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Health

Equity, Inclusion, Diversity, and Anti-Racism in the Ontario Health System

Report on a Survey to Health Service Providers and Service Provider Organizations

November 24, 2020

Introduction

Ontario Health worked with independent consultants, Corpus Sanchez International's (CSI), on the development of a framework and action plan for equity, diversity, inclusion, and anti-racism. As part of this work, an Ontario Health staff working group conducted a current state analysis to gather learnings from service providers working across Ontario's health system.

External Current State Analysis

Local Health Integration Network-funded Health Service Providers and Service Provider Organizations across Ontario were surveyed to learn more about their current work on equity, diversity, inclusion, and anti-racism. Indigenous-led health service providers were excluded as they will be engaged separately to ensure their voices are captured while respecting governance structures and protecting community information. The survey was adapted from the Institute for Healthcare Improvement (IHI) Health Equity Self-Assessment Tool for Health Care Organizations and modified based on feedback from leaders across Ontario Health. The following four areas were addressed in the survey:

1. Make health equity a strategic priority and work in partnership
2. Develop structures and processes to support health equity work
3. Deploy specific strategies to address multiple social determinants of health on which health care organizations can have a direct impact
4. Decrease institutional racism within the organization and improve equitable employment practices

The survey was sent to nearly 1,960 health service providers and service provider organizations across the five Ontario Health Regions and Local Health Integration Networks' Home and Community Care from August 24 to September 28, 2020.

Survey Results

As of October 1, 2020, there were 623 completed survey responses and approximately 40 additional partial responses which have been included in the results presented below. This represents an estimated response rate of 34% (approximately 660/1,960). It should be noted that the true denominator for the survey could not be determined as several providers that serve multiple Ontario Health Regions likely received multiple survey links. Due to a low response rate, results cannot be generalized to all providers in the province or in a particular region. In addition, results of the survey are self-reported by the organizations and have not been validated. They do not reflect the quality of activities reported, whether they are standardized across agencies, and what their impact is on equity, diversity, inclusion, anti-racism, and health outcomes.

We asked health service providers and service provider organizations ("respondents") to identify the Ontario Health Region from which they receive funding (Figure 4). We also asked respondents to identify the care setting(s) in which they provide services, and they could identify multiple settings (Figure 5).

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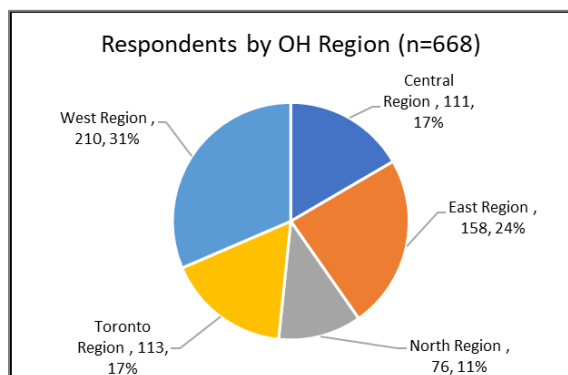
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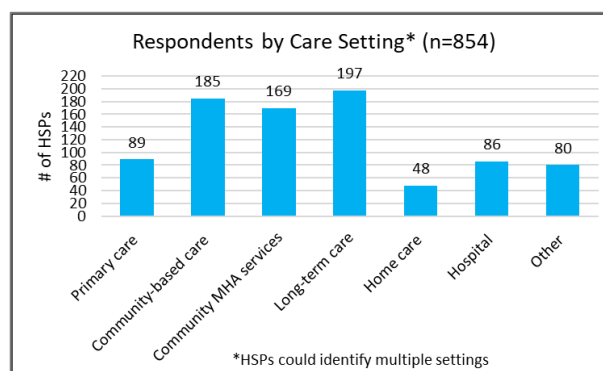
Figure 4: Respondents by OH region

Figure 5: Respondents by care setting

The survey included 12 questions on health equity, addressing social determinants of health, decreasing institutional racism, and improving equitable employment. The results have been grouped and presented in three graphs below (Figures 6, 7, and 8).

