



BUILDING A FRAMEWORK & PLAN TO ADDRESS EQUITY, INCLUSION, DIVERSITY & ANTI-RACISM IN ONTARIO

FINAL REPORT SUBMITTED TO ONTARIO HEALTH

OCTOBER 2020



CORPUS SANCHEZ INTERNATIONAL

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EXECUTIVE SUMMARY

Ontario Health (OH) recognizes a high-quality health care system, that is grounded in an organizational culture focused on equity, inclusion, diversity, anti-racism and Indigenous cultural safety, is fundamental to building and nurturing a healthy workplace within OH and contributing to better outcomes for patients and families within the broader health system.

Through broad consultations from within OH internal portfolios and with external leaders from across the health system, an Equity Framework was designed to guide efforts to address equity, inclusion, diversity, and anti-racism with a focus on anti-Indigenous and anti-Black racism. The Framework is grounded in eleven (11) components that describe areas of focus and effort, with components grouped into two categories: Foundational and Key.

The following outlines the four (4) Foundational Components that are essential to launch at project initiation.

Foundational Components	Proposed Recommendations for Consideration
<p>Equity Data Collection Processes and supports to collect, analyze and use equity data to report findings and inform future decisions</p>	<ul style="list-style-type: none"> ▪ OH to mandate equity data collection across all Ontario Health Portfolios, all health service providers organizations, and service provider organizations (or contracted services) using automated processes and standardized data sets to collect, analyze and report information ▪ OH to work with government to establish key minimum dataset of equity elements that will be collected using standard tools (e.g., electronic health records); and build capacity to centrally manage data warehouse to enable greater efficiency of collection, application of data (e.g., longitudinal report) and linking of data ▪ OH to require data and analysis to be used to inform decisions including identification of appropriate programs/services and allocation of resources to reduce disparities in workplace and service delivery
<p>Embedded in Ontario Health’s Strategic Plan Ensuring efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization</p>	<ul style="list-style-type: none"> ▪ OH’s Equity, Inclusion, Diversity and Anti-Racism Framework to be embedded throughout OH’s Strategic Plan to demonstrate a commitment to truly embodying the philosophies of equity across all of OH’s activities, and establishing clear accountabilities for delivering on the Framework through the strategy
<p>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</p>	<ul style="list-style-type: none"> ▪ An OH Indigenous Equity Unit will establish relationships with provincial leadership from Indigenous communities, and will jointly lead and direct all planning, implementation and evaluation activities associated with Indigenous Health. Note: This work will not preclude, undermine or lessen the important work and pursuit of any sovereignty and self-government discussions with provincial and national leadership
<p>Invest in Implementation Ensuring efforts receive financial and people resources to ensure success and ongoing sustainability</p>	<ul style="list-style-type: none"> ▪ OH to establish an Equity Accountability Office reporting to the CEO ▪ The Equity Accountability Office is not the delivery arm of the Framework but rather works with operational arms of OH (e.g., health system, corporate, and regional portfolios) to complete the work ▪ The Equity Accountability Office will work with the Portfolios to support the development of the implementation plan; will work with the OH Portfolios to design workplans to meet the standards/deliverables of the Framework; and will be available to support the Portfolios as requested ▪ The Equity Accountability Office is the advisor to the CEO on all things related to equity, inclusion, diversity and anti-racism within and outside of Ontario Health

	<ul style="list-style-type: none"> ▪ <i>The Equity Accountability Office will work with Enterprise Risk Management to identify risk factors related to equity, inclusion, diversity and anti-racism</i> ▪ <i>OH continues to work with health service providers to develop equity-related metrics that are integrated into accountability agreements</i>
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The following outlines the seven (7) Key Components of the Framework that reflect priority areas for action.

Key Components	Proposed Recommendations for Consideration
<p>Clear Accountability <i>Establishing and assigning “who” is responsible for “what”</i></p>	<ul style="list-style-type: none"> ▪ <i>The OH Board Policy regarding the focus on Equity to be translated into executive level accountability at the CEO and Senior Team level to ensure ownership and accountability for creating work (and care) environments that are equitable, inclusive, diverse and committed to addressing racism</i> ▪ <i>OH to establish partnerships with health service providers, service provider organizations and the community to identify local/regional indicators and measures that are incorporated into accountability agreements</i>
<p>Represent & Reflect Ontarians (Diversity) <i>Striving for all levels of the organization to reflect the communities served</i></p>	<ul style="list-style-type: none"> ▪ <i>All OH decision making bodies, staff and service providers to reflect the community. To support this, baseline equity data must be collected to enable the measurement and tracking of disparity groups (e.g., disability, race, religion, sexual orientation, gender identity)</i> ▪ <i>OH to Initiate a review of all Human Resource practices and identify transformation strategies</i> ▪ <i>Work with educational institutions to develop new programs to enhance the resource pipeline for historically disadvantaged groups</i>
<p>Include & Engage Key Voices (Inclusion) <i>Incorporating the voice of the staff and communities into design, development, implementation & evaluation of programs and services</i></p>	<ul style="list-style-type: none"> ▪ <i>OH must ensure any planning related to workplace and planning services must include staff from diverse backgrounds and include traditionally disadvantaged groups to design appropriate solutions</i> ▪ <i>OH to expand “engagement” approaches and methods to be more inclusive of time limited, fit-for-purpose community advisory panels to ensure we hear the voices, needs and experiences of the broader community.</i> ▪ <i>OH to develop partnerships with agencies serving communities and populations where their voices need to be better heard (e.g., trans, disabled, religious, newcomer, Indigenous, Black, other racialized communities)</i>
<p>Reduce Disparities (Equity) <i>Using data and best practices to establish standards, identify disparities & implement corrective action through a focus on access, experience & outcomes for the population</i></p>	<ul style="list-style-type: none"> ▪ <i>OH to develop standards for care, access, experiences and outcomes for poorly served racialized populations to reduce disparities by using a population health focus and systematically embedding an equity lens to all OH clinical programs (e.g., renal, palliative, mental health & addictions). Standards must be supported by established targets and performance expectations that are integrated into accountability agreements, with monitoring and reporting tools established to ensure accountability</i>
<p>Address Racism with an Emphasis on Anti-Indigenous & Anti-Black Racism <i>Identifying and addressing discrimination practices and procedures in all forms and all levels using targeted approaches</i></p>	<ul style="list-style-type: none"> ▪ <i>OH will commit to address systemic and individual racism, in all forms and at all levels, to ensure every individual is treated equitably and fairly. OH promises to understand, confront and take action to change deeply entrenched behaviours, structures and cultures that maintain and perpetuate inequity.</i> ▪ <i>OH will advance and invest in key programs to advance equity (e.g., training to shifts culture and practice, mentorship program, staff and patient surveys, professional development of staff, create safe space to dialog)</i>
<p>Reporting & Evaluating to Drive Improvement <i>Ensuring public reporting of Framework metrics with all reports including an equity analysis</i></p>	<ul style="list-style-type: none"> ▪ <i>OH will identify and address disparities (e.g., geographic, race, gender, gender identity, sexual orientation, disability) for any underserved and marginalized populations by applying an equity lens to all reports.</i>

