplan-feedback.html) to share feedback anonymously

Feedback will be collected, processed, and addressed by a member of the Strategic Programs and HR Analytics team.

Feedback will be compiled, tracked, and monitored by the Strategic Programs and HR Analytics team. A member of the team will ensure follow-up with appropriate internal interest groups.

Feedback will remain confidential.

Acknowledgement of receipt will be sent following reception of the feedback, unless feedback received was anonymous.

The feedback received will be acknowledged in the way it was received unless it was received anonymously.

This contact information enables CIHR employees and the public to:

* request the *CIHR Accessibility Plan* in one of the alternate formats described in [subsection 8(2) of the regulations.](https://gazette.gc.ca/rp-pr/p2/2021/2021-12-22/html/sor-dors241-eng.html)
* request the description of the CIHR feedback process in one of the alternate formats described in [subsection 9(5) of the regulations.](https://gazette.gc.ca/rp-pr/p2/2021/2021-12-22/html/sor-dors241-eng.html)

## Governance

The *CIHR Accessibility Plan 2023-26* supports and is supported by organizational commitments in the CIHR Strategic Plan 2021-31. *Accessibility Plan* commitments will be integrated in CIHR’s Departmental Plans to Treasury Board each year.

There is much work to be done. Existing governance bodies are being leveraged to bring greater emphasis to accessibility across CIHR business practices.

A Performance Measurement Framework for the organization and performance management objectives will be set for employees at all levels.

Decision-making for this plan, and modifications to it, resides with:

* CIHR President

Responsibility for actions contained in the Plan rests with:

* The Accessibility Plan Working Group – coordinated by Human Resources Branch (HRB) with support from Equity Strategy Branch (ESB) and business leads/owners for areas of action.
* CIHR executives and managers

Advice and guidance are provided by:

* Joint accessibility leaders for corporate (Executive Vice-President) and research excellence (Vice-President, Learning Health Systems) components of the *CIHR Accessibility Plan*
* Employee Accessibility Forum - source of regular touch points to continue to engage and incorporate input of lived experiences
* Employee Equity, Diversity, Inclusion and Accessibility (EDIA) Committee
* Occupational Health and Safety (OHS) Committee
* Strategic Plan Priority Working Groups
* External Advisory Committee on Accessibility and Systemic Ableism (EAC – ASA)

## Monitoring and Reporting

Monitoring and reporting will be on an annual cycle to employees and the public per the ACA. Monitoring and reporting will be based on the Performance Measurement Framework to be developed in collaboration with the CIHR Planning, Evaluation and Results Branch.

Reporting includes how and what CIHR is doing as compared to expectations. It also includes the amount and type of feedback we receive from within and outside of the organization about our Plan.

The Human Resources Branch will coordinate the monitoring and reporting process, with assistance from the Equity Strategy Branch for the external program and service delivery portion of the Plan. The joint accessibility leaders for corporate and research excellence components of the Plan support the monitoring and reporting process.

Responsibility for providing input to monitoring and reporting rests with:

* The Accessibility Plan Working Group
* CIHR executives and managers

Monitoring and reporting will be informed by consultations with:

* Employee Accessibility Forum
* Employee Equity, Diversity, Inclusion and Accessibility (EDIA) Committee
* Occupational Health and Safety (OHS) Committee
* Strategic Plan Priority Working Groups
* External Advisory Committee on Accessibility and Systemic Ableism (EAC – ASA)

Decision-making in relation to annual reporting resides with the CIHR President.

## Consultations

The development of the *CIHR Accessibility Plan* results from information and learning from the following consultations:

### Employee Network for Persons with Disabilities

* A group of employees living with disabilities, and other staff members with close personal relationships to persons with disabilities.
* Network participants are front-line staff working in various roles and areas of CIHR.
* Group and individual discussions were held in early fall 2022.
* The results were an authentic sharing of observations, personal lived experiences and recommendations.
* Each area for action in the *Accessibility Plan* was discussed in terms of existing barriers and recommended action, with a particular focus on organizational culture.
* Network participants also reviewed and support the plan for all actions directly impacting CIHR employees and the workplace.

### Employee Equity, Diversity, Inclusion and Accessibility (EDIA) Committee

* A sub-group of the EDIA Committee also contributed to the identification of barriers and action.
* A similar consultation process was used as for the Employee Network for Persons with Disabilities.

### CIHR Occupational Health and Safety (OHS) Committee

* The OHS Committee is made up of managers, employees and subject matter experts from Human Resources, Facilities and Security.
* The same approach was used to engage EDIA and OHS Committee members, respectively.

### Other sources of internal information

* An employment systems review was conducted in 2022 to find barriers to creating a representative workforce and an inclusive workplace.
  + The review considered both quantitative workforce data and qualitative data related to policy and document reviews.
  + Input also came from employee focus groups. Two focus groups were held dedicated to employees who identify as persons with disabilities.
* The results of the Public Service Employee Survey (PSES) 2020 for CIHR.
  + Data from this and future cycles of the PSES will serve as indicators for the performance measurement framework that will go with the *CIHR Accessibility Plan*.

### [External Advisory Committee on Accessibility and Systemic Ableism](https://cihr-irsc.gc.ca/e/52841.html) (EAC – ASA)

* The EAC – ASA membership includes health researchers living with disabilities, experienced allies, accessibility advocates, leaders within disability communities, and representatives from key interest groups including Indigenous community members.
* The EAC – ASA was established in January 2022 and has met monthly to provide guidance on the identification of barriers to accessibility within the health research funding system. Discussions of the EAC – ASA have been used to develop the ‘design and delivery of programs and services’ priority area, and barriers and actions that are cross-cutting in nature.

### Engagement of the public for ‘design and delivery of programs and services’ key area

* Unlike the other ACA section five (5) areas, the key interest groups for the ‘design and delivery of programs and services’ area are largely external, made up of people (e.g., health researchers, trainees and students, patients, community partners, and users or holders of knowledge related to health research) and organizations (e.g., post-secondary institutions, research institutions, health charities, and provincial, territorial and federal research funding organizations) within the health research funding system.
* Our public engagements related to ‘design and delivery of programs and services’ include three (3) processes described below. Detailed findings from these engagements will be published on our [website](https://cihr-irsc.gc.ca/e/52840.html). [Virtual discussion sessions](https://cihr-irsc.gc.ca/e/52967.html) with persons with disabilities or health conditions that affect how they interact with the health research funding system were held (summer/fall 2022) to identify barriers to accessibility and issues of ableism, and to discuss potential solutions.
* Two [surveys](https://cihr-irsc.gc.ca/e/53122.html) were launched (Oct 2022 – Jan 2023). One targeted to persons with disabilities or health conditions that affect how they interact with the health research funding system and a second targeted to their allies. The purpose of the surveys is to build on the virtual discussions and learn more about barriers, ableism and potential solutions.
* Discussions with health charities, other research funders, and representatives from post-secondary institutions are underway (Nov 2022 – Feb 2023) to gather information from an organizational perspective about current practices, lessons learned and how we might best work together to identify and address barriers to accessibility and issues of ableism in the health research funding system.
* Our public consultation process is still underway. CIHR will continue to integrate learnings from these consultations and adjust our activities to align with what we learn.

### CIHR Accessibility Plan Working Group - business owners of priority areas for action

* Each priority area for action in the *Accessibility Plan* (e.g., Employment, Built Environment), draws on one or more functional business lines within the organization (e.g., Human Resources Branch, Finance and Administration Branch, Equity Strategy Branch).
* Business owners are the subject matter specialists for a function. They are mostly the primary leads for action reflected in the plan. They are main sources of guidance to other functions/branches.
* Recommendations from the Employee Network for Persons with Disabilities, the EDIA Committee, the OHS Committee and the EAC – ASA were shared with business owners to form the basis for the *CIHR Accessibility Plan*.
* Each business owner also consulted within their team and reached out to Government of Canada (GoC) counterparts from their respective communities of practice.

