OHT Patient, Caregiver & Community Engagement Learning Series

Module 3: Equity, Diversity and Inclusion

Support House
Centre for Innovation in Peer Support
ONTARIO SPOR SUPPORT UNIT
Trillium Health Partners
INSTITUTE FOR BETTER HEALTH

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How to Use This Workbook

To Cite this Document

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Legal

The materials in this workbook are general guidelines only. This workbook is not intended to provide legal advice. If there is a discrepancy between this document and any applicable legislation, the legislation will always prevail.

Document Layout

This workbook consists of 6 sections. **Section one** includes definitions (equity, diversity, inclusion) and some key reflective statements you can work through with your team when undertaking EDI approaches in your

work. **Section two** focuses on power and privilege including a self-reflection exercise. **Section three** focuses on bias, the Examining Bias Model and includes self reflection exercises on perceptions and how to better understand and challenge them. **Section four** includes a set of reflection questions for you and your team when considering EDI in engagement and co-design work. **Section five** outlines a Framework for Trauma Informed, Inclusive and Safe Engagement Practices. Finally, **section six** outlines additional resources you can access.

Section 1: Equity, Diversity and Inclusion (EDI)

EQUITY- An outcome where people are not disadvantaged based on differences in their identities or lived experiences.

DIVERSITY- Demographic mix of the community. A diverse community includes a wide range of expressions and experiences, including different gender identities, ethno-racial identities, sexual orientations, abilities and other identity factors.

INCLUSION- The creation of an environment where everyone is treated fairly and feels welcome and respected.

These definitions are Adapted from: University of Toronto, Equity, Diversity and Inclusion in Research and Innovation (and used in Dr. Sayani's accompanying presentation/webinar which will be posted here: Patient Experience Team - YouTube

EQUITY DESERVING GROUPS- "communities that face significant collective challenges in participating in society. This marginalization could be created by attitudinal, historic, social and environmental barriers based on age, ethnicity, disability, economic status, gender identity, nationality, race, sexual orientation, etc. Equity-seeking groups are those that identify barriers to equal access, opportunities and resources due to disadvantage and discrimination and actively seek social justice and reparation." See: equity-seeking groups | Canada Council for the Arts

Here are some reflection questions that may help you and your organization (or Ontario Health Team) guide your EDI strategies:

1) What is the socio-economic and demographic make-up of your community (Ontario Health Team)? (e.g., age, ethnicity, gender, income, housing tenure, housing suitability, indicators of poverty, etc.)[1]
    a. How are these characteristics reflected (or not) in the various working groups of your organization or OHT? Consider the definition of equity deserving groups provided above when thinking about the members of your community.

[1] Note that these data are available for your area in the 2021 census

2) What strategies do you have in place to reach out to equity deserving groups in your community to balance representation among the working groups (e.g., who amongst your teams is already connected to equity deserving groups and how can they help you foster deeper connections?)
3) What are the priorities of the various equity deserving groups in your community?
    a. How will this be considered amongst the priorities of your organization (or OHTs)?
4) How do the equity deserving groups in your community prefer to be engaged?

Section 2: Power and Privilege

POWER

"Access to privileges such as information/ knowledge, connections, experience and expertise, resources and decision-making that enhance a person's chances of getting what they need to live a comfortable, safe, productive and profitable life" (Ontario Human Rights Commission).

PRIVILEGE

"Unearned power, benefits, advantages, access and/or opportunities that exist for members of the dominant group(s) in society. Can also refer to the relative privilege of one group compared to another" (Ontario Human Rights Commission).

Privilege is not the absence of struggle; privilege means that certain parts of your identity do not add to your struggles.

Areas of identity impact our power and privilege

Areas of identity that can affect our power and privilege. There are dominant groups in each of these categories that have more power:

- Religion
- Social class/socio economic status
- Ability/Disability
- Age Group
- Education
- Appearance
- Language
- Occupation
- Place of Origin
- Where you live
- Sexual orientation
- Gender
- Race
- Skin colour
- Ethnic group
- Family Status (separated, single parent, etc.)
- Any Others:

Privilege Statements Reflection

Disclaimer: Please be aware the following content may be upsetting to some of us, we encourage you to seek supports if this content affects you.