Contribute to Population Health

Working with other arms of government and agencies in planning services to improve the health of the population

- *OH to advance relationships, understanding and commitment from leaders and organizations to work together to bring expertise, capacity and resources to collectively advance health of the population*
- *OH to acknowledge and seek to reduce power imbalances across providers through the creation of structures and provision of supports that ensure providers are collectively working together to meet needs of communities*

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SETTING THE CONTEXT

Ontario Health believes that a common foundation of organizations and individuals that plan, deliver and evaluate health services must be a commitment to and a culture focused on equity, inclusion, diversity and anti-racism. This is not optional.

The *Connecting Care Act, 2019* further validates this belief by stating that the public health care system should be guided by a commitment to equity and to the promotion of equitable health outcomes. Specifically, *the Connecting Care Act* states that “The public health care system should recognize the diversity within all of Ontario’s communities and respect the requirements of the *French Language Services Act* in the planning, design, delivery and evaluation of health care services for Ontario’s French-speaking communities; and recognize the role of Indigenous peoples in the planning, design, delivery and evaluation of health services in their communities.”

As a single, integrated, provincial agency, Ontario Health is advancing collaborations and new ways of working both within the health care system and through partnerships across the broader system of social and support services to improve the lives of Ontarians. *The objective is to improve population health outcomes; improve patient, resident, and client experiences; improve front-line and provider experiences; and achieve better value.*

To achieve this goal, Ontario Health recognizes that it cannot build a high-quality health care system without having equitable opportunities for health; and that building this system must start with creating a culture and environment within Ontario Health that promotes equity and reduces disparities for its staff, with a further goal to translate this culture and supporting tools across the health care system. While there has been progress made in specific areas, all must acknowledge that there are long-standing, systemic issues related equity, inclusion, diversity and racism in our system that must be addressed.

71 % of people who were hospitalized due to COVID-19 identified as coming from racialized groups

Finding: Higher COVID-19 case and hospitalization rates for the group with the highest percentage of people from racialized communities, newcomers to Canada, people with lower education levels, unemployed people, and people who live in crowded households (Analysis completed by Toronto Public Health – July 2020)

A call to action is clear.

A commitment to equity is an obligation and an expectation we have for ourselves and that people in Ontario have for us. While the work to build an inclusive and equitable culture will never be finished, there is an immediate need to launch this work by recognizing the gaps and working together to not only address these gaps but build ways to prevent them.

A starting point for this work is our goal – *to reduce disparities by addressing equity, inclusion, diversity and anti-racism*. The next step must be the acknowledgement of the breadth of factors and their intersections that contribute to varied levels of advantage, privilege and opportunity that create disparity amongst the community: Black, Indigenous or racialized identity, gender and gender identity, sexual orientation, disability, geographic location, socioeconomic status, and access to digital services. To support the goal and respond to the factors that influence disparities, the Equity, Inclusion, Diversity and Anti-Racism Framework has been established. The Framework incorporates the legislated requirements from the *French Language Services Act* and from the *Connecting Care Act*, along with the elements included in the MOH Mandate letter to Ontario Health pertaining to French Language Services. For Ontario Health to fulfill its mandate to connect and coordinate our province’s health care system in ways that have not been done before, we must take a different approach to identify, measure, act, and evaluate the impact we have had on addressing disparities across Ontario.

Ontario Health partnered with Corpus Sanchez International to provide an independent, expert examination of its current assets focused on health equity, inclusion, diversity and anti-racism, and to recommend a framework and approach to improve access, outcomes, and experiences across our health care system.

BUILDING COMMON UNDERSTANDING

In summer of 2020, Ontario Health team members were surveyed on their priorities regarding the development of an equity framework for the organization. 96 per cent of staff who responded reported that it was important or extremely important to them that Ontario Health deliver on its commitment to equity, inclusion, diversity and anti-racism. To build common understanding for the work ahead, Ontario Health has compiled the following definitions¹. Ontario Health recognizes that there are other possible meanings, and that the meanings may change and evolve over time.

- **Anti-racism.** An anti-racism approach is a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, prevent, reduce and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.
- **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 people of Black-African descent.
- **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.
- **Diversity.** The range of visible and invisible qualities, experiences and identities that shape who we are, how we think, how we engage with and how we are perceived by the world. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical or mental abilities, religious or spiritual beliefs, or political ideologies. They can also include differences such as personality, style, capabilities, and thought or perspectives.
- **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.
- **Health Disparities.** Differences in health access, experience or outcomes in a way that is systematic, patterned and preventable.
- **Inclusion.** Inclusion recognizes, welcomes and makes space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills and talents of all of our employees.
- **Intersectionality.** The ways in which our identities (such as race, gender, class, ability, etc.) intersect to create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by black feminist legal scholar Dr. Kimberlé Crenshaw and emerged from critical race theory to understand the limitations of “single-issue analysis” in regards to how the law considers both sexism and racism. Intersectionality today is used more broadly to understand the impact of multiple identities to create even greater disadvantage.
- **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.

¹ Definitions extracted from the McGill University Equity, Diversity & Inclusion Strategic Plan (2020-2025); the UHN Anti-Racism and Anti-Black Racism (AR/ABR) Strategy; and the 519 Glossary of Terms around equity, diversity, inclusion and awareness

ESTABLISHING THE EQUITY FRAMEWORK

To guide the efforts to address equity, inclusion, diversity and anti-racism with a focus on anti-Indigenous and anti-Black racism, the Ontario Health Equity Framework has been developed. The Framework is grounded in 11 components that describe key areas of focus with components grouped into two categories: Foundational and Key.



Development of the Framework was informed by broad engagement (*Appendix A: Summary of the Engagement Consultations*), an appreciation of the current state of resources and supports, a scan completed by the Wellesley Institute (*Appendix B: Wellesley Institute Scan*), and engagement with Black team members and leaders at Ontario Health (*Appendix D: Report on engagement with Black team members and leaders at Ontario Health*)

Applying the Equity Framework

To help guide the use of the Framework, there are two important applications of the Framework:

1. Four Elements that outline how each component is described to ensure clear understanding for next steps; and
2. Two Uses to describe how the Framework will support efforts within OH and in the broader health system.

