

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
6 November 2023 / 6 novembre 2023**

**Submitted on October 26, 2023
Soumis le 26 octobre 2023**

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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2023-OPH-EDI-0001

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

OBJET: Mise à jour sur l'équité en santé, la diversité et l'inclusion à Santé publique
Ottawa

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive, for information, an update on Equity, Diversity and Inclusion at Ottawa Public Health and an overview of the health unit's Diversity, Equity, and Inclusion Strategy, as outlined in this report.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa reçoive, à titre informatif, une mise à jour sur l'équité, la diversité et l'inclusion au sein de Santé publique Ottawa et un aperçu de la stratégie de diversité, d'équité et d'inclusion de la circonscription sanitaire décrite dans le présent rapport.

EXECUTIVE SUMMARY

Ottawa Public Health (OPH) is working to become an anti-racist, anti-oppressive organization. OPH has publicly recognized the impacts of racism on health, is currently developing policies and procedures, and is undertaking an Indigenous Cultural Safety Assessment to help determine the changes needed to make the organization more diverse, equitable, and inclusive. A diversity, equity and inclusion (DEI) audit was conducted in 2021 that put forward recommendations for organizational change. This report provides updates on the implementation of these recommendations and on the DEI strategy that was developed to create a plan for actualizing a DEI mandate at OPH. OPH's Health Equity, Diversity, and Inclusion (HEDI) service area came into existence as a result of the DEI audit and is mandated to support the implementation of the audit recommendations, and the Reconciliation Action Plan, accessibility and French language legislation.

The service area includes the following teams and portfolios:

- The Community Engagement Team (CET) works with racialized populations and those who face barriers and systemic inequities within priority neighbourhoods.
- The Neighborhood Health and Wellness Hubs (NHWH) team, to enhance fair and convenient access to health and social services in proximity to residents' locations.
- The Indigenous Rights and Reconciliation Team works with First Nations, Inuit and Métis partners, service providers and community members to ensure that Indigenous rights, voices, and perspectives are considered when planning and delivering OPH programs and services.
- Health Equity Specialists are responsible for advancing the Anti-Racism, Anti-Oppression Workplan based on the DEI audit and strategy.
- One Program & Project Management Officer to support the integration of gender, language and sexual identities and related DEI issues across public-facing services/programs and internal workplace initiatives, and one Program

and Project Management Officer focused on positioning accessibility as a key lever and perspective through which OPH can enhance health equity efforts.

In the fall of 2022, HEDI [reported](#) to the BOH on its internally focused action plan for 2023, based on the diversity audit recommendations. Document 1 provides an OPH update on the implementation of each recommendation.

The 2022-2023 HEDI Action plan prioritized the following internal actions:

- 1) Establishing the HEDI Service structure and operationalizing action plan priorities
- 2) Collecting Diversity, Equity and Inclusion (DEI) related stories to capture the experiences and identities of equity deserving employees, exploring race, gender, sexuality, ability/disability, faith/religion, newcomer status, language as relate to recruitment, advancement, mentorship, and retention.
- 3) Reviewing the City's hiring policies and the Workplace Violence and Harassment Policy to recommend changes to both.
- 4) Setting targets that identify equity-denied staff for leadership roles to take part in OPH's leadership program and track their progress over the course of three years.
- 5) Exploring the development of an OPH DEI dashboard that will list diversity within the organization's various service areas, job statuses, 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

OPH's Diversity, Equity, and Inclusion Strategy

As with the DEI audit, Strat-Ology was hired to help develop OPH's DEI Strategy, in collaboration with the HEDI team. To that end, Strat-Ology facilitated discussions and produced a report that was then shared with and presented to OPH's senior leadership team.

The strategy report explores the current and ideal state of DEI at OPH. This "ideal" state includes buy-in at both employee and mid-level leader roles, robust systems that enable diversity in hiring and equitable career growth, and a safe and inclusive workplace for employees and leaders to bring their authentic selves to work, enabling them to contribute meaningfully.

Currently, the belief that DEI is important is the reality, although belief alone is not enough to lead to change. Though the report recognizes the actions taken towards implementing the audit recommendations, according to Strat-Ology, OPH's biggest barriers are middle management buy in, leaders' limited capacity to deal with DEI challenges, ongoing systems that were not created with DEI in mind, and a lack of a mandate that defines and demonstrates that DEI is necessary to achieve health equity.

Since the release of the strategy report, each service area director was given a mandate letter outlining expectations for conducting work using a health equity, diversity, and inclusion lens. This also aligns with OPH's strategic plan, which has a strong focus on and commitment to equity and Reconciliation. The report highlights and defines fundamental values for OPH's DEI strategy. These values were developed by Strat-Ology and the HEDI team and are: Authentic representation that is forward-looking matters; Our systems & processes must effectively grapple with modern-day discrimination that is real, prevalent, and subtle; Merit cannot be separated from lived experience; Partnership is key to driving DEI outcomes; Leaders drive DEI outcomes; DEI must be action-oriented; Measurement is key to DEI; Listening is key to driving DEI-related change; Transparency and equity are fundamental to the development of an inclusive culture; Giving voice to the more marginalized is fundamental to DEI; Mentorship dismantles systemic racism; and It takes a village to trust and accountability to eliminate racism and oppression.

The strategy recommends multi-pronged actions at every level of the organization to drive DEI at OPH and build upon the diversity audit recommendations. The report identifies HEDI to spearhead most of the proposed initiatives, with support from other teams and leadership within the organization.

The DEI Audit recommendations and the subsequent strategy recommendations were meant to provide concrete actions to operationalize a DEI mandate for OPH. The goal is to enable OPH to institute a series of initiatives to assist in continuing the work that has been done, current work that is underway, and future work that is being planned to foster a diverse, inclusive, environment at OPH that is conducive to the advancement of health equity.

