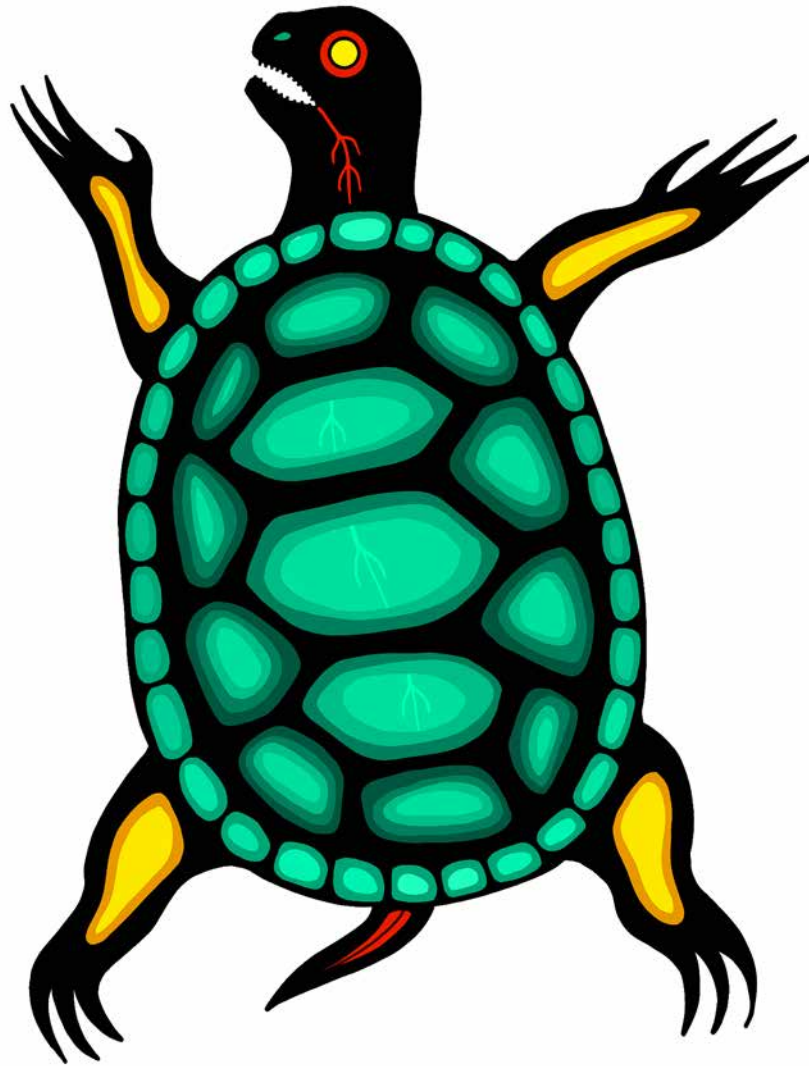WOMEN'S COLLEGE HOSPITAL'S

EQUITY ROADMAP

WCH WOMEN'S COLLEGE HOSPITAL

2023/24

LAND ACKNOWLEDGEMENT

We acknowledge that the land we work and meet on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

Artwork by Chief Lady Bird

INTRODUCTION

A high-quality health care organization starts with a culture that promotes equity and reduces disparities. Women's College Hospital is committed to reducing racism, discrimination and inequities within our organization and across the health system. We value inclusion and diversity and recognize that our own culture needs to be equitable to contribute to better outcomes for the communities we serve.

Our Women's College Hospital Equity Roadmap is an essential tool to guide our work to build an organizational culture focused on equity, inclusion, diversity, accessibility, anti-racism and anti-oppression; and to contribute to better outcomes for patients, families and providers within the health system.

As part of our commitment to improving outcomes for all, our roadmap highlights the need to explicitly identify and address the impacts of sex and gender inequities and anti-Indigenous and anti-Black racism.

Our vision to *revolutionize healthcare for a healthier and more equitable world* emphasizes our commitment to closing health gaps and creating community-informed, responsive and inclusive environments in which everyone has the opportunity to achieve their highest standard of health and where no one is disadvantaged because of their social position or group identity.

[R]EVOLUTION OF THE EQUITY ROADMAP

Our [r]Evolution: Build Back Better Strategy outlines our path forward into 2024 with focused priorities to ensure the right care environment and broadened access to care, the right work environment that supports a culture of wellness and organizational resilience, delivery on our commitments to equity and deepened community partnerships, and leadership at the intersections of research, education and innovation. Having equity fully embedded in the organizational strategy will further elevate equity, inclusion, diversity, and anti-racism as strategic focus areas across Women's College Hospital (WCH).

Thus, the WCH Equity Roadmap is grounded in the *[r]Evolution: Build Back Better Strategy* and further aligned with the Ontario Health Equity, Inclusion, Diversity and Anti-Racism Framework, and has been informed by recent literature, evidence-based best practice, theory and frameworks, consultative conversations, in addition to a scan of the current environmental state. This Equity Roadmap offers a plan for the explicit and deliberate actions that are urgently required to reduce health inequities and create an organizational culture that will contribute to better outcomes for the communities we serve.

