



ANNEX 8

NEWSLETTER REPORT



Funded in part by the Government of Canada's Social Development Partnerships Program - Disability Component

**EMPOWERING
COMMUNITY
AND REMOVAL
OF BARRIERS**



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

Annex 8

Newsletter Report

ASEQ-EHAQ

November 2022 - July 2023



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

REPORT

Newsletter Engagement with Membership, Community Groups, and Partners

NOVEMBER 10, 2022 TO JUNE 30, 2023

Emails sent out through the MadMimi email platform, keeps records of the number of people an email reaches, and the number of times people engage with the email.

For a period covering approximately eight months, from November 10, 2023, to June 30, 2023, a total of 63 emails were sent out.

Emails were read 32,966 times, and 2,823 people acted on them, such as sharing them with others.



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

Below are the details of the emails.

No.	Date	Title of Email	# ppl viewed	#ppl engaged
1.	Nov 11, 2022	L'expérience vécue de SCM - RESENDING: MCS Lived Experience Team	423	20
2.	Dec 3, 2022	Atelier sur la SCM _Inscrivez-vous maintenant! Workshop on MCS_Register Now!	665	80
3.	Dec 4, 2022	Rappel : Heure du bien-être aujourd'hui - Reminder: Wellness hour today	433	15



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
4.	Dec 5, 2022	Événements décembre - December Events	465	27
5.	Dec 15, 2022	Rappel: Atelier sur la SCM vendredi, le 16 décembre_Reminder: Workshop on MCS, Friday, December 16	518	22
6.	Dec 17, 2022	Invitation pour un atelier de formation sur la sensibilité chimique multiple	111	4
		2023		
7.	Jan 4, 2023	Ateliers sur la Sensibilité Chimique Multiple - Inscrivez-vous	527	15



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
8.	Jan 5, 2023	Workshop on Multiple Chemical Sensitivity on January 17 - Register Now!	447	19
9.	Jan 5, 2023	Resending new link for registration: Workshop on Multiple Chemical Sensitivity on January 17	453	21
10.	Jan 7, 2023	Événements en janvier 2023_Events in January 2023	496	111
11.	Jan 9, 2023	Ce soir - Votre heure de pratique de l'autosoins_This evening-Your Hour of Selfcare Practice	441	14



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
12.	Jan 11, 2023	Inscrivez-vous_Événements le 12 et le 24 janvier_Register for the English event on January 17	870	25
13.	Jan 17, 2023	Inscrivez-vous_Événement le 24 janvier_Register for the English event today!	591	17
14.	Jan 23, 2023	Événements: le 24 et le 30 janvier_Event: January 30	620	22
15.	Jan 23, 2022	Événement: le 24 janvier 2023_Atelier sur la SCM/MCS (sans parfums ni fragrances!)	348	3



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
16.	Jan 30, 2023	Ce soir 30 janvier- Votre heure de pratique de l'autosoin_This evening January 30-Your Hour of Selfcare Practice	423	11
17.	Feb 1, 2023	Événement ce soir_inscrivez-vous - Event this evening_Register now!	433	43
18.	Feb 24, 2023	WEBINARE-INSCRIVEZ-VOUS! WEBINAR-REGISTER NOW!	654	112
19.	Feb 12, 2023	Demain soir - Votre heure de pratique de l'autosoin_Tomorrow evening-Your Hour of Selfcare Practice	429	12



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
20.	Feb 13, 2023	COMMUNIQUÉ DE PRESSE - WEBINARE _ PRESS RELEASE - WEBINAR	566	122
21.	Feb 22, 2023	Dr John Molot_Webinaire - Webinar: Incrivez-vous!_Register Now!	653	96
22.	Feb 22, 2023	Nous souvenons... We remember...	639	75
23.	Feb 24, 2023	Portes ouvertes aujourd'hui 14h30 Open House Today_3:30 pm	436	12



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
24.	Feb 27, 2023	Ce soir 27 février- Votre heure de pratique de l'autosoin_This evening February 27-Your Hour of Selfcare Practice	382	12
25.	Feb 28, 2023	Célébration du mois de l'histoire des Noirs - Celebrating Black History Month	377	50
26.	Mar 8, 2023	Webinaire le 25 mars 2023_Webinar, March 23, 2023	586	20
27.	Mar 8, 2023	Erratum: Webinaire le 23 mars 2023_Webinar, March 23, 2023	582	20



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
28.	Mar 13, 2023	Événement scientifique_Scientific Event	656	54
29.	Mar 13, 2023	Inscrivez-vous-Événement le 20 mars 2023_Register now-Event March 20, 2023	441	21
30.	Mar 14, 2023	Inscrivez-vous maintenant! Événement le 3 avril 2023_Register Now! Event April 3, 2023	423	100
31.	Mar 16, 2023	Webinair le 23 mars_Raefer Wallis _Inscrivez-vous - Webinar, March 23, 2023_Raefer Wallis_Register Now!	429	20



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
32.	Mar 17, 2023	Webinair le 23 mars_Michel Gaudet_Inscrivez-vous - Webinar, March 23, 2023_Michel Gaudet_Register Now!	503	28
33.	Mar 17, 2023	Rappel: Inscrivez-vous-Événement le 20 mars 2023_Reminder: Register now-Event March 20, 2023	401	9
34.	Mar 20, 2023	Rappel: Webinair le 23 mars_Owen Rose_Inscrivez-vous - Reminder: Webinar, March 23, 2023_Owen Rose_Register Now!	745	18
35.	Mar 20, 2023	Aujourd'hui: Inscrivez-vous-Événement le 20 mars 2023_Today: Register now-Event March 20, 2023	383	18



