

**NL Health  
Services**

NL Health Services

# **2025-2026 Accessibility Plan**

<b>Important Notes</b> .....	<b>4</b>
Nothing About You, Without You .....	4
Questions Regarding Accessibility within NL Health Services .....	4
▶ Eastern Rural and Urban Zones Client Relations .....	4
▶ Central Zone Client Relations .....	4
▶ Western Zone Client Relations .....	4
▶ Labrador-Grenfell Zone Client Relations.....	5
Alternate Formats .....	5
Language Used and Glossary of Terms .....	5
Quick Reference .....	5
<b>Land Acknowledgement</b> .....	<b>7</b>
<b>Welcome</b> .....	<b>8</b>
<b>Statement of Commitment</b> .....	<b>9</b>
<b>The Accessibility Act</b> .....	<b>10</b>
<b>NL Health Services</b> .....	<b>11</b>
<b>Our Approach</b> .....	<b>13</b>
<b>What We Heard</b> .....	<b>14</b>
Accountability.....	14
Culture .....	14
Pillars .....	15
<b>Our Accessibility Pillars</b> .....	<b>15</b>
Pillar One: Training and Education .....	16
Pillar Two: Communication and Access to Information .....	17
Pillar Three: Policy and Procedures.....	18
Pillar Four: Access to Services and Accessibility Supports.....	19
Pillar Five: Infrastructure and Built Environment .....	21
Pillar Six: Employment.....	22
<b>Plan Implementation</b> .....	<b>23</b>

Next Steps .....	23
Roles and Responsibilities .....	23
Evaluation, Measurement, and Reporting .....	25
<b>Stay Connected .....</b>	<b>25</b>
<b>Contact Us .....</b>	<b>25</b>
<b>Appendix A: Glossary of Terms.....</b>	<b>26</b>
<b>Appendix B: Suggestions for Pillars from Public Engagement .....</b>	<b>30</b>
<b>References .....</b>	<b>32</b>

## Important Notes

### Nothing About You, Without You

This is Newfoundland and Labrador (NL) Health Services' first Accessibility Plan. It is a two-year plan that will guide the organization from January 1, 2025 to December 31, 2026.

The plan was developed with persons with disabilities and organizations representing persons with disabilities, NL Health Services' staff, and other key contributors. It is a guiding document that will continue to be informed by the people we serve, based on lived experiences, perspectives, and feedback, to address barriers that affect those with diverse access needs. We invite you to stay connected and inform this work by registering with NL Health Services' public engagement platform, [Engage NL Health Services](#).

Together, we can identify opportunities and solutions for a more accessible and positive health-care experience for persons with disabilities. If you have any questions or comments about the development or implementation of the Accessibility Plan, please email [accessibility@nlhealthservices.ca](mailto:accessibility@nlhealthservices.ca).

### Questions Regarding Accessibility within NL Health Services

We are here to help. We understand that the first step to having a question answered or a concern addressed is knowing who to get in touch with. If you need support related to accessibility, please contact one of our Client Relations teams below.

#### Eastern Rural and Urban Zones Client Relations

Phone: 709-777-6500 (toll free 1-877-444-1399)

[client.relations@easternhealth.ca](mailto:client.relations@easternhealth.ca)

#### Central Zone Client Relations

Phone: 709-292-2272 (toll-free 1- 888-799-2272)

[client.relations@centralhealth.nl.ca](mailto:client.relations@centralhealth.nl.ca)

#### Western Zone Client Relations

Phone: 1-833-784-6802

[clientrelations@westernhealth.nl.ca](mailto:clientrelations@westernhealth.nl.ca)

## Labrador-Grenfell Zone Client Relations

Phone: 1-833-505-1178

[client.relations@lghealth.ca](mailto:client.relations@lghealth.ca)

## Alternate Formats

For alternate formats of the Accessibility Plan, please email [accessibility@nlhealthservices.ca](mailto:accessibility@nlhealthservices.ca) or call Client Relations if you need additional support.

## Language Used and Glossary of Terms

NL Health Services is committed to using equitable, inclusive, and clear language that respects the dignity and preferences of persons with disabilities. Our approach is to use person-first language, which is broadly recognized as the standard, while also reflecting words identified through engagement with individuals with disabilities and their representative organizations.

The language used in this plan, including the Glossary of Terms, aligns with the [Newfoundland and Labrador's Accessibility Act](#), the United Nations Office at Geneva Disability Inclusive Language Guidelines, and prevailing accessibility standards at the time of publication.

We acknowledge, however, that preferences for terminology may vary, and person-first language may not always be appropriate for all types of disabilities. Recognizing the diversity of individual identities and perspectives, NL Health Services is committed to honouring the language that individuals with disabilities use to self-identify in interpersonal interactions, while maintaining consistency with broadly accepted standards in formal and public communications.

The Glossary of Terms can be found in Appendix A.

## Quick Reference

We have included a quick reference for clarity on four terms used throughout the Accessibility Plan. The terms are Persons with Disabilities, Disability Organization(s), NL Health Services' Clients, and NL Health Services' Staff. Each term encompasses several individual or organizational groups.