Since the DEI strategy was completed and shared with OPH's senior leadership team, progress has been made at every recommended level. Document 3 provides additional detail relating to OPH's DEI Strategy Progress.

RÉSUMÉ

Santé publique Ottawa (SPO) a entrepris de devenir un organisme exempt de racisme et d'oppression. SPO a reconnu publiquement les conséquences du racisme sur la santé et procède actuellement à l'élaboration de politiques et de procédures, ainsi qu'à une évaluation de la sécurisation culturelle autochtone afin de déterminer les changements nécessaires pour améliorer la diversité, l'équité et l'inclusion (DEI) au sein de l'organisme. Une vérification de la DEI a été réalisée en 2021, à l'issue de laquelle des recommandations ont été formulées en vue d'une restructuration. Le présent rapport fait le point sur la mise en œuvre de ces recommandations et sur la stratégie de DEI élaborée en vue de concevoir un plan pour concrétiser un mandat de DEI confié à SPO. Le secteur d'activité Équité, diversité et inclusion en matière de santé (EDIS) de SPO a été créé à la suite de la vérification de la DEI. Il est chargé de soutenir la mise en œuvre des recommandations découlant de la vérification, ainsi que l'exécution du Plan d'action de réconciliation et des dispositions législatives relatives à l'accessibilité et à la langue française.

Ce secteur d'activité comprend les équipes et les portefeuilles suivants :

- L'Équipe d'engagement communautaire travaille auprès des populations racisées et des groupes qui sont confrontés à des obstacles et à des inégalités systémiques dans les quartiers prioritaires.
- L'équipe des centres de santé et de bien-être de quartier, pour favoriser un accès équitable et pratique aux services sociaux et de santé à proximité du domicile des résidents.
- L'équipe chargée des droits des autochtones et de la réconciliation, qui travaille avec les partenaires, les fournisseurs de services et les membres des communautés des Premières Nations, des Inuits et des Métis afin de veiller à ce que les droits, les intérêts et les points de vue des Autochtones soient pris en compte lors de la planification et de la mise en œuvre des programmes et des services de SPO.
- Des spécialistes de l'équité en santé sont chargés de faire progresser le plan de travail en matière de lutte contre le racisme et l'oppression fondé sur la vérification de la DEI et la stratégie de DEI.
- Un agent de gestion de programmes et de projets chargé de soutenir la prise en compte des identités linguistiques, sexuelles et de genre et des questions de

DEI connexes dans les services et les programmes destinés au grand public et dans les initiatives internes relatives au lieu de travail, et un agent de gestion de programmes et de projets dont le rôle consiste à faire valoir l'accessibilité en tant que levier et point de vue fondamentaux à partir desquels SPO renforcera ses efforts en faveur de l'équité en matière de santé.

À l'automne 2022, EDIS a présenté au Conseil de santé un [rapport](#) sur son plan d'action interne pour 2023, fondé sur les recommandations découlant de la vérification de la diversité. Dans le document 1, SPO fait le point sur la mise en œuvre de chaque recommandation.

Le plan d'action sur a DEI en matière de santé pour 2022 et 2023 accordait la priorité aux mesures internes suivantes:

- 1) Établir la structure du secteur d'activité EDIS 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, le statut de nouvel arrivant ou 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 afin de recommander des modifications à leur apporter.
- 4) Cibler des membres du personnel défavorisés sur le plan de 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'organisme 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.

Stratégie de diversité, équité et inclusion de SPO

Comme pour la vérification de la DEI, SPO a fait appel à Strat-Ology pour l'aider à élaborer sa stratégie de DEI, en collaboration avec l'équipe d'EDIS. À cette fin, Strat-Ology a mené des discussions et produit un rapport qui a ensuite été transmis et présenté à l'équipe de la haute direction de SPO.

Le rapport stratégique traite de l'état actuel et de l'état idéal de la DEI au sein de SPO. L'attente de cet état « idéal » nécessite notamment l'adhésion des employés et des gestionnaires intermédiaires, des systèmes efficaces favorisant la diversité dans le recrutement et un avancement professionnel équitable, ainsi qu'un lieu de travail sûr et inclusif où les employés et les gestionnaires peuvent s'affirmer en toute authenticité, leur permettant ainsi d'apporter une contribution significative.

À l'heure actuelle, la conviction de l'importance de la DEI est bien réelle, mais elle ne suffit pas pour faire changer les choses. Bien que le rapport reconnaisse les mesures prises pour mettre en œuvre les recommandations découlant de la vérification, selon Strat-Ology, les principaux obstacles de SPO sont l'adhésion des gestionnaires intermédiaires, la capacité limitée des dirigeants à composer avec les difficultés liées à la DEI, les systèmes en place qui n'ont pas été conçus en tenant compte de la DEI et l'absence d'un mandat définissant la DEI et démontrant son importance pour parvenir à l'équité en matière de santé.

Depuis la publication du rapport sur la stratégie, chaque directeur de secteur d'activité a reçu une lettre de mandat décrivant les attentes concernant la réalisation du travail dans une optique d'équité, de diversité et d'inclusion en matière de santé. Cette initiative s'inscrit également dans le plan stratégique de SPO, qui accorde une grande importance à l'équité et à la réconciliation et préconise un engagement à cet égard.