A majority of respondents indicated that health equity is a strategic priority as noted in their organization's mission, vision, and/or strategic plan (79%) and that they work in partnership with others in the community to improve health equity for the population (68%). While 58% of respondents stated that there is a governance structure to support health equity in their organization, such as advisory committees and working groups, a lower proportion (43%) have dedicated human resources to support health equity work (Figure 6).
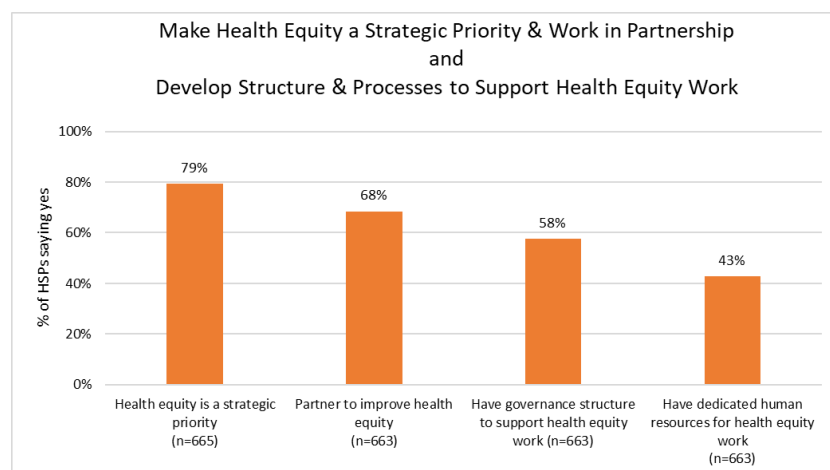

Figure 6: Survey responses related to organizations' health equity work

When asked if their organization has a standard process for collecting and analyzing data for potentially vulnerable or marginalized populations to improve health equity or identify priorities for their organization, 37% of respondents indicated they do. While 58% of respondents indicated that they collect data for clients served by the organization to drive work to improve health equity, 49% indicated they use data from external reports, and 31% that they are not using data to improve health equity. The majority of respondents (72%) stated that they provide health care for uninsured clients (see Figure 7).

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Deploy Specific Strategies to Address Multiple Social Determinants of Health on Which Health Care Organizations Can Have a Direct Impact

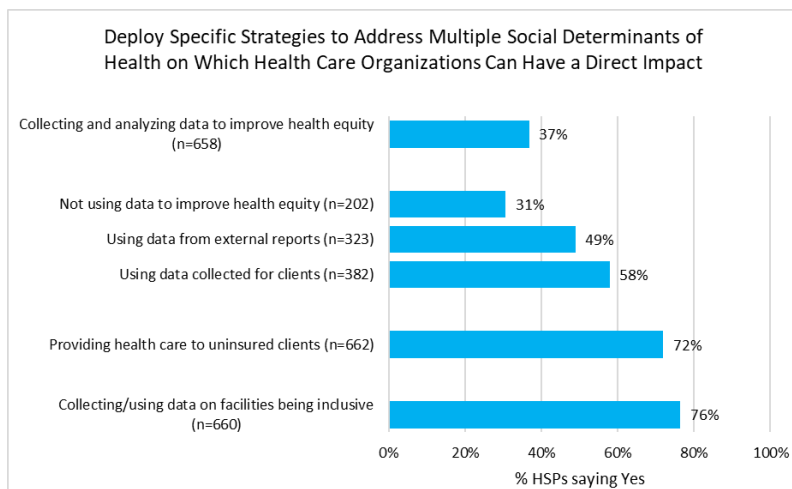| Category	%
Collecting and analyzing data to improve health equity (n=658)	37%
Not using data to improve health equity (n=202)	31%
Using data from external reports (n=323)	49%
Using data collected for clients (n=382)	58%
Providing health care to uninsured clients (n=662)	72%
Collecting/using data on facilities being inclusive (n=660)	76%