These collective efforts set a solid foundation for where and when we focus our energy, time, and resources within the *CIHR Accessibility Plan*.

# CIHR Action in Priority Areas

***Note***: Each action in the Accessibility Plan identifies a lead branch within CIHR, followed by support branches. The involvement of managers and employees across the organization and at all levels is not explicitly stated per action; however, their engagement and contributions will be reflected in performance expectations.

## Organizational Culture

### Objective

Establish and support an organizational culture that promotes accessibility for anyone interacting with CIHR in any role.

### Context

The importance and impact of organizational culture was raised by interest groups during the CIHR consultation processes for this plan. Organizational culture is a foundation for success across all areas for action. Therefore, a priority area for action on organizational culture is included here.

On the one hand, some positive culture changes are recognized by the employee network for persons with disabilities, e.g., openness to flexible work arrangements. On the other hand, areas where action needs to occur, e.g., modernizing performance management practices, often include organization culture change as part of the solution.

Other foundational pieces to how an organization functions also link to culture. These include how we set up accountability for action, roles, responsibilities, planning for and resourcing accessibility requirements, and put measures in place that encourage ongoing dialogue about accessibility.

### Barriers

Barriers found that relate to organizational culture and which cut across CIHR organizational structure and functions include:

* Lack of awareness/understanding of how work-related practices impact persons with disabilities.
* Limited understanding of what it means to be a fully accessible organization.
* Limited consideration of accessibility in organizational planning and resource allocation.

### Goal 1: CIHR has an organizational culture in which persons with disabilities feel safe to openly disclose their disability without fear of it impacting their interactions with CIHR.

#### Action 1.1: Appoint joint leadership for accessibility.

##### Descriptions

The Executive Vice-President and the Vice-President, Learning Health Systems are appointed together as CIHR co-leads for accessibility.

Co-leads will have a complementary focus on the internal management of accessibility for current and future employees of CIHR, alongside overall guidance on accessibility in the design and delivery of programs and services to the public.

##### Lead

* President’s Office

##### Timeline

2023-2024

#### Action 1.2: Explore best practices and lessons learned related to introducing the role of Chief Accessibility Officer.

##### Description

CIHR will reach out to communities of practice within and outside of the GoC for best practices and experiences related to the introduction of a Chief Accessibility Officer.

The subject will be further considered with internal and external interest groups who will continue to feed into the *CIHR Accessibility Plan* going forward. The joint executive leads for accessibility will also contribute to the overall assessment of the role, responsibility and organizational need.

##### Lead/Support

* Executive co-leads for accessibility
* Human Resources Branch
* Equity Strategy Branch

##### Timeline

2023-2026

#### Action 1.3: Release a public message from the CIHR President on the launch of the plan, including external research excellence progress.

##### Description

A public message explicitly acknowledges that ableism and barriers to accessibility exist, within CIHR and within the broader health research funding system, and that their impacts continue to disadvantage persons with disabilities. This includes an institutional commitment to put an end to these disadvantages.

##### Lead/Support

* Communications Branch
* Equity Strategies Branch
* Human Resources Branch

##### Timeline

2023-2024

#### Action 1.4: Establish a repository of information related to accessibility supports for staff and for applicants/researchers.

##### Description

The repository is available at CIHR for both employees and those interacting with our programs and services.

##### Lead/Support

* Equity Strategy Branch (external)
* Human Resources Branch (internal)
* Communications Branch (internal and external)

##### Timeline

2023-2026

#### Action 1.5: Apply consistent public health measures to in-person activities.

##### Description

Apply municipal and provincial public health guidance established for locations where in-person activities occur. People with health conditions, including some persons with disabilities, may be at heightened risk by attending such activities.

##### Lead/Support

* Any branch holding in-person events
* Human Resources Branch

##### Timeline

2023-2024 and ongoing

### Goal 2: All employees are educated on what it means and how to contribute to an accessible organization.

#### Action 2.1: Launch an accessibility awareness campaign.

##### Description

Elements of an awareness campaign include explaining what a disability means. A series of *“did you know”* articles will be published emphasizing the importance of accessibility in our day-to-day work life.

A campaign also promotes available resources, how to access practical tools, where to find help, and mandatory learning requirements. The focus at first will be on bringing some of the most impactful resources forward and weeding through what can sometimes be an overload of useful information in need of ‘packaging’ for ready access.

##### Lead/Support

* Human Resources Branch
* Communications Branch

##### Timeline

2023-2024 and ongoing

#### Action 2.2: Deliver disability/accessibility/ableism awareness learning experiences for employees.

##### Description

The focus is on learning experiences that are interactive engagement opportunities which include expertise from staff and external interest groups.

Resources such as the Canada School of the Public Service and subject matter specialist organizations will be used to support awareness and learning needs.

Time will be allocated in individual employee learning plans so that all employees can devote attention to learning about accessibility.

##### Lead/Support

* Human Resources Branch
* Equity Strategy Branch

##### Timeline

2024-2025 and ongoing

#### Action 2.3: Deliver disability/accessibility/ableism awareness training for managers/team leads/supervisors.

##### Description

Provide more focused learning for people managers and the subject matter experts who support the management of other resources (e.g., financial, procurement, facilities).

People managers will be trained to:

* Apply healthy workplace best practices
* Discuss employee work needs without stigma
* Understand coping mechanisms that persons with disabilities may use at work
* Proactively offer work-related support and accommodations
* Set objectives and assess employee performance consistent with the principles of accessibility

##### Lead/Support

* Human Resources Branch
* Equity Strategy Branch

##### Timeline

2023-2024 – Secure training expertise/services  
2024-2025 – Deliver training

#### Action 2.4: Promote Ombuds and wellness services.

##### Description

CIHR provides a confidential third party ombuds service to help employees at all levels resolve a wide range of work-related issues. This is another avenue for raising and addressing accessibility barriers.

##### Lead

* Human Resources Branch

##### Timeline

2023-2024 and ongoing

### Goal 3: An integrated governance structure supports the CIHR Accessibility Plan.

#### Action 3.1: Create an ongoing accessibility forum for employees.

##### Description

An Employee Accessibility Forum is set up that is open to all employees for regular consultation and engagement. Calls for interest to participate at this open forum occur during the year. Anyone who prefers to participate on an individual basis communicates with the Accessibility Contact in HRB to share their input on accessibility barriers.

This forum contributes to monitoring the progress of the *Accessibility Plan*. Employees will be encouraged to contribute by showcasing how feedback received has influenced the *Accessibility Plan* and action already taken.

##### Lead

* Human Resources Branch

##### Timeline

2023-2024 and ongoing

#### Action 3.2: Maintain Accessibility Plan Working Group.

##### Description

The working group established to develop the *CIHR Accessibility Plan* remains in place. The working group shares responsibility to help implement activities for their areas of action.

HRB serves as coordinator of the working group.

##### Lead/Support

* Human Resources Branch
* Business owners for other areas of action in the *Accessibility Plan*

##### Timeline

2023-2024 and ongoing

#### Action 3.3: Develop and implement an accessibility performance measurement framework (PMF).

##### Description

A PMF is a requirement under the *Accessible Canada Act*. A PMF will be developed and implemented to monitor and report on progress.