**Clients** includes all individuals who access services through NL Health Services, whether in the home, hospital, clinic, or long-term care setting.

**Disability Organization(s)** refers to community organizations that work on behalf of persons with disabilities to advance inclusion.

**Person(s) with Disabilities** encompasses individuals with visible and non-visible disabilities, which may include seniors and those who are neurodivergent. When we use this term we recognize that people who experience functional limitations may not identify as having a disability but may still require accessibility supports.

**Staff** refers to NL Health Services' employees, physicians, contracted staff, volunteers, and Patient and Family Experience Advisors.

See Appendix A for the full Glossary of Terms.

## Land Acknowledgement



We respectfully acknowledge the land on which we gather as the ancestral homelands of the Beothuk, the island of K'taqmkuk (Newfoundland) as the unceded, traditional territory of the Beothuk and the Mi'kmaq and Labrador as the traditional and ancestral homelands of the Innu and the Inuit. We respect the cultures, ceremonies, and traditions of all who call it home. With an open heart and mind, we are committed to working in a spirit of truth and reconciliation to make a better future for all.

Reflecting on how this land acknowledgement relates to NL Health Services' Accessibility Plan, we feel it is necessary to acknowledge the role of the health-care system in colonization and its impact on the health of Indigenous Peoples. The intergenerational trauma of residential schools, maltreatment of Indigenous children and families in Newfoundland and Labrador's child protection system, stigma, and discrimination within our health-care system have resulted in systemic barriers to basic determinants of health, which has long-term, detrimental impacts on the health and well-being of Indigenous Peoples.

NL Health Services strives to establish respectful and meaningful partnerships with Indigenous Peoples to address past harms and to support strong, healthy Indigenous communities. We are committed to reducing inequities that exist due to this colonial past and to promoting self-determination and healing amongst all communities.

## Welcome

On behalf of Newfoundland and Labrador Health Services, I am pleased to present our 2025-2026 Accessibility Plan.

This two-year plan will guide the organization as it works to improve access to its programs and services for persons with disabilities.

As this plan evolves, we will continue to engage, collaborate, and partner with persons with disabilities and organizations representing persons with disabilities. Together, we will identify actions and determine next steps to reduce or remove barriers and improve accessibility.

Thank you to those who have already contributed their time through engagement sessions and to those who have shared feedback via our online public engagement platform, [Engage NL Health Services](#). The development of this plan would not have been possible without the support from the Accessibility Plan Working Group, led by Bernadette Doyle-Follett (Director, Public Health – Well-Being) and Lee Turner (HR Strategist for Diversity and Inclusion, Civility and Respect).

At NL Health Services, we are committed to providing a safe, quality care environment that is inclusive and equitable. With your insight and support, we will work towards a more accessible health-care system that is free of barriers and inclusive for all Newfoundlanders and Labradorians.

Karen Stone, K.C.



Chief Executive Officer (Interim)

## Statement of Commitment

NL Health Services is committed to improving accessibility for everyone who uses our services, as well as for our staff. Through the ongoing development and implementation of our Accessibility Plan for 2025-2026, we will work to identify and remove barriers that prevent staff and clients with disabilities from fully accessing our services.

At NL Health Services, we believe that it is essential that we co-learn and collaborate with persons with disabilities. We also recognize that social determinants of health, such as gender, race, education, and socioeconomic status, affect how people experience disability and how they access services. We will work with members of the public and key partners, including the province's Network of Disability Organizations, to make sure the voices of persons with disabilities are heard.



Our plan is guided by the principle of “Nothing About Us Without Us,” meaning that persons with disabilities remain at the heart of our work and are key contributors and partners in the development of policies and strategies as NL Health Services strives to create a culture of inclusion and accessibility for all.

NL Health Services is committed to conducting more in-depth engagement to guide action areas in our plan. We are committed to accountability and transparency and will share progress, remain adaptive, and update the plan regularly based on the feedback we receive.

We are committed to promoting equity and positive action for persons with disabilities and all who experience barriers within NL Health Services as we work towards creating an accessible health-care system and work environment.

## The Accessibility Act

**According to the 2022 Canadian Survey on Disability, 27% of Canadians, 15 years of age and older, have at least one disability. This percentage is even higher in Newfoundland and Labrador, with close to 31% of the population reporting they have a disability, an increase of over 7% since 2017.**

Newfoundland and Labrador's Accessibility Act came into effect on December 3, 2021, to improve accessibility by identifying, preventing, and removing barriers that prevent persons with disabilities from fully participating in society. This includes, but is not limited to, the design and delivery of programs and services, communication methods, the built environment, and employment practices.

NL Health Services is dedicated to identifying, preventing, and removing barriers to accessibility within our organization. As per Statistics Canada Determinants of Health, disability status is linked to the social determinants of health, with persons with disabilities reporting higher levels of unemployment and low-income as well as poorer health-care access and health outcomes.

