Health Equity Assessment Tool

**For the Niagara Ontario Health Team
-Équipe Santé Ontario-Niagara (NOHT-ÉSON)**

TED ROGERS SCHOOL OF MANAGEMENT | **DiVERSITY INSTITUTE**

Housed within the Ted Rogers School of Management, the Diversity Institute (DI) has over 100 diverse researchers focused on advancing equity, diversity, and inclusion. We work with organizations across sectors to develop customized strategies, programming, and resources to promote new, interdisciplinary knowledge and practice about diversity with respect to gender, race/ethnicity, Indigenous Peoples, abilities, and sexual orientation. Using an ecological model of change, our action-oriented, evidence-based approach drives social innovation across sectors.

DI engages in research and programming with more than 200 partners in for-profit, non-profit, and public-sector organizations to understand the strategic importance of diversity and inclusion within their respective sectors and to develop customized strategies and tools to harness inclusion as a driver for success. DI leads a number of large multi-stakeholder programs for the Future Skills Centre, the Women Entrepreneurship Knowledge Hub, and the 50 – 30 Challenge.

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Health Equity Assessment Tool

Context

The Health Equity Assessment Tool ("Tool") was developed in 2022 by the Diversity Institute (DI) in collaboration with the Health Equity Working Group (HEWG) for the Niagara Ontario Health Team - Équipe Santé Ontario-Niagara (NOHT-ÉSON) as one of the four components of the larger Health Equity Toolkit ("Toolkit").

The Tool is a guide for NOHT-ÉSON organizations to measure and self-monitor their progress toward their health equity goals year-over-year. This Tool covers three pillars of health equity: Leadership and Governance, Organizational Values and Culture, and Programs and Service Delivery.

The Health Equity Assessment Tool is not an audit; rather, it should be used to assess the current state of health equity practices within an organization and track growth internally. The Tool can be used to identify gaps in organizational policies, strategies, and practices, and should be used in combination with the Health Equity Report ("Report"), Health Equity Assessment: Progress Tracker ("Tracker"), and Health Equity Assessment: Resources and Best Practices Guide ("Guide") to address any gaps with curated best practices specific to each question. The Tool should be one part of a broader plan to achieve health equity, which requires ongoing conversations and active collaboration among NOHT-ÉSON organizations, as well as with other stakeholders in the region.

Every NOHT-ÉSON organization is unique, both in how health equity is understood and defined and in the varying capacity and resources available to address health equity in the region. The goal of the Tool is to understand your current state and track your journey toward the health equity goals. The Tool will provide organizations and NOHT-ÉSON with benchmark data, valuable information about current gaps, and focus areas for next steps. The Tool can provide insight into the areas where organizations have opportunities to take action toward health equity. The results of the Tool can serve as a basis for conversations across member organizations, identify best practices to be leveraged across the network, and provide a starting point for conversations about next steps and long-term strategies.

In its entirety, the Health Equity Toolkit includes best practices, recommendations, and guides for each area identified in this Tool, as well as background scoping data to situate the state of health equity and identify priority populations in the Niagara region. Organizations should use the Toolkit to identify next steps and priority actions.

Health Equity and Social Determinants of Health

Health equity means that every individual has a fair and just opportunity to reach their best possible state of physical, mental, social, and spiritual well-being. To achieve health equity, we seek to create equal access to appropriate care and resources and eliminate existing health disparities and systemic barriers stemming from an individual's gender, race, ethnicity, Indigeneity, sexual orientation, religion, age, language, social class, socioeconomic status, and other social determinants of health.

Health equity aims for a standard for fairness and leads to more equitable outcomes for all. The growing diversity of Niagara's population demands a reassessment of the existing strategy for achieving health equity by delivering and removing barriers to culturally safe and competent care.
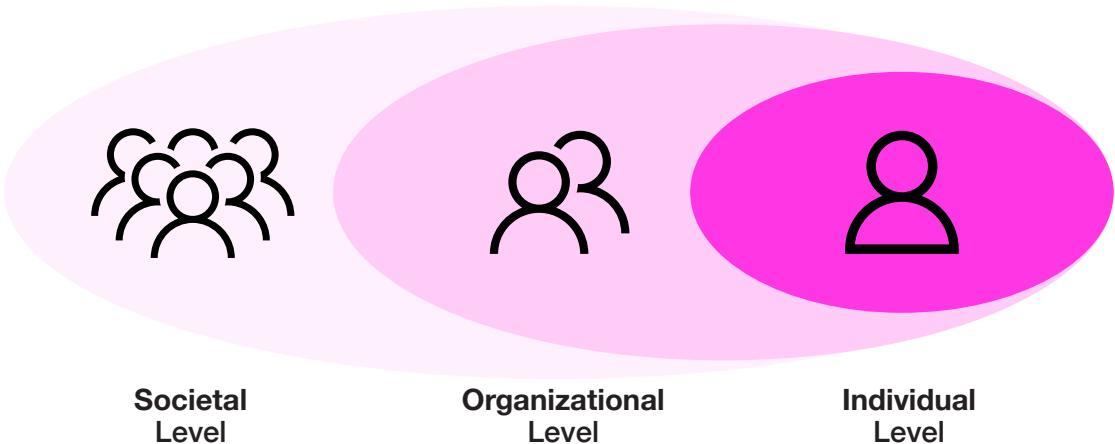
Societal
Level

Organizational
Level

Individual
Level

Health equity is a complex endeavour that demands change at multiple levels through a systems approach. Achieving health equity requires action at three levels: individual access, organizational policies and practices, and societal conditions. Social determinants of health are social, economic, and environmental factors that influence how individuals interact with and thrive in their communities. As an example, the Ontario Ministry of Health and Long-Term Care's Health Equity Guideline recognizes 16 key social determinants of health:

+ Access to health services

+ Culture, race, and ethnicity

+ Disability

+ Early childhood development

+ Education, literacy, and skills

+ Employment, job security and working conditions

+ Food insecurity

+ Gender identity and expression

+ Housing

+ Income and income distribution

+ Indigenous status

+ Personal health practices and resiliency

+ Physical environments

+ Sexual orientation and attraction

+ Social inclusion/exclusion

+ Social support networks

NOHT-ÉSON recognizes the complexity of health equity and acknowledges the need to address the social determinants of health to facilitate change across organizations and the broader healthcare ecosystem. This Tool is only the first step toward achieving health equity across Niagara by supporting NOHT-ÉSON members and stakeholders to identify health equity gaps at the organizational level. This includes organizational processes, policies, and practices that have a direct or indirect impact on the broader ecosystem. However, achieving health equity is an ongoing and evolving process that requires continuous collaboration beyond this project to work with policy-makers, governments, funders, other stakeholders, and, in particular, the communities that these organizations serve.

Health equity is a complex endeavour that demands change at multiple levels through a systems approach.

Implementation Strategy and Tracking

The implementation of this Tool requires a joint effort across multiple teams/individuals within an organization, aligned with the organizations' size and scope of services. Organizations should answer each item as honestly and accurately as possible. Organizations should also appoint an Implementation Lead to oversee the progress of this Tool. Implementation Leads should work with key individuals across their organization who can support an accurate assessment of each question. This includes input from staff in human resources, client-facing employees, and diverse staff members.

Implementation Leads may compile evidence from these key individuals where available. This evidence can then be brought forward to a committee (either specific to this purpose or leveraged from an existing structure) to provide input on the level the organization has reached. For example, where a question asks about strategic planning or policies, the Implementation Lead may obtain the most up-to-date documents and review them with the equity, diversity and inclusion committee or identified implementation partner to determine what level the organization is currently at.

In order to ensure data gathered from this Tool moves the organization forward, rather than "sitting on the shelf," we recommend a two-part annual review cycle: a comprehensive review during the annual strategy review and a mid-year review of areas that are of critical importance.

Key Terms

Meanings and perspectives are ever-changing. The intent of the definitions used in this Tool is to frame a shared understanding of terminology based on the current consensus among stakeholders in the equity, diversity, and inclusion (EDI) space, with priority given to the views and experiences of the subjects of these terms. These definitions should be a starting point to encourage ongoing learning and conversation.

It is also important to note the distinction between diversity, equality, equity, and inclusion. **Diversity** refers to differences among people with respect to demographic identities or qualities, such as age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, language, and other differences. **Equality** is equal treatment for everyone, regardless of identity. **Equity** refers to fair treatment for all by recognizing and remedying historic disadvantages that certain groups have faced. **Inclusion** is ensuring that people, regardless of their identity or backgrounds, are given opportunities to participate and feel that they belong.