Place a checkmark next to any item that you consider to be true to your experiences.

☐	I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed.[1]
☐	When I am told about our national heritage I am shown that people of my skin colour made it to be what it is today.[1]
☐	I can easily buy posters, post-cards, picture books, greeting cards, dolls, toys and children's magazines featuring people of my race.[1]
☐	I can choose blemish cover or bandages in "flesh" colour and have them more or less match my skin.[1]
☐	I can generally walk into a space and know I will not be the only person with my skin colour.
☐	I can generally walk into a space and know I will not be the only person of my race.
☐	People of my race or skin colour are well represented in positions of power in my community.
☐	I have not been harassed, threatened or experienced violence because of my race, skin colour, gender identity, or sexual orientation.
☐	I am able to travel freely without fear of discrimination or violence in the countries I travel to.
☐	I am comfortable talking about my partners/dating relationships and sexual orientation with friends, family and co-workers.[2]
☐	I have never had to "come out" about my sexuality.[4]
☐	I am guaranteed to easily find sexuality education materials for couples of my sexual orientation.[3]
☐	People of my sexual orientation are well represented in positions of power in my workplace.[3]
☐	My first language is English.[2]
☐	I have never been told I'm overweight or "too skinny."[5]
☐	I have completed post-secondary education.
☐	People of my ethnicity are well represented in positions of power in my community.
☐	Healthcare services recognize and understand my cultural healing practices.
☐	Your eyesight, smile, and general health aren't inhibited by your income.[8]
☐	I can worship freely, without fear of violence or threats.[7]
☐	Politicians responsible for your governance are probably members of your faith.[7]
☐	I've never skipped a meal to save money.[5]

☐	I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed.[1]
☐	You can update your wardrobe with new clothes to match current styles and trends.[8]
☐	If I break or lose something I can replace it easily. I do not have to shop around for the best buy or wait for sales.
☐	Law enforcement officials will likely assume I am a non-threatening person once they see me and hear me.[6]
☐	I have never had an addiction.[13]
☐	I have not been diagnosed with a disability (including a mental illness).
☐	I do not have any physical impairments or what others consider to be differences.
☐	I have never felt unsafe because of my gender.[5]
☐	I can be assured that my entire neighborhood will be accessible to me.[9]
☐	I am not assumed to be irresponsible because of my age.
☐	I am not seen as less competent or inexperienced because of my age.
☐	My overall appearance is considered culturally acceptable and is not ignored by the beauty/fashion/health industry.[10]
☐	I have not felt objectified because of my gender.
☐	A decision to hire me won't be based on whether the employer assumes I will be having children in the near future.
☐	I can use public restrooms without fear of verbal abuse, physical intimidation, or arrest.[11]
☐	I can use public facilities such as gym locker rooms and store changing rooms without stares, fear, or anxiety.[11]
☐	I can reasonably assume that my ability to acquire a job, rent an apartment, or secure a loan will not be denied on the basis of my gender identity/expression.[11]
☐	I can assume that everyone I encounter will understand my identity and will not think I'm confused, misled, or hell-bound when I reveal it to them.[11]
☐	If I'm dating someone, I know they aren't just looking to satisfy a curiosity or kink pertaining to my gender identity (e.g., the "novelty" of having sex with a trans person).[11]
☐	I am not assumed to be unhealthy just because of my size.[12]
☐	I am not perceived as looking "sloppy" or unprofessional based on my size.[12]
☐	I have not experienced abuse.
☐	I feel connected to my family members.
☐	I have had a role model or mentor in my life.
☐	My gender is represented as an option on a form.[11]

