

DEI STRATEGY FOR OTTAWA PUBLIC HEALTH



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What are the goals of this strategic plan?

In working with Strat-ology Consulting, Ottawa Public Health (OPH) has engaged in a co-creation process to develop its Diversity, Equity, and Inclusion (DEI) Strategic Plan. The goals of this plan are to:

- identify a set of DEI values that are key to transforming OPH's DEI context,
- outline a detailed, practical and implementable cross-enterprise journey for OPH that will allow it to aspire to higher levels of diversity, equity and inclusion,
- identify key resources that need to be strengthened, such as leadership, staff, structure, systems, and organizational culture, to support OPH in its DEI journey, along with a discussion on funding, and finally, the plan will
- provide high-level insights into designing an implementation plan and measuring DEI progress.

This strategy actualizes a DEI mandate for OPH. OPH's DEI mandate is to institute a series of initiatives at the individual, leadership, system, structure and community levels that help foster a diverse, inclusive and healthy OPH that can advance health equity and facilitate better health outcomes for all. It is important to note that OPH's Cultural Safety Audit, planned for 2023, will add some new initiatives to this strategy, especially in the area of reconciliation.

Report Structure: What is a DEI Strategy?:

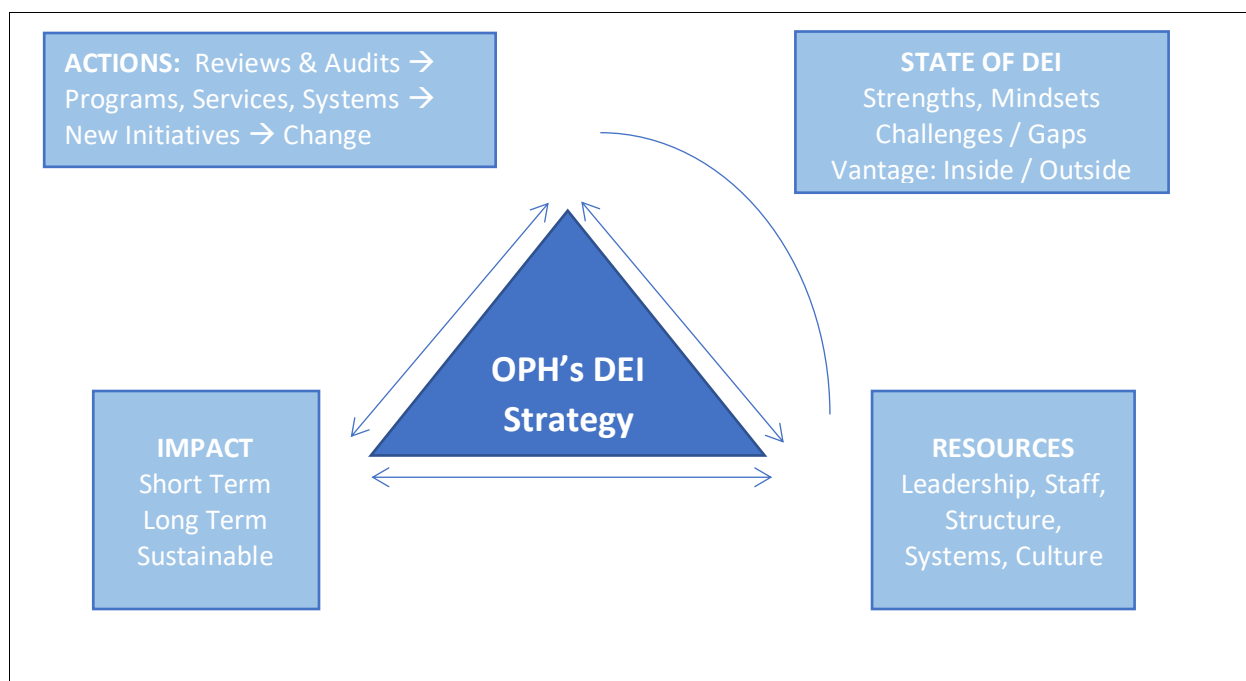
When we hear the word strategy, numerous opinions exist about its meaning. A strategy is a plan, a set of goals, an acknowledgement of stakeholder needs, an attempt to frame the big picture, a journey to performance, or an analysis of the state of affairs of an organization. The definitions are numerous, and most offer an interesting way to think about an organization's strategy. The approach to DEI strategy featured in this strategic plan was co-created by Strat-ology and OPH; see Figure 1 for a visualization of this approach.

