Equity Framework

Community engagement

Make equity a strategic priority

Develop partnerships with others to improve equity at societal/population level

Develop structures and practices to support equity work

Take specific actions to address multiple determinants of health on which the organization can have a direct impact

Decrease all forms of discrimination and oppression within your organization

Note: This Equity Framework was adapted by Access Alliance Multicultural Health and Community Services in partnership with the Alliance for Healthier Communities (*Building Capacity for Equity-Informed Planning and Evaluation Project; alliance.on.org/Health-Equity-Indicators-Project)* from *Wyatt et al. (2016). Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper.*

- ***Make equity a strategic priority*** – Establish organizational commitment towards equity by making it an explicit strategic priority, embedding it into the strategic plan, mission, vision, values, etc.

- ***Develop structures and practices to support equity work***, i.e. integration in human resources, communications, performance measurement, planning and evaluation, data collection policies, and practices.

- ***Take specific actions to address multiple determinants of health on which the organization can have a direct impact***, by developing evidence-based strategies that work towards improving health outcomes for target marginalized groups.

- ***Decrease all forms of organizational discrimination & oppression within your organization*** - Work from the inside out to decrease organizational discrimination and oppression by implementing staff training around diversity, cultural competence, anti-oppression, anti-racism, human rights, anti-harassment, accommodation, accessibility, etc.

- ***Develop partnerships with others to improve equity at the societal/population level*** - Develop multi-sector partnerships and coalitions with others, locally and regionally, including those who work directly with target groups experiencing inequities, and who share common priorities and vision around improving equity at societal/ population levels.

COMMUNITY ENGAGEMENT THROUGHOUT- the communities that we serve must be engaged meaningfully when building an organizational framework that works towards equity.

Domain	No.	Attribute	Source
MAKE EQUITY A STRATEGIC PRIORITY	1.	**Organizational position statement on equity, comprised of a definition as well as an expressed commitment or pledge.** Examples: • Equity is clearly incorporated into vision, and or mission and or values • Strategic plan addresses issues related to equity, inclusion and diversity • Equity is a strategic direction/priority	CCA Standard - *"Be publicly committed to meeting the unique and diverse needs of the communities it serves"*
	2.	**Demonstrated leadership commitment to making equity a strategic priority** Examples: • Alignment of individual equity goals horizontally at the director level and above (to ensure that employees are working on equity goals cross-departmentally rather than in isolation). • Equity is incorporated into all of the strategic organizational pillars. • Targets and goals in place in strategic plan related to implementation of policies and strategies to reduce inequities	IHI White Paper - *"Demonstrated Leadership Commitment to Improving Health Equity at All Levels of the Organization"* Health Equity 2020 Toolkit-*Management support/Strong leadership to support reducing health inequities in the organization*
	3.	**Secured sustainable funding for programs and services that promote equity** Examples: • Non-Insured Walk-In Clinic • Financial Literacy Program	IHI White Paper- *"Secure Sustainable Funding Through New Payment Models"*

		• Dental suites	
	4.	**Continuous advocacy and community capacity building (empowerment) around equity** Examples: • Participate in LHINs planning /policy tables and advocate for reduction of inequities • Engaged in political and social change strategies	Health Equity 2020 Toolkit – *Continuous advocacy for health inequalities*
DEVELOP STRUCTURES AND PRACTICES TO SUPPORT EQUITY WORK	1.	**"Establish[ed] a Governance Committee to oversee and manage equity work across the organization"** Examples: • Governance adopt the Inclusive Leadership framework to advance Health Equity • Operational Equity Committees with interdepartmental representation to lead work on shared equity goals.	IHI White Paper (pg. 12)
	2.	**"Have formal and informal mechanisms to involve clients and community members in the planning, development of programs, services and community initiatives"** Examples: • Formalized feedback process for clients (e.g. explicit complaint process, specific questions on the survey that relate to experiences of discrimination, etc.)	CCA Standard

		• Clear community engagement/consultation process for planning projects/programs, collecting data, implementation and decision-making, etc.	
	3.	**Population needs-based, evidence-informed planning and decision-making policies/practices** Examples: • Routine use of population/community level data sources • Routine use of standardized Health Equity assessment and planning tools including: HEIA, Equity-Informed Program Planning Template, Risk Assessment Framework, Logic Model Template, Guide to Building an Equity-Informed Evaluation Plan (These are HE project resources available on the [website](https://www.allianceon.org/Health-Equity-Resources); https://www.allianceon.org/Health-Equity-Resources)	
	4.	**Equity-informed monitoring and evaluation practices/policies, and routine use of standardized tools** Examples: • High quality socio-demographic data collection, • Standardized in-take and client surveys	
	5.	**"Dedicate[d] Resources in the Budget to Support Equity Work"** Examples: • Annual equity budget which is expected to be used to engage in equity activities • Robert Wood Johnson University Hospital has seven Business Resource Groups composed of staff across divisions. Each has an annual equity budget and is expected to use these funds to	IHI White Paper – (pg. 12)