##### Lead/Support

* Human Resources Branch
* Performance, Evaluation and Reporting Branch
* Business owners for other areas of action in the *Accessibility Plan*

##### Timeline

2023-2026

### Goal 4: Accessibility-related requirements are prioritized in annual work planning exercises.

#### Action 4.1: Integrate accessibility requirements within CIHR’s annual planning framework.

##### Description

Accessibility requirements are identified and submitted as part of operational planning year over year.

##### Lead/Support

* Performance, Evaluation and Reporting Branch
* All branches

##### Timeline

2025-2026

#### Action 4.2: Identify accessibility related resources needs as a priority consideration in the annual budgeting process.

##### Description

Accessibility requirements in annual operating plans may have financial costs.

An accessibility budget envelope is established in CIHR’s annual core budget to support accessibility needs included in the operational plan.

Identifying accessibility related resource needs as part of this budget planning cycle is done in consultation with employees and external interest groups who identify as persons with disabilities.

##### Lead/Support

* Finance and Administration Branch
* Performance, Evaluation and Reporting Branch

##### Timeline

2025-2026

## Employment

### Objective

CIHR will identify, remove, and prevent barriers to recruitment, promotion, and retention in support of a representative workforce and an inclusive workplace.

### Context

As a result of pandemic measures, CIHR operates in a hybrid work model, i.e., there is a range of work arrangements from home and the CIHR office. The increased flexibility in work arrangements has brought more hires from outside of the National Capital Region (NCR). This increases the diversity of skills and experience of our workforce.

The 2020 Public Service Employee Survey (PSES) was conducted from November 30, 2020 to January 29, 2021. The survey was anonymous. Respondents could identify as a person with a disability as applicable.

CIHR respondents who voluntarily and anonymously self-identified as a person with a disability generally answered less favorably than CIHR respondents who did not identify as a person with a disability. Some examples of questions with less favorable answers are:

* To what extent accessibility or accommodation issues adversely affected their career progress in the preceding 12 months.
* To what extent difficulty accessing work tools or network (e.g., work email, work device, ergonomic equipment) caused them stress at work.

In contrast, CIHR respondents voluntarily and anonymously identifying as having a disability responded more favorably to questions such as:

* Feeling comfortable about discussing their physical health with their supervisor.
* Being more satisfied with how matters of harassment and discrimination are resolved in the organization.

At the time of publishing this plan, employees who voluntarily self-identified as a person with a disability represent 3.7% of the CIHR workforce. The Canadian workforce availability for persons with disabilities is 9%. Data is based on the 2016 Census. This reflects a baseline under‑representation of 26 persons with disabilities in the CIHR workforce.

Employment-related commitments in this *Accessibility Plan* build on several measures in place. Examples of more recent measures include:

* Renewal of the Student Recruitment Program to ensure the Federal Student Work Experience Program is the primary source of student hires. This includes actively promoting the applicant inventory of students with disabilities.
* Mandatory unconscious bias training led by an instructor is included in performance agreements for managers and executives.
* A comprehensive refresh to the CIHR Occupational Health and Safety Policy in 2021, which includes workplace psychological health.
* A dedicated human resources advisor supports employees and their managers when returning to work from extended leave.
* In 2022 an ombuds service was launched as a neutral, third party to whom employees may bring their concerns.

### Barriers

Employment-related barriers found include:

Workforce

* The self-identification program is not understood outside of issuing a questionnaire at the point of hire.
* There are gaps in policy/process/tools related to staffing for persons with disabilities, including an absence of hiring and promotion goals.
* There is a tendency to first look for applicants with university degrees whether this is needed or not for the position being staffed.

Workplace

* The process to follow to access accommodation is unclear. The burden of proof is on the employee before action is taken.
* Documented steps to follow are not in place to support employees and their managers while on long-term leave and when planning their return to work.

### Goal 5: CIHR addresses the purpose of self-identification and obtains a current picture of the diversity of accessibility needs in its workforce.

#### Action 5.1: Launch a self-identification campaign.

##### Description

A self-identification campaign includes all employees and applies the current definitions and types of disabilities under the ACA.

Updated workforce information then feeds analysis for recruitment, promotion, and retention.

##### Lead

* Human Resources Branch

##### Timeline

The CIHR self-identification campaign will launch after the Core Public Administration launches its campaign for federal departments that report to Treasury Board. This way any best practices are taken into consideration for the CIHR campaign.  
2023-2024

#### Action 5.2: Review and update the business process for administering the self-identification process.

##### Description

The business process for self-identification will be reviewed and clarified for onboarding new employees. The business process for self-identification of current employees will be reviewed and clarified.

##### Lead

* Human Resources Branch

##### Timeline

Changes to self-identification business processes will occur after the launch of the Core Public Administration self-identification campaign. This way any best practices are taken into consideration for CIHR business processes.  
2024-2025

### Goal 6: CIHR addresses gaps in policy/process/tools related to staffing for persons with disabilities.

#### Action 6.1: Establish and communicate how to request accommodation during the hiring process.

##### Description

Candidates need documented steps to follow for disclosing any accommodation requirements during a hiring process. In addition to documented steps, information about the CIHR accommodation process will include examples of accommodations typically provided. Examples of accommodations include measures such as additional time to complete a written test or providing a candidate with an assistive device, such as a large screen or screen reader.

The information will be communicated to candidates to assist them in determining what type of accommodation, if any, may be appropriate for their need.

These improvements will add clarity and transparency to the administration of the accommodation process.

##### Lead

* Human Resources Branch

##### Timeline

2023-2025

#### Action 6.2: Adopt the Public Service Resourcing System (PSRS) and barrier-free assessment tools available through PSRS.

##### Description

The PSRS is an online Web-based system designed to support the recruitment process for advertised positions to the federal public service. It allows applicants to search for and apply to jobs. It allows federal organizations to advertise job opportunities. PSRS enables screening, searching, and referring applications.

Barrier-free assessment tools enabled by PSRS (e.g., assessments for manager positions, public service entrance exam) will be adopted and adapted as needed by CIHR.

##### Lead

* Human Resources Branch

##### Timeline

2023-2025

### Goal 7: CIHR increases recruitment and promotion of persons with disabilities in its workforce.

#### Action 7.1: Prioritize appointment of qualified employment equity candidates for positions at all levels in the organization.

##### Description

As part of running staffing competitions, CIHR will access existing federal employment equity applicant inventories. This includes applicant inventories for persons with disabilities (e.g., Federal Internship Program for Canadians with Disabilities).

Hiring managers will assess candidates according to position requirements. CIHR will appoint employment equity group candidates who are assessed as qualified on a priority basis.

When a staffing process is internal to CIHR, qualified CIHR candidates from employment equity groups will be appointed on a priority basis.

##### Lead

* Human Resources Branch

##### Timeline

2023-2024 and ongoing

#### Action 7.2: Establish workforce representation targets.

##### Description

Targets are based on workforce representation gaps from self-identification data and labour market availability of persons with disabilities.

##### Lead

* Human Resources Branch

##### Timeline

2024-2025 and ongoing – establish and review target  
2025-2026 – demonstrate increased representation to established target

#### Action 7.3: Use targeted recruitment processes in support of accessibility, equity, diversity and inclusion in the organisation.

##### Description

When vacancies arise, hiring managers work with the Human Resources Branch to identify targeted recruitment opportunities based on employment equity representation gaps.

CIHR partners with organizations as part of recruitment strategies. Recruitment strategies include sending job advertisements to targeted organizations that promote employment for persons with disabilities.

CIHR also will adopt and adapt strategies to address equity gaps as these are launched by the Public Service Commission of Canada.