OPH's DEI strategy starts with understanding the state of DEI in the organization. This requires answering questions such as: What does OPH do well? What are the existing DEI mindsets in the organization? What challenges and gaps does OPH face in promoting & dealing with DEI? How diverse, equitable, and inclusive is OPH from the vantage of those it serves inside and

outside the organization? What are the systemic barriers to increasing health equity in the community, and how might the state of DEI inside OPH exacerbate them?

The next step is defining the values underpinning DEI at OPH. These values guide the development and implementation of the key initiatives that will comprise OPH’s DEI journey and ultimately impact the state of DEI in the short and long term. These initiatives may include reviews and audits of existing programs, services, and systems, as well as suggestions for new initiatives to help OPH realize its DEI values. In addition, an analysis of OPH’s resources, i.e., leadership, staffing, structures, systems, and culture, will allow the organization to determine what it can accomplish today and what may require more time and resources. Finally, Strat-ology will present an implementation framework to help visualize next steps.

FIGURE 1: THE APPROACH TO DEVELOPING OPH’S DEI STRATEGY



What is the State of DEI at OPH?

The Ideal State of DEI

A vibrant DEI context is fostered by senior and mid-level leaders with varied DEI-related lived experiences and strong capabilities in driving DEI-related change. A vibrant DEI context requires strong buy-in from both staff and mid-level leaders who are supported by strong DEI-centered systems that ensure diverse hiring, and inclusive and equitable career progression. In a vibrant DEI context, diversity, equity, and inclusion are supported by systems that foster and create a safe and inclusive work environment where everyone feels secure and welcome and is encouraged to bring their whole self to the workplace, allowing them to freely ideate, contribute, and add authentic value to the work of the organization.

DEI at OPH

OPH benefits from a cross-enterprise belief that DEI matters. Creating a workplace culture that is welcoming, inclusive, and promotes employee wellness, learning and development is important for many at OPH. However, there is still work to be done. For example, the level of buy-in around DEI change is highest among members of Equity Deserving 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. Still, the Senior Leadership Team (SLT) took the audit's recommendations very seriously by hiring a Health Equity & Diversity Manager with a seat on the SLT and providing resources to support the development of this DEI strategy.

However, 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.

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 hand-holding to move DEI forward.

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.

Finally, 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 carries staffing risks such as retention and commitment. Moreover, this impedes HEDI's ability to engage other teams in DEI-related work. For example, the Community Engagement Team, a core part of HEDI, was created during COVID-19. Therefore, many key internal stakeholders at OPH perceive their mandate as temporary, thus casting doubt on the sustainable commitment to DEI. The result is varying degrees of partnership between HEDI and other key service areas at OPH.

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, and (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.

What values must underpin OPH's DEI Strategy?

All DEI Strategies need to be rooted in a set of DEI 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. The set of DEI values for OPH presented below are based on insights from the Diversity Audit and discussions during the Strategy Facilitation Exercise held with members of HEDI.

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. Many organizations rely on statistics about diversity levels within the national, provincial or municipal populations to set guideposts for representation. This approach is short-sighted. These statistics often lag the realities of diversity in the community by four or more years. Moreover, the approach tends to tokenize diversity; for example, similar approaches are not used to limit hiring from non-EDGs. When grounded in a percentage-of-population approach, authentic representation should be forward-looking. But ideally, representation goals would be defined at the service team level with the interest of maximizing access and health equity.

OUR SYSTEMS & PROCESSES MUST EFFECTIVELY GRAPPLE WITH MODERN-DAY DISCRIMINATION THAT IS REAL, PREVALENT AND SUBTLE

- Discrimination at OPH is not new. It has and continues to occur via microaggressions, systems that have long favoured members of non-EDGs, and leadership at all levels that has grappled with identifying and taking on DEI. Although policies and strategies are important starting points in improving OPH's DEI context, tangible changes to training, operational systems, and people will be required to deal with modern-day discrimination

MERIT CANNOT BE SEPARATED FROM LIVED EXPERIENCE.

- An individual's skills, talent, and capabilities are not earned or honed in a lab. This occurs in messy real-life contexts, where knowledge, mentorship, coaching, identity, and different elements of background and culture intersect. Skills, knowledge and experience cannot be separated from lived experience. Lived experience is the lens by which a person's experiences contribute to their skills and knowledge. Lived experience is also the vessel that holds those experiences. An individual's diversity cannot be separated from what they know and what they can do; diversity is germane to their skills and experiences. Therefore, becoming meritorious is a distinct experience for members of EDGs, vs. non-EDGs.

