

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
19 September 2022 / 19 septembre 2022**

**Submitted on September 8, 2022
Soumis le 8 septembre 2022**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2022-OPH-EDI-0002

SUBJECT: Health Equity, Diversity and Inclusion at Ottawa Public Health

OBJET: Équité, diversité et inclusion en matière de santé à Santé publique Ottawa

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit:

- 1. Receive, for information, the results of Ottawa Public Health's diversity audit, as highlighted in this report and found at Document 2, attached; and**
- 2. Approve the Health Equity, Diversity and Inclusion Action Plan for 2022 and 2023, as described in this report.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire d'Ottawa :

- 1. prenne connaissance, à titre d'information, des résultats de la vérification de la diversité de Santé publique Ottawa qui figurent dans le présent rapport et dans le document 2 ci-joint; et**
- 2. approuve le plan d'action sur l'équité, la diversité et l'inclusion en matière de santé pour 2022 et 2023 décrit dans le présent rapport.**

EXECUTIVE SUMMARY

This report's main objective is to highlight the anti-racism action plan activities completed in 2022, share the findings and recommendations of OPH's diversity audit, and highlight the Health Equity, Diversity, and Inclusion (HEDI) Action Plan for the remainder of 2022 and 2023.

Anti-Racism Action Plan Activities

The groundwork at OPH has been laid over the last 5 years, whereby the Board of Health declared racism as one of the important social determinants of health, which led to the development and approval of OPH's Anti-Racism, Anti-Oppression (ARAO) workplace policy in 2021. An ARAO action plan was then developed and feedback was solicited from a community partner who recommended the completion of an organizational diversity audit by an external consultant.

In addition to coordinating the diversity audit in 2022, the Anti-Racism Team (ART) led anti-racism education sessions for all staff, facilitated supportive spaces for Indigenous, Black and Racialized staff, and developed an ARAO resource page, as well as partnered with the OPH Communications Team to disseminate anti-racism resources and information.

Diversity Audit

The diversity audit, completed by Dr. Ariff Kachra from Strat-Ology, aimed to evaluate the effectiveness of OPH's ARAO policy and action plans, assess the state of diversity, equity, and inclusion (DEI) at OPH, and provide recommendations for institutional and structural changes within the organization.

Findings

Strat-Ology found that the overall culture at OPH is interested and engaged in improving DEI, which provides an enabling context for change.

In terms of the state of DEI, the report describes a ‘divide’ in perspectives. The Senior Leadership Team (SLT), Board members and leaders who participated in the audit believe that more diversity at OPH will allow the organization to better serve the community and achieve its health equity goals. The report also shared Human Resource (HR) leaders’ impression that the organization is moving forward since they receive few formal DEI-related complaints.

On the other hand, although racialized staff acknowledged improvements in diversity within the organization over the last 2 years, every racialized staff member shared multiple occurrences of incidental and systemic racism and discrimination. Further, racialized staff highlighted the lack of representation within leadership, challenges in being promoted due to bias and a lack of transparency, and the risks of being negatively labelled when contemplating reporting instances of racism and discrimination.

Recommendations

According to Strat-Ology, action plans to operationalize OPH’s ARAO rely heavily on awareness raising initiatives and trainings to increase organizational capacity to deal with DEI issues and address bias. As a result, more diverse staff will be hired, and eventually more DEI related structures and processes will be developed. However, the report conveys that this approach to DEI focusses on individual actions and behavior change, which are difficult to hold accountable and never lead to system level changes.

Strat-Ology believes a strategic shift is required to focus on system level actions, such as the development and implementation of new structures and processes that will drive DEI at OPH, and the redesign of existing policies and procedures that discriminate and exclude equity deserving groups (EDGs).

To support this DEI approach, Strat-Ology recommends eight actionable areas of change:

1. Hiring a new SLT member and DEI Planning & Implementation Team responsible for driving DEI by facilitating and coordinating structural, process, and systemic changes.
2. Accountability structures that engage voices from inside and outside OPH to ensure roadmaps for change are being developed, validated, and implemented.
3. Innovation teams that bring together community health innovators with OPH staff to develop new programs and processes that would allow OPH to achieve its ARAO Policy’s intent.

4. Instituting processes and structures dedicated to dismantling systemic and incidental barriers faced by members of EDGs, beginning with a detailed and formal review of current HR processes and the inherent systemic barriers faced by members of EDGs when it comes to recruitment, mentorship, advancement, and retention. This would also entail reviewing the City's Workplace Violence and Harassment Policy.
5. An internal data collection process that focuses on measuring the changing diversity levels across the organization and at the level of managerial ranks, job categories, and service delivery teams. It is important to ensure that those interpreting the data and designing action plans come from backgrounds reflected in the data.
6. A transparent and easy-to-access process for members of EDGs to report DEI challenges for formal review and investigation and informal information sharing.
7. Community-based engagement structures that ensure OPH is: (1) hearing the voices of the more marginalized communities in Ottawa, (2) creating regular opportunities for engagement, and (3) providing opportunities for community members to evaluate access and relevance of existing services. This will help OPH build a detailed map of health equity gaps among racialized communities in Ottawa.
8. Highly experiential training and development for leaders to build the necessary advanced skills and proficiencies to deal with DEI-related challenges better.

HEDI Action Plan

The newly formed HEDI service area has developed an internally focused action plan to address the structures and processes identified by Strat-Ology to drive DEI and address systemic racism within OPH. As the service area becomes more established over the next few months, an externally focused action plan will be shared with the Board outlining community actions and collaboration with partners.

For the remainder of 2022 and 2023, the HEDI Action plan prioritizes:

1. Establishing the structure and operationalizing action plan priorities.
2. Collecting DEI related stories to capture the experiences and identities of equity deserving staff to explore race, gender, sexuality, ability/disability, faith/religion, language, pertaining to recruitment, advancement, mentorship, and retention.
3. Reviewing the City's hiring policies and the Workplace Violence and Harassment Policy to begin to make changes to both. OPH plans to partner with the City's HR and DEI teams to support this work and OPH internal processes.