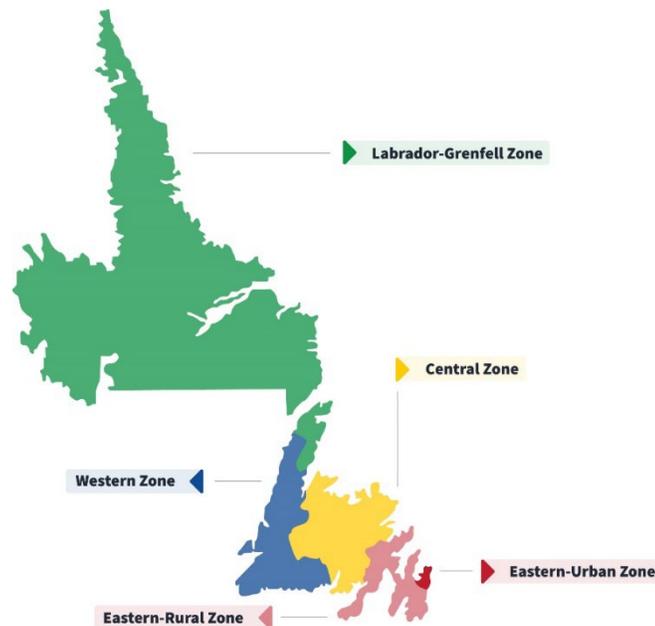
**“I know from my own experience and my family’s experience how inequality can be so harmful to those that are impacted by it.”**

— Participant, Online Feedback

The Accessibility Plan has six foundational areas, named pillars as well as goals and suggested actions that will help us to make advancements in these areas. The plan outlines the steps we will take to assess and improve accessibility within our services, programs, policies, and practices.

## NL Health Services

NL Health Services is the provincial health authority, operating within five zones: Central, Eastern-Rural, Eastern-Urban, Labrador-Grenfell and Western. Our staff, including over 23,000 employees and physicians and over 1800 volunteers, provide and support a broad range of programs and services to the people of Newfoundland and Labrador through various facilities, clinics, and community settings.



At NL Health Services, we are guided by our vision of **Health and Well-Being. Every Person. Every Community.** We aim to achieve this vision through our mission of **working together to improve health outcomes through an innovative, integrated and sustainable health system.**

The core values of NL Health Services: **Innovation, Compassion, Accountability, Respect** and **Excellence** represent a guiding framework for all staff. Our values enhance our people and family-centred care philosophy, where the person we serve and their family are at the heart of every decision we make and action we take.

NL Health Services' [2024-2026 Strategic Plan](#) outlines five strategic issues – Transformation, Our People, Access, Quality, and Health Equity. All five strategic issues are foundational to supporting accessibility through decreased barriers and increased quality experiences, with the Health Equity strategic issue directly addressing the need for equity in health care.

As outlined in the strategic plan, our goal for Health Equity is:

**By March 31, 2026, NL Health Services will have advanced health equity through the integration of health equity into its policies, programs, and practices as well as through collaboration with other sectors.**

This goal will support our work to advance health equity for persons with disabilities. At the time of publication, work is ongoing in several areas as part of the strategic plan inclusive of, but not limited to:

- Increasing number of Patient and Family Experience Advisors who have lived/grounded expertise of inequities.
- Increasing number of NL Health Services' policies which incorporate a health equity/inclusion lens.
- Increasing number of staff availing of equity, diversity, and inclusion education and learning opportunities.

We would like to highlight some of the current initiatives that align with and support the advancement of accessibility:

- The expansion of the Diversity, Equity, Inclusion and Reconciliation (DEIR) Council to be provincial in scope, with an Employee Resource Group dedicated to accessibility.
- The establishment of a Health Equity Steering Committee that will support the development of a Health Equity Framework.
- The establishment of Strategic Health Networks such as the Health of Older Adult and Primary Health Care.
- Support of community-driven initiatives to address transportation barriers in select communities.
- Establishment of organizational standards for wayfinding.
- Implementation of the provincial Buildings Accessibility Regulations for the development of all new NL Health Services' buildings and renovations to current facilities.
- Establishment of mechanisms for Service NL to review all new construction and renovations to NL Health Services' infrastructure to support compliance with accessibility standards.

These initiatives are just a snapshot of some of the work being done in our programs and amongst our teams to support accessibility within NL Health Services. To learn more about NL Health Services, please visit our [NL Health Services Website](#).

## Our Approach

At NL Health Services we believe in people-centred care, an inclusive approach to care that values all who are part of or interact with the system. Lived-experience expertise combined with health-care expertise provides an outcome of safer and more inclusive care.

The Accessibility Plan marks the start of a structured, formal approach to accessibility for NL Health Services as a provincial health-care organization. We need all voices at the table to identify, address, and remove barriers – **nothing about you, without you.**

We are committed to engaging with persons with disabilities and disability organizations, NL Health Services' staff, and those leading or identified to lead work to inform the implementation of this plan.