PARTNERSHIP IS KEY TO DRIVING DEI OUTCOMES

- Partnership is key inside the organization and with collaborators outside the organization to achieve the ideals of DEI and drive health equity.

LEADERS DRIVE DEI

- DEI successes and failures at OPH pivot on the Board’s and SLT’s active support, investments, and actions. An OPH enabled to improve DEI is one whose leaders at all levels feel empowered, capable, and comfortable confronting discrimination at the individual, team and organizational levels by building roadmaps for change.

DEI MUST BE ACTION-ORIENTED

- OPH must be committed to identifying barriers to fair employment and promotion and designing policies that effectively promote diversity, equity and inclusion in the workplace that are open and transparent. OPH is committed to implementing those policies to confront and eliminate discriminatory and racist incidents and behaviours inside the organization and when working with communities.

MEASUREMENT IS KEY TO DEI

- DEI progress depends significantly on measurement, i.e., collecting both quantitative and qualitative data about diversity, equity and inclusion.

LISTENING IS KEY TO DRIVING DEI-RELATED CHANGE

- For OPH to be successful, it must have formal and balanced listening structures that allow it to be intimately aware of the needs of marginalized people in the community and at the workplace. Listening to members of EDGs is pivotal. However, listening to members of non-EDGs is also important to drive DEI change successfully, as this depends on cross-enterprise buy-in.

TRANSPARENCY AND EQUITY ARE FUNDAMENTAL TO THE DEVELOPMENT OF AN INCLUSIVE CULTURE

- To create and sustain a culture where people feel treated fairly, there needs to be a commitment to greater transparency in hiring and promoting systems within OPH. Honest transparency around decisions that affect diversity and inclusion is key to driving positive change in the DEI context.

GIVING VOICE TO THE MORE MARGINALIZED IS FUNDAMENTAL TO DEI

- For OPH to be successful, it must have formal and balanced listening structures that allow it to be intimately aware of the needs of marginalized people in the community and at the workplace. The workplace must actively encourage and enable individuals from EDGs to bring their authentic perspectives to the health-equity challenges they are tasked to solve. This authenticity must be celebrated.

MENTORSHIP DISMANTLES SYSTEMIC RACISM

- Although changing systems is the first step in tackling systemic racism and discrimination, it does not deal with the longstanding impacts of systemic discrimination on employees from EDGs. These effects include unequal access to (1) education and training, (2) career development, (3) networks of high-achieving individuals, and (4) opportunities to grow and showcase talent. Mentorship is a highly effective way to dismantle these enduring effects of systemic discrimination.

IT TAKES A VILLAGE COMMITTED TO TRUST AND ACCOUNTABILITY TO ELIMINATE RACISM AND OPPRESSION.

- Racism and oppression in organizations are sometimes overt and deliberate, but more often than not, they are silent. Tradition and history play pivotal roles in how individuals communicate and how work is done or rewarded; they are the homestead of discrimination and racism. However, they are also often considered the reasons for the organization's success. Oppression and racism are highly embedded in organizational culture and processes. Changing one system or having one leader spearhead an initiative will not be enough. Changing racism and oppression requires buy-in from everyone at every level of the organization. This buy-in does not simply come from training but opportunities to discuss insecurities around this important change. Buy-in also comes from building genuine and lasting relationships around anti-racism and anti-oppression with OPH's partners, stakeholders and residents, all in the interest of promoting healthy communities.

Leveraging DEI Values into Strategic Initiatives: Changing the DEI Context at OPH

Changing organizational contexts is neither straightforward nor simple. Moreover, successfully changing organizational contexts often feels like an improbable victory by a weak party over a stronger one, i.e., the change agent over the organization - with its history of success and a plethora of established systems. Therefore, to successfully change its DEI context, OPH must espouse a multi-pronged approach that encourages practical and tangible changes at the individual, leadership, systemic, structural, and community levels. Below is a multi-pronged set of recommendations that will drive DEI change at OPH based on findings from OPH's DEI Audit and the Strategy Development session facilitated by Strat-ology with the HEDI Team.