OUR EQUITY ROADMAP AREAS OF ACTION

1. PARTNER TO ADVANCE HEALTH EQUITY AND ACCESS TO CARE

We know that strong relationships with community partners – founded on principles of respect, reciprocity, capacity building and open communication – are critical to ensuring that WCH reflects and addresses the needs of those communities who have historically been excluded or underrepresented. We are committed to ongoing partnerships with Black, Indigenous, racialized, multi-lingual and gender diverse communities to address health disparities and sex and gender inequities in health.

Advancing Black Health Equity

While inequities are embedded within our healthcare system, the Black community is at a particular disadvantage. To address the needs of this specific group, the Peter Gilgan Centre for Women's Cancers at WCH, in partnership with the Canadian Cancer Society (CCS), the Olive Branch of Hope (TOBOH), Rethink Breast Cancer and four co-creators, launched two innovative projects to educate and empower Black women affected by breast cancer.

The partnership developed Every Breast Counts, a breast cancer resource hub by Black women for Black women. Too often, health and social programs centre around whiteness, which leads to an unwelcoming space that overlooks a Black woman's unique experiences. By creating a virtual hub for accurate, evidence-

based and community-relevant cancer information, the team is reaching a diverse group of historically underserved and overlooked Black patients affected by breast cancer.

In addition to the hub, the partners also cross-collaborated to deliver Breast Health for Black Women, a free nationwide virtual event to educate and empower Black women across the country in 2022.

Co-creators of the Every Breast Counts resource hub. L-R: Talina Higgins, Debbie Pottinger, Dawn Barker and Shireen Spencer

What's Next: Coming out of our community engagements, the national virtual event for Black women is expanding in 2023 to cover topics on breast cancer and gynecological health at Best Health for Black Women.

French Language Services

In September 2021, WCH obtained partial-designation for French-Language Services (FLS) for its Toronto Academic Pain Medicine Institute (TAPMI) clinic from the Ministry of Health and the Ministry of Francophone Affairs. Through this designation, WCH is supporting Toronto's Francophone population in accessing chronic pain care and resources in their preferred language.

More than 63,000 Francophones, many of whom are newcomers to Canada, live in the City of Toronto. By ensuring a Francophone lens is included in healthcare, we are upholding our commitment to ensuring equitable healthcare by improving access to health services in French and serving patients in their preferred language.

The culmination of more than a year's work with internal and external partners, implementation of FLS included drafting new policies, setting up bilingual telephone systems, translating patient forms and communication materials, as well as developing human resource strategies to recruit bilingual care providers. These new tools and workflows were created with sustainability in mind to ensure that quality services in French are available on a permanent basis within the TAPMI clinic.

Crossroads Refugee Health Clinic

WCH's Crossroads Refugee Health Clinic is Toronto's first hospital-based refugee health clinic treating people from all over the world who often have never had access to primary care. Most patients are newly arrived refugees or refugee claimants, and many have had arduous and torturous journeys to Canada, which put their health at risk. The model of care is to follow them for two years until they are stabilized and oriented, and then they are referred to primary care clinicians in the community to follow-up.

It can be difficult for refugee newcomers to access needed services due to language barriers, lack of familiarity with the complex health and social systems, and other challenges. In May 2022, Crossroads Clinic piloted a new Peer Navigator role, who guides patients through their healthcare journey and beyond. This includes accompanying patients/clients to appointments; helping connect them to services that support with housing, childcare or education; finding a healthcare provider; completing registration, immigration and/or referral forms; navigating phone services; as well as emotional support, comfort, advice and empathetic listening.

Team members from the Crossroads Refugee Health Clinic

What's Next: Looking ahead, we are evaluating how the pilot of the Peer Navigator role has affected patient care and outcomes, and exploring opportunities to improve and scale the program to other clinics such as Substance Use Services, Breast Centre, Pain Clinic, and others.

2. INCLUDE AND ENGAGE KEY VOICES

We are engaging in meaningful outreach to our staff, physicians, patients and communities so that their ideas and feedback can inform the design, delivery and evaluation of our programs and services.

Black Community Consultation

As part of our commitment to dismantle racism and oppression and, in particular, to address the distinct needs of Black communities, WCH organized four facilitated closed forums in 2020 for the staff and physicians of the hospital community who identify as Black.

These forums were a first in the hospital's history. Careful planning and thought went into creating respectful spaces where anti-Black racism could be discussed in open dialogue between the participants and the WCH embedded expert in anti-Black racism, Dr. Notisha Massaquoi. Thirty-one staff and physicians, who ranged in length of service from one week to over 30 years, participated in these forums. In addition to these forums, individual interviews took place with WCH team members and Board members who identify as Black.