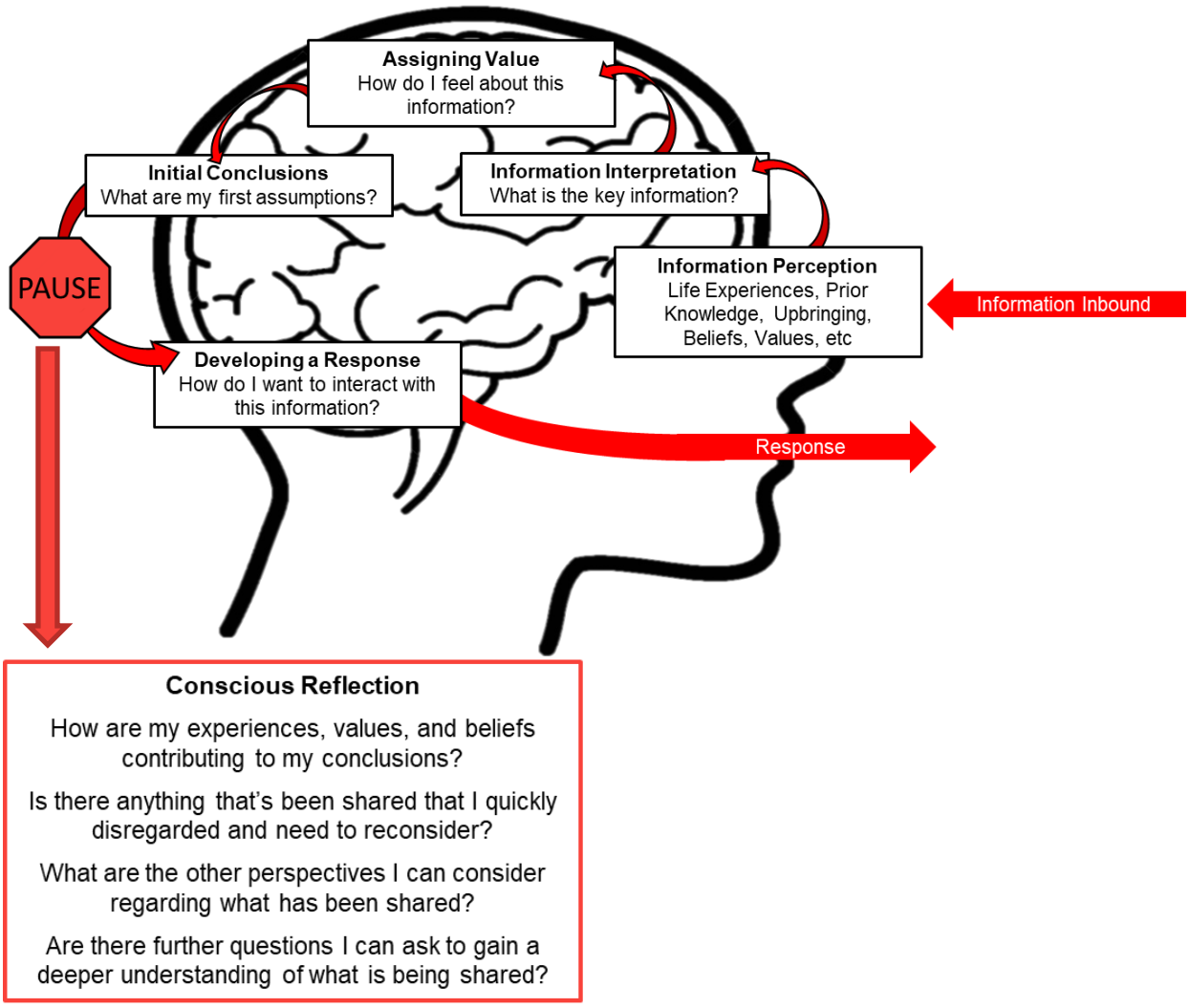
Section 3- Bias

BIAS

"Bias is a natural inclination for or against an idea, object, group, or individual. It is often learned and is highly dependent on variables like a person's socioeconomic status, race, ethnicity, educational background, etc. (Psychology Today).

Examining Bias Model

The Examining Bias Model was created by Ethan Hopkins at the Centre for Innovation in Peer Support (2021). It is adapted from: the ladder of inference, initially developed by Chris Argyris and published in Senge, P. M. (1990). The fifth discipline: the art and practice of the learning organization. Doubleday/Currency.



