

# **New York City Health Department**

## **Five-Year Accessibility Plan 2024-2028**



**June 2024**

**New York City Department of Health and Mental Hygiene  
42-09 28th St., Long Island City, New York 11101**

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## **General**

### **Disability Services Facilitator/Digital Inclusion Officer**

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The Office of Access and Disability Justice (OADJ) is responsible for preparing and updating the New York City Health Department's accessibility plan.

### **Americans with Disabilities Act (ADA) Notice of Rights and Grievance Procedure**

[nyc.gov/site/doh/about/about-doh/ada-notice-of-rights.page](https://nyc.gov/site/doh/about/about-doh/ada-notice-of-rights.page)

### **Website Accessibility Statement**

[nyc.gov/site/doh/about/about-doh/website-accessibility-statement.page](https://nyc.gov/site/doh/about/about-doh/website-accessibility-statement.page)

### **Mission and Background of Agency**

With an annual budget of \$1.6 billion and more than 6,000 employees throughout the five boroughs, the New York City (NYC) Department of Health and Mental Hygiene (Health Department) is one of the largest public health agencies in the world. It is also one of the nation's oldest public health agencies, with more than 200 years of leadership in the field.

Every day, the NYC Health Department protects and promotes the health of more than 8 million New Yorkers. The agency's work is wide-ranging. It can be seen in the inspection grades of dining establishments, the licenses dogs wear, the low- to no-cost

health clinics in neighborhoods, the birth certificates of the youngest New Yorkers and more.

The Health Department also works behind the scenes with epidemiologists who investigate suspicious clusters of illness and study the patterns, causes, and effects of health and disease conditions in NYC neighborhoods. These studies shape policy decisions and the City's health agenda.

## **Executive Summary**

The Health Department is committed to equity in both its workforce and its service to the public. To comply with Local Law 12 of 2023, the Health Department created this five-year accessibility plan to identify access issues and strategies to empower people with disabilities citywide and better serve all New Yorkers. This plan addresses access in the following areas: (1) physical access, (2) digital access, (3) effective communications, (4) programmatic access and (5) workplace inclusion.

The purpose of this plan is to outline the access issues the Health Department has identified and how the agency will remove and prevent barriers for people with disabilities. The plan was designed in collaboration with representatives from the disability community, disability community allies, and offices that support reasonable accommodation requests and disability-related inquiries. A proposed plan was published for public comment, and five comments were received and considered. While the Health Department created this plan to be comprehensive, more thorough assessments and work beyond the projected five-year scope will be required to identify effective long-term solutions and implementation strategies. This plan will therefore continue to be amended as needed to achieve the agency's accessibility goals and continue to meet evolving accessibility standards and requirements.

## **Accessibility Statement**

The Health Department is proud to declare our commitment to fostering an inclusive environment that welcomes and supports people of all abilities. We firmly believe in the inherent dignity and unique contributions of every person. As such, we are dedicated to addressing bias and mitigating remnants of ableism and neuro-ableism and discrimination in favor of nondisabled people so that all staff and members of the public accessing Health Department programs and services can thrive as their authentic and unlabeled selves.

At the Health Department, we recognize that a truly inclusive environment requires proactive and intentional effort to remove barriers and challenge stereotypes, and that we must seek input from the people who are most impacted. We are committed to

cultivating a culture that not only respects diverse backgrounds and experiences, but actively celebrates the strengths that arise from our differences and aims to constantly expand our thinking and actions with respect to accessibility to fully represent the diverse array of people we serve. We continue to seek to understand and address the unique challenges faced by people with disabilities, taking care to partner with them and center their lived experiences. When communicating with people with disabilities, the Health Department does so in a manner that considers the person's disability, uses their preferred method of communication and uses person-first language unless otherwise directed by the person.

The Health Department strives to be a beacon of inclusivity, knowing that it is through our diversity that we can achieve greatness. We welcome everyone to join us in this journey toward creating a more accessible, equitable and inclusive environment.

