OUR JOURNEY FROM COMPLACENCY TO CHANGE

5-YEAR EQUITY, DIVERSITY & INCLUSION PLAN

Hamilton Health Sciences

LAND ACKNOWLEDGMENT

We are privileged to provide care on lands that Indigenous peoples have called home for thousands of years. We recognize and respect the presence and stewardship of all Indigenous peoples as keepers of this land.

ABOUT THE ARTWORK & ARTIST

Created by Tracey Anthony, Turtle and Seven Generations includes the image of a turtle. The feather on its back has seven segments, reflecting the Seven Generations principle that the decisions we make today should result in a sustainable world seven generations into the future. The four legs represent the "Four Directions" such as those found in the Medicine Wheel.

Tracey Anthony's mother is Mississauga (Ojibway) from the Mississaugas of the Credit First Nations reserve. His father was Delaware (Lenni Lenape) from the Six Nations reserve. In his artwork, Tracey incorporates Ojibway, Delaware, and Iroquoian influences.

*This art was originally created as one of the Indigenous **Signs of Welcome** that are displayed at all HHS sites.*

COMMITMENT TO INDIGENOUS SOVEREIGNTY, TRUTH AND RECONCILIATION

Hamilton Health Sciences (HHS) recognizes and respects Indigenous sovereignty in Canada as recognized and affirmed in Section 35 of the *Constitution Act, 1982,* and is committed to truth and reconciliation with Indigenous peoples. HHS will recognize and respect Indigenous peoples' right to self-governance and ways of knowing.

Our approach will be informed in part by an Indigenous Strategic Advisor, which is a shared role focused on providing strategic recommendations to increase Indigenous cultural safety within Hamilton, Niagara, Haldimand-Norfolk, Burlington and Brant (HNHBB) hospitals. The advisor will work together with the HNHBB Indigenous Anti-Racism Advisory Committee to create a collective HNHBB Indigenous strategy.

HHS will reflect and respond to the needs of the many diverse Indigenous communities we serve, including the Erie, Neutral, Huron-Wendat, Haudenosaunee and Mississauga Nations, as well as urban Indigenous peoples. We will also seek to respond to the distinct needs of both on-territory and urban-residing Indigenous peoples. Our plan for Indigenous truth and reconciliation will intersect with and be in addition to the objectives outlined in our overarching EDI Plan.

We are committed to hearing, understanding and responding to the concerns of Indigenous peoples in order to co-create a new path forward that is grounded in respect, reconciliation and partnership.

We are very grateful to the Indigenous community leaders who continue help us work toward creating a more culturally aware, safe and inclusive health care experience for Indigenous peoples at HHS.

MESSAGE FROM THE PRESIDENT'S TEAM

We are sharing HHS' first Equity, Diversity and Inclusion (EDI) Plan as a guide for real change. The plan outlines the steps the hospital will take to advance EDI over the next five years. With this plan, HHS begins the next phase of a long and crucial journey toward becoming a safer, more equitable and inclusive organization for every person who visits, works for, or receives care at our hospital.

The HHS EDI Plan is the result of nearly two years of learning, understanding and partnership with EDI champions across HHS and the communities we serve. The President's Advisory Council (PAC) on EDI, convened in 2021, helped to lead the way by compiling **a status report** on EDI at HHS and making initial recommendations on how to improve our performance in this key area. We moved ahead with a number of those early recommendations, including:

- Creating senior leadership roles focused on advancing EDI at HHS, including the Senior Lead and Strategic Advisor, EDI; Senior Medical Director, EDI; and Manager, EDI roles;

- Beginning to collect health equity data to better understand and address barriers and factors that impact health outcomes;

- Reviewing HHS' policies and protocols to be inclusive of EDI principles and best practices; and

- Improving leaders' capacity to lead equitably and inclusively through training and learning resources.

Other highlights include launching affinity groups for **Black staff**, women physicians, and **Two-Spirit and LGBTQIA+ staff**, and piloting a new service to provide non-English speaking patients with **interpreter services in real-time**. In addition, HHS' Board of Directors adopted the *BoardShift Inclusivity Charter* to create governance opportunities for Indigenous, Black, and racialized leaders at the board level.