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
36.	Mar 21, 2023	Rappel: Webinair le 23 mars_André Bourassa_Inscrivez-vous - Reminder: Webinar, March 23, 2023_André Bourassa_Register Now!	404	9
37.	Mar 22, 2023	Rappel: Webinair le 23 mars_JOHN MOLOT, MD_Inscrivez-vous - Reminder: Webinar, March 23, 2023_JOHN MOLOT, MD_Register Now!	632	25
38.	Mar 23, 2023	Webinair le 23 mars_Aujourd'hui_Inscrivez-vous - Webinar, March 23, 2023_Today!_Register Now!	514	23
39.	Mar 24, 2023	Rappel: Événement pour les étudiants en médecine_le 3 avril 2023_Reminder: Event for medical students_April 3, 2023	422	82



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
40.	Mar 29, 2023	2 ème rappel: Événement pour les étudiants en médecine_le 3 avril 2023_2nd Reminder: Event for medical students_April 3, 2023	398	56
41.	Apr 3, 2023	Ce soir: Événement pour les étudiants en médecine, le 3 avril 2023-This evening: Event for medical students, April 3, 2023	380	63
42.	Apr 24, 2023	CE SOIR ! Heure de bien-être_This Evening! Wellness hour	310	10
43.	Apr 27, 2023	Portes ouvertes demain, 28 avril à 14h30 - Open House Tomorrow, April 28 at 3:30 pm	414	14



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No.	Date	Title of Email	# ppl viewed	#ppl engaged
44.	Apr 30, 2023	Les vidéos du 23 mars 2023 maintenant disponibles_ Videos of March 23, 2023, now available	658	26
45.	May 1, 2023	MAI 2023_ECO-JOURNAL_MAY 2023	467	129
46.	May 3, 2023	Webinar 12 mai, Journée de la SCM_ Webinar May 12, Day for MCS	476	56
47.	May 8, 2023	Ce soir - Le 08 mai 2023 Heure de bien-être_ This Evening - May ,2023 Wellness hour	415	13



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No.	Date	Title of Email	# ppl viewed	#ppl engaged
48.	May 9, 2023	ACTION URGENTE DEMANDÉE - URGENT ACTION REQUESTED	534	102
49.	May 10, 2023	Rappel: Webinar 12 mai, Journée de la SCM_Reminder: Webinar May 12, Day for MCS	437	37
50.	May 12, 2023	Aujourd'hui: Webinar 12 mai, Journée de la SCM_Today Webinar May 12, Day for MCS	433	38
51.	May 12, 2023	Votre participation est requise - Your Participation Required	483	12



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No.	Date	Title of Email	# ppl viewed	#ppl engaged
52.	May 14, 2023	Événements pour le mois de mai - 2023 - EVENTS for the month of May	531	117
53.	May 14, 2023	Soirée cinéma ! Movie Night!	505	33
54.	May 23, 2023	Rappel: Événement le 24 mai 2023 - Reminder: Event May 24, 2023	876	59
55.	May 31, 2023	Ce soir - Événement: Justice accessible, 31 mai 2023 _ Reminder - EVENT: Accessible Justice, May 31, 2023	1913	266



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No.	Date	Title of Email	# ppl viewed	#ppl engaged
56.	Jun 2, 2023	Urgent signez des aujourd'hui_URGENT-SIGN TODAY! LAST DAY!	697	99
57.	Jun 4, 2023	Le 5 juin 2023 Heure de bien-être_June 5, 2023 Wellness hour	500	19
58.	Jun 17, 2023	Célébrons: nos succès de mai et sensibilisons à la SCM - Celebrating May Successes, Raising MCS Awareness	608	8
59.	Jun 18, 2023	Le 19 juin 2023 Heure de bien-être_June 19, 2023 Wellness hour	458	17



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No.	Date	Title of Email	# ppl viewed	#ppl engaged
60.	Jun 19, 2023	Soirée cinéma le 23 juin - Movie Night June 23	485	33
61.	Jun 19, 2023	Éclairer la voie pour la SCM - Lighting the way for MCS	511	70
62.	Jun 25, 2023	Étude qualitative: Sondage sur la SCM /Qualitative Study: Survey on MCS	487	82
63.	Jun 26, 2023	Rappel - Étude qualitative: Sondage sur la SCM /Reminder - Qualitative Study: Survey on MCS	469	57



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

No.	Date	Title of Email	# ppl viewed	#ppl engaged
			32,966	2,823



ANNEX 9

ECRoB EXTENDED CONTENT OUTLINES



Funded in part by the Government of Canada's Social
Development Partnerships Program - Disability Component

**EMPOWERING
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ECRoB Extended Content Outlines

ASEQ-EHAQ

November 2022 - July 2023

Expanded ECRoB Content Outlines

Three outlines were presented to the Steering Committee and Disability Advisory Committee based on the social, biological, and legal aspects to identify priority content. Final outlines were edited down to be completely within the time frame. Additional content will be developed once initial content is released on the website and social media.

