



# HEALTH EQUITY PLAN

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**NORTH YORKERS FOR DISABLED PERSONS, INC.**

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*Your Voice, Your Way, All Ways*



2025

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# Health Equity Plan Overview

The goal of this Health Equity Plan is to ensure that North Yorkers for Disabled Persons Inc. (NYDP) aligns with Ontario Health’s framework on equity, inclusion, diversity, and anti-racism, and integrates provincial priorities to address disparities in health and Community Support Services. This comprehensive plan outlines strategies and actions to promote inclusivity, enhance accessibility, and foster equitable health outcomes across the region, especially for individuals with disabilities. It includes a commitment to removing systemic barriers, ensuring fair access to resources, and providing culturally competent services that respect autonomy and self-determination. By implementing this Health Equity Plan, NYDP aims to create a more just and inclusive community where everyone, including individuals with disabilities, has the opportunity to live healthy, fulfilling lives and access the care they need. The plan reflects our ongoing dedication to fostering equity, upholding human rights, and contributing to a society where all individuals can thrive without facing discrimination or exclusion.

As stated, embedding equity is an ongoing process. As the needs of our consumers evolve, NYDP remains committed to learning and amending our targets and priorities. We recognize that advancing equity requires both immediate actions and long-term commitments, including: (1) strengthening our engagement with vulnerable populations, (2) expanding our training programs to address emerging challenges, and (3) measuring and sharing our progress to maintain accountability and transparency.

## What is Health Equity?

As Ontario Health (2022) defines, health equity is the principle of fairness and justice in health processes and outcomes, ensuring that everyone can reach their full health potential. Unlike equality, which focuses on “sameness of treatment,” equity recognizes that achieving fair outcomes often “require differential treatment and resource redistribution” to address barriers that prevent individuals and communities from thriving (Ontario Health, 2022, p.2).

Health equity necessitates that no one should be disadvantaged in attaining their highest level of health due to their “race, ethnicity, religion, gender, age, social class, socioeconomic status, or other socially determined circumstances” (National Collaborating Centre for Determinants of Health, 2013, p.2). Variations in health outcomes often reveal systemic inequities and barriers embedded in social, economic, and institutional structures.

The *National Collaborating Centre for Determinants of Health* (2013) highlights three defining features of health inequities. They are:

1. **Systematic:** Health inequities are not random but follow a patterned relationship across society. Those with higher social status consistently experience better health than those with lower status, reflecting deeply embedded societal structures.
2. **Avoidable:** Health inequities are socially created and stem from how resources and opportunities are distributed. They are not a result of natural biological differences and can be eliminated through collective action at all levels of society.

3. **Unfair and Unjust:** Health inequities violate principles of social justice and human rights. Achieving equity requires allocating resources based on need rather than advantage, ensuring equitable access to essentials like clean water, food, education, and healthcare.

For people with disabilities, health equity is especially critical. They often face additional challenges such as inaccessible healthcare facilities, limited availability of specialized services or equipment, knowledge gaps among healthcare providers, and systemic ableism. These barriers have profound and far-reaching consequences on their health and quality of life.

Achieving health equity for people with disabilities means identifying and addressing these challenges to ensure they have the same opportunities to live healthy, fulfilling lives as others. This effort is essential for fostering inclusive communities and upholding the principles of justice, dignity, and human rights.

## **Context and Alignment with Provincial Priorities**

NYDP developed this Health Equity Plan to ensure that our organization aligns with Ontario Health's framework on equity, inclusion, diversity, and anti-racism. Ontario Health's (2022) framework includes eleven areas of action: (1) Collect, Report, and Use Equity Data, (2) Embed in Strategic Plan, (3) Partner to Advance Indigenous Health Equity, (4) Invest in Implementation, (5) Identify Clear Accountability, (6) Represent and Reflect Ontarians, (7) Include and Engage Key Voices, (8) Address Racism, (9) Reduce Disparities (10) Contribute to Population Health, and (11) Report and Evaluate to Drive Improvement.

This plan will also integrate with existing provincial priorities, such as the French Language Health Services Plan, Accessibility for Ontarians with Disabilities Act, and more. By doing so, we aim to address disparities, promote inclusivity, and enhance accessibility in our services, thereby advancing health equity across our region. This initiative not only fulfills our Multi-Sector Accountability Agreement local obligations but also aligns with our commitment to serving all communities equitably and responsibly.