## **Agency Plan**

In creating the following Agency Plan, the Health Department explored current barriers in the areas of physical access, digital access, effective communications, programmatic access and workplace inclusion. After achieving a better understanding of these issues, the Health Department worked with teams across the agency and considered feedback provided during the public comment period to develop the below action steps for each area. The Health Department will continue working to create concrete timelines and further solidify the actions listed below.

## **Physical Access**

### **Issues Identified**

The Health Department aims to be physically accessible for all people. Many of the buildings the Health Department operates from are leased or fall under the jurisdiction of other City agencies. The Health Department's headquarters are located at Gotham Center, 42-09 28th St., Long Island City, NY 11101, which is a leased building. The Health Department reviewed an accessibility assessment of our facilities conducted in 2019 by an external architecture and engineering group. As a result, the Health Department is aware of the following physical access issues in some of the facilities we operate from. Some sites include these features now, but others will need to be upgraded.

#### **1. Accessible doors**

- All doors throughout our facilities should be ADA-compliant, including using lever door handles, conforming to the minimum 32-inch doorway width requirement, and meeting the five-pound force requirement for opening and closing.

## 2. Facility signage

- ADA-compliant tactile signs should be posted at all entryways, restrooms and elevators.
- Signs should be positioned in a way that is accessible to all users, including those who are in a seated position.

## 3. Restroom stalls

- All restrooms should be made accessible and inclusive. This includes creating and maintaining ADA-compliant stalls in both gendered and gender-neutral restrooms.

## 4. Elevator accessibility

- All elevators in Health Department facilities should comply with ADA regulations, including that elevator doors remain fully open for at least three seconds so people with disabilities have ample time to enter and exit.

## 5. Meeting and event spaces

- All meeting and event spaces should be made accessible and inclusive, both for employee- and public-facing activities. People using mobility aids should have clear pathways to doors and be provided with adequate space between tables and chairs.
- Seats used for meetings and events should not be restrictive for people of different body types and sizes.

## 6. Physical access considerations for people who are neurodivergent and live with nonvisible disabilities

- Adaptations to physical structures should be considered to ensure support of people who are neurodivergent and consider the needs of people living with nonvisible disabilities. For example, some lighting could be altered to accommodate staff and clients who may have conditions like epilepsy that are exacerbated by lights.
- The physical access needs of people with disabilities impacting their sensory processing should also be considered. This includes considering the acoustic environment to mitigate noise, reducing visual noise like avoiding patterns on walls and flooring, and offering spaces for recalibration and movement like a quiet room with furniture that moves to support individuals with disabilities such as attention-deficit/hyperactivity disorder (ADHD) and autism.

## 7. Accessible medical exam rooms

The Health Department should ensure that medical exam rooms have features that make them accessible to people with mobility disabilities, including those who use wheelchairs. These features should include, but are not limited to, maneuvering clearance, appropriate models and placement of examination equipment, and clear floor space in the room for side transfers and use of lift equipment.

### **Actions Planned** (Implementation Time Frame: 2024-2028)

Long-term structural changes are needed for the Health Department to become fully accessible and inclusive, and many will take longer to address than the five years that form the scope of this accessibility plan. Structural challenges faced may be caused by the age of the buildings where Health Department services are located and whether they were constructed before the ADA was adopted. Overcoming them may depend on whether the Health Department has building ownership. The Health Department considers ADA compliance standards a base minimum for achieving accessibility and aims to achieve the greatest level of accessibility possible.