Several key terms are used throughout the Tool. The term **equity-deserving groups** refers to those who experience barriers to equal access, opportunities, and resources due to historic oppression and discrimination, including groups covered under the Employment Equity Act (i.e., women, racialized people ["visible minorities"], people living with disabilities, and Indigenous Peoples) and 2SLGBTQ+ individuals.

Achieving health equity also requires a focus on other groups that are not covered by legislation. These **underserved groups** experience inequitable health outcomes due to historical and current systems and practices and include (but are not limited to): unhoused individuals, persons living in poverty, the aging population, youth, newcomers, refugees, temporary foreign workers, and linguistic minorities (including Francophone populations).

Francophone (French-speaking) populations form the official language minority community in Ontario and, outside of Quebec, represent the largest group of French-speakers in Canada. While there are many considerations with respect to the language and culture of Francophone communities in Ontario, the French Language Services Act (FLSA), 1986 specifically addresses service provisions for Francophones in the province. The Francophone community is specifically protected under Ontario's French Language Services Act, which legislates the right to receive services in French from government agencies, ministries, and institutions, as well as The People's Health Care Act, 2019. The law requires that the needs of the Francophone population are taken into account in the development and implementation of programs, policies, and procedures. Furthermore, services received in French must be equivalent to those offered in English, especially in terms of timely access and quality of service offered at the same time and of the same quality. Amendments to the FLSA as part of the Build Ontario Act, 2021 (Bill 43) further legislate improved "access to quality services in French for Ontario's growing Francophone community."[1]

1   Ontario Newsroom. (2021, November). Modernized French Language Services Act receives Royal Assent. https://news.ontario.ca/en/release/1001316/modernized-french-language-services-act-receives-royal-assent

These amendments better reflect the Active Offer of the French language, which means that quality services are: available at all times, clearly communicated, visible, easily accessible, and equivalent to the quality of services offered in English.[2]

Linguistic minority refers to individuals whose maternal language is neither the majority language nor the official language minority in their province or territory. Ontario is the country's most multicultural province and sees over 50% of newcomer settlement. In terms of health care, lack of language support for linguistic minority communities accessing services means that patients may not fully participate in their care and may experience negative outcomes due to language barriers.[3] It is important to consider the needs of linguistic minorities in the development and delivery of programs and services as well as in partnerships to achieve health equity. While other linguistic minorities are not explicitly covered under the FLSA, the mandate and funding priorities for French-language integration create many tools and strategies that may also help other language minorities. For context, in Niagara, about 14% of the population have a non-official language as their maternal language, with the top three languages spoken being Italian (18%), German (10%), and Spanish (8%).

Please refer to Appendix A for a complete list of definitions.

2   Le Réseau du Mieux-Être Francophone du Nord de L'Ontario. (2020, March). Overview of the training: The active offer of French language health services: Why it matters and how to put it into practice. http://www.entitesante2.ca/fls-cop/wp-content/uploads/2020/07/Active-Offer-of-FLS-HNHB-Community-of-Practice-March-2020-002.pdf

3   Wellesley Institute. (2017, June). The right to language accessibility in Ontario's health care system. https://www.wellesleyinstitute.com/health/the-right-to-language-accessibility-in-ontarios-health-care-system/

# Health Equity Assessment Tool Pillars
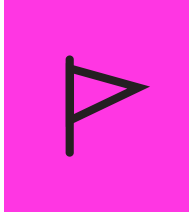
1.0 Leadership and Governance

This pillar guides the organization to first look at the composition of the organization's Board of Directors/Governing Bodies and Senior Leadership Team with respect to their gender, racial, and linguistic diversity, and other demographic factors. Diverse representation at the top also communicates who belongs and is important for establishing a commitment to a diverse and inclusive culture. However, striving toward health equity goes beyond representation at the organization. Commitment to health equity must be embedded in the organization's strategic planning and communicated through formal channels to ensure buy-in from all levels.
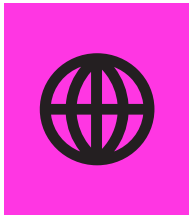
2.0 Organizational Values and Culture

In order to provide care and other health care services in an equitable and inclusive manner, it is critical to first build a culture that recognizes the value of diverse perspectives and foster a working environment that is inclusive for all. This pillar looks at the policies and actions that communicate the organization's values, which sets behavioural expectations for both employees and leaders alike to foster a welcoming work and care environment. This pillar also guides organizations to evaluate its human resources practices to ensure the values of EDI are embedded within its recruitment and selection practices and are supported through training and engagement.
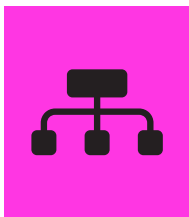
3.0 Programs and Service Delivery

It is important for organizations to provide programs and services that meet the needs of the populations being served. This pillar focuses on the output of health equity by guiding the organization to evaluate its processes for health care service delivery, partnership and engagement, community consultation, and research from an EDI perspective. This includes processes and practices that address clients' diverse needs, particularly those of Indigenous and Francophone communities and other equity-deserving and underserved groups.
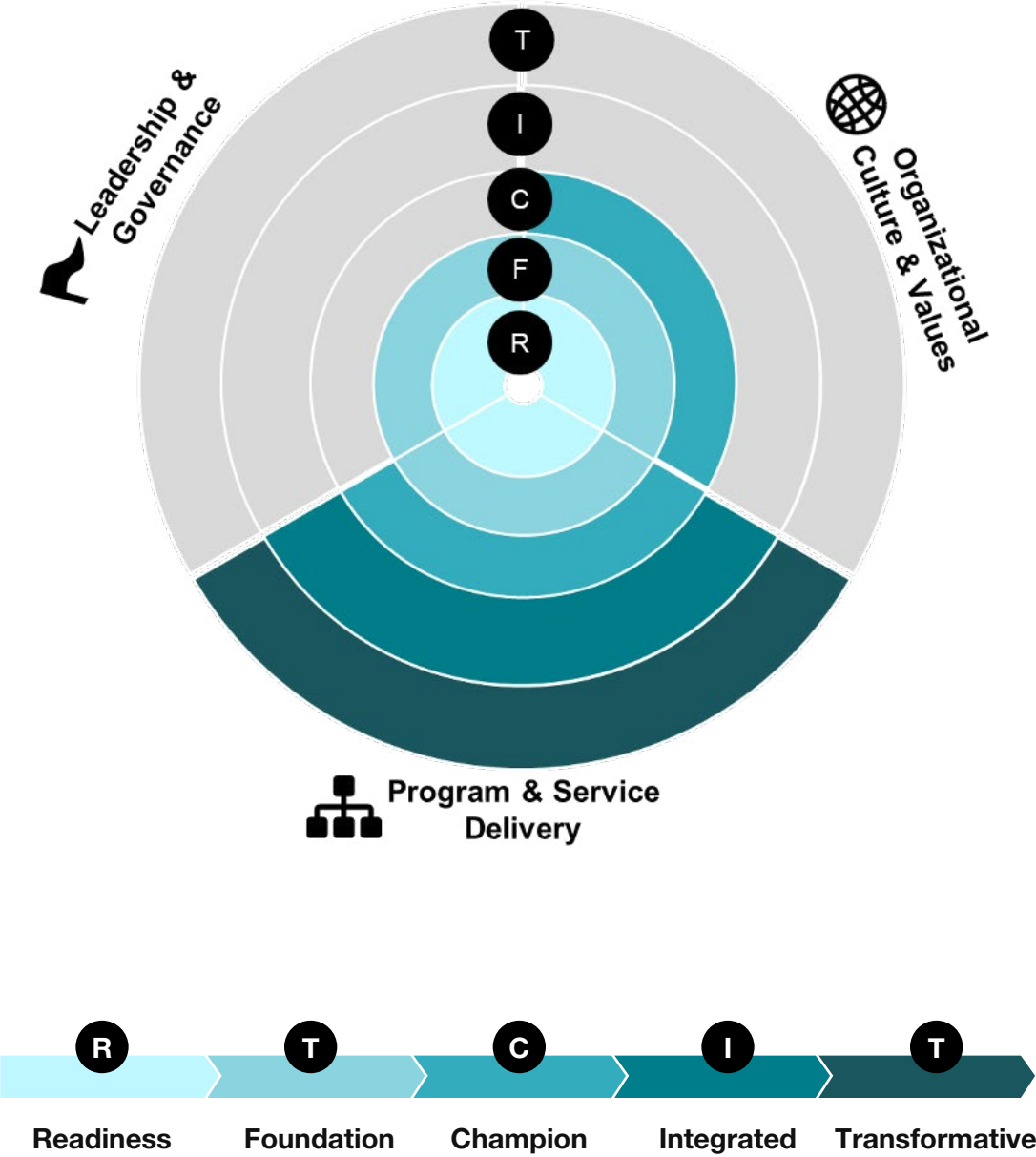
Benchmarking and Tracking