		engage in equity activities that impact the workforce, patients, and the community.	
TAKE SPECIFIC ACTIONS TO ADDRESS THE MULTIPLE DETERMINANTS OF HEALTH ON WHICH THE ORGANIZATION CAN HAVE A DIRECT IMPACT	1.	**Routine collection and use of a disaggregated intersectional data analysis approach to identify factors that affect equity as well as where disparities exist** (i.e. linking demographic data to outcomes) Examples: - North Lambton CHC cancer screening project - WHIWH Chronic disease management, HIV and Diabetes	IHI White Paper – *"Collect and analyze data to understand where disparities exist."*
	2.	**"Tailor[ed] quality improvement efforts to meet the needs of marginalized populations."** Example: "Health services routinely designed and implemented to take account of different factors affecting social groups (e.g. vulnerable populations, those at risk of poverty, minorities/racialized groups)"	IHI White Paper (pg. 15) Health Equity 2020 Toolkit (pg. 12)
	3.	**"Provide economic and development opportunities for staff at all levels."** Examples: - Organizations should recruit, retain, and develop all staff, particularly front-line support staff, to help ensure meaningful contributions at all levels toward equity. - Competitive compensation, professional development opportunities	IHI White Paper (pg. 17)

	4.	**"Procure supplies and services from women- and minority-owned businesses."** Examples: • Businesses and suppliers who have certification from the Women's Business Enterprise Canada, Canadian Aboriginal & Minority Supplier Council, etc.	IHI White Paper (pg. 18)
DECREASE ALL FORMS OF ORGANIZATIONAL DISCRIMINATION & OPPRESSION	1.	**Physical accessibility: buildings and design that are welcoming to all.** Examples: • Accessibility via public transportation • Signs that convey clients are trusted and welcome, reflective of neighbourhood served (languages) • Affordable parking • Building itself easy to navigate, elevators, etc. • Who is being served in newer facilities vs. older • Continuous service access in the face of unforeseen events, e.g. floods	IHI White Paper - *Physical Space: Buildings and Design*
	2.	**Functional accessibility: programs and services that are welcoming to all.** Examples: • Taking action to reduce wait times • Staff explain things in a way that is easy to understand • Staff are easy to talk to, encourage questions • Services provided in language of choice • Client knowledge around making a suggestion/complaint	TC LHIN Client Experience Survey questions

	3.	Human Resources practices: Trainings for service providers and all staff and boards around equity, anti-oppression, anti-racism and cultural competency etc., those that reduce implicit bias around race, gender identity, sexual orientation, spoken language, disability status, education, employment status in service delivery, client/patient care. Examples: • Anti-oppression training, Health Equity 101 training • Enhance Board attributes – Inclusive Leadership training • Employee Equity Surveys	IHI White Paper – *"Reduce implicit bias in patient care"*
	4.	**Organizational policies/structures/norms** that reduce implicit bias around race, gender identity, sexual orientation, spoken language, disability status, education, employment status in service delivery, client/patient care. Examples: • Commitment to diversity and reflective and inclusive hiring and promotion • Board is driving progress policies such as anti-oppression and anti-racism • Encouragement of healthy workplace behaviours among staff, e.g. health care coaching, annual physiological health risk appraisal	IHI White Paper – *"Reduce implicit bias within the organization's policies, structures, and norms."*
DEVELOP PARTNERSHIPS WITH OTHERS TO IMPROVE EQUITY AT	1.	**Community partnerships, collaborations or linkages with a broad range of community services, groups or entities relevant to its objectives. Partnerships that address upstream determinants of health and equity (sharing goals, planning and implementing projects, co-financing).** Examples:	CCA Standard - *"Have community partnerships, collaborations or linkages with a broad range of community services, groups or entities relevant to its objectives"*

SOCIETAL/POPULATION LEVEL		• Developing and implementing effective organizational strategies to reduce inequities, address upstream social determinants of health • Equity informed, people centered approach, lens on built environment: Physical/ environmental practices that contribute to the improvement of the local neighbourhood (e.g. walking paths, community spaces, parks, etc.), e.g. access to nature as a determinant of health • Build facilities in underserved communities.	Health Equity 2020 Toolkit – *Partnership working*
	2.	**Involved in regional and/or cross-sectoral mechanisms /models/networks to formally support professional planning and implementation of cross-sectoral action for equity.** Examples: • LHINs regional planning tables • Situation tables Other cross-sectoral: Mental Health and Addiction, Settlement	Health Equity 2020 Toolkit – *"Are there any mechanisms to formally support professional planning and implementation of cross-sectoral action for health equity?"*
	3.	**Routine monitoring of and evaluations performed on partnership activities or programs planning, implementation, progress, outcomes, impact of joint initiatives** Examples: • Sustained outcomes/shared long-term commitment to achieving better outcomes	Health Equity 2020 Toolkit – *Partnership working*

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