4. Setting targets that identify equity-deserving staff for leadership roles to take part in OPH's leadership program and track their progress over the course of 3 years.
5. Exploring the development of an OPH DEI dashboard that will list diversity within the organization's various service areas, job status, and at the leadership level.
6. Developing custom training for leaders to build advanced skills and proficiencies to better address DEI-related challenges.
7. Re-establishing an anti-racism steering committee.
8. Developing a process to include a HEDI Lens in the review of OPH policies

SOMMAIRE

L'objectif principal du présent rapport est de parler des activités du plan d'action contre le racisme réalisées en 2022, de communiquer les constatations et recommandations découlant de la vérification de la diversité de SPO et de faire ressortir le plan d'action sur l'équité, la diversité et l'inclusion en matière de santé (EDIS) pour le reste de 2022 et pour 2023.

Activités du plan d'action contre le racisme

Dans les cinq dernières années, SPO a jeté les bases qui ont permis au Conseil de santé de reconnaître que le racisme est un des déterminants sociaux importants de la santé, ce qui a mené à l'élaboration et à l'approbation de la politique sur la lutte contre le racisme et l'oppression en milieu de travail (LROMT) de SPO en 2021. Un plan d'action sur la LROMT a ensuite été élaboré et soumis pour rétroaction à un partenaire communautaire, qui a recommandé la réalisation d'une vérification de la diversité organisationnelle par un consultant externe.

En plus d'organiser la vérification de la diversité en 2022, l'équipe de lutte contre le racisme a animé des séances de sensibilisation à cette lutte pour tout le personnel, aménagé des espaces favorables pour le personnel autochtone, noir ou racisé et créé une page de ressources pour la LROMT. Elle s'est également associée à l'équipe des communications de SPO pour diffuser des ressources et de l'information sur la lutte contre le racisme.

Vérification de la diversité

La vérification de la diversité, effectuée par Ariff Kachra de Strat-ology, visait à évaluer l'efficacité de la politique et des plans d'action de SPO en matière de LROMT, à voir où

en était la diversité, l'équité et l'inclusion (DEI) à SPO et à formuler des recommandations sur les changements organisationnels et structurels à apporter.

Constatations

Strat-ology a constaté que la culture à SPO est favorable à l'amélioration de la DEI, ce qui est propice au changement.

En ce qui concerne l'état de la DEI, le rapport parle d'un « fossé » entre les perceptions. D'une part, l'équipe de la haute direction (EHD), les membres du Conseil et les dirigeants ayant participé à la vérification estiment qu'une plus grande diversité à SPO permettra à l'organisation de mieux servir la population et d'atteindre ses objectifs d'équité en matière de santé. Le rapport fait également état de l'impression qu'ont les dirigeants des ressources humaines (RH) que l'organisation va dans le bon sens puisqu'ils reçoivent peu de plaintes officielles liées à la DEI.

D'autre part, bien que les membres du personnel racisés reconnaissent qu'il y a eu amélioration de la diversité au sein de l'organisation dans les deux dernières années, ils ont tous fait part de nombreux cas de racisme et de discrimination, tant fortuits que systémiques. Ils ont également souligné le manque de représentation au sein de la direction, la difficulté d'être promus en raison des préjugés et du manque de transparence, et le risque d'être regardés de travers s'ils envisagent de signaler des cas de racisme ou de discrimination.

Recommandations

Selon Strat-ology, les plans d'action visant à concrétiser la LROMT à SPO reposent en grande partie sur des initiatives de sensibilisation et des formations, dont le but est d'accroître la capacité de l'organisation à traiter les problèmes liés à la DEI et à éliminer les préjugés. Par conséquent, on embauchera du personnel plus diversifié et, à terme, on élaborera davantage de structures et de processus liés à la DEI. Cependant, le rapport indique que cette approche est axée sur les actions individuelles et le changement de comportement, deux choses sur lesquelles on peut difficilement demander des comptes et qui ne mènent jamais à des changements à l'échelle du système.

Strat-ology croit qu'un changement stratégique est nécessaire et qu'il faut se concentrer sur des mesures systémiques, comme l'élaboration et la mise en œuvre de nouvelles structures et de nouveaux processus qui orienteront la DEI à SPO, et la refonte des

politiques et des procédures existantes qui discriminent et excluent les groupes méritant l'équité (GME).

À l'appui de cette approche de la DEI, Strat-ology recommande de prendre les mesures suivantes :

1. Embauche d'un nouveau membre de l'EHD et mise sur pied d'une équipe de planification et de mise en œuvre de la DEI, qui seraient chargés d'orienter la DEI en facilitant et en coordonnant les changements structurels, procéduraux et systémiques.
2. Création de structures de responsabilisation qui mobilisent des voix de l'intérieur et de l'extérieur de SPO pour veiller à ce que des feuilles de route pour le changement soient élaborées, validées et appliquées.
3. Mise sur pied d'équipes d'innovation qui réunissent des innovateurs en santé communautaire et des membres du personnel de SPO pour élaborer de nouveaux programmes et processus qui permettraient à SPO d'atteindre l'objectif de sa politique sur la LROMT.
4. Mise en place de structures et de processus voués à éliminer les obstacles systémiques et fortuits auxquels font face les membres des GME; il faudrait commencer par faire un examen détaillé, en bonne et due forme, des processus actuels de RH et des obstacles systémiques inhérents auxquels font face les membres des GME en matière de recrutement, de mentorat, de promotion et de maintien en poste. Il faudrait aussi revoir la Politique sur la violence et le harcèlement au travail de la Ville.
5. Élaboration d'un processus interne de collecte de données qui mettrait l'accent sur la mesure de l'évolution du degré de diversité à l'échelle de l'organisation et au niveau des gestionnaires, des catégories d'emploi et des équipes de prestation des services. Il est important de prendre, pour interpréter les données et concevoir les plans d'action, des personnes qui ont des parcours semblables à ceux qu'on retrouve dans les données.
6. Création d'un processus transparent et facile d'accès permettant aux membres des GME de signaler les écueils liés à la DEI, aux fins d'enquête et d'examen officiels ainsi que d'échange informel d'information.
7. Mise sur pied de structures de mobilisation communautaire qui permettent à SPO :
 - 1) d'entendre ce qu'ont à dire les communautés marginalisées d'Ottawa; 2) de créer