Expanded Biological Aspects Outline:

1. Multiple Chemical Sensitivities (MCS)
 - 1.1. Terminology Defined
 - 1.2. What is MCS?
2. Prevalence
3. Symptoms
 - 3.1. Symptom Chart
4. Comorbidities
5. Causes of MCS
 - 5.1. General Chemical Exposures
 - 5.2. Environmental Accidents / Disasters
 - 5.2.1. Earthquakes, tsunamis, flooding, hurricane/tornado/wind catastrophe
 - 5.3. Environmental Accident due to Human Errors or
 - 5.3.1.1. Oil Spills (Ex: Exxon Valdez oil spill)
 - 5.3.1.2. Ohio Transportation Crash - vinyl
 - 5.3.1.3. 9/11 rescue workers (not environmental but building contaminants?)
 - 5.3.1.4. Chernobyl (**note do we want to get into radiation?*)
 - 5.3.1.5. 2023 Train Derailments and Chemical Disaster (Ohio, Texas)
 - 5.4. Case Studies: Exposures Leading to MCS
6. Air Pollution & Air Quality
 - 6.1. What is Air Pollution?
 - 6.1.1. Indoor Air Pollution
 - 6.1.2. Volatile Organic Compounds (VOCS)
 - 6.1.3. Endocrine (Hormone) Disruptors
 - 6.1.4. CO₂
 - 6.1.4.1. Tobacco & Marijuana
 - 6.1.5. Fragrances
 - 6.1.5.1. Smell Desensitization



- 6.1.5.2. Proprietary ingredients (*link to economy transparency in supply chain*)
- 6.2. What is Acceptable Air Quality?
- 6.3. Shifting Paradigm of Toxicology
- 6.4. Air Pollution & Trends in Neurodevelopmental Disorders
- 6.5. How to Manage Indoor Air
 - 6.5.1. Product Choice and Education
 - 6.5.2. Air Purifiers & Good Ventilation
 - 6.5.3. Mold Prevention
 - 6.5.4. Radon
- 7. Soil Pollution
- 8. Water Pollution
 - 8.1. Pesticides in Drinking Water
 - 8.2. Lead Pipes Montreal
 - 8.3. Indigenous Communities & Oil
- 9. Environment & Chemical Toxicity
 - 9.1. Indications of Environmental Imbalance and Pollution
 - 9.1.1. Fish Kills
 - 9.1.2. Algae Blooms
 - 9.2. Health Effects of New Chemicals Replacing Banned Substances
 - 9.2.1. Chemical Industry (Pesticides & Agriculture)
 - 9.2.2. Construction Industry
 - 9.2.3. Beauty Products
 - 9.2.4. Plastic Industry: The Plastic Revolution
 - 9.2.4.1. Understanding Plastics - Types of Plastics
 - 9.2.4.1.1. Synthetic Fibers
- 10. Diagnosis
 - 10.1. Diagnostic Criteria
 - 10.2. Challenges in Diagnosis
 - 10.2.1. Bias in Healthcare & Health Research
 - 10.2.1.1. MCS and Anxiety: Dispelling the Myth
 - 10.2.1.2. Case Studies:
 - 10.2.1.2.1. Alberta Health
 - 10.2.1.2.2. INSPQ
 - 10.2.1.2.3. Ontario Task Force on Environmental Health
 - 10.3. Need for New Screening and Diagnostic Aids
- 11. Illness Management
 - 11.1. Education



- 11.2. Accurate Diagnosis
- 11.3. Exercise
- 11.4. Sauna & Sweating
- 11.5. Sleep Hygiene
- 11.6. Balanced Colorful Organic Nutritious Diet
 - 11.6.1. Vitamins and Minerals
- 11.7. Medication Considerations*
- 11.8. Strategies to Reduce Exposure & Avoid Triggers
 - 11.8.1. Home
 - 11.8.1.1. Home Renovations
 - 11.8.1.2. Cleaning Products
 - 11.8.1.3. Air Quality
 - 11.8.2. Workplace
 - 11.8.2.1. Construction
 - 11.8.3. Community
 - 11.8.3.1. School
 - 11.8.4. Transportation & Travel
- 12. Prevention of Chemical Exposure and Triggers in Society:
 - 12.1. Home
 - 12.2. Community
 - 12.2.1. School
 - 12.3. Transportation & Travel
 - 12.4. Workplace
- 13. Impact of Chronic Social Stressors
- 14. Disability Accommodations
 - 14.1. Medical Note Procedures
 - 14.1.1. Workplace Accommodations
 - 14.1.2. School Accommodations
 - 14.1.3. Housing Accommodations
 - 14.1.4. Transportation and Travel Accommodations
- 15. Accessibility Barriers and Concerns
 - 15.1. Healthcare Prevention Funding and Resources
 - 15.2. Waiting for Law and Policy to Catch Up
 - 15.3. Media Manipulation
 - 15.4. Corporate Skills, Money and Power
 - 15.5. Need for Cultural Mindset Shift
 - 15.6. Medical Assistance in Dying (MAID)
- 16. Living with MCS: Lived Experiences Stories



- 17. COVID & MCS
 - 17.1. Susceptibility to Infection
 - 17.2. COVID & Air Quality
- 18. Future
 - 18.1. Testing of Toxic Products and Improved & Accessible Colour-Coded Labelling
 - 18.2. Improved Legislation for People with Disabilities
 - 18.3. Accessibility for All
 - 18.3.1. Universal Design
- 19. Resources
- 20. Glossary
- 21. Sources / References

