Equity, Inclusion, Diversity and Anti-Racism Framework

"To become a more safe, equitable and inclusive healthcare organization for ALL to provide a sustainable people-driven system."

The HPHA Framework aligns with the EID-AR Plan of the Huron Perth & Area Ontario Health Team

LAND ACKNOWLEDGEMENT

We acknowledge and give thanks for the land on which we gather as being the traditional territory of the Haudenosaunee/People of the Long House and the Anishinaabe.

We recognize the First Peoples' continued stewardship of the land and water, and that this territory is subject to the Dish with One Spoon Wampum under which multiple nations agreed to care for the land and resources by the Great Lakes in peace.

We also acknowledge and recognize the treaties signed in regard to this land including Treaty #29 and Treaty #45 1/2. Our roles and shared responsibilities as treaty people mean we are committed to moving forward in reconciliation with gratitude and respect with all First Nations, Metis, Inuit and Indigenous Peoples. We commit to the following action: sharing resources that explore the rich and diverse cultures, voices, experiences and histories of First Nations, Inuit and Metis people.

COMMITMENT TO INDIGENOUS SOVEREIGNTY, TRUTH AND RECONCILIATION

The Huron Perth Healthcare Alliance (HPHA) recognizes and respects Indigenous sovereignty in Canada as recognized and affirmed in Section 35 of the *Constitution Act, 1982,* and is dedicated to truth and reconciliation with Indigenous peoples. HPHA will recognize and respect Indigenous peoples' right to self-governance and ways of knowing.

We are committed to creating cultural safety by hearing, understanding and responding to the concerns of Indigenous peoples in order to co-create a new path forward that is grounded in trust, respect, reconciliation and partnership.

Canada

OUR COMMITMENT TO EQUITY, INCLUSION, DIVERSITY AND ANTI-RACISM

The Huron Perth Healthcare Alliance (HPHA) is committed to becoming a more safe, equitable and inclusive healthcare organization for ALL. We are committed to addressing all forms of discrimination, including, but not limited, to anti-racism, gender bias, and rights of 2SLGBTQIA+ communities.

The Huron Perth Healthcare Alliance (HPHA) is committed to being an equitable and inclusive healthcare organization for ALL. We are committed to addressing all forms of discrimination, including, but not limited to, anti-racism,gender bias, and rights of 2SLGBTQIA+ communities. As an organization dedicated to providing exceptional people- centered care, we must understand the experiences and views of every person who visits, works for, volunteers or receives care at our hospitals and make the necessary changes to ensure everyone's needs are met and respected. A high-quality health care system starts with a culture that promotes equity and reduces disparities.

THE HPHA EID-AR FRAMEWORK

Our EID-AR (Equity, Inclusion, Diversity and Anti-Racism) Framework is aligned with the Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework and is a long-term commitment, which requires hard work and challenging conversations. This Framework is a living document that will change based on our evolving knowledge and the feedback we receive from our patients, families, staff, physicians and the communities we serve. Annual "Action Plans" will be developed and posted on the HPHA website. HPHA will continuously build upon our EID-AR Framework and adopt best practices into our policies, principles, structures, systems, programs, practices, training and operations and will utilize thestrengths of our diverse workforce to:

- Improve recruitment, retention and inclusion of under-represented demographic groups
- Implement policies and processes to remove barriers and organizational practices that do not optimally promote, support or enable inclusion
- Create processes, structures and governance frameworks conducive to equity of opportunity, accessibility and EID-AR best practice