EXAMPLE: Someone arrives late at work and tells us "I'm having a really rough day, my kids were late getting ready for school this morning, I didn't sleep well last night, and the line at Tim Hortons took forever."	
Stage	**Example**
Information Perception: Often unconsciously, when we receive information, we filter it through our perceptions (life experiences, prior knowledge, upbringing, beliefs and personal values).	We didn't sleep well last night either but we got to work on time, punctuality is something we consider to be a core value of ours and we were always taught that it is rude to stop for coffee if you know you're going to be late.
Interpreting Information: We then interpret this information in accordance with our perceptions, retaining certain elements and disregarding others.	We pick out the lack of sleep and stopping at Tim Horton's as the "important" parts of the story.
Assign Value: From the elements we have retained we assign a value regarding how we feel about the information.	Not getting enough sleep isn't a valid excuse, and this person stopping at Tim's was unnecessary and rude.
Initial Conclusions: These perceptions, interpretations and values make up our initial conclusions and first assumptions.	This person is in the wrong, they should have gone to bed earlier and not have made a stop if they knew they were going to be late
Once we acknowledge our initial conclusions, we can consciously pause and take a moment to reflect and challenge our assumptions.	
Conscious Reflection: • How are my experiences, values, and beliefs contributing my conclusions? • Is there anything that's been shared that I quickly disregarded and need to reconsider? • What are the other perspectives I can consider regarding what has been shared? • Are there further questions I can ask to gain a deeper understanding of what is being shared?	Reflection Examples: • We feel resentment because we would have benefitted from taking it slower this morning, getting Tim's and coming in late • We disregarded that this person mentioned their kids being late getting ready for school. • Perhaps they stopped at Tim's to get their kids breakfast because they were running late. • It's stressful being a parent sometimes, maybe that's why they weren't sleeping well last night. • Is this person's schedule supportive to their home life? • Is there anything we could do to assist this person in arriving on time?
Developing our Response: At this point we can use our conscious reflections to develop a response that is supportive and challenges any biases we have.	We acknowledge that we need to ask some further questions before getting frustrated and see if there are accommodations we can make to be of support to this person
Conveying Our Response	"Thank you for sharing that with me, I hear that you have a lot going on in the morning. Would it be helpful if we moved your start time back by a half hour so you have more time for your family's morning routine and you don't have to rush to work?"

Working Through our Perceptions

Step One – Observe your underlying, default responses

Record your authentic first thought and first feeling in regarding following experiences, identities and attitudes of others. These are for your personal reflection only.

Experience, Identity or Attitude	Thought	Feeling
Substance Use (cannabis, opioids, crack, cocaine, crystal meth etc.)		
Addiction (any substance or activity)		
Psychosis (e.g., hallucinations, delusions)		
Suicidality		
Self-harm		
Grief		
Homelessness		
HIV		
Hoarding		
Criminal activity		
Trauma		
Personality disorders		
Mood disorders		
Anxiety disorders		
Drug use and mental illness occurring together		
Engagement in sex work		
All gender identities		
All sexual orientations		
Living with mice, ticks, fleas, bed bugs		
Religious/spiritual beliefs and practices that are different from yours		
Someone of a race that is different than yours		

Experience, Identity or Attitude	Thought	Feeling
Someone with skin colour that is different than yours		
Contraception use		
Racist beliefs		
Transphobic/homophobic beliefs		
Xenophobic beliefs (prejudice against people from other countries)		
Someone involved with the criminal justice system		
Someone with a history of violence		

Step Two – Contemplating and challenging our perceptions

Choose three of the items you would like to challenge from above.

Why do you think/feel this? (Life experiences, prior knowledge, upbringing, beliefs, values)

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

What assumptions have you made?

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

Pause & Reflect

- How are your experiences, values, and beliefs contributing your conclusions?
- Is there anything that's been shared that you quickly disregarded and need to reconsider?
- What are the other perspectives you can consider regarding what has been shared?
- Are there further questions you can ask to gain a deeper understanding of what is being shared?

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

We encourage you to continue to reflect on how bias appears in your life and work and revisit this model as it serves you.

Section 4- Reflection Questions When Considering EDI in Engagement and Co-Design

Sandra Moll and colleagues from McMaster University published a paper in BMJ Open called Are you really doing 'co-design'? Critical reflections when working with vulnerable populations, published in BMJ Open. The full paper can be found at this link: Are you really doing 'codesign'? Critical reflections when working with vulnerable populations | BMJ Open

They put together a set of Reflective Questions that you can answer prior to Doing Co-Design with Equity Deserving Groups. You can work through these questions with your team.

