



## Equity, Inclusion, Diversity and Anti-Racism Plan

“To provide a sustainable people-driven system that strives to provide a positive experience for all.”

### Huron Perth and Area Ontario Health Team (HPA-OHT) 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 ½. 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, Métis, Inuit and Indigenous Peoples.

### Commitment to Indigenous Sovereignty, Truth, and Reconciliation

The Huron Perth and Area OHT (HPA-OHT) Accreditation Collaborative 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. HPA-OHT will recognize and respect Indigenous peoples’ right to self-governance and ways of knowing.

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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.

## **Our Commitment to Equity, Diversity, Inclusion, and Anti-Racism**

The Huron Perth and Area Ontario Health Team (HPA-OHT) Accreditation Collaborative organizations are committed to becoming a more safe, equitable and inclusive 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.

At HPA-OHT our vision is for a sustainable people-driven system that strives to provide a positive experience for all.

As an organization dedicated to working together towards a more integrated health system for the people of Huron Perth and area, a high-quality health care system starts with a culture that promotes equity and reduces disparities.

## **The HPA-OHT EID-AR Plan**

The development of our Equity, Inclusion, Diversity and Anti-Racism (EID-AR) plan is based on the Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework, and is a long-term commitment, which requires hard work and challenging conversations. This plan is a living document that will change based on our evolving knowledge and the feedback we receive from our patients, families, member organizations and the communities we serve. Each year "Action Plans" will be developed. HPA-OHT Accreditation Collaborative will continuously build upon our

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EID-AR plan and adopt best practices into our policies, principles, structures, systems, programs, practices, training and operations and will utilize the strengths of our diverse membership organizations 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 plans conducive to equity of opportunity, accessibility and EID-AR best practice

This plan will help contribute to better outcomes for patients, families, and organizations within HPA-OHT Accreditation Collaborative and is an essential component of integrated care. We cannot achieve integrated care without addressing health equity in all that the system does. It needs to be integrated into culture, practice, and policy at HPA-OHT Accreditation Collaborative.

The development of this plan strengthens and brings renewed meaning to our organizations' value as we strive to be organizations 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 The HPA-OHT vision of "a sustainable people-driven system that strives to provide a positive experience for all" is dependent on our ability to provide an inclusive space for every person.

We acknowledge that diversity, both seen and unseen, exists within our communities. Our goal is to build staff, leadership and governance teams to reflect the diversity of the people we serve, in order to maximize our impact. We will commit resources and provide educational opportunities in furtherance of that goal.

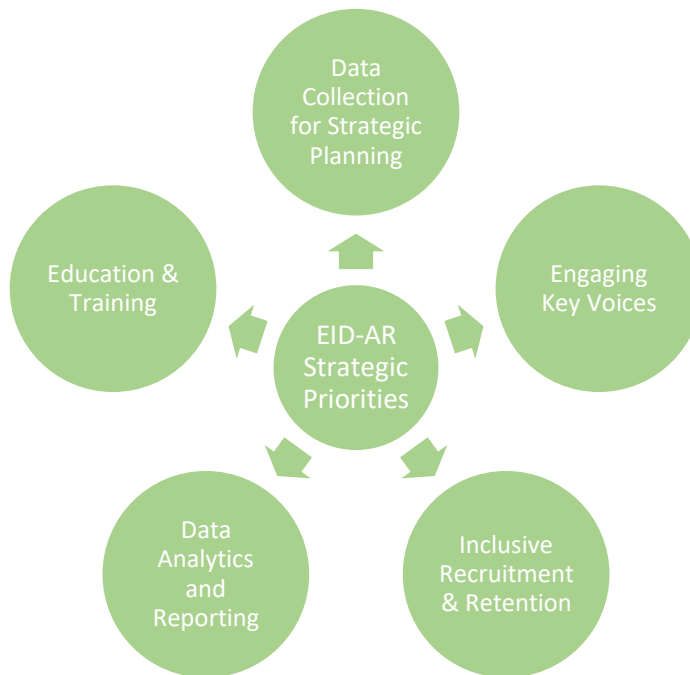
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## EID-AR Strategic Priorities



**These are the priorities agreed to as a basis for the EID-AR plan.**

**Investment in EID-AR infrastructure and Implementation** –Application of financial and people resources is fundamental to success and ongoing sustainability. Organizations commit to 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 feel empowered to share their ideas and perspectives.

1. **Data Collection for Strategic Planning** – Data collection and targets are critical to guide the strategic outcomes we are seeking to effect inequities, underrepresentation, and exclusion. We will collect and analyze relevant data to establish standards and

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develop targets around systemic diversity, inclusion, equity, and human rights. We will use qualitative and quantitative data to measure, monitor, understand and report challenges and progress on EID-AR issues.

- a. Huron and Perth population data to understand community profile.
- b. Data to establish profile of organizations.
- c. Health outcome data for target populations
- d. Establish equity targets at governance level

2. **Engaging and Co-designing with Key Partners/Voices** – To ensure our efforts reflect what is meaningful and matters to individuals experiencing inequities, the people who experience inequities and exclusion must be heard and empowered in shaping and evaluating programs and services. This includes patients, clients, staff, and volunteers. 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. Surveys
- c. Consultation and/or outreach to specific population groups
- d. Consultation with community agencies with expertise (Public Health, Social Research and Planning, etc.)

3. **Develop Inclusive Recruitment and Retention** – We will ensure fair and inclusive recruitment, retention, mentorship, performance and talent management and other workplace programs, and strengthen anti-violence, harassment and other related policies and codes of conduct to foster respect, and safety in the workplace. Collectively and individually, we will also develop approaches to recognize important dates that honour groups and issues connected with EID-AR.

