TOOL | ACCESSIBILITY MATRIX

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The Tamarack Institute is a [registered Canadian charity](#) dedicated to ending poverty in all its forms, for good. We support real people and invest in real communities for long-term change.

OVERVIEW

The Accessibility Matrix is used to understand the barriers people face in accessing a service and to identify potential solutions focused on supporting users or improving the system. This tool can be used in strategic planning processes and is most powerful when system actors and system users are brought together for this process.

The Accessibility Matrix has been adapted from Levesque, Harris, and Russell's conceptual framework for healthcare access[1]. *Access* is defined as the opportunity to have needs fulfilled. The level of access is determined by the **accessibility** of providers, organizations, institutions, and systems, and the **ability** of individuals, households, communities, and populations.
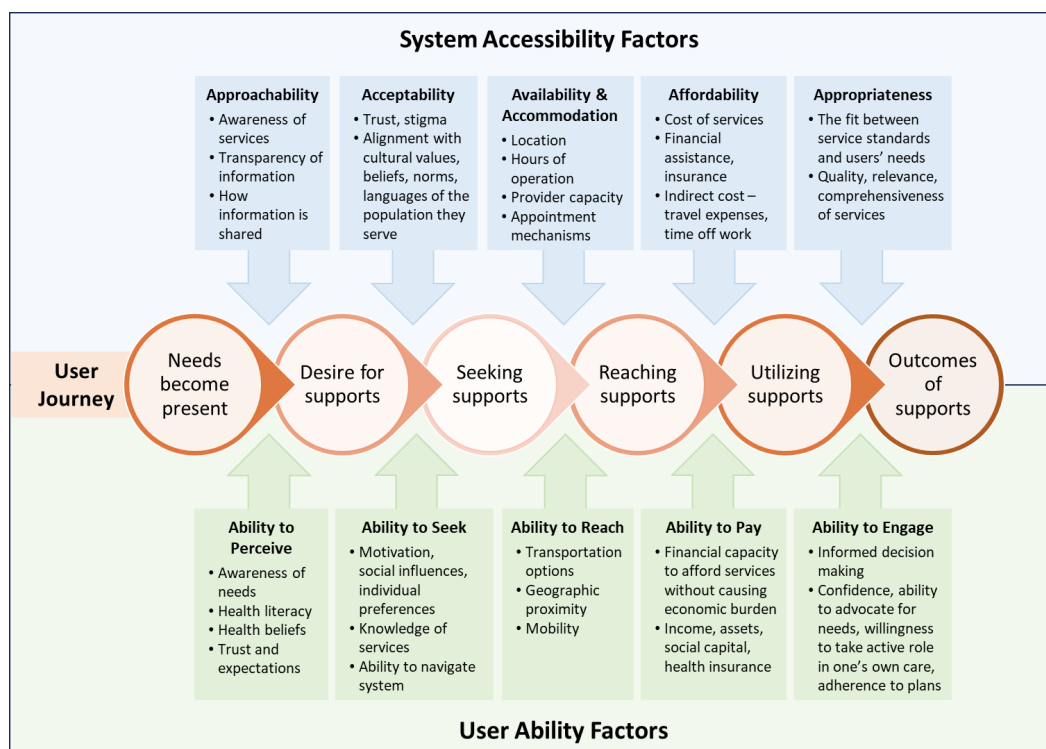
Access a [PowerPoint presentation](#) with this Accessibility Matrix and definitions of the Accessibility and Ability Factors.

These ability factors, combined with the system's accessibility factors, provide a comprehensive view of how well individuals can interact with and use services. The interplay between these factors determines the overall effectiveness of access to care for different populations.

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[1] Levesque, JF., Harris, M.F. & Russell, G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health* **12**, 18 (2013). https://doi.org/10.1186/1475-9276-12-18

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WAYS TO USE THE ACCESSIBILITY MATRIX

The Accessibility Matrix can be used in multiple ways throughout a systems intervention process. Work with your planning team to determine which steps might be helpful to understand, address, and be accountable for reducing barriers to accessibility.