This Framework will help contribute to better outcomes for patients, families and providers within HPHA and is an essential component of people-centered care. We cannot achieve people-centered care without addressing health equity in all that the system does. It needs to be integrated into culture, practice and policy at HPHA and by providers, system leaders and planners.
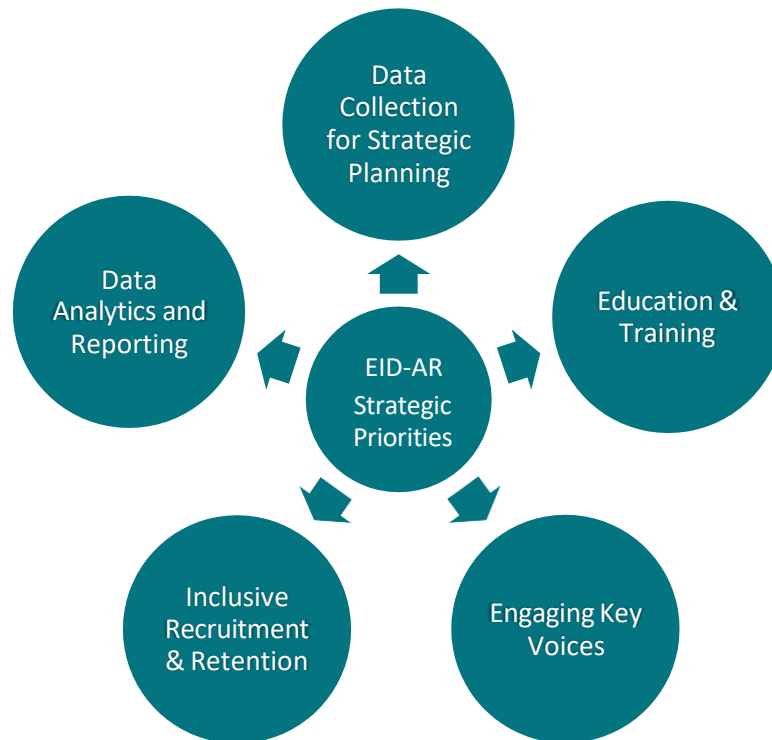
The development of this Framework strengthens and brings renewed meaning to our organization's values **Compassion, Accountability and Integrity** as we strive to be an organization where everyone feels safe, respected and valued. Together we will create an environment where everyone feels comfortable being themselves, are engaged and feel empowered to share their ideas and perspectives. Our capacity to deliver on our organizational vision of **"Innovating for Exceptional Health"** is dependent on our ability to provide an inclusive space for every person who visits, works for, volunteers or receives care at our hospitals.

Ensuring all feel valued, safe, heard, and respected is at the core of all we do at the HPHA. This Framework reinforces this commitment, including outlining strategies we will implement to support an environment that advances, equity, inclusion, diversity and anti-racism for all who work, volunteer and receive care across our organization. Andrew Williams, HPHA President & CEO

The HPHA Framework aligns with the EID-AR Plan of the Huron Perth & Area Ontario Health Team

EID-AR Strategic Priorities

Investment in EID-AR Infrastructure and Implementation – Primarily, we must apply the financial and people resources for success and ongoing sustainability. Similarly we must emphasize the importance of education, relationship building and reconciliation to advance our commitment to creating an environment where everyone feels comfortable being themselves, are engaged and feels empowered to share their ideas andperspectives

- **Data Collection for Strategic Planning** – Data collection and analysis are critical to inform a comprehensive understanding of the experiences that may result from inequities, underrepresentation and exclusion. We will collect and analyze relevant baseline data to establish standards, develop targets and identify gaps around systemic barriers to equity, inclusion, human rights and diversity. We will use the following qualitative and quantitative data to measure, monitor, understand and report challenges and progress on EID-AR issues:
    a. **Staff/Physician EID-AR survey**
    b. **Patient Experience data**
    c. **Huron, Perth and catchment area data to understand community profile**
    d. **Health outcome data for target populations**

- **Education & Training Program** - Increase awareness of the benefits of EID-AR across the organization in an effort to reduce attitudinal barriers and bias through development of and access to EID-AR training resources for all staff / physicians / volunteers/ students **(See Appendix B).**

The HPHA Framework aligns with the EID-AR Plan of the Huron Perth & Area Ontario Health Team

- **Engage and Co-Design with Key Partners/Voices** - To ensure our efforts reflect what is meaningful and matters to individuals experiencing inequities, staff/physicians and patients and their caregivers must be involved in shaping and evaluating programs and services.We will reach out to those who have lived experiences with inequities and partner with them to co-design an inclusive health system for all.
  What indicators do they think are important? What matters to them?
  a. **Patient Family Caregiver Advisory Council**
  b. **Staff and Patient Experience Surveys**
  c. **Consultation and/or outreach to specific population groups**
  d. **Consultation with community agencies with expertise (Public Health, Social Research and Planning, etc.)**