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- a. Review hiring engagement process to remove barriers/biases
  - b. Review language to remove barriers/biases in any documentation and publications (eg. Policy, Procedure, Strategic Plan)
  - c. Be aware of opportunities and dates that honour diverse groups within our community
4. **Data Analytics and Reporting** – Analytics are a critical component of understanding experiences and identifying gaps/issues in processes and approaches that create barriers. We will continuously track and assess data related to EID-AR including the experiences of our staff, patients and families we serve and identify opportunities to improve and report on our progress.
- a. Patient and Caregiver experience
  - b. Staff Experience
  - c. Volunteer Experience
  - d. Process data
5. **Education and Training Program** – Increase awareness of the benefits of EID-AR across the organization and reduce attitudinal barriers to increase safety through the development of a EID-AR training program.
- a. Integrate general EID-AR into learning and development with individual components.

## What Success Looks Like

The strategies outlined in our plan are things we believe must be addressed in order to position HPA-OHT Accreditation Collaborative for future progress.

We will know we have been successful when:

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- HPA-OHT Accreditation Collaborative interactions are culturally informed, equitable and accessible for all people
- Our leadership and workforce better reflect the diverse communities we serve and facilitate the ability for everyone to be themselves, be engaged and feel safe to share their ideas and perspectives
- All people can achieve equitable health outcomes. Equity-deserving and marginalized patients/clients have health outcomes similar to population health outcomes
- Equitable health outcomes are attainable for all individuals, regardless of their differences
- Preventable health disparities are reduced or eliminated for all marginalized and socially disadvantaged people accessing HPA-OHT services.

To achieve these, we will need:

- Ongoing education and training to continuously help build internal capacity within the HPA-OHT Accreditation Collaborative.
- Sustained EID-AR infrastructure across HPA-OHT organizations and even stronger, more authentic partnerships with our community

## Moving Forward

To advance EID-AR work the collaborative has chosen areas of focus for each year. These are not exclusive. Work on other areas will continue over multiple years and individual organizations

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may have supplementary or different focuses. These represent the focus in each year for collaborative work.

Areas of focus for learning and development:

Year 1

- 2SLGBTQIA+ Health
- Anti-Indigenous Racism

Year 2

- Anti-Black Racism
- Implicit Bias

Year 3

- 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. [Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework](#)
2. [THE519](#)
3. [Rainbow Health Ontario](#)
4. [Government of Canada National Day for Truth and Reconciliation](#)
5. [Huron Perth Healthcare Alliance – Diversity, Equity, Inclusion and Anti-Racism Framework](#)

## 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

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list of definitions but has been created in the hopes that it will help with shared understanding 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:** an 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:** The 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:** Anti-Indigenous racism is the 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:** a 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) and anti-oppression work does as well.

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**Anti-Racism:** An anti-racism approach is a systemic 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:** An 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 Competency:** Cultural competency is an organization’s ability to recognize, respect and address the unique needs, worth, thoughts, communications, actions, customs, beliefs and values that reflect an individual’s racial, ethnic, religious, and/or social groups or sexual orientation.

**Cultural Humility:** is a stance toward understanding culture. It requires a commitment to lifelong learning, continuous self-reflection on one’s own assumptions and practices, comfort with “not knowing”, and recognition of the power/privilege imbalance that exists between clients and health professionals. <sup>1</sup> <https://culturallyconnected.ca/cultural-humility>

**Cultural Safety:** an 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 provider communicates with them in a respectful and inclusive way, when their provider empowers them in decision-making, and when they work together as a team to ensure maximum effectiveness of care.

**Diversity:** is the 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

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including different points of view and creating more opportunities for more people. We also know those benefits don't 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:** an act, communication or decision that results in the unfair treatment of an individual or group by either imposing a burden of them, or denying them a right, privilege, benefit or opportunity enjoyed by others. Discrimination may be direct or intentional or may be indirect or 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:** the practice of ensuring equal treatment to all people, without consideration of individual and group 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:** are 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.

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**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:** recognizes, welcomes and makes space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills, and talents of all.

**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:** the 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 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:** a general term used for a variety of situations in which a person is born with reproductive or sexual anatomy that doesn’t 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. The newly designed

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flag is one that 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 intersex community free from colours like blue and pink that are commonly seen as male and female specifically.



**Structural Racism:** is a 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 health care that considers the possibility that people may have experienced trauma (e.g. abuse, neglect, discrimination, violence, etc.) so their safety, choice, control, and empowerment is prioritized.

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## Appendix A – Ontario Health Equity Framework

[Equity, Inclusion, Diversity and Anti-Racism | Ontario Health](#)

[Equity, Inclusion, Diversity and Anti-Racism - Huron Perth & Area Ontario Health Team](#)

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## Appendix B – Educational Resources

### [Indigenous Relationship and Cultural Awareness Courses](#)

#### [Ontario Health E-Learning](#)

Specifically, these courses: First Nations, Inuit and Métis Culture, Colonization and the Determinants of Health; Indigenous History and Political Governance; Cultural Competence in Healthcare; Truth and Reconciliation Commission of Canada (TRC) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)).

Foundations of Indigenous Cultural Safety

[F.A.Q. – IPHCC Learning Portal](#)

San'yas Anti-Racism Indigenous Cultural Safety Training Program

[Ontario — San'yas Indigenous Cultural Safety Online Training \(sanyas.ca\)](#)

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

[Intro to Gender Diversity - 2024 - Overview | Rise 360 \(articulate.com\)](#)

2SLGBTQ Foundations Course (there is a \$20.00 fee for this course)

[Course: 2SLGBTQ Foundations Course | RHO \(rainbowhealthontario.ca\)](#)

French Language training

<https://flsonlinetraining.ca/>

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