Le rapport met en évidence et définit les valeurs fondamentales pour la stratégie de DEI de SPO. Les valeurs suivantes ont été élaborées par Strat-Ology et l'équipe d'EDIS : l'importance doit être accordée à une représentation authentique et tournée vers l'avenir; nos systèmes et processus doivent s'attaquer efficacement à la discrimination contemporaine, laquelle est réelle, répandue et subtile; le mérite est indissociable de l'expérience vécue; l'établissement de partenariats est essentiel à l'obtention de résultats en matière de DEI; les dirigeants sont responsables des résultats en matière de DEI; la DEI doit être axée sur l'action; les mesures sont essentielles à la DEI; l'écoute est indispensable pour provoquer des changements en matière de DEI; la transparence et l'équité sont fondamentales au développement d'une culture inclusive; donner la parole aux personnes les plus marginalisées est un élément fondamental de

la DEI; le mentorat permet d'éliminer le racisme systémique; et il faut tout un village pour bâtir la confiance et favoriser la responsabilisation afin d'éliminer le racisme et l'oppression.

S'appuyant sur les recommandations découlant de la vérification de la diversité, la stratégie recommande la prise de mesures sur plusieurs plans et à tous les niveaux de l'organisme afin de favoriser la DEI au sein de SPO. Le rapport désigne l'équipe d'EDIS pour diriger la plupart des initiatives proposées, avec le soutien d'autres équipes et de la direction de l'organisme.

Les recommandations issues de la vérification de la DEI et celles de la stratégie qui en résulte visent à proposer des mesures concrètes pour mettre en œuvre le mandat de SPO en matière de DEI. L'objectif est de permettre à SPO de mettre en place une série d'initiatives en vue de poursuivre les travaux réalisés, en cours et à venir, afin de favoriser un environnement diversifié et inclusif propice à l'avancement de l'équité en matière de santé au sein de SPO.

Depuis la mise au point de la stratégie de DEI et sa présentation à l'équipe de la haute direction de SPO, des progrès ont été réalisés à tous les niveaux recommandés. Le document 3 contient de plus amples détails sur les progrès liés à la stratégie de DEI de SPO.

BACKGROUND

Ottawa Public Health (OPH) continues to journey towards becoming an anti-racist, and anti-oppressive organization. In the last three years, the Ottawa Board of Health passed a motion recognizing racism as an important public health issue (2020). OPH then developed an Anti-Racism, Anti-Oppression (ARAO) Workplace Policy, which was approved (2021). This was followed by a [diversity audit](#) in 2022 and the development of an Equity, Diversity, and Inclusion (EDI) Strategy, also in 2022. In June 2023, the Board of Health approved the new Strategic Plan for 2023-2027, which is equity driven and seeks to address health inequities, systemic racism, discrimination and oppression. Most recently, San'yas completed an Indigenous Cultural Safety Assessment of OPH. Results will be shared in the near future.

The Health Equity, Diversity and Inclusion (HEDI) service area was established shortly after completion of the diversity audit. A program manager was hired, who is a member of OPH's senior leadership team (SLT) and reports directly to the Medical Officer of Health. One of the manager's first responsibilities was to establish the HEDI Service Area, with a broad range of roles and skill sets to support the service area's mandate.

Health Equity, Diversity and Inclusion (HEDI) 2022-2023-Action Plan

The newly formed HEDI service area developed an internally focused action plan and submitted a [Board of Health Report](#) in the fall of 2022.

The 2022-2023 HEDI Action plan prioritized the following internal actions:

- 1) Establishing the HEDI Service structure and operationalizing action plan priorities
- 2) Collecting Diversity, Equity and Inclusion (DEI) related stories to capture the experiences and identities of equity deserving staff that explore race, gender, sexuality, ability/disability, faith/religion, newcomer status, language, pertaining to recruitment, advancement, mentorship, and retention.
- 3) Reviewing the City's hiring policies and the Workplace Violence and Harassment Policy to recommend changes to both. OPH plans to partner with the City's Human Resources (HR), DEI and Gender and Racial Equity, Indigenous Relations, and Social Development (GREIIRSD) teams to support this work and OPH internal processes.
- 4) Setting targets that identify equity-denied 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

Externally Focused HEDI Action Plan

HEDI planned to develop and share an externally focused action plan with the BOH a few months following the internal action plan submission, outlining community actions and collaboration with partners. However, given the Re-Imagine process that extended beyond the original timeframe, the temporary status of the majority of HEDI staff, and the ongoing COVID-19 needs despite the demobilization of the response, HEDI focused on formalizing its structure and onboarding the service area.

The external-facing component of this work is aligned with the Strategic Plan Goal 1 team, which stems from the recommendations of the Audit. The focus of Goal 1 is on prioritizing engagement with an emphasis on centering community voice. Current

planning also has an external-facing component with a view to including varied strata of the population groups with whom we have built and continue to build relationships. This work is sustained in our community engagement work and ongoing conversations at various tables. HEDI will be better placed to demonstrate how we can build on these relationships once we are well into our stabilization process.

OPH's Diversity, Equity and Inclusion (DEI) Strategy

In the fall of 2022, Strat-Ology was re-consulted to support the development of a diversity, equity, and inclusion (DEI) strategic plan for OPH to support the prioritization and roll out of the audit recommendations. HEDI met with Dr Kachra, Managing Director of Strat-Ology Consulting, as part of a large team exercise to co-design the strategy.

The completed strategy was presented to OPH's senior leadership team in February of 2023. The strategy helped inform the Re-Imagine organizational change process, OPH's latest Strategic Plan (2023-207), as well as the Medical Officer of Health's mandate letters to service area directors (including HEDI).

Each letter mandates health equity, diversity, and inclusion actions and cross-team cooperation between HEDI and the other service areas to ensure these responsibilities are shared across the department and not the sole responsibility of HEDI. Each director is accountable to achieve the mandates within the timelines of the current Strategic Plan.