The development of this Accessibility Plan was informed through four key methods:

- Reviewed Newfoundland and Labrador's Accessibility Act and Plan Guide, and other provincial accessibility plans.
- Consulted with the Disability Policy Office within the Department of Children, Seniors and Social Development.
- Completed a jurisdictional scan and review of health-care accessibility plans across Canada.
- Engaged with persons with disabilities and disability organizations, NL Health Services' staff, and other key contributors through in-person and virtual sessions and through feedback obtained from using NL Health Services' online public engagement platform.

## What We Heard

The engagement work was instrumental to informing this plan, validating the organization's direction, including confirming the six pillars for this plan. Overall, feedback we received was positive. Those who participated indicated that they were happy to be part of this work and have their voices heard and elevated in the plan. All feedback was aggregated and analyzed, and the following themes identified:



### **Accountability**

We heard during our engagement that accountability is vitally important to the plan. Members of the Network of Disability Organizations and the public suggested that we clearly outline who is accountable for implementing and maintaining the Accessibility Plan.

We also heard that it is important that clients know who to contact when they or someone they know are experiencing an accessibility barrier. Ideally, this contact information should be clearly posted throughout our buildings and in our communications tools, such as the website. There was also a general consensus that there should be an individual or team that is specifically educated on accessibility navigation and management in order to provide appropriate support. Representatives from the Network of Disability Organizations expressed the frustration that individuals experience when they cannot call someone or communicate directly with an individual who can assist them in overcoming the barriers at NL Health Services.

### **Culture**

Participants expressed concern about buy-in for the Accessibility Plan on the frontlines at NL Health Services, where persons with disabilities are most likely to face stigma and barriers related to accessibility. We heard that developing an "accessibility-first" culture within NL Health Services will be important to the success of the plan and changing attitudes towards persons with disabilities in health care. This begins with increasing awareness about the importance of accessibility; staff must also be sensitive to the barriers some individuals face accessing services and achieving health and well-being.

There was strongest support for the “Training and Education” pillar amongst these participants, who consistently expressed a need for sensitivity training, awareness and respectful engagement of persons with disabilities in order to shift our organizational culture to one of “accessibility-first.”

**“It is about creating a culture, so that it doesn’t only depend on awareness. Make yourself aware of it naturally.”**

— Participant, Network of Disability Organizations

## Pillars

Overall, individuals and groups that we engaged with during this process agreed that the six proposed pillars for the Accessibility Plan are the right priorities for the organization. They reinforced that suggested actions within the plan’s pillars should be further developed and implemented after additional engagement with those experiencing accessibility barriers.

Key suggestions to consider for each pillar were captured during our engagement process (see Appendix B).

The above themes and key suggestions have been integrated into the pillars, goals, and suggested actions. They will also be used to guide further development of the suggested actions and inform key engagement strategies on specific issues identified during this first round of engagement.

The full [‘What We Heard’](#) report outlining the results from our engagement can be found on our engagement platform, [Engage NL Health Services](#).

## Our Accessibility Pillars

The Accessibility Plan is based on six key areas, called pillars. Each pillar has goals and suggested actions that will support the success of each pillar. The suggested actions will guide the start of this important work as we continue to engage in more in-depth consultation with persons with disabilities and key partners, including the province’s Network of Disability Organizations, to determine additional actions to create a more accessible NL Health Services. Our pillars will help us build a strong foundation for accessibility and our goals and suggested actions will guide us through this two-year plan and into the future.

## **Pillar One: Training and Education**

Training and education are essential in reducing stigma and increasing competency for caring and interacting with persons with disabilities. NL Health Services is committed to raising awareness among our staff about the importance of accessibility in health-care and within our own workplace environment, inclusive of ensuring training and educational offerings are accessible to all.

We have identified two goals and suggested actions that will support NL Health Services' work towards improving accessibility and availability of a diverse range of training and educational offerings:

**"I would love for your staff to be better trained on how to support people. [...] Staff need to be better trained in the areas and clients that [Disability Organizations] support."**

— Participant, Network of Disability Organizations

### **Goal: Offer a range of accessibility and disability related training and educational opportunities for staff, through the following suggested actions:**

- Review and catalogue current training and educational opportunities provided through our learning management system (LMS) related to disability and accessibility.
- Identify gaps in training and educational opportunities related to accessibility and providing care to a range of persons with different disabilities in collaboration with people with lived experiences and external organizations. Update such training and educational opportunities, as required.
- Explore partnerships with community organizations and leaders in disability and accessibility fields to develop and offer training and education on accessibility and disability related topics not covered by current learning opportunities.

### **Goal: Improve the accessibility of training and education offered by NL Health Services, through the following suggested actions:**

- Review current accessibility standards for training and education practices and adopt a set of standards for all NL Health Services' learning.

- Create an Accessible Learning Toolkit for assessing and updating accessibility features in training and education offered through the LMS and through in-person or virtual sessions.

## **Pillar Two: Communication and Access to Information**



Accessible communication helps everyone find and understand important health or employment information. NL Health Services is committed to following accessible communication standards that will support persons with disabilities to receive, understand, and share information they need.