1. Four Elements of the Framework

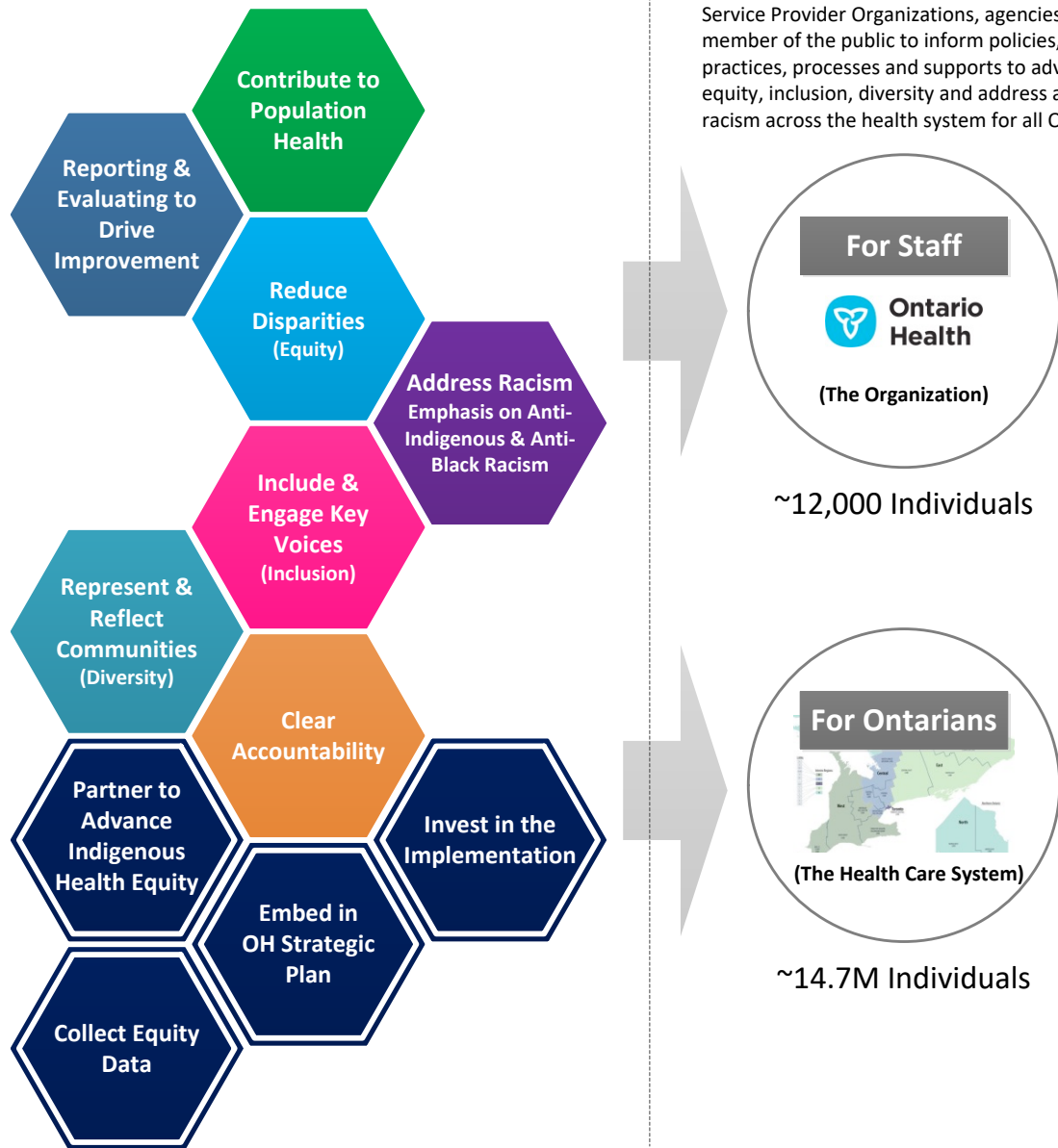
To help move from the components to the actions, each Framework component includes four elements:

- **Opportunity & Story.** Why is the component relevant and important?
- **Recommendations.** What goals must be achieved to advance this component?
- **Actions.** Where should OH start to advance towards the goals? And when should this occur?
- **Sample Metrics.** How will OH know that it has been successful in progressing towards the goal(s)?

2. Two Uses of the Framework

The Framework will be applied in two key uses:

- **Ontario Health Staff – the Organization.** The Framework will be applied within OH (the organization) to address equity, inclusion, diversity and anti-racism within the workplace, and by embedding equity into the work of OH by informing policies, practices, processes, supports and selection of metrics
- **Ontarians’ Health – the Health Care System.** The Framework will also be used as a foundation for system planning by Health Service Providers, Service Provider Organizations, agencies and member of the public to inform policies, practices, processes and supports to advance equity, inclusion, diversity and address anti-racism across the health system for all Ontarians



The following sections summarize the four (4) foundational and seven (7) key components.

Equity Data Collection (Foundational Component)

Processes and supports to collect, analyze and use equity data to report findings and inform future decisions

The Opportunity

Equity-based data collection is an important tool to help identify, challenge, measure and ultimately address inequities in health care planning, delivery and evaluation. Currently, there is no consistency in the collection of equity-based data within organizations and across the health care system. Without this data, people will always ask: Where is the evidence to show there are equity disparities? How will we know we have had an impact on these disparities without data? The government has identified interest in advancing disaggregated data to help identify disparities, monitoring the impact of equity related interventions, and building evidence to help assess the elimination of systemic racism.

The Story

COVID-19 has exposed the long-standing inequities in our country and province. Data from public health units across the country show that low-income households and racialized communities are being disproportionately harmed by COVID-19. In the article, *Homelessness and Poverty have Long Been Linked to Differences in Life Expectancy. We need Basic Income and Affordable Housing Now²*, the authors reported that Toronto Public Health data, collected after the pandemic had already begun, show that low-income households made up more than 50 per cent of all COVID-19 cases; and underpaid and racialized employees in long-term care homes were early victims. Without having the broad dimensions of equity-based data in place provincially, and the use of disaggregated data, these types of findings may not have been reported, and therefore action and intention to reduce the disparity could not be taken.