The resulting Black Community Consultation Report was used to inform our 12 Anti-Black Racism Corporate Commitments 2021-22. There was an overall expression of gratitude for the opportunity to come together collectively as Black members of the hospital, and many saw it as an opportunity to participate in making a significant change to enable the hospital to live up to its values.
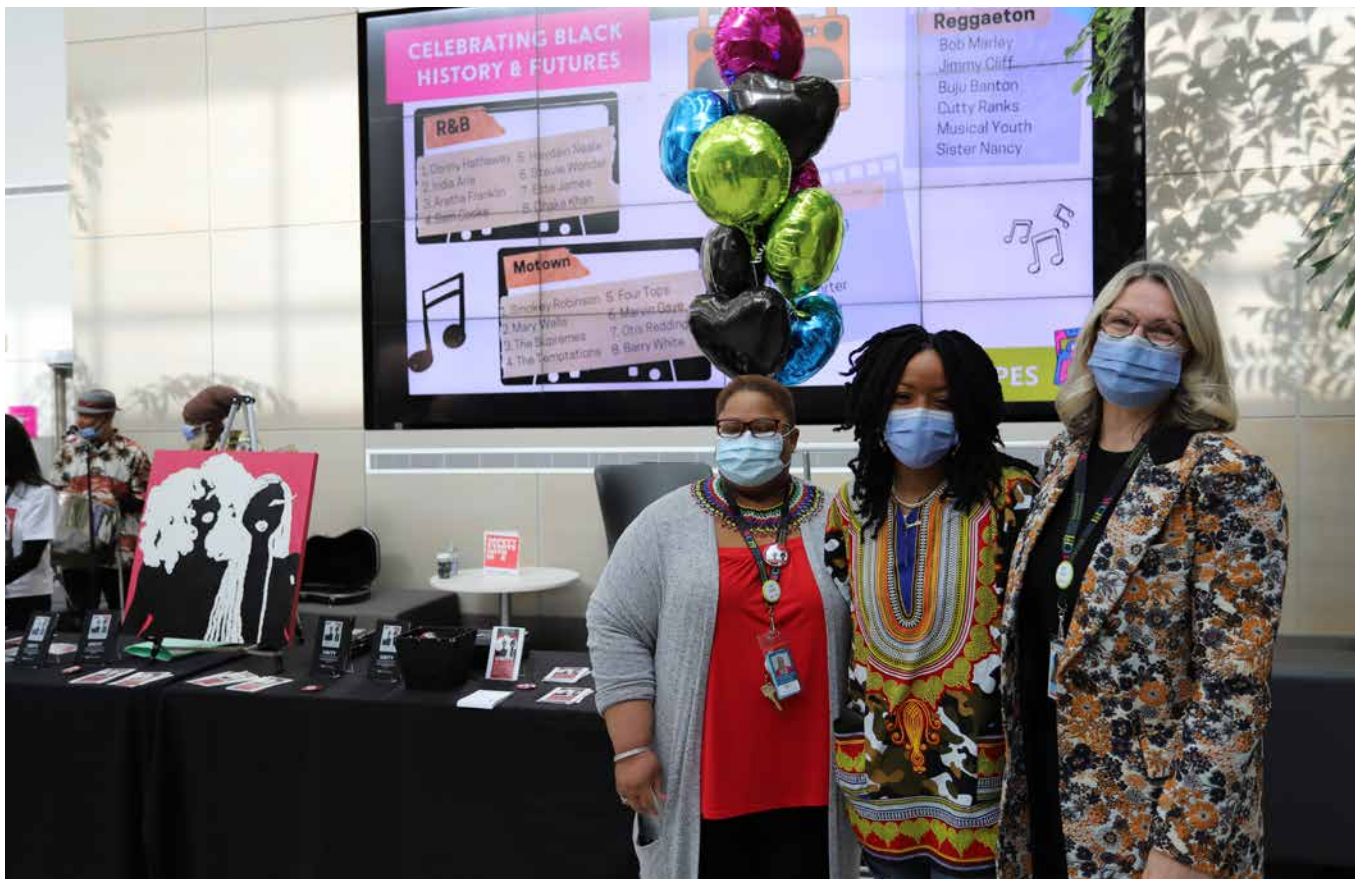
L-R: Suzanne Charles Watson, Director of Anti-Racism, Equity and Social Accountability; Janelle Noel, Service Coordinator at the Sexual Assault/Domestic Violence Care Centre; and Heather McPherson, President & CEO of WCH, at a Black History and Futures Month event.

Patient Experience Advisors Programs and Equity-Mobilizing Partnerships in Community (EMPaCT)

The WCH Patient Experience Advisors Program aims to better understand the diversity of patient experience and works to ensure diverse voices are included in program development and design. WCH also houses Equity-Mobilizing Partnerships in Community (EMPaCT) – an independent community table of diverse patients. EMPaCT offers an innovative approach to patient engagement that centres the voices of diverse community members, brings attention to diverse lived experiences, and builds capacity for inclusive and impactful partnerships. Diverse members of the community have co-created EMPaCT to highlight needs and priorities and engage in a consultative process to identify key areas for action on health equity in a sustainable way.

What's Next: A new 10,000 Voices Project will follow the previously published *A Thousand Voices for Women's Health* report that explored what women want from hospitals and healthcare services. The 10,000 Voices Project seeks to further increase the understanding of how women, nonbinary and transgender persons are impacted by the cumulative effect of inequities in relation to sex, gender, race, ability, and other social determinants of health and gaps in the healthcare system that prevent equitable access to care. The data collected will be a resource in informing current research models and processes of care delivery, and will identify areas of opportunity, need, and new or further research and attention.

3. DISMANTLE RACISM AND OPPRESSION

Using targeted approaches, we are making progress in our work to identify and dismantle racist and discriminatory practices, procedures, policies, systems and structures in all forms and at all levels.