A note about equity and inclusion: The Tamarack Institute is dedicated to supporting organizations and collaborations who are committed to equity, diversity, inclusion, justice and reconciliation. In exploring the Accessibility Matrix, collaborations should consider how its use and application have the potential to create adverse impacts on equity–deserving partners including individuals and organizations who bring their lived and living experience of barriers. We encourage users of this tool to begin with a conversation to develop an understanding of how the process of using the Accessibility Matrix can impact individuals and system users, while factoring in power dynamics. Through this conversation, partners should consider how adverse impacts can be mitigated or how they might revise the tool and approach to better fit their partner's needs and collective outcomes.

A note about scale of application: While this tool is designed to explore systems interventions, it can be applied at different scales. For example, it could be used to explore the accessibility of an individual program or even an individual document or policy.

Ways to use the Accessibility Matrix:

1. Build a shared understanding of the barriers to accessibility

Engage in learning with your community about what barriers to access are most pressing. Plot user experiences along the Accessibility Matrix to build a shared understanding about where barriers to accessibility exist.

This might include:

- Hosting a focus group to invite community members to share their experiences
- Journey mapping with community members to learn about the process involved in seeking support
- Engaging users in empathy mapping to understand how they are thinking, feeling, and responding is the process of seeking support
- Creating a survey to ask about the perceptions and experiences of seeking support

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- Gathering information on intake forms about what enabled users to access the services
- Synthesizing existing data about barriers to accessibility and organize it on the Accessibility Matrix. Ask users to circle which experiences they have had in seeking support and share more about their experiences

The example below shows user experiences mapped to the Accessibility Factors.

User experiences could be mapped to the stages of the user journey or to the Accessibility and Ability Factors.

2. Prioritize barriers to access based on impact

After spending time detailing and reflecting on barriers, system users and actors can explore which areas—if they were addressed—would have the greatest impacts.

In the example below, impact is gauged with two lenses:

- Yellow solutions indicate that an intervention would benefit the most amount of people
- Blue solutions indicate that an intervention would benefit people who have been marginalized

Participants were given two yellow, and two blue dots and were asked to place them next to the area which would offer the biggest impacts.

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1. Approachability	2. Acceptability	3. Availability / Accommodation	4. Affordability	5. Approachability
Health literacy: the ability to find, understand and use information for health	**Cultural preferences:** unique values, beliefs, practices, and expectations that influence healthcare decisions, treatment approaches and interactions with healthcare providers.	**Proximity of services:** physical distance between individual and the health care service they require	**Transportation/parking**	**Lay navigators:** often non-medical people, trained volunteers or community members who provide, support, guidance and advocacy for individuals who may face barriers to health care.
Health beliefs: personal ideas, attitudes and perceptions about health, illness, and health care	**Gender:** social and cultural roles and expectations associated with being male or female or other expressions of identity	**Hours of operation:** restricted or offering weekend, evening appointments	**Cost of medications**	**Advocacy:** act of supporting and promoting the rights, needs and well-being of individuals or groups within the health care system
System complexity: layers of health care making it difficult to understand, navigate or predict. Care provided by different providers in different settings	**Personal values:** individual beliefs and principles that guide individual choices that are meaningful to them	**Transportation:** ability to get to the service	**Cost of diagnostic tests**	**Community support:** involves collaboration between health care providers, community organisations, and individuals to improve access to healthcare and social support
Awareness of services: lack of awareness of which services exist can delay individuals from seeking the help they need in a timely and appropriate manner. This can lead to delayed diagnosis, untreated conditions, and poorer health outcomes.	**Social values:** shared beliefs and principles held by society that influences societal norms	**Access to Primary Care Provider:** Registration with a family doctor or nurse practitioner to coordinate care	**Loss of income and freedom to take time off:** often associated with precarious employment	
	Competing priorities: people have limited resources and must make difficult choices about basic needs as they cannot afford to fulfill all at the same time		**Competing financial priorities:** balancing loss of income to attend an appointment versus health consequences of not attending an appointment	
			Underinsured Uninsured	

After gauging priority, engage in a sensemaking conversation with system users and actors about what they see:

- What patterns are you seeing?
- What are you observing about accessibility of the ecosystem?
- Imagine you gave each accessibility factor a score. Which areas would score higher and lower?
- High leverage interventions are those that impact a significant number of people AND the most vulnerable. Which areas appear to be high leverage?