Health Equity, Diversity, and Inclusion (HEDI) Structure

Following the organizational changes that resulted from the Re-Imagine process, HEDI's final composition includes: a Community Engagement Team, a Neighbourhood Health and Wellness Hubs coordination team, as well as Health Equity Specialists, Indigenous Health Specialists, a Knowledge Exchange Specialist and program staff focused on Anti-Racism, Anti-Oppression, Indigenous health, accessibility, and language, gender and sexual identity. Some of these roles are further outlined below.

Onboarding of most permanent staff occurred throughout the spring and summer of 2023. A few positions within HEDI are still vacant and the hiring process is underway. The service area is focused on completing its vision, mission, value statements as well as its operational plans for the upcoming year.

The Community Engagement Team (CET) works within priority neighbourhoods, with racialized populations and those who face barriers and systemic inequities. The team's work involves health promotion, increasing uptake of public health information and

resources, as well as engaging and working with community members and partners to center community voices and needs into public health planning.

The Neighborhood Health and Wellness Hubs (NHHW) program exists to enhance fair and convenient access to health and social services in proximity to residents' locations. The team facilitates the smooth day-to-day operations of the 13 Ottawa NHHWs by completing tasks such as contract administration, data monitoring, logistical coordination, promotional activities, scheduling, and any responsibilities essential for the program's efficiency. The team works closely with colleagues both within and external to OPH including within the HEDI team, and across OPH to advance the program objectives.

The Health Equity Specialists are responsible for advancing the Anti-Racism, Anti-Oppression Workplan, which includes chairing the Anti-Racism, Anti-Oppression Community of Practice, facilitating monthly Indigenous, Black, and racialized staff check-ins, and facilitating anti-racism education sessions to staff, community partners and organizations. The specialists support the application of an anti-racism, anti-oppression lens to the review of existing OPH policies and lead the development of new equitable and inclusive procedures when gaps are identified.

In addition to building organizational capacity related to Indigenous Cultural Safety, a Knowledge Exchange Specialist and a Project Officer serve as OPH liaisons with First Nations, Inuit and Métis partners, service providers and community members to ensure that Indigenous rights, voices, and perspectives are considered when planning and delivering OPH programs and services. Similarly, the Indigenous Rights and Reconciliation team supports Indigenous partners in their efforts to address community-identified priorities while helping to establish direct connections and build relationships between Indigenous partners and OPH teams. Team capacity and proactive outreach are expected to be greatly enhanced with the addition of two (2) Indigenous Health Specialist positions this fall.

A new position has been created within HEDI with a focus on Gender, Language and Sexual Identities to support the integration of these key identities and related EDI issues across public-facing services/programs and internal workplace initiatives. Key actions include supporting the consistent application of gender-based and sexual identity lenses to OPH services, programs, and policies, and raising awareness of the multiple forms of discrimination that people experience due to their intersectional identities. This Program & Project Management Officer will collaborate with OPH's French-Language Services champion to advance common (bilingualism) goals and support HEDI and other service

areas across OPH on co-creation, of inclusive, culturally appropriate, multilingual communication strategies and messages with and for our diverse communities and workforce.

Lastly, a new Program & Project Management Officer position was created to provide a dedicated focus on the disability community, positioning accessibility as a key lever and perspective through which OPH can enhance its efforts to advance health equity. Appropriate time is being taken to scope and scale this work in the context of available resources and maximizing impact. Internally focused work to build collective awareness and capacity, within and across all OPH teams, is being prioritized to establish the necessary foundation for success before sustained public facing work is undertaken. This role features prominently in the identification and implementation of Departmental Strategic Priorities, as identified in the 2023-2027 Strategic Plan, and is responsible for coordinating departmental compliance and reporting with applicable legislated requirements.

The HEDI service area has been asked to reconsider its name to include Indigenous Rights and Reconciliation more explicitly. In consultation with internal and external partners, the area plans to update its name within the upcoming year.

DISCUSSION

Since the DEI strategy was completed and shared with OPH's senior leadership team, progress has been made at every recommended level. Below is an update on each action HEDI committed to in its 2022-2023 Action Plan, organized by the audit's eight recommendations.

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.

As discussed in the background section, HEDI has been in existence for almost one and a half years. In following the recommendations outlined in the strategy, HEDI was allocated a total of 22 permanent positions through the recent 2023, Re-Imagine process, with most roles currently filled. There remain a few positions to be filled.

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

HEDI's Health Equity Specialists facilitate monthly Indigenous, Black and Racialized team member check-ins to offer a dedicated space for Indigenous, Black, and racialized staff to check-in, listen, and support one another. The Health Equity Specialists regularly communicate with the Medical Officer of Health on themes and patterns of discrimination shared by racialized staff. The goal is to explore immediate and long-term solutions. So far in 2023, over 100 attendees participated in check-ins.

In response to feedback received from racialized staff inquiring about additional tools to support their career progressions at OPH, HEDI partnered with the City's Learning Centre and an external consultant to develop a *Résumé and Interview Skills for Racialized OPH Employees* session. The purpose of the session was to offer a resource/tool that recognizes the additional barriers faced by racialized staff, support them to put their best foot forward as they navigate City and OPH job postings, and encourage them to embrace their lived and professional experience when applying and interviewing for jobs. Two sessions were initially offered, and registration capacities were met within one day. Two additional sessions were offered to meet additional requests. A total of 50 racialized employees attended the sessions.

In January 2023, HEDI launched an Anti-Racism, Anti-Oppression Community of Practice (ARAO CoP) within the department. The vision and purpose of the community of practice are to: a) support an OPH where all employees have equitable opportunities to be included, engaged, healthy and safe; and b) support OPH's efforts to address systemic racism and all forms of discrimination based on social identity (race, ethnicity, sex, gender, sexual orientation, faith/religion, physical and mental ability, language, and culture).