Benchmarking and Tracking

R **Readiness**	The organization is not yet aware of this item's application toward health equity, but is in a ready state to begin reviewing its importance throughout the organization.
F **Foundation**	The organization is at the starting point of the health equity journey, including fulfilling obligations in accordance with EDI regulations, and makes an effort to understand its role in responding to current issues affecting equity-deserving and underserved groups, as it relates to this item.
C **Champion**	The organization understands the importance and impact of health equity, and individuals have informally taken steps to support equity-deserving and underserved groups within their roles at the organization. These actions and initiatives are not yet formalized into organizational policies and processes.
I **Integrated**	The organization shows an advanced understanding and awareness of healthy equity, applying a health equity lens and taking an active stance in eliminating barriers for equity-deserving and underserved groups. The process is formalized in the form of policy, processes, or strategic planning.
T **Transformative**	The organization has met the requirements for "Integrated," has an added focus on tracking progress, and has an accountability measure in place. The organization ensures that effort toward health equity is sustained in the long term through continuous learning and improvement.
N/A Not Applicable	Acknowledging that the NOHT-ÉSON comprises organizations of different sizes, capacities, and scopes, N/A indicates that the item is not a valid goal for the particular organization. Organizations should include a rationale as to why items are not applicable and regularly reassess these items with changes in capacity and scope.

R	T	C	I	T
Readiness	**Foundation**	**Champion**	**Integrated**	**Transformative**
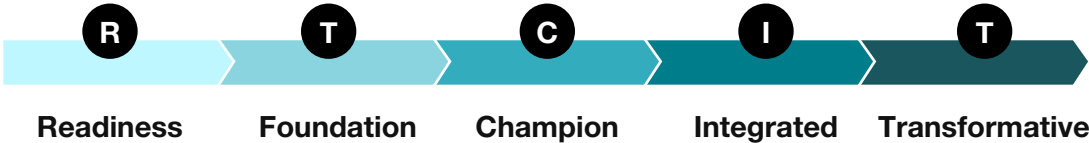
The three pie sections are: Program and Service Delivery; Organizational Values and Culture; and Leadership and Governance. Each section has colour coding to indicate which level (from Readiness to Transformative) has been reached by the organization in each of these three categories.
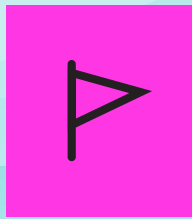
Structure

Pillar	Factors	Description	Item #'s
Leadership and Governance	**Diverse Board and Leadership Team**	Does the organization have a diverse board and leadership team? For example, the organization may want to consider the composition of the board/leadership team and recruitment and selection processes for building out a diverse board and leadership team.	1.1–1.4
	Health Equity Knowledge Priority	Does the organization prioritize knowledge of health equity when hiring board members and senior leaders? Does the organization provide ongoing health equity training for its board and leadership team?	1.5–1.8
	Governance and Strategic Planning	Does the organization incorporate values of health equity and broader equity, diversity, and inclusion throughout strategic planning and governance activities? For example, the organization may consider a health equity committee to oversee this work and have a regular review of strategic plans, communications, training, and reporting to ensure strategic sustainability of health equity.	1.9–1.11

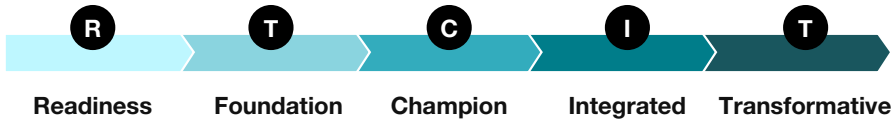| Pillar	Factors	Description	Item #'s
Organizational Values and Culture	**Organizational Policy**	Does the organization have internal policies to foster a safe and inclusive culture for employees within equity-deserving groups? For example, the organization may consider developing policies to specifically address the inclusion of Francophone and Indigenous communities.	2.1–2.2
	Employee Recruitment and Selection	Does the organization engage in equitable and inclusive hiring practices? For example, the organization may consider job design, outreach, recruitment, selection process, and promotion practices and ways to grow the pool of diverse candidates through collaboration with community organizations and associations that serve or advocate for equity-deserving groups.	2.3–2.4
	Employee Equity and Well-Being	Does the organization provide a safe and welcoming space for Indigenous employees and those identified as members of equity-deserving groups? Does the organization purposefully involve Francophone employees and communities across the organization?	2.5–2.10
	Training and Engagement	Does the organization provide employee training on equity, diversity, and inclusion; Truth and Reconciliation; and allyship? The organization may deliver these training opportunities during employee onboarding and orientation processes and provide regularly updated training to ensure culturally competent knowledge and understanding.	2.11–2.13

Pillar	Factors	Description	Item #'s
Programs and Service Delivery	**Service Access and Specialized Programming**	Does the organization consider the needs of Indigenous, Francophone, equity-deserving, and underserved groups in the design and delivery of programs and services? Does the organization prioritize the development of French-language programs, services, and materials? The organization may consider providing services that are safe, accessible, and inclusive for equity-deserving and underserved communities.	3.1–3.7
	Partnerships and Community Engagement	Does the organization engage in meaningful partnerships with community organizations and associations that represent the interests of equity-deserving and underserved groups? For example, the organization may consider collaborations to develop equitable and inclusive programming for diverse clients.	3.8–3.10
	External Marketing and Communications	Does the organization look at how health equity is communicated externally? For example, the organization may consider externally communicating the importance of health equity through its marketing and communication platforms.	3.11–3.12
	Research and Evaluation	Does the organization conduct regular program and service evaluations to ensure that they are meeting their health equity goals? The organization may consider regularly collecting demographic data about their client base to inform strategic plans.	3.13–3.14

1.0
Leadership
and Governance
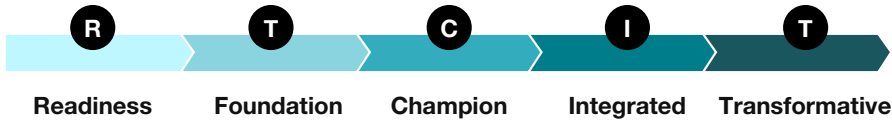
1.0 Leadership and Governance

#	H.E. Item	Scoring System	Level
		Diverse Board and Leadership Team	
1.1	**Is the Board of Directors or Governing Body diverse?**	• **Readiness:** Organization does not yet have information available about the diversity of the Board of Directors or Governing Body • **Foundation:** There is information available about the diversity of the Board of Directors or Governing Body but little representation beyond some gender diversity • **Champion:** There is some representation of equity-deserving groups (see definition) on the Board of Directors or Governing Body • **Integrated:** There is clear representation (for example, 40% women or non-binary representation and 20% other equity-deserving groups), with a focus on inclusion of members of Indigenous and Francophone communities • **Transformative:** There is gender parity and 30% representation of other equity-deserving groups on the leadership team, with a focus on inclusion of members of Indigenous and Francophone communities • **N/A. Rationale:** _____ **User Notes/Comments:**	

R Readiness → **T** Foundation → **C** Champion → **I** Integrated → **T** Transformative

#	H.E. Item	Scoring System	Level
1.2	**Is the Senior Leadership Team diverse?**	• **Readiness:** Organization does not yet have information available about the diversity of the Senior Leadership Team • **Foundation**: There is information available about the diversity of the Senior Leadership Team but little representation beyond some gender diversity • **Champion:** There is some representation of equity-deserving groups (see definition) on the Senior Leadership Team • **Integrated:** There is clear representation (for example, 40% women or non-binary representation and 20% other equity-deserving groups), with a focus on inclusion of members of Indigenous and Francophone communities • **Transformative:** There is gender parity and 30% representation of other equity-deserving groups on the Senior Leadership Team, with a focus on inclusion of members of Indigenous and Francophone communities • **N/A. Rationale:** _____ **User Notes/Comments:**	

R → T → C → I → T

Readiness   Foundation   Champion   Integrated   Transformative

#	H.E. Item	Scoring System	Level
1.3	**Does the organization have a process to identify and recruit a diverse Board of Directors or Governing Body?**	• **Readiness:** Organization does not yet have a strategy to identify and recruit diverse members to the Board of Directors or Governing Body • **Foundation:** Organization has a minimal strategy to be compliant with the Employment Equity Act (i.e., women, racialized persons, people living with disabilities, Indigenous Peoples) • **Champion:** Organization has a strategy to identify and recruit diverse members from additional population groups to meet stakeholder needs (e.g., Francophone) • **Integrated:** Organization has a formalized strategy (e.g., 50 – 30 Challenge), with a board diversity policy in place • **Transformative:** Organization has a formalized strategy, with a board diversity policy and tracking of representation in place for accountability purposes • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness   T — Foundation   C — Champion   I — Integrated   T — Transformative

