

# Building Capacity for Equity Work in Ontario Health Teams

HSPN Monthly Webinar

---

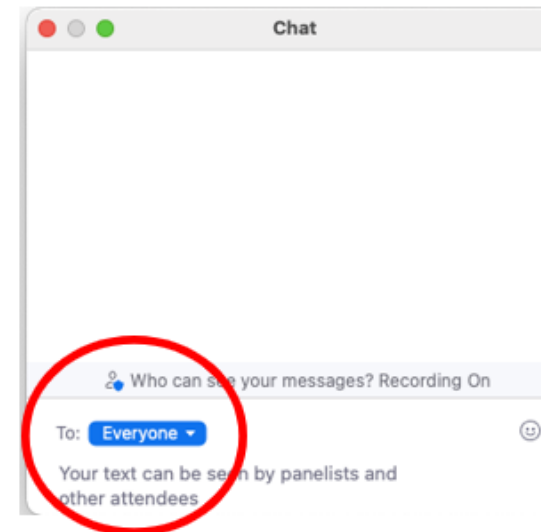
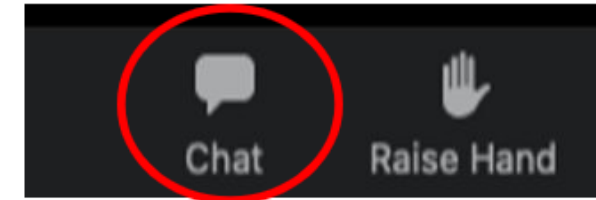
May 23, 2023

# Welcome & thank you for joining us!

Please let us know who you are by introducing yourself (name & OHT or other org)

➤ Open Chat

➤ Set response to **everyone** in the chat box



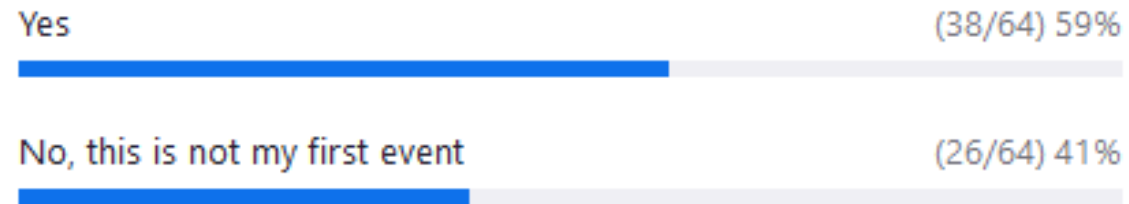
# Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

# Poll 1

1. Have you joined us for an HSPN webinar previously? (Single Choice) \*

64/64 (100%) answered



# Building Capacity for Equity Work in Ontario Health Teams

Speakers



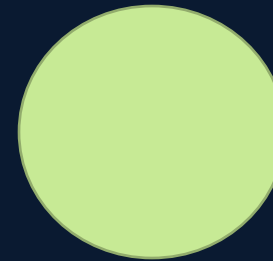
**Dr. Paul Wankah**  
Post-doctoral Fellow UofT and  
HSPN



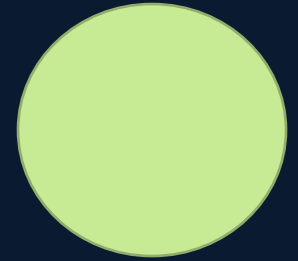
**Priyanka Gayen**  
Research Assistant at HSPN



**Jenelle Austin**  
Registered Social Worker and  
Project Manager of Anit-Black  
Racism Initiatives LAMP  
community Health Centre



**Aju Eluvathingal**  
Equity , Diversity, Inclusion Lead  
at Central West Ontario Health  
Team



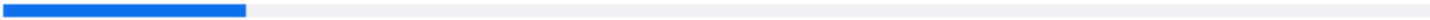
**Myrna Adams**  
Community Outreach Worker and  
Social Service Worker, Gerontology –  
Member of the Equity, Diversity and  
Inclusion Advisory Council & Patient  
family Advisory Council

# Poll 2

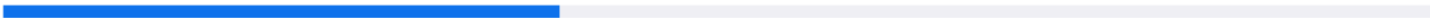
1. What kinds of resources or infrastructure do you currently have to support the equity-oriented work of your OHT?  
(Single Choice) \*

36/36 (100%) answered

We do not yet have any specific activity relating to equity yet (6/36) 17%



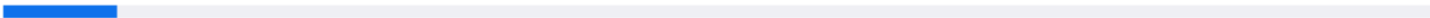
We are mobilizing resources to establish equity workgroups/committees (14/36) 39%



We have already established equity workgroups/committees (11/36) 31%



We are supporting other OHTs to establish equity workgroups/committees (3/36) 8%



Other... LET US KNOW IN THE CHAT (2/36) 6%



# Background

**Ontario Health Teams:** collaborative care model (MOH, 2019)



# Commitment to Equity

- “ At maturity [...] The model will be designed to drive key goals: improving access, better efficiency and effectiveness and **improving equity**.” (MOH, 2019 p. 28)
- **“Reduce Health Inequities”** - 1<sup>st</sup> strategic priority of the Ontario Health Annual Business Plan 2022/2023



