

ONTARIO HEALTH'S EQUITY, INCLUSION, DIVERSITY, AND ANTI-RACISM WORK

MAY 13, 2022

ERIE ST. CLAIR CANCER EDUCATION DAY: EQUITY, DIVERSITY AND INCLUSION

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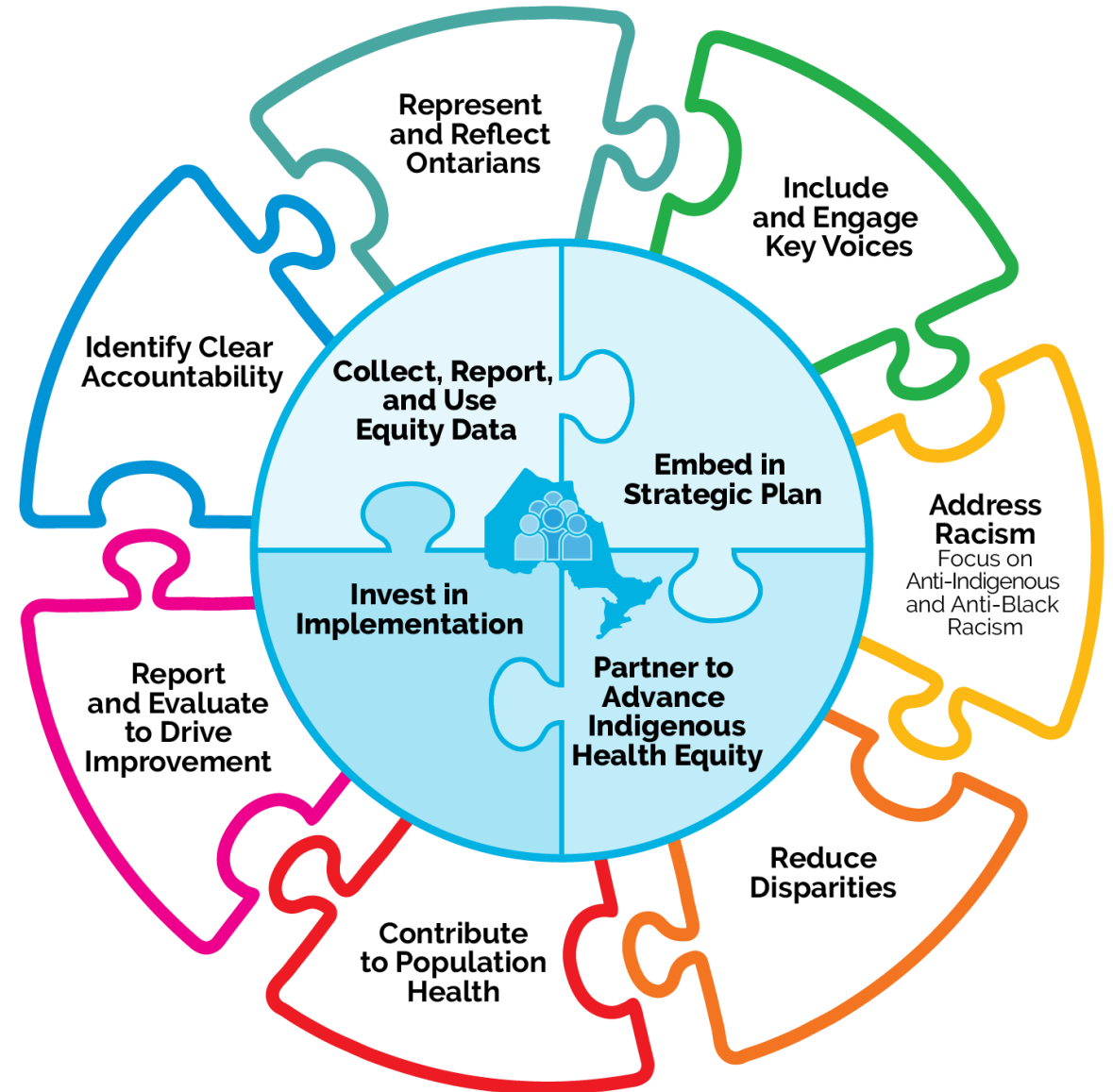
**Ontario
Health**

Presenter Disclosure

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

- With a focus on addressing anti-Indigenous and anti-Black racism



OH's Five Equity Objectives


Reduce disparities in services related to access, experience, and outcomes.