##### Lead/Support

* Hiring Managers
* Human Resources Branch

##### Timeline

2024-2026

#### Action 7.4: Reflect employment equity recruitment/promotion expectations in performance agreements of CIHR executives.

##### Description

A common objective for all CIHR executives will be established with respect to the hiring and promotion of qualified candidates from employment equity communities.

##### Lead/Support

* President’s Office
* Human Resources Branch

##### Timeline

2023-2024 and annual performance cycles thereafter

#### Action 7.5: Support manager/team lead/supervisor awareness and ability to recruit persons with disabilities.

##### Description

This involves providing tools and training for anyone involved in the hiring process at CIHR.

##### Lead

* Human Resources Branch

##### Timeline

2023-2024 – Awareness, centralized tools, inventories  
2024-2026 – Training and other supports for managers involved in the hiring process

### Goal 8: Every employee contributes to making CIHR an accessible organization.

#### Action 8.1: Set a performance expectation on accessibility for all employees.

##### Description

A performance expectation on what it means to contribute to an accessible workplace will be included in the performance agreement of all CIHR employees.

##### Lead/Support

* President’s Office
* Human Resources Branch

##### Timeline

2024-2025 and annual performance cycles thereafter

### Goal 9: A supportive program for employees and managers is in place for disability management and accommodation needs.

#### Action 9.1: Update the Duty to Accommodate Policy and related business processes.

##### Description

The [GC Workplace Accessibility Passport](https://can01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.canada.ca%2Fen%2Fgovernment%2Fpublicservice%2Fwellness-inclusion-diversity-public-service%2Fdiversity-inclusion-public-service%2Faccessibility-public-service%2Fgovernment-canada-workplace-accessibility-passport.html&data=05%7C01%7CChantelle.Steacy%40cihr-irsc.gc.ca%7Ce7474b9a939441f7e73508da929b39de%7C1ebfccd67d4448068ffcbb521f3acc24%7C0%7C0%7C637983492634254510%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NeZl4UFVgtxufV6sodn5GkVmF9jaQnkmY1e09aOj3dc%3D&reserved=0) will be considered for best practices as part of modernizing the Duty to Accommodate Policy and related business processes.

Related business processes include how to request and obtain support for accessibility services, technology, equipment, and specialized tools.

##### Lead/Support

* Human Resources Branch
* Occupational Health and Safety Committee

##### Timeline

2023-2025

#### Action 9.2: Establish an inventory of most used accessibility equipment. Raise awareness of the services of the federal Accessibility, Accommodation and Adaptive Computer Technology program (AAACT).

##### Description

An inventory of accessible equipment is set up on site for employees and CIHR visitors to use as needed (e.g., keyboards with braille, magnifiers, screen readers). Supply contracts will be set up for required equipment.

Raising awareness of the services of AACT is another example of a topic for the *‘did you know’* series referenced in the Organization Culture section of the plan.

##### Lead/Support

* Human Resources Branch
* Finance and Administration Branch
* Digital and Security Services

##### Timeline

2024-2025

#### Action 9.3: Formalize the disability management program.

##### Description

The program applies when employees are able to remain at work in an adapted fashion to manage an illness or injury temporarily, when employees are on extended leave or when returning from extended leave (e.g., progressive return to work). It includes steps to follow to remove the uncertainty of what to do and when associated with being on long term leave or planning a return to work.

The steps to follow will also include information on the overall process so that employees understand what to expect and who is working with them as part of a support network.

##### Lead

* Human Resources Branch

##### Timeline

2023-2024 – Framework  
2024-2025 – Processes/guides

## Built Environment

### Objective

Provide an accessible, barrier-free built environment for employees and the public in CIHR-managed office space.

Continue to work closely with HRB to support employee physical accommodation requirements in a hybrid work context (i.e., arrangements where time is split between office-based and remote/telework locations).

### Context

CIHR has a single office location, which at the time of publishing this plan is 160 Elgin Street, Ottawa, Ontario. An internal accessibility assessment of the current office space was conducted to find accessibility needs that are within CIHR’s control to address. This office space has been adapted also to support CIHR’s hybrid work model.

Actions identified for the current office space will support accessibility needs for the period remaining at this location. Examples of this include:

* requests for more lighting
* ‘de-lamping’ florescent lighting, and
* supplying storage space for work equipment/personal effects. This way employees with accessibility challenges do not have to bring items required for daily work back and forth from home to office.

In 2024, the organization moves to a new office location in downtown Ottawa as per scheduling led by the Real Property Branch at Public Services and Procurement Canada (PSPC), the department in charge of leasing office space for federal organizations like CIHR.

Extensive consultations have occurred in preparation for this move so that CIHR’s new location meets the CSA-B651-18 accessibility standard for federally occupied built environments. In addition to PSPC, our consultation process includes architects and interior design specialists who have accessibility top of mind as they work with us. Most importantly, the consultation process also involves internal staff, whose input is sought as we progress in our planning.

CIHR has invested in building accessibility certification training, further equipping the organization with the knowledge and skills to have a barrier-free built environment.

### Barriers

* As a tenant in a privately owned building, CIHR does not have authority over common spaces in the building.
* Considering the upcoming move, some physical accessibility needs in the current office space may need to be addressed on a case-by-case basis.

### Goal 10: Current office space includes accessible workstations for persons with mobility disabilities.

#### Action 10.1: Create multiple accessible workstations and closed offices.

##### Description

CIHR applies the GoC Workplace Standard as a model for creating accessible space for employees with mobility disabilities. Examples of accessibility measures include height adjustable work surfaces, adjustable monitor arms, and reorientation of some workstations to facilitate access by those with a mobility disability.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2024

#### Action 10.2: Create workspace with access to natural light and quiet space with dimmable lighting.

##### Description

Accessible workstations with access to natural light will be created. In addition, quiet rooms with dim lighting will also be available for staff.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2024

#### Action 10.3: Communicate with employees when new accessibility measures are implemented and remind employees how to submit built environment accessibility questions.

##### Description

Communicate with employees about accessibility measures implemented at the existing office location and how to submit other accessibility requirements. This clarifies measures that are or may be taken in the context of unassigned office space in the hybrid work model.

##### Lead/Support

* Finance and Administration Branch
* Human Resources Branch

##### Timeline

2023-2024

### Goal 11: CIHR future office space meets accessibility requirements.

#### Action 11.1: Design future office space based on the CSA-B651-18 accessibility standards.

##### Description

CIHR works with PSPC and contracted architects on the design of the new office space. An assessment of the new location compared to accessibility standards is conducted as part of this work.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2024

### Goal 12: Employee engagement is part of managing the change to the new office location.

#### Action 12.1: Engage internal committees and the Employee Accessibility Forum as part of the accessibility work underway at CIHR’s future office space.

##### Description

Internal committees/forum are briefed on accessibility measures and action to address these as part of the plans for the office move.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2025

## Information and Communication Technology (ICT)

### Objective

Promote the development of CIHR’s information and communication technologies to be as fully accessible as possible for employees and external users.

### Context

The Government of Canada’s Policy on Service and Digital, and supporting instruments, serve as an integrated set of rules about how GoC organizations manage service delivery, information and data, information technology, and cyber security in the digital era. The Chief Information Officer (CIO) of Canada provides direction and defines enterprise-wide requirements for ICT accessibility, therefore supporting the *Accessible Canada Act*.

The accessibility of paper documents is a key area of focus at CIHR. A project to digitize this information is underway. This work, along with dedicated resources to complete it, are part of multi-year commitments in the *Accessibility Plan*.

CIHR has implemented and will continue to use a process to evaluate new equipment and software purchases for accessibility compliance. Companies that CIHR considers for software and technology contracts/purchases must give product accessibility information as part of their proposals. Consulting the AAACT is part of this process.