Anti-Black Racism Corporate Commitments

WCH has embarked on a critical path to dismantle racism and oppression and remove the structural barriers to care experienced by the communities we serve. To this end, WCH leadership are actioning our Anti-Black Racism (ABR) Corporate Commitments and released the WCH Journey to Dismantle Anti-Black Racism Report.

Pledges to dismantle anti-Black racism made by WCH team members during Black History and Futures Month.

Creating a Health System that Recognizes Indigenous Knowledges and World Views

The Centre for Wise Practices in Indigenous Health (CWP-IH) at WCH is committed to the health and well-being of all First Nations, Inuit and Métis (FNIM) individuals, families and communities. We believe in a health system that acknowledges and respects Indigenous identity, trauma and resilience while providing culturally safe care that is free of racism and discrimination – where Indigenous worldview(s) are recognized and valued.

As of March 2023, CWP-IH is now offering FNIM patients culturally appropriate healing and wellness services to support them through their healthcare journey. Through the integration of the Indigenous Health Clinic in Epic, the hospital's electronic medical record system, FNIM patients and community members can now be referred to see the Traditional Healer and Knowledge Keeper just as they would any other practitioner at WCH.

As a result of this new integration, FNIM patients can now obtain referrals for healthcare services, including meeting with the Elder-in-Residence and Traditional Healer Kawennanoron Cynthia White, who provides access to sacred medicines and traditional counselling, grieving support, addresses spiritual concerns, and more. They can also access the support of an Indigenous Peer Support and Relations Advocate, who provides help navigating the health system, advocacy, and can even attend appointments with patients.

Members of the CWP-IH and Office of Equity at a welcoming ceremony for Elder-In-Residence and Traditional Healer Kawennanoron Cynthia White (centre).

What's Next: CWP-IH is working with teams across the hospital to provide easy access to smudging kits for FNIM patients and families. The kits, which contain a variety of plant medicines including sage, sweetgrass, cedar and tobacco, have been introduced in three priority clinics alongside training and guidance for clinical teams on how to handle the medicines and support patients in accessing them. Storing the smudging kits in visible places within each clinic signals that the hospital is a culturally safe space and can provide comfort and grounding to FNIM patients and their families.

CWP-IH will continue working with clinics across the hospital to expand access to the smudging kits.

Anti-Racism & Anti-Oppression Education

To ensure WCH leaders, staff, physicians and volunteers have a clear understanding of systemic racism and oppression and what our collective responsibility is to dismantle them, a comprehensive hospital-wide educational plan was created. The educational modules include learning objectives in anti-Black racism and oppression, Indigenous cultural safety and relationship building, LGBTQ2S+ sensitivity training, and more.

What's Next: Additional training is planned across the hospital with specific focus on unconscious bias, responding to microaggressions, allyship and incivility in the workplace.

4. REPRESENT AND REFLECT THE COMMUNITIES WE SERVE

It is important to have a healthcare workforce that represents the communities we serve to provide the best possible care to our diverse patient populations. We use demographic information about our staff, physicians and patients to improve equity, diversity and inclusion across all levels of the organization.

WCH team members celebrating at the annual staff BBQ.

The People Equity Survey

Conducted in 2021, the People Equity Survey was designed as a systematic, structured, transparent approach to measure and track key demographic intersectional data at the hospital to better understand the demographic composition of our workforce and identify gaps to assess how representative we are of the diverse communities we serve. Through the survey, we learned that our WCH team is representative of our community based on the 2016 City of Toronto census.

The information we garnered from the survey will inform decision making toward inclusion.

What's Next: As a central component of our People Equity Plan, we are actively engaged in the recruitment and retention of staff and physicians across all areas of the hospital, including in senior leadership roles and on our Board, using an equity-focused lens. This includes auditing our current recruitment practices and implementing an equity policy that ensures fair hiring practices.

5. ESTABLISH AND APPLY HEALTH EQUITY DATA SYSTEMS AND DATA SOVEREIGNTY PRACTICE

WCH is establishing systems and supports to collect, analyze, report and use sociodemographic information and develop leading practices related to data sovereignty and stewardship. This work supports our efforts to reduce disparities by using data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population.

Demographic Data Collection Taskforce

As we advance our understanding of the populations we serve, WCH is working to capture and analyze health equity data through the work of the Demographic Data Collection Taskforce. In this work, we must also consider that retention and use of health-related data can exacerbate harms of colonial systems of inequality, regardless of the intentions about how those data are used.

WCH takes historical and present-day marginalization seriously. Institutions of healthcare delivery, research, and innovation have harmed communities in ways that generate mistrust over generations. Recognizing that these histories must be understood to meaningfully work toward health data justice, WCH is building a coalition of action in partnership with community groups. Building trustworthy partnerships, initially with Indigenous communities who are affected by health-related data science, requires a longer-term investment and we strongly believe that this is a critical component of data governance that will ultimately help us and our colleagues across the system justly and effectively identify and address health disparities.

What's Next: A new Race-Based Data Collection Working Group has been established with two goals: First, to replace the existing survey questions and implement the Updated Toronto Region Measuring Health Equity Questions by April 2023. Secondly, they will focus on increasing patient participation rates. To do this, they will collaborate with stakeholders to foster trust, seek their thoughts based on their lived-experience and share our plans to address how data will be collected and stored and to elicit their feedback to impact programming and care at the hospital.