The following goals will guide, promote and support accessibility in all NL Health Services' communications:

### **Goal: Improve accessibility of NL Health Services' communications, both internal and external, through the following suggested actions:**

- Conduct an environmental scan to inform an Accessible Communications Framework.
- Explore the development of an Accessible Communications Toolkit that will outline accessibility standards for communication, in compliance with recognized standards such as the Web Content Accessibility Guidelines and others, and how to assess communications to support accessibility.

### **Goal: Improve access to health and employment information for persons with disabilities, through the following suggested actions:**

- Review and assess NL Health Services' communication channels such as social media, website, apps, and information screens that persons with disabilities use to access information about available health services, health and wellness resources, employment opportunities and other health-related services.
- Explore use of a central access point for all client information, including links to MCP website, appointment scheduling systems, and HEALTHe NL.

- Support current efforts to improve wayfinding in our facilities, aligned with national standards and NL Health Services' master plan for wayfinding.

**“You know what we really need for accessibility? We need phone numbers that we can call and there’s a human there, not another ‘leave a message.’”**

— Participant, Network of Disability Organizations Sessions

### **Pillar Three: Policy and Procedures**



Establishing formal policies and procedures will embed accessibility into the NL Health Services' organizational structure and ethos, ensuring accessibility will be sustained and remain the responsibility of the whole organization.

Two goals have been identified to support the sustainability of the accessibility plan and the development of a culture of accessibility within NL Health Services:

**Goal: Embed accessibility into the policy development process to create a formal structure for accessibility within NL Health Services, through the following suggested actions:**

- Complete a jurisdictional scan to review what similar organizations have developed to assess policy using an accessibility lens.
- Explore the addition of accessibility standards to the Policy Office's current Policy Planning Record.
- Develop and present training and resources on operationalizing accessibility with the Policy Planning Record and use of an accessibility lens in all policy-related work.

**Goal: Foster a culture of accessibility through strengthening NL Health Services' accountability and transparency practices, through the following suggested actions:**

- Explore best practices for developing accountability measures related to accessibility standards and adopt relevant practices for NL Health Services.
- Create an Accountability Framework to guide the development of an accessibility approach within NL Health Services.
- Review and improve existing methods for clients and staff to report accessibility concerns related to services and employment.

#### **Pillar Four: Access to Services and Accessibility Supports**

Having access to appropriate, disability-informed services and accessibility supports is essential in promoting positive health-care experiences and outcomes for all. NL Health Services acknowledges the importance of improving accessibility to all programs and services for our clients. We also recognize the importance of providing these services and supports to our staff who have disabilities, which will be captured under our employment pillar.

**“The system is the barrier right now. I’m tired of giving referrals to places that are not accessible.”**

— Participant, Network of Disability Organizations

**Goal: Improve access for persons with disabilities to appropriate and specialized services that support positive health outcomes and quality of life, through the following suggested actions:**

- Identify current disability-specific health-care services available through NL Health Services.

- Strengthen partnerships with community and other external organizations that offer services to persons with disabilities that NL Health Services does not to minimize gaps in services and supports.
- Identify opportunities to improve client transitions between services to minimize gaps in care for persons with disabilities.



**Goal: Improve the integration and availability of accessibility resources and supports within our health-care services for persons with disabilities, through the following suggested actions:**

- Explore and identify accessibility resources and supports (e.g., assistive technologies, physical and digital accommodations, and personal disability supports) that can improve health-care experiences for persons with disabilities.
- Identify key department or program areas where a pilot program of increasing availability of accessibility resources and supports may be most impactful.
- Explore the procurement of innovative accessibility resources and supports that will have the most positive impact on clients when accessing care at NL Health Services.

## Pillar Five: Infrastructure and Built Environment

Improving access to NL Health Services' facilities and built environment is an essential step in supporting accessibility across the organization for persons with disabilities.

Accessible infrastructure and built environment will support all persons with disabilities in safely using NL Health Services' facilities and spaces to access care, work, live, and learn. NL Health Services has implemented the Building Accessibility Regulations for all new construction and renovations, with guidance from Service NL to support adherence to these regulations. As an organization, we strive to make our built environment and infrastructure accessible to all clients and staff.

Our suggested actions to enhance accessibility in NL Health Services' infrastructure and built environment are organized under the following goals:

**Goal: Improve equitable access to services provided in NL Health Services' facilities for persons with disabilities, through the following suggestion actions:**

- Develop audit plans for NL Health Services' facilities to help identify potential accessibility upgrades.
- Promote and encourage the use of universal design principles in design, construction, renovation, and retrofit projects when possible.
- Identify key facilities where accessible design will be most impactful to prioritize for retrofitting and renovations that are required to increase accessibility.