# The Health Equity Implementation Framework

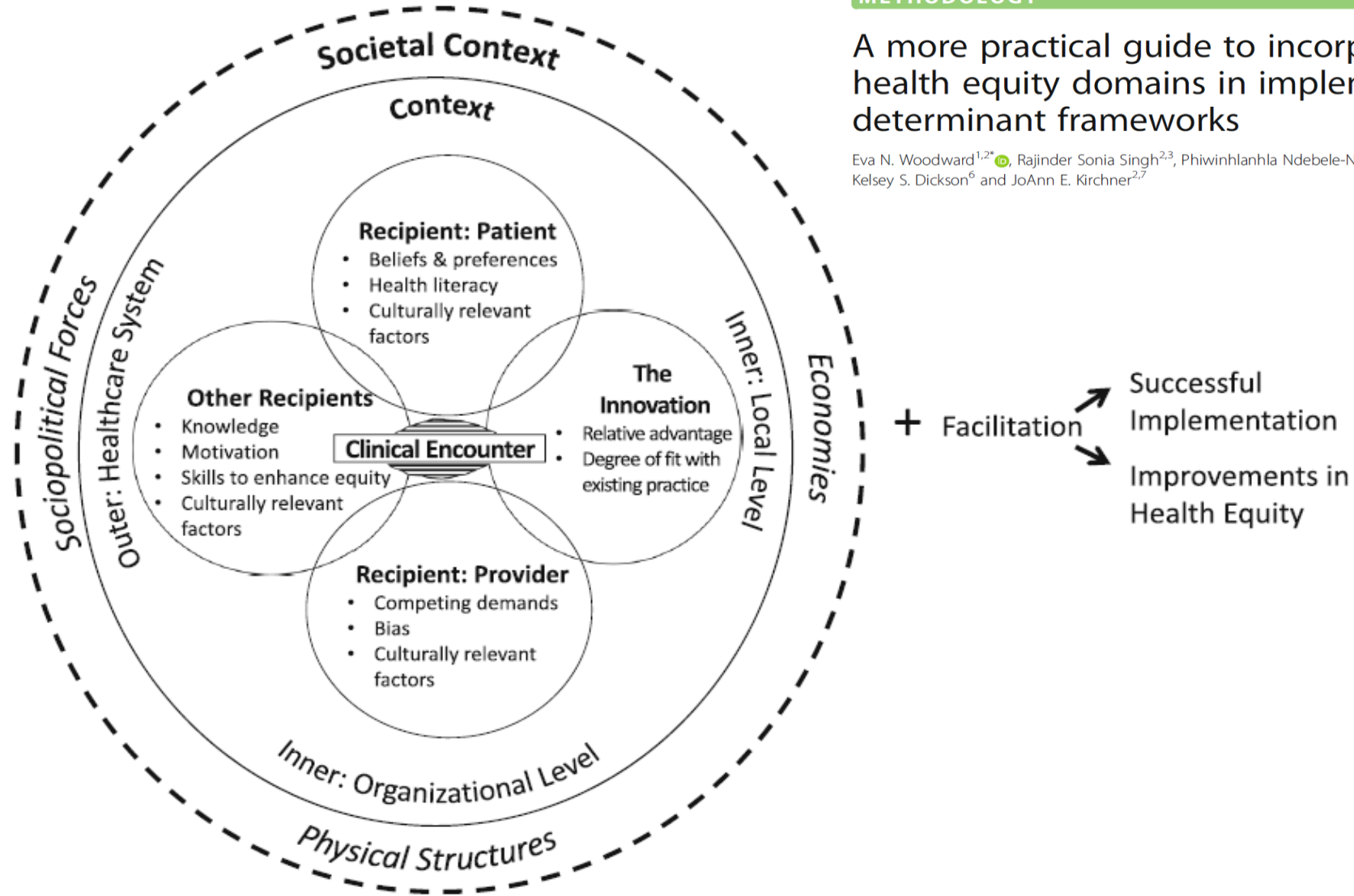
**METHODOLOGY**

**Open Access**



## A more practical guide to incorporating health equity domains in implementation determinant frameworks

Eva N. Woodward<sup>1,2\*</sup>, Rajinder Sonia Singh<sup>2,3</sup>, Phiwihlanhla Ndebele-Ngwenya<sup>4</sup>, Andrea Melgar Castillo<sup>5</sup>, Kelsey S. Dickson<sup>6</sup> and JoAnn E. Kirchner<sup>2,7</sup>



**Fig. 1** Health Equity Implementation Framework



# Building capacity for OHT equity work?

- Incremental changes in the workplace
- Clear guidance for equity work
- Establishing priorities, goals, and processes
- Core group of actors responsible for equity
- Resources for equity work
- Continuous quality improvement

# Stories from the field

Mississauga  
and West  
Toronto Ontario  
Health Teams

Central West  
Ontario Health  
Team



**Mississauga  
Health**

Partnering for your health



**WEST TORONTO**

ONTARIO HEALTH TEAM

A COLLABORATIVE APPROACH TO ADDRESSING

# ANTI-BLACK RACISM

Jenell Austin, MSW, RSW

Project Manager - Combatting Anti-Racism Initiatives

LAMP Community Health Centre

Mississauga & West Toronto Ontario Health Teams

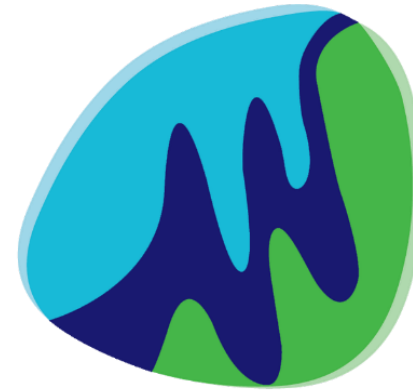
**The following presentation will explore the ways that the Mississauga Ontario Health Team and Mississauga Ontario Health Team have collaborated in order to address Anti-Black Racism within the communities that they serve.**

**This presentation is designed to be an example of the power of collaboration, and we invite you to take what you can from what we have learned over the past 3 years.**