Individual Level Changes

Changes recommended in this area are related to shifting beliefs and perceptions and instituting more experience-based training. They include the following recommendations:

1. Education Initiatives: OPH must introduce education-based initiatives that correct perceptions and beliefs that prevent the organization from becoming more diverse, inclusive, and equitable. These include (a) correcting the perception among some leaders that a bubble-up approach to bringing diversity into leadership is effective, i.e. one where the growing level of diversity among front line employees today will translate into diverse leadership teams over time, (b) tackling the "lowest common denominator" mindset around representation, i.e., "we have a few people from diverse backgrounds, so our work is done"; (c) 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, (d) correcting assumptions that global DEI data is indicative of change to the DEI context vs. data about DEI at the leadership, mid-management, job category, and team levels, and (e) grappling with white fragility which often expresses itself in ways that underplay realities such as microaggressions or the insistence for often uncollectible quantitative data about diversity, equity and inclusion so that inaction is the only achievable outcome. This education initiative could occur via a bi-monthly newsletter on different DEI topics, lunch and learns, and town hall meetings where speakers would be invited to speak to the key themes outlined above. HEDI would design, write and disseminate written material.

Members of the HEDI team would conduct some presentations while others would be contracted to external experts.

2. **Leadership Coaching:** OPH would benefit from coaching sessions for managers and leaders where they could honestly discuss their reluctance to address racism and discrimination at OPH. These sessions would help managers and leaders gain the required knowledge and tools to change OPH's DEI context. These coaching sessions would occur in two phases: (1) experiential training sessions in groups of 20 or 30, (2) and three coaching sessions around particular themes that arose in the training sessions for smaller groups of 10. The coordination and project management would fall on HEDI, who would rely on expert consultants to develop a train-the-trainer model. Once key representatives at HEDI were trained, they would implement these sessions.
3. **Training & Coaching for Staff from EDGs:** A training program to empower people from EDGs to bring their authentic selves to work so they can feel more comfortable in their work context, unlocking their full potential. These programs recognize and begin to tackle the impacts of systemic discrimination not only at OPH but across the industry on people who work in public health. Best practice dictates that these sessions are most effective when participants are grouped by cultural background and matched with a DEI trainer from the same background. HEDI would work with an outside consultant to design and deliver the training.

Leadership Level Changes

Changes in this area are related to training and creating opportunities for members of the senior leadership team and managers at different levels in the organization to become more engaged with driving DEI change. The recommendations include the following:

4. **Cross-Enterprise DEI Engagement:** Identifying four to six well-respected managers from key service delivery areas at OPH whose time is formally allocated (e.g., 10 to 15 percent of their annual paid time) to support HEDI; these team members would change on a bi-annual basis. By instituting opportunities for formal involvement for DEI representatives outside of HEDI, OPH ensures that the initiatives developed by HEDI receive cross-organizational input and buy-in, along with implementation support at the team level. These managers would participate in HEDI meetings, be trained to implement DEI-related initiatives in their work

areas and project-manage them with key team leads from HEDI. The HEDI team would design, implement and project-manage this initiative.

5. SLT Co-Leads for OPH’s Diversity Advisory Council: Two members of SLT should co-chair the Diversity Advisory Council¹, so they hear the DEI challenges OPH faces firsthand within the organization and the community. In addition, every meeting should include an additional member from SLT who attends in a listening capacity so they, too, can develop a more sensitized lens on DEI as they make cross-enterprise decisions and investments. HEDI would handle coordination.
6. Scenario-Based Leadership Training: Training that is highly experiential and scenario-based should be developed for leaders at different levels of OPH to allow managers and leaders to build the necessary advanced skills and proficiencies to deal with incidental (e.g., microaggressions) and systemic (e.g., recruitment) DEI-related challenges, while starting the process of dismantling systemic discrimination. HEDI would work with an outside consultant to design and deliver this training. HEDI would conduct follow-up sessions with participants.

Systemic Changes

This is the most critical area of DEI change. Systems-related changes formally integrate DEI values into OPH’S work processes. When systems are changed, outcomes also change.

Recommendations include:

7. Mentorship: Highly Underrepresented Populations: OPH must create a development strategy for hires from extremely under-represented groups. Areas at OPH that would benefit from the presence of these hires must be identified. Identifying five to seven hires to be part of this program must be done in cooperation with community groups. These hires would then go through a year-long mentorship program that would enable them to apply to different entry-level positions at OPH. This mentorship initiative would start tackling the problem of significant under-representation of some key groups within OPH. The program would include on-the-job training as well as general job skills training that would take place on a monthly basis. The training would be designed and implemented by HEDI. HEDI would work with the hiring managers to ensure mentees are well on their way

¹ See the section on Structures to understand the role of the Diversity Advisory Council.

to becoming well-qualified for entry-level positions at the end of the year-long mentorship program.