Recognizing that many communities continue to face racism within the health system and are often denied agency over their own health data, the Working Group will incorporate an anti-racism lens to its work with a focus on building trust with patients and their communities.

6. CAPACITY BUILDING

We are continuing to build, support and evolve awareness, knowledge, training and recruitment, retention and succession planning policies that promote and advance equity, diversity, inclusion and belonging.

The Emily Stowe Scholar Program

With a focus on supporting individuals from equity deserving communities that are severely underrepresented in the health sciences, the Emily Stowe Scholar Program at WCH has a collective mission to engage, retain, and advance researchers at every stage in their careers.

Dr. Rulan Parekh (second from the left) with students from the 2022 Emily Stowe Scholars Program.

Transition-Related Surgeries Program

Women's College Hospital is home to Canada's first hospital-based Transition-Related Surgeries program. With long wait lists and few programs supporting gender-affirming care, the TRS program is committed to expanding system capacity and increasing access to these specialized surgeries by teaching the next generation of healthcare providers. The TRS program has a fellowship program in urology in addition to taking on medical residents and students to train them to provide specialized care. They are also taking on five Emily Stowe Scholar Program students and supporting master's in public health students.

Members of the TRS Team. L-R: Dr. David Urbach, Dr. Lisa Allen, Jack Woodman, Josephine Deloso, Emery Potter, Dr. Yonah Krakowsky and Dr. Katie Armstrong

Centre for Wise Practices in Indigenous Health Mid-Summer Health Sciences Mentorship Program for Indigenous Youth

Zka'an Ni-Bmiwdoowin Gchi-Kinoomaadwinan is a two-week program for Indigenous youth in grades 9 and 10 who have an interest in exploring healthcare opportunities. In collaboration with the Centre for Wise Practices in Indigenous Health (CWP-IH) at WCH, the Office of Health Professions Student Affairs and the Office of Indigenous Health at the University of Toronto, the program was first piloted in 2021 and offers participants a wholistic learning experience that nurtures and supports the strengths and stories learners bring with them.

With the goal of increasing Indigenous participation in healthcare professions, the program provides Indigenous youth with culturally safe and trauma-informed programming that includes land-based learning experiences and the opportunity to build relationships with trusted mentors.

This community-based and community-led effort involves the engagement of trusted healthcare practitioners, Elders, Knowledge Keepers, Faith Keepers, Indigenous Medicine People, Healers, and Land-Based Practitioners. With greater exposure to Indigenous leadership and representation, youth will see their own knowledges, governance systems, and healing practices reflected in the environment around them.

What's Next: CWP-IH has more recently partnered with Kapapamahchakwew – Wandering Spirit School to support enrollments into the youth mentorship program, as well as to develop host programming and mentorship year-round.

THE OFFICE OF EQUITY AND SOCIAL ACCOUNTABILITY AT WOMEN'S COLLEGE HOSPITAL

It is the expectation that every individual, team and leader across WCH works towards delivering on the Hospital's vision of revolutionizing healthcare for a healthier and more equitable world.

The Women's College Hospital Office of Equity and Social Accountability is an organizational resource mandated to lead organization-wide equity efforts; and mainstream equity, diversity and inclusion best-practice into organizational structures, systems, policy, programs, culture and operations at WCH.
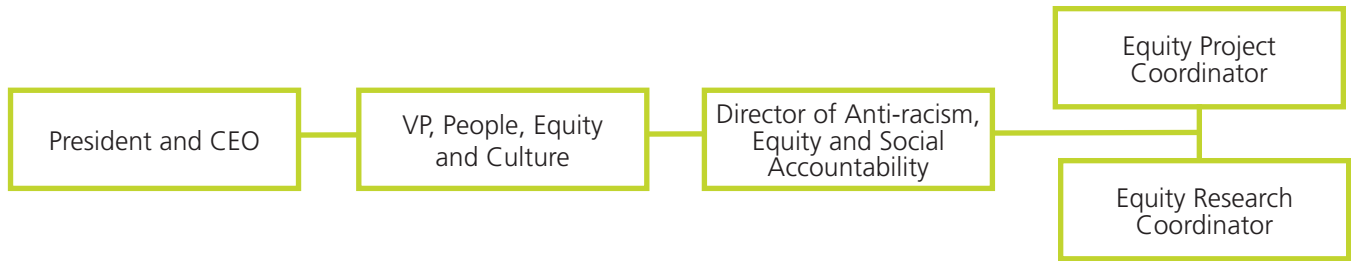
The Office of Equity and Social Accountability will:

1. Draw from existing research, scholarship and evidence-based best-practice to provide leadership to advance equity, diversity, and inclusion across all spheres of hospital activity.

2. Collaborate with hospital, academic and community partners to design, implement, monitor and evaluate equity strategies that align with hospital strategic plan directions.

3. Enhance institutional policy framework to harness synergies and support inclusive excellence (see Inclusive Excellence Framework in Appendix A).

4. Champion and steward institutional and patient equity data collection and analysis to identify equity gaps, implement strategies for enhanced inclusion, inform health equity practice and improve health outcomes.