The Recommendation(s)

- OH to mandate equity data collection across all Ontario Health Portfolios, all health service providers organizations, and service provider organizations (or contracted services) using automated processes and standardized data sets to collect, analyze and report information
 - OH to work with government to establish key minimum dataset of equity elements that will be collected using standard tools (e.g., electronic health records); and build capacity to centrally manage data warehouse to enable greater efficiency of collection, application of data (e.g., longitudinal report) and linking of data
 - OH to require data and analysis to be used to inform decisions including identification of appropriate programs/services and allocation of resources to reduce disparities in workplace and service delivery
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Starting Metrics

- Using baseline staffing data to identify equity gaps (e.g., percent of individuals employed from different racial, ethnic and cultural backgrounds, by position)
- Establish, implement and evaluate metrics that measure the closure of the identified equity gaps

Embedded in Ontario Health's Strategic Plan (Foundational Component)

Ensuring efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization

The Opportunity

The alignment of the upcoming OH Strategic Plan to the Equity, Inclusion, Diversity and Anti-Racism Framework is not simply a common reference across two documents. OH's inaugural Strategic Plan must carry forward the true intent of the Framework including the language, themes and stories so that a focus on equity, inclusion, diversity and anti-racism is integrated into everything OH does.

The Story

"Systemic racism is a serious business problem that requires a serious business solution. Canadian companies that fail to act will learn the hard way that racism hurts us all."³ Many leading organizations have recognized that a commitment to equity, inclusion, diversity and anti-racism as not a response, but a proactive strategy for action.

² The Toronto Star, by Dr. Andrew Boozary, Angela Robertson, Dr. Andrew Bond and Dr. David Naylor – Monday September 21

³ The Globe & Mail, September 7, 2020

Moody's was the first of the big three credit rating agencies to acknowledge racial diversity strategies to address systemic racism is an important risk mitigation model. The result, when Moody's reviewed Lloyds Banking Group's Race Action Plan, it viewed the strategy as a "credit positive" model because it will "will improve staff diversity at all levels and reduce Lloyd's exposure to social risk"⁴. A focus on equity, inclusion, diversity and anti-racism is about changing the world; and many organizations have realized it is far better to be on the positive side of the change than it is to be on the negative side.

The Recommendation

- *OH's Equity, Inclusion, Diversity and Anti-Racism Framework is embedded throughout OH's Strategic Plan to demonstrate a commitment to truly embodying the philosophies of equity across all of OH's activities, and establishing clear accountabilities for delivering on the Framework through the strategy.*
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Starting Metrics

- Advance the culture towards equity by having the Quality Committee and the Board have as a standing agenda item progress towards the Framework and the Strategic Plan to ensure time to review progress, receive updates, and make investment decisions
- Formally report progress of Equity-related strategic initiatives annually, and identify where any strategic deliverables have not been achieved
- Assess OH staff's awareness of equity-related strategies and assess how these priorities influence their work

Partner to Advance Indigenous Equity (Foundational Component)

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

The Opportunity

The approach to any planning related to equity, inclusion, diversity and anti-racism for First Nations, Inuit, Métis and urban Indigenous communities must be grounded in the philosophy of *Indigenous health in Indigenous hands*. Indigenous health care for rural, remote and urban must be planned, designed, developed, delivered, and evaluated by Indigenous governed organizations. This includes honouring and respecting Indigenous voices, leadership, governance frameworks, and seeking out authentic relationships. Indigenous knowledge systems will be recognized - Indigenous teachings, world views, and lived experience must be valued sources of evidence and expertise. To meet these needs, an Indigenous Equity Unit must be established.

The Story

There have been considerable achievements by Cancer Care Ontario's Indigenous Cancer Care Unit. OH understands that these relationships do not simply transfer from CCO to OH. New relationships, agreements, conversations, and trust must be established between Indigenous leaders/organizations with Ontario Health. There is also an understanding that it would be impractical to have multiple Indigenous units for different disease groups. A single Indigenous Equity Unit must be developed for all of OH that will help to guide and direct work to ensure a coordinated dedicated approach across multiple sectors and areas is developed and supported. This group would ensure common understanding and appreciation for, but not limited to, the recognition that traditional medicine is an important element of healing; cross-cultural conversations and collaboration must take place to build authentic relationships; cultural safety and anti-racism training; holistic approaches to care – effective care integrates all elements of being which is inclusive of physical, spiritual, mental and emotional care; and ensure jurisdictions are not barriers to care by helping provincial and federal governments to work together in collaboration with Indigenous partners.

The Recommendation

- *An OH Indigenous Equity Unit will establish relationships with provincial leadership from Indigenous Communities, and will jointly lead and direct all planning, implementation and evaluation activities associated with Indigenous Health. Note: This work will not preclude, undermine or lessen the important work and pursuit of any sovereignty and self-government discussions with provincial and national leadership*
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Starting Metrics

⁴ Blacknorth Presentation 2020

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- Increased recruitment and retention of Indigenous Staff (e.g., 10% in year 1, 50% by year 5) enabled through partnerships developed and maintained with relevant Indigenous employment organizations and networks
 - Support strong leadership and succession planning through the development of a leadership program for the Indigenous workforce using the “best of both worlds” paradigm
 - Support the implementation of regional partnership accords (e.g., measuring % partnership activities on target)
 - Establish relevant cultural safety and experience metrics/standards (e.g., smudging, cultural safety supports)

Invest in Implementation (Foundational Component)

Ensuring efforts receive financial and people resources to ensure success and ongoing sustainability

The Opportunity

To deliver on the changes necessary, it will be important for OH to invest time, money and effort to create opportunities to change cultures, policies, processes, practices – both biased and unbiased to address equity, inclusion, diversity and anti-racism. And while some of this work must be led from the leadership of OH by setting an example, building accountability, and acting when the vision for change is not upheld; much of the great change efforts will also come from staff and from provider organizations. OH must support and empower this critical and necessary change effort.

The Story

To achieve the necessary change, organizations will need help to come together to build a common vision and practices to advance equity within the workplace and for those who are receiving services. However, for many, the size of their organization can be a barrier to participation and inclusion. There are many organizations without the available resources in HR, change management, expertise to launch solutions. As a result, OH must establish strategies that disproportionately invest and support organizations that have less, and support collaborative ways of working together (e.g., system-wide spread of common tools like training, support community-led efforts) that help to scale and spread equity efforts. And these investments must be viewed as a priority and cannot be the first to be reduced when budget challenges become a concern. Failure to commit ongoing investments to stimulate sectors will only further perpetuate disparities, a cost that the entire system will pay for in the end.