Reflect our communities in all decision-making bodies and advisory committees.

Partner to advance Indigenous health.

Build sustainability by embedding EIDA-R in everything we do, with stable funding over the long-term

Support our people by ensuring our teams are diverse, inclusive and teams are fulfilled in their work.



Case Study 1: Equitable Vaccination

**Black Health Plan
Working Group
Vaccination
Strategy:**
Focus on high-risk
neighbourhoods in
Peel and Toronto

Vaccination rates in
prioritized
neighbourhoods kept
pace with or surpassed
rates in lower risk
neighbourhoods

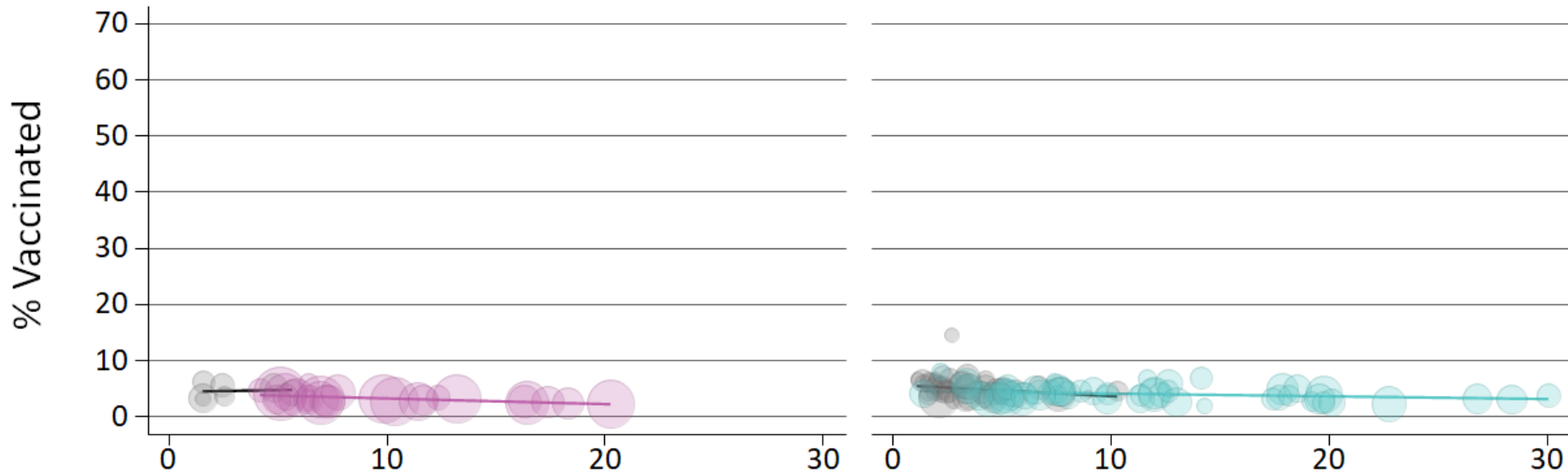
- Prioritized neighbourhoods in Peel
- Prioritized neighbourhoods in Toronto
- Non-prioritized neighbourhoods