des occasions régulières de dialogue; 3) d'offrir aux membres de ces communautés la possibilité d'évaluer l'accès aux services existants et leur pertinence. Ces structures aideront SPO à établir une carte détaillée des écarts en matière d'équité en santé entre les communautés racisées à Ottawa.

8. Élaboration d'activités de formation et de perfectionnement hautement expérientielles qui donneront aux dirigeants les compétences avancées requises pour mieux relever les défis liés à la DEI.

Plan d'action sur l'EDIS

Le nouveau secteur d'activité, EDIS, a élaboré un plan d'action interne axé sur les structures et processus définis par Strat-ology pour orienter la DEI et lutter contre le racisme systémique à SPO. Dans quelques mois, lorsque le service aura trouvé ses marques, un plan d'action externe axé sur les mesures communautaires et la collaboration avec les partenaires sera présenté au Conseil.

Pour le reste de 2022 et pour 2023, le plan d'action sur l'EDIS accorde la priorité aux éléments suivants :

1. Établir la structure et mettre en œuvre les priorités du plan d'action.
2. Recueillir des récits liés à la DEI pour comprendre les expériences et les identités des membres du personnel méritant l'équité; ces récits peuvent porter sur la race, le genre, la sexualité, la capacité ou le handicap, la foi ou la religion, ou encore la langue et concerner le recrutement, la promotion, le mentorat ou le maintien en poste.
3. Revoir les politiques d'embauche et la Politique sur la violence et le harcèlement au travail de la Ville pour commencer à y apporter des changements. SPO prévoit collaborer avec les équipes des RH et de la DEI de la Ville pour contribuer à ces travaux et revoir ses propres processus internes.
4. Cibler des membres du personnel méritant l'équité qui pourraient assumer un rôle de dirigeant pour qu'ils participent au programme de leadership de SPO, et suivre leurs progrès sur une période de trois ans.
5. Envisager la création d'un tableau de bord de la DEI à SPO, qui indiquerait l'état de la diversité au sein des divers secteurs d'activité, des catégories d'emploi de l'organisation et au niveau de la direction.

6. Élaborer une formation personnalisée pour les dirigeants afin qu'ils acquièrent des compétences avancées pour mieux relever les défis liés à la DEI.
7. Rétablir un comité directeur de lutte contre le racisme.
8. Élaborer un processus à SPO pour revoir les politiques à la lumière de l'EDIS.

BACKGROUND

Over the last five years, Ottawa Public Health (OPH) has been on a purposeful journey to address systemic and interpersonal forms of racism within the organization and to improve diversity, equity, and inclusion (DEI).

In June 2020, following the murders of George Floyd in Minneapolis, the acquittal of the policemen who killed Abdirahman Abdi from Ottawa, and several other Black Lives Matter protests in Canada and the United States, the Ottawa Board of Health passed a motion acknowledging racism and discrimination as powerful determinants of health and well-being. Specifically, the motion stated: *“Whereas racism, discrimination and stigma are associated with poorer physical, mental and emotional health and greater mortality, making anti-Black racism, anti-Indigenous racism and racism against minorities an important public health issue.”* The motion also recommended greater collaborations with Indigenous partners, the development and facilitation of anti-racism staff training, and an increase of population health data collection related to Indigenous and Black communities.

To advance this work, the Mental Health Team (MHT) developed OPH's first Anti-Racism, Anti-Oppression (ARAO) Workplace policy in the fall of 2020 by conducting multiple consultations with various City departments, OPH employees, and stakeholders such as Indigenous, African, Caribbean, Black, and racialized community partners. The policy was approved in August 2021.

Following the ARAO policy's approval, a corresponding Action Plan was developed, and community partner feedback was sought. OPH approached Ottawa's Local Immigration Partnership (OLIP) for feedback and they recommended an OPH diversity audit, completed by an external consultant, to obtain a baseline understanding of DEI realities at OPH. Once the recommendation was approved, Strat-Ology, led by Dr. Ariff Kachra, was selected to complete OPH's Diversity Audit.

Anti-Racism Action Plan activities completed in 2022

The OPH diversity audit was one of three planned buckets of work included in the ARAO action plan. The other two buckets were: the development of staff opportunities for learning and support (anti-racism learning sessions and Indigenous, Black, and racialized staff check-ins), and the development of internal communication products to raise awareness.

Staff Opportunities

Anti-Racism Education Sessions

OPH's Anti-Racism Team (ART), established in January of 2022, developed and delivered anti-racism learning sessions, entitled *Key Concepts in Anti-Racism Education*, to each service area in the first quarter of 2022, to start conversations within these teams about racism and their roles and responsibilities within an organization journeying towards anti-racism. In addition to the initial learning sessions, quarterly sessions were offered, open to all staff. The purpose of these sessions is to have all OPH staff, volunteers, and learners discuss racism with a similar understanding of concepts and definitions. More than 550 staff and leaders have attended these sessions since February of 2022. The overall feedback from these sessions has been very positive. The summary of analyzed findings show:

- There is a need and appreciation for this training, and it is having an impact on knowledge and intent to act among participants.
- 99% of evaluation survey respondents indicated that the training increased their understanding of key concepts in anti-racism education - from major (60%, n=99), to moderate (34%, n=55) and minor (5%, n=9).
- Some key ways in which respondents indicated they will apply their learnings include: being more mindful and reflecting on personal/unconscious bias, identifying instances of racism, speaking up when witnessing instances of racism, and continuing to learn and listen.