Expanded Sociocultural Content Outline:

- 1. Introduction to Sociocultural Living
- 2. Fragrances, Perfumes, & Smelling “Good”: Scent & Identity
 - 2.1. The History of Perfume & Fragrances
 - 2.2. Lifestyle: Fragrances
 - 2.2.1. Body Odor Stigma
- 3. Living with MCS
 - 3.1. Isolation
 - 3.2. Stigma
 - 3.2.1. Effects on Individuals with MCS
 - 3.2.2. Effects on the Families of Individuals with MCS
 - 3.3. Social & Community Considerations
 - 3.3.1. School
 - 3.3.2. Healthcare Discrimination
 - 3.3.2.1. Discrimination in Health Research
 - 3.4. Economic Impact & Occupational Considerations
 - 3.5. Residential Considerations
- 4. New Chemicals Replacing Banned Substances
 - 4.1. Chemical Industry
 - 4.1.1. The Plastic Revolution
 - 4.1.2. Agriculture & Pesticides
 - 4.1.3. Cleaning Industry
 - 4.1.4. Beauty Industry
 - 4.2. Waste Industry
 - 4.3. Construction Industry



5. Climate Change, Pollution and Industry
 - 5.1. Disability & Pollution
 - 5.1.1. How to Adapt to the Climate Crisis while having MCS
 - 5.1.1.1. Guide on Preparation
 6. Environmental Violence: Inequity & Systemic Injustice
 - 6.1. Disability
 - 6.2. Gendered Impacts
 - 6.2.1. Women
 - 6.2.2. Men
 - 6.2.3. 2SLGBTQQIA+
 - 6.3. Environmental Racism & Environmental Violence
 - 6.3.1. Indigenous communities in Canada (Continued Colonization)
 - 6.3.2. Exporting Hazardous Waste to Developing Countries
 - 6.4. Economic Class System Considerations: Low-Income
 - 6.4.1. Low Income Living vs. Privilege
 - 6.4.2. Economic Barriers to Organic/Unscented Products
 - 6.4.3. Producers vs. Consumers
 7. Economy
 - 7.1. Cost of Cheapness - Call for a Transparent Supply Chain
 - 7.2. Socioeconomic Impact on Healthcare Costs (**Women's College and NS Clinic have research on this*)
 8. Marketing and Advertising Industry
 - 8.1. Seductive Advertising & Artificial Identities
 - 8.2. Money & Power in Advertising
 - 8.2.1. Culture of Consumerism
 - 8.2.2. Propaganda and Manipulation
 - 8.2.3. Greenwashing
 - 8.2.4. Denialism
 - 8.3. Language Used to Describe MCS
 - 8.3.1. Wikipedia
 - 8.3.2. INSPQ
 - 8.4. Consumer Identities
 - 8.5. Consent versus Informed Consent
 9. Myths & Misinformation
 - 9.1. Anxiety and MCS (*follow up from biological section*)
 - 9.2. Detoxification Myths
 10. Lessons Learned / Learning from History (Risk Management)
 - 10.1. Mad Hatter / Lead
-



- 10.2. Diethylstilbestrol - Hormone for Pregnant Women
- 10.3. Tobacco
- 10.4. Minamata Disease in Japan
- 10.5. Chernobyl
- 11. Vested Interests & Powers
- 12. Safety Documents - Risks
 - 12.1. Pesticide Industry
 - 12.2. Chemicals
- 13. Looking into The Future
 - 13.1. Disposability Culture
 - 13.2. An Economy That Thinks of Future Generations
 - 13.3. Shifting Paradigm in Toxicology (*follow up from biological section*)
 - 13.4. Evolving Safety Practices
 - 13.5. MAID & Assisted Suicide in Canada
 - 13.6. Politics of Care — Care > Money
 - 13.7. Participatory and Citizen - Centered Conceptions of Justice
 - 13.8. Advocacy and Activism
- 14. Avoidance & Action
 - 14.1. Avoiding Triggers & Social Isolation
 - 14.2. Advocacy to Enact Larger Social Change
- 15. Partnerships & Alliances
 - 15.1. Advocacy
 - 15.1.1. Individual Advocacy
 - 15.1.2. Community & Peer Advocacy
 - 15.1.3. Litigation to Change Laws (*in reference to Legal Unit*)
- 16. Seven Generations (Indigenous)
- 17. Art & Creative Expressions
- 18. Accessibility for All
 - 18.1. Guidelines & Tools for:
 - 18.1.1. Family
 - 18.1.2. Friends
 - 18.2. How-To
 - 18.2.1. Manage Life with MCS
 - 18.2.1.1. Do Different Activities
 - 18.2.1.1.1. Eating at Restaurants
 - 18.2.1.1.2. Going to Get a Haircut
 - 18.2.1.1.3. Grocery Shopping
 - 18.2.2. Help Someone Living with MCS



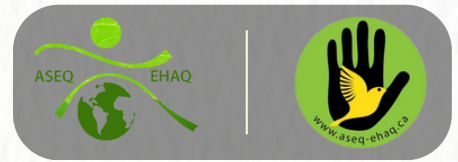
- 18.2.3. Take Action: Advocacy & Tools for Calls to Action
 - 18.2.3.1. Sample Letters to MPs