## **Scope and Limitations of the Health Equity Plan**

The equity plan for NYDP is designed to focus on actionable and achievable changes within the organization's direct influence. NYDP's services prioritize individuals with physical disabilities and complex communication needs, meaning that this population is the primary focus of our equity initiatives. This commitment informs the context of our Health Equity Plan thus highlighting the unique challenges experienced by this population in accessing critical care, navigating healthcare systems, and achieving equitable health outcomes.

While NYDP is committed to advocating for broader systemic improvements, the plan prioritizes areas where the organization can have the most immediate and meaningful impact within its own services. These include enhancing accessibility, cultural competency, consumer engagement, and the integration of inclusive practices into daily operations.

While NYDP's Health Equity Plan is ambitious and comprehensive, there are factors beyond the organization's direct control that may influence outcomes. These include:

- Province-wide systemic reforms that require significant government intervention or cross-sector collaboration. While NYDP can advocate for these changes, they fall outside the scope of this plan.
- Long-term initiatives that depend on substantial external funding or changes to legislation, such as large-scale healthcare or social service policy reforms.

However, NYDP is committed to advocating for these larger systemic changes by partnering with stakeholders, amplifying consumer voices, and sharing its insights to influence broader policy discussions. In doing so, we aim to contribute to long-term improvements that benefit not only the population we serve directly but also the broader community.

The plan recognizes that achieving health equity is a complex, long-term goal, but through a focused and proactive approach, NYDP will take meaningful steps toward removing barriers and ensuring equitable outcomes for all.

## **Our Background and Guiding Philosophy**

This section outlines the services, values, and principles that guide NYDP. It highlights our commitment to empowering individuals with physical disabilities and complex communication needs through supportive housing, advocacy, and programs. It also introduces how the philosophy of Independent Living shapes our approach to care, emphasizing autonomy, self-determination, and personalized support.

### **About North Yorkers**

Founded in 1982, NYDP is an organization dedicated to empowering individuals with physical and communication disabilities through supportive housing, facilitation services, and advocacy. NYDP was established to address challenges in acquiring housing and attendant services for persons with both physical disabilities as well as complex communication needs, creating an inclusive, congregate living model where consumers can live independently with 24/7 access to personalized support.

Our services include permanent supportive housing with attendant care, augmentative and alternative communication (AAC) facilitation, and innovative programs like our Communication Enrichment Class, which supports participants in developing literacy, advocacy, and social skills.

Additionally, our Communication Facilitation Team and Information, Resource and Referral Support Program, provide crucial assistance to individuals and families in navigating resources, filling out applications, attending appointments, and transitioning from long-term care/hospital to community living.

At NYDP, we are committed to empowering independence, fostering self-advocacy, and ensuring equitable access to services and opportunities.

Values	Principles
<ul style="list-style-type: none"> <li>• To provide physical support services to meet the needs of each consumer.</li> <li>• To maintain a supportive environment, where each consumer directs their own service.</li> <li>• A commitment to the Philosophy of Independent Living.</li> <li>• To foster an environment where both attendant and consumer are appreciated and respected.</li> <li>• To adequately staff and maintain the building to ensure safety for all.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Dignity</b> - Every individual deserves to be treated with respect and to have the opportunity to live a life of purpose and fulfillment.</li> <li>• <b>Equity</b> - We are committed to creating systems and services that recognize and address the unique needs of each person, while actively removing barriers that prevent access to care.</li> <li>• <b>Inclusion</b> - By actively engaging with diverse voices and lived experiences, we ensure that our services reflect the values, needs, and aspirations of the communities we serve, fostering environments where everyone feels seen, heard, and valued.</li> </ul>

## Independent Living Philosophy

The Independent Living Philosophy is a foundational belief system that emphasizes the autonomy, self-determination, and empowerment of individuals with disabilities. It asserts that people with disabilities should have the freedom to make decisions about their lives, including the type of care and support they receive. This philosophy is grounded in the belief that everyone has the right to live in their chosen community and to fully participate in all aspects of society. Central to the Independent Living Philosophy is the notion that individuals should have control over the services they receive and be able to make decisions regarding their daily lives, with appropriate supports in place to assist them.