Over thirty employees signed up to be promote this work within their services areas. Further, to undertake and support important recommendations from the DEI audit and Strategy, two working groups were established (i.e. a Microaggression Procedure Working Group, and a Training Working group).

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.

The external component of *Recommendation 2* as well as this recommendation were intended to be included in an externally focused action plan that HEDI committed to submitting. However, as previously discussed in the background section, there was no capacity within HEDI to develop the external plan given the extended Re-Imagine process, the prioritization of onboarding permanent staff, building the HEDI structure,

and making progress on the internal action plan. As the onboarding of all staff is nearly complete, the service area is currently completing its strategic and operational plans, which include a community focused workplan.

Recommendation 4: Instituting processes and structures dedicated to dismantling systemic and incidental barriers faced by members of equity-denied groups (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

The City developed the Leverage Equity to Achieve Diversity and Inclusion Targets (LEAD-IT) initiative in 2019. The initiative provides additional mechanisms to score and rank job applicants. It supports the application of an equity lens to the hiring process, prompts hiring managers to be aware of their own biases when screening, and ensures diverse candidates are included. A cross-departmental rollout was put on hold due to COVID-19. The project was piloted in 2022 and a “soft launch” was implemented in 2023 by two City departments. A gradual rollout across City departments is anticipated during the first quarter of 2024. OPH plans to implement this initiative as soon as it becomes available.

Health Equity Specialists, in partnership with the temporary Integrated Planning Team and OPH's HR, reviewed and applied a DEI lens to the hiring manager's guide for permanent postings resulting from Re-Imagine change process. Changes included a mandatory requirement that all hiring managers complete bias awareness training (panelists were strongly encouraged to complete the training also), the addition of a DEI question to the interview questionnaires, and that each hiring panel have at least one member from an equity-denied group.

An action identified in last year's plan was the re-design of an OPH leadership program, to be led by the HR training and development lead, to advance supports to diverse staff interested in leadership roles. This initiative was put on hold until the Re-Imagine hirings are complete and the organization is operating with its full staffing complement.

A commitment under this recommendation was to collect DEI stories to capture the experiences and identities of equity-denied employees to raise awareness of the DEI realities faced by employees. This commitment has not been completed given the shift in staffing at OPH, however as part of the experiential training initiative discussed in Recommendation 8, DEI stories will be collected to inform training scenarios and the planning process to support this work has begun.

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.

Preliminary conversations have begun at the senior leadership level regarding the OPH DEI dashboard. The Action Plans being created for OPH's Strategic Plan, Goal 1 – Health Equity and Goal 5 – Healthy workforce – include objectives and initiatives that will lead to this recommendation being advanced as a priority.

Service areas across OPH recognize the value and power of measurement in the work that we undertake. Goal 2 of the strategic plan provides opportunities to explore ways to measure the integration of health equity in official planning, housing and in emergency preparedness. Goal 3 focused interventions also present measurable actions related to outcomes for people with lived experience. Interventions that can potentially increase the ability of people with lived experience to access social and other support services; and their engagement as educators and experts on mental health, addictions and substance use can provide insight for future planning and better targeting programming and resources. Frequency of use by equity denied groups and feedback on accessibility of programming will also be useful. Initiatives under Goal 4 can provide data about our capacity to plan, monitor and evaluate chronic disease prevention and monitoring the use of equity lenses in all aspects of this work will allow us to potentially evaluate change resulting from program implementation.

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 has explored, with other City departments (Human Resources, Gender & Racial Equity, Indigenous Relations, and Social Development Services), the possibility of developing a formal and informal reporting mechanism. City partners did not have the capacity to develop this process but hope to be able to do so in the future. Supported by the Medical Officer of Health, the decision was made to develop an OPH microaggression reporting process. An ARAO CoP working group was established during the summer of 2023 to develop and deliver a procedure by the end of the year. The group has completed a first draft and is undertaking an extensive consultation process with various equity-denied employees, OPH leaders, City Human Resources,

service area teams, labour relations, and the unions will be collaborating to finalize the procedure, which is planned to be rolled out during the first quarter of 2024.

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.

Over the course of 2023, the Community Engagement Team (CET) was able to de-escalate some of their COVID-focused activities to make way and space to focus on other public health topics. Building on existing trust and relationships with diverse communities, particularly those who face barriers, CET continues to engage directly with community members at a neighbourhood level, within shelters, and online to hear the concerns, needs, and insights of members of EDGs.

Other engagement activities have included the continuation of the Community of Practice, co-chaired by CET, where front line workers from across the city meet to collaborate and discuss the needs of diverse community members. This forum serves as a mechanism to elevate and center community voices within OPH to enhance health equity.

As of October 2023, the CET became permanent and has started developing its 2024 operating plan, which hinges on cross-team collaboration internally, continuous structured and organic/informal community engagement, and positioning community knowledge, wisdom, and experiences alongside data to set-up OPH for successful evidence-based planning.

In the first quarter of 2024, the Neighborhood Health and Wellness Hubs (NHWHS) coordination team plans to evaluate the hubs' effectiveness within the community. This will be achieved by actively involving community leaders and influencers in promoting surveys and interviews, underscoring the significance of their input. The team will send timely reminders and follow-ups to enhance response rates and explore the possibility of conducting focus group discussions for deeper qualitative insights.

The evaluation aims to yield valuable insights into the NHWHs' effectiveness in meeting the community's needs. Through rigorous analysis, it will provide data-backed recommendations for potential enhancements, shedding light on areas where the hubs excel in addressing community needs and where gaps exist. Further, the action plan for Strategic Plan Goal 1 – Health Equity will ensure that ongoing, meaningful partner and

community engagement processes are assessed for gaps, which will allow the Goal team to make a plan that informs OPH's next steps to organize successful engagement and partnership for health equity action. Collaboration between teams for consistency across the organization in driving equity in day-to-day work and operational plans is also critical.