**“I visit the Health Sciences weekly and find it exhausting honestly. It’s not designed for anyone who has limited mobility and any type of vestibular issue.”**

— Participant, Online Feedback

**Goal: Improve access for persons with disabilities to NL Health Services' programs and services through innovative transportation solutions with external partners, through the following suggested actions:**

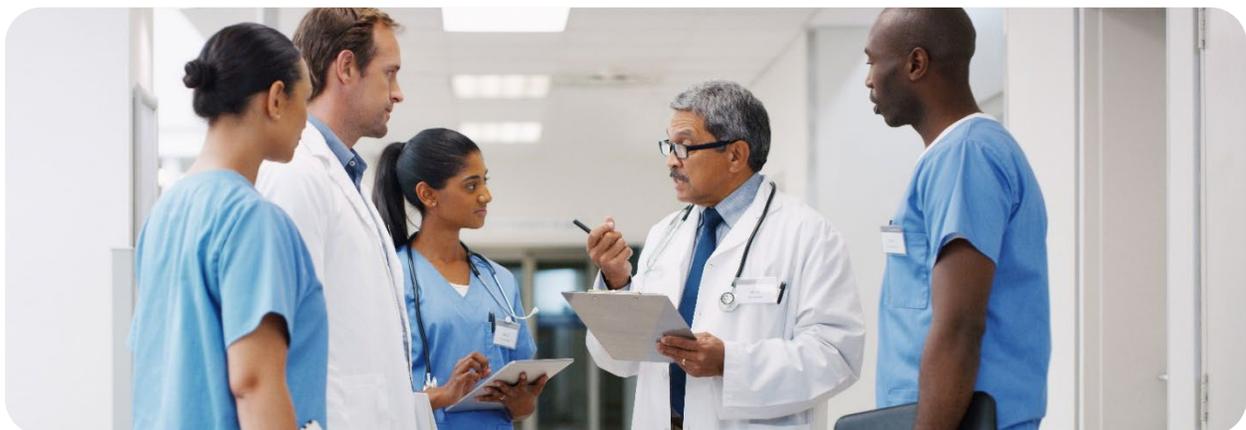
- Explore municipal and provincial opportunities that support access to transportation.
- Seek partnerships with community organizations that support accessible transportation programs.

### **Pillar Six: Employment**

NL Health Services' greatest strength is our people, who are the heart of this organization. NL Health Services acknowledges the importance of creating a safe, engaged, and inclusive workforce that includes persons with disabilities. We are committed to improving our employment supports and practices to help us achieve our goal of recruiting and retaining diverse and talented staff.

We will work to achieve this commitment through two goals specific to employment accessibility within NL Health Services:

**Goal: Improve access to meaningful employment for persons with disabilities within NL Health Services, through the following suggested actions:**



- Assess and identify improvements for accessibility at every stage of the employment cycle, including recruitment, hiring, and promotion processes.

- Begin development of guidelines for inclusive and accessible hiring practices.
- Review and improve information provided during staff onboarding related to accessing workplace accommodations and supports.

**Goal: Improve supportive accessibility practices for staff with disabilities who already work at NL Health Services, through the following suggested actions:**

- Strengthen and improve processes through which staff can request accessibility related accommodations to support their work.
- Review disability management and back to work practices for current staff.
- Explore internal and external opportunities for accessible professional development for persons with disabilities, including opportunities for mentorship programs.

## Plan Implementation

### Next Steps

NL Health Services is committed to beginning work on this important plan as soon as possible. To do this, in the next three to six months we will:

- Establish a formal governance structure to guide the implementation of the plan;
- Develop a comprehensive engagement plan for the next phase of engagement;
- Develop an evaluation and reporting framework to measure and share the plan's progress; and
- Create a work plan that will guide the implementation of the suggested actions over the next two years.

### Roles and Responsibilities

Improving accessibility for persons with disabilities is a shared priority across all programs, services, and zones within NL Health Services, with Public Health and Human Resources leading the implementation of the plan.

The implementation of the plan will be coordinated through the Accessibility Working Group, a subgroup of the Health Equity Steering Committee. The working group is comprised of representatives from several NL Health Services’ departments, staff with personal and professional experiences with disability, and a Patient and Family Experience Advisor whose work will be key to the successful implementation of this plan. The Working Group’s membership will be reviewed and updated on a regular basis to accurately reflect the plan’s requirements.

Executive Sponsors for the Plan:

<b>Vice President of Transformation and Well-Being</b>	<b>Vice President of Human Resources</b>
--	--

Suggested Pillar Program Leads:

<b>Training and Education</b>	<b>Communications and Access to Information</b>	<b>Infrastructure and Built Environment</b>
Recruitment, Education and Culture	Public Affairs Digital Strategy	Capital Planning, Infrastructure, and Engineering

<b>Employment</b>	<b>Access to Services and Accessibility Supports</b>	<b>Policy and Procedures</b>
Recruitment, Education and Culture Medical Services Safety, Wellness and Total Rewards	Quality, Risk and Accreditation Planning, Performance and Evaluation Zone and Program Representatives	Planning, Performance and Evaluation

## Evaluation, Measurement, and Reporting

NL Health Services will develop Key Performance Indicators (KPIs) and a comprehensive evaluation plan to measure progress toward and achievement of each goal outlined in the accessibility plan. The evaluation plan is under development and will be completed in the coming months. Progress updates will be shared on a regular basis through the communication channels under Stay Connected.