The EDI Plan will strengthen and bring new meaning to our organization's values of respect, caring, accountability and innovation, as we strive to be a hospital where everyone feels safe, respected and valued for who they are.

As a health care provider, ensuring that EDI is embedded in all that we do will enable us to provide more personalized care, and better understand and address barriers and factors that impact health outcomes and experiences for patients and families.

We know that this plan will also help enable HHS to attract and retain the best talent, and become even better at solving the complex problems that are challenging our organization and sector.

This HHS' first EDI Plan, and it will not be the last. The deliverables identified within it are foundational goals we believe must be achieved during the next five years to position HHS for lasting progress. Future EDI plans will depend on the continued engagement and input of staff, physicians, learners, patients, families, and the community at large.

We encourage you to review the 2023-2028 EDI Plan and consider ways that you and your team can be part of this important work. If you have feedback or ideas about EDI at HHS, or wish to share your own lived experience, please reach out to inclusion@hhsc.ca.

On behalf of HHS we extend our sincerest thanks to every person and group that helped to inform and shape HHS' first EDI Plan.

With this plan as our guide, together we can create an HHS where equity, diversity and inclusion are foundational to the culture of our organization.

Sincerely,

Rob MacIsaac
President & Chief Executive Officer

Rochelle Reid
Senior Lead & Strategic Advisor, Equity, Diversity and Inclusion

Dave McCaig
Executive Vice-President, Corporate Affairs & Chief Financial Officer

Sharon Pierson
Executive Vice-President, Clinical Operations, Chief Operating Officer & Chief Nursing Executive

Dr. Michael Stacey
Executive Vice-President, Academic & Chief Medical Executive

Aaron Levo
Vice-President, People, Culture & Communications

KEY TERMS

The next few pages introduce and define the key terms that are used throughout the EDI Plan. Information about the sources we used to develop these definitions can be found at the end of the EDI Plan.

Affinity Groups provide HHS staff and physicians with common lived experiences to come together, share in advocacy work, and to support leadership development and mentorship. HHS currently has affinity groups for Two-Spirit and LGBTQIA+ staff, Black staff and women physicians, with more to come in the future.

Authentic Community Partnerships are built on consistent engagement with a community for the purpose of establishing a foundation of collaboration, trust and sharing power. This means creating opportunities for community members to be decision-makers and contribute meaningfully to shared goals.

Belonging is the feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group. It means a person feels safe being their authentic self.

Co-design refers to a participatory approach to designing solutions, in which community members are treated as equal collaborators in the design process. This approach goes beyond consultation by building and deepening equal collaboration between groups affected by, or attempting to, resolve a particular challenge. A key tenet of co-design is that community members, as 'experts' of their own experience, become central to the design process.

Cultural Sensitivity (also known as Cultural Humility) is the willingness, ability and state of mind required to understand and relate to people with different backgrounds. Cultural sensitivity reduces harm and builds stronger relationships between people from different cultural backgrounds.

Discrimination is the unjust or prejudicial treatment of a person or groups of people, for reasons such as but not limited to race, ethnicity, age, sex, gender or disability.

Diversity is the practice or quality of including or involving people from a range of backgrounds and identities. We know that diverse groups of people make more well-informed decisions by including different points of view and creating more opportunities for more people. We also know those benefits don't occur if people feel they need to suppress aspects of their identity. Diversity is about valuing and encouraging a range of experiences and perspectives.

Equality means giving each individual or group the same resources or opportunities, regardless of their needs or circumstances.

Equity recognizes that each person or group has different needs and circumstances, and gives them the resources or opportunities they need to reach an equal outcome. This is different than equality, where individuals or groups are given the same resources and treatment regardless of their needs. For example, equality means giving everyone a pair of shoes, whereas equity means giving everyone a pair of shoes that fit.

Equity-Deserving Groups are communities that experience significant collective barriers in participating in society. These could include attitudinal, historic, social and environmental barriers based on age, ethnicity, disability, economic status, gender identity, nationality, race, and/or sexual orientation.

Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities. Achieving health equity requires addressing social determinants of health and health disparities. It involves acknowledging and addressing racism as a threat to health and the history of unethical practices in healthcare that lead to inequitable health outcomes.

Inclusion consists of the efforts and practices to ensure groups or individuals with different backgrounds are culturally and socially accepted, and treated equitably. An inclusive culture ensures equitable access to resources and opportunities for all, and enables individuals and groups to feel safe, respected, heard, engaged, motivated, and valued for who they are.

Inclusive Engagement means making participants, community members and other stakeholders feel welcome, valued, and included in the process of working together toward a common goal, and seeking to involve entire demographics of a community in the process.

Oppression is unjust treatment or an exercise of power against one group of people that privileges the dominant group and is backed by institutional power. Oppression can exist and operate ideologically (in dominant systems of values and beliefs), institutionally (in policies and frameworks that perpetuate dominant ideologies), interpersonally (in subtle and covert ways of communicating and thinking), and internally (in an individual's personal views).

Protected Grounds are different personal attributes that are protected against discrimination under the Ontario Human Rights Code. The grounds are: citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance (in housing) and record of offences (in employment).

Psychological Safety is when individuals feel they can express their ideas and concerns, speak up with questions, and admit mistakes without fear of negative consequences (i.e., being punished, humiliated or ostracized). The culture of an organization or team impacts an individual's experience of psychological safety.

Racism is the process by which systems, policies, actions and attitudes create inequitable opportunities and outcomes for people based on race or ethnicity. It can be openly displayed in racial jokes, slurs or hate crimes and can be more deeply rooted in attitudes, values and stereotypical beliefs. In some cases, these are unconsciously held and have become deeply embedded in systems and institutions that have evolved over time.

Social Determinants of Health refers to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups of people.
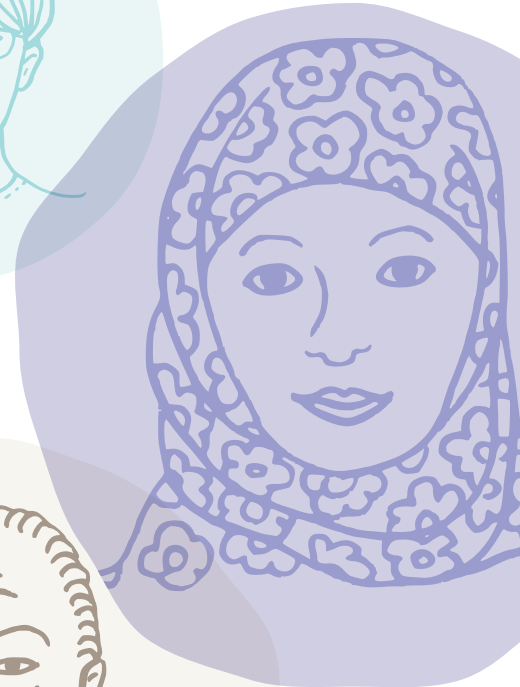
GUIDING PRINCIPLES

These are the principles we are committed to following as we continue to advance EDI at HHS.

OUR COMMITMENTS

We commit to educating ourselves and challenging our habits as individuals and representatives of Hamilton Health Sciences.

We commit to creating an environment where voices from all backgrounds are valued and engaged.

We commit to building transparency and accessibility into our employee lifecycle.

We commit to prioritizing equity, diversity and inclusion as an integral aspect of operational excellence.

We commit to creating and monitoring anti-racist and anti-oppression policies across the organization.

We commit to setting clear and measurable targets to improve diversity, equity and inclusion.

We commit to reviewing our EDI Plan and commitments annually.

WHAT OUR COMMITMENT LOOKS LIKE

Ongoing education and reflection of our biases, inequities, etc., and how practices we uphold may inadvertently reinforce systemic barriers.

Working to establish a culture that is open to and inclusive of diverse perspectives.

Clearly articulating key requirements, skills, experiences and priorities to remove ambiguity and create transparency from recruitment throughout employment.

Implementing organizational systems, structures, and processes that mobilize and sustain EDI commitments through leadership, governance and accountability.

Monitoring the implementation and effectiveness of policy and seeking external expert voices on key areas for improvement.