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

In 2023, Health Equity Specialists facilitated quarterly Anti-Black Racism sessions and delivered instruction to 172 OPH employees and leaders. An Anti-Indigenous and Anti-Black Racism education session was also delivered to the new BOH in the spring. Shorter sessions discussing the topics of *Privilege and Allyship*, and *Racism as a Social and Structural Determinant of Health* were offered internally. A total of 137 employees and leaders attended these sessions.

As recommended in the Community Engagement Level of the strategy, Health Equity Specialists facilitated Anti-Black Racism sessions to community organizations that support equity-denied populations. Plans are to continue these sessions next year with additional community organizations.

Lastly, HEDI contracted Strat-Ology to support the development of experiential and scenario-based training for leaders and employees to address incidental (i.e. microaggressions) and systemic discrimination (i.e. recruitment and retention). Consultations with HEDI, leaders, and members of EDGs will begin during Q4 of 2023. Specific scenarios and training for OPH will be developed. Training for leaders is scheduled in the first quarter of 2024.

Development of OPH's Diversity, Equity, and Inclusion Strategy

As with the DEI audit, Strat-Ology was hired to help develop OPH's DEI Strategy, in collaboration with the HEDI team. To that end, Strat-Ology facilitated discussions and produced a report that was then shared with and presented to OPH's senior leadership team. The DEI Strategy builds on the diversity audit recommendations (see summary as Document 1) and was co-created by Strat-Ology and the HEDI team in the fall of 2022.

To create more opportunities for socialization, HEDI will connect with each service area as part of its planning to discuss relevant partnerships, to confirm point people and a process through which the area will support teams. Ongoing conversations at various

leadership levels, including with MPE (presentations, training support for capacity building), will provide opportunities for continued awareness and information exchange throughout OPH. As implementation plans evolve, recommendation 16, which proposes an annual innovation challenge to encourage partnerships between OPH employees/teams and health innovators in the community to design programs and processes to improve DEI at OPH or within the community, will provide an opportunity to refresh the socialization of DEI, both internally and with our partners.

The DEI strategy, attached as Document 2, begins with the state of DEI at OPH, an overview of the foundational values necessary for OPH's DEI strategy, an analysis of OPH's resources (leadership, staffing, structures, systems, and culture) to determine what is presently achievable and what resources will be required in the future, as well as a framework for implementation. Below is a summary of OPH's DEI Strategy.

Ideal State of DEI

According to Strat-Ology, the ideal state of DEI at OPH includes senior and mid-level leaders who have varying levels of DEI-related work and lived experiences and strong competencies to drive necessary DEI change. This ideal state includes buy-in at both employee and mid-level leader roles as well as robust systems within OPH that enable diversity in hiring and equitable career growth. Lastly, Strat-Ology advises that OPH systems and culture should provide a safe and inclusive workspace for employees and leaders to bring their authentic selves to work, enabling them to contribute meaningfully.

Current State of DEI at OPH

The strategy notes the overall belief within OPH, That DEI matters and is a prevalent theme across OPH. Having a safe, welcoming, and inclusive workplace that promotes psychological safety, learning, and growth matters to many OPH employees. However, according to Dr. Kachra, these beliefs are not sufficient to drive change. As stated in the Strategy, "the level of buy-in around DEI change is highest among members of equity-denied groups (EDGs). Although all members of the senior leadership team want to improve OPH's DEI context, the level of buy-in is especially high among a few members." Strat-Ology commended the senior leadership team for actioning some of the audit's recommendations, such as the hiring of a HEDI Program Manager who sits at the senior leadership table and supporting the Strategy's development.

Dr. Kachra further expanded that "buy-in around the need to tackle DEI challenges is categorically less emphatic among middle managers and members of non-EDGs. Although some of these individuals are enthusiastic allies, allyship is neither widespread

nor passionate. Middle managers often espouse definitions of representation that reflect the past vs. the future. They also tend to minimize the need to act on cultural norms such as microaggressions. When minor changes are made in these areas to improve the DEI context, they are treated as big wins deepening the existing feelings of tokenization among employees from EDGs”.

Continuing with the state of DEI, the report states, “in terms of the systems underpinning managerial work, they have not been designed with DEI ideals in mind. Substantive reviews focusing on making core organizational systems such as hiring and promotion more inclusive and equitable have not taken place. Although training has helped people appreciate bias and other DEI-related issues, it has not been provided with the intent of developing a set of DEI-related competencies that would equip leaders and managers to drive DEI-related change. As a result, DEI challenges such as microaggressions, the prevalence of white fragility, or stunted career progression for employees from EDGs remain unresolved. Although no deficit of managers and staff express interest and care in creating a more inclusive DEI context, inaction is common on many teams. Managers and leaders assert they don’t feel equipped to take these challenges on; they often require a resource-intensive level of handholding to move DEI forward.”

Strat-Ology recognizes that “the DEI Audit certainly created more buy-in for change at all levels of leadership at OPH. System change is fundamental to changing the DEI context at OPH, especially since many of the systems that underpin OPH’s work have not been reviewed from a DEI lens and operate in favour of members of non-EDGs. This recognition of systemic discrimination is less well understood.”

At the time the report was shared in December 2022, Strat-Ology pointed to the reality that most of “the staff tasked with spearheading the development of a new DEI context, i.e., those belonging to the Health Equity, Diversity, and Inclusion Team (HEDI) at OPH, remain in temporary positions.” This carried staffing risks such as retention and commitment. Moreover, this impeded HEDI’s ability to engage other teams in DEI-related work. This resulted in varying degrees of partnership between HEDI and other key service areas at OPH.