Size of bubble corresponds to population

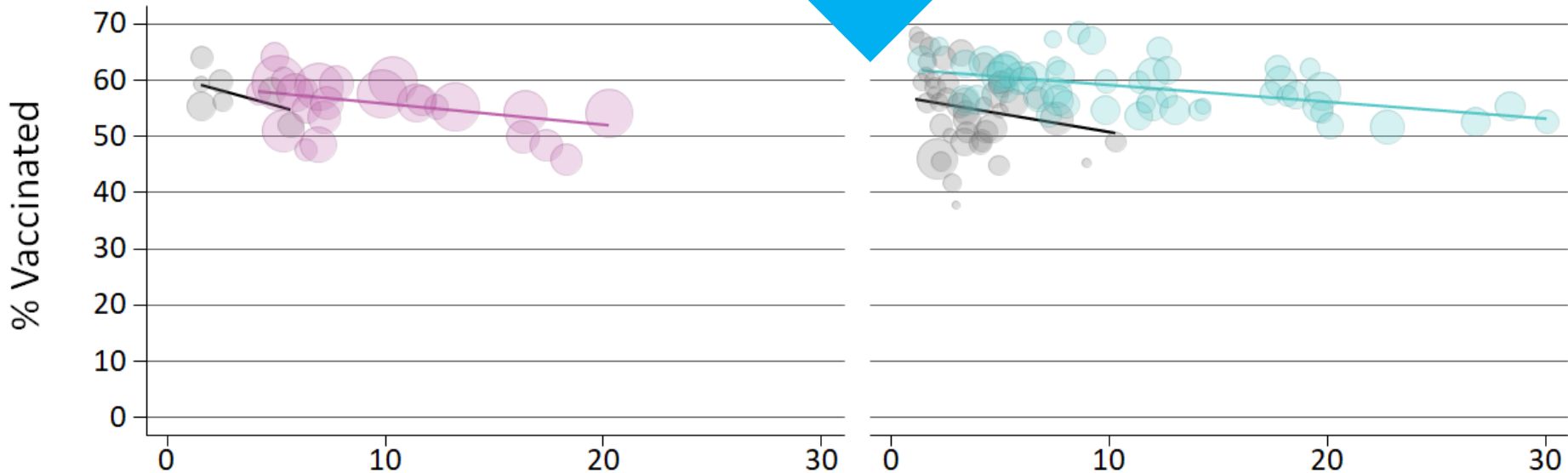
March 6

Peel

Toronto



May 15



Population % Black

Intervention: Community-Led Pop-Up Clinics

Example:

- Two-day clinic facilitated by the Jamaican Canadian Association (JCA), Caribbean African Canadian Social Services (CAFCAN), Black Physicians of Ontario (BPAO), City of Toronto, Black Creek CHC and #TeamVaccine
- 2,231 people vaccinated. Prioritized Black and racialized people, essential workers and people living in hotspots
- Sociodemographic data consistently collected throughout clinic (used 15 min waiting period and ambassadors to increase collection rates)
- Community members reported high trust, due to provision of culturally appropriate care via BPAO and good use of community assets



1 of 1

At the start of April, Postal Code M3N was the least-vaccinated postal code in Toronto.
By the start of May, that had been turned around entirely, though there remains more to do.
How?

An incredible drive of community vaccination efforts, led by Black Creek CHC with support from #TeamVaccine.

Gattuso Centre of
Social Medicine

VACCINATION IN M3N

|| ● ————— March 29

● Toronto Hotspot ● Toronto Non-Hotspot ● M3N



Source: ICES • Each dot is a Toronto FSA (the first three characters of the postal code) sized by their population.