Expanded Legal Outline

1. General
 - 1.1. Introduction
 - 1.2. Decision trees
 - 1.2.1. Legal avenues for MCS issues
 - 1.2.2. Personal legal decision tree
2. Legal principles
 - 2.1. Disability
 - 2.2. Duty to accommodate
 - 2.2.1. Undue hardship
 - 2.2.2. Examples of accommodations
3. Alternative Dispute Resolution (ADR)
 - 3.1. Introduction
 - 3.2. Negotiation
 - 3.3. Mediation
 - 3.4. Arbitration
 - 3.5. Finality of ADR
 - 3.6. Breach of ADR agreement
 - 3.7. Conclusion
4. Federal legal disputes
 - 4.1. Introduction
 - 4.2. Applicable context
 - 4.3. Applicable laws
 - 4.3.1. Canadian Human Rights Act
 - 4.3.1.1. Policy on Environmental Sensitivities
 - 4.3.2. Accessible Canada Act
 - 4.4. Applicable commissions and tribunals
 - 4.5. Applicable jurisprudence
5. Provincial and territorial legal disputes
 - 5.1. Introduction
 - 5.2. Applicable context
 - 5.3. Applicable commissions, tribunals, laws, and [prescriptions] per jurisdiction
 - 5.3.1. Alberta
 - 5.3.2. British Columbia



- 5.3.3. Manitoba
- 5.3.4. New Brunswick
- 5.3.5. Newfoundland and Labrador
- 5.3.6. Northwest Territories
- 5.3.7. Nova Scotia
- 5.3.8. Nunavut
- 5.3.9. Ontario
- 5.3.10. Prince Edward Island
- 5.3.11. Québec
- 5.3.12. Saskatchewan
- 5.3.13. Yukon
 - 5.3.13.1. Applicable jurisprudence
 - 5.3.13.2. Municipalities with MCS related policies
- 6. Specific legal context
 - 6.1. Employment
 - 6.1.1. Unionized-work
 - 6.1.2. Non-unionized work
 - 6.1.3. [Independent] work
 - 6.2. Housing
 - 6.3. Transport
 - 6.4. Public services
 - 6.5. Civil disputes
 - 6.6. Criminal
- 7. Legal toolkit
 - 7.1. Medico-legal [resources]
 - 7.1.1. Sample of doctor's letter
 - 7.1.2. TBD
- 8. Conclusion
- 9. References and further readings



ANNEX 10

ACCESSIBILITY BEST PRACTICES

Canada

Funded in part by the Government of Canada's Social Development Partnerships Program - Disability Component

**EMPOWERING
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Accessibility Best Practices

ASEQ-EHAQ

November 2022 - July 2023



Accessibility Best Practices

Recognizing that accessibility is fundamental to ensuring equal participation and engagement for all individuals, we took a proactive approach to integrate accessibility best practices into our project. This commitment led us to reevaluate our internal processes, policies, and procedures to ensure they aligned with the principles of inclusivity.



Accessible Outreach

Accessible Outreach:

Effective and inclusive outreach is vital for fostering meaningful connections with diverse communities and ensuring that all individuals can access the information and resources they need. This document aims to provide essential best practices for conducting accessible outreach, which considers the diverse needs and abilities of the target audience.

Know Your Audience:

Understand the unique characteristics and preferences of your target audience, including diverse disabilities, language preferences, cultural backgrounds, and accessibility requirements. Conduct thorough research to ensure that your outreach materials and channels are tailored to meet their specific needs.

Use Accessible Formats:

Ensure that all outreach materials, including printed documents, website content, and digital media, are available in accessible formats. Use plain language, provide captions and transcripts for multimedia content, and offer alternative formats such as Braille or large print whenever possible. Ensure that email templates and phone scripts are designed with accessibility in mind. Use clear and concise language, avoid jargon, and provide contact information for inquiries or assistance.

Inclusive Language:

Use inclusive and person-first language that respects the dignity and identity of individuals with disabilities. Avoid stigmatizing language or negative stereotypes, and be mindful of cultural sensitivities when communicating with diverse communities.

Accessibility of Communication:

Provide alternate contact methods, such as email, telephone, video call, mail, etc.

Offer Multiple Outreach Channels and Communication:

Provide outreach information through a variety of channels to reach a broader audience. This may include social media, email newsletters, physical mail, community events, and partnerships with local organizations.

Consistent Subject Lines:



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Use consistent and descriptive subject lines for emails to help recipients understand the content and purpose of the message.

Alt Text for Images:

Include descriptive alt text for images in emails, allowing individuals with visual impairments to understand the content of the images.



Social Media, Communications, and Marketing Accessibility Best Practices Document

As a charitable organization committed to inclusivity and accessibility, it is crucial to ensure that our social media platforms are designed and maintained in a manner that maximizes accessibility for all users. By adhering to the Web Content Accessibility Guidelines (WCAG), we can create an inclusive online space that fosters equal participation and engagement. The following best practices outline key steps to make our social media content as accessible as possible.

Here are some key elements to include:

Alternative Text (Alt Text):

Provide alt text descriptions for all images, graphics, and visual content shared on social media platforms. Alt text should be concise, accurate, and convey the essential information contained within the visual element. This allows individuals who use screen readers or have visual impairments to understand the context and purpose of the image.

Captions and Transcripts:

Include captions for videos and provide transcripts for audio content. Captions enable individuals who are deaf or hard of hearing to access the information conveyed in the video. Transcripts of audio content allow individuals who cannot listen to audio or prefer reading to understand the message.