In June 2022, with the addition of a new member, the team developed and added an *Anti-Indigenous Training Session* to its schedule. The session provides an overview of Canadian history with respect to its treatment of Indigenous Peoples in Canada, the ongoing impacts of the legacy of colonization and its racist legislations and policies, and current Indigenous realities. Four sessions were facilitated to date and more than 200 staff and leaders have attended. Although the evaluations from these sessions have yet to be formally analyzed, the feedback revealed the sessions have helped staff increase

their understanding of the ongoing impacts of anti-Indigenous racism/impact of systemic racism on Indigenous communities.

Indigenous, Black, and Racialized Staff Check-Ins

With the completion of each anti-racism education session, multiple leaders and racialized staff requested consultations with the HEDI team to share personal and team experiences of racism at OPH. Given the request for consultations, the ongoing climate of racial and social injustice locally and nationally (findings of Indigenous children's unmarked graves, the murder of the Muslim family in London, the Convoy in Ottawa), and the additional stress that these events contribute to Indigenous, Black, and racialized staff, the ART organized two initial Indigenous, Black, and racialized staff check-ins in March. The check-ins were meant to unpack feelings and experiences surrounding racism, the impacts of the pandemic, and the events that have been dominating social spaces.

The initial check-ins were well attended. The ART solicited informal feedback during the check-ins and sent an anonymous feedback form to participants following the sessions. Staff reported an appreciation for the space and expressed a strong interest for additional monthly sessions. As a result, monthly sessions have been facilitated by the ART, as well as an ad hoc session organized in May following the murder of ten Black supermarket shoppers in Buffalo.

Anti-Racism Educational Communication Products

The third bucket of work found within the ARAO action plan was the development of communication products to raise awareness of the policy and action plan in order to build capacity to understand and comply with internal expectations, in preparation for further work to address racism with partners and community members. The ART developed an OPH Anti-Racism, Anti-Oppression Resource page. This internal online resource contains all the anti-racism session dates, racialized staff check-ins, and resources for staff, learners, and leaders. The diversity audit results as well as ARAO policy are also housed on the page.

To expand on this work, the ART partnered with the Communications Team during Black History Month to share two weekly features of memorable Canadian events as well as profiles of local and national Black Canadians who contributed to the advancement of society. The Medical Officer of Health followed up with a series of interviews with employees to promote recognition of their work and leadership and to foster sharing of ideas for the future of OPH from an inclusive perspective.

In addition to this work, there are many other initiatives across OPH, also linked to OPH's Goal 3 strategic initiative, that also address health inequities and racism. Goal 3 advances and monitors population health through a health equity lens and includes initiatives such as OPH's Reconcili-ACTION plan, OPH's commitment to expand sociodemographic data collection, and OPH's neighborhood and population-based approach to better serve diverse ethnocultural groups. A list of highlights and challenges are provided as part of OPH's Q2 Strategic Plan update.

The diversity audit of OPH was conducted between February 2022 and June 2022. Its intent was to answer the following questions:

1. Is racism and discrimination today at OPH well-addressed in OPH's Anti-Racism Policy and resulting Strategies and Action Plans?
2. What are the gaps?
3. Are the current DEI challenges OPH faces in governance, HR practices, service delivery and community engagement reflected in the Anti-Racism Policy, Strategies and Action Plans?
4. What actionable changes does Strat-ology recommend to leadership, staff, structures, processes, and measurement to improve DEI at OPH?

To explore and answer these questions, the audit was comprised of three phases. The first phase was an evaluation of OPH's ARAO Workplace Policy and supporting actions plans, the review of 19 additional documents that highlight OPH's strategic direction and priorities, and lastly, interviews with the Anti-Racism Lead and three Senior Leadership Team (SLT) members. This initial evaluation led to the consultant developing a preliminary gap analysis.

The second phase of the audit was an organizational review of DEI at OPH. Interviews were conducted of leaders in governance (2 Board of Health members), Human Resources (2), Service Delivery (2), and Community Engagement (2) leaders. Five (5) one-on-one interviews and two focus groups (comprised of 5 staff) who represent the diversity of racialized groups across the organization were completed by the consultant. Lastly, two community partner meetings were completed. Participants and partners were asked about the the organizational DEI challenges faced by OPH, the DEI experience at OPH, and existing resources within OPH to identify, assess, and address DEI challenges.

As a final phase of the project, Strat-Ology analyzed the results, developed recommendations, and shared with OPH senior leaders and other staff involved in the audit.

DISCUSSION

Recommendation 1 – Receive, for information, the results of Ottawa Public Health’s diversity audit

At the beginning of the report’s executive summary, Strat-Ology indicates that the overall culture at OPH is interested and engaged in improving DEI: “First, the intent to learn and grow is apparent in every conversation Strat-ology had at OPH. Second, DEI is deemed relevant and important. Third, there is an appetite to learn and change at all staff and management levels. Finally, a commitment to public health binds OPH leaders and staff along with a shared belief that DEI is foundational to health equity. This represents an enabling context for change, and although the intent of this audit is to conduct a critical evaluation of OPH’s Anti-Racism, Anti-Oppression Policy, the enabling context represents a positive canvas for change.”

Current State of DEI at OPH

According to Strat-Ology, the word that summarizes the state of DEI at OPH is “divided.” The perspectives of interviewed leaders (SLT, BOH, managers, and supervisors) differed from the perspectives and experiences of racialized staff who participated in the audit.