**Mississauga  
Health**

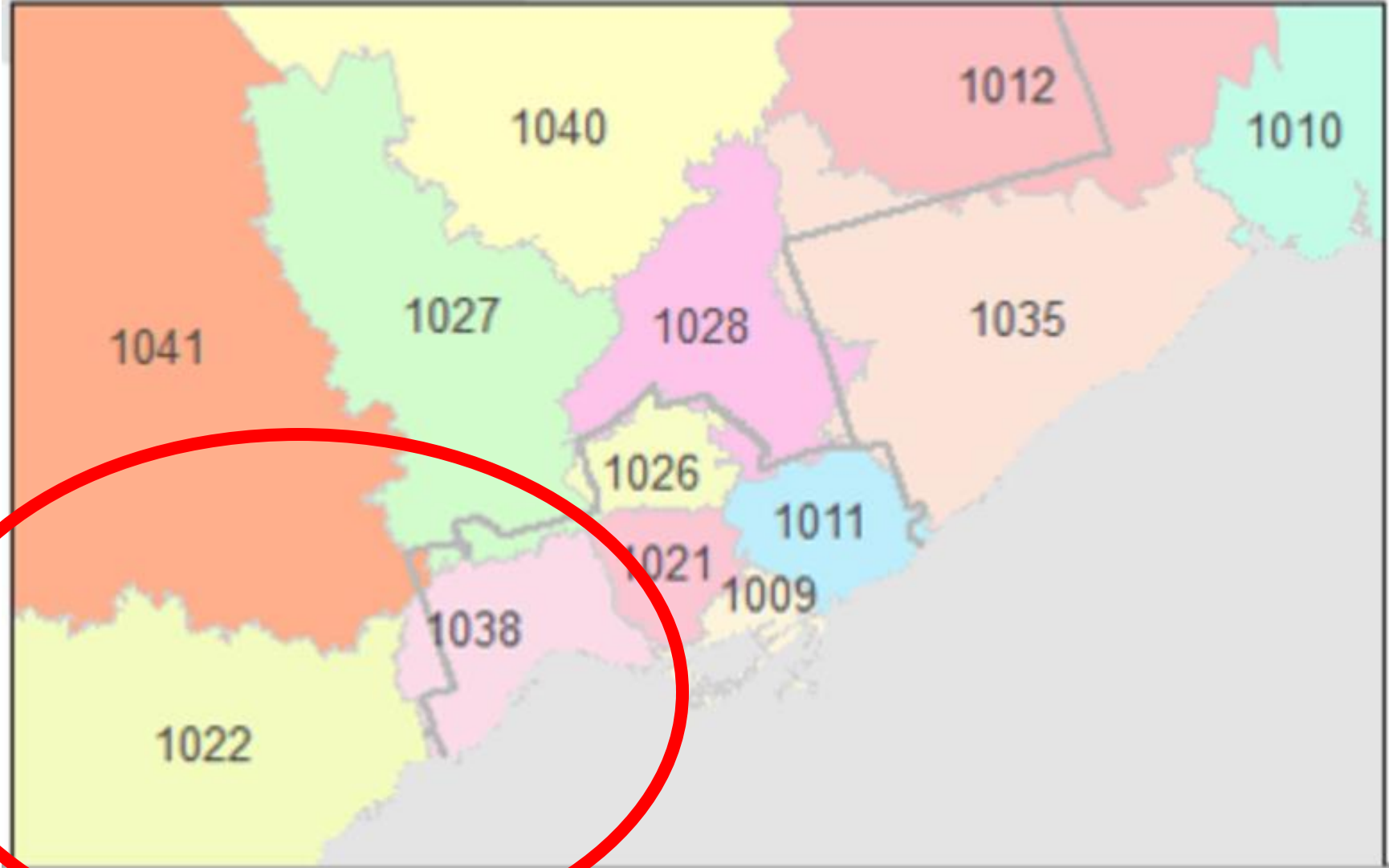
Partnering for your health



**WEST TORONTO**

ONTARIO HEALTH TEAM







# MOHT & WTOHT

## POPULATION DEMOGRAPHICS

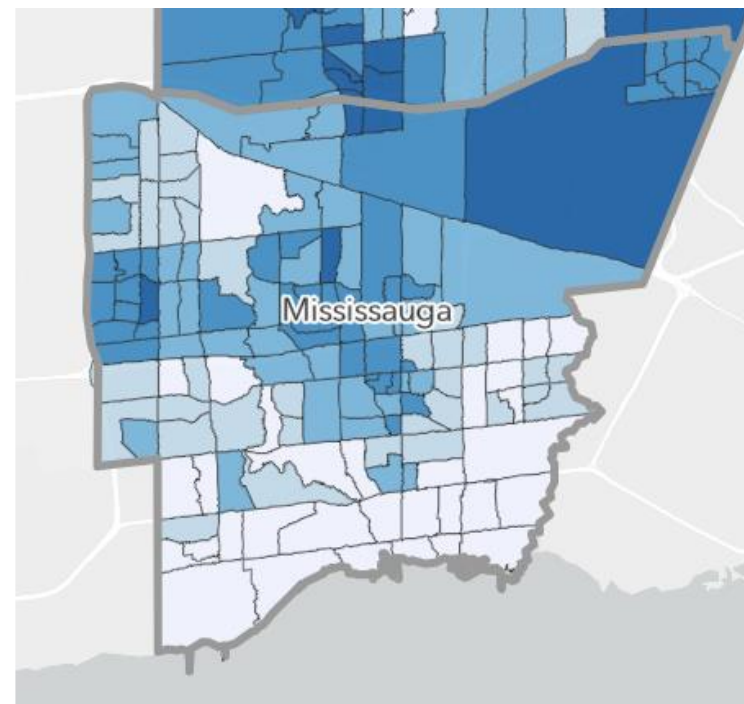
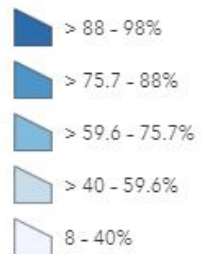
According to 2021 Census data (Statistics Canada, 2021), the Black population represents the **third largest visible minority group** in the cities of Toronto and Mississauga, following the South Asian and Chinese communities in both cities. This mirrors the trend across both Ontario and Canada, where the Black population also comprises the third largest visible minority group across the province and the country.

When disaggregated by gender (which does not account for trans and non-binary individuals), a **higher population of Black women** is noted in both Toronto (142 905) and Mississauga (26 575), compared to men in both cities (123 060 in Toronto, and 22 640 in Mississauga).

Source: Statistics Canada

### Racialized population

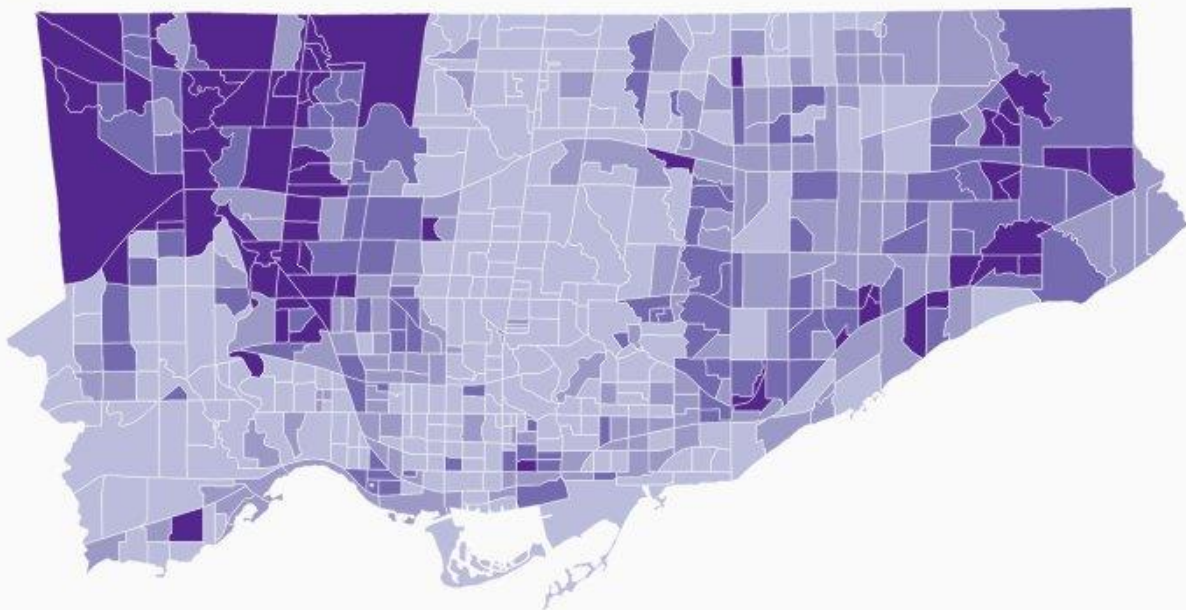
Racialized population (%)



### Black population percentage in Toronto, 2016

The black population percentage by census tract, relative to the city average of 8.9%.