Descriptive Link Text:

Ensure that link text provides meaningful descriptions of the linked content. Avoid using vague or generic phrases like "click here" or "read more." Instead, use descriptive text that indicates the destination or purpose of the link. This helps users of assistive technologies navigate through the content more efficiently.

Clear and Consistent Formatting:

Maintain clear and consistent formatting throughout your social media posts. Use headings, subheadings, and bullet points to organize content logically. This helps individuals using screen readers or assistive technologies to navigate and understand the information more easily.

Accessible Hashtags:



When using hashtags, ensure they are written in camel case or with initial capital letters for each word. For example, use #AccessibleCanada instead of #accessiblecanada. This improves the readability of the hashtag for screen readers and makes it easier for users with cognitive or learning disabilities to understand the intended message.

Plain Language and Readability:

Use clear and concise language, avoiding jargon or complex terminology. This benefits individuals with cognitive disabilities or those who may have difficulty comprehending complex sentences. Ensure that your content is easily readable and accessible to a wide range of audiences.

Keyboard Accessibility:

Ensure that all social media content is accessible via keyboard navigation. This enables individuals who rely on keyboard-only or alternative input devices to navigate and interact with your content effectively.

Colour Contrast:

Choose colour combinations that provide sufficient contrast between text and background to ensure readability. WCAG provides specific guidelines on colour contrast ratios. By following these guidelines, individuals with visual impairments or colour deficiencies can comfortably read and comprehend the content.

Resources:

WCAG 2 Standards Guidelines Overview: <https://www.w3.org/WAI/standards-guidelines/wcag/>

Web Content Accessibility Guidelines (WCAG) 2.1: <https://www.w3.org/TR/WCAG21/>

[Social Media Accessibility Toolkit - Explore Access](#)

[Creating Accessible Social Media Content - Disability:IN \(disabilityin.org\)](#)

How to Make an Accessible PDF

PDFs (Portable Document Format) are widely used for sharing documents across various platforms. Making PDFs accessible ensures that individuals with a range of disabilities can access the information contained within the document - especially for those who use screen readers. Applying accessibility best practices to our media also allows us to optimize our Search Engine Optimization (SEO) for social media and marketing.

Preparing the Source Document:

- Use structured document formats like Microsoft Word or Adobe InDesign to create the source document.
- Implement a clear and consistent document structure with headings, lists, and proper formatting.
- Ensure the correct reading order to maintain logical flow when the document is read by screen readers.

Adding Alternative Text to Images:

- Provide descriptive alternative text (alt text) for all images, charts, and graphs to convey their content to individuals with visual impairments.

Hyperlinks and Bookmarks:

- Use descriptive hyperlink text to provide context for links.
- Create bookmarks for easy navigation, allowing users to jump to specific sections within the document.

Tables and Data Accessibility:

- Structure tables properly by using headers and captions for screen readers to understand the table's organization.
- Avoid using tables for layout purposes to ensure compatibility with screen readers.

Headings and Navigation:

- Organize content with proper heading levels (e.g., H1, H2, H3) for clear navigation and understanding.
- Use the Table of Contents feature to allow users to navigate quickly through the document.

Document Language and Title:

- Set the correct document language to ensure accurate screen reader pronunciation.



- Provide a descriptive document title that reflects the document's content and purpose.

Forms and Interactive Elements:

- Create accessible forms by adding labels and instructions for form fields.
- Ensure interactive elements are accessible to keyboard-only users.

Ensuring Color Contrast:

- Follow color contrast guidelines to ensure that text and visual elements are readable by all users, including those with low vision.

Document Security and Accessibility:

- Balance document security with accessibility considerations to prevent unauthorized access while maintaining accessibility features.

PDF Accessibility Checking Tools:

- Use PDF accessibility checkers to identify and address accessibility issues in the document.

Testing and Validation:

- Conduct manual testing using assistive technologies (like screen readers) to evaluate the document's accessibility.
- Seek feedback from users with disabilities to gain valuable insights on the document's usability.

Best Practices for PDF Accessibility:

- Adopt best practices, such as avoiding scanned image-only PDFs, ensuring tab order in forms, and providing meaningful link text.



ANNEX 11

LIVED EXPERIENCE REPORT

Canada 

Funded in part by the Government of Canada's Social
Development Partnerships Program - Disability Component

**EMPOWERING
COMMUNITY
AND REMOVAL
OF BARRIERS**



Lived Experience Report

ASEQ-EHAQ

November 2022 - July 2023



We gathered stories from people living with MCS who shared their experiences living with this disability, and below you will find just a few. From these types of stories, we have developed our needs assessment, identifying the needs of the MCS communities and the barriers to inclusion - all of which are included in our main report. These lived experience quotes are from people who have reached out to us via email, and shared during meetings and focus groups.

Anonymized Lived Experience with MCS Quotes:

“I mean, in my environment ever since COVID hit, even going for a walk now is becoming extremely difficult to get out of the house because of all the laundry products in the neighborhood. So I physically am not able to breathe, which means that I cannot go to stores, I cannot access healthcare, I cannot go to the hospital. And even if somebody is seeing me collapsing as a result.”