- **Develop Inclusive Recruitment and Retention Practices–** We will ensure fair and inclusive recruitment, retention, mentorship, performance and talent management and other workplace programs andstrengthen anti-violence, harassment and other related policies and codes of conduct to foster respect and safety in the workplace. Our measures will include:
  a. **Ensure hiring and engagement processes are barrier and bias-free;**
  b. **Position descriptions**
  c. **Job postings**
  d. **Interview questions**
  e. **Composition of interview panels, onboarding practices**
  f. **Ensure language of publications and documentation (e.g. Policies, Procedures, Strategic Plan) are barrier and bias- free**
  g. **Promote dates that honour diverse groups within our communities**

- **Data Analytics and Reporting –** we will continuously track and assess the experiences of our staff/physicians and the patients and families we serve related to EID-AR , identify opportunities to improve, and report our progress to the HPHA Board of Directors, Program Councils, Committees and Departments and Programs. Data to be analyzed and reported to include:
  a. Patient Experience
  b. Staff Experience

WHAT SUCCESS LOOKS LIKE

All people can achieve equitable health outcomes. Equity-deserving and marginalized patients/clients have health outcomes similar to population health outcomes when health inequities are reduced.

The strategies outlined in our framework are things we believe must be addressed in order to position HPHA for future progress.

We will know we have been successful when:

- Care at HPHA is culturally informed, equitable and accessible for all people.
- Our leadership and workforce reflect the diverse communities we serve and everyone feels comfortable being themselves, are engaged and feels empowered to share their ideas and perspectives.
- We have developed and implemented education and training resources. These resources will include tools to help us integrate health equity into our culture.
- Sustainable EID-AR infrastructure exists across HPHA and we have even stronger, more authentic partnerships with our communities and healthcare partners.

MOVING FORWARD

Areas of focus for learning and development:

2023

2SLGBTQIA+ Health

Anti-Indigenous Racism

2024

Anti-Black Racism

Implicit Bias

2025

Physical Bias Including Weight

Ableism

RESOURCES REFERENCED

*Definitions extracted from: CPSO - EDI Glossary the Ontario Health's Equity, Inclusion, Diversity and Anti-Racism framework and the 519 LGBTQ2S Glossary of Terms around equity, diversity, inclusion and awareness - The 519 2SLGBTQ+ Glossary of Terms.

1. https://www.the519.org/

2. Rainbow Health Ontario

3. https://www.canada.ca/en/canadian-heritage/campaigns/national-day-truth-reconciliation.html

4. Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework

APPENDIX A- GLOSSARY

The definitions below help to provide a common understanding as we work together to create a shared culture focused on Equity, Inclusion, Diversity, and Anti-Racism. This is not a complete list of definitions, but has been created in the hopes that it will help with shared understandings around Equity, Inclusion, Diversity, and Anti-Racism and awareness as we embark on this very important work.

2SLGBTQIA+: Acronym that stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual and additional sexual orientations and gender identities.

Allyship: Active, consistent and arduous practice of unlearning and re-evaluating, in which an individual in a position of privilege and/or power seeks to operate in solidarity with a marginalized group. An ally supports people outside of their own group.

Anti-Black Racism: Policies and practices rooted in Canadian institutions such as education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards Black people and communities.

Anti-Indigenous Racism: Ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.

Anti-Oppression: Process of actively challenging systems of oppression on an ongoing basis. Anti-oppression work seeks to recognize the oppression that exists in our society and attempts to mitigate its effects and eventually equalize the power imbalance in our communities. Oppression operates at different levels (from individual to institutional to cultural) as does anti-oppression work.

Anti-Racism: Systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, reduce and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities

Bias: Inclination to think something or someone is better or preferred, usually in a way considered to be unfair. Bias inhibits impartial judgement, thoughts or analysis.

Cultural Safety: Approach that considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences. The outcome of this approach is where the environment in which health care is delivered is free of discrimination and racism, and patients feel safe. Safety is defined by patients and may be described as what is felt or experienced by patients when their physician communicates with them in a respectful and inclusive way, when their physician empowers them in decision-making, and when they work together as a team to ensure maximum effectiveness of care.