● Low: 0% to 4.4% ● Below Average: 4.5% to 8.9% ● Above Average: 9% to 17.9% ● High: 18% to 48%



# THE PROBLEM

Anti-Black Racism is defined as 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 people of Black-African descent.

## Quick Facts:

- Studies show that racism can cause frequent stress on the body, and trigger coping behaviours that often lead to illness and death.
- In the Greater Toronto Area (GTA), Black Canadians often face ‘service deserts’—a lack of safe, inexpensive and effective healthcare and community services in their communities.
- More recently, race, and more specifically Anti-Black Racism, has been identified as a social determinant of health for Black Canadians.
- According to the Public Health Agency of Canada (PHAC, 2020), there is evidence of ongoing systemic discrimination against Black communities, that impacts all areas of life – education, employment, housing, food security, as well as overall health and health behaviours.

Source: [Black Health Alliance](#)

# THE CATALYST

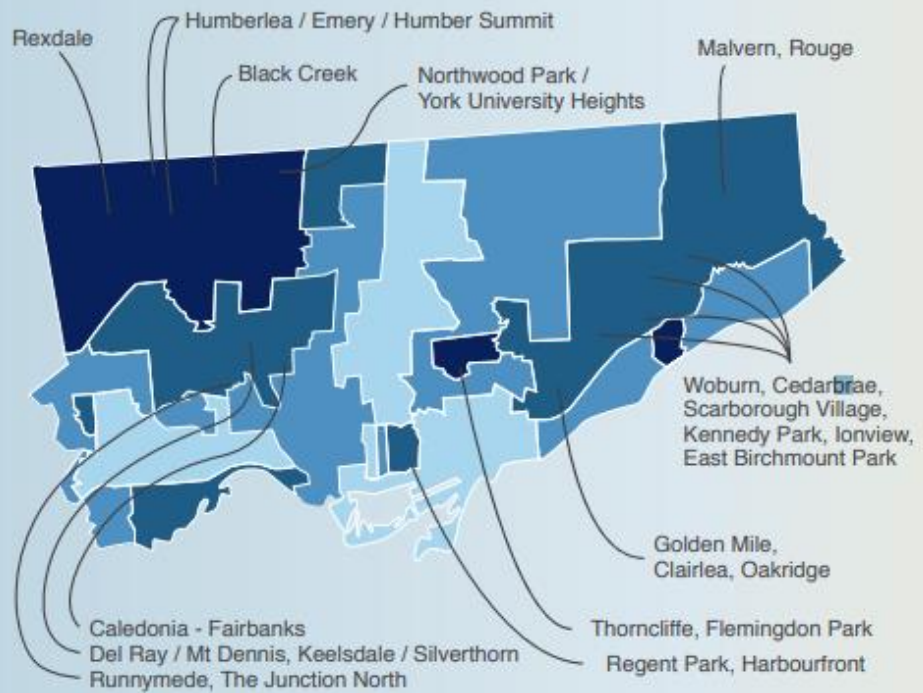
Historically, Black communities have been marginalized across Canada. However the COVID 19 pandemic highlighted the disparities in access to care and resources even further.

According to a study done by the Black Health Alliance in the Fall of 2020:

- Infection rates among Black people in Toronto were more than 2,400 per 100,000 – 3 times higher than white Torontonians.
- Racialized Torontonians account for 77% of all COVID-19 cases, 79% of hospitalizations.

When factoring in the Social Determinants of Health, a more fullsome picture of the impact of the pandemic on Black Canadians became clear.