In the next five years, the Health Department plans to implement improvements to physical access in the following ways:

1. Short-term policies will be proposed to address physical access issues that may temporarily relieve the challenges posed by physical barriers, especially where major architectural changes are needed. The Health Department will share best practices for creating physically accessible spaces, events and meetings. Employees and contracted organizations will be made aware of the agency's protocol and requirement to follow these best practices.
2. The ADA compliance assessment of Health Department facilities completed in 2019 will serve as a starting point for updated evaluations of the agency's ADA physical accessibility compliance across its facilities. This review process will center the voices of people with disabilities, both visible and nonvisible, to best understand the full scope of accessibility needs.
3. Based on the assessments and evaluations, the Health Department will develop a strategy to address renovations and modifications, taking available resources into account. This strategy will consider the cost of structural changes, the complexity and scope of the changes needed, employee assignments, program capacity, and community needs.
4. When making physical design plans and strategizing on needed changes, the Health Department will consider the intersecting identities held by people with disabilities and the fact that many people experience comorbidity.

5. The Health Department will work to proactively provide physical access information including providing elevator usage instructions for those that require interaction with a computer screen, listing any physical access barriers to its facilities and programs, and providing information on alternative participation methods like virtual options.

## **Digital Access**

### **Issues Identified**

The Health Department surveyed employees across divisions, worked with the agency's accessibility committee and considered public comments to identify the following digital access areas that still need improvement:

#### **1. External-facing materials:**

Current best practices and requirements of protocols and policies for development and publication of digital materials must be more effectively communicated across all divisions to ensure optimal digital access for all.

#### **2. Internal-facing materials:**

Needed improvements include removing duplicate and outdated information from internal websites, ensuring alternative text (alt text) is available for all images, and creating descriptive text for graphs and charts that are color coded so individuals using assistive technology can access the data.

#### **3. Meetings and events:**

Existing Health Department resources to support making virtual meetings and events accessible, including recommended platforms and best practices, need to be disseminated and utilized across departments so facilitators of all meetings and events consider accessibility during the planning stages. Accessibility considerations must include access to ASL (American Sign Language) interpreting and captioning services.

### **Actions Planned (Implementation Time Frame: 2024-2028)**

To improve digital access, the Health Department has implemented or plans to implement improvements to digital access in the following ways:

1. The Health Department has an accessibility specialist on staff who remediates new English-language PDFs before they are posted to the agency's website. To date, hundreds of PDFs include tagging so that screen readers can read the documents properly and in the correct order. The Health Department continues to incorporate accessibility best practices into public-facing materials by:

- Using plain, accessible and inclusive language in materials
- Incorporating language access options into materials related to events
- Addressing accessibility in the visual appearance of content per WCAG 2.1, including considering font sizes and styles, color contrast, and image resolution and diversity
  - New materials must pass Level AA conformance at minimum for color contrast.
- Per Local Law 26 of 2016:
  - Following City guidance on creating accessible content for the agency's templated website and checking website accessibility for nontemplated content with human review and automated tools
  - Incorporating PDF remediation of materials posted to the agency's website by tagging via the Accessibility function in Adobe Acrobat and adding alt text to images

2. Provide and promote agencywide access to existing resources on creating accessible digital documents, and offer guides to outline the agency's protocols for getting digital content approved.

3. Maintain current knowledge of the evolving technologies and advocate alongside the disability community to use their preferred digital platforms whenever possible for internal and public-facing websites, meetings, events, and social media engagement. Additionally, the Health Department will continue collaborating with the appropriate divisions, bureaus, and programs to ensure the protocols for requesting access to accessible digital platforms and software are clearly communicated and provide clear guidance on the approval process.

4. Develop a model of proactively providing accessibility, aiming to remove the onus of requesting digital accommodations from people with disabilities. Resources on best practices around digital access may be distributed across divisions.

5. Highlight existing resources and tools on digital accessibility including guides, presentations, and other forms of communication to better equip the Health Department's employees and reduce the burden on the agency's accessibility specialist when doing file conversions.

## **Effective Communications**

### **Issues Identified**

After surveying the disability community within the agency and considering public feedback, the Health Department is aware of the following access issues around effective communications:

1. Accessibility for communications should be a priority when planning and facilitating meetings and events. This should include offering ASL interpretation and clear guidelines on the process for requesting other forms of communication, such as large print or braille.
2. While the Health Department has installed assistive listening systems in four conference rooms, it would benefit from assessing the need for more systems, especially at locations providing public services.
3. Visuals presented in digital format need to follow the accessibility guidelines set by the Health Department, which are ADA-compliant.
4. All departments need to be informed of and adhere to the appropriate protocols for submitting communications for accessibility approval within the agency.