OPH Leaders’ Perspective

The SLT and BOH participants acknowledge that due to the absence of diversity within both of their teams, they lack the lived experience to determine whether the Anti-Racism, Anti-Oppression policy can achieve greater diversity, equity, and inclusion at OPH. Furthermore, both the SLT and BOH realize “that achieving health equity, a foundational standard at OPH, requires representation...” and “that SLT and BOH members understand the value of a diverse workforce at all levels of OPH, reflecting the diversity of the population the organization serves.” Senior leaders at OPH believe that OPH’s culture supports diversity and that leaders across the organization understand the value to OPH of having diversity. There is also the recognition that certain teams at OPH reflect this less and “that more needs to be done at OPH to reflect its commitment to DEI”.

The report expands upon the views of Human Resource (HR) leaders involved in hiring by sharing the sentiment that the “pandemic was pivotal in forcing a change in systems that seemed to discriminate against members of equity-deserving groups (EDGs)”. The need for racialized staff who understood the realities and needs of communities led to a relaxation of certain non-essential hiring processes and practices that may have hindered racialized applicants. These changes led to greater representation within the organization on the front lines, where it creates the potential for impact in service delivery. HR leaders also believe that diversity in management is important but will come with time as talent moves up within the organization. There is a recognition of discrimination and oppression issues within the organization, however since they are rarely reported or investigated, this implies the state of DEI at OPH is improving.

Racialized Leaders and Staff Perspective

The report shared that certain racialized staff and leaders at OPH acknowledge an improvement in diversity in certain areas of the organization was due to the pressures placed by the pandemic. Some racialized staff are worried that once pandemic funding ends, OPH will return to a less diverse workforce. Within the report, racialized participants emphasized “despite the DEI gains made during the Pandemic, there is work to be done to ensure (1) OPH leadership and staff represent the population they serve, (2) opportunities for professional development are equitable, and (3) the treatment of newly promoted managers from EDGs is authentically inclusive.” Racialized staff within a diverse context reporting to racialized supervisors and managers were encouraged to contribute more and were given more career growth opportunities. Those working in settings with limited diversity experienced barriers related to growing their OPH career. All racialized audit participants believe their careers are progressing slower and upward mobility is more challenging to achieve than non-racialized employees’ careers, despite qualifications and/or performance appraisals.

As found in the audit report, “interviewees from EDGs shared the following when asked about the state of DEI at OPH:

- Leadership at OPH acknowledges the importance of DEI to health equity but struggles to develop actionable roadmaps for change.
- Although members of the SLT have signaled that we need to do a better job of finding and choosing diverse talent for roles such as program managers, the signal is not well-translated into action.

- Microaggressions regularly occur at OPH, but they are subtle.
- The term “microaggression” is not preferred among racialized staff. Although the aggression is subtle and often made in passing, the impact is long-lasting and significant. When occurrences of microaggressions are reported to supervisors and managers, there is a reticence to engage and formalize complaints. When members of EDGs (or any members of staff) report microaggressions, managers prefer to offer alternative explanations or counsel those experiencing the discrimination to be more patient or suggest action will be taken if the incident repeats. Members of EDGs feel this reticence is driven by a dearth of DEI-related lived experience among managers at OPH, an inability to understand the gravity of racially charged incidents, and an unwillingness to believe DEI is a priority, giving it only cursory managerial attention.
- Reporting microaggressions carries a significant career risk of being labelled as someone difficult and unable to work well with others. This limits what OPH knows about the state of DEI in the organization.
- Members of EDGs are regularly overlooked and experience being left behind when it comes to career progression. There is a tendency at OPH to promote sameness, which means fewer leadership opportunities for members of EDGs and longer than average timeframes to transition from temporary to permanent staff positions, both contributing to the creation of a second-class citizenry.
- Members of EDGs believe that if one cannot find a way to become a part of the manager’s social network, being considered for promotions becomes very challenging. Decisions related to advancement at OPH are not always merit-based and are often grounded in bias.
- DEI at OPH is framed as a matter of individual action and responsibility. There is a pervasive belief that efforts to educate leaders on biases will result in change. As a result, there is limited effort to create processes, systems, and accountability frameworks that will drive DEI regardless of individual level buy-in.
- Members of EDGs felt that given that diversity is almost non-existent in the SLT and the BOH, it is hard for employees from EDGs to see themselves in leadership, making OPH a less than ideal career choice. In addition, some members of EDGs shared that OPH, pre-pandemic, had a reputation of being an organization where racialized staff are not hired with great frequency.”

These findings highlight certain similarities of perspectives between leadership and racialized staff, while also pointing to differences of perspective and lived experience. As summarized in the report, “senior leaders believe in and support an agenda for increasing levels of DEI at OPH and acknowledge blind spots. However, these beliefs have been slow to turn into detailed strategies and action plans. On the other hand, hiring managers are more positive and feel diversity, equity, and inclusion have improved significantly. Do they see the barriers to members of EDGs face in the recruitment, retention, and advancement processes? Moreover, employees from EDGs believe there is much work that remains to turn the dial in terms of DEI at OPH, and they share a multiplicity of DEI-related challenges that they have personally experienced”. According to the report “what is required at OPH is a strategic shift in its approach to DEI that is less focused on individual action and more focused on the co-design of roadmaps to change.”

Perspectives Shared by Leadership and Racialized Staff

When audit participants across the organization were asked about the DEI challenges facing OPH, the report states that “the most common answer was a leadership team that did not represent the community the organization serves. The second most common answer was a staff that was not fully representative of the communities that OPH serves, especially at managerial and supervisory levels. Almost all interviewees felt a strong correlation between OPH’s level of representation and its ability to drive health equity in the community. Interviewees were confident that public health organizations whose leadership and staff are not fully representative of the communities they serve struggle to design services that truly meet the needs of a changing community. The impact will be weaker health outcomes among racialized and marginalized communities in the City”.