8. Mentorship: High Potential Members of EDGs: OPH must develop and implement a formal mentorship strategy that annually involves 10 to 15 diverse, high-potential employees from equity-deserving groups and tracks their progress over 3 years. Leaders and managers could recommend their key staff; self-nominations would also be accepted. A diverse jury would shortlist and interview candidates and then match those selected with leaders in the organization. A development plan would be implemented as follows:
 - a. Year 1: The mentorship process would begin with formal monthly development conversations in Year 1 between the mentee and their mentor, a seasoned leader at OPH. HEDI would oversee the matching process based on different criteria and provide input on the conversation themes. The intent of these conversations would be to set up a 3-year career development plan. Year 1 would also include a 3-day workshop designed by an external consultant on leadership and strategic thinking.
 - b. Year 2: Mentees would be invited to listen to career development presentations on a bi-monthly basis from members of OPH's SLT. Year 2 would also be the year mentees would be invited to participate in special project teams with senior management that have cross-organizational visibility.
 - c. Year 3: Mentees would continue their special projects involvement. Their mentors would also coach them to start applying for open managerial positions at OPH.
9. Reporting System for DEI Challenges: OPH will establish a transparent and easy-to-access process for members of EDGs to report DEI challenges. Two reporting mechanisms must exist simultaneously: (1) a formal reporting system that is clear, simple, safe, and well-communicated throughout OPH, and (2) an option to use an informal reporting system where the incident is shared with an outside consultant; this limits power issues and creates a safe space. The consultant would collect and summarize DEI-related challenges for leadership at OPH. Feedback from these systems to the SLT is crucial for change. This system would be designed, implemented and operated by HR and key members of the HEDI team.
10. Representation Goal Setting and Roadmaps for Change: OPH must identify minimum levels of diversity to be achieved across teams, job categories and job levels. Progress should be measured annually. This would be defined by a project lead from HEDI who would work

with each of the teams at OPH to identify challenges, help develop acceptable targets and build roadmaps for change.

11. HR Systems Review: OPH must conduct a detailed review of current HR processes to identify the inherent systemic barriers faced by members of EDGs when it comes to candidate sourcing, recruitment, pre-interview evaluation, interviewing, selection, mentorship, advancement, and retention. It is recommended that OPH work with a DEI consultant with experience in HR systems review to conduct the audit. This audit will require OPH to navigate the interplay between HR at OPH and the HR systems at the City of Ottawa. However, in light of OPH's unique HR needs, it is recommended that the initial audit of systems be conducted independently of the City. HEDI resources will be required to coordinate the review and follow up with the City to start the change process.
12. Land Acknowledgement System: 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. Strat-ology recommends hiring a consultative resource to work with leaders to make these acknowledgements less performative and more authentic. For example, there is a longstanding Indigenous tradition of engaging various populations, such as youth, in their well-being through traditional practice. Learning about and sharing such traditions as part of a land acknowledgement is an important recognition of indigenous identity that dovetails well with the concept of health equity at OPH. This knowledge makes us all better equipped to move closer to the ideals of health equity. A consultant should help OPH develop a knowledge repository that shares indigenous stories and practices that highlight the importance of health, well-being, and equity. These stories could then be used by those conducting land acknowledgements to not only acknowledge the land on which we work and live but also share the history of well-being it brought to its people.
13. DEI Measurement: OPH must establish a measurement team responsible for collecting quantitative and qualitative data in three areas: diversity, equity, and inclusion. This team must also raise awareness around the importance of participation in DEI data collection to drive change while striving to make this process as anonymous and safe as possible. The quantitative and qualitative data would inform a dashboard that would be updated every six months, allowing leaders, managers and staff to see OPH improving its DEI context. HEDI would be required to manage DEI measurement.

- a. Quantitative Data Collection: Diversity data should be collected and reported by leadership level, teams, and employment categories. Equity data should measure whether members of EDGs have the same opportunities as members from non-EDGs, including being hired into OPH at different levels, transitioning from temporary to permanent, moving up from staff to leadership positions, being mentored, and receiving career development opportunities. Quantitative measures for inclusion are less powerful but could include the number of diverse voices at the various decision-making bodies at OPH, the number of teams at OPH that have taken a more tokenistic approach to hiring people from EDGs vs. a more critical mass approach, and the number of multilingual positions at the team level.
- b. Qualitative Data Collection. Qualitative data collection is crucial to measuring equity and inclusion. Equity data must measure the percentage of employees from EDGs who feel they have equal access to being hired, being promoted, career development, and opportunities for growth at OPH. Inclusion data must measure how much members of EDGs on different teams feel their voice and contribution matters to the work of the team, how included they are in designing and implementing the team's future strategy, how included they are in key decisions facing the team, and how involved the community is in co-creating services.