# COVID-19 cases per 100,000 by neighbourhood, as of June 1st, 2021<sup>1</sup>

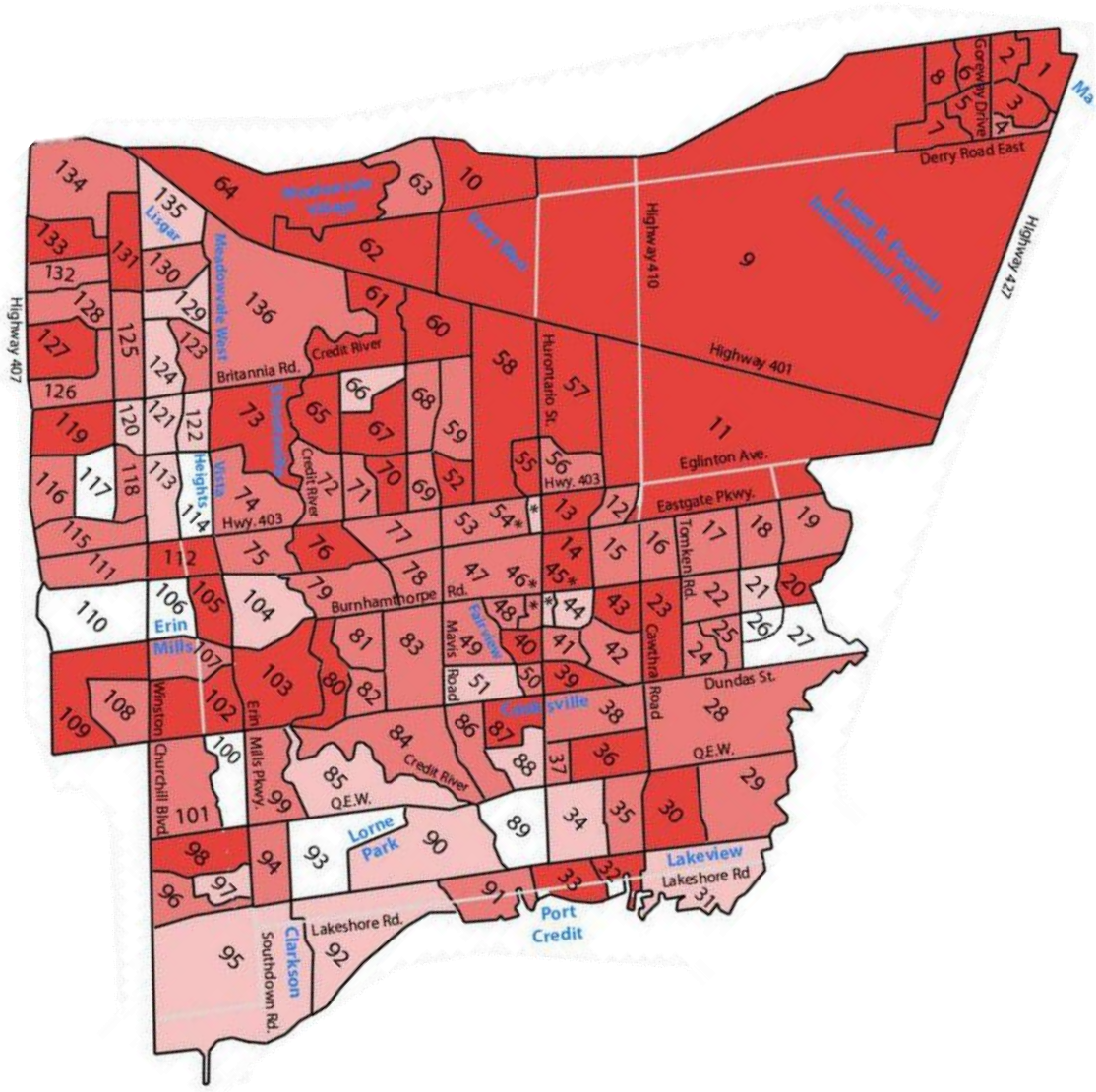


# Where Black people live in Toronto (2016)<sup>2</sup>

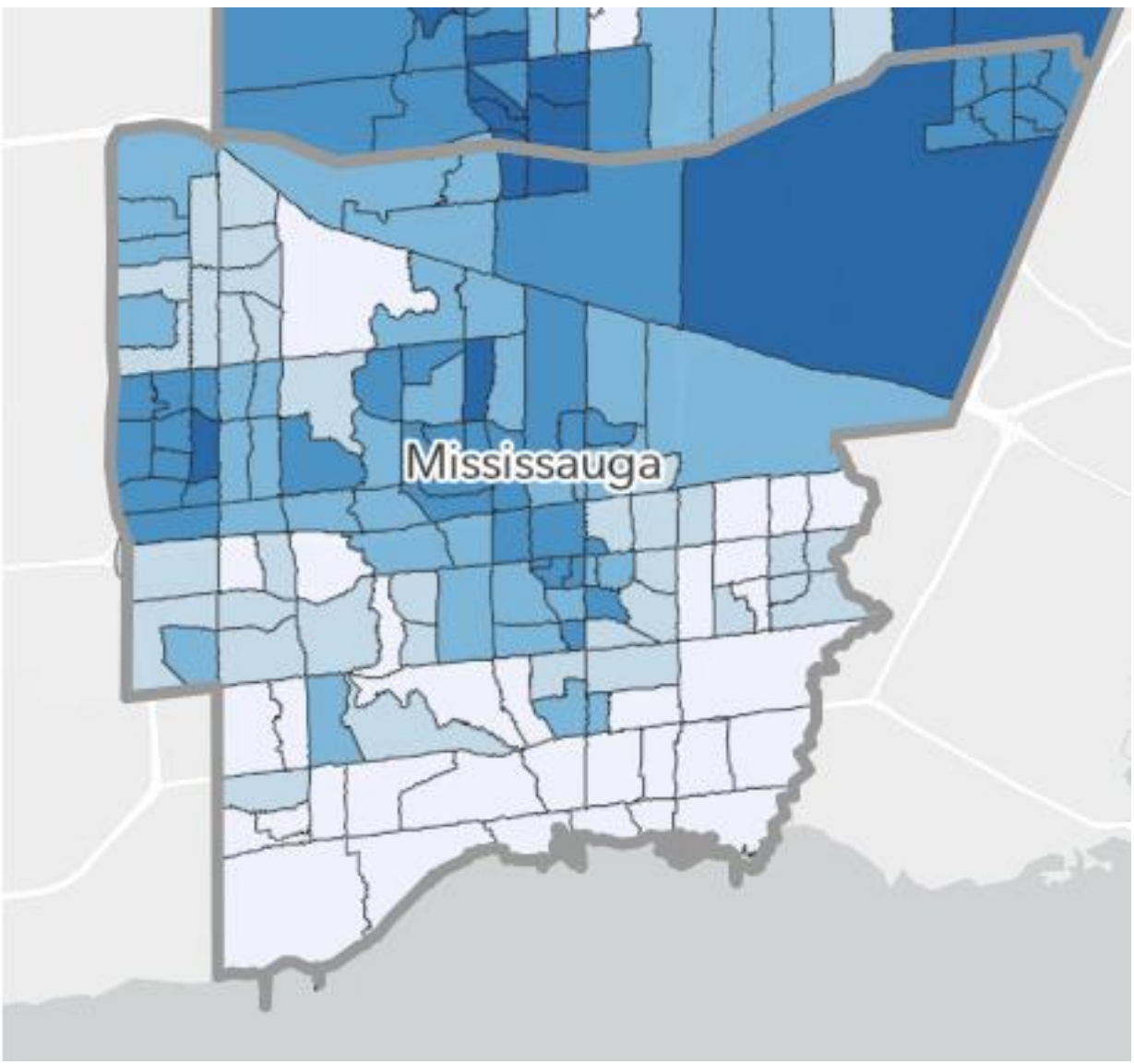


Toronto neighbourhoods with the highest COVID-19 case rates also have the largest Black populations.

COVID HOT SPOT MAP



RACIALIZED POPULATION DISTRIBUTION



# THE RESPONSE


The **Ontario Health Team (OHT) Anti-Black Racism (ABR) Touchpoint Working Group** exists to support and guide the development of a framework to address anti-Black racism within organizations belonging to the West Toronto and Mississauga Ontario Health Teams. The roles and responsibilities are as follows:

- Organize equity and anti-Black racism training sessions
- Build capacity in addressing anti-Black racism within the West Toronto and Mississauga OHTs by supporting member organizations with the above listed activities
- Create opportunities for collaboration between the OHTs to develop and compile resources and information
- Identify knowledge sharing opportunities
- Provide direct, short-term support to partners who have completed the ABR Organizational Self Assessment Survey in: creating and implementing action plans based on survey results; identifying and accessing training and education opportunities; and accessing tools and resources
- Conduct focused, community-based research to understand the needs of the Black community in regards to mental health
- Identify actionable strategies to better health outcomes for the Black community, in line with existing ABR work



# KEY PLAYERS

We would like to acknowledge the contributions of folks who supported the ABR OHT Working Group at its inception:

- Carole Leacock – Former Director of Mississauga Ontario Health Team
  - Dipti Purbhoo – Dorothy Ley
  - Gillian Bone – West Toronto OHT (Four Villages CHC)
  - Judith Versloot – Institute for Better Health
  - Keddone Dias – LAMP CHC
  - Sahilaa Thevarajah – Mississauga Ontario Health Team
- 



ABR OHT Working Group came together to apply for a federal grant to support ABR work



The ABR Organizational Self-Assessment Survey was offered to organizations, and resulting reports supporting the direction of ABR work within the OHTS.