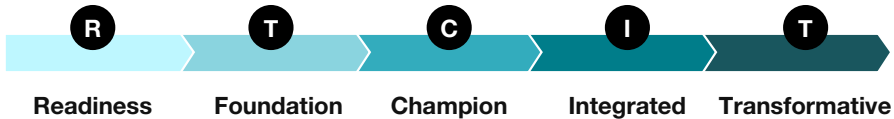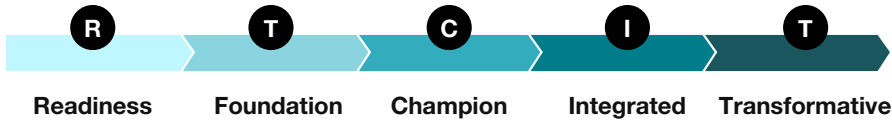| #	H.E. Item	Scoring System	Level
1.4	**Does the organization have a process to identify and recruit a diverse Senior Leadership Team?**	• **Readiness:** Organization does not yet have a strategy to identify and recruit diverse members into Senior Leadership Team roles • **Foundation:** Organization has a minimal strategy to be compliant with the Employment Equity Act (i.e., women, racialized persons, people living with disabilities, Indigenous Peoples) • **Champion:** Organization has a strategy to identify and recruit diverse members from additional population groups to meet stakeholder needs (e.g., Francophone) • **Transformative:** Organization has a formalized strategy (e.g., 50 – 30 Challenge), with a leadership diversity policy and tracking of representation in place for accountability purposes • **N/A. Rationale:** _____ **User Notes/Comments:**	

R   T   C   I   T

Readiness   **Foundation**   **Champion**   **Integrated**   **Transformative**

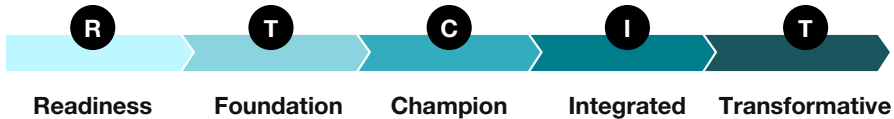| #	H.E. Item	Scoring System	Level
		Health Equity Knowledge Priority	
1.5	**Is health equity knowledge a requirement for applicants to the Board of Directors or Governing Body?**	• **Readiness:** Organization does not yet include an assessment of health equity knowledge or understanding in the selection process for roles on the Board of Directors or Governing Body • **Foundation:** Postings for roles on the Board of Directors or Governing Body contain a statement that establishes the organization's commitment to health equity • **Champion:** Interviews for roles on the Board of Directors or Governing Body contain questions that assess the applicant's knowledge of health equity • **Integrated:** Health equity qualification are specified for roles on the Board of Directors or Governing Body; applicants are assessed against these qualifications at both the application and interview stages of recruitment • **Transformative:** Expertise in health equity is included as a sought-after applicant skill/knowledge, with the EDI-related capacity of members of the Board of Directors or Governing Body being tracked periodically • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

#	H.E. Item	Scoring System	Level
1.6	**Is health equity knowledge a requirement for applicants to leadership and management roles?**	• **Readiness:** Organization does not yet include an assessment of health equity knowledge or understanding in the hiring process for leadership and management roles • **Foundation:** Job postings for leadership and management roles contain a statement that establishes the organization's commitment to health equity • **Champion:** Interviews for leadership and management roles contain questions that assess the applicant's knowledge of health equity and their ability to work effectively with diverse staff and clients • **Integrated:** Health equity qualification are specified for leadership and management roles; applicants are assessed against these qualifications at both the application and interview stages of recruitment • **Transformative:** Expertise in health equity is included as a sought-after applicant skill/knowledge, with the EDI-related capacity of leaders and managers being tracked periodically • **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	Foundation	Champion	Integrated	Transformative

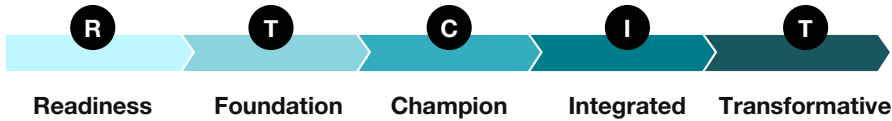| #	H.E. Item	Scoring System	Level
1.7	**Do leaders participate in regular training and development to improve their understanding of health equity?**	• **Readiness:** Organization does not yet have any identified health equity training or development for leaders • **Foundation:** Organization has provided one or two informal opportunities (such as by providing links to training resources and materials that are not specifically associated or partnered with the organization) for equity training for leaders • **Champion:** Organization has provided some training related to health equity and is in the process of developing a formalized training program • **Integrated:** Organization has a formal, regular, and broad (covering various topics or sessions) training program on health equity available to leaders • **Transformative:** Training opportunities are available to leaders across the organization, completion of training is tracked, and there are formal opportunities for sharing knowledge gained from events across the organization • **N/A. Rationale:** _____ **User Notes/Comments:**	

Readiness   Foundation   Champion   Integrated   Transformative

#	H.E. Item	Scoring System	Level
1.8	**Do all members on the Board of Directors or Governing Body and Senior Leadership Team receive training to increase awareness of Truth and Reconciliation and Indigenous history?**	• **Readiness:** Members of the Board of Directors or Governing Body and Senior Leadership Team do not yet receive any training to increase awareness of Truth and Reconciliation and Indigenous history • **Foundation:** Members of the Board of Directors or Governing Body and Senior Leadership Team receive only high-level information about Indigenous history, such as land acknowledgements • **Champion:** Training on Truth and Reconciliation and Indigenous history is made available to all members of the Board of Directors or Governing Body and Senior Leadership Team • **Integrated:** Members of the Board of Directors or Governing Body and Senior Leadership Team receive training on foundational knowledge related to Truth and Reconciliation and Indigenous history, within a specific period of time upon joining the organization • **Transformative:** Members of the Board of Directors or Governing Body and Senior Leadership Team receive training specifically focused on Truth and Reconciliation and Indigenous history, covering topics such as decolonization, residential schools, treaties and Indigenous rights, Indigenous worldviews and ways of healing, intergenerational trauma, and missing and murdered Indigenous women and girls; completion of training is monitored; and additional training and resources are available and encouraged • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness   T — Foundation   C — Champion   I — Integrated   T — Transformative

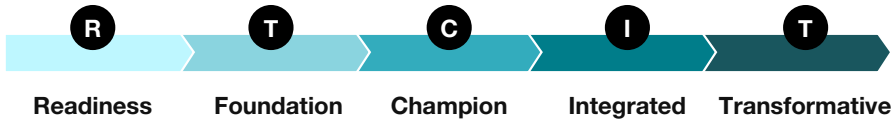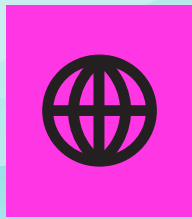| #	H.E. Item	Scoring System	Level
		Governance and Strategic Planning	
1.9	**Are explicit health equity goals and policies in place in the strategic plan?**	• **Readiness:** Strategic plans do not yet mention health equity (or there is no strategic plan) • **Foundation:** Strategic plan communicates the importance of health equity, but without specific goals or commitments in place • **Champion:** Strategic plan outlines commitment to health equity, but without actionable steps or mechanisms for tracking progress • **Integrated:** Actionable steps toward health equity are a key strategic priority, and results are internally tracked and communicated throughout the organization • **Transformative:** Health equity results are tracked and communicated throughout the organization. Results are actioned to address gaps and opportunities, and results are transparent and communicated outside the organization, such as with other NOHT-ÉSON organizations or publicly • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

#	H.E. Item	Scoring System	Level
• 1.10	**Is there an Equity Committee or lead personnel responsible for health equity within the organization?**	• **Readiness:** Organization does not yet have an Equity Committee or lead personnel responsible for the health equity portfolio • **Foundation:** There are personnel assigned to work on health equity, but this is not their formal role within the organization. Health equity work is given as additional responsibilities to their day-to-day work • **Champion:** There is an Equity Committee or lead personnel tasked with advancing the health equity portfolio of the organization, but they have limited resources and capacity • **Integrated:** There is an Equity Committee or lead personnel tasked with advancing the health equity portfolio of the organization, who are given dedicated resources and capacity to carry out these responsibilities • **Transformative:** There is an Equity Committee or lead personnel tasked with advancing the health equity portfolio of the organization, who are given dedicated resources and capacity to carry out these responsibilities; they deliver action plans and track progress toward health equity in the organization • **N/A. Rationale:** _____ **User Notes/Comments:**	