Accessibility is a priority consideration for the CIHR committee tasked with reviewing new requests for technology projects.

Accessibility assessments for external-facing legacy systems are underway. Changes have been implemented or are planned to be implemented where possible to address accessibility compliance.

### Barriers

* The existing Electronic Document and Records Management system is not fully accessible.
* There are budget and resource availability challenges to replace or upgrade legacy systems and tools that do not currently fully meet accessibility standards.
* Third party IT products (software/equipment) often do not meet GoC accessibility standards. This makes it difficult to find products that meet operational requirements and accessibility at the same time. An example of this are tools used to canvas opinions in video-based meetings.
* Employees are not broadly aware of readily available training for using digital technology with assistive technologies, e.g., screen readers.

### Goal 13: Access to CIHR information (information management) is increased.

#### Action 13.1: Complete project to digitize CIHR paper records.

##### Description

Access to CIHR information will be enabled through an ongoing project to digitize CIHR’s paper records. Scanning of CIHR information existing in paper records will be completed. All digitized files will be in accessible format in the Electronic Document and Records Management system.

##### Lead

* Digital and Security Services Branch

##### Timeline

2023-2025

### Goal 14: Existing technology is adapted, where possible, and updated to improve accessibility. New digital systems and technology purchased best meet accessibility requirements.

#### Action 14.1: Seek out emerging advancements in accessible technology.

##### Description

CIHR will continue to review the tools used to test for accessibility as compliance standards may change over time.

##### Lead

* Digital and Security Services Branch

##### Timeline

2023-2024 and ongoing

#### Action 14.2: Continue to review existing CIHR systems for accessibility compliance.

##### Description

This ongoing review looks for gaps in accessibility. Plans are developed to address gaps in existing systems that do not fully meet accessibility standards. For systems that are in their sunset phase (i.e., end of life cycle), a cost-benefit decision will determine the direction to take.

##### Lead

* Digital and Security Services Branch

##### Timeline

2023-2024 and ongoing

#### Action 14.3: Confirm the accessibility compliance of the Tri-Agency Grant Management Solution (TGMS).

##### Description

TGMS is the planned future on-line system for managing grants and awards and associated CVs, replacing the current grants management system that CIHR has used for many years.

##### Lead

* Digital and Security Services Branch and partners NSERC and SSHRC

##### Timeline

2024-2026

#### Action 14.4: Assess the need for hands-on technical support for teleworking (outside NCR) employees.

##### Description

CIHR will conduct a review of technology, related tools, and their set up in remote work locations to decide how best to support and provide training for any accessibility requirements in the future.

##### Lead/Support

* Digital and Security Services Branch
* Finance and Administration Branch

##### Timeline

2024-2025

### Goal 15: Websites and web-related tools and templates meet technical/functional accessibility requirements for use by employees and external users.

#### Action 15.1: Conduct an accessibility review of websites and templates.

##### Description

CIHR websites and templates will be reviewed to ensure all Web pages and materials are available in accessible formats by default. This includes intranet content and all forms.

This review also includes providing basic user guidance to support accessibility in the templates. Feedback mechanisms will be in place to share user experience with these sites and tools.

##### Lead/Support

* Communications Branch
* Digital and Security Services Branch

##### Timeline

2023-2024 and ongoing

#### Action 15.2: Review and update accessibility testing and web content accessibility guidance documents.

##### Description

CIHR has guidance documents to test software for accessibility. Guidance documents are also in place for web content accessibility. In both cases guidance needs to be updated to reflect current and new practices that emerge.

##### Lead/Support

* Digital and Security Services Branch
* Communications Branch

##### Timeline

2023-2024 and ongoing

### Goal 16: Users of assistive technologies and IT employees are trained to make full use of assistive software and technologies.

#### Action 16.1: Identify and deliver training for users of assistive technologies. Identify and deliver training for IT employees who implement/support users of assistive technologies.

##### Description

This includes doing a review of all assistive technologies currently in use at CIHR (e.g., screen readers).

The next step is to find training options that can be delivered in several ways to meet group or individual needs.

##### Lead/Support

* Digital and Security Services Branch
* Human Resources Branch

##### Timeline

2023-2024 – Identify training needs  
2024-2025 – Deliver training

### Communication, other than Information and Communication Technologies

### Objective

To provide accessible information and to ensure that CIHR communications products and services are inclusive and respectful of persons with disabilities.

### Context

CIHR Communications Branch follows the GoC [Content Style Guide](https://www.canada.ca/en/treasury-board-secretariat/services/government-communications/canada-content-style-guide.html) and the [Canada.ca Content and Information Specification](https://www.canada.ca/en/treasury-board-secretariat/services/government-communications/canada-content-information-architecture-specification.html) in its creation of web content and web design. These writing and design principles and techniques help make web content clear and adapted to the needs of all people.

CIHR websites comply with the Canada.ca design system and the Standard on Web Accessibility. This includes providing documents in accessible formats on internal and external websites, or providing them in multiple formats, e.g., Microsoft Word, HTML (Hypertext Markup Language), PDF (Portable Document Format).

The organization continues to standardize web content and navigation in preparation for migration of external websites to Canada.ca.

CIHR hosts a variety of internal and external events for different audiences which may include the public, members of the research community, media, or employees. Most events are either fully virtual or a hybrid in-person and virtual. Most virtual technologies offer some accessibility options such as closed captioning.

### Barriers

Barriers related to communications fall within three categories:

* Plain Language
  + Further review and simpler language are needed in certain areas with particular attention to our broad public and employee communications.
* Accessible CIHR content and templates
  + Departmental content and templates (e.g., digital content, announcements, reports, decks, forms) are not all in accessible format.
* Events
  + Most events do not currently offer a sign language choice to attendees and some presentation formats may be inaccessible.
  + The available physical meeting spaces at the current office location (160 Elgin Street) may not be accessible for individuals who have specific mobility requirements.

### Goal 17: Readability of CIHR documents is improved across internal and external communications.

#### Action 17.1: Develop and implement a Plain Language Strategy to raise awareness among all employees.

##### Description

As part of a Plain Language Strategy, communications practitioners adopt a quality assurance process for better document readability.

Plain language tools and awareness activities are promoted to increase plain language skills based on [Guidelines on Making Communications Products and Activities Accessible- Canada.ca.](https://www.tbs-sct.canada.ca/pol/doc-eng.aspx?id=32728)

##### Lead

* Communications Branch

##### Timeline

2023-2025

### Goal 18: Departmental events are planned to be inclusive and accessible by design.

#### Action 18.1: Promote and socialize guidance on accessibility best practices for events.

##### Description

Best practice tools, checklists are adapted to CIHR context per the type of event and type of audience and shared with employees across the organization. Periodic reminders are issued.  
Note: The Procurement section of this plan includes an action to set up contracts for alternate format services (e.g., sign language interpreter resources).

##### Lead

* Communications Branch

##### Timeline

2023-2024

### Goal 19: Resources and tips are available to support the creation and dissemination of accessible content.

#### Action 19.1: Promote the use of accessibility resources and tips.

##### Description

Resources and tips will be promoted on how to create accessible content, alternate formats and when these should be used (e.g., resources such as Accessibility Checker).

##### Lead

* Communications Branch

##### Timelines

2023-2025

## Design and Delivery of Programs and Services

### Objective

Identify, remove and prevent instances of ableism and barriers to accessibility within the design and delivery of CIHR’s health research funding programs, so that they are proactively accessible, inclusive, and equitable

### Context

CIHR has undertaken a number of practice and policy actions to help identify, remove and prevent barriers to accessibility.