The ABR OHT Working Group has expanded its membership, is working on several activities, inspired by the results of the survey.



Funding pooled between OHTs to validate ABR Organization Self-Assessment Survey, and provide leadership education



Equity and ABR Training Sessions offered to OHT members, with a combined total of 153 participants attending 4 sessions.

# OUR RESPONSE

1

WTOHT and MOHT has hired a lead (hosted by LAMP CHC) that will be focusing on supporting the ABR work including the set up of a collaborative space for those who have done the survey, and support OHT members on ABR efforts in their organizations.

2

Facilitate a shared collaborative repository of resources around Anti-Black Racism (i.e. ABR frameworks, action templates, success stories)

3

Looking at ongoing training opportunity for OHT members (e.g. how to facilitate change within your organization) but focusing more on actioning change in the OHTs (e.g. implementing the ABR framework in all projects)

ABR OHT Working Group came together to apply for a federal grant to support ABR work



The ABR Organizational Self-Assessment Survey was offered to organizations, and resulting reports supporting the direction of ABR work within the OHTS.



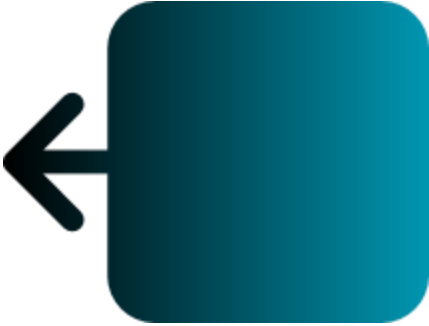
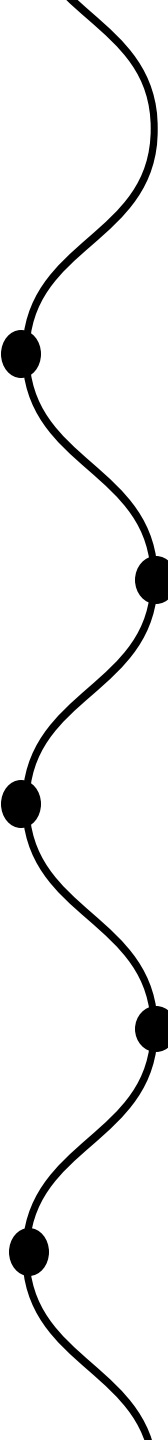
The ABR OHT Working Group has expanded its membership, is working on several activities, inspired by the results of the survey.




Funding pooled between OHTs to validate ABR Organization Self-Assessment Survey, and provide leadership education



Equity and ABR Training Sessions offered to OHT members, with a combined total of 153 participants attending 4 sessions.



Offer one-on-one support to organizations in creating and implementing action plans, through the ABR Project Manager. This includes the creation of an ABR Learning Network.



In order to increase access to resources, the working group is collaborating to create and share a repository of ABR related resources, training tools, and other learning/educational resources, including an anti-racism policy.



The working group will be conducting community-based research with the Black community, regarding mental health.





THANK YOU



# Central West

Click to add text

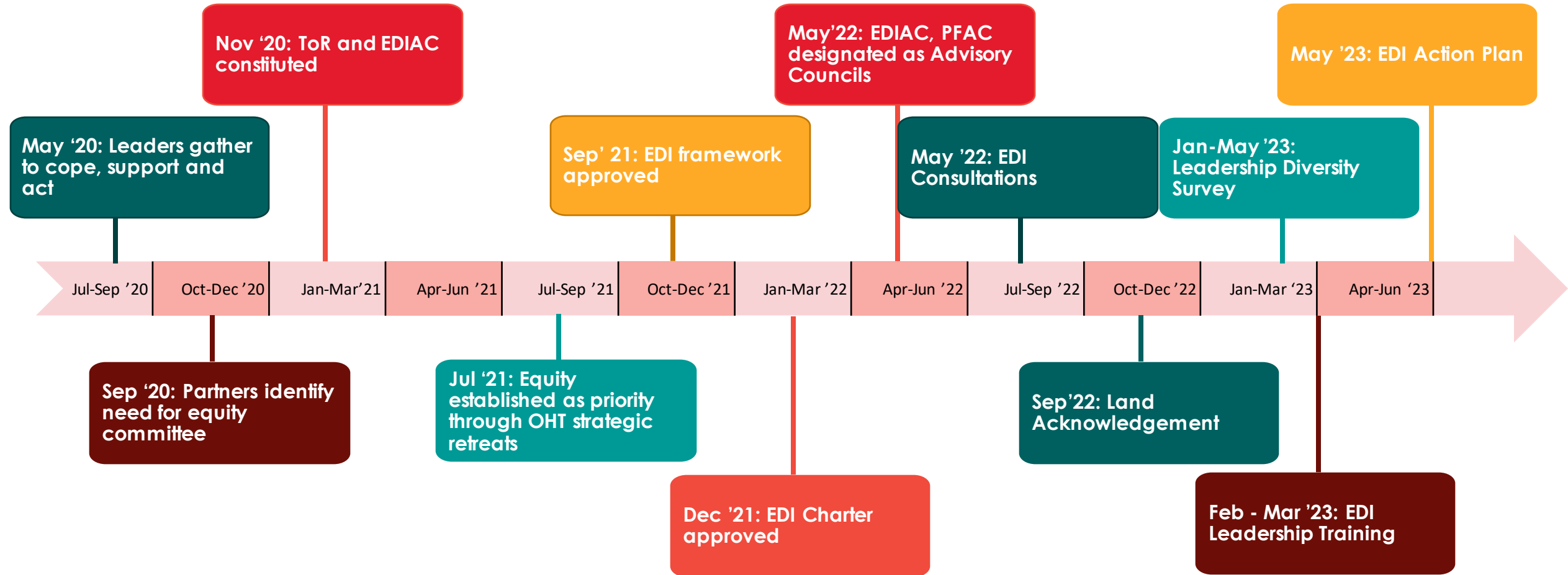
## ONTARIO HEALTH TEAM

**SERVING BRAMPTON, NORTH ETOBICOKE, WEST WOODBRIDGE, MALTON AND BRAMALEA**

# Timeline- Equity Diversity, Inclusion Advisory Council (EDIAC)

Myrna Adams

# EDIAC Timeline







# Embedding Equity Diversity and Inclusion (EDI) across OHT

Aju Eluvathingal

# Developing an EDI lens across the OHT

- Tool: Health Equity Impact Assessment
- EDIAC engagement
  - SCOPE
  - Priority Population
  - Governance
  - Collaborative Quality Improvement Plan (cQIP)
  - Communications - website
- OHT Partner
  - WOHS programs- Remote Monitoring, VUC
  - CANES- ALC beds

