

Document Number:	ADM-006
Document Title:	Inclusiveness Policy
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Approved By:	Drenda Niemann, Health Officer
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1.0 Purpose

The purpose of this policy is to define Lewis and Clark Public Health’s (LCPH) position on inclusiveness as it applies to our standards, practices, documentation and built environment.

2.0 Scope

This policy applies to all LCPH practices, documents, facilities, all staff, vendors, contractors and subcontractors.

3.0 Policy

3.1 Background

LCPH has established an “Inclusiveness Working Group.” The mission of this group is to review current practices and policies to determine how we can best serve people with disabilities and/or of underrepresented groups in our community.

3.2 “Policy Statement”

LCPH welcomes all people and is committed to creating an environment that supports full access and participation for each and every person. We value the diversity of our community and appreciate the contribution that all individuals can bring based on their diverse abilities, skills, backgrounds and/or culture. It shall be the policy of LCPH to strive to develop and continually maintain a culture of inclusion in all of our activities, services, and facilities.

4.0 Definitions

“**Culture of Inclusion**” means developing an operational and physical environment that is inclusive of all people and designed to identify and remove any physical, communication, and attitudinal barriers that may hamper an individual’s ability to have full participation in LCPH activities and services. To the extent possible, LCPH will adopt and utilize known supports that further the participation of individuals in LCPH activities and services.

5.0 Goals

LCPH provides the highest quality population health service and care to support all people in the pursuit of healthy lifestyles and activities. Our staff works to ensure that each and every person we serve is able to take part in all activities and services that we offer. At all times and in all ways, LCPH strives to be inclusive and welcoming. The measure of whether a policy or practice is inclusive is determined by its outcome – meaning that when it is implemented as intended, it helps to generate an environment in which no person is excluded, marginalized, treated unfairly, or prevented from accessing any resources, opportunities or services provided by LCPH.

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5.1 Goal 1: Physical Access:

Goal: The physical (built) environment is arranged to be accessible to all people and we provide clear procedures for requesting accommodations.

LCPH ensures, as far as reasonably practicable, that our built environment and provision of services are accessible to and supportive of all people. We consider all reasonable adjustments that help us to achieve this aim fully and effectively. Constraints that must be considered include:

- health and safety;
- the physical layout of our buildings;
- the practicalities and cost implications;
- the need to maintain accreditation and other standards; and
- the interests of other clients, staff and the community as a whole.

5.2 Programmatic Access:

Goal: Communication resources are accessible in multiple formats to meet the needs of all people.

LCPH is committed to ensuring that all community members are aware of and feel welcomed by programs, facilities and events and are able to participate fully in such activities.

5.3 “Best Practices”:

Goal: LCPH staff and partners review work practices and materials to ensure that any potential barriers to understanding or participation are removed and known supports are embedded in practices and materials.

Best practices may include, but are not limited to:

- Promoting the importance of using “people first” language and avoiding the use of language that might offend individuals or groups;
- Eliciting and including input and feedback from individuals with lived experience from underrepresented groups;
- Continuing to raise staff awareness and understanding through regular partnerships with and presentations by appropriate community organizations and specialists;
- Ensuring that, , people with disabilities and/or people who are members of underrepresented groups are portrayed in a positive manner in LCPH materials; and
- Continuing to pursue and utilize funding opportunities to support inclusiveness efforts.

6.0 Training

The Inclusiveness Working Group, along with Program Supervisors, will ensure that all LCPH staff are aware of this policy and, and provided opportunities to be trained in its application. The Group will identify appropriate materials and training for staff. In keeping with LCPH’s Strategic and Workforce Development Plans, all staff will have the opportunity to attend inclusiveness training annually. Training should be “evidence-based” to the extent possible and should represent “applied best practices” as identified by local or national advocacy groups. Courses that offer continuing education credits are preferred but not required. Some examples of training types include but are not limited to:

- a) Online courses and presentations, self-paced or instructor-led;
- b) On-site or classroom-based, instructor-led courses, workshops, presentations and walk audits;
 - Walk/move audits should be done traditionally (with the I2Walk Format). If needed, virtual audits (process pulled from the Virtual Walk Audit Toolkit) may be used as a complement.

7.0 Maintenance

The Inclusiveness Working Group chair is responsible for reviewing this policy at least once every 3 years and revising it, with guidance from the Inclusiveness Working Group, as needed.

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