* Commitment to improving accessibility at CIHR through specific actions in the [CIHR Strategic Plan 2021-2031](https://cihr-irsc.gc.ca/e/52334.html#s_3_2).
* Established (2022) the [CIHR External Advisory Committee on Accessibility and Systemic Ableism](https://cihr-irsc.gc.ca/e/52841.html) to guide CIHR’s work on accessibility and systemic ableism related to research program design and delivery and services. Members include health researchers living with disabilities, experienced allies, accessibility advocates, leaders within disability communities, and representatives from key interest groups including patient partners and Indigenous community members.
* Launch of a self-identification questionnaire (2018) for all applicants to CIHR to help us understand who applies to CIHR, who receives funding, and who may experience barriers in our funding system. CIHR regularly publishes [competition data](https://cihr-irsc.gc.ca/e/50581.html) and uses it to make program improvements.
* Launch of a [self-identification questionnaire](https://cihr-irsc.gc.ca/e/50956.html) for all CIHR peer reviewers (2022) to help us create diverse and inclusive peer review committees, understand current committee composition, and identify gaps in experience and expertise.
* Supports available to applicants include extension to deadlines (available upon request) and dedicated space in an application form to [explain circumstances that have impacted research productivity and career progression](https://cihr-irsc.gc.ca/e/48437.html).
* [Mandatory training](https://cihr-irsc.gc.ca/lms/e/bias/) for CIHR peer reviewers on biases that can affect the evaluation of a grant or award application. This learning module is currently being updated to include explicit information related to ableism and biases towards persons with disability.
* Supportive policies, including [medical and disability leave](https://www.nserc-crsng.gc.ca/InterAgency-Interorganismes/TAFA-AFTO/guide-guide_eng.asp#a4) for grant and award holders[, allowance of part-time work](https://www.nserc-crsng.gc.ca/Students-Etudiants/Guides-Guides/TriRTA-TriBFR_eng.asp#research) (for some training programs) and accommodations for participation in peer review committee meetings (available upon request).
* CIHR is a signatory to the San Francisco [Declaration on Research Assessment](https://sfdora.org/), a collaborative effort of international research-related organizations to rethink the way in which research and researcher excellence is defined and assessed.

### Barriers

Activities to identify barriers to full participation of persons with disability in the health research funding system have been completed, including:

* An environmental scan of peer-reviewed and non-academic literature (e.g., commentaries, personal blogs, social media posts).
* A review of policies and practices at CIHR.
* Focused discussions with the [CIHR External Advisory Committee on Accessibility and Systemic Ableism](https://cihr-irsc.gc.ca/e/52841.html).
* [Virtual discussion sessions](https://cihr-irsc.gc.ca/e/52967.html) with people with a disability or health condition that affects how they interact with the health research funding system.
* A survey for people with a disability or health condition that affects how they interact with the health research funding system.
* A survey for allies, or those who have helped others navigate the health research funding system.

As of December 2023, consultations reviewing its policies, practices, programs, and services have been completed. The identified barriers regarding Design and Delivery of programs and services are undergoing internal approvals and therefore, barriers have not been publicly identified at this time. Once barriers are confirmed, they will be included, along with its action items in a revised Accessibility Plan and subsequent progress reports.

Actions

Actions in this Plan focus on those barriers to accessibility and issues of ableism that are under the direct control of CIHR. Based on evidence gathered to date, we understand that there are systemic barriers across the broader health research funding system that affect how people access CIHR programs and services. Consultations to identify these barriers, and their impacts, are still underway. As such, actions in this iteration of *CIHR’s Accessibility Plan* are related to ongoing consultations and the subsequent development of an in-depth action plan that goes beyond the requirements of the ACA. Identified barriers as it relates to the Design and Delivery of programs and Services along with its action items to address them will be included in a revised Accessibility Plan and subsequent progress reports.

### Goal 20: CIHR will become a leader in identifying and addressing barriers to accessibility and issues of ableism in the health research funding system.

#### Action 20.1: Conduct surveys with people who interact with the health research funding system on barriers and potential solutions.

##### Description

Gather information on barriers to accessibility, issues of ableism, and potential solutions from persons with disability, those with a health condition that affects how they interact with the health research funding system, and experienced allies via a fully accessible survey. This information will be used to inform Action 20.4 below.

##### Lead/Support

* Equity Strategy Branch
* Communications Branch

##### Timeline

2023-2024

#### Action 20.2: Conduct engagements with relevant organizations on common barriers, lessons learned and potential solutions.

##### Description

Information will be gathered from an operational perspective from relevant organizations who are also working to identify, prevent and address barriers to accessibility and issues of ableism. This will include other funding agencies, health charities, and post-secondary tables. This information will be used to inform Action 20.4 below.

##### Lead/Support

* Equity Strategy Branch
* Strategic Partnerships and International Relations Branch

##### Timeline

2023-2024

#### Action 20.3: Conduct consultations with CIHR staff responsible for the design and delivery of programs and services.

##### Description

Gather information from an internal perspective on feasibility of proposed actions, barriers to operationalizing proposed actions, and implementation of potential solutions. This information will be used to inform Action 20.4. below.

##### Lead

* Equity Strategy Branch

##### Timeline

2023-2024

#### Action 20.4: Co-develop and publish an in-depth action plan that goes beyond barriers at CIHR.

##### Description

In collaboration with the EAC – ASA, CIHR will co-develop an in-depth action plan that goes beyond barriers at CIHR and aims to eliminate systemic ableism in the health research funding system. Where relevant, actions identified will be integrated into future iterations of the *CIHR Accessibility Plan*.

##### Lead

* Equity Strategy Branch

##### Timeline

2023-2024

### Goal 21: CIHR will integrate principles of universal design and value diverse lived, learned, and professional experiences throughout all our programs, processes, and policies.

#### Action 21.1: Establish a permanent External Advisory Committee on Ableism and Accessibility to guide the design and delivery of programs and services.

##### Description

A permanent committee will provide CIHR guidance on implementation, evaluation, and refreshing actions in this *Accessibility Plan* related to the design and delivery of programs and services and in the upcoming in-depth action plan on systemic ableism and accessibility (see Action 20.4).

##### Lead/Support

* Equity Strategy Branch
* Governance Secretariat
* Program Design and Delivery Branch

##### Timeline

2024-2025

#### Action 21.2: Establish a mechanism(s) for continued consultation when designing and implementing actions related to the design and delivery of programs and services.

##### Description

CIHR will establish a mechanism(s) for ongoing consultation of persons with disabilities when designing and implementing actions related to the design and delivery of programs and services.

##### Lead/Support

* Strategic Partnerships and International Relations Branch
* Equity Strategy Branch
* Program Design and Delivery Branch

##### Timeline

2024-2025

#### Action 21.3: Explore ways to make recruitment processes and selection criteria for decision-making bodies (e.g., advisory committees, peer review committees) inclusive by default.

##### Description

CIHR will investigate and apply best practices in accessibility, inclusion, and universal design so that our recruitment processes and selection criteria result in membership with diverse lived, learned and professional experience.

##### Lead/Support

* Governance Secretariat
* College of Reviewers
* Program Design and Delivery Branch
* Equity Strategy Branch

##### Timeline

2024-2025

#### Action 21.4: Implement a self-identification questionnaire for members of decision-making committees.

##### Description

A self-identification questionnaire will help identify gaps in representation of membership for groups that provide guidance to CIHR and/or make decisions related to health research funding. This action is linked to outcome 1.1 in the [Tri-Agency EDI Action Plan](https://www.nserc-crsng.gc.ca/InterAgency-Interorganismes/EDI-EDI/Action-Plan_Plan-dAction_eng.asp).