% HSPs saying Yes

Figure 7: Survey Responses Related to Addressing Social Determinants of Health

In terms of decreasing institutional racism within the organization and improving equitable employment practices, we asked about approaches, practices, training, and evaluation. More than half of respondents indicated that they use an equity-based approach to recruit and develop Board members and 54% reported that they have practices to recruit, retain, and develop employees who are Indigenous, Black, and from other marginalized populations (Figure 8). Organizations were asked if they routinely offer cultural safety training and 28% of respondents indicated they do not. Over half indicated that they offer Indigenous cultural safety training, 14% indicated offering Francophone cultural safety training, 40% indicated offering other cultural safety training, and 29% stated that they have processes and practices to assess the impact of these trainings. The themes of other cultural safety training included:

- 2SLGBTQ+
- Anti-Black Racism
- Anti-Harassment and Workplace Violence
- Anti-Racism and Anti-Oppression
- Diversity, Inclusion and Respect
- Mental Health
- Poverty

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Decrease Institutional Racism within the Organization and Improve Equitable Employment Practices

Category	%
Uses equity-based approach to recruit and develop Board members (n=663)	57%
Practices to recruit, retain, develop Indigenous, Black, and other marginalized groups (n=662)	54%
Indigenous Cultural Safety Training (n=352)	53%
Francophone Cultural Safety Training (n=93)	14%
Other Cultural Safety training (n=266)	40%
No Cultural Saftey Training (n=183)	28%
Have processes and practices to assess the impact of cultural safety training (n=661)	29%

% HSPs saying yes

Figure 8: Survey Responses Related to Decreasing Institutional Racism and Improving Equitable Employment Practices

Barriers and Enablers to Equity, Inclusion, Diversity, and Anti-Racism Work

We asked organizations to identify the top three barriers they experience when working on equity, inclusion, diversity, and anti-racism as well as the enablers that help them overcome these barriers. Given the qualitative nature of the responses, a qualitative software (NVivo) was used to perform an objective analysis of the responses to identify any emerging themes. Following the NVivo analysis, key terms were used to categorize and analyze responses regionally (using excel). The most common themes included:

Barriers	Enablers
Lack of training and education	Availability of training and education
Lack of staffing and resources	Staffing and resources
Lack of funding for training and staffing	Initiatives related to partnership development
Lack of leadership (provincial, regional, and organizational)	Leadership and supportive leaders to inform, prioritize, and highlight the importance of the work
Lack of protocols, policies, and guidance	Access to evidence (e.g., data and/or best practices) and knowledge translation activities

Additional Comments

Respondents shared additional comments and information they deemed important about their work on advancing equity, diversity, inclusion, and anti-racism. Responses reflected both positive and negative attitudes towards this work.

Many respondents indicated they were already engaged in equity, diversity, inclusion, and anti-racism activities; several supported and welcomed this Ontario Health initiative. Activities included training and education for their staff and management, Boards and for community members; instituting hiring practices and policies; having dedicated task forces; diversifying Patient and Family Advisory Councils;

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and providing additional funding to support equity and anti-racism activities. Co-designing of activities with stakeholders was also noted as important. Many participated in Indigenous cultural safety training sessions held or supported by Local Health Integration Networks and found them useful. Other responses reflected an openness from some organizations that had not yet engaged inequity work to learn more and identify where they could start. Other notable suggestions included:

- The importance of leadership – and training of leaders – as key to advancing equity, diversity, inclusion, and anti-racism in the Ontario health system

- Ontario Health Teams as important venues for equity, diversity, inclusion, and anti-racism work

- The opportunity to apply an equity lens in in quality improvement plans and service evaluation (e.g., home care evaluation, mental health and addictions)

- Leveraging existing resources in the health care sector and from other sectors

- The need for Ontario Health and the province to provide supports, standardized guidelines, and training, and to hold organizations accountable for equity, diversity, inclusion, and anti-racism

Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework and the final report submitted to Ontario Health by Corpus Sanchez International will be made available online. Please visit www.ontariohealth.ca for more information.

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