Structural Changes

14. DEI Accountability – DEI Advisory Council: OPH will institute 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 DEI strategies, review policies, processes, programs, and outreach initiatives to ensure they are equitable, inclusive and likely to be highly effective. This Council would meet every 2 months to hear presentations outlining new initiatives and the journey and progress toward building a more diverse, inclusive, and equitable OPH. HEDI would work with partners inside and outside OPH to put this council together and support meetings.
15. Community Focus Groups: OPH should implement strong community-based engagement structures that ensure OPH is: (1) hearing the voices of the more marginalized communities in Ottawa, (2) creating regular opportunities for community engagement, and (3) providing opportunities for community members to evaluate their access to and the relevance of existing services through surveys and focus groups. For example, OPH could allocate resources to host an annual set of focus groups with elders and youth in racialized

communities to understand better their perspective on health equity within their communities and how OPH can support this goal. With strong cooperation from its Community Engagement Team, HEDI would design and implement these focus groups.

16. DEI Innovation Challenge: OPH should set up an Annual Innovation Challenge whose goal would be for key members of OPH to work with health innovators in the community in an annual competition to develop new programs and processes that would allow OPH to achieve the intent of its Anti-Racism / Anti-Oppression Policy. OPH should build a relationship with the University of Ottawa's Master's of Public Health and/or Carleton University's Master's (MSc) degree in Health Sciences. Students, as part of a course requirement, would then be paired with a particular area of OPH, and they would work on developing an innovation (e.g., program, service, technology, etc.) that would increase accessibility, diversity, equity, or inclusion at OPH either internal to the organization or in how it serves its community stakeholders.
17. DEI Change Team: OPH will work with three service areas annually to help identify their DEI challenges. A team of HEDI and the service area members will develop a roadmap for change to address these DEI challenges. The team will be responsible for implementation and receive advice and support from HEDI.

Community Engagement Changes

18. DEI Promotion in Community: OPH will work to promote the ideals of DEI within the communities it serves. It will educate community members on how internal racism, stereotyping, and lateral racialized violence hurt their community's willingness and ability to access health services that will improve their quality of life. HEDI will design and implement these sessions.

19. Cross-Enterprise Support & Community Engagement Team: The Community Engagement team at OPH was formed during the height of COVID-19. Many perceive their mandate as one that is primarily tied to COVID-19. Although that is the team’s history and partners within OPH and the community acknowledge that the pandemic and its impact are not over, it must be clear that the Community Engagement Team’s mandate is future-oriented and firmly grounded in promoting health equity beyond COVID-19. The knowledge that resides in the community engagement team is crucial in helping other teams at OPH achieve their health equity goals. This cross-team cooperation must be mandated by OPH leadership. This cooperation will not only allow leaner resource allocation but also allow teams at OPH to benefit from a wealth of DEI-related information from the community as well as the diverse members of the Community Engagement Team who have a wealth of professional and lived experience.

Figure 2 demonstrates the alignment between the strategic initiatives that will comprise OPH’s DEI Strategy over the next three years and the values that underpin DEI at OPH.

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FIGURE 2: ALIGNMENT OF STRATEGIC INITIATIVES WITH DEI VALUES AT OPH
 (the numbers listed correspond to the numbered strategic initiatives in the previous section)

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.						
3	7	8	10	13	17	18	1	2	3	9	11	14	15	3	7	8	10	11	14	
							17	19												
PARTNERSHIP IS KEY TO DRIVING DEI OUTCOMES							LEADERS DRIVE DEI							DEI MUST BE ACTION-ORIENTED						
4	5	10	11	15	16	18	2	4	5	6	8	17	19	2	4	6	7	8	9	10
19													15	16	17	19				
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						
7	8	9	10	13	15		2	3	4	5	9	12	14	1	2	4	7	8	9	11
							15	17	18	19				13	19					
GIVING VOICE TO THE MORE MARGINALIZED IS FUNDAMENTAL TO DEI							MENTORSHIP DISMANTLES SYSTEMIC RACISM							A VILLAGE COMMITTED TO TRUST AND ACCOUNTABILITY IS REQUIRED TO ELIMINATE RACISM AND OPPRESSION.						
1	3	7	8	9	12	15	2	3	4	8	17			2	3	4	7	8	9	10
16	17	18	19											11	14	15	16	18	19	