##### Lead/Support

* Governance Secretariat
* Equity Strategy Branch

##### Timeline

2024-2025

#### Action 21.5: Undertake a review of application templates, instructional materials, and learning modules specific to grant and award processes.

##### Description

Based on identified barriers and guidance from the EAC – ASA (action 21.1) and consultations (action 21.2), a continuous improvement process will be undertaken to identify barriers to accessing and using the various forms and other materials needed for our programs and services. Redesign will incorporate best practices in universal design.

##### Lead/Support

* Program Design and Delivery Branch
* Equity Strategy Branch

##### Timeline

2024-2025 and ongoing

#### Action 21.6: Based on identified barriers and guidance from the EAC – ASA (action 21.1) and consultations (action 21.2), CIHR will undertake a review of current peer reviewer eligibility, selection criteria, and responsibilities.

##### Description

A review will help identify and integrate impacts of disability on requirements to becoming a peer reviewer and completing tasks related to their role. CIHR will investigate and apply best practices in accessibility, inclusion, and universal design so that our recruitment processes and selection criteria result in participation of peer reviewers with diverse lived, learned and professional experience.

##### Lead/Support

* College of Reviewers
* Equity Strategy Branch
* Science Policy Branch
* Program Design and Delivery Branch

##### Timeline

2024-2026

#### Action 21.7: Integrate alternate ways of demonstrating knowledge and scholarship in the application and peer review processes.

##### Description

Building on work to champion a more inclusive concept of research excellence ([CIHR Strategic Plan Priority A](https://cihr-irsc.gc.ca/e/52334.html#s_3_1)), CIHR will integrate alternate ways of demonstrating knowledge and scholarship in the application and peer review process, expand what we consider as an excellent researcher and excellent research, and how those concepts are assessed within CIHR. This work links to CIHR’s work within the [San Francisco Declaration on Research Assessment](https://sfdora.org/read/) to redefine how research excellence is assessed across the broader health research funding system.

##### Lead/Support

* Science Policy Branch
* Equity Strategy Branch
* Program Design and Delivery Branch

##### Timeline

2023-2024 and ongoing

## Procurement of Goods, Services and Facilities

***Note***: ‘Facilities’ in this context in a good or service (e.g. renting meeting space in a hotel or conference centre) as opposed to facilities managed by CIHR under the Built Environment section of this Plan.

### Objective

Accessibility is integrated in the procurement process for goods and services used by CIHR.

### Context

Goods and services obtained by CIHR enable the organization’s operations in a wide range of ways. The accessibility of goods and services bought to fulfil its mandate is a fundamental part of setting up and keeping an accessible environment at CIHR.

CIHR applies the Purchasing Directive and related tools in place for federal government departments and agencies by Public Services and Procurement Canada (PSPC) so that accessibility clauses are included in our contracting processes.

### Barriers

* Industry standards for accessibility may be unknown for some goods and services, or there may be challenges as to the availability of goods and services that have the accessibility features CIHR needs.
* More procurement business processes/tools need to be in place to support accessibility-related purchases and contracts.
* Timeliness challenges may arise to buying accessibility-related goods and service during the procurement process.

### Goal 22: Subject matter experts help with identifying industry standards, market research/analysis of specialized goods and services as needed.

#### Action 22.1: Continue to expand collaboration with GoC subject matter experts and the GoC procurement community of practice.

##### Description

CIHR leverages the resources and expertise elsewhere in the GoC for best practices and guidance on accessible contracting and procurement.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2024 and ongoing

#### Action 22.2: Secure third-party subject matter expertise.

##### Description

Establish agreement(s) as needed with external organizations that have expertise in accessibility-related market research, analysis, and industry standards for highly specialized goods/services.

##### Lead

* Finance and Administration Branch

##### Timeline

2024-2025 and ongoing as needed

#### Action 22.3: Establish a list of accessibility standards.

##### Description

A list of accessibility standards is set up and kept for the most used goods and services.

##### Lead

* Finance and Administration Branch

##### Timeline

2024-2025

### Goal 23: Documented business processes/tools are in place for including accessibility considerations when obtaining goods and services.

#### Action 23.1: Update the procurement business process.

##### Description

Steps are included in the procurement business process for how to consider accessibility when a purchase/contract is started, e.g., mandatory accessibility checkpoints included at key steps in the procurement process, inclusion of end-user feedback to help define procurement statements of work.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2024

#### Action 23.2: Update the procurement tracking and reporting tool.

##### Description

Accessibility requirements are integrated in the existing procurement tracking and reporting process.

##### Lead

* Finance and Administration Branch

##### Timeline

2024-2025

### Goal 24: Procurement measures are in place for prompt access to accessible format goods and services, e.g., sign language services and CART (Communication Access Realtime Translation) captioning.

#### Action 24.1: Simplify low dollar value purchases.

##### Description

The administrative process to follow is changed for ease of buying low dollar value assistive items and devices.

##### Lead

* Finance and Administration Branch

##### Timeline

2023-2024

#### Action 24.2: Establish multi-year contract options for accessibility-related services.

##### Description

Contract options are set up for ease of access to commonly needed accessibility-related services across the organization.

##### Lead

* Finance and Administration Branch

##### Timeline

2024-2026

### Goal 25: Procurement officers consider accessibility in all procurement actions, providing consistent guidance on applying considerations during the procurement process.

#### Action 25.1: Deliver training for procurement officers.

##### Description

Training delivered is focused on integrating accessibility requirements in contracting and purchasing processes.

##### Lead

* Finance and Administration Branch

##### Timeline

2024-2025

## Transportation

CIHR has carefully reviewed all of its policies, programs, and services and has identified no specific barriers to transportation at this time.

In the event of changes to the telework policy, CIHR is committed to consult with the persons with disabilities network in the area of transportation to identify barriers.

# Glossary of Acronyms

**AAACT**  
Accessibility, Accommodation and Adaptive Computer Technology program  
AAACT is for federal public servants with disabilities or injuries. AAACT offers a wide range of adaptive computer technologies, tools, training, services, and resources. Their programs and support help users explore, experiment, and learn about adaptive solutions and collaborative workplaces. They create individual work plans that allow federal public servants to work collaboratively in a safe, accessible, and productive environment.

**ACA**  
Accessible Canada Act

**CSPS**  
Canada School of Public Service  
Leads the government's enterprise-wide approach to learning by providing a common, standardized curriculum that supports federal public servants through key career transitions, ensuring that they are equipped to serve Canadians with excellence.

**CIHR**  
Canadian Institutes of Health Research

**CPA**  
Core public administration   
Consists of organizations, primarily ministerial departments, listed under schedules I and IV of the Financial Administration Act, where Treasury Board serves as the direct employer for public servants in these organizations, and sets pay rates and other workplace policies.