“I would say one of my biggest needs right now is healthy housing. Where I live right now I'm very ill, I get almost daily exposures to laundry, off gassing coming into my unit. And basically, when I've asked for accommodation, all I've gotten is abuse and harassment and more discrimination. You've tried to take, you know, my human rights on an individual basis, one at a time, but it's exhausting, period, but especially for people who are already ill. And I find when you try to do that you encounter barrier after barrier systems that are in place to help you oftentimes end up letting you down.”

“I would really like to advocate for safe housing because I think there's a lot of us that need it. I can't stand hearing some of our people living in cars in winter. [...] trying to find a place to stay for the winter, trying to figure out where to camp and stuff. I'm not in the safest housing myself, but it's probably better than trying to take a chance on something else, and finding myself in a worse situation. So I just sort of stay where I am.”

“I'm literally going crazy. I don't have enough to qualify for EI. If I get sick benefits and disability, it's only \$800 a month. I can't work more than \$6,400 a year. My rent is 1450 -I don't like - Do you want me to just apply to die? Would that be a convenience for you that I end my life? I don't understand. I don't I don't understand. This is fucked up. It's fucked up. I don't know how more to say.”

*“The janitor has called me “you f***** c**** b****”. It's in your head. My mother and father have this rental where I am now in their name and they refuse to say anything. So I'm essentially*



paying rent and living in a place where I'm being poisoned purposely to drive me out. I don't know where to go. I lost my second job with the school board as a teacher that I got here."

"I cannot go anywhere. No public space, no doctor's office, no hospital - nothing. This could have been solved with two words from Health Canada, fragrance free hand sanitizer, we would all be feeling so much better. I don't know why that was not in the guidance. What the hell? This is a problem for so many groups of people, not just MCS."

"They're paying them to produce this crap. That's not okay. And we need to be a lot more angry than we are now. So in the last few years, I've really really owned my anger because this is the only way things change when we get mad. And I am normally like a calm person. Yeah, not anymore. I want to be able to leave my home again. This is crap."

"I had to sometimes I had to be isolated from the choir because you know, instead of removing the person that had scent I was the one that have had to be removed because I wasn't able to be near my fellow choristers that have scent so you know, before COVID I was isolated now I'm even more isolated."

"I've had to face quite a bit of harassment, workplace harassment. I would also say discrimination, and just that feeling of really being socially isolated, because you can't literally do anything. Without having something that impacts you - impact to you is sort of a constant. So I'm really looking to know not only you know, these, these human rights, kind of focus priorities."

"I'm quite happy that this project is going to be born because it's extremely difficult to change mindsets. We were talking about essential services, and the two things that mattered most to me were health services."

"Hello, I'm in Edmonton, Alberta. And I first suffered a kind of reaction to chemical scents in 2019. So this is much more recent for me than for most of you it sounds like and I'm still learning about MCS, but my mum also had something similar. When she turned 50 She became very sensitive. For me it seems to be triggered by my next door neighbor's scented laundry products. And I'm lucky that I work mostly from home. So I'm quite able to manage my environment except regarding what comes out of my neighbor's dryer vent and in our houses are very close together. And this has had an extreme negative impact on my life. So I am so grateful for this group as well. Thank you."



“I'm from Ontario. I have had MCS for probably since 2010. It started out very mild at the workplace. I also have Lyme disease, mold poisoning, Fibro and all of the other fun things that come along with it. And I'm still able to hold down a full time job but I had to step down. I used to be a case manager for adults with autism. Now I'm just strictly frontline so I don't have to look at the computer or think about anything. And I have fought my employer. I've almost sued them with the Ontario Human Rights Tribunal because they did not want to have a fragrance free policy they still don't. But after learning about all my rights from different MCS groups, I just learned that I have to legally fight for myself. That's why I'm really excited about the group. I have a lot of stuff posted out on social media and I try to just annoy everybody and be in everybody's face as much as I possibly can about the dangers of fragrances and other chemicals. So I'm really excited to be a part of this.”

“I'm from Ontario. And I have MCS, severely, I have a respiratory issue immediately if I come in contact with basically any kind of chemicals, which has really limited my ability to be able to kind of go out into the world, especially since COVID hit. And I've had difficulty with accommodations. I very much appreciate the awareness that this group is actually bringing to everyone. And due to continued exposure, I think that my MCS has gotten worse over the years. So just as a warning since I've had it for about 20 years or so.”

“Okay, well, yes, my neighbors on one side have accommodated my request for them to switch to fragrance free laundry products, when I asked them and the neighbors on the other sides have been obstinate and refused. And our houses are like five meters apart. And their dryer vent directly faces my deck. I am a writer and English professor and I focus on things like environmental writings and things. So I do most of my writing while actually sitting outside. And so this is a real problem for me, even in terms of my work. But just generally in terms of my quality of life, I can't go outside and eat a meal or open my windows or work in my garden or do anything like that freely. I'm completely at the mercy of what my neighbors are doing next door. We do have an Edmonton, a recent odors and emissions bylaw. And so I ended up calling bylaw on these neighbors when they wouldn't show consideration and switch and they got two tickets. And then the city decided to drop the charges. So I had the provincial ombudsman look into this issue. And I said, you know, my rights don't seem to be. It doesn't seem like the city is upholding my rights as somebody who suffers from this disability, and it went nowhere. So I'm just sort of stuck. And then I heard about this group. So I'm just so grateful.”