### **Actions Planned** (Implementation Time Frame: 2024-2028)

To achieve greater communications accessibility and remove barriers for people with disabilities, the Health Department plans to:

1. Continue working to streamline communications and the process for creating accessible physical and digital communications across all departments
2. Provide staff with resources for creating accessible communications for materials that do not require agency approval, such as internal communications, which may include emails, team chats and more
3. Clarify the processes for requesting accommodations, particularly regarding communications, in the descriptions of programs and events, and work toward creating clearer agencywide guidelines for requesting communication accommodations
4. Increase awareness of and access to language access services information by making signage available in conference and meeting rooms. The signs may provide the types of services available, including ASL interpretation and Communication Access Realtime Translation (CART) services, as well as a point of contact to request information on accessing the services
5. Ensure conference rooms and meeting spaces are equipped with cameras, speakers, projectors and screens that are in working order. The Health Department will communicate the process for submitting maintenance requests and will work toward responding to the requests in a timely manner
6. Explore communication training opportunities for employees. Trainings may include learning ASL and creating accessible documents so that accessibility is not siloed and dependent on one office or program
7. Assess the usage of assistive listening systems at Health Department facilities, and develop plans based on need for designing and installing additional systems

## **Programmatic Access**

### **Issues Identified**

Through the process of developing this plan, the Health Department has been made aware of the following access concerns regarding programming:

1. The Health Department's commitment to inclusivity for people from all protected classes, including people with disabilities, must be clearer for both public-facing and internal programs. The agency must highlight its awareness of the intersecting identities of people with disabilities and the impact these identities have on programmatic access.
2. The voices of the disability community must be heard in all aspects of program development, from the planning and implementation stages to the evaluation and modification processes.
3. Disability justice must be included in agency discussions about equity and inclusion work.
4. Voices of the disability community should be included during the design and development stages of new programs and wellness initiatives launched by the Health Department.
5. The processes for requesting accommodations must be clearly indicated and accessible for all potential participants in both internal and external programs. The request for accommodations guidelines should also clearly communicate the process for appealing denials.

### **Actions Planned** (Implementation Time Frame: 2024-2028)

To ensure employees and consumers with disabilities can be included in and benefit from all programs, the Health Department plans to implement the following:

1. Ongoing review and dissemination of policies:

The Health Department will review and revise its current accessibility policies to ensure they accurately reflect the agency's dedication to inclusion in its use of language, style and content. The agency's position on accessibility and inclusion will continue to be publicly available via the Health Department's website.

2. Proactive approach:

As part of our proactive approach to accessibility, the Health Department will work to ensure that common accessibility barriers are addressed from the development stage of program planning, considering the intersection of identities and the ways power dynamics may make requesting accommodations difficult. The Health Department will aim to proactively provide accessibility services such as providing ASL interpreters for

events, utilizing virtual platforms that provide captions, and considering the physical accessibility for individuals with visible and nonvisible disabilities of program venues. Whenever concerns arise regarding access to programs, the OADJ, other relevant agency offices and voices from the disability community will be consulted as appropriate to develop strategic solutions.

### 3. Equitable programs and initiatives:

The Health Department will work with the OADJ, as well as the agency's disability justice-centered employee resource group DREAM, to uplift and include the voices of the disability community when launching new programs and wellness initiatives.

### 4. Clarify accommodations process:

The Health Department will continue providing avenues for people with disabilities to request accommodations by clearly outlining the steps required to make requests, providing clear timelines for the full process including the approval or denial processes, and sharing the appeals process in ways that are accessible to people with disabilities.

### 5. Training:

Many resources about best practices concerning programmatic access are available to Health Department personnel, including trainings and materials offered by the Mayor's Office for People with Disabilities. The Health Department will continue participating in trainings, gathering resources and disseminating materials across divisions. In addition, the Health Department may devise a strategy for centralizing resources.