Case Study 2: Equitable Cancer Screening

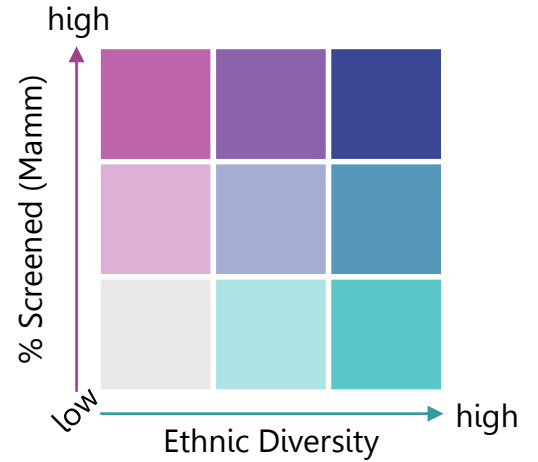
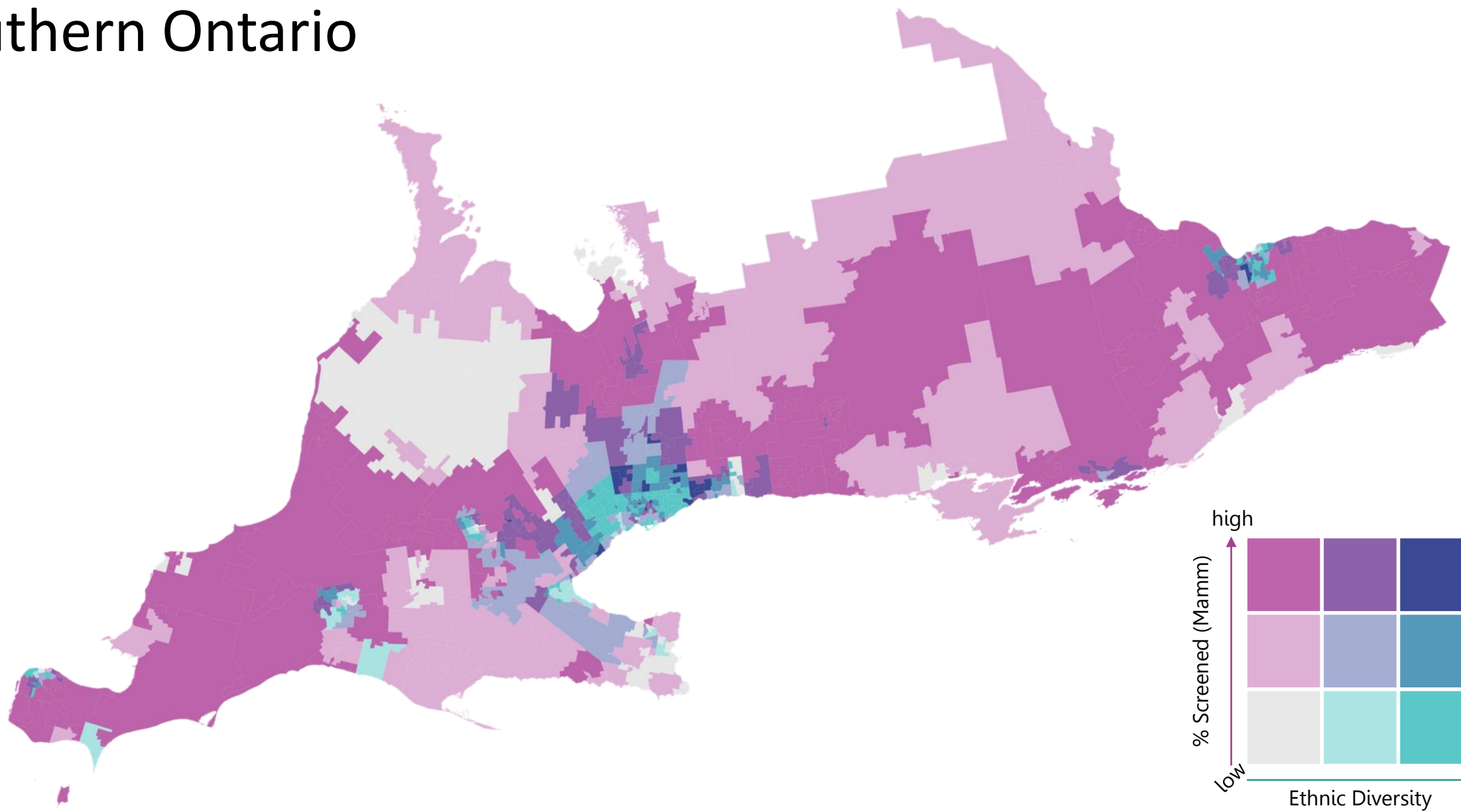
Ethnically diverse areas of Ontario experience lower rates of cancer screening

- Using mammography screening as an example, areas known to be highly ethnically diverse also suffer from lower rates of screening