Audit recommendations for organizational change

According to the report, the action plans that operationalize the Anti-Racism, Anti-Oppression policy are informational and rely on awareness raising initiatives and trainings as outcomes that will hopefully lead to a greater capacity within OPH to deal with issues related to DEI, which is hoped to result in greater representation of diverse staff. These plans assume that individual action is key to driving DEI at OPH. As stated, in the audit, “the challenge with this approach to DEI is that individual action is difficult to mandate and even more difficult to hold to account, making change precarious. Change at OPH related to DEI will only occur through the institutionalization of structures that will drive DEI (e.g., a dedicated DEI leader and team, an accountability framework, a

DEI Board, etc.) and the redesign of existing processes that are perpetuating the existence of DEI blind spots and a history of systemic discrimination and oppression (e.g., processes related to DEI reporting, training-design, recruitment, retention, and advancement etc.).”

Although Strat-ology provides some recommendations around training and data collection, most recommendations center around key structural and process-related changes.

The recommendations (listed below), based on the information provided by audit participants, are captured in eight actionable change areas related to leadership, processes and structures to operationalize OPH’s Anti-Racism, Anti-Oppression Workplace policy:

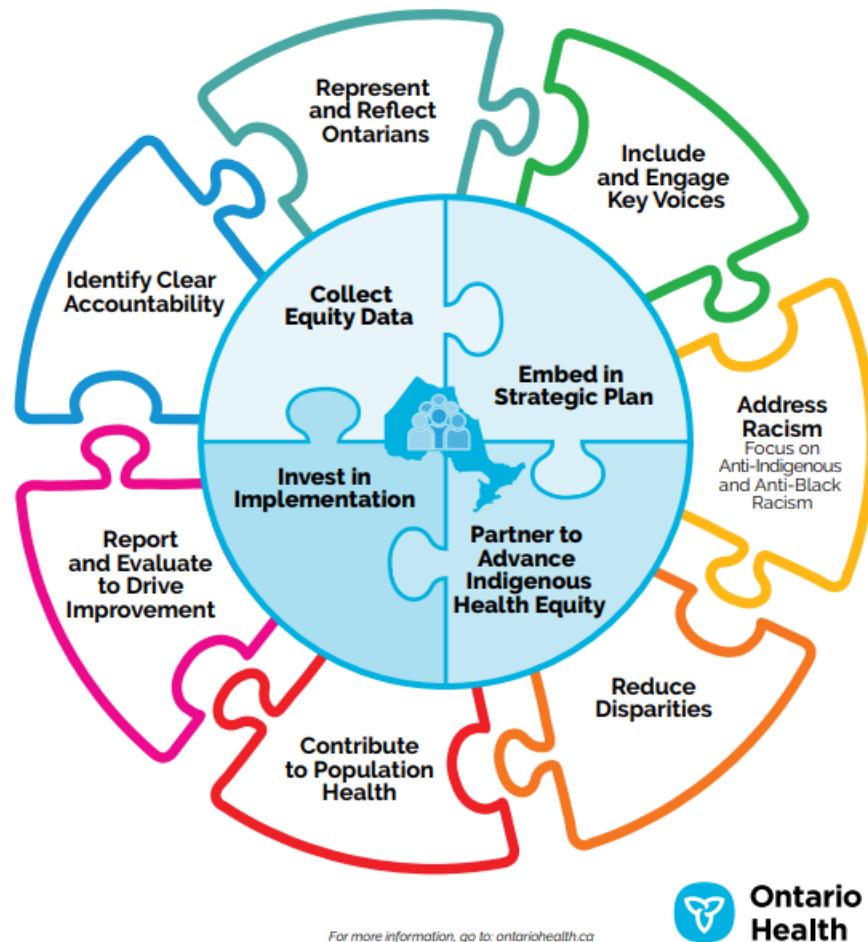
1. Hiring a new SLT member and a DEI Planning & Implementation Team responsible for driving DEI at OPH by facilitating and coordinating structural, process, and systemic changes.
2. Accountability structures that engage voices from inside and outside OPH to ensure roadmaps for change are being developed, validated, and implemented. This recommendation includes the recommendation to develop:
 - A Diversity Advisory Council made up of community leaders from diverse communities in Ottawa and a selection of key staff from EDGs who can provide input on strategies, review policies, processes, programs, and outreach initiatives to ensure they are equitable, inclusive and likely to be highly effective.
 - A set of focus groups with elders of racialized communities to understand better their perspective on health equity within their own communities and how OPH can support this goal.
3. Innovation teams that bring together health innovators in the community and OPH staff to develop new programs and processes that would allow OPH to achieve the intent of its Anti-Racism / Anti-Oppression Policy.
4. Instituting processes and structures dedicated to dismantling systemic and incidental barriers faced by members of EDGs at OPH. This would begin with a detailed and formal review of current HR processes and the inherent systemic barriers faced by members of EDGs when it comes to recruitment, mentorship,

advancement, and retention. This would also entail reviewing the City's Workplace Violence and Harassment Policy.