**EDI**  
Equity, diversity, and inclusion

**GC**  
CIHR’s Governing Council

**GoC**  
Government of Canada

**IT**  
Information technology

**OPSA**  
Office of Public Service Accessibility

**PSPC**  
Public Services and Procurement Canada

# Glossary of Terms

**Ableism:** Prejudiced thoughts and discriminatory actions based on differences in physical, mental and/or emotional ability; usually that of able‐bodied/minded persons against people with illness, disabilities, or less developed skills.  
(Source: [Glossary of Terms: Race, Equity and Social Justice | icma.org](https://icma.org/glossary-terms-race-equity-and-social-justice#R))

**Accessibility:** The quality of an environment that enables a person to access it with ease.  
(Source: [Guide on Equity, Diversity and Inclusion Terminology](https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng?utm_campaign=pspc-spac-guide-terminologique-22-23&utm_medium=eml&utm_source=dgcommunications&utm_content=infolettre-fr-220331))

**Alternate format:** These are formats that present printed or electronic documents in different formats in order to ensure everyone has equal access to the information. Persons with disabilities often use adaptive/assistive technology that require an alternate/accessible format so the technology can access the information in a specific manner for the user.  
(Source: [Queens University Accessibility Hub: What are Alternate Formats?](https://www.queensu.ca/accessibility/tutorials/what-are-alternate-formats))

**Assistive devices:** Assistive devices are external devices that are designed, made, or adapted to assist a person to perform a particular task. Many people with disabilities depend on assistive devices to enable them to carry out daily activities and participate actively and productively in community life.  
(Source: [National Library of Medicine - Assistive devices)](https://www.ncbi.nlm.nih.gov/books/NBK310951/)

**Barriers:** Means anything — including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice — that hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation.  
(Source : [Accessible Canada Act](https://laws.justice.gc.ca/eng/acts/A-0.6/FullText.html#h-1153395))

**Disability:** Disability means 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.  
(Source: [Accessible Canada Act](https://laws.justice.gc.ca/eng/acts/A-0.6/FullText.html#h-1153395))

**Discrimination:** Unfavorable or unfair treatment towards an individual or group based on their race, ethnicity, color, national origin or ancestry, religion, socioeconomic status, education, sex, marital status, parental status, veteran’s status, political affiliation, language, age, gender, physical or mental abilities, sexual orientation or gender identity.  
(Source: [Glossary of Diversity, Equity, and Inclusion Terms](https://seramount.com/research-insights/glossary-diversity-equity-and-inclusion/#:~:text=Glossary%20of%20Diversity%2C%20Equity%2C%20and%20Inclusion%20Terms%20,individuals%20becau%20...%20%2028%20more%20rows%20))

**Employment Systems Review:** An employment systems review is a comprehensive review of an organization’s policies and practices to identify systemic and attitudinal barriers to employment opportunities for designated group members. The goal of the employment systems review is to provide an explanation for major gaps in representation, and to serve as the basis for developing an employment equity action plan to address barriers.  
(Sources: [Employment Systems Review - A Guide For The Federal Public Service - Canada.ca](https://www.canada.ca/en/public-service-commission/services/appointment-framework/guides-tools-appointment-framework/employment-systems-review-guide-federal-public-service.html))

**Lived Disability Experience:** The lived body disruption engendered by loss of [functionality], includes a change in the character of surrounding spaces, an alteration in one’s taken-for-granted awareness of (and interaction with) objects, the disruption of corporeal identity, a disturbance in one’s relations with others, and a change in the character of temporal experience.  
(Source: S. Kay Toombs - <https://www.jstor.org/stable/20011069>)

**Lived Experience:** People’s experiences, [and] how people live through and respond to those experiences. The term comes from qualitative research methods, where knowledge is sought through engaging with people’s accounts of their experiences. In social policy, lived experience is increasingly used to frame user involvement in service improvement. It is a mechanism for participatory democracy, giving marginalised groups genuine opportunities to contribute to policy making through the expertise of their lived experience.  
(Source: [Australian Institute of Family Studies](https://aifs.gov.au/resources/short-articles/lived-experience-people-disabilities))

**Medical model of disability:** Definition of disability is related to biology and not the social or geographical environments. Disability is regarded as a defect or sickness.

This model places the source of the problem within the person (intrinsic to the individual) = solutions found by focusing on the person. The medical model often refers to a disabled person as a victim: This can be very patronizing and offensive.  
(Source: [Public Service Alliance of Canada](https://old.psac-ncr.com/defining-disability-medical-model-social-model-disability#:~:text=The%20Medical%20Model&text=Disability%20is%20regarded%20as%20a,be%20very%20patronizing%20and%20offensive.))

**Neurodiversity:** Refers to the variation in the human brain regarding sociability, learning, attention, mood and other mental functions.  
(Source: [Glossary of Diversity, Equity, and Inclusion Terms](https://seramount.com/research-insights/glossary-diversity-equity-and-inclusion/#:~:text=Glossary%20of%20Diversity%2C%20Equity%2C%20and%20Inclusion%20Terms%20,individuals%20becau%20...%20%2028%20more%20rows%20))

**People/person with disability:** Refers to individuals with a disability. This term utilizes Person-First Language, which posits that a person isn’t a disability, condition, or diagnosis but rather, a person has a disability, condition or diagnosis. Replaces the terms, Handicap, The Handicapped, The Disabled, Wheelchair-bound, Cripple, which do not reflect the individuality, equality or dignity of people with disabilities.  
(Source: [Glossary of Diversity, Equity, and Inclusion Terms](https://seramount.com/research-insights/glossary-diversity-equity-and-inclusion/#:~:text=Glossary%20of%20Diversity%2C%20Equity%2C%20and%20Inclusion%20Terms%20,individuals%20becau%20...%20%2028%20more%20rows%20))

**Social model of disability:** The Social Model views disability as a consequence of environmental, social and attitudinal barriers that prevent people with an impairment from a maximum participation in society. This model centers on social barriers that keep persons with a disability from participating actively in all political and social institutions.

This model places the source of the problem on society = solutions must focus on social change and not solely on the individual with the disability. This model focuses not only on physical or environmental but also other barriers of a social nature such as prejudice, stereotyping. “Barriers experienced by people with disabilities in society are not necessarily caused by our disabilities, but rather the result of living in a society that is designed by and for non-disabled people”.  
(Source: [Public Service Alliance of Canada](https://old.psac-ncr.com/defining-disability-medical-model-social-model-disability#:~:text=The%20Medical%20Model&text=Disability%20is%20regarded%20as%20a,be%20very%20patronizing%20and%20offensive.))

**Systemic Ableism:** Includes the physical barriers, policies, laws, regulations, and practices that exclude people with disabilities from full participation and equal opportunity. This can be seen through lack of accessibility or accommodations in schools and in the workplace, when buildings aren’t accessible (i.e., no ramps or elevators, no interpreters available), or through ableism in healthcare, such as limited or no insurance coverage for people with ‘pre-existing conditions,’ or [triage policies](https://themighty.com/2020/03/covid-19-hospital-rationing-disabilities/) that allow doctors to deny care based on factors including a patient’s medical history and disabilities.  
(Source: [Diversability](https://mydiversability.com/blog/2020/8/20/what-you-need-to-know-about-ableism))

**Unconscious bias:** The subliminal tendency to favor certain people or groups of people based upon learned stereotypes. It can be interchangeable with the term “implicit bias”. It refers to social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one’s tendency to organize social worlds by categorizing.  
(Source: [Glossary of Diversity, Equity, and Inclusion Terms](https://seramount.com/research-insights/glossary-diversity-equity-and-inclusion/#:~:text=Glossary%20of%20Diversity%2C%20Equity%2C%20and%20Inclusion%20Terms%20,individuals%20becau%20...%20%2028%20more%20rows%20))

**Workforce availability:** For the core public administration, workforce availability refers to the estimated availability of people in designated groups as a percentage of the workforce population. For the core public administration, workforce availability is based on the population of Canadian citizens who are active in the workforce and who work in those occupations that correspond to the occupations in the core public administration.   
(Source: [Employment Equity in the Public Service of Canada](https://www.canada.ca/en/government/publicservice/wellness-inclusion-diversity-public-service/diversity-inclusion-public-service/employment-equity-annual-reports/employment-equity-public-service-canada-2017-2018.html))