## **Workplace Inclusion**

### **Issues Identified**

As the Health Department works toward full inclusion of people with disabilities in our workforce, input from employees with lived experience have informed the following access areas that still need improvement:

1. Hybrid and remote work formats have yet to be fully normalized, and the lack of these opportunities poses a barrier to many employees with disabilities.
2. The processes for requesting accommodations, the timeline for receiving decisions and the accommodations themselves, and the policies around decision appeals must be easily accessible to all employees.
3. Voices from the disability community have not been centered in discussions about diversity, equity, inclusion and belonging.
4. "Disability" captures a wide range of abilities and mental conditions, all of which need to be included in disability discussions and trainings.

5. Increased disability awareness and sensitivity training is needed across all levels of the agency. Training would be especially impactful if provided to agency leaders, including supervisors and managers, as well as the Human Resources department, especially if it addresses disability as an identity and the ways disability intersects with other identities.

**Actions Planned** (Implementation Time Frame: 2024-2028)

To remove barriers and create pathways for all employees to experience the benefits of working at the Health Department, the following have either been implemented or are planned:

1. To ensure that potential applicants with disabilities are given the same hiring opportunities as nondisabled applicants, the Health Department has a 55-a Program Coordinator on staff who uses the 55-a Program to hire people with disabilities for competitive positions. The Health Department will work with the 55-a Program Coordinator to promote this program and support the advancement of current employees eligible for it.
2. The Health Department has launched an employee resource group called Disability Resource Empowerment Access Movement (DREAM). DREAM will create a community for employees with disabilities and facilitate events to promote an inclusive workplace culture where Health Department employees of all disabilities and identities, and their allies, can thrive as we honor our history, celebrate diversity and advocate for change for all New Yorkers.
3. The OADJ has been established to elevate disability justice throughout the Health Department. This office will be led by a Director of Accessibility Services and Disability Services Facilitator whose role will include performing the mandated functions outlined in Local Law 27 of 2016.
4. The Health Department's Office of Equal Employment Opportunity (OEEO) and the OADJ will continue developing strategies to improve the request for reasonable accommodations process. Strategies will include assessing the current process to ensure it aligns with applicable laws and best practices; creating clearer instructions for people making requests and indicating timelines for the various parts of the process; and addressing system access issues in the agency's employee portal.
5. The Health Department's Human Resources department and hiring managers will continue to ensure equitable and accessible hiring practices that are inclusive of people with disabilities. Practices could include reviewing job descriptions and proactively making candidates aware of available accommodations for completing applications and requesting accommodations during the interviewing process.

6. The Health Department will explore revising its new-hire orientation trainings to include courses on workplace inclusion, accessibility, and disability etiquette and awareness. Whenever possible, the Health Department will also take advantage of opportunities for staff trainings provided by our City and community-based partners.
7. The Health Department has made great strides in its efforts toward accessibility and inclusion for its public-facing programs and information. It aims to match these efforts toward accessibility and inclusion in the workplace. This will include working with the OEEA and Office of External Affairs (OEA) to review internal-facing materials and language support services for accessibility.
8. The Health Department will collaborate with the OADJ to review workplace policies, including evacuation and emergency preparedness plans, and revise them as necessary to ensure inclusive language is used and the needs of people with disabilities are considered.

## **Methodology**

Multiple internal NYC Health Department offices — including the OEEA, OADJ and OEA — as well as an accessibility committee comprised of employees with disabilities and allies and the public via a commenting period, collaborated to identify the access issues described in this proposed plan. The Health Department also worked with leaders of public-facing programs who interact with people with disabilities and understand disability-related inquiries and needs. The information they provided was critical to informing the Health Department of the issues that should be addressed as part of this plan and will serve as a guide for plan amendments and additions.

The Health Department looks forward to implementing this plan and will continue working to further its goal to be a leader in disability justice.