*an additional question and comment was added by a community partner

Where are you starting from?

1. What are your worldviews, assumptions and values relevant to the issue(s) or problem(s) you are trying to address?
2. How open are you to being transformed by other worldviews?
3. How will you respectfully interact and compassionately attend to human diversity, and various ways of knowing?
4. How will you interrogate power and privilege?
5. How will you make time and space for sharing, dialogue and co-creation despite timelines and resource constraints?

What should you be doing?

1. How will you purposefully select a broad range of stakeholder perspectives and representatives? How do you define inclusive participation?
2. What tools, processes and techniques will you use to fully understand lived experiences, build rapport and foster trust within an environment of open and respectful dialogue?
3. How will you tap into tacit knowledge, creativity and shared meaning of diverse perspectives to co-create a shared vision for improvement?
4. *How do you use stories and lived experiences as arguments supporting a vision?
   *When using data to inform your plan or vision, keep in mind what data are not collected.

What are your intended outputs?

1. How will you facilitate implementation of prototype solutions?
2. How will you foster commitment to change to minimise the risk of tokenistic engagement of vulnerable populations and perpetuating the status quo?
3. How will your co-design processes build capacity and forge new ways of communicating, and in doing so shift service cultures toward greater empathy, trust, shared commitment and advocacy?
4. How will you determine if your project has achieved the desired outcomes?
5. Will these outcomes be sustainable?

Section 5- A Framework for Trauma Informed, Inclusive and Safe Engagement Practices

The Valuing All Voices Framework include concepts and practices that you can use to guide your engagement activities. The goal of the framework is to provide guidance to teams in using trauma informed, safe and inclusive engagement practices.

The framework was initially designed during a workshop in Manitoba with 50 stakeholders (including patients, caregivers, members of the community, community organization leaders, health care providers, researchers and decision makers) and later refined following interviews with populations who tend to excluded from (or underrepresented in) engagement activities including Inuit, immigrants and/or newcomers and refugees, and people with lived experience with a mental health condition.

The full paper by Roche et al (2020) is called: “Valuing All Voices: refining a trauma-informed, intersectional and critical reflexive framework for patient engagement in health research using a qualitative descriptive approach” and can be found here Valuing All Voices: refining a trauma-informed, intersectional and critical reflexive framework for patient engagement in health research using a qualitative descriptive approach | Research Involvement and Engagement | Full Text (biomedcentral.com).

*Some modifications were made to the examples listed in the table below (on how to operationalize each concept). For each OHT engagement learning series session we provide a workbook. In certain sections in the table below, we outline which workbook might be helpful. If you need a copy of the workbooks email Kerry at Kerry.Kuluski@thp.ca

Key Components of the Framework and How to Operationalize Them
Concept 1: Trust • Ensuring everyone feels safe and supported • Relying on others to care for you • Treating people with dignity and respect • Believing • Loving • Cultivating openness and honesty • People knowing they can share whatever they need to share • Improved when both people have had the same experiences • Assuming the best intentions when people appear to be acting difficult or challenging • Interpersonal communication and listening • Two-way relationships – symbiotic, reciprocal • Between family, community, and country; regardless of race or ethnicity • Accountability and confidentiality
How to Practice Trust

Key Components of the Framework and How to Operationalize Them

- Allow time to build trust
- Strengths-based approach (framing challenges positively, focus on resilience)
- Use principles such as OCAP™ (Ownership, Access, Control, and Possession)
- Maintain open communication and follow-up with participants and partners
- **See workbook from OHT Learning Series on Communication, Compassion and Empathy**

Concept 2: Self-Awareness

- Educating yourself
- Acknowledging privilege and biases
- Understanding the impact of discrimination based on ethnicity, gender, class, ability, sexuality, age, size, and/or Indigeneity on individuals' health and well-being
- Understanding one's self
- Being aware of individual physical presence and navigation of surroundings
- Being aware of one's own values and internal state
- Recognizing we are all works in progress, on journeys of health or recovers, understanding where you are on that, and identifying triggers
- Being aware of power & knowledge imbalances
- Assessing own liabilities & assets