# EDI Engagement- Success Story!

## Priority Population

- Older Adults Experiencing Frailty
- Engagement: Co-design & HEIA
- Results:
  - Eligibility: Social Determinants of Health as part of Frailty Screening
  - Evaluation: EDI Indicator
  - Equity based data collection

# Learnings & Challenges

- Patience and Persistence
- Repeated engagement
- Fluid approach
- Strong leadership
- Socialisation
- Work in progress
- Project timelines
- Budget

# Appendix

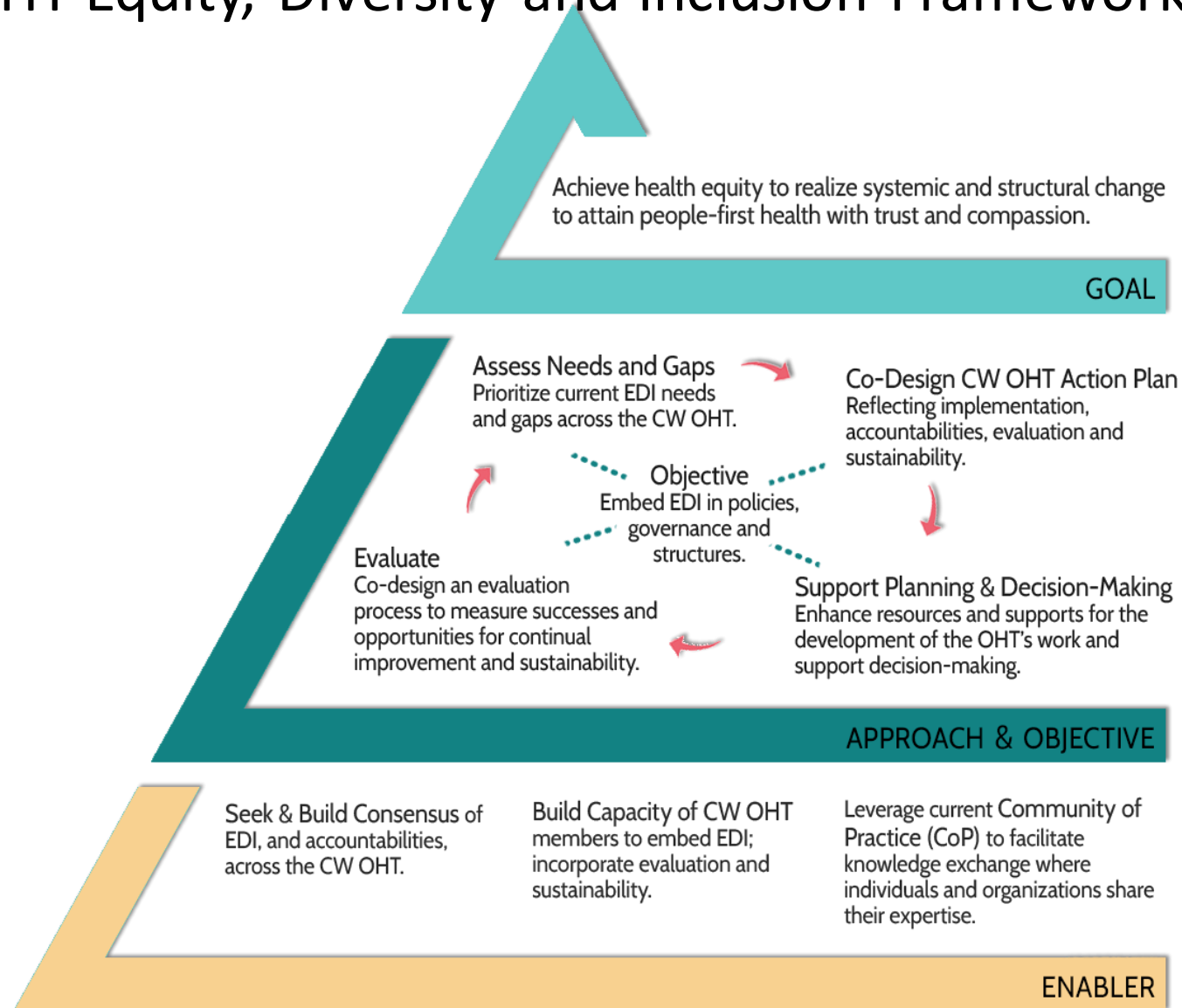
# EDIAC Responsibilities as per Terms of Reference

## Goal

Focus on improving health equity for the individuals served by the OHT

- Create a framework for Anti-Black Racism and Health Equity for the OHT
- Create and develop a Health Equity charter for the OHT
- Develop and promote health equity tools to be used in all OHT initiatives
- Support capacity building and best practices through knowledge exchange
- Advise the Collaboration Council on matters that would promote health equity in the OHT's efforts

# Central West OHT Equity, Diversity and Inclusion Framework



# CW OHT Equity, Diversity, Inclusion Charter

- **OHT Vision:** People-first health with trust and compassion
- **EDI Goal:** Achieve health equity to realize the systemic and structural change to attain people-first health with trust and compassion
- **Our Focus:** To ensure that every individual being served is able to reach their full health potential through equitable access to quality health care



# EDI Charter: Commitments

- Recognizing equity, diversity and inclusion as a priority in our OHT
- Using the CW OHT EDI Framework in planning, decision-making and OHT projects and initiatives
- Ensuring the membership of decision-making structures and committees in our OHT is representative of diverse populations
- Identifying opportunities to advance equity, diversity and inclusion in my/our practice/organization

# Leadership Diversity Survey

Inaugural survey results suggests our OHT leadership team is **diverse** and **more reflective of our local population** as compared to the province.

- 78% participation in the Survey (Councils, working groups, committees)
- 60% access health care within catchment; 50% identify as visible minority; 30% speak at least one non-official language at home; 50% care for dependents
- OHT Leadership needs more representation/feedback from the new immigrant, younger (20-34 years), less educated, low income population (<60k)
- Needs more engagement and partnership with indigenous and francophone populations