“I would say what I need immediately, I've just put a couple of notes here is something we're right now I'm just referring to your association link, thank goodness to explain MCS to my company, so that potentially they can look into like a cent free even if it was, you know, have you



been except one floor that I go on. But the whole concept is totally new for them. And yet they want to be kind of best in class and they are currently looking at building a new building. So I'm having these, I've actually gotten to the point where they're listening for wanting to meet with me. So it's like yay, step one. So I'm going to be doing that next week with them and on the same and why so much is because if I do go in one day a week I pretty much I now have it down pat that I wear my mask if I go into in the washrooms I bring my own soap and I even sent a note the company that provides all the the paraphernalia that we need for women's products. And it's so strong in the bathrooms unbelievably strong, and I cannot step into the bathrooms without my mask on. And even then I'm, I'm okay. So that and it'd be great if we could somehow get unscented, or I know, we're not going back to masks on public transit. But definitely.. I took the train this week, and I am definitely wearing a mask every day. And then the third one. So that's company, public transit and municipalities. And I'm just going to continue on that note that, yes, I'm fortunate enough to live in a municipality that's open minded to doing things for the environment. So I'm now again would like to go one step further and explain this thing that I have, and help them understand it a bit more, because for sure, I'm fortunate enough to live on a large plot of land. But I do understand those people that deal with the dryer sense and everything, I just did my first mini vacation, and I went to Airbnbs. And both of them, I had issues, one being dryers, and the other one was products that they had in the room. So you know, travel will be a challenge going forward. So that's it for me.”

“I live in a water damaged building, and have been trying to find something that's more accessible, or that would be healthier, and have I think I could write a book on how bad every single place that I visited, has been in Montreal, everything from mold to, you know, off gassing, due to building materials to chemicals, and just badly designed buildings. So, you know, the piece around accessible housing is huge workplace accommodations, I think there hasn't been a workplace where I've tried to advocate for, well, first of all, I've been the one that has had to raise awareness around fragrance, I've tried to keep it simple and focused on fragrance, raise awareness around fragrance, and also, you know, in some tape, some places back in the, you know, pre pandemic days, when you had to go to the office, you know, there'll be some buildings where there would be a lot of construction happening in the offices around the organization that are that I would be happening to work for. And so they'll be like, a whole bunch of exposures, Fragrance Building, you know, construction of various kinds. And I've had to face quite a bit of harassment, workplace harassment. I would also say discrimination, and just that feeling of really being socially isolated, because you can't literally do anything. Without having something that impacts you, impact to you is sort of a constant. So I'm really looking to know not only you know, these, these human rights, kind of focus priorities, but super my advocacy perspective. I find like, I've pitched the story about MCS to many different outlets in many different ways. And



then it kind of hits like a dead end. And I think one of the reasons could be that they'd say, if you do something like Google MCS, you'll you'll land on Wikipedia pages, you'll land on the ins INSPQ report, you'll land on so many things that kind of diminish validated the validity of MCS that it makes it really hard to even get into that realm of public awareness and shout out to Dr. Molot, who has really helped me Um, this is the day that I saw his presentation here in Montreal several years ago, but the event that ASEQ-EHAQ organized, it's really helped me on a personal level, but I feel like there's still a lot of barriers just to have conversations with whether it be like family, you know, colleagues, sort of in any kind of setting where, you know, the word MCS is not equated with, it must be something mental health related. Hopefully, it didn't take up too much time. But there's a lot of needs there.”

“I would say one of my biggest needs right now is healthy housing. Where I live right now I'm very ill, I get almost daily exposures to laundry, off gassing coming into my unit. And basically, when I've asked for accommodation, all I've gotten is abuse and harassment and more discrimination. You've tried to take, you know, my human rights on an individual basis, one at a time, but it's exhausting, period, but especially for people who are already ill. And I find when you try to do that you encounter barrier after barrier systems that are in place to help you oftentimes end up letting you down. In terms of what I'm hoping this project will bring about in time, it's something that I need, and probably everybody here needs is proactive systemic barrier removal, so that we do not have to remove barrier one at a time on our own. It's exhausting. And another thing I want to say is, I am absolutely so happy to see the ladies who are displaying their anger. And I think we really need to harness that. And like just lay it on the line, like how bad this is, how badly we are treated by society. And as I said that anger is something not to be hidden, but to act to be absolutely harnessed. And another thing too, I believe awareness is important. But I'm wondering if we should put the cart before the horse or I don't know which one comes first. But I think enforcement might be even more important. Because it's like, you know, does it matter? You know, I'm at the point where I don't care if other people get what I need, or why I need it, whether they believe it's true or not. I want enforcement mechanisms in place that if there's a scent free policy in place, it needs to be enforced. And I want it to get to the point where I'm not the one going to be removed from the environment, the offender, the perpetrator, the person wearing the scent is going to be the one that's removed or loses their job, not me or anybody else with MCS. You know, I haven't worked in years because of it. But I would like things to do a total flip that were not the ones always at the bottom, you know, we're good. I want to be the ones with the power to as I think it was happy with it said that the lie is there. It's on our side, but everybody just ignores ignores us and laughs at us. But if there's we need enforcement and we need consequences, you know, we need if someone breaks the rule if there's a scent free policy, and someone breaks the rule there needs to be



INTERIM REPORT: PROGRESS AND RESULTS ACHIEVED – PHASE 1

serious enough consequences for someone not to do it again, loss of employment suspension financial consequences this needs to be taken serious and I'm hoping you know that this project is one step forward towards that.”