Establishing systems to collect relevant data, setting clear and measurable targets to increase diversity and reduce health inequities, with accountabilities for delivering on goals.

Annually reporting on our delivery on our plan to ensure HHS is on-track to building a culture of inclusion and belonging.

OUR STRATEGIC PLAN

Our Strategic Plan is our North Star. It guides the decisions we make every day about how to invest our precious time and resources, helping us deliver unparalleled value to the communities we serve, now and for years to come.

The four pillars of our EDI Plan are aligned to the four pillars of our Strategic Plan, and will enable us to remain focused on our Vision of *Best Care for All*.

Patients

▶ Be a top ranking hospital for the quality of our care and the excellence of our patient and family experience.

Sustainability

▶ Be responsible resource stewards.

People

▶ Create a safe work environment with highly engaged staff and physicians.

Research, Innovation & Learning

▶ Be one of Canada's top research hospitals.

POPULATION HEALTH ▼

STRATEGIC PARTNERSHIPS ▼

Best Care
For All

OPERATIONAL EXCELLENCE ▼

EDI PLAN PILLAR: PATIENTS

DESIRED OUTCOME

Cultivate an organization that eliminates inequities and is culturally sensitive in order to improve patient and family experience, and health outcomes.

OBJECTIVES AND DELIVERABLES

OBJECTIVE
Collect patient health equity data to better understand the makeup of our community, the disparities that exist and to inform program development and delivery of care

DELIVERABLES
Establish an inclusive, accessible, and patient-centred process to collect health equity data

Create dashboards for leaders to evaluate and improve data collection efforts

OBJECTIVE

Develop an action plan for the organization that prioritizes understanding and addressing patients' and families' needs and removing practices that cause harm for equity-deserving communities

DELIVERABLES

Ensure the annual Quality Improvement Plan (QIP) includes equity dimensions and improvements to reduce harm for equity-deserving communities

Implement transparent Patient Experience process and resources to support patients in equity-related concerns

OBJECTIVE

With patients and families, co-design and implement patient-centric programs and resources that promote health equity and psychological safety

DELIVERABLES

Introduce resources to support the development of health equity and inclusive engagement within clinical programs

Revise and co-design patient engagement framework to centre health equity, diversity and inclusion

Create and implement patient-centred resources that are reflective of our commitment to inclusion at 100% of HHS sites

Ensure access to language and interpretation services for all patient-facing areas

EDI PLAN PILLAR: PEOPLE

DESIRED OUTCOME

Foster a safe and inclusive work environment that encourages transparency, values diverse voices, is free from racism, discrimination and oppression, and reflects the communities we serve.

OBJECTIVES AND DELIVERABLES

OBJECTIVE

Redesign and standardize recruitment processes to ensure EDI and improve representation of equity-deserving staff and physicians at all levels of the organization

DELIVERABLES

Collect data on workforce diversity to address challenges and inequities

Develop pathways to support equity-deserving students and professionals in building careers in health care and at HHS

Review HHS' people-focused processes and policies (e.g., recruitment, compensation and onboarding) and identify priorities for revision to centre equitable and inclusive practices

OBJECTIVE

Expand and offer resources, initiatives and development opportunities to equity-deserving staff and physicians to support career development, retention and foster a sense of inclusion and belonging

DELIVERABLES

Create process and support for staff and leaders to initiate expansion of affinity groups

Implement mentorship and leadership development opportunities for equity-deserving staff and physicians, with dedicated funding

OBJECTIVE

Provide staff, physicians and leaders with opportunities to develop skills and competencies to act inclusively, manage diverse teams, and apply an EDI lens to decision-making, starting with the Board and Executive Leadership Team

DELIVERABLES

Co-design and develop EDI Leadership Competency Framework

Achieve 100% initial EDI training completion rate for Board and Executive Leadership Team

Achieve 75% initial EDI training completion rate for staff/physician leaders

Develop internal EDI curriculum for all staff, physicians and leaders, including an implementation plan

OBJECTIVE

Embed EDI accountability and expectations in performance evaluations and measurement tools, starting with the Board and Executive Leadership Team

DELIVERABLES

Update HHS' performance evaluation template for Executive Leadership Team to include EDI accountabilities

Update Director, Chief, Manager performance evaluation template

Update frontline staff/physician performance evaluation template

Include EDI metrics from My Voice Matters in annual planning processes for leaders

EDI PLAN PILLAR: SUSTAINABILITY

DESIRED OUTCOME

Create an infrastructure to sustain EDI across the organization by investing in authentic community partnerships and addressing the root causes of racism, discrimination and oppression.