## Stay Connected

### Engage – NL Health Services’ Online Platform

Be a part of the change! Register for NL Health Services’ new online engagement platform to receive notification of accessibility engagement opportunities. Visit [Engage NL Health Services](#) to register.

### Website

Visit our [NL Health Services Website](#) for a wide range of information from the latest news and stories to quick links and career information.

At the time of publication, the website was under re-development. Accessibility was a key consideration, and the website is being re-developed using the Web Content Accessibility Guidelines.

### Social Media

Follow us: [Facebook](#) | [X](#) | [LinkedIn](#) | [YouTube](#)

## Contact Us

### The Accessibility Plan Team

email: [accessibility@nlhealthservices.ca](mailto:accessibility@nlhealthservices.ca)

## Appendix A: Glossary of Terms

### **Accessibility**

As defined in the [Government of Canada's Guide on Equity, Diversity and Inclusion Terminology](#), accessibility is the quality of an environment that enables a person to access it with ease.

### **Accessibility Plan**

As defined in the [Accessibility Act](#), an accessibility plan is a plan to address the prevention, identification, and removal of barriers in the policies, programs, practices, and services of a public body.

### **Accommodation**

As defined in the [Government of Canada's Guide on Equity, Diversity and Inclusion Terminology](#), an accommodation is a measure taken by management based on the personal circumstances of an employee that is designed to enable them to carry out their duties and fully participate in work-related activities. Examples include acquiring or modifying equipment, software or devices, modifying work schedules, or providing assistance through support services.

As defined in the [Government of Newfoundland and Labrador's Accessibility Plan](#), in the context of providing services to the public, an accommodation is any technical aid or device, personal support, disability-related support or other accommodation a person may require to fully participate in meetings, events, and information sessions. Examples include accessible meeting rooms, accessible formats for documents, American Sign Language interpreters, live captioning, and decision-making supporters.

### **Alternate Format**

As defined in the [Canadian Institutes of Health Research's Glossary of Terms](#), alternate formats refer to ways in which information is communicated other than through standard text. Alternate formats may include digital audio, electronic text, Braille, large print, or ASL/QSL translation with video voiceover.

### **Barrier**

As defined in the [Government of Newfoundland and Labrador's Accessibility Plan](#), a barrier refers to anything that stops a person with a disability from being able to fully

participate in society. Barriers can be physical, architectural, information or communication related, attitudinal, technological, or established by or perpetuated by an act, regulation, policy, or practice.

### **Physical/Architectural Barriers**

Physical and architectural barriers happen when features of buildings or spaces limit people's access.

Examples: Stairs without ramps or elevators; low lighting or weak color contrast; lack of accessible parking or washrooms.

### **Information and Communication Barriers**

Information or communication barriers exist because not all people read or understand in the same way. When information is not communicated in a way that all persons can access or understand it, it presents a barrier.

Examples: Public meetings or events without American Sign Language interpretation; PDF documents made from images instead of text; websites that do not comply with current Web Content Accessibility Guidelines.

### **Attitudinal Barriers**

Attitudinal barriers happen when people do not understand how disabilities affect people's lives. These misunderstandings can lead to false assumptions about what persons with disabilities can do, want, or need. Attitudinal barriers come from an unconscious bias. Attitudinal barriers happen because of stereotypes, lack of awareness and discrimination.

Examples: Someone may not assign a laptop to a new employee who is blind because they assume the person cannot use a computer. Someone may speak very slowly and loudly to someone with a speech disability because they assume the person cannot understand them. Someone may assume that employment accommodations for persons with disabilities involve significant costs, resources, and time, even though this is not necessarily the case.

### **Technology Barriers**

Technology barriers happen when technology is not accessible to persons with disabilities.

Examples: Website functions that only work when users click with a mouse, which presents a barrier for people who control their computers using speech or keyboard commands instead. Training modules that are not compatible with screen reader software.

### **Legal Barriers**

A barrier established by or perpetuated by an act, regulation, policy or practice. This may be a legal barrier within legislation, or within departmental policies and procedures.

Example: In order to access certain services, persons may be required to provide substantial medical documentation and/or assessment, complete a form that is not available in accessible format, or complete a phone assessment or interview.

### **Built Environment**

As defined in the [Accessibility Act](#), built environment includes facilities, buildings, structures, premises, and public transportation and transportation infrastructure.

### **Clients**

Clients includes all individuals who access services through NL Health Services, whether in the home, hospital, clinic, or long-term care setting.

### **Disability**

As defined in the [Accessibility Act](#), disability includes a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation that is permanent, temporary or episodic in nature that, in interaction with a barrier, prevents a person from fully participating in society.

### **Disability Organization(s)**

Disability organization(s) refers to community organizations that work on behalf of persons with disabilities to advance inclusion.

## **Equity**

As defined in [NL Health Services' 2024-26 Strategic Plan](#), equity is the absence of unfair, avoidable, or remediable differences among groups of people, whether these groups are defined socially, economically, demographically, or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation).