5. Partner to advance Health equity and People equity culture and objectives.

6. Partner to deliver online training content, learning and reference tools to advance (health) equity best practice across the organization. Develop a comprehensive equity curriculum across various learning platforms.

7. Evolve equity monitoring, evaluation and reporting frameworks (WCH Equity Scorecard) to improve immediate and longer-term outcomes.

8. Ensure full implementation of and compliance with legal and regulatory equity and accessibility requirements for the Hospital.

Our equity work is collectively guided by these guiding principles:

1. **Alignment** with WCH strategy and equity best practice.

2. **Allyship** seeks to engage and empower all WCH community members.

3. **Accountability** to contribute to more equitable and inclusive culture and environments for the communities we serve and the people who work here.

4. **Advocacy** to drive change across WCH and the healthcare system.

5. **Academic Research, Innovation and Learning** where we will intentionally produce and disseminate community-informed, evidence-based, responsive programs, services and research.

Office of Anti-Racism, Equity and Social Accountability Organizational Structure

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┌──────────────────┐   ┌──────────────────┐   ┌──────────────────┐   ┌──────────────────┐
│                  │   │ VP, People,      │   │ Director of      │   │ Equity Project   │
│ President and CEO│───│ Equity           │───│ Anti-racism,     │───│ Coordinator      │
│                  │   │ and Culture      │   │ Equity and Social│   └──────────────────┘
└──────────────────┘   └──────────────────┘   │ Accountability   │   ┌──────────────────┐
                                               │                  │───│ Equity Research  │
                                               └──────────────────┘   │ Coordinator      │
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Equity Committees

The Hospital Board of Directors Quality, Academic and Equity Committee oversees equity performance at a strategic level.

The **Corporate Equity Committee (CEC)** works in tandem with the Office of Equity and Social Accountability; and functions as a centralized equity hub and an accountability mechanism to ensure that equity best practice and inclusive excellence is embedded into daily practice and operations at WCH. The CEC is mandated to work towards the creation of an inclusive, culturally welcoming, barrier-free environment for WCH communities.

Heather McPherson, Executive Sponsor

Sandra Smith, Executive Sponsor

Suzanne Charles Watson, Co-Chair

Hari Gopalakrishnan Nair, Co-Chair

Jennifer Alexander

Michelle Bobala

Ida-Maisie Famiyeh

Chandra Farrer

Zakia Islam

Emery Potter

Emily Simmonds

Allan Smart

Leonie Wizzard

Other **departmental/program equity committees** have been established across the organization for the purpose of advancing equity at more local, departmental levels.

Measurement and Evaluation

The WCH Equity Scorecard produced by the Office of Equity and Social Accountability provides quarterly results on equity performance measures aligned with the hospital strategy. These measures are reported Board and organizational levels and select indicators roll up into the Corporate Strategy Scorecard. The Equity Scorecard signals performance issues and success related to equity, anti-racism and accessibility across WCH.

~ Office of Equity and Social Accountability Action Plan 2023.24 in Appendix C.

~ Departmental Equity Highlights in Appendix D.

APPENDIX A: BUILDING A COMMON UNDERSTANDING: DEFINITIONS

Women's College Hospital is committed to advancing equity, inclusion and diversity and addressing racism. To achieve better outcomes for all patients, families, and providers we must explicitly identify and address the impacts of sex and gender inequities and anti-Indigenous and anti-Black racism as part of our commitment as well as take an intersectional approach to this work. The definitions below help to provide a common understanding as we work together to create a shared culture focused on equity, inclusion, diversity, and anti-racism.

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, 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 Black people and communities.

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.

Data Justice: Data justice refers to a group of frameworks informing the study and use of data in ways that prioritize the needs and experiences of structurally marginalized communities, and contribute to efforts to redress structural, institutional, and political injustices. Important contributions to the development of the data justice perspective have come from the fields of surveillance studies, social justice, global health, Indigenous data sovereignty, and Black feminism.

Data sovereignty: The idea that data are subject to the laws and governance structures of the nation where they are collected. Data sovereignty is usually discussed in relation to Indigenous groups and Indigenous autonomy from post-colonial states or in relation to transnational data flow.

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. The existence and intersection of difference in demographics, worldviews, knowledges, and experiences. Observed in recruitment and retention of diverse persons, talents and perspectives.

Equity: The ideological and resource commitment to the removal of systemic barriers, to produce equal access to opportunities and outcomes. Observed in policy and practice. 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.

Health equity: Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the broad range of personal, social, economic and environmental factors of those at greatest risk of poor health, based on social conditions. (Adapted from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3)

Inclusion: The creation of feelings of connectedness and engagement. Observed in psychologically safe environments where all feel respected, uniquely valued and empowered to be their authentic and best selves. 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" regarding how the law considers both sexism and racism. Today, intersectionality is used more broadly to understand the impact of multiple identities to create even greater disadvantages.

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.