OBJECTIVES AND DELIVERABLES

OBJECTIVE
Develop a governance structure and systems to inform, evaluate, track and monitor progress and accountability on EDI objectives

DELIVERABLES
Establish an EDI Steering Committee

100% of Executive Leadership Team, Directors, Chiefs, and Managers have at least one EDI deliverable in their annual objectives

Create dashboards for leaders to evaluate and improve health equity indicators

OBJECTIVE
Review and revise policies to remove biases and barriers in order to reflect and promote the principles of equity, diversity and inclusion

DELIVERABLES
Implement Anti-Racism policy

Conduct a prioritization for policy review and implement revision plan

Review HHS' strategic plan, mission, vision and values to ensure the organization's commitment to EDI and its EDI Plan is well represented

OBJECTIVE

Develop and implement a standard for EDI issue resolution process that includes anonymous reporting

DELIVERABLES

Co-design a new resolution process

OBJECTIVE

Embed EDI principles in corporate functions, including but not limited to procurement, facilities, IT, etc.

DELIVERABLES

Revise procurement policies to employ value-based procurement processes and ensure that vendor partners are aligned with HHS' EDI priorities and commitments

OBJECTIVE

Establish new and strengthen existing community relationships to build authentic partnerships with community members in order to address health inequities

DELIVERABLES

Initiate annual recruitment campaign to expand representation of equity-deserving groups on patient and family advisory committees

Introduce an EDI-focused community engagement role to develop and implement a corporate approach to community consultation and engagement for partnerships

EDI PLAN PILLAR: RESEARCH, INNOVATION & LEARNING

DESIRED OUTCOME

Improve professional practice, education, and research to reduce health inequities.

OBJECTIVES AND DELIVERABLES

OBJECTIVE
Establish an EDI research and innovation governance structure that reports into HHS' overarching EDI Steering Committee

DELIVERABLES
Establish governance structure terms of reference and membership

OBJECTIVE
Align research and innovation strategy and policies to identify, address and remove systemic biases and barriers, reflect EDI best practices, and align with HHS' EDI commitments

DELIVERABLES
Establish an equitable peer review criteria for research grants, stipends and awards

OBJECTIVE

Build capacity with diverse communities to conduct ethical and equitable research in order to understand and improve social determinants of health and health inequities

DELIVERABLES

Co-design infrastructure to support research projects for equity deserving groups

Collect equity data for research enterprise using principal investigator database

OBJECTIVE

Embed EDI in innovation projects

DELIVERABLES

Collect data on innovation initiatives that have an EDI dimension

Develop and implement decision-making matrix for innovation projects that prioritize EDI

TIMELINE

Here's how the deliverables outlined in our EDI Plan will be executed over the next five years in order to achieve our overarching objectives for change.

Year 1 – 2023-24

Launch 2023-28 EDI Plan

Implement Anti-Racism policy

Introduce resources to support the development of health equity and inclusive engagement within clinical programs

Establish an EDI Steering Committee

Revise procurement policies to employ value-based procurement processes and ensure that vendor partners are aligned with HHS' EDI priorities and commitments

Co-design and develop EDI Leadership Competency Framework

Achieve 100% initial EDI training completion rate for Board and Executive Leadership Team

Establish an inclusive, accessible, and patient-centred process to collect health equity data

Ensure the annual Quality Improvement Plan (QIP) includes equity dimensions and improvements to reduce harm for equity-deserving communities

Conduct a prioritization for policy review and implement revision plan

Year 2 – 2024-25

Update HHS' performance evaluation template for Executive Leadership Team to include EDI accountabilities

100% of Executive Leadership Team, Directors, Chiefs, and Managers have at least one EDI deliverable in their annual objectives