The Recommendation(s)

- *OH to establish an Equity Accountability Office reporting to the CEO.*
 - *The Equity Accountability Office is not the delivery arm of the Framework but rather works with operational arms of OH (e.g., health system, corporate, and regional portfolios) to complete the work*
 - *The Equity Accountability Office will work with the Portfolios to support the development of the implementation plan; will work with the OH Portfolios to design workplans to meet the standards/deliverables of the Framework; and will be available to support the Portfolios as requested.*
 - *The Equity Accountability Office is the advisor to the CEO on all things related to equity, inclusion, diversity and anti-racism within and outside of Ontario Health*
 - *The Equity Accountability Office will work with Enterprise Risk Management to identify risk factors related to equity, inclusion, diversity and anti-racism*
 - *OH continues to work with health service providers to develop equity-related metrics that are integrated into accountability agreements*
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Starting Metrics

- Complete a review of organizational policies and procedures to identify necessary changes to address systemic racism and discrimination
- Develop and approve supporting structures (e.g., teams within OH Portfolios), fund these resources and establish deliverable timelines (e.g., successful delivery of Equity Accountability Office and Teams workplan)
- Increase funds earmarked to address mid and long-term racial equity priorities (e.g., set targets or % growth)

Clear Accountability (Key Component)

Establishing and assigning “who” is responsible for “what”

The Opportunity

For the Framework to be successful to achieve the desired outcomes and impact, it is essential to have clear accountabilities that describe who will deliver on what. These accountabilities must be integrated into board and operational policies and practices, performance management system(s) from the CEO to all leadership levels, and support the establishment of supporting structures to ensure policies, practices and behaviours are maintained. No organization or leader will be able to avoid being accountable for addressing equity, inclusion, diversity and anti-racism.

The Story

Efforts to address equity have been around for a long time and organic growth has led to successes being made in specific areas – but success has not been consistent, and we have not been able to spread it to the level and degree that is required. For example, in some organizations, a person or small unit has been responsible for advancing “equity”, but their work may generally happen in a silo because they are perceived/understood as the “equity person”. This approach cannot achieve the expected goal of equity being fused into the day-to-day work across an organization, at all levels and effecting all people. To be successful, every team member and every process must apply an equity lens into what they do; and policies, processes, decision-making and the evaluation of outcomes must also apply this equity lens to truly address inconsistencies and disparities. To deliver on this, accountability must be clearly stated, agreed upon, and well (or effectively) enforced. Recently, there have been statements of commitment to this work at the highest levels of government – “Our government has zero tolerance for hate, racism and discrimination of any kind, and we know the province can, and should, play a leading role in eliminating systemic racism and ensuring all people in Ontario benefit equitably from public policies, programs and services⁵. It is the responsibility of everyone to hold each other accountable to this statement.

The Recommendation(s)

- *The OH Board Policy regarding the focus on Equity is translated into executive level accountability at the CEO and Senior Team level to ensure ownership and accountability for creating work (and care) environments that are equitable, inclusive, diverse and committed to addressing racism reflected within the community*
- *OH to establish partnerships with health service providers, service provider organizations and the community to identify local/regional indicators and measures that are incorporated into accountability agreements*

Starting Metrics

- Establish explicit equity goals in Board Leadership Development Strategies; create standing items on Board Agenda to discuss investments to reduce disparities
- Establish equity, inclusion, diversity, and anti-racism as a permanent item on the Board’s meeting agenda (with a focus on anti-Indigenous racism and anti-Black racism in year 1 and 2)
- Develop clear accountability and performance priorities for the Executive Lead and Equity Accountability Office, and evaluate semi-annually progress towards these goals

Represent & Reflect Ontarians (Diversity) (Key Component)

Striving for all levels of the organization to reflect the communities served

The Opportunity

If we believe that diversity represents strength, then representing and reflecting those in our community amongst our Board, Leadership Team and staff is a critical step to ensuring the best decisions will be made for the population. To build this level of diversity, some conscious efforts and traditional practices that may be embedded in organizations need to be broken. Human Resource practices must be transformed for how we recruit, retain and promote, and new ways of attracting a more diverse group of individuals to work at OH and within the health care system in a variety of roles must be nurtured.

The Story

While there are many places to start to build greater diversity at OH, a fundamental starting point will be in the area of HR practices to eliminate any unconscious bias. It will be critical to adopt very different approaches to attracting individuals and building a longer-term people pipeline by working with educational institutions. For example, if the goal is for leaders and staff in health care organizations to reflect the community, a long-term commitment to the recruitment and retention of Black and Indigenous health professionals must be a priority.

⁵ The Ontario Public Service Launches Third-Party Review of Inclusive Workplace Policies and Programs in September 2020

There must also be an upstream focus on attracting individuals to academic programs (*Appendix C for Profiles of Outreach and Access Programs*) that start early in secondary school with summer internship programs that inspire interest in a broader range of careers through real life exposure to careers like physiotherapy, occupational therapy, speech pathology, nursing in addition to medicine and dentistry; and creation of a roadmap of support for Black and Indigenous students at universities for health care training with financial aid, housing, childcare, and cultural supports. Without focused and planned interventions, we cannot expect the diversity of available resources to change.

The Recommendation(s)

- *All OH decision making bodies, staff and service providers reflect the community. To support this, baseline equity data must be collected to enable the measurement and tracking of disparity groups (e.g., disability, race, religion, sexual orientation, gender identity)*
 - *OH to Initiate a review of all Human Resource practices and identify transformation strategies (e.g., develop strategies for targeted recruitment outside of typical recruitment channels; develop strategies to create a more inclusive work plan to enhance staff retention)*
 - *Work with educational institutions to develop new programs to enhance the resource pipeline for historically disadvantaged groups*
-

Starting Metrics

- Leverage available baseline staffing equity data to set metrics (e.g., diversity of leadership); and measure and report to the success in recruitment, retention and promotion of selected staff groups

Include & Engage Key Voices (Inclusion) (Key Component)

Incorporating the voice of the staff and communities into design, development, implementation & evaluation of programs and services

The Opportunity

A focus on inclusion ensures key voices are part of the planning, design, implementation and evaluation of services so “we get what we need”. There are already specific inclusion groups within the Connecting Care Act (e.g., Indigenous planning entities, French language planning entities, and patient and family advisory councils). However, as we look forward, it will be even more important to expand the degree of inclusion to ensure the key voices are heard and listened to. To support this need, broader approach that engages community members and partners with community organizations must be explored to ensure we get the full voice of all Ontarians. Failure to get the right voices often leads to strategies or tactics that never achieve the desired goals and may lead to developing or implementing programs and services that may result in greater disparities/barriers for many segments of our population (or underserved communities)

The Story

OH must invest in efforts to change ways of thinking, behaving and acting. These may include culturally adapted Employee Assistance Program, Prevention-Circles, training programs, or refinement of policies. However, others may include investment in changes efforts that are not directly led by an organization but are led by staff. While there are many great staff-led equity efforts, one local effort that was identified through the development of the Framework was the Blacks United for Inclusion, Leadership and Development (BUILD), a project supported by the Scarborough Health Network, a Toronto-based hospital. BUILD focuses on creating a culture to empower and inspire people through a new Community of Inclusion. BUILD aims to support employees, professional staff, students, and volunteers by providing education, personal growth, mentorship, information, and idea sharing; and aid emerging leaders who have an interest in making change in the organization.