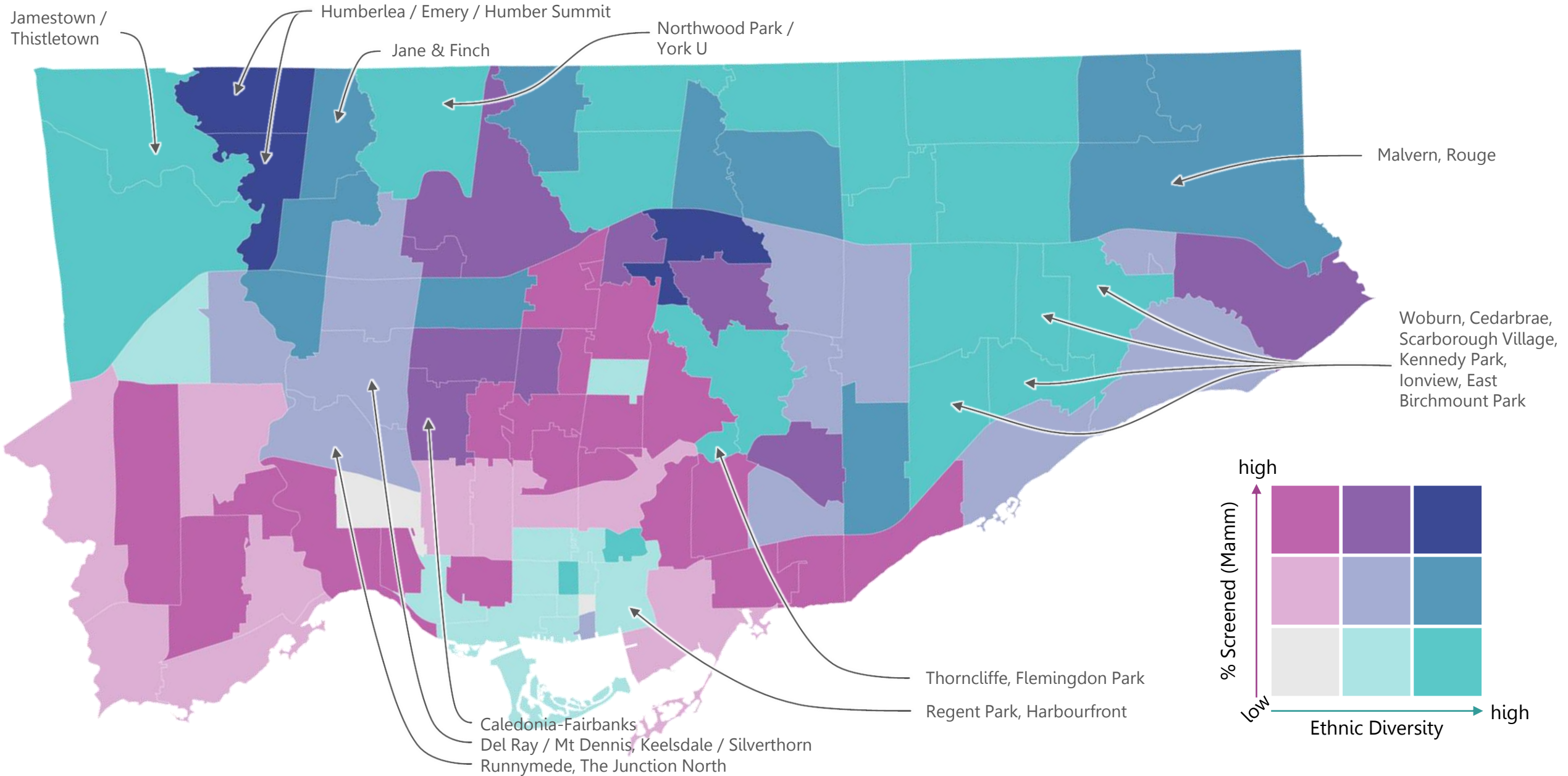


**Please see Appendix for explanation of colour shading and tertiles to map inequities*

Mammography screening and ethnic diversity: Southern Ontario

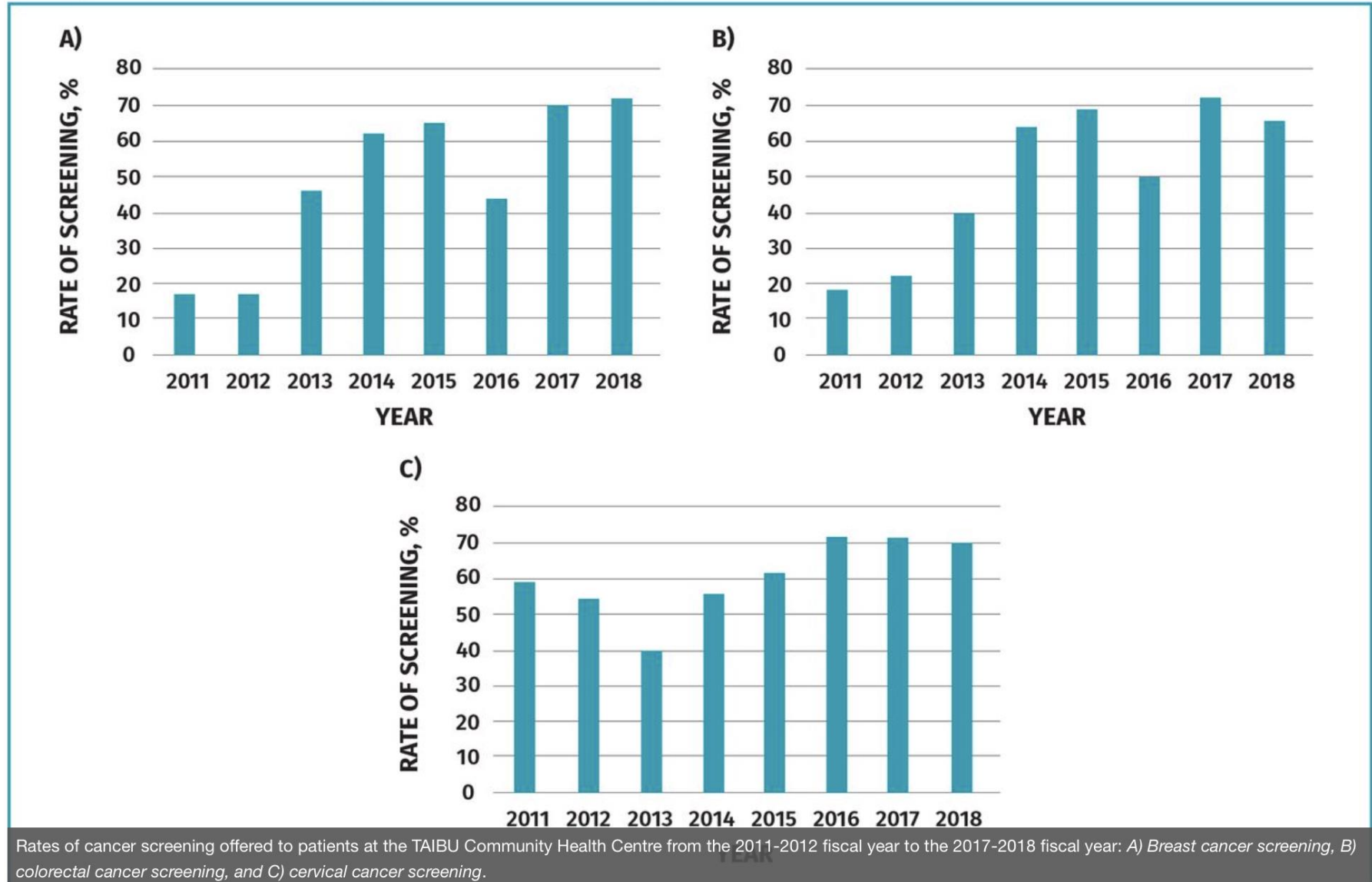


Mammography screening and ethnic diversity: Toronto



Intervention: Afrocentric breast, colorectal, cervical cancer screening

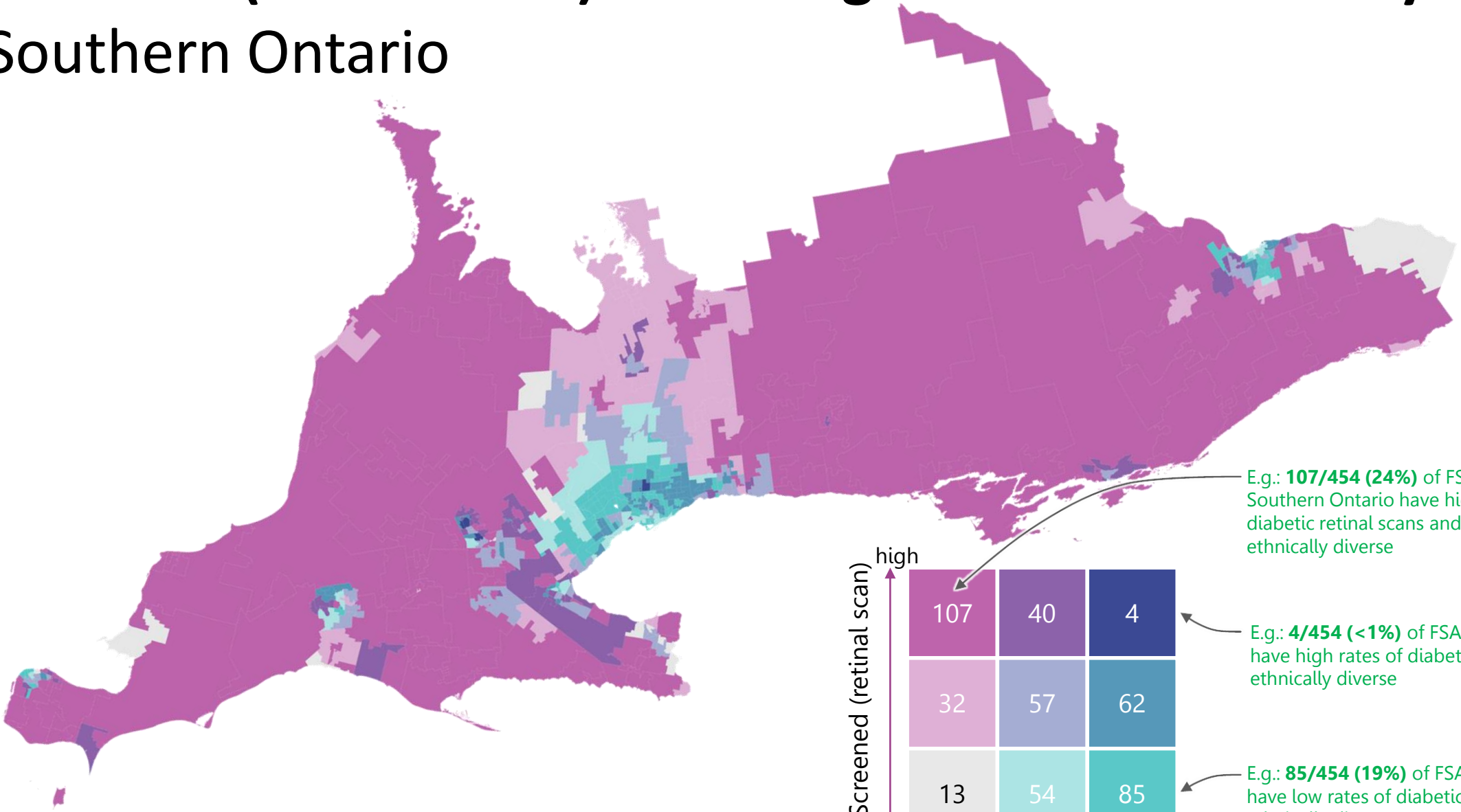
Figure 1. Rates of cancer screening offered to patients at TAIBU Community Health Centre from the 2011-2012 fiscal year to the 2017-2018 fiscal year: A) Breast cancer screening, B) colorectal cancer screening, and C) cervical cancer screening.



Rates of cancer screening offered to patients at the TAIBU Community Health Centre from the 2011-2012 fiscal year to the 2017-2018 fiscal year: A) Breast cancer screening, B) colorectal cancer screening, and C) cervical cancer screening.

<https://www.cfp.ca/content/67/11/843>

Diabetes (retinal scan) screening and ethnic diversity: Southern Ontario



E.g.: **107/454 (24%)** of FSAs in Southern Ontario have high rates of diabetic retinal scans and are not ethnically diverse

E.g.: **4/454 (<1%)** of FSAs in Southern Ontario have high rates of diabetic retinal scans and are ethnically diverse

E.g.: **85/454 (19%)** of FSAs in Southern Ontario have low rates of diabetic retinal scans and are ethnically diverse

Enablers and Lessons Learned

- Aiming to reduce disparities is the starting point for designing programs
- Use of sociodemographic data
 - to identify disparities and guide interventions (area-level data)
 - to ensure interventions are reaching the right people (individual-level data)
- Understanding the patient population includes who is being served, who is being poorly served, who is not being served
- Tension and balance between provincial standardization and local flexibility
- Embedding accountability for reducing disparities (internally and externally)
- Sustainable policies and investment (uninsured billing codes, High Priority Community Strategy, etc.)