## **Inclusion**

As defined in the [Government of Canada's Guide on Equity, Diversity and Inclusion Terminology](#), inclusion is the practice of using proactive measures to create an environment where people feel welcome, respected, and valued, and to foster a sense of belonging and engagement. This practice involves changing the environment by removing barriers so that each person has equal access to opportunities and resources and can achieve their full potential.

## **Lived Experience**

As defined in the [Canadian Institutes of Health Research's Glossary of Terms](#), lived experience refers to the personal knowledge gained through direct, first-hand involvement in events rather than through assumptions based on second-hand information.

## **Staff**

Staff refers to NL Health Services' employees, physicians, contracted staff, volunteers, and Patient and Family Experience Advisors.

## **Person(s) with Disabilities**

Person(s) with Disabilities encompasses individuals with visible and non-visible disabilities, which may include seniors and those who are neurodivergent. When we use this term we recognize that people who experience functional limitations may not identify as having a disability but may still require accessibility supports.

## **Universal Design**

As defined in the [Canadian Institutes of Health Research's Glossary of Terms](#), universal design refers to the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

## Appendix B: Suggestions for Pillars from Public Engagement

Priority Area	Suggestions for Development of Plan
Training and Education	<ul style="list-style-type: none"> <li>▪ Sensitivity training/empathy desired.</li> <li>▪ Education should be inclusive of visible and invisible disabilities.</li> <li>▪ Unions should be included as partners in the process.</li> <li>▪ Individuals working for contractors and vendors within NL Health Services' facilities (such as security) should receive accessibility awareness training.</li> </ul>
Communications and Access to Information	<ul style="list-style-type: none"> <li>▪ Ensure all communications (including forms) utilize clear-print guidelines and are accessible in a variety of formats.</li> <li>▪ Ensure website and apps are compliant with accessibility standards.</li> <li>▪ Clearly identifying a phone number/contact for individuals experiencing accessibility barriers who can assist with eliminating those barriers.</li> </ul>
Policy and Procedures	<ul style="list-style-type: none"> <li>▪ Ensure policies and procedures meet accessibility standards and consult with those with lived experience in developing policies.</li> </ul>
Access to Services and Accessibility Supports	<ul style="list-style-type: none"> <li>▪ Ensure the technology individuals use (such as booking sites) meets accessibility standards.</li> <li>▪ Avail of existing technology to reduce barriers (such as pocket talkers and language translators).</li> <li>▪ Pilot accessibility improvements in key areas (such as clear masks in emergency settings).</li> <li>▪ Strengthen collaboration with community partners and provide coordinated access to information on services available in the community.</li> </ul>

Priority Area	Suggestions for Development of Plan
Infrastructure/Built Environment	<ul style="list-style-type: none"> <li>▪ Conduct an accessibility review of all buildings.</li> <li>▪ Barriers include inaccessible doors, lack of seating and handrails, lack of designated drop-off areas.</li> <li>▪ Feedback on location of services, design for accessibility, sound/noise.</li> <li>▪ Importance of ensuring equal access for all. Transportation was a key theme. Being able to get to health-care services is seen as a major barrier for persons with disabilities.</li> </ul>
Employment	<ul style="list-style-type: none"> <li>▪ NL Health Services must evaluate all its existing Human Resources policies, practices and processes with an accessibility lens.</li> <li>▪ Adopt employment equity standards; and review existing staff accommodations from an accessibility lens.</li> </ul>

The full [‘What We Heard’](#) report outlining the results from our engagement can be found on our [Engagement Platform](#).

## References

Canadian Institutes of Health Research (CIHR) (2024). CIHR glossary of terms used in accessibility and systemic ableism. <https://cihr-irsc.gc.ca/e/53446.html>

Government of Canada (2024, March 27). Guide on Equity, Diversity and Inclusion Terminology. <https://www.noslangues-ourlangues.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>

Government of Newfoundland and Labrador (2021). An Act Respecting Accessibility in the Province (Chapter A-1.001). <https://www.assembly.nl.ca/Legislation/sr/statutes/a01-001.htm>

Government of Newfoundland and Labrador (2023, May). Accessibility Plan Guide. <https://www.gov.nl.ca/cssd/files/Government-of-Newfoundland-and-Labrador-Accessibility-Plan-2024-2026.pdf>

Government of Newfoundland and Labrador (2024). Accessibility Plan 2024-2026. <https://www.gov.nl.ca/cssd/files/Accessibility-Plan-Guide-1.pdf>

NL Health Services (2024). Strategic Plan 2024-26. [https://nlhealthservices.ca/wp-content/uploads/2024/09/NLHS\\_Strategic-Plan-2024-26\\_FINAL.pdf](https://nlhealthservices.ca/wp-content/uploads/2024/09/NLHS_Strategic-Plan-2024-26_FINAL.pdf)

Statistics Canada (2023, December 1). New data on disability in Canada, 2022 [Infographic]. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2023063-eng.htm>

Statistics Canada (2023, September 13). Health of Canadians. Determinants of Health. <https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section4-eng.htm>