Definitions extracted from the McGill University Equity, Diversity and Including 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

**Connecting Care Act 2019 (Link to: https://www.ontario.ca/laws/statute/19c05)*

APPENDIX B: GUIDING FRAMEWORKS

WCH CLEAR Approach

The Office of Equity and Social Accountability has developed the **WCH CLEAR Approach** which focuses on internal **WCH culture** and the creation of **inclusive, culturally welcoming, barrier-free environments; learning, engagement and outreach and accountability** through which to build a strong foundation for action, advocacy and influence across the organization and across the healthcare system; and **research, collaboration and innovation** where we will intentionally produce, document and disseminate community-informed, evidence-based, responsive programs, services and research

Culture and Belonging	Access: Patient (and Family) experience and outcomes Accessibility Collaboration Employee Relations: • Recruitment, retention, engagement and promotion • Mentorship, professional development, career advancement
Learning	Capacity building: Sensitization, awareness, training and succession
Engagement and outreach	Communications (BRAVE: Bold l Reading Level l Advances the conversation l Verified l Engaging) Community partnerships and collaboration
Accountability	Corporate Operations: Policy and Accountability Frameworks
Research, Collaboration and Innovation	Organizational Research: • To support inclusive excellence across the hospital and TAHSN • Patient Data to inform equitable experiences and outcomes • Clinical research designed to support health equity

Inclusion Excellence Framework

Adapted from Diversity and Inclusion Strategy Maturity Impact Model: Rethinking Workplace Diversity and Inclusion Strategy http://www.win-winws.com.au/rethinking-workplace

APPENDIX C:
OFFICE OF EQUITY AND SOCIAL ACCOUNTABILITY ACTION PLAN 2023.24

WCH [r] EvolutionGoal	WCH Equity Roadmap Priorities	Office of Equity and Social Accountability Key Initiatives	Deliverables and Timing	Key Performance Indicators
Ensure the Right Care Environment and Broaden Access to Care	Partner to advance health equity and access to care	Partner and consult with community partners and departments and committees across WCH to establish aligned health equity priorities in an organization-wide, action-oriented Health Equity Plan.	WCH Health Equity Plan aligned with new Hospital Strategy (2024)	Meet workplan deliverables; multi-year, cross-organizational Health Equity Plan
		Women's College Hospital, in accordance with the Accessibility for Ontarians with Disabilities Act (AODA), is committed to providing inclusive and responsive goods, services and employment supports in a manner that respects the dignity and independence of all persons with disabilities.	Submissions of WCH Accessibility Plan and provision of language interpretation and translation services	Compliance with AODA Guidelines; requirements and obligations relating to French language health services; broader language interpretation services

WCH [r] EvolutionGoal	WCH Equity Roadmap Priorities	Office of Equity and Social Accountability Key Initiatives	Deliverables and Timing	Key Performance Indicators
Foster the Right Work Environment that Supports Wellness and Resilience	Represent and reflect the communities we serve	Facilitate institutional policy reform to achieve a more equitable, diverse and inclusive corporate, clinical and research community	Systematic policy reviews and introduction of new policies as appropriate	Quarterly equity policy reviews achieved
		Partner with People team to advance recruitment, retention, succession planning that promotes and advances equity, diversity and inclusion	Advise on recruitment, retention, succession planning approaches that advance equity, diversity and inclusion.	Establish baseline data as relates % recruitment, retention, succession planning diversity
		Support Academics with the development of an equity pipeline from early to late career development through the Emily Stowe Society	Continue to identify and advance Emily Stowe opportunities	Emily Stowe Society participation
	Capacity building in equity knowledge, practice, and skills	Build and support awareness, knowledge, training across the organization to support equity and inclusion knowledge, practice, and skills	Establish an equity learning, training and events plan to promote equity and inclusion knowledge, practice, and skills	Staff and physician participation in learning programs

WCH [r] EvolutionGoal	WCH Equity Roadmap Priorities	Office of Equity and Social Accountability Key Initiatives	Deliverables and Timing	Key Performance Indicators
Deliver on our Commitments to Equity and Deepen our Community Partnerships	Partner with internal and external partners to guide work to dismantle racism and oppression	Anti-racism education, policies and events (i.e. Black History Month; National Indigenous Peoples Day)	Support and advise on opportunities to advance WCH Anti-Black racism commitments	% staff completing anti-Black racism training
	Include and engage key voices	Advise leadership on 10K Voices Study to establish strong and diverse patient and community relationships that will inform care environment and access needs of individuals experiencing inequities due to sex, gender, race, ability and other social determinants of health.	10K Voices Study	Meet workplan deliverables; 10K Voices Study
		Support capacities to include and engage diverse patient, community and staff/physicians/learners/volunteers within and beyond our walls. Engage in collaborations with the Patient Experience Advisors and Patient Relations Programs and the Equity-Mobilizing Partnerships in Community (EMPaCT) to bring attention to and include diverse lived experiences.	Increase opportunities and capacities to meaningfully engage diverse people in ensuring access and best care/work experiences	Engagement of diverse voices contributing to improved patient and employee/physician experience outcomes