A key tenet of the Independent Living Philosophy is the concept of “The Dignity of Risk,” which recognizes that individuals have the right to make their own decisions, even if those decisions carry the potential for risk or mistakes. This principle supports the idea that people with disabilities should not be overprotected or limited by others’ perceptions of their abilities. Instead, they should have the same opportunities to make choices, experience failure, and take responsibility for the consequences of their actions as anyone else.

In the context of our Health Equity Plan, the Independent Living Philosophy informs our approach by ensuring that services are designed with a deep respect for individual autonomy. It reinforces our commitment to offering personalized, culturally competent care that empowers individuals to direct their own lives and health decisions. This philosophy shapes our understanding of health equity, as we focus on providing the tools, resources, and support systems needed for individuals to live independently, make informed choices, and pursue their own goals. By embracing the principles of Independent Living, we prioritize accessibility, self-advocacy, and inclusivity, all of which are essential components of achieving health equity for those we serve.

# Health Equity Assessment

Health inequities in Ontario disproportionately affect people with physical disabilities and complex communication needs. These disparities stem from systemic barriers within healthcare, social services, and policy frameworks. For instance, people with disabilities often encounter physical obstacles in public spaces, communication barriers, and systemic ableism, which hinder their access to essential services. Understanding these challenges is critical to ensuring equitable access to healthcare, services, and resources, ultimately improving health outcomes and quality of life for people with disabilities. For the purposes of this Health Equity Plan, we will highlight five barriers to health equity that disproportionately impact the population we serve.

## Physical Barriers

Despite legislative frameworks such as the Accessibility for Ontarians with Disabilities Act (AODA), physical accessibility remains a significant barrier. Studies indicate that many healthcare facilities in Ontario continue to have inadequate infrastructure, including a lack of lifts, bariatric aids, and accessible medical and diagnostic equipment (Health Care Standards Development Committee, 2022). This is often due to inadequate funding or a lack of prioritization, leaving necessary equipment faulty, broken, or entirely unavailable (Health Care Standards Development Committee, 2022). For example, women with disabilities are less likely to receive routine screenings such as mammograms and pap tests due to inaccessible medical equipment and provider biases.

## Communication Barriers

People with complex communication needs often experience difficulties in accessing equitable healthcare due to a lack of provider training and inadequate communication supports (Health Care Standards Development Committee, 2022). Healthcare professionals frequently fail to use augmentative and alternative communication (AAC) strategies, leading to misdiagnoses, exclusion from decision-making, and compromised care quality. Additionally, the lack of AAC supports in medical settings increases the reliance on family members or personal attendants to facilitate communication, reducing autonomy and privacy in healthcare interactions.

### Testimonial #1: Carolyn H.

Carolyn shared that she feels healthcare workers do not take the time to listen to her and have little experience with AAC devices. She often feels ignored when her physicians focus more on speaking with the person accompanying her, rather than taking the time to communicate with her. She wishes people were more understanding and actually take the time to listen to what she has to say.

## System Fragmentation and Lengthy, Costly Processes

Ontario's healthcare system is highly fragmented, requiring individuals to navigate complex and siloed services for assessment, funding, and treatment – often resulting in inconsistent care. Challenges include long wait times, administrative fees, and high medication and equipment costs. *Holland Bloorview Kids Rehabilitation Hospital* highlights how this fragmentation

particularly affects youth transitioning to the adult health care system. Pooley (2024) notes that this transition often leads to reduced quality of care, increased emergency room visits, hospitalizations, missed appointments, and medical relapses, with two-thirds of young adults reporting their health care needs are not being met in the adult system.

### **Testimonial #2: Sherri H.**

Sherri shared her experience with the healthcare system in Brampton and the challenges she faced in accessing proper care. She feels that neglecting her almost resulted in her dying.

## **Ableism and Implicit Bias**

People with disabilities may face systemic discrimination, infantilization, and ableism in healthcare settings, often being seen as having a lower quality of life, which leads to biased diagnoses and treatment recommendations. Many experience a loss of autonomy, particularly those with complex communication needs, who feel dismissed when advocating for their care. The medical field tends to frame disability as an individual problem to “overcome,” equating disability with illness, suffering, and infirmity, thus ignoring the broader social, environmental, and political barriers people with disabilities experience (VanPuymbrouck et al., 2020). As a result, healthcare providers fail to offer equitable preventive care and wellness referrals, further entrenching disparities (VanPuymbrouck et al., 2020).