Collect insights in a shared space that is visible to all participants. Work together to identify 3-5 strategic intervention areas. Refer to these when crafting strategic questions and exploring specific opportunities.

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Use the Accessibility Factors and Ability Factors to craft strategic questions

Once your group has developed an understanding of the barriers to accessibility, you can ask more specific and meaningful strategic questions. Instead of asking a broad question such as: *How can we improve access to mental health services for youth?* We can ask more specific strategic questions in response to known barriers.

For each barrier/strategic intervention area, generate strategic questions that increase system accessibility (top-down solutions) and/or increase user ability (bottom-up solutions).

| Barrier / Strategic Intervention Area	Increasing System Accessibility	Increasing User Ability
"There's a 2-year waitlist"	What alternate models can we try? For example, walk-in, no appointment needed.	
"Individual appointments are available but I'd be more comfortable in a peer group setting"	How can our service offerings be more responsive to a variety of youth preferences?	How might we build confidence? How can we increase knowledge of peer connector program?
There is distrust in healthcare institutions.	How might health care providers and community organizations collaborate to provide community support?	How might lay navigators (non-medical people, trained volunteers) provide support and advocacy to those who face barriers to health care.

Use the [Tool | Crafting "How Might We" Questions](#)

3. Generate opportunities for strategic interventions

Bring system users and actors together to co-design potential solutions. Start by developing a shared understanding of the lived experiences of accessing the system and then imagine what could be different. If available, refer to assets in this brainstorming process to leverage existing resources and increase the sustainability of solutions.

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It can be helpful to have two phases of ideation:

1. Broad brainstorm: Embrace the possibilities, dream big and think creatively.
2. Explore the most compelling ideas for deeply: Prioritize together (read more about different prioritization options) and work in small groups to create a paper prototype of the most promising ideas. See a template for Building Ideas.
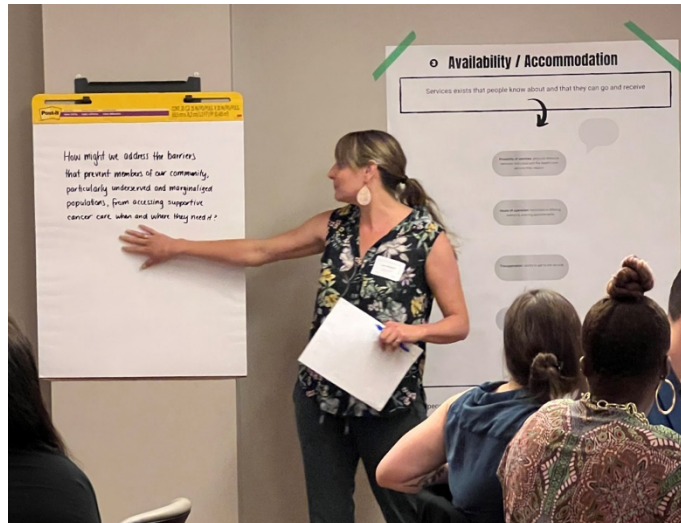
4. **Use as an evaluation tool**

Determine indicators for each accessibility and ability factor and create a dashboard based on the Accessibility Matrix. Track progress as your collaborative group implements systems interventions to increase accessibility

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GO DEEPER:

Access a PowerPoint Template with the Accessibility Matrix diagram and definitions of the Accessibility Factors and Ability Factors.

Turtle Island (North America) is the ancestral home of Indigenous peoples of First Nation, Métis, and Inuit descent. Manitoba, Canada was originally inhabited by various Indigenous nations, including the Anishinaabe, Cree, and Dakota peoples. We recognize that across this land Indigenous rights holders have endured historical oppression and continue to experience inequities that have resulted from the widespread colonialist systems and ideologies that perpetuate harm to Indigenous peoples to this day. Discover our Community Acknowledgments and our Land Acknowledgment Guidelines.