Equity, Inclusion, Diversity, and Anti-Racism Work in the West Region

Equity, Inclusion, Diversity and Anti-Racism Team

Our main objective:

- To facilitate an inclusive organizational culture where diversity in all of its forms is celebrated and appreciated.
- A region of inclusive leaders that are equipped with the appropriate tools and mindset to collaboratively transform the health system by working towards the eradication of all forms of oppression that influence access to, the quality of health resources and health outcomes for the diverse communities in the West region.

Our role:

- Implementation of the EIDAR framework at the regional level
- Connecting the dots and collaborating with each of the various portfolios to ensure an EIDAR lens is applied to their policies, procedures, processes and practice
- Collaboration with the Provincial Equity Office and other business units within Ontario Health

Our Roles and Responsibilities

Organizational Culture

- Conduct performance assessments to ensure strategies, policies, procedures and organizational culture aligns with the advancement of the EIDAR framework
- Develop and implement a multi-year education program for internal staff
- Support employee resource groups with programming for knowledge exchange opportunities


Health System Planning & Delivery

- Consultation support to external partners on their EIDAR strategy
- Build partnerships across the West region to advance joint initiatives to address health inequities at the local and regional level
- Support partners with the implementation of tools and resources to address barriers to care, such as professional interpretation


Current Initiatives

11 Areas of Action


-  **Collect Equity Data**
Set up systems and supports to collect, analyze, and use equity data to report findings and inform future decisions
-  **Embed in Strategic Plan**
Ensure efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization
-  **Partner to Advance Indigenous Health Equity**
Recognize that strong relationships with Indigenous leadership and communities - founded on respect, reciprocity, and open communication — are critical in ensuring that the new health care system in Ontario reflects and addresses the needs of Indigenous peoples.
-  **Invest in Implementation**
Apply the financial and people resources needed for success and ongoing sustainability
-  **Identify Clear Accountability**
Establish and assign "who" is responsible for "what"
-  **Represent and Reflect Ontarians**
Strive for all levels of the organization to reflect the communities served
-  **Include and Engage Key Voices**
Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services
-  **Address Racism Focus on Anti-Indigenous and Anti-Black Racism**
Identify and address discriminatory practices and procedures in all forms and all levels using targeted approaches
-  **Reduce Disparities**
Use data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population
-  **Contribute to Population Health**
Work with other arms of government and agencies in planning services to improve the health of the population
-  **Report and Evaluate to Drive Improvement**
Publish Framework metrics publicly with all reports including an equity analysis




Collaboration with Indigenous Health Leads



Primary care access for International Agricultural Workers




Black Health Plan



Health Equity Access Team



Consultation Support to Health Service Providers



EIDAR lens to Palliative care delivery

Looking for opportunities to learn more, connect or collaborate?

- Connect with us using: OH-West-EIDAR@ontariohealth.ca
- Check out our virtual booth to hear about a ‘Gold Standard’ approach to embedding an equity, inclusion, diversity and anti-racism lens to palliative care delivery designed by and for Indigenous identifying-populations in the Hamilton, Niagara, Haldimand and Brant area.



Appendix

Mapping inequity: Bivariate choropleths 101

- Each continuous variable is broken up into tertiles
 - One shade (pinks) is assigned to % screened (mammography)
 - One shade (blues) is assigned to ethnic diversity (using ON-MARG continuous index)
 - The colours blend with the combined presence of both variables (purples) in a specific FSA
- Tertile breakdown for Southern Ontario, as an example:

Ethnic diversity index

| Tertile | Number of South ON FSAs | Min | Max | Range |
|---------|-------------------------|--------|--------|-------|
| 1 | 152 | -1.090 | -0.345 | 0.745 |
| 2 | 152 | -0.339 | 0.362 | 0.701 |
| 3 | 151 | 0.368 | 3.146 | 2.778 |

% Screened (mammography)

| Tertile | Number of South ON FSAs | Min | Max | Range |
|---------|-------------------------|-----|-----|-------|
| 1 | 152 | 35% | 53% | 19% |
| 2 | 152 | 53% | 58% | 5% |
| 3 | 151 | 58% | 71% | 13% |