How to Practice Self-Awareness

- Willingness to do work on trauma-informed practice and safety **(see workbook from OHT Learning Series on Bearing Witness to Lived Experience)** *
- Ensuring support is available (e.g. family, dedicated person on your team, peer) *

Concept 3: Understanding & Acceptance

- Listening and valuing all perspectives, in order to gain appreciation for others' feelings
- Compassion
- Appreciating resilience: supporting individuals', families', communities', and ethnicities' ability to overcome challenges of all kinds
- Acknowledging cultural differences
- Appreciating the courage and strength of vulnerability (resilience)
- Genuinely valuing others' experiences
- Compassionate understanding without judgement
- Not to be confused with sympathy or pity
- Empowerment, not enabling
- Acceptance, NOT tolerance

How to Practice Understanding & Acceptance

- Balance with critical evaluation (to avoid being pulled into negativity)
- Sharing stories and hearing other's stories **(see workbook from OHT Learning Series on Bearing Witness to Lived Experience)** *

Key Components of the Framework and How to Operationalize Them
• Foster recovery-oriented, strengths-based approaches, which emphasize hope, social inclusion, and community and personal empowerment
Concept 4: Relationship-Building • Acknowledging power imbalances • Recognizing opportunities to embrace resistance • Understanding the situation • Understanding construction of social expectations/structure • Understanding different cultural practices • Creating a warm & welcoming environment • Helping patient & public partners understand the research process, "which mountains can be moved and which ones can't" • Maintaining two-way communication and connection • Accountability • OCAP (Ownership, Control, Access & Possession)™ principles
How to Practice Relationship-Building • Allow time to develop relationships • Spend time together • Being open and willing to self-disclose • **See workbook from OHT Learning Series on Communication, Compassion and Empathy**
Concept 5: Knowledge Sharing, Education & Communication • Educating patient and public partners by outlining the process of research; ensuring follow-up and impact; and potential policy and political influence • Using different modes of communication for different literacy levels, audiences • Engaging early in the process (integrated knowledge translation)
How to Practice Knowledge Sharing, Education & Communication • Outline the steps in the work you are doing together • Each member of a working group discusses expectations (as a way to assess aligned purpose and fit) * • Validation (member-checking) of your findings

Section 6- Other Resources

Check out Healthcare Excellence Canada's resources (including webinars and slide decks) on EDI and anti-oppressive practices

Opening ourselves: An introduction to anti-oppression practices and frameworks (part 1) (healthcareexcellence.ca)

Equity Mobilizing Partnerships in Community (EMPaCT), a group of dedicated community partners and researchers who provide resources and support "to centre the voice of diverse community members and build capacity for equitable patient-oriented partnerships." They have a website and digital library with webinars and videos (see links below).

The EMPaCT website: https://www.wchwihv.ca/our-work/empact/ - for people who may wish to reach out to EMPaCT

The EMPaCT digital library: https://www.youtube.com/playlist?list=PLzHrzjx0m0snbDrkPxbdbgBbgilSDzdA9 – includes webinars and co-designed videos;

Check out a published paper by Sayani et al on building equitable patient partnerships – key considerations: https://www.longwoods.com/content/26582/healthcare-policy/building-equitable-patient-partnerships-during-the-covid-19-pandemic-challenges-and-key-considerati?platform=hootsuite&utm_campaign=HSCampaign

For further self-reflection see:
The Race Implicit Bias Test: Race ('Black - White' IAT).

Description: This test requires the ability to distinguish faces of European and Black-African origin. It indicates that most Americans have an automatic preference for white over black individuals. https://implicit.harvard.edu/implicit/Study?tid=-1

They also have tests for age, religion, skin tone, gender-identity, Asian-European implicit biases and more https://implicit.harvard.edu/implicit/selectatest.html

Please note that this is a tool *to help you to start* thinking about some implicit biases you may have; however, some research published in the past few years indicate IAT scores can't necessarily predict real-world behaviours of discrimination https://www.utoronto.ca/news/common-test-evaluate-people-s-implicit-bias-has-been-oversold-u-t-researcher-says

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