The Recommendation(s)

- *OH must ensure any planning related to workplace and planning services must include staff from diverse backgrounds and include traditionally disadvantaged groups to design appropriate solutions*
 - *OH to expand “engagement” approaches and methods to be more inclusive of time limited, fit-for-purpose community advisory panels to ensure we hear the voices, needs and experiences of the broader community. Panels must include traditionally disadvantaged groups.*
 - *OH to develop partnerships with agencies serving communities and populations where their voices need to be better heard (e.g., trans, disabled, religious, newcomer, Indigenous, Black, other racialized communities)*
-

Starting Metrics

- Staff response to experience of engagement (e.g., % improved in engagement from racialized groups)
- Number/participation of staff-led employee resource groups/healing circle sessions conducted
- Establishment and engagement of community advisory panels
- Use of the Community Engagement Tools to measure staff participation (e.g., % use/adoption of Toolkit)

Reduce Disparities (Equity) (Key Component)

Using data and best practices to establish standards, identify disparities & implement corrective action through a focus on access, experience & outcomes for the population

The Opportunity

The Framework acknowledges upfront that a broad group of disparities and their intersections must be the focus of this work. Fortunately, growing datasets that bring together racialized data with other important sociodemographic, economic, and clinical data are helping to change our understanding of the causes and impact of disparities. Coupling this integrated data with world class models and expertise in clinical areas and standard setting, opportunities exist to reapply models to chronic diseases and other conditions to create new evidence informed programs and treatments for those most impacted by equity disparities.

The Story

There is a long list of studies and reports produced by Public Health, CCO, HQO, StatsCan and many others that have confirmed that access, experience and outcomes vary by geography, race, access to digital tools, disabilities, sexual identity, etc. And while there is strength and resilience of Indigenous and Black communities, evidence supports that systemic barriers lead to worse outcomes for Indigenous and Black people, and individuals facing intersectional barriers fare even worse (e.g., Black *and* trans individuals, Black or Indigenous *and* francophone communities, racialized and Muslim newcomer families/communities, etc.). Building on proven models, OH must work with its partners to set new standards for at-risk populations, and support the dissemination of these practices to enhance understanding, knowledge, and ultimately seek to change behaviours and practices that will reduce disparities and inequities.

The Recommendation

- *OH to develop standards for care, access, experiences and outcomes for poorly served populations to reduce disparities due to geography, race, language, disability, gender identity, sexual orientation, socioeconomic*
 - *geographic, race, gender, gender identity, sexual orientation, disability by using a population health focus and systematically embedding an equity lens to all OH clinical programs (e.g., renal, palliative, mental health & addictions). Standards must be supported by established targets and performance expectations that are integrated into accountability agreements, with monitoring and reporting tools established to ensure accountability*
-

Starting Metrics

- Number and types of policy/program actions driven by data about health disparities and determinants to quantify the impact of program changes
- Number of developed/supported representative networks for employees who are supported to address racial justice and health equity within the organization. Funding is required
- Monitor the number, composition, distribution and goal attainment of partnerships addressing identified health disparity and health equity issues

Address Racism with an Emphasis on Anti-Indigenous & Anti-Black Racism (Key Component)

Identifying and addressing discrimination practices and procedures in all forms and all levels using targeted approaches

The Opportunity

Racial equity is the systemic fair treatment of all people resulting in equitable opportunities and outcomes for everyone. While there is a clear emphasis on anti-racism; Ontario Health has gone a step further by indicating that

there will be a specific emphasis on anti-Indigenous and anti-Black racism. This means that in addition to anti-racist priorities for all racialized communities experiencing accounts of racism and discrimination, OH will be identifying specific strategies and tactics to address anti-Indigenous and anti-Black racism. To address this, efforts will start with collecting data on race and other sociodemographic factors/disparities, data will be analyzed to identify disparity priorities, and then actions will be explored, followed by implementation and measurement to know whether we have had a positive impact on the outcomes.

The Story

A focus on anti-Indigenous and anti-Black racism is a priority. The most recent story of Joyce Echaquan, the 37-year-old mother and member of the Atikemkw Nation of Manawan, who recorded her shocking treatment during the last hours of her life continue to sound the alarm of the neglect and blatant anti-Indigenous racism that exists. Sadly, it is acknowledged that racism in health care also affects Black people. With growing public outrage, the health care system acknowledges that sustainable structures, policies and practices must be formed; that a focus on cultural safety must be shared and supportive of all; and that creation of any change must be guided and led by those most affected. Ontario Health must help to lead this change.

The Recommendation(s)

- *OH will commit to address systemic and individual racism, in all forms and at all levels, to ensure every individual is treated equitably and fairly. OH promises to understand, confront and take action to change deeply entrenched behaviours, structures and cultures that maintain and perpetuate inequity.*
- *OH will advance and invest in key programs to advance equity (e.g., training to shifts culture and practice, mentorship program, staff and patient surveys, professional development of staff, create safe space to dialog)*

Starting Metrics

- Measuring numbers and types of complaints (e.g., staff surveys to gain their perspective on their own experiences, and their view on whether progress has been made)
- Measuring number of programs delivered and attendance
- Completed training for board, management, staff
- Staff engagement and patient satisfaction survey that have experiential questions
- Add equity and human rights language to strategic and operational documents

Reporting & Evaluating to Drive Improvement (Key Component)

Ensuring public reporting of Framework metrics with all reports including an equity analysis

The Opportunity

The purpose of reporting and evaluation is to drive improvements by ensuring all reports and evaluation activities incorporate an equity/disparity analysis that help to identify if strategies have achieved the desired results for all. Without this level of analysis, strategies to address access, experience or outcomes may have different implications for different individuals, especially those reflected under disparity populations.

The Story

Recent reports have shined a light on service gaps that have resulted in poor access, outcomes and experiences – but what if the data and analysis never happened? There are numerous examples to demonstrate that the reporting of equity informed results is critical. For example, COVID-19 data demonstrated that farmworkers in the West Ontario region had increased incidence of the disease; CCO's Ontario Cancer Facts identified that Black and Indigenous transgender people are medically underserved; and that Public Health data and analysis confirmed that higher COVID-19 case and hospitalization rates existed for the group with the highest percentage of people from racialized communities, newcomers to Canada, people with lower education levels, unemployed people, and people who live in crowded households. As we look forward, we must ensure all health analysis and reports consider an equity screen so that we can make any disparities visible to all so they can be addressed.