R → T → C → I → T

Readiness   Foundation   Champion   Integrated   Transformative

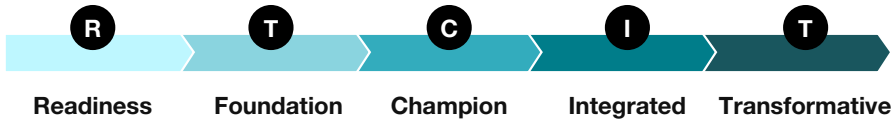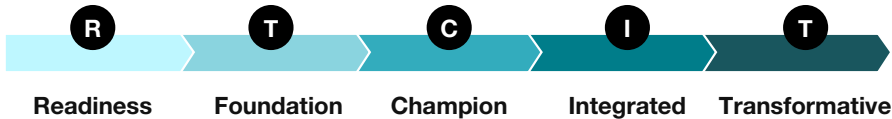| #	H.E. Item	Scoring System	Level
1.11	**Do leaders proactively communicate the importance of health equity inside and outside the organization?**	• **Readiness:** Leaders do not yet make efforts to communicate the importance of health equity inside or outside of the organization • **Foundation:** Leaders only communicate the importance of health equity in response to legislation, media, or other social pressures, such as providing educational materials only during equity-focused observances (e.g., Black History Month, Pride Month, etc.) • **Champion:** In addition to disseminating educational materials, leaders are expected make an effort to hold informal conversations, internally and externally, about the importance of health equity • **Integrated:** The importance of health equity is communicated through formal channels • **Transformative:** The importance of health equity is communicated through formal channels, internally and externally, and plans are regularly updated to ensure constant progress toward established health equity goals • **N/A. Rationale:** _____ **User Notes/Comments:**	

R Readiness — T Foundation — C Champion — I Integrated — T Transformative

2.0
Organizational Values and Culture

2.0 Organizational Values and Culture

#	H.E. Item	Scoring System	Level
		**Organizational Policy**	
2.1	**Does the organization have a health equity policy that outlines internal values and expectations?**	• **Readiness:** Organization does not yet have a health equity policy • **Foundation:** Organization does not yet have a health equity policy, but other policy documents uphold EDI or health equity values • **Champion:** Organization has a basic health equity policy, but lacks definitions • **Integrated:** Organization has a health equity policy that upholds health equity values (e.g., expectations of inclusive and respectful behaviour among staff members) with clear definitions • **Transformative:** Organization has a health equity policy that upholds health equity values with clear definitions and includes tangible goals and accountability measures • **N/A: Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

#	H.E. Item	Scoring System	Level
2.2	**Does the organization have a policy that actively addresses systemic discrimination and racism and protects the safety of employees?**	• **Readiness:** Organization does not yet have policies that actively address systemic discrimination and racism and protect the safety of employees • **Foundation:** Organization has at least one other policy that actively addresses any form of systemic discrimination or racism or protects the safety of employees (e.g., Harassment and Abuse Prevention policy, Code of Conduct and Ethics policy, Accessibility policy) • **Champion:** Organization has at least two other policies that actively address any form of systemic discrimination or racism and protect the safety of employees (e.g., Harassment and Abuse Prevention policy, Code of Conduct and Ethics policy, Accessibility policy) • **Integrated:** Organization has at least three other policies that actively address any form of systemic discrimination or racism and protect the safety of employees (e.g., Harassment and Abuse Prevention policy, Code of Conduct and Ethics policy, Accessibility policy) • **Transformative:** Organization has multiple policies that outline the processes of accountability, with follow up actions in order to protect victims of harassment/abuse, ensure respect for diversity, and create accessibility for all employees • **N/A: Rationale:** _____ **User Notes/Comments:**	

R — **Readiness**　　T — **Foundation**　　C — **Champion**　　I — **Integrated**　　T — **Transformative**

#	H.E. Item	Scoring System	Level
		Employee Recruitment and Selection	
2.3	**Do individuals involved in hiring processes receive training on bias-free hiring practices?**	• **Readiness:** Candidate selection team does not yet have bias-free hiring practices • **Foundation:** Candidate selection team has some knowledge of potential biases in the selection process • **Champion:** Someone on the candidate selection team has expertise in unconscious bias and educates members during the hiring process • **Integrated:** Candidate selection team has received unconscious bias training by a professional or expert (or training that was developed by an EDI expert) • **Transformative:** Candidate selection team has received unconscious bias training, training is regularly updated, and completion is tracked • **N/A: Rationale:** _____ **User Notes/Comments:**	

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Readiness	Foundation	Champion	Integrated	Transformative

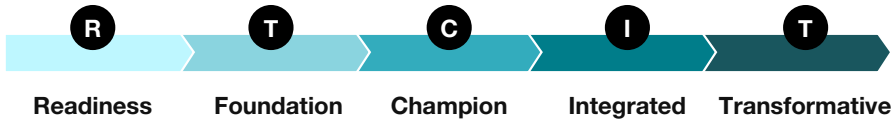| #	H.E. Item	Scoring System	Level
2.4	**Is there a strategy to recruit people from equity-deserving groups?**	• **Readiness:** Organization does not yet consider equity-deserving groups in the process of recruitment and selection • **Foundation:** No defined strategy, but the organization makes an effort to recruit people from equity-deserving groups • **Champion:** Organization has informal connections with community organizations representing equity-deserving groups, where it regularly shares job postings • **Integrated:** Organization has a formal, documented strategy with defined policies and processes to recruit people from equity-deserving groups • **Transformative:** Organization has connections with community organizations and a documented strategy. Organization reviews qualifications in job postings and considers alternative knowledge, skills, and abilities (e.g., removing requirements for Canadian references, which pose a barrier to newcomers) • **N/A. Rationale:** _____ **User Notes/Comments**:	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

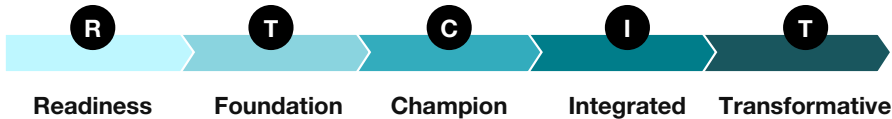| #	H.E. Item	Scoring System	Level
		Employee Equity and Well-Being	
2.5	**Does the organization provide a safe and welcoming space for Indigenous employees?**	• **Readiness:** Organization does not yet have activities, policies, or procedures related to creating a safe and welcoming space • **Foundation:** Organization will provide accommodation when requested • **Champion:** Organization has taken specific steps geared toward creating a safe and welcoming space for Indigenous employees, such as providing training to educate the workforce on decolonization and Indigenous cultures and history • **Integrated:** Organization makes an active effort to welcome Indigenous employees, with several documented initiatives toward this goal, and provides formal training to all employees • **Transformative:** Organization makes an active effort to welcome Indigenous employees by devoting capacity and budget to providing a safe space. The organization has strong retention rates for Indigenous employees. The organization conducts exit interviews with Indigenous employees and makes changes accordingly **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	Foundation	Champion	Integrated	Transformative

#	H.E. Item	Scoring System	Level
2.6	**Are Francophone employees purposefully involved across multiple processes at the organization?**	• **Readiness:** Organization does not yet have Francophone employees, specific positions, or efforts to recruit Francophone employees • **Foundation:** Francophone employees are called to support only when specifically requested by clients (e.g., as translators) • **Champion:** French language ability is a requirement for multiple client-facing roles within the organization or the organization has established specific roles for Francophone or bilingual employees • **Integrated:** Organization makes an effort to incorporate Francophone perspectives and needs across all functions • **Transformative:** Organization has strong representation of Francophone employees, relative to their client pool, and they are formally involved in multiple functions across the organization (such as hiring, service delivery to meet client needs, etc.) • **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	Foundation	Champion	Integrated	Transformative