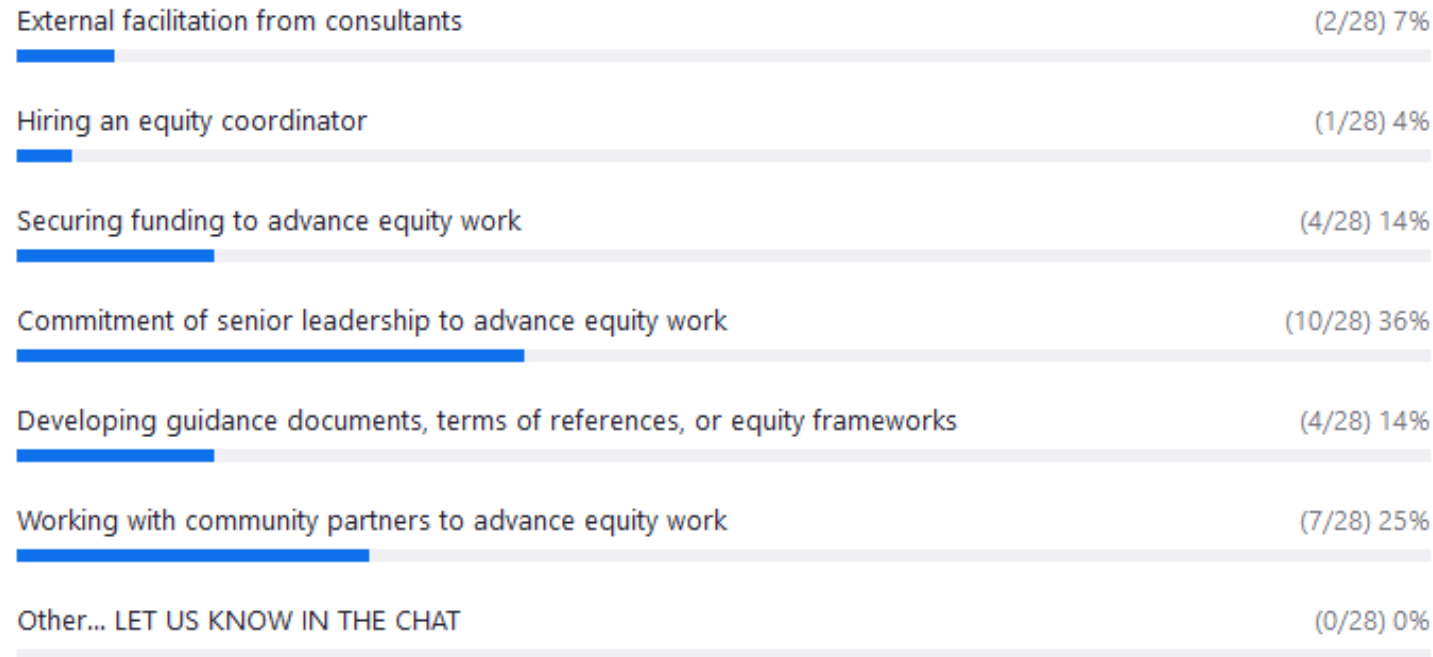
# EDI Action Plan

- Three Framework pillars
  - ❑ Leadership and Organizational Excellence
  - ❑ Transformation through locally driven collaboration and partnerships
  - ❑ Accountability and Fairness
- *Minimum Expectations for Community Engagement* in the CW OHT strategic planning, program design and decision making
  - **Minimum Expectation 1:** Build engagement of clients/population as part of co-design
  - **Minimum Expectation 2:** Continue to measure our engagement efforts with clients/population

# Poll 3

1. What conditions/factors have contributed to strengthening your capacity for equity-oriented work of your OHT?  
(Select all that apply) (Single Choice) \*

28/28 (100%) answered



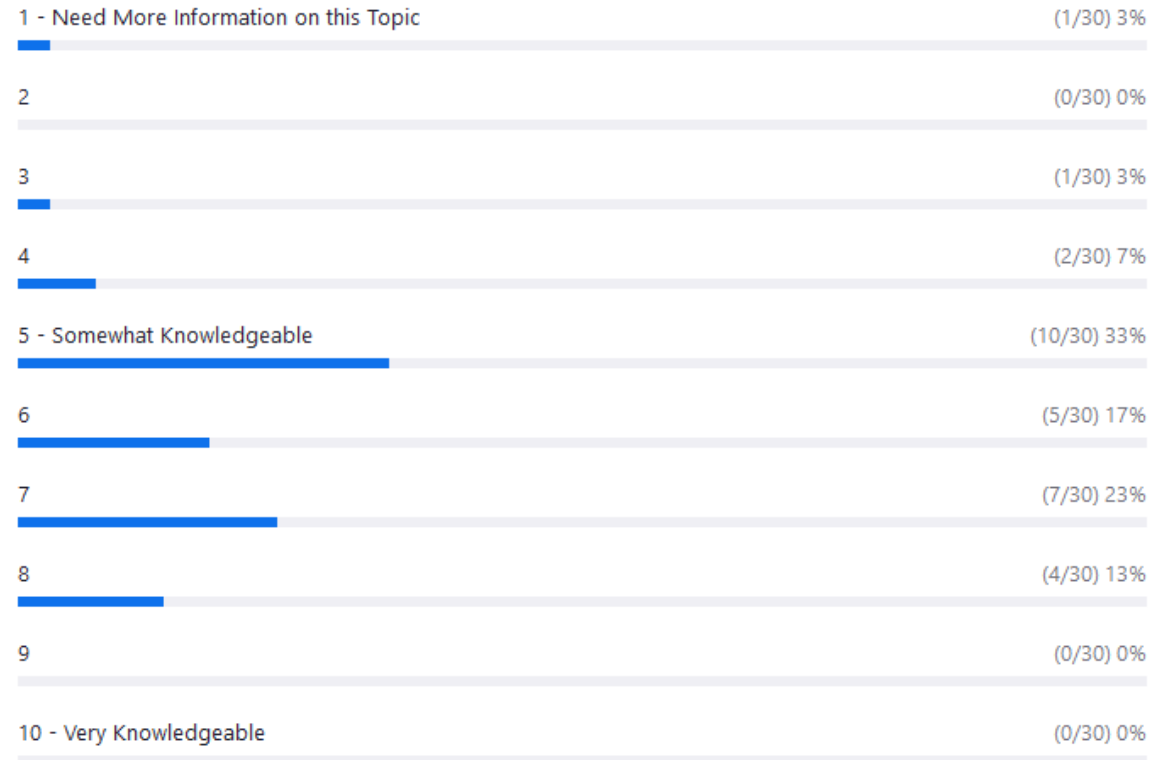
# Key questions for our discussion

- How are you building capacity to measure and address equity in your OHT?
- Who is involved in carrying out equity work in your OHT?
- What resources do you have to support equity work of your OHT?

# Poll 4

1. After this webinar, what is your knowledge of today's topic? (Single Choice) \*

30/30 (100%) answered



# Up Next

- HSPN webinar series
  - 4<sup>th</sup> Tuesday of the Month: 12:00 – 1:30 pm
- Equity series
  - June 27 – Measuring Equity
  - July 25 – Addressing Inequities

**Can you share some feedback? Scan here! (or click link in chat)**





# THANK YOU!



@infohspn



hspn@utoronto.ca



The Health System Performance Network



hspn.ca