### **Testimonial #3: Anonymous Resident**

The individual shared their experience with challenges at healthcare facilities due to healthcare workers’ unfamiliarity with their medical history. They wish that people were more understanding of their condition, and noted feeling rushed during appointments, leading to feelings of nervousness. They hope for hospitals and clinics to allocate more time for appointments for those with similar conditions.

## **Lack of an Intersectional Approach**

Marginalized individuals with disabilities face compounded barriers to healthcare due to intersecting factors that must be considered, such as race, sex, gender, geographic location, and economic status (Canadian Human Rights Commission, 2023). For example, racialized peoples may experience higher rates of medical discrimination, limited access to culturally competent care, and a higher rate of poverty, all of which further restrict healthcare access. Women with disabilities also encounter additional challenges such as access to adequate reproductive healthcare and heightened concerns around safety and the possibility of abuse (Canadian Human Rights Commission, 2023). LGBTQ+ individuals with disabilities often struggle to find inclusive providers who understand their specific healthcare needs. Socioeconomic disparities further exacerbate these issues, as people with disabilities are more likely to experience unemployment and financial insecurity (Hachouch et al., 2025).

The intersection of disability, race, gender, and socioeconomic status creates a multi-layered system of health inequities in Ontario. Addressing these disparities requires systemic change,

increased accessibility, and a commitment to equity-driven policies. NYDP's equity plan is designed to identify and address these disparities through targeted strategies, ensuring that every individual has the support they need to thrive.

## **Our Priorities**

To advance equity across all facets of its operations, NYDP has identified six key priorities. These priorities focus on addressing systemic barriers, improving service delivery, and fostering a culture of inclusion and accountability.

### **Priority #1: Enhance Cultural Competency for Inclusive Care**

- Provide ongoing training for staff on cultural awareness, safety, and implicit bias.
- Deliver regular equity-focused training for staff, focusing on cultural awareness, cultural safety, anti-racism, and accessibility.
- Ensure services are linguistically and culturally appropriate to meet the needs of diverse populations.
- Develop inclusive policies that reflect the values of the populations served.
- Foster an inclusive and safe environment for consumers, staff, and all stakeholders.

### **Priority #2: Prioritize Consumer Engagement**

- Engage consumers in co-developing and evaluating programs to ensure lived experiences shape service delivery.
- Develop accessible platforms for engagement and feedback, such as surveys, focus groups, or digital tools.
- Build trust by demonstrating how consumer input is incorporated into decision-making.
- Ensure programs and policies are inclusive, responsive, and effective.
- Engage with those with lived experience to ensure our work is meaningful.
- Provide education and resources to help consumers advocate for their health and navigate complex healthcare systems.

### **Priority #3: Expand Community Outreach to Build Trust and Engagement**

- Conduct targeted outreach to vulnerable and marginalized populations.
- Use multiple communication channels (website, workshops, local events) to increase visibility and accessibility.
- Share information in an accessible, easy to read, and unbiased way.
- Increase the involvement of the communication facilitation team to assist individuals in overcoming barriers within healthcare systems, ensuring equitable health outcomes for disabled and non-speaking individuals.
- Advocate on behalf of residents or community members when systemic barriers arise (ex. inaccessible application processes, delays in service delivery, etc.).
- Create a centralized resource hub with up-to-date information on local services, government programs, and advocacy supports.

## **Priority #4: Build and Sustain Collaborative Partnerships**

- Foster meaningful partnerships with healthcare providers, social service organizations, and advocacy groups.
- Share resources and best practices across partners to maximize impact, address systemic barriers, and drive large-scale change.
- Build strong relationships with local service providers, non-profits, and government agencies to develop referral pathways.

## **Priority #5: Promote Equitable Access Housing**

- Advocate for policies that promote equitable access to affordable, stable and supportive housing.
- Enhance supportive housing services to help individuals remain in the community of their choice.
- Educate stakeholders on the critical relationship between stable and secure housing and improved health outcomes.
- Analyze housing insecurity as a social determinant of health – stable and secure housing improves access to care, access to preventative care, reduces emergency room visits, supports the management of illnesses/disorders, and provides access to programs that help navigate barriers to care.
- Review housing and/or service waitlists frequently to assess wait time, ensure that the prioritization criteria for waitlists are equitable and based on actual need.
- Review waitlists for patterns that reveal disparities, such as which groups are disproportionately represented. Then use this information to identify trends and help target resources and services to the most affected populations.