Review HHS' strategic plan, mission, vision and values to ensure the organization's commitment to EDI and its EDI Plan is well represented

Establish EDI research and innovation governance structure terms of reference and membership

Collect data on innovation initiatives that have an EDI dimension

Achieve 75% initial EDI training completion rate for staff/physician leaders

Create dashboards for leaders to evaluate and improve health equity data collection efforts

Collect data on workforce diversity to address challenges and inequities

Initiate annual recruitment campaign to expand representation of equity-deserving groups on patient and family advisory committees

Establish an equitable peer review criteria for research grants, stipends and awards

Co-design an issue resolution process

Year 3 – 2025-26

Create process and support for staff and leaders to initiate expansion of affinity groups

Develop internal EDI curriculum for all staff, physicians and leaders, including an implementation plan

Update Director, Chief, Manager performance evaluation template to include EDI accountabilities

Include EDI metrics from My Voice Matters in annual planning processes for leaders

Co-design infrastructure to support research projects for equity deserving groups

Develop pathways to support equity deserving students and professionals in building careers in health care and at HHS

Ensure access to language and interpretation services for all patient-facing areas

Revise and co-design patient engagement framework to centre health equity, diversity and inclusion

Introduce an EDI-focused community engagement role to develop and implement a corporate approach to community consultation and engagement for partnerships

Implement transparent Patient Experience process and resources to support patients in equity-related concerns

Year 4 – 2026-27

Develop and implement decision-making matrix for innovation projects that prioritize EDI

Create and implement patient-centred resources that are reflective of our commitment to inclusion at 100% of HHS sites

Implement mentorship and leadership development opportunities for equity-deserving staff and physicians, with dedicated funding

Review HHS' people-focused processes and policies (e.g., recruitment, compensation and onboarding) and identify priorities for revision to centre equitable and inclusive practices

Collect equity data for research enterprise using principal investigator database

Year 5 – 2027-28

Update frontline staff/physician performance evaluation template to include EDI accountabilities

Create dashboards for leaders to evaluate and improve health equity indicators

Evaluate 2023-28 EDI Plan and prepare new EDI Plan

WHAT SUCCESS LOOKS LIKE

The objectives and deliverables outlined in our 2023-28 EDI Plan are things we believe must be addressed first in order to position HHS for future progress. We will know we have been successful when:

- Care at HHS is more patient-centred, culturally informed, equitable and accessible for all patients and families

- Our workforce and leadership reflect the diverse communities we serve

- Sustainable EDI infrastructure exists across HHS, and we have even stronger, more authentic partnerships with our community

- Equity-deserving patients have better health outcomes and health inequities are reduced

This is the future we are working toward – one that brings to life our Vision of *Best Care for All*.

SOURCES

We are grateful to be able to learn from other organizations who are leaders in the areas of equity, diversity and inclusion. Some of the sources we used to develop the key term definitions on page 6-9 of this plan include:

- The Canadian Centre for Diversity and Inclusion, 2022 Glossary of Terms

- The Ontario Human Rights Commission, Glossary of Human Rights Terms

- D&I Leaders, Global Diversity, Equity & Inclusion Benchmarks

EDI RESOURCES

FOR HHS STAFF, PHYSICIANS, LEARNERS AND VOLUNTEERS
(links in Citrix)

Equity, Diversity and Inclusion Hub page
https://hub.hhsc.ca/initiatives/Pages/Equity,-Diversity-and-Inclusion-(EDI)-.aspx

Employee and Family Assistance Program
(Homewood Health)
https://hub.hhsc.ca/yourhhs/hsw/eap/Pages/default.aspx

Centre for People Development
https://centreforpeopledevelopment.ca

FOR PATIENTS AND FAMILIES

Equity, Diversity and Inclusion webpage
https://www.hamiltonhealthsciences.ca/edi

Patient Experience and Feedback
https://www.hamiltonhealthsciences.ca/patients-visitors/patient-experience-feedback

If you have questions or comments about our EDI Plan, or would like to share your lived experience, please email inclusion@hhsc.ca.

For ongoing updates about EDI at HHS, **visit our website**.

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