5. An internal data collection process that focuses not only on measuring the changing levels of diversity at OPH across the organization but also at the level of managerial ranks, job categories, and service delivery teams. It is important to ensure that those interpreting the data and designing action plans come from backgrounds reflected in the data.
6. A transparent and easy-to-access process for members of EDGs to report DEI challenges for formal review and investigation and informal information sharing.
7. Community-based engagement structures that ensure OPH is: (1) hearing the voices of the more marginalized communities in Ottawa, (2) creating regular opportunities for engagement, and (3) providing opportunities to community members to evaluate access and relevance of existing services. This will help OPH build a detailed map of health equity gaps among racialized communities in Ottawa.
8. Highly experiential training and development for leaders to build the necessary advanced skills and proficiencies to deal with DEI-related challenges better

Anti-Racism, Anti-Oppression Policy Changes

The recommendations in the audit report are organized using [Ontario Health's Equity, Diversity, Inclusion, and Anti-Racism Framework](#), which is the grounding framework of the ARAO policy. Strat-Ology validates the selection of the policy's framework and reports "this is a comprehensive framework addressing 11 areas of action (see image below). OPH identifies the areas of action in the center, namely (1) Collecting Equity Data; (2) Embedding DEI into strategic planning; (3) Partnering to Advance Indigenous Health Equity; and (4) Investing in Implementation, as core to realizing its anti-racism / anti-oppression policies. However, Strat-ology suggests that these four areas do not capture the fundamental principles that underpin OPH's Anti-Racism / Anti-Oppression Policy but are pivotal processes that need to be in place for the successful operationalization of any Anti-Racism / Anti-Oppression Policy."



Strat-Ology makes recommendations to the policy's wording to strengthen the fundamental principles that should underpin the policy, namely community engagement, systems and processes, leadership & culture, staffing, and formal and informal structures. Suggestions are also made to clarify the policy's purpose, namely the four actions Strat-Ology recommends should become processes to successfully operationalize the policy. Strat-Ology has organized the eight actionable recommendations to the Framework's remaining seven areas (see Appendix B, starting at page 48 of Document 2).

Leadership Response to the Audit Report and Recommendations

The audit report and recommendations have been well received and accepted by OPH's leadership team. Following Strat-Ology's presentation of the results, SLT has taken ownership of the current state of DEI and has committed to implementing all recommendations to improve DEI at OPH.

Endorsed by the Medical Officer of Health and SLT, the ART has facilitated a capacity building session for leadership (supervisors and managers) to share the audit results with their staff and facilitate ongoing discussions regarding anti-racism and DEI.

Recommendation 2 - Approve the Health Equity, Diversity and Inclusion Action Plan for 2022 and 2023, as described in this report

Over the last two months, the ART has begun exploring the audit report's recommendations and planning for the upcoming year, taking into consideration OPH's Re-Imagine Planning and capacity within the team. The findings of OPH's audit form the basis of the Health Equity, Diversity and Inclusion (HEDI) service area's action plan.

As the HEDI team and service area become more established in the upcoming months, the current action plan is internally focused to address the structures and processes identified by Strat-Ology to drive DEI and address systemic racism within OPH. An externally focused action plan will be shared with the Board in the upcoming months, outlining community actions and collaboration with partners.

For the remainder of 2022 and 2023, the HEDI Action plan prioritizes the following recommendations from the audit report:

Recommendation 1: Hiring a new SLT member and a DEI Planning & Implementation Team responsible for driving DEI at OPH by facilitating and coordinating structural, process, and systemic changes

OPH is well on its way to achieving this recommendation. The service area's Program Manager has been hired and three OPH teams have joined together (Community Engagement, Anti-Racism, and Reconcili-Action). Given the recommendations, the service area's structure is being developed and gaps in staff positions are being identified to enable the area to implement the recommendations and drive DEI across the organization.

Recommendation 2: Accountability structures that engage voices from inside and outside OPH to ensure roadmaps for change are being developed, validated, and implemented.

This recommendation will be included in the externally focused action plan that will be shared with the Board in the upcoming months.

Recommendation 3: Innovation teams that bring together health innovators in the community and OPH staff to develop new programs and processes that would allow OPH to achieve the intent of its Anti-Racism / Anti-Oppression Policy.

This recommendation will be included in the externally focused action plan that will be shared with the Board in the upcoming months.

Recommendation 4: Instituting processes and structures dedicated to dismantling systemic and incidental barriers faced by members of EDGs at OPH. This would begin with a detailed and formal review of current HR processes and the inherent systemic barriers faced by members of EDGs when it comes to recruitment, mentorship, advancement, and retention. This would also entail reviewing the City's Workplace Violence and Harassment Policy.

This recommendation is underway as the HEDI team and SLT share the results of the audit report and plan to implement the recommendations in an action plan. To support improvement in HR processes, the HEDI team will prioritize the collection of DEI related stories to capture the experiences and identities of equity deserving staff, that explore race, gender, sexuality, ability/disability, faith/religion, language, pertaining to recruitment, advancement, mentorship, and retention. These stories will also be shared across the organization to raise awareness of the DEI realities faced by racialized staff and assist supervisors to improve HR practices within their control.

Following the collection of stories pertaining to the recruitment, advancement, mentorship and retention, the team will begin to formally review the City's hiring policies and the Workplace Violence and Harassment Policy to begin to suggest changes to both, as needed. OPH plans to partner with the City's HR and DEI teams to support this work and OPH internal processes.

OPH has hired an employee who will be re-designing an OPH leadership program that identifies leaders within the organization who are interested in growing and being mentored into leadership positions. HEDI plans to support the leadership strategy by working with the lead to ensure an inclusion of DEI related to content to the curriculum, to set a target that identifies high-potential employees from equity-deserving groups, and to track their progress over 3 years.

OPH previously had an anti-racism committee that halted its operation during the pandemic. The team will re-establish this committee, which will serve as an overarching body, with a focus on implementing HEDI work at all levels of programming, in

collaboration with the various programs and areas, so that the organization will operating from an equity lens and an anti-racism lens.

Individuals and teams within OPH have approached ART regarding existing organizational policies that need to be reviewed and updated to incorporate an anti-racism and HEDI lens. The team will be developing a process to support and build the capacity of programs to include a HEDI in their review of policies and procedures.

The ART will also update the ARAO policy wording, based on the recommendations provided by Strat-Ology, and circulate the finalized policy.