WCH [r] EvolutionGoal	WCH Equity Roadmap Priorities	Office of Equity and Social Accountability Key Initiatives	Deliverables and Timing	Key Performance Indicators
Enable the Intersection of Research, Care, Innovation and Education	Establish and apply equity data systems and lead data sovereignty practices that can be shared across the system	Provide leadership in equity evaluation metrics, including scorecards, to identify and document organizational competency, enhance institutional culture and provide inclusive excellence resources across TAHSN	Meet workplan deliverables; patient socioeconomic data collection and data sovereignty agreements with community partners	WCH socioeconomic data sovereignty agreement with Indigenous community partners
		Support decision making through analysis of patient, physician and staff sociodemographic information; work with organizational leadership and towards solutions for sociodemographic data collection and sovereignty		
		Support academics to ensure clinical research is designed to support health equity	Partner with research to elevate inclusivity and impact across research and innovation studies	% clinical research is designed to consider health equity

APPENDIX D: DEPARTMENTAL EQUITY PRIORITY HIGHLIGHTS 2023.24

The following table offers a snapshot of the types of equity work teams across the organization identified as 2023.24 priorities within their own [r]Evolution action plans. This is, of course, just a taste of what is happening across Women's College Hospital and does not capture all the incredible equity focused work happening across the organization.

WCH Departments	Select Departmental Equity Highlights
Primary Care	Equitable access to primary cancer prevention care for Black, Indigenous and LGBTQ+ populations
	Leadership and responsive services for refugee health at Crossroads Refugee Health Centre
	Build capacity and cultural competence to support diverse populations needing primary care
	Gender-inclusive, equitable sexual assault and domestic violence services and gender-inclusive training for providers
	Strengthen primary care partnerships to enable access to community resources, services and care, and peer navigation
Mental Health	Leadership and capacity building in trauma-informed care across the system
	Establishment of Mental Health Equity, Diversity, Inclusion and Belonging (EDIB) Committee
	Psychiatric outreach/primary care support at YWCA Elm Centre
	Working with People Team and Corporate Equity Committee to increase focus on hiring with a diverse lens
Perioperative Services and Anesthesia	Build and strengthen cultural competence and partnerships with Indigenous, Asian and racialized communities
	Establish community partnerships to support optimal surgical recovery in the community
	Equitable access to surgical abortion
	Build capacity and knowledge in a community of practice for to ensure access to appropriate trans health care pathways and pre/post-operative transition related surgical care
	Develop innovative anesthesia protocols that facilitate transition related surgeries in the ambulatory setting
	Provide pain management training for primary care providers supporting equity deserving populations (TAPMI)
Specialized Medicine	Specialized medicine focused on gender-inclusive healthcare and research
	Equity and access in patients with atrial fibrillation care in a single-payer health care system
	Transgender bone health studies
	Chair in humanism education academic work in humanities in medical education, dialogical teaching, and teaching for equity and social justice
	Conducting an environmental scan of current RAAM services for Indigenous people in urban settings for the Ministry of Health and Ontario Health highlighting the gaps in substance use and addictions service delivery for Indigenous populations across Ontario

WCH Departments	Select Departmental Equity Highlights
Centre for Wise Practices in Indigenous Health	Advance healthcare access and equity for Indigenous peoples to be treated with respect and receive the highest level of care at WCH, that also considers their specific needs as Indigenous people
	Involve more Indigenous people actively advising the hospital on what services are required and how to implement them to best serve Indigenous patients, including incorporating Indigenous approaches to healthcare like traditional healers and Elders within the hospital
	Provide training opportunities across the hospital on how to deliver culturally appropriate care to Indigenous patients and visitors to WCH
	Create welcoming physical spaces that signal to the community that they are being considered and that their traditions, values and practices are seen to be equally important
Diagnostic Imaging	Engage community practice groups to support imaging services to populations that have been marginalized
	Partner with Unity Health (a group of 55 practice locations and 125 community physicians) to advance health equity to and ensure barrier-free access to imaging
	Ensure culturally competent medical imaging services for women, trans and gender diverse populations
Laboratory Services	Engage with providers to understand their needs and expectations for lab services and review best practices, models, and solutions with an equity lens
Research, Innovation and Education (WCRI and WIHV)	Leading strategy to advance equity, diversity and inclusion in health research
	Digital health equity (e.g. digital health compassion through the lens of Canadian newcomers)
	Women and trans centered models of ambulatory care
	Emily Stowe Society to engage, retain and advance researchers at every stage of their careers
Quality, Safety, Patient Experience	Develop partnerships and undertake training to become a leader supporting health equity in patient relations
	Continue to recruit and attract diverse applicants to the Centre for Quality Improvement and Patient Safety program
	Strengthen diversity across Patient Experience Advisor program and collaborate with EMPaCT as opportunities arise
Our People:People, Equity, Culture+Medical Affairs	Reduce disparities for diverse communities by creating/deploying tools that identify and address inequities so that Our People are assessed based on their education, skills and relevant experience.
	Facilitate equity, diversity and inclusion in recruitment, retention and succession planning practice and policy
	Partner across the organization to deliver on our commitments to dismantle anti-Black racism
Strategic Communications	Develop and execute strategic communications campaigns to support the implementation of key strategic equity priorities
Finance	Support resource allocation and aligned decision-making as relates to finance, equity and strategy
IM/IT/HIM/Virtual/Decision Support	Improved the collection of patients' race, ethnicity, and language data as a foundation for providing more equitable care and to identify and address disparities
	Ensure gender and pronoun inclusive intake and registration systems across WCH
	Partner to create equitable access solutions in virtual care and digital health