The Recommendation

- *OH will identify and address disparities (e.g., geographic, race, gender, gender identity, sexual orientation, disability) for any underserved and marginalized populations by applying an equity lens to all reports. Reporting must include the use of disaggregated data to identify variabilities that need to be addressed and enable longitudinal trending to identify how practices and performance change over time*

Starting Metrics

- 50% of all reports in Year 1 include an equity related analysis
- 75% of all reports in Year 2 include an equity related analysis
- 100% of all reports in Year 3 include an equity related analysis

Contribute to Population Health (Key Component)

Working with other arms of government and agencies in planning services to improve the health of the population

The Opportunity

COVID-19 was an important driver and influencer for helping to create greater synergies and coordination across providers to meet the needs of the population. This is the foundation for this component – to improve the health of population, we all need to need to work together. To achieve this end, we must have different strategies for how health and other social service leaders, providers, partners and impacted community members come together with a collective focus on the determinants of health.

The Story

As the world looks back on most of 2020, the effects of COVID-19 will clearly go down as an incredibly difficult time for all, and an increasingly challenging time for particular communities that are disproportionately affected by this disease and left increasingly vulnerable by the impacts of this global pandemic. However, this period has also saw some of the most collaborative, integrated and shared developments of new ways of working across organizations. Throughout the process, numerous engagements were conducted and multiple examples for working differently were identified. And while COVID-19 did highlight levels of disparity and negative impacts on populations in startling numbers and charts, we also saw providers from primary care, community, hospitals, long term care, and public interest groups come together with local and regional municipalities, public health, education, various arms of government, and more to manage and mitigate difficult situations. To address the ongoing needs related to equity, inclusion, diversity and anti-racism, a continued commitment to population health and new ways for providers to work together will be foundational.

The Recommendation(s)

- *OH to advance relationships, understanding and commitment from leaders and organizations from across the system to work together to bring expertise, capacity and resources to collectively advance the health of the population, with a focus on removing barriers, decreasing health inequities and addressing the determinants of health*
 - *OH to support acknowledgement and seek to reduce power imbalances across providers through the creation of structures and provision of supports that ensure providers are collectively working together to meet the needs of communities and populations*
-

Starting Metrics

- Increase number of institutions that change their culture, policies and practices to address Racial Equity
- Increase number of institutions developing formal structures to strengthen accountability to communities of color
- Expectation of partnerships with OHTs to improve health outcomes of marginalized and underserved populations (Set baselines for year 1 and target for year 2)
- Formalize strategic partnerships with advocacy organizations and community-led groups to address racial justice and social determinants of health

LAUNCHING THE EQUITY FRAMEWORK

To advance the Framework from the conceptual idea to an actionable plan, the following high-level approach, structures and activities have been suggested. The OH Equity Accountable Office will support all activities related to the Framework.

Recommendations

Within Ontario Health:

- *The OH CEO will review and approve the implementation plan that translates the Framework to the OH Portfolios (Health System, Corporate, Regional including service providers). The CEO will review and approve required resources to complete the work (e.g., assign existing internal, new hire, temporary contract)*
- *The OH CEO will review and approve the Portfolio's workplans*

Within the Ontario Health Care System:

- *The OH Leadership and OH Regional Portfolio Leadership and the Leadership of the Health Service Providers work together to advance the delivery of the Framework within the Ontario Health Care System*

Launching the Framework within Ontario Health

The Framework will be applied within Ontario Health's Operating Model to inform policies, practices, processes, supports and selection of metrics to advance equity, inclusion, diversity and address anti-racism within OH. As a starting point, a draft OH Board policy that defines how OH holds itself accountable for equity, inclusion, diversity and anti-racism within OH must be established and confirmed.

The following provides an initial high-level overview of the types of activities.

Focus	Initially Proposed Activities
Develop the Framework Implementation Plan	<p>Equity Accountability Office works with Portfolios to develop the Framework implementation plan</p> <ul style="list-style-type: none"> ▪ The implementation plan will designate Framework deliverables to the various OH Portfolios (Health System, Corporate, Regional Portfolios) ▪ The OH Executive Lead finalizes the implementation plan and submits to the CEO for approval
Develop the Portfolio Work Plans	<p>The OH Portfolios develop the workplans to deliver on the Framework deliverables</p> <ul style="list-style-type: none"> ▪ Portfolios will develop their workplans with input and support from the Equity Accountability Office ▪ Portfolios will submit their workplans to the CEO for approval
Deliver on the Work Plans	<p>Portfolios will deliver on the work plans</p> <ul style="list-style-type: none"> ▪ OH launches the rollout of the Portfolio workplans ▪ Portfolios will complete the work and submit reports to the Corporate Planning Office
Monitor Work Plan Delivery	<p>Corporate Planning Office will track developments and deliverables and report progress</p> <ul style="list-style-type: none"> ▪ Planning Office will monitor and report progress to the CEO

Launching the Framework within the Ontario Health Care System

The Framework will also be used as a foundation for system planning by Health Service Providers, Service Provider Organizations and other agencies to inform policies, practices, processes and supports to advance equity, inclusion, diversity and address anti-racism within the Health System for all Ontarians. As a starting point, a draft OH Board policy that defines how OH holds itself accountable for equity, inclusion, diversity and anti-racism for the health system must be established and confirmed.

The following provides an initial high-level overview of the types of activities.

Focus	Initially Proposed Activities
Planning with OH & HSPs Leaders	<p>OH Leadership to HSP Leadership discussions to ensure clarity of goals & expectations</p> <p>To share, socialize, get input, and finalize policy & process; and confirm Framework and early starting metrics to set the tone of the effort</p> <ul style="list-style-type: none"> ▪ OH CEO to HSP Executive Leader ▪ OH Management Teams to HSP Management Teams
Resource for Success	<p>Identify supporting resources that will be made available to ensure that all providers can successfully implement this work by ensuring critical investments</p> <ul style="list-style-type: none"> ▪ OH establishes resourcing principles (e.g., how resources applied) ▪ OH will select 2-3 areas where they will fund the system to support health service providers to work together to provide consistency of outcomes and achieve economies of scale (e.g., training programs, employee engagement surveys, patient engagement surveys, equity capacity building initiatives, demographic data collection and analysis training) ▪ OH identifies supporting resources, tools and supports. Supports for groupings of organizations with the greatest need will be funded, not individual organizations to ensure smaller organizations benefit from the support.
Organize the Engagement	<p>Identify “groupings” that define how HSPs will work together to advance the Framework</p> <ul style="list-style-type: none"> ▪ OH establishes “grouping” principles that inform how groups will be developed ▪ OH develops proposed groups (e.g., Children’s hospitals, ask regions to propose geographic regions) ▪ OH works with HSPs to finalize groups. Groups will be responsible for taking the Framework and adjusting to meet circumstances and needs of the group’s population
Translate the Framework into Actions	<p>Conduct broad engagement and bring providers together working with communities to develop an approach for implementing the Framework</p> <ul style="list-style-type: none"> ▪ Education for HSPs and community groups ▪ Facilitated process to seek input and develop the local approach/work plan ▪ Local/group relevant recommendations and metrics presented to OH
Deliver Impact	<p>The recommended actions and metrics are embedded into accountability agreements and monitoring tools</p> <ul style="list-style-type: none"> ▪ OH takes activities and metrics and applies them to service agreements ▪ OH identifies required supports necessary (e.g., sustainable funding and supporting resources)

