



Enabling Accessible Healthcare Delivery

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ACTIVITIES

Activities

Activity 1: Ephemera

Activity: Learning Objectives

- Explore the historical and contemporary forces shaping disability experience.
- Introduce strategies disabled, Mad, and Deaf people create to access their environments.

Activity Instructions

Below you will find an array of images. Each image has significance for the understandings and experiences of disability, primarily in a global north context.

Your task is to consider and explore the connection to the items and terms reflected in these images. Before selecting the icon on each item to learn more, consider the item and the following reflection questions:

- What do you know about this object or term? What was its original purpose and for whom?
- What do you think the significance of this object or term has for disability experience? In your response consider how the object relates to access, individual agency, autonomy, well-being, legacies of health inequities, equity and/or justice. Keep in mind the complexity of disability experience – the ways in which it relates to social relationships of race, colonization, class, gender, sexuality, migration, age.

After reflecting on these questions, select the icons on each image to access resources and learn more about each item. Select the button in the top right corner to expand the image to your full screen.



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Reflection Moment

After exploring, consider the following question:

- **How do you imagine using this knowledge in future practice?**



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<https://pressbooks.library.torontomu.ca/accessiblehealthcare/?p=103#h5p-47>

Activity 2: Mapping Health Access

Activity: Learning Objectives

- Survey resources according to their compliance with legislated accessibility standards.
- Identify and critically reflect upon cross-disability and intersectional access in healthcare resources/recommendations.
- Develop multi-modal and other ‘**access gestures**’ to support the creation of a collective digital map of healthcare resources.
- Critically reflect on the process of producing collective access.

Activity Preparation

Before you begin this activity:

- **Read:** Hamraie, A. (2018). Mapping Access: Digital Humanities, Disability Justice, and Sociospatial Practice. *American quarterly* 70 (3), 455-482. Retrieved from: <http://ezproxy.lib.torontomu.ca/login?url=https://www.proquest.com/scholarly-journals/mapping-access-digital-humanities-disability/docview/2184228899/se-2?accountid=13631>
- **Watch:** [Mapping Access documentary \(captioned\)](#)

Background

Over the past few years, the critical design lab has established participatory mapping projects, drawing on collective knowledge to uncover accessible spaces that disabled people may be able to visit and occupy.

In the mapping access project, geographical information systems and crowdsourcing come together to document sites of inclusion and exclusion while critically redefining how we think about accessibility. Key to this work is centering the knowledges of those who are doing the mapping (disabled, sick, mad, Deaf, neurodiverse, trans, Black, Indigenous, and racialized people).

In their paper, Hamraie (2018) acknowledges that these disability surveys can provide useful information. Yet this compliance-based approach does little to reveal the fullness of disability inclusion and its disruptive potential to the normative able-bodied expectations built into our physical and social organization.

Mapping Access starts with a survey of the physical space around us to document its compliance with accessibility legislation, as a way to tangibly demarcate disability exclusion and inclusion.

The next step in mapping is to share stories and histories of surveyed places and spaces to reveal the social relationships and cultural assumptions therein. Through these stories, the limits of codified compliance are surfaced. A sense of cross-disability access is developed as well as the tensions produced in moments of access friction – where access requirements and experiences of inclusion and exclusion come into conflict. Stories also allow us to explore the intersectional complexity of access: how does physical access via a ramp, an automatic door or great audio-description inadvertently lead us to other forms of exclusion such as racism, Islamophobia, sexism, transphobia, ageism...

Hamraie notes that critical mapping allows us to “treat access as an open-ended process, a negotiation, and an intersectional and multimodal issue, rather than an easily achievable end point...it recognizes marginalized experts; redefines data, crowdsourcing, and public participation; offers new stories about disability and public belonging; and materializes the principles of disability justice” (456).



Activity Instructions

In this exercise, students will identify and map health resources in their communities, critically reflecting on the meanings of access, health and care.

You will be contributing to a disability survey of health resources in your area. Start by assembling the the following information on this [Google Form](#) for two health resources:

- Name
- Address
- Compliance with the AODA (students will be given a checklist of accessibility features to consider)

Consider the following questions about these health resources:

1. How is the resource attentive to cross-disability access?
2. Develop a thick description of access. If the space appears to meet the legislative guidelines, look more closely and consider the following:
 - Is it accessible to all disabled people?

- What languages are spoken?
 - Are there gestures toward welcoming newcomers (e.g. info addressing newcomer groups, resource group contacts on bulletin boards, ESL supports)?
 - Are there spaces that allow disabled people of different faiths and religions to observe religious practices? Would a parent of an infant find a space to nurse?
3. If possible, upload photos, weblinks, videos, or audio clips so that others can learn about this space? Please make sure that you are attending to universal design and include access gestures.
 4. What access frictions do you observe, and what do these tell us about the disability relations/experience produced in this place?
 5. How does this space construct the patient – or who is considered to deserve health care? How does it complicate (or oversimplify) the ideal patient?
 6. How does mapping access help us reimagine access, health and care?

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