The ART has witnessed some concerns relating to sharing the audit results within OPH. There are some feelings and perceptions from some employees that advocating for equity throughout OPH may result in the loss of opportunities for non-racialized staff. These concerns are being considered in order to make progress on the transformation required for systemic/long-lasting change.

In determining structures to support implementing this recommendation, sufficient resources and supports are required for the HEDI team (comprised of racialized staff) who also face the same realities of racism and discrimination the report highlighted. Proposals are being advanced to consider the appropriate level of permanent staff with specialized DEI roles needed to ensure the objectives and priorities identified for systemic change can be achieved.

Full and unwavering adoption of HEDI's action plan, from the Board of Health through to front line staff, but particularly from the Board and SLT, will mitigate current and future pushback and send a strong message of OPH's DEI values. Secondly, adequately resourcing HEDI, as discussed under recommendation 1, will prevent additional strain on the team.

Recommendation 5: An internal data collection process that focuses not only on measuring the changing levels of diversity at OPH across the organization but also at the level of managerial ranks, job categories, and service delivery teams. It is important to ensure that those responsible for interpreting the data and designing action plans come from backgrounds reflected in the data and apply an anti-racism and anti-oppression lens.

The HEDI service area will start scoping the development of an OPH DEI dashboard that will list organizational diversity within the various service area, job status, and at the

leadership level. The dashboard will expand over time to include additional indicators that will measure equity and inclusion, as recommended by the report.

Recommendation 6: A transparent and easy-to-access process for members of EDGs to report DEI challenges for formal review and investigation and informal information sharing.

HEDI is exploring best practices and consulting with other organizations, provincially and nationally, that have already developed such a process.

Currently, employees can report directly to their supervisor, manager, or directly to the City's Workplace Safety and Compliance Manager. Employees and leaders can consult with the Anti-Racism Team or the City's Diversity and Inclusion specialists if they have any questions or would like additional support to report. The reporting process is shared during the anti-racism education sessions and the information is also included in the ARAO website.

Recommendation 7: Community-based engagement structures that ensure OPH is: (1) hearing the voices of the more marginalized communities in Ottawa, (2) creating regular opportunities for engagement, and (3) providing opportunities to community members to evaluate access and relevance of existing services. This will help OPH build a detailed map of health equity gaps among racialized communities in Ottawa.

This recommendation is underway. The Community Engagement Team was established during the pandemic, in partnership with community leaders and organizations, to engage priority populations through neighborhood and populations approaches. More details will be provided in the externally focused action plan that will be shared with the Board in the upcoming months.

Recommendation 8: Highly experiential training and development for leaders to build the necessary advanced skills and proficiencies to deal with DEI-related challenges better

The ART has successfully developed and facilitated two sets of anti-racism training programs; one that focusses on the key concepts in anti-racism education and another that focusses on anti-Indigenous racism. Through their feedback, participants requested more sessions with further opportunities to explore topics in greater depth and sessions that allocate more time for breakout sessions and discussion. The stories collected as part of the second recommendation will provide the basis for case studies that will be

used to develop specialized training for staff and leaders to build more capacity to better address ongoing DEI related issues.

To view the status regarding the implementation of the audit report recommendations, please see Document 1.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Consultations were as described in this report.

LEGAL IMPLICATIONS

There are no legal impediments to receiving, for information, the results of the diversity audit and in approving the Health Equity, Diversity and Inclusion action plan.

RISK MANAGEMENT IMPLICATIONS+

There are risk implications, such as negative feedback regarding OPH's DEI direction, and additional strain on HEDI. These risks have been identified, are explained in the Discussion section of report and can be mitigated, as described in the report.

FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

This report aligns with goal 3 (Health Equity) and 6 (Community Stakeholder Partnerships) of Ottawa Public Health's 2019-2022 Revised Strategic Plan.

SUPPORTING DOCUMENTATION

Document 1 – Diversity Audit Recommendations – Implementation Status

Document 2 – Diversity Audit Report

DISPOSITION

Ottawa Public Health will continue to work towards implementing the recommendations from the diversity audit report and will bring forward an externally focused action plan outlining community actions and collaboration with partners.

Document 1

Diversity Audit Recommendations – Implementation Status	OPH Status
1. Hiring a new SLT member and a DEI Planning & Implementation Team responsible for driving DEI at OPH by facilitating and coordinating structural, process, and systemic changes.	In progress
2. Accountability structures that engage voices from inside and outside OPH to ensure roadmaps for change are being developed, validated, and implemented.	Not started
3. Innovation teams that bring together health innovators in the community and OPH staff to develop new programs and processes that would allow OPH to achieve the intent of its Anti-Racism / Anti-Oppression Policy.	Not started
4. Instituting processes and structures dedicated to dismantling systemic and incidental barriers faced by members of EDGs at OPH. This would begin with a detailed and formal review of current HR processes and the inherent systemic barriers faced by members of EDGs when it comes to recruitment, mentorship, advancement, and retention. This would also entail reviewing the City's Workplace Violence and Harassment Policy.	Prioritized in HEDI Action Plan
5. An internal data collection process that focuses not only on measuring the changing levels of diversity at OPH across the organization but also at the level of managerial ranks, job categories, and service delivery teams. It is important to ensure that those interpreting the data and designing action plans come from backgrounds reflected in the data.	Prioritized in HEDI Action Plan
6. A transparent and easy-to-access process for members of EDGs to report DEI challenges for formal review and investigation and informal information sharing.	In Progress;

7. Community-based engagement structures that ensure OPH is: (1) hearing the voices of the more marginalized communities in Ottawa, (2) creating regular opportunities for engagement, and (3) providing opportunities to community members to evaluate access and relevance of existing services. This will help OPH build a detailed map of health equity gaps among racialized communities in Ottawa.	In progress
8. Highly experiential training and development for leaders to build the necessary advanced skills and proficiencies to deal with DEI-related challenges better.	Prioritized in HEDI Plan