APPENDIX

Appendix A: Summary of Engagement Consultations

Ontario Health Internal Stakeholders Engaged:

1. **All-Team Members Survey**
2. **Cross Organizational Equity Leads and Subject Matter Experts**
3. **Discussions with Black Team Members at Ontario Health**
4. **Equity, Inclusion, Diversity and Anti-Racism Steering Committee**
5. **Equity, Inclusion, Diversity and Anti-Racism Working Groups**
6. **Indigenous Cancer Care Unit**
7. **Integrated Executive Leadership Team**
8. **Ontario Health Board of Directors (with guidance from the Human Resources Committee of the Board)**
9. **Ontario Health Patient and Family Advisory Council**

External Stakeholders Engaged:

1. **French Language Health Planning Entities**
2. **Home and Community Care Providers (including Community Support Sector, Service Provider Organizations, and LHIN Home and Community Care)**
3. **Independent Living Service Providers**
4. **Mental Health and Addictions Stakeholders (including acute and community mental health and addictions sectors)**
5. **Ontario Health Regional Tables (including COVID-19 Response and Planning Tables):**
 - Central Region COVID-19 Planning and Implementation Table
 - North Region COVID-19 Response Table
 - Toronto Region Anti-Racism Steering Committee
6. **Pediatric Care Providers (including childhood disability)**
 - Kids Health Alliance Leadership
7. **Primary Care Providers and Leaders:**
 - Indigenous Primary Health Care Council
 - Ministry of Health's Primary Care Advisory Table
 - Ontario Alliance for Healthier Communities

Appendix B: Wellesley Institute Scan

The Wellesley Institute completed a high-level scan of relevant information that informed the development of the Framework. The following provides links to this information.

Report from the City of Toronto on racialization and health inequities

<https://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-62904.pdf>

PHAC Report that chronicles differences in self-reported mental health by outcomes <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html>

Report on racialized populations and mental health court diversions

<https://ontario.cmha.ca/wp-content/uploads/2019/05/Racialized-Populations-and-MH-Court-Diversion-May-2019.pdf>

Report on race and racism on Canadians' health

<https://www.wellesleyinstitute.com/wp-content/uploads/2012/02/Colour-Coded-Health-Care-Sheryl-Nestel.pdf>

Report on mental health of Ottawa's Black community

https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/MHOBC_Technical-Report_English.pdf

An article on the mental health status of ethnocultural minorities in Ontario

<https://link.springer.com/article/10.1186/s12888-016-0759-z>

Journalistic evidence on stigma faced by Indigenous people in emergency rooms

<https://www.cbc.ca/news/canada/british-columbia/racism-in-bc-healthcare-health-minister-adrian-dix-1.5619245>

Report on the role of racism in the health and well-being of Indigenous people's in Canada https://indigenousto.ca/wp-content/uploads/2018/10/Research_Race_1b.pdf

An article on barriers to health care services in London for Indigenous people

http://www.uwomj.com/wp-content/uploads/2017/12/vol86no2_02.pdf

Call for equity in the treatment of substance use in Indigenous populations

<https://www.cmaj.ca/content/189/44/E1350>

Appendix C: Profiles of Outreach and Access Programs

Dalla Lana School of Public Health

Public health plays a critical role in health care systems that serve our multicultural society, but the current cohort of public health leaders and practitioners does not reflect the GTA's diversity. While anti-Black and all other forms of racism and oppression affect the lives of youth from racialized neighbourhoods, many may not be aware that public health and health systems provide an opportunity to disrupt this trend. The public health field has an obligation to ensure talented people of all walks of life can build meaningful careers to ensure adequate community representation in the health care systems they serve.

The Dalla Lana School of Public Health (DLSPH) launched the [Outreach and Access Program](#) in February of 2019, to raise awareness of careers in health care and remove barriers to access these opportunities for youth from racialized communities. Throughout the academic calendar, the program builds relationship with students grades 10 to 12 and teaches life skills through activity-based learning in weekly facilitated mentorship sessions. It introduces disciplines within public health and health systems through discussions and activities with DLSPH faculty and health system leaders. The relationship and learning continue through the summer with the DLSPH Summer Institute, a case-based and week-long learning opportunity.

Students that apply and are accepted into a University of Toronto undergraduate program are eligible to enter the DLSPH Junior Fellowship program that continues to provide support and opportunities through their undergraduate years. The program has seen an early success its first students from partnering schools admitted to the University of Toronto and enrolled in the fellowship program.

This commitment to early introduction and continued development is an upstream approach to creating a pipeline of skilled, young leaders from underrepresented communities and preparing them for influential roles within public health and the broader health system. More information can be found at: <https://www.dlsph.utoronto.ca/programs/outreach-access-program/>.

University of Toronto – Black Students' Association: 20th Annual GTA High School Conference

The Black Students' Association (BSA) is the largest representation of self-identified Black students at the University of Toronto. The BSA remains dedicated to the education, experience and empowerment of the Black-Canadian and international community, aiming to represent and foster black culture through community interaction and outreach. In doing so, the BSA coordinates countless events and initiatives with a social, political and academic focus, to support our future leaders.

The High School Conference is an opportunity for the BSA to encourage access to education in groups that are historically under-represented in post-secondary institutions. High school students are invited to the University of Toronto (St. George Campus) where they will be mentored by black professionals and current university and college students to help them realize that post-secondary education, whether it is college or university, is an attainable goal.

The purpose of the conference has been to go in depth with Black and Indigenous students, providing them with support, motivation, and showing them possibilities for what life after school can look like. The goals of the conference are; to burst myths on postsecondary education, to show high school students that people just like themselves are existing and thriving in a post secondary environment, and to act as a support system for students through workshops and relationships with volunteers. The programming of the conference includes workshops, a keynote speaker, and/or relevant discussions with students, based on our themes of the day.

The BSA high school conference is an annual conference held in May every year, thrown for about 400 high school students by us, their post secondary peers. This year the themes that the conference will be centered on include "The Importance of Mental Health," and "Skill Development" both of which will encompass interactive sessions between facilitators, students, and volunteers.

Appendix D: Report on engagement with Black team members and leaders at Ontario Health

On June 19th, 2020 Ontario Health hosted virtual discussions with Black team members to begin conversations on the topic of anti-Black racism. Over 150 team members participated in two one-hour sessions led by Anna Greenberg and Corey Bernard.