#	H.E. Item	Scoring System	Level
2.7	**Does the organization provide a safe and welcoming space for employees from equity-deserving groups?**	• **Readiness:** Organization has not yet taken specific steps to create a safe and welcoming space for employees from equity-deserving groups • **Foundation:** Organization informally communicates a commitment to address discrimination and welcome employees from equity-deserving groups • **Champion:** Staff and leaders make an active effort to respond to the needs of employees from equity-deserving groups(e.g., by acknowledging cultural holidays) and informally discourage discriminatory behaviour • **Integrated:** Organization responds to the needs of employees from equity-deserving groups and formally discourages discriminatory behaviour through policies; there are efforts to celebrate and share the cultures of diverse employees • **Transformative:** Organization responds to the needs of employees from equity-deserving groups and formally discourages discriminatory behaviour through policies; there are efforts to celebrate and share the cultures of diverse employees; organizational capacity and budget is devoted to providing a safe and welcoming space (e.g., prayer room, nursing room, all-gender washrooms, etc.) • **N/A: Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

#	H.E. Item	Scoring System	Level
2.8	**Are there accommodations for employees to support them at work?**	• **Readiness:** Organization does not yet provide work accommodations and support for employees • **Foundation:** Organization will provide limited work accommodations when they are requested by employees (e.g., adjusted working hours, assistive technologies) • **Champion:** Staff and leaders make an active effort to respond to the needs of employees • **Integrated:** Organization makes an active effort to respond to the needs of employees, has formal processes to ensure that all employees are aware of available accommodations, and has a clear system for filing a request • **Transformative:** Organization makes an active effort to respond to the needs of employees, has formal processes for employees to request support, and has an allotted budget to support employees with disabilities and other needs • **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	**Foundation**	**Champion**	**Integrated**	**Transformative**

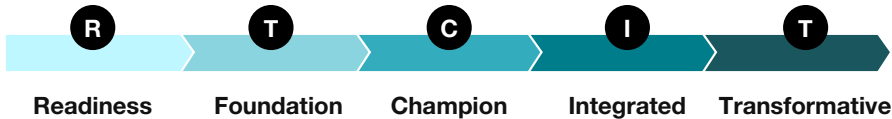| #	H.E. Item	Scoring System	Level
2.9	**Are leave and flexible work policies extensive and inclusive of diverse employees?**	• **Readiness:** Flexible work arrangements are not yet available at the organization • **Foundation:** Flexible work arrangements are provided on request • **Champion:** Flexible work arrangements are provided to a limited capacity, with no formal policies in place • **Integrated:** Flexible work arrangements are provided, with family-friendly policies in place (e.g., extended leave for caregivers, family emergency days, elder care, support for parents traveling) • **Transformative:** Flexible work arrangements are provided, with family-friendly policies in place. Organization also adopts an inclusive and multicultural view of "family" (i.e., care for extended family, immigration), updating flexible work arrangements based on specific needs • **N/A. Rationale:** _____ **User Notes/Comments:**	

R   T   C   I   T

Readiness   **Foundation**   **Champion**   **Integrated**   **Transformative**

#	H.E. Item	Scoring System	Level
2.10	**Are equal pay audits conducted to ensure equal pay for work of equal value?**	• **Readiness:** Organization does not yet conduct pay audits • **Foundation:** Organization reviews pay scale/salary structure when significant changes are made to the organization's employee functions • **Champion:** Organization encourages managers to review employee pay relative to their job responsibilities whenever concerns are brought to them • **Integrated:** Organization conducts annual pay audits, communicates results to leadership and human resources, and has formal processes for job evaluation and pay adjustments based on these audits • **Transformative:** In addition to annual pay audits and formal mechanisms for responding to pay inequities, the organization ensures transparency through scheduled job evaluations and standardized performance feedback loops • **N/A: Rationale:** _____ **User Notes/Comments:**	

R — Readiness   T — Foundation   C — Champion   I — Integrated   T — Transformative

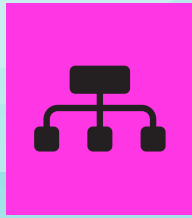| #	H.E. Item	Scoring System	Level
		Training and Engagement	
2.11	**Do all employees receive training on equity, diversity, and inclusion (EDI)?**	• **Readiness:** Employees do not yet receive any training on EDI • **Foundation:** Employees receive only high-level information about EDI • **Champion:** EDI training is made available to all employees • **Integrated:** Employees receive training on foundational knowledge related to EDI in the workplace, within a specified period of time upon joining the organization • **Transformative:** Employees receive training specially focused on EDI in the workplace, including training on cultural competency, conflict resolution, and anti-racist and anti-oppressive frameworks; completion of training is monitored; and additional training is available and encouraged • **N/A. Rationale:** _____ **User Notes/Comments:**	

R   **T**   **C**   **I**   **T**

Readiness   Foundation   Champion   Integrated   Transformative

#	H.E. Item	Scoring System	Level
2.12	**Do all employees receive training to increase awareness of Truth and Reconciliation and Indigenous history?**	• **Readiness:** Employees do not yet receive any training to increase awareness of Truth and Reconciliation or Indigenous history • **Foundation:** Employees receive only high-level information about Truth and Reconciliation or Indigenous history, such as land acknowledgements • **Champion:** Training on Truth and Reconciliation and Indigenous history is made available to all employees • **Integrated:** Employees receive training on foundational knowledge related to Truth and Reconciliation and Indigenous history, within a specified period of time upon joining the organization • **Transformative:** Employees receive training specifically focused on Truth and Reconciliation and Indigenous history, covering topics such as decolonization, residential schooling, treaties and Indigenous rights, Indigenous worldviews and ways of healing, intergenerational trauma, and missing and murdered Indigenous women and girls; completion of training is monitored; and additional training and resources are available and encouraged • **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	**Foundation**	**Champion**	**Integrated**	**Transformative**

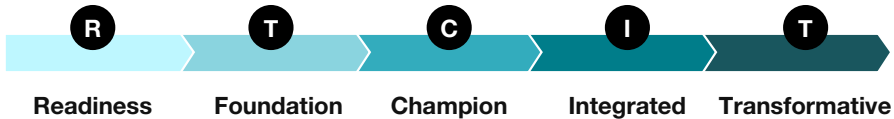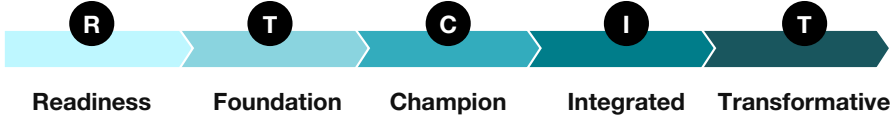| #	H.E. Item	Scoring System	Level
2.13	**Does the organization act as an ally and support employees to demonstrate allyship?**	• **Readiness:** Allyship is not yet understood in the organization • **Foundation:** Organization has conversations about allyship (e.g., land acknowledgements, displaying pronouns, Black Lives Matter conversations, symbols of allyship [Pride flags, Orange Shirt Day]) • **Champion:** Informal champions of allyship can be identified within the organization; educational materials about allyship (e.g., Black and Indigenous history) are provided to staff • **Integrated:** Allyship is included as part of the organization's strategic plan and is communicated as an organizational value • **Transformative:** Organization regularly conducts activities that demonstrate a commitment to active allyship or has formal partnerships with community organizations that advocate for the well-being of equity-deserving groups • **N/A: Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	**Foundation**	**Champion**	**Integrated**	**Transformative**

3.0
Programs and Service Delivery

3.0 Programs and Service Delivery

#	H.E. Item	Scoring System	Level
Service Access and Specialized Programming			
3.1	**Does the organization work with Indigenous partners to offer targeted programs for Indigenous Peoples?**	• **Readiness:** Organization does not yet partner with Indigenous organizations to offer targeted programs for Indigenous Peoples. • **Foundation:** Organization has begun conversations with Indigenous partners to ensure programs are accessible to Indigenous communities • **Champion:** Organization has made an active effort to support Indigenous clients through sharing Indigenous-specific programs and resources available in the region • **Integrated:** The organization has worked with Indigenous partners to develop programs that support Indigenous clients with navigating the healthcare system, through anti-oppressive approaches (e.g. Indigenous patient navigation program) • **Transformative:** The organization has multiple Indigenous partnerships, ensuring Indigenous-focused care and Indigenous ways of healing are available to Indigenous clients • **N/A. Rationale:** _____ **User Notes/Comments:**	

R   T   C   I   T

Readiness   **Foundation**   **Champion**   **Integrated**   **Transformative**

#	H.E. Item	Scoring System	Level
3.2	**Does the organization provide an inclusive care environment for Indigenous patients?**	• **Readiness:** Organization has not yet considered Indigenous knowledge and practices • **Foundation:** Organization has begun to have conversations about the relevance of Indigenous knowledge and practices to their work • **Champion:** Leaders and care providers within the organization have taken training courses to develop an understanding of Indigenous knowledge and practices • **Integrated:** The organization collects feedback from Indigenous clients (surveys, focus groups) in order to understand their current experiences of care and preferred modalities of healthcare delivery • **Transformative:** The organization has built a culture of support for Indigenous Peoples (formal policies and practices based on research and consultation) and has partnered with Indigenous health and social care providers to best support Indigenous communities • **N/A. Rationale:** _____ **User Notes/Comments:**	