Diversity: Practice or quality of including or involving people from a range of backgrounds and identities. We know that diverse groups of people make more well-informed decisions by including

different points of view and creating more opportunities for more people. We also know those benefits do not occur if people feel they need to suppress aspects of their identity. Diversity is about valuing and encouraging a range of experiences and perspectives.

Discrimination: Act, communication or decision that results in the unfair treatment of an individual or group by either imposing a burden on them, or denying them a right, privilege, benefit or opportunity enjoyed by others. Discrimination may be direct and intentional or may be indirect and unintentional, where rules, practices or procedures appear neutral, but have the effect of disadvantaging certain groups of people. Discrimination is best identified by those who experience it given that there is a difference between intent and impact.

Equality: Practice of ensuring equal treatment to all people, without consideration of individual andgroup diversities.

Equity: Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

Equity-Deserving Groups: Communities that experience significant collective barriers in participating in society. These could include attitudinal, historic, social and environmental barriers based on age, ethnicity, disability, economic status, gender identity, nationality, race, and/ or sexual orientation.

Health Disparities: Differences in health access, experience or outcomes in a way that is systematic, patterned and preventable.

Health Equity - Focuses on the health system's ability to provide equitable health care and allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.

Inclusion: Recognizing, welcoming and making space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills and talents of all of our employees.

Indigenous Sovereignty: Arises from Indigenous Traditional Knowledge, belonging to each Indigenous nation, tribe, first nation, community, etc. It consists of spiritual ways, culture, language, social and legal systems, political structures, and inherent relationships with lands, waters and all upon them. Indigenous sovereignty exists regardless of what the nation-state does or does not do. It continues as long as the People that are a part of it continue.

Intersectionality: Intertwining of social identities such as gender, race, ethnicity, social class, religion, gender identity and/or sexual orientation, which can result in unique experiences, opportunities and barriers. This theory draws attention to how different systems of oppressive structures and types of discrimination interact and manifest in the lives of marginalized people; for example, a queer black woman may experience oppression on the basis of her sexuality, gender and race — a unique experience of oppression based on how those identities intersect in her life.

Intersex - General term used for a variety of situations in which a person is born with reproductive or sexual anatomy that does not fit the boxes of "female" or "male."

Intersex-Inclusive Progress Pride Flag: The intersex-inclusive pride flag was designed by Valentino Vecchietti in 2021 to better represent the intersex community. This flag honours the history of the pride flag and creates a pathway towards inclusivity. It includes the intersex yellow and purple circle added next to the transgender blue, pink and white colours. Yellow has long been seen as an intersex colour representing those who do not fit the binary. The purple circle represents the wholeness of the intersexcommunity free from colours like blue and pink that are commonly seen as male and female specifically.

Structural Racism: System in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with colour to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.

Systemic Racism: Organizational culture, policies, directives, practices or procedures that exclude, displace or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others

Trauma-Informed Care: an approach to healthcare that considers the possibility that patients may have experience trauma (e.g., abuse, neglect, discrimination, violence etc.) so their safety, choice, control and empowerment are prioritized.

APPENDIX B – EID-AR RESOURCES

Equity, Inclusion, Diversity and Anti-Racism | Ontario Health

Equity, Inclusion, Diversity and Anti-Racism - Huron Perth & Area Ontario Health Team (hpaoht.ca)

Foundations of Indigenous Cultural Safety F.A.Q. – IPHCC Learning Portal

French Language training https://flsonlinetraining.ca/

HPHA's Guide to Inclusive Language

Indigenous Relationship and Cultural Awareness Courses

Introduction to Anti-Black Racism eLearning Module | Toronto Academic Health Science Network (tahsn.ca)

Intro to Gender Diversity - 2024 - Overview | Rise 360 (articulate.com)

Ontario Health E-Learning

Ontario — San'yas Indigenous Cultural Safety Online Training (sanyas.ca)

2SLGBTQ Foundations Course Course: 2SLGBTQ Foundations Course | RHO (rainbowhealthontario.ca)