LEGEND

1. Education Initiatives	2. Leadership Coaching	3. Training & Coaching for staff from EDGs	4. Cross-Enterprise DEI Engagement
5. SLT Co-Leads for the Diversity Advisory Council	6. Scenario-based leadership training	7. Mentorship: Highly Underrepresented Populations	8. Mentorship: High Potential Members of EDGs.
9. Reporting system for DEI challenges.	10. Representation Goal Setting and Roadmaps for change.	11. HR Systems Review	12. More meaningful land acknowledgements
13. DEI Measurement	14. DEI Accountability – DEI Advisory Council	15. Community Focus Groups	16. DEI Innovation Challenge
17. DEI Change Team	18. DEI Promotion in Community	19. Cross-Enterprise Support & Community Engagement Team	

Resources

A key question that OPH must ask itself is: Do we have the necessary resources to design and implement the various strategic initiatives that will make up OPH's DEI journey? The suggested timeline to roll out this DEI Strategy is 3 years. Resource requirements were assessed during the DEI Audit and in working closely with members of HEDI. The key resources required to design and implement OPH's DEI strategy successfully include leadership, staff, systems, structures, and culture.

Leadership

Key questions that help assess the strength of leadership resources at OPH to drive and implement the DEI initiatives are: (1) How willing are leaders and managers at OPH to achieve higher levels of DEI? (2) How often does this willingness translate into action that leads to tangible changes to teams and systems? (2) How much professional and lived experience is there among leaders and managers to guide DEI-related change? Overall, it was felt that OPH has an average level of leadership resources to drive DEI change. If one is very low and five is very high, OPH's leadership resources are three out of five. This explains the need for initiatives grounded in DEI education, training, leadership capacity building, and shared responsibility around DEI leadership.

Staff

Key questions that help assess the strength of staff resources at OPH to implement DEI initiatives are: (1) How much experience do staff members have in driving DEI-related change? (2) How much DEI lived experience exists in HEDI and in the teams they work with at OPH? (3) How successful is the HEDI team in influencing and gaining trust from others less focused on DEI across the organization? (4) How deep are the project management and coordination skills within HEDI? (5) How much confidence and experience do HEDI team members have to speak truth to power? (6) What level of resilience is there among HEDI team members as they encounter bouts of success and challenge as they implement OPH's DEI strategy? Overall, it was felt that OPH has a slightly above-average level of staff resources to drive DEI change. If one is very low and five is very high, OPH's staff resources are three and a half out of five. Based on the implementation plan provided in Figure 4, it follows that the HEDI team needs to grow its staff by hiring two more HR resources in Year 1, one more HR resource in Year 2, and

one additional resource in Year 3. Front-loading these hires will help in expediting DEI-related change at OPH.

Systems/Structure

Key questions that help assess the strength of the DEI-related systems and structures at OPH include: (1) How much willingness is there to institute changes to structures and systems at OPH to make them more inclusive? (2) How well do organizational systems such as HR systems drive health equity and reflect best practices in DEI? (3) How much flexibility is there at OPH to change team structures, processes and inter-team collaborations to improve DEI? (4) How much in-house expertise is there when it comes to designing and redesigning operational systems? Overall, it was felt that OPH's current structures and systems do a below-average job supporting DEI. If one is very low and five is very high, the job structures and systems that support DEI are rated a two and a half out of five. Based on the high points of the implementation plan provided in Figure 4, the HEDI team needs to focus resources on system and structure changes.

Culture

Key questions that help assess whether the culture at OPH is primed to invite changes to the DEI context include: (1) How open are those managers who directly operate the systems and structures that allow OPH to do its work to having these reviewed from a DEI lens? (2) How accurate is it to believe that staff and leadership at OPH live the idea that DEI matters and is a key strategic imperative? (3) How much willingness is there among employees from EDGs and non-EDGs to be part of the DEI change at OPH? (4) How much willingness is there among those who lead teams who struggled with DEI to drive change? Overall, it was felt that OPH's organizational culture is a little below average when it comes to supporting DEI change. The stakeholders with the most resistance include mid-level managers and members of non-EDGs. This resistance is not necessarily due to a lack of recognition of DEI's importance but an inability to change that recognition into action. In fact, it was felt that the most important buy-in to drive DEI change is that of middle-level managers at OPH.

