

# Multi-Year Accessibility Plan

## Plan Objective

Crohn's and Colitis Canada is committed to working towards full compliance with the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). In doing so, we affirm our commitment to providing quality services in a manner that respects the dignity and independence of persons with disabilities.

The Multi-Year Accessibility Plan outlines the policies, achievements and actions that Crohn's and Colitis Canada has taken and the work underway to improve opportunities for people with disabilities. The current plan covers a four-year period (2023-2026) to align with our strategic plan.

## Statement of Commitment

Crohn's and Colitis Canada is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in inclusion, access and equal opportunity. This means treating people fairly and considering and accommodating different barriers and needs. We are committed to meeting the needs of people with disabilities in a timely manner and will do so by preventing and removing barriers to accessibility and meeting the requirements under AODA.

Crohn's and Colitis Canada is committed to developing, implementing and maintaining policies that govern how the organization achieves or will achieve accessibility through meeting this regulation. To facilitate this commitment, Crohn's and Colitis Canada has established a multi-year accessibility plan, that is reviewed and updated at least once every five years, to identify progress made in addressing barriers and will be posted on the Crohn's and Colitis Canada website and shared internally.

## Accessibility Goals

As the organization has recently grown to employ more than 50 people in Ontario, we are learning about our increased responsibilities around AODA. Our ongoing commitment to accessibility has not changed.

Crohn's and Colitis Canada always strives to ensure our policies, practices and procedures are consistent with the following accessibility goals:

- Ensuring people with disabilities have equitable access to information, employment, programs and services at Crohn's and Colitis Canada in a manner that respects their dignity and independence.
- Being responsive to feedback related to accessibility at Crohn's and Colitis Canada and broader support for people with disabilities.
- Recognizing the diversity of identities within our communities.
- Collecting data, tracking and publicly reporting on our support for people with disabilities, setting goals and planning initiatives accordingly.

Through achieving these goals, we seek to meet and exceed AODA compliance.

## **Accessibility Policies**

Crohn's and Colitis Canada has the following accessibility policies related to the general requirements and standards under AODA that apply to our work:

- Accessibility Policy
- Individual Accommodation and Return to Work Policy

## **Key Successes to Date**

- Implemented mechanisms to make the process of requesting an accommodation more flexible and accessible.
- Completed an accessibility audit of our website in June of 2020.
- Focused on accessibility when in the process of launching our new brand and materials.
- Strengthened our communications on the job page of our website to welcome and encourage applicants with disabilities.
- Ensured our online applications for patient programs have contact information to request applications in alternate formats.
- Ensured written content on our website for folks living with Crohn's disease or ulcerative colitis is at a grade 8 reading level.
- Provided captions and alternative learning formats for education events when requested.

## **Customer Service**

Regarding customer service, Crohn's and Colitis Canada commits to:

- Reviewing our processes for facilitating and coordinating events which engage the public to ensure these events are accessible.

- Providing persons with disabilities an opportunity equal to that given to others to obtain, use or benefit from the services Crohn's and Colitis Canada offers.
- Ensuring persons with disabilities may use assistive devices and / or support persons in the access of services.
- Ensuring persons with disabilities and their service animals are accommodated in all aspects of service provision unless the service animal is otherwise excluded by law.

## Information and Communication

In regards to Information and Communication, Crohn's and Colitis Canada commits to:

- Reviewing the management of our websites to ensure content is AODA compliant.
- Providing clear and transparent instructions and information on available accommodation supports and services for people with disabilities.
- Providing accessibility training for all staff who post on our website or social media.

## Supporting an Inclusive Workplace

In regards to both Employment and Training, Crohn's and Colitis Canada commits to:

- Continuing training with both employees and volunteers on AODA and accessibility in the workplace.
- Reminding all staff of the available accommodation process, including how and when to request accommodation and what to expect after submitting a request.
- Providing training for managers on engaging employees seeking accommodation with dignity and respect.

## Questions and Concerns

We welcome feedback on our accessibility plan, policies and customer service. To provide feedback, please submit your information through any of the following formats:

- Via the Accessibility Feedback Form on our website
- By email at [hr@crohnsandcolitis.ca](mailto:hr@crohnsandcolitis.ca)
- By telephone at 1-800-387-1479 ex. 231
- Or in person or by mail at 2110-439 University Ave. Toronto, ON M5G 1Y8.

## Definitions

**Barrier** – anything that prevents a person with a disability from fully participating in all aspects of society because of their disability, including a physical barrier, an architectural

barrier, an informational or communications barrier, an attitudinal barrier, a technology barrier, or a systemic barrier.

**Physical or architectural barrier** –barriers in the environment, generally features of buildings and spaces, that prevent access for people with disabilities.

Examples include:

- Doorways and hallways that are not wide enough for people using wheelchairs or scooters to access
- Poor lighting for people with low vision
- Telephones that are not equipped with telecommunications devices for people who are deaf, deafened or hard of hearing

**Informational or communications barrier** – barriers that arise when a person with a disability cannot easily receive and / or understand information that is available to others.

Examples include:

- Print that is too small to read
- Website pictures are not described and are not accessible to people who rely on assistive technology
- Marketing and communications are not inclusive, either in depicting people with disabilities, including them as a potential target audience, or in considering them

**Attitudinal barrier** – barriers from discrimination against people with disabilities that may result in people with disabilities being treated differently than people without disabilities.

Examples include:

- Assuming a person who has a speech impediment cannot understand you
- Avoiding a person with a disability in fear of saying the wrong word or offending them
- Thinking that every person with a disability will need costly accommodation

**Technology barrier** – barriers that occur when technology or the way it is used does not meet the needs of people with disabilities

Examples include:

- Emails or other electronic communications are not accessible to people who use screen readers
- Websites that don't support screen reading devices
- Having only one way for your customers to reach you

**Systemic barrier** – barriers from aspects of policies, practices and procedures that result in people with disabilities being treated differently than others or sometimes excluded altogether.

Examples include:

- Using certain cleaning products that can cause allergic reactions
- Hiring policies that do not encourage applications from people with disabilities
- People with disabilities are excluded from events, or included as an afterthought when planning events

**Disability** – is defined by the Ontario Human Rights Code as:

- a. Any degree of physical disability, infirmity, malformation, or disfigurement that is caused by bodily injury, congenital disability and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or a wheelchair or other remedial appliance or device,
- b. A condition of mental impairment or a developmental disability,
- c. A learning disability or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d. A mental disorder, or
- e. An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

A disability may be temporary, episodic or permanent. Disabilities differ in severity, may be visible or non-visible, and the symptoms of the disability may come and go.

<b>Plan:</b> Multi-Year Accessibility Plan	<b>Applies To:</b> All employees
<b>Executive Champion:</b> VP, People	<b>Frequency of Review:</b> Every five years
<b>Approved By:</b> SLT	<b>Last Reviewed:</b>
<b>Issue Date:</b> December 2023	<b>Next Scheduled Review:</b> 2026