According to the strategy, “the key barriers facing OPH as it begins to envision a strategy to improve the DEI context at the organization are (1) middle-level managerial buy-in, (2) DEI capacity among leadership, (3) systems that are not designed to create an inclusive workplace environment, diverse recruitment outcomes, or inclusive career

progression, and (4) no mandate that frames DEI within OPH as pivotal to health equity.”

Since the release of the strategy report, each service area director was given a letter with a health equity, diversity, and inclusion mandate and cross-team cooperation between HEDI and the other service areas to ensure these responsibilities are shared across the department.

Values Underpinning OPH’s DEI Strategy

Strat-Ology posits that “all DEI strategies need to be rooted in a set of values that speak to the fundamental *raison d’être* of the organization. For OPH, that is a commitment to providing services and programs that are diverse and carefully designed to meet the health needs of Ottawa and not overlook the needs of diverse and marginalized populations while always attempting to reduce barriers to access.” T

The values that OPH subscribes to in the DEI Audit, which was the driving force for the DEI strategy, continue to guide our work. They bode well for a process that will set us up for success as we work towards our goals. A collective cross-organizational response focused on reconciliation, health equity, inclusivity, strong and reciprocal relationships continue to be foundational for providing diverse and carefully designed culturally informed services.

Below are a set of DEI values taken from the Strategy report that result from the diversity audit learnings and from the strategy session facilitated by Strat-Ology with HEDI.

Values	Description
Authentic representation that is forward-looking matters	“A forward-thinking definition of representation vs. one grounded in achieving some minimum standard is key to achieving health equity.” Each service area/team should define and determine their representation needs, considering access and health equity.
Our systems & processes must effectively grapple with modern-day	Concrete changes to OPH systems (i.e. training and operational systems) and culture

discrimination that is real, prevalent, and subtle.	are necessary to address everyday discrimination such as microaggressions.
Merit cannot be separated from lived experience	Individual skills, talents, and capacities cannot be separated from lived and grounded experience.
Partnership is key to driving DEI outcomes	Partnerships within and outside the organization are necessary to reach DEI and health equity goals.
Leaders drive DEI	DEI achievements and shortfalls rely on the Board of Health and senior leadership team's support, investment, and direct actions.
DEI must be action-oriented	Having a more equitable, diverse, and inclusive OPH requires a) commitment towards identifying barriers to equitable employment, and b) designing and implementing policies that promote DEI and address racist and discriminatory occurrences and conduct.
Measurement is key to DEI	The collection of DEI evidence, both quantitative and qualitative, is necessary to determine if any DEI-related advancement is taking place.
Listening is key to driving DEI-related change	Formal and informal listening mechanisms that enable OPH to learn the needs of populations that face inequities need to be established. Listening to EDGs and non-EDGs is essential as buy-in across the department is key to driving DEI change.

<p>Transparency and equity are fundamental to the development of an inclusive culture.</p>	<p>Workplace cultural safety depends on transparent hiring and promotion practices. Being honest about how decisions impacting diversity and inclusion are made support DEI-related change.</p>
<p>Giving voice to the more marginalized is fundamental to DEI</p>	<p>Formal and informal listening mechanisms that allow OPH to learn the needs of populations facing inequities are needed to drive DEI change. OPH must foster an inclusive workplace where EDGs can bring their authentic viewpoints to health equity issues they are mandated to solve.</p>
<p>Mentorship dismantles systemic racism</p>	<p>Mentorship is a method that can begin to address inequities in education and training, career development, and networking.</p>
<p>It takes a village to trust and accountability to eliminate racism and oppression</p>	<p>Racism and oppression are deeply embedded within organizational culture and processes. Dismantling both requires buy-in from everyone at every level.</p>

Recommended Strategic Initiatives

The DEI strategy report recommends multi-pronged actions at every level of the organization (i.e. individual, leadership, systemic, structural, and community) to drive DEI at OPH. The proposed initiatives build upon the diversity audit recommendations. The report identifies HEDI to spearhead most of the proposed initiatives, with support from other teams and leadership within the organization.

Individual Level

At this level, action centres on providing knowledge and building concrete skills for employees and leaders. The strategy report recommends education initiatives to be delivered by HEDI through the Daily Buzz and lunch and learns to change perceptions, beliefs and attitudes that keep OPH from being more equitable. An example of one

belief is “operating as though DEI is something we care about in addition to our core business rather than seeing health equity as unachievable without a commitment to DEI.”

A secondary recommendation relates to individual and group leadership coaching for supervisors and managers where honest discussions can occur about the reticence to address racism and discrimination. These capacity building sessions should include experiential training in larger groups supported by smaller group coaching sessions.

Lastly, the strategy report recommends training and coaching for employees so they may unpack the consequences of incidental and systemic discrimination and enable them to bring their complete selves to the workplace. Best practice recommends grouping employees with similar cultural backgrounds with a DEI trainer from the same background.

Leadership Level

Recommendations at this level focus on opportunities for members of the senior leadership team and managers from across the department to get involved in driving DEI-related change. The cross-organizational DEI engagement initiative involves the selection of a handful of respected managers from public-facing programs who are allocated a percentage of their work time towards supporting HEDI. Another initiative at this level suggests two SLT members co-chair an OPH Diversity Advisory Council that would meet every other month to listen to DEI issues faced within and outside of the organization. The last proposed initiative is scenario-based leadership training that enables skills development within leaders, so they can address microaggressions and other systemic DEI issues (i.e., relating to recruitment and promotion).