R → T → C → I → T

Readiness   Foundation   Champion   Integrated   Transformative

#	H.E. Item	Scoring System	Level
3.3	**Does the organization deliver its programs and services in French?**	• **Readiness:** Organization does not yet deliver its programs or services in French • **Foundation:** Organization provides a French interpreter upon request • **Champion:** Some of the organization's programs and services are delivered in French • **Integrated:** All current programs and services are delivered in French, or the organization has established partnerships with Francophone-focused organizations and redirects Francophone clients to their partners for French-language programs and services • **Transformative:** In addition to delivering all current programs and services in French or referring Francophone clients to Francophone organizations, the organization undertakes Francophone accessibility assessment on an ongoing basis. Francophone services are evident, readily available, easily accessible, publicized, and of comparable quality to services offered in English • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

#	H.E. Item	Scoring System	Level
3.4	**Are all materials accessible in French?**	• **Readiness:** Organization does not yet provide client-facing materials in French • **Foundation:** French-language materials are provided to clients upon request • **Champion:** All common materials (e.g., program and service descriptions, intake questionnaires, marketing materials) are provided in French. • **Integrated:** All materials, web pages, and resources are provided in French. The organization also has a policy to include French in all future materials • **Transformative:** All materials, web pages, and resources are provided in French. This process is formalized, with a Francophone lead overseeing and reviewing the process • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

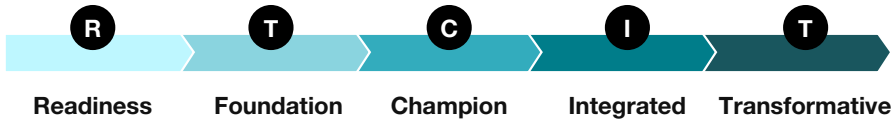| #	H.E. Item	Scoring System	Level
3.5	**Does the organization offer programs and services that are accessible to linguistic minorities (i.e., other than French)?**	• **Readiness:** The organization only delivers its programs and services in English and/or French • **Foundation:** Organization offers some common materials in multiple languages (intake questionnaires, etc.) and provides an interpreter upon request • **Champion:** Some programs and services are offered in multiple languages • **Integrated:** All programs and services are offered in multiple languages, or the organization has partnered with other organizations delivering similar services in other languages • **Transformative:** In addition to offering current programs and services in multiple languages or partnering with minority-language organizations, the organization undertakes language accessibility assessment on an ongoing basis. Alternate language services are evident, readily available, easily accessible, publicized, and of comparable quality to services offered in English and French • **N/A. Rationale:** _____ **User Notes/Comments:**	

R Readiness   T Foundation   C Champion   I Integrated   T Transformative

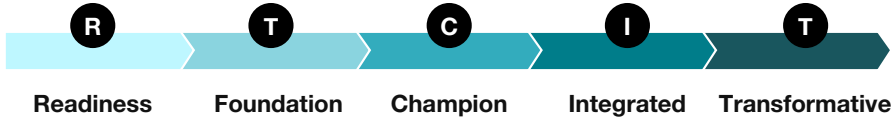| #	H.E. Item	Scoring System	Level
3.6	**Are care providers diverse and representative of the community that they serve?**	• **Readiness:** Composition of care provider team is not yet diverse • **Foundation:** Composition of care provider team is somewhat diverse, but it does not meet the level of representation in the community that is being served • **Champion:** Composition of care provider team is diverse, but there are no formal processes to ensure diverse representation on an ongoing basis • **Integrated:** Composition of care provider team is diverse, and the diversity of care providers is integrated in the organization's strategy • **Transformative:** Composition of care provider team is diverse, and the diversity of care providers is integrated in the organization's strategy, with continuous monitoring of diverse representation of the community • **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	**Foundation**	**Champion**	**Integrated**	**Transformative**

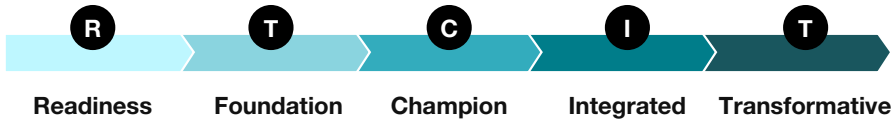| #	H.E. Item	Scoring System	Level
3.7	**Do programs and services effectively support the needs of diverse clients?**	• **Readiness:** Organization does not yet have programs that cater to the needs of diverse clients • **Foundation:** Accommodations and adjustments to programs and services are provided on an as-needed basis (e.g., American Sign Language options, clients can request women doctors) • **Champion:** Employees provide programs and services catered to client needs, but these adjusted processes are not formalized at the organizational level • **Integrated:** All programs and services consider the needs of equity-deserving groups, and there are formal partnerships to streamline referrals to needed services not offered at the organization. Programs and services for equity-deserving and underserved clients are promoted to staff • **Transformative:** All programs and services consider the needs of equity-deserving and underserved groups, organization provides referrals and promotes programs, and in addition, programs are reviewed periodically to ensure they continue to meet the changing needs of the community • **N/A. Rationale:** _____ **User Notes/Comments:**	

R   T   C   I   T

Readiness   **Foundation**   **Champion**   **Integrated**   **Transformative**

#	H.E. Item	Scoring System	Level
		Partnerships and Community Engagement	
3.8	**Does the organization consult with Indigenous communities to ensure all programs and services meet their needs, interests, and experiences?**	• **Readiness:** Organization has not yet consulted Indigenous communities in the development of programs and services • **Foundation:** Organization has considered some potential needs of Indigenous communities, but Indigenous communities are not actively consulted • **Champion:** Organization has an informal relationship with or consults Indigenous organizations or groups to inform programs and services • **Integrated:** Organization directly consults Indigenous organizations, groups, or community members in the development of programs and services • **Transformative:** Organization has an established and ongoing relationship with Indigenous organizations, groups, or community members, and continues engaging with Indigenous communities to continuously monitor and improve its programs and services • **N/A: Rationale:** _____ **User Notes/Comments:**	

R — Readiness   T — Foundation   C — Champion   I — Integrated   T — Transformative

#	H.E. Item	Scoring System	Level
3.9	**Are partnerships or referral mechanisms in place to ensure equity-deserving and underserved clients have access to services that are not directly provided by the organization?**	• **Readiness:** Organization is not yet aware of the diverse needs of its clients (organization does not have partnership or referral mechanisms to engage with diverse clients on their specific needs) • **Foundation:** Organization provides resources where available (or upon request) to redirect clients • **Champion:** Organization hires care providers specializing in additional and alternative care (e.g., trans care, non-Western mental health practices) and trains staff on alternate care options. Additionally, providers are cognizant of other organizations that provide appropriate services for equity-deserving clients and provide direct referrals where possible • **Integrated:** Organizations have formalized partnerships with associations or organizations that serve equity-deserving and underserved clients. There is a formal process whereby clients with needs out of the scope of the organization are referred to partner organizations • **Transformative:** Organizations have formalized partnerships with associations or organizations that serve equity-deserving and underserved clients, including partnerships with organizations providing trans care, poverty relief, newcomer programs, etc. Organization evaluates its own programs and services regularly to identify service gaps and to identify partners that can help address those gaps • **N/A: Rationale:** _____ **User Notes/Comments:**	

R — Readiness   T — Foundation   C — Champion   I — Integrated   T — Transformative

#	H.E. Item	Scoring System	Level
3.10	**Does the organization consult with equity-deserving and underserved groups to develop programs and services that meet their needs, interests, and experiences?**	• **Readiness:** Organization has not yet consulted community members to develop programs and services • **Foundation:** Organization has done internal work (working groups, etc.) to consider the needs of diverse groups • **Champion:** Organization has conducted community surveys or consultations to inform program and services, or organization has informal partnerships with relevant organizations to improve programs and services • **Integrated:** Organization has conducted community surveys or consultations to inform programs and services and has made demonstrable changes to programs as a result • **Transformative:** Organization has a process for ongoing community input, program review, implementation of new programs, and formal partnerships with relevant organizations • **N/A: Rationale:** _____ **User Notes/Comments:**	