## **Priority #6: Leverage Data to Drive Equitable Decision-Making**

- Develop ongoing data collection processes on health outcomes, service utilization, and social determinants of health.
- Identify and address disparities revealed by data analysis.
- Use data to inform resource allocation and prioritize areas of greatest need.
- Prioritize ethical data collection practices that respect confidentiality and privacy, ensuring sensitive personal and health information is handled with transparency, security, and adherence to privacy regulations.

# **Plan for Implementation**

This Health Equity Plan outlines a phased approach to creating meaningful and sustainable change. By prioritizing short-term foundational efforts, mid-term expansion, and long-term innovation, the plan aims to address health disparities, foster collaboration, and promote equitable access to care and resources. These strategies ensure that progress is both measurable and responsive over time.

## **Short-Term (0–12 Months): Establish Foundations**

In the first year, the focus is on building a strong foundation for health equity.

- Deliver initial equity-focused training on cultural safety, anti-racism, and accessibility.
- Policies will be reviewed to ensure inclusivity, and guidelines for linguistically and culturally appropriate services will be developed.
- Launch mechanisms for consumer engagement, including accessible feedback platforms.
- Outreach strategies will be implemented alongside initiatives that expand support from the facilitation team.
- Collaborative efforts will begin by establishing partnerships with key organizations and developing referral pathways.
- Efforts to advocate for equitable housing policies and review waitlist management practices will commence.
- Data collection processes for health outcomes and service usage will be developed with adherence to ethical standards.

## **Mid-Term (1–3 Years): Expand and Integrate**

In the next phase, initial efforts will be expanded and integrated across the organization.

- Cultural competency training will be refined based on feedback, and inclusive service guidelines will be fully implemented.
- Consumer engagement will be strengthened by incorporating feedback into program design and expanding participation platforms.
- Outreach strategies will be evaluated and adjusted, while the centralized resource hub will grow to enhance service access.
- Partnerships with additional organizations, including local governments and nonprofits, will be established, and shared resources will strengthen collaborations.
- Housing data will be used to inform targeted interventions and resource allocation, and advocacy efforts will push for systemic changes.
- Data-driven decision-making will be integrated into strategic planning, ensuring resources address identified disparities effectively.

## **Long-Term (3+ Years): Sustain and Innovate**

Over the long term, the focus will shift to sustaining progress and fostering innovation.

- Equity-focused training will become a core organizational practice, and inclusive policies will be updated regularly to reflect evolving community needs.
- Consumer engagement will deepen through leadership roles and opportunities for co-creation, ensuring lasting impact.
- Outreach efforts will continue to adapt, addressing emerging barriers and maintaining the relevance of the centralized resource hub.
- Partnerships will be solidified to drive large-scale systemic change, with collective impact initiatives advocating for policy reforms.
- Focus on establishing systemic stability and monitoring new trends and disparities in housing access.
- Data will play a key role in assessing the impact of initiatives, sharing findings broadly to advance health equity knowledge and advocacy efforts.

The successful implementation of this Health Equity Plan relies on clearly defined roles and adequate resource allocation. Staff at all levels will be responsible for participating in cultural competency training and integrating equity-focused practices into their daily work. The leadership team will oversee the implementation of initiatives, monitor progress, and ensure alignment with organizational goals. Necessary resources, such as funding for training programs, technology for data collection and engagement platforms, etc., will be identified and presented to the Board of Directors for approval prior to initiating new projects.

## **An Ongoing Commitment to Equity**

This Health Equity Plan underscores our commitment to fostering an inclusive, equitable, and accessible environment for all. By prioritizing cultural competency, consumer engagement, community outreach, collaborative partnerships, equitable access to housing, and data-driven decision-making, we aim to address systemic barriers and improve outcomes for vulnerable populations. These efforts are rooted in our belief that health equity is not just an initiative but a guiding principle that informs every aspect of our work. We recognize that equity efforts are continuous and require intentionality, accountability, and collaboration. As we implement this plan, we remain dedicated to learning, adapting, and working alongside our community to create lasting, meaningful change.

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