Systemic Changes

The strategy highlights this level as critical for DEI change. As stated by Strat-Ology “when systems are changed, outcomes also change.” The first recommendation for this level is mentorship and the strategy proposes two distinct initiatives. The first is a mentorship program geared towards under-represented populations, whereby a group of candidates from this group would be identified (in collaboration with community) and hired for a one-year mentorship program so that they may qualify for entry-level OPH roles. The second program is intended for equity-denied OPH employees. Leaders would recommend ideal candidates or employees could apply. A career plan would be developed, and participants’ progress would be tracked over a three-year period.

A second important proposed recommendation within the strategy report is a transparent and easy to access reporting system for equity-denied individuals and groups to report DEI challenges. It is recommended that reporting should include formal and informal options that feed into feedback channels that are analyzed. The identified patterns and trends can be shared with the senior leadership team so they can enact appropriate changes.

A third system-level recommendation is setting representation goals with an accompanying implementation plan. “OPH must identify minimum levels of diversity to be reached across teams, job categories and job levels.”

The fourth proposed initiative is an audit of Human Resource systems to identify obstacles, at the system-level, faced by EDGs related to applicant identification, screening, interviewing, hiring, and career progression. The strategy report recommends the contracting of a DEI consultant with HR systems knowledge for this initiative.

In terms of Indigenous Rights and Reconciliation, Strat-Ology recommends that “Land Acknowledgements be less performative and more authentic by including storytelling, sharing of research, and demonstrating how the acknowledgement is linked to the future of DEI at OPH.” The last recommendation at this level relates to DEI measurement. Strat-Ology recommends that an OPH team be tasked with collecting quantitative and qualitative DEI data. The team would also have the mandate to educate employees about the need for participation while also ensuring the collection mechanism is safe. This data would inform a dashboard that would be updated twice per year, allowing employees and leaders to see DEI-related progress.

To that end, HEDI’s Indigenous Rights and Reconciliation Team specialists have shared new Land Acknowledgement best practices with employees and leaders during facilitated team meetings, leadership meetings, and during OPH’s most recent townhall. Resources and videos to support employees and teams have been published on the OPH Reconciliation intranet page. More meetings are now being started with personal Land Acknowledgements.

The last recommendation at this level relates to DEI measurement. Strat-Ology recommends that an OPH team be tasked with collecting quantitative and qualitative DEI data. The team would also have the mandate to educate employees about the need for participation while also ensuring the collection mechanism is safe. This data would inform a dashboard that would be updated twice per year, allowing employees and leaders to see DEI-related progress.

Structural Changes

At the structural level, recommendations include the implementation of DEI accountability mechanisms, such as the previously mentioned OPH Diversity Advisory Council, that would involve multiple leaders from different communities and a select number of equity-denied employees. Meetings would occur bi-monthly to provide input into OPH strategies and to review policies and programs from a DEI lens.

In addition, regular community focus groups are recommended within various communities and demographics to ensure the voices of populations facing inequities are heard and given the chance to evaluate OPH services through surveys and focus group discussions.

The last two recommendations for this level involve an annual innovation challenge by OPH to encourage partnerships between OPH employees/teams and health innovators (Master students) within academic institutions (i.e. University of Ottawa, Carleton University, etc.) to design programs and/or services that would improve DEI at OPH or within the community. The *Change Team* recommendation involves working with three OPH service areas to support their identification of issues related to DEI. HEDI members, in partnership with the service areas members, would develop a plan to address these challenges.

Community Engagement Changes

At the community level, the strategy report recommends education session that discuss the relationship between racism and health inequities. Strat-Ology also recommends team collaboration and cooperation between OPH teams and CET be mandated by SLT so OPH programming can be informed by CET community, DEI knowledge, and the team's lived/grounded expertise.

Conclusion

The DEI Audit recommendations and the subsequent follow-up DEI strategy recommendations are meant to provide concrete actions for the operationalization of a DEI mandate for OPH. This mandate will allow OPH to institute a series of initiatives at the individual, leadership, system, structure, and community levels that will assist in continuing the work that has been done, current work that is underway, and future work that is being planned to help foster a diverse, inclusive, and healthy OPH where progress is made in health equity.

Internal success in socializing DEI expectations and supports to ensure that all actions and initiatives are informed by collaboration with affected communities, reflexively use a DEI lens, include measures from a DEI perspective and that receive signals from the community acknowledging that services are responsive to their needs, continues to be the goal, to ultimately facilitate better health outcomes for all.

A systematic approach will be used to track our progress as part of HEDI's operational planning. This will include reviewing each recommendation, linking those that are meant to support or reach a specific goal, determining what is required and with whom collaborative work is needed to implement each specific recommendation, attaching realistic timelines, pivoting where required if a better or more sustainable approach is required, reporting on those achieved and the results or impact of any change. The results of this tracking and review will be highlighted in subsequent HEDI related BOH reports.

The attached Strategy Implementation Status, Document 3, provides additional detail relating to OPH's DEI Strategy Progress.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

This section consists of two components: consultation and public notification. The purpose of notification is to inform and provide specifics about the way in which consultation will take place. Consultation should be designed to engage stakeholders in a discussion about a proposal and to obtain feedback. It should describe the steps that have been taken to engage the public, as well as any input that was received.

LEGAL IMPLICATIONS

There are no legal impediments to receive the information contained in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this 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 1 (Equity Driven) and 5 (Community Stakeholder Partnerships) of Ottawa Public Health's 2023-2027 Strategic Plan

SUPPORTING DOCUMENTATION

Document 1 – Diversity Audit Recommendations – Implementation Status

Document 2 – Diversity, Equity, and Inclusion (DEI) Strategy for Ottawa Public Health

Document 3 - OPH DEI Strategy Implementation Status

DISPOSITION

Staff will continue to work to advance Health Equity, Diversity and Inclusion at OPH and to implement the health unit's Diversity, Equity and Inclusion Strategy. Going forward, staff will provide regular updates through the semi-annual reports on OPH's Strategic Plan.