R T C I T

Readiness   Foundation   Champion   Integrated   Transformative

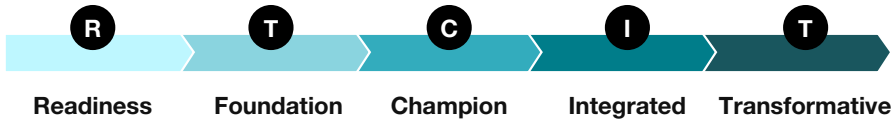| #	H.E. Item	Scoring System	Level
		External Marketing and Communications	
3.11	**Does the organization communicate the importance of health equity in its marketing, promotion, and program communications?**	• **Readiness:** Organization does not yet mention EDI or health equity in marketing, promotional, or other communications materials • **Foundation:** Organization infrequently communicates the importance of and commitment to health equity to stakeholders in communications materials • **Champion:** Organization often communicates the importance of and commitment to health equity to stakeholders in communications materials • **Integrated:** Organization communicates the importance of and commitment to health equity to stakeholders in all communications materials • **Transformative:** Organization communicates the importance of and commitment to health equity to stakeholders in all communications materials and is recognized as a champion of diversity and inclusion • **N/A. Rationale:** _____ **User Notes/Comments:**	

R	T	C	I	T
Readiness	**Foundation**	**Champion**	**Integrated**	**Transformative**

#	H.E. Item	Scoring System	Level
3.12	**Are inclusive language and images used in all communications and promotional material?**	• Readiness: Organization has not yet considered the need to ensure language and images are inclusive • **Foundation:** Organization has ensured communications and promotional material use inclusive language and images (e.g., using the correct terminology for diverse groups [Indigenous, 2SLGBTQ+, etc.] and ensuring inclusive gender pronouns) • **Champion:** Organization has taken demonstrable steps to ensure language and images are inclusive • **Integrated:** Organization has a policy requiring inclusive language and images in all organizational communications and promotional material • **Transformative:** Organization has a formal process for continuously educating staff and leaders on the use of inclusive language and images and includes an ongoing evaluation component to track policy adherence • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

#	H.E. Item	Scoring System	Level
		Research and Evaluation	
3.13	**Are regular evaluations of programs and services conducted to ensure they meet the goals of health equity?**	• **Readiness:** Organization does not yet conduct evaluations of existing programs and services that consider the impact on diverse clients; no research during development of new programs and services • **Foundation:** Organization conducts informal review of existing programs and services and conducts internal consultations during the development of new programs and services, but without input from diverse groups • **Champion:** Organization reviews existing programs and services and conducts internal consultations during the development of new programs and services, including research on the needs of diverse groups in the community (surveys, feedback forms, etc.) • **Integrated:** Diverse groups are formally included in regular evaluation of existing programs and services and consulted throughout the process of developing, creating, and evaluating new programs and services • **Transformative:** Organization has created formal partnerships with a number of organizations/associations that serve diverse clients; they collaborate on research, program evaluations, and the development of new programs and services that cater to these diverse groups • **N/A: Rationale:** _____ **User Notes/Comments:**	

Readiness   Foundation   Champion   Integrated   Transformative

#	H.E. Item	Scoring System	Level
3.14	**Do client intake forms include self-reported demographic data?**	• **Readiness:** Demographic diversity of clients, such as Indigeneity, language, gender identity, race, ethnicity, sexual orientation, disability, housing status, income level, and other factors are not yet included in client intake forms • **Foundation:** Demographic diversity of clients is surveyed and tracked over time, but with a very limited scope, tracking only some demographic categories • **Champion:** All demographic categories are surveyed and tracked over time, but no formal processes or actions are taken with the data • **Integrated:** All demographic categories listed are surveyed and tracked, and there is a formal process in place to review the data within the organization • **Transformative:** All demographic categories listed are surveyed and tracked, and there is a formal process in place to review the data within the organization. Results are tracked and used to inform programs, services, and communications across the organization • **N/A. Rationale:** _____ **User Notes/Comments:**	

R — Readiness T — Foundation C — Champion I — Integrated T — Transformative

Appendix

Appendix A: Definitions

2SLGBTQ+: An abbreviation for two-spirit, lesbian, gay, bisexual, transgender, queer, and other gender or sexually non-binary/diverse individuals.

50 – 30 Challenge: The 50 – 30 Challenge aims to promote voluntary action toward diversity on boards and/or in senior management. It invites organizations to participate and improve diversity and inclusion on their Board of Directors and/or Senior Management teams. The 50 – 30 Challenge is motivated by two goals: 1) gender parity (50% women and/or non-binary individuals); and 2) significant representation (30%) of members from equity-deserving groups in Board of Directors and/or Senior Management teams.

Accommodation: A change in the environment or in the way things are customarily done that enables an individual with a disability to have equal opportunity, access, and participation.

Ally: An individual who supports and advocates for equity-deserving groups from a position of relative privilege or power.

Allyship: An active and consistent process in which a person in a position of privilege and power seeks to act in solidarity with a marginalized group and practices unlearning and re-evaluating oppressive practices and thinking patterns.

Anti-Oppressive Framework/Approach: An anti-oppressive framework is a process that helps organizations and individuals understand the barriers and discrimination faced by certain groups in society. It considers that factors such as colonialism, racism, sexism, homophobia, transphobia, classism, and ableism impact the ways that certain groups experience society. This framework aims to work against discrimination and lessen the impact of persistent inequality.

Bias: Prejudice in favour of or against one thing, person, or group compared with another, usually in an unfair or negative way.

Discrimination: Any form of unequal treatment of equity-deserving groups, that results in disadvantage, whether imposing extra burdens or denying services.

Equity-deserving groups: Those that experience barriers to equal access, opportunities, and resources due to historic oppression and discrimination. The term is currently used by a number of public, private, and non-profit organizations and the federal government, and is used under the Publicly Available Specification of the 50 – 30 Challenge. These are groups covered under the Employment Equity Act, as well as 2SLGBTQ+ individuals. Equity-deserving groups include those identifying as:

+ Women

+ Racialized, Black, and/or people of colour ("visible minorities")

+ People with disabilities (including invisible and episodic disabilities)

+ 2SLGBTQ+ and/or gender and sexually diverse individuals

+ "Aboriginal" or Indigenous Peoples

Equity, diversity, and inclusion (EDI):

+ **Equity:** Fair treatment for all while striving to identify and eliminate inequities and barriers.

+ **Diversity:** Having differences among people with respect to their demographic characteristics or qualities, such as age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, language, and other differences.

+ **Inclusion:** Ensuring that people, regardless of their identity or backgrounds, are given opportunities to participate and feel that they belong.

Francophones: People who have a particular knowledge of French as an Official Language and use French at home, including people whose mother tongue may not be French or English.

Indigenous Peoples: The original peoples of North America and their descendants. Indigenous Peoples refers to individuals identifying as First Nations Peoples, Métis Nation, or Inuit. These are distinct Peoples with unique histories, languages, cultural practices, and spiritual beliefs.

Linguistic minority: Individuals whose maternal language is neither the majority language nor the official language minority in the province or territory.

Privilege: An unearned, sustained advantage that comes from race, gender, sexuality, ability, socioeconomic status, age, and other differences.

Racialized person: This refers to (but is not limited to) people who identify as Arab, Black, Chinese, Filipino, Japanese, Korean, Latin American, South Asian (e.g., Indian, Pakistani, Sri Lankan), Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai), and West Asian (e.g., Iranian, Afghan). The term "racialized" is meant to reflect the socially constructed notion of race, while recognizing the systemic oppression and racism experienced by individuals and groups based on skin colour and appearance. The term is inclusive of bi-racial and mixed-race individuals.

Social determinants of health: The social and economic factors that influence an individual's health. These relate to an individual's place in society, such as income, education, or employment. If not considered within the context of a health care system, these factors can result in inequitable outcomes for certain populations.

Systemic discrimination: Organizational policies or structures that result in the unjust treatment of equity-deserving groups and that create or perpetuate disadvantage for these individuals. This can be caused by unintended and often unconscious consequences of a discriminatory system.

Unconscious bias: Unconscious biases are the mental shortcuts that individuals take when processing information. The potential downside is that these shortcuts can lead to prejudice or discrimination against certain groups of people if individuals act on or fail to question negative beliefs about these groups.

Underserved groups: The scope of this project encompasses other groups not covered under legislative definitions of "equity-deserving" or protected groups. These groups also face barriers to accessing health care services and inequitable health outcomes as a result of circumstances beyond their control. These groups include, but are not limited to: unhoused individuals; persons living in poverty; the aging population; youth; newcomers, refugees, and temporary foreign workers; and linguistic minorities.

Progress Tracker

See NOHT-ÉSON Health Equity Assessment Progress Tracker.