Funding and People

OPH's DEI Audit, this particular DEI Strategy Development Effort, and the upcoming Cultural Safety Audit clearly outline a DEI mandate for the organization, together define a journey for change and an implementation framework. OPH is at the "rubber-hitting-the-road" stage when it comes to DEI. This requires the Senior Leadership Team to dedicate new funding, reallocate existing funding, and facilitate the development and delivery of new initiatives and new programs while reimagining existing programs and services. Discussions around expanding the current staffing base and facilitating more employment permanency for members of HEDI will be key to implementing this strategy. HEDI staff was pivotal to OPH's fulsome COVID-19 response. They will also be crucial in driving a sustainable approach to DEI at OPH and ensuring those changes leverage higher levels of community engagement and health equity. Keeping members of HEDI in temporary positions risks team continuity and community relationships that were so painstakingly built during COVID-19. Key discussions related to programming, funding, and employment are pivotal to realizing this strategy. Without these discussions and the willingness to make some difficult yet exciting resource-related decisions, OPH will struggle to remain responsive to its most vulnerable in the organization and the community.

Implementation Framework

Change as it pertains to DEI is not new at OPH. During COVID-19, OPH changed the face of diversity on the organization's front lines. The driving force behind this came from a confluence of mindsets and investments: (1) diversity on the front lines was urgent to saving lives; (2) COVID-19 was not an issue that faced one person or one community; we were mutual hostages, and our well-being depended on all of us; (3) leadership support was front and center; (4) information around what needed to be done and what progress was being made was plentiful; (5) there was cross-enterprise buy-in; and (6) it was clear we were at war with an agent, so we rallied behind those things that mattered to our mutual survival.

COVID-19 demonstrated that when urgency is a reality, OPH can be agile, forward-thinking, and radically inclusive. As a result, OPH was able to build strong and trusting relationships in the community that allowed it not only to address community needs during COVID-19 effectively but also well beyond the pandemic.

For OPH to make strong and expedient headway in implementing this DEI Strategy, the messaging needs to be clear: (1) If we don't change the DEI context at OPH, our ability to achieve health equity in the communities we serve will be significantly hampered, (2) sameness

among managers and staff creates a disconnect between our services and those we serve, and (3) living the ideals of anti-racism and anti-oppression is not only urgent but an “us” issue. Investments that speak to the urgency of improving DEI at OPH will ensure the trust built with so many communities during COVID-19 does not become vulnerable; communities will see that OPH’s DEI investments signal a longer-term and sustainable interest in connecting with them to drive higher levels of health equity. To implement OPH’s DEI Strategy, leadership at OPH will have to engage in a 5 step process (see Figure 3) for the steps that must be followed to implement change successfully.

FIGURE 3: DRIVING CHANGE AT OPH: ONE INITIATIVE AT A TIME

LISTENING	FOCUSING	SETTING GOALS	SOLUTIONS PATHWAYS	MEASURING SUCCESS & IMPACT
It is important to consult stakeholders about the change initiatives being planned. This consultation should be wide and varied.	Each change initiative must be validated through a clear explanation of benefits, the level of buy-in among key beneficiaries, and potential challenges that may impede the initiative’s progress.	Each change initiative must have a clear set of goals aligned with the DEI strategy and OPH’s DEI values.	For each change initiative, a solution pathway must be designed, personal, leadership, and organizational readiness must be in place, and the right resources must be employed to maximize the chances of successful DEI change.	Each change initiative must have a project manager and a team to support its design and implementation. This team must measure progress, be accountable, and ensure impact.

Figure 4 suggests a timeline for implementing each change initiative that comprises OPH’s DEI strategy. The numbers in Figure 4 correspond to the change initiatives outlined earlier. The number of hours speaks to design, project management, and implementation. They do not include administration time, which adds 35% to the estimated person-hours.

FIGURE 4: IMPLEMENTATION OVERVIEW OF OPH'S DEI STRATEGY

YEAR 1	YEAR 2	Year 3	Person Hours
1. Education Initiatives			200
	2. Leadership Coaching		200
		3. Training & Coaching for Staff from EDGs	150
4. Cross-Enterprise DEI Engagement			200
	5. SLT Co-Leads for the Diversity Advisory Council		200
6. Scenario-based Leadership training			150
	7. Mentorship: Highly Underrepresented Populations		250
	8. Mentorship: High Potential Members of EDGs.		300
9. Reporting System for DEI Challenges.			400
	10. Representation Goal Setting and Roadmaps for Change.		300
11. HR Systems Review			200
	12. More Meaningful Land Acknowledgements		100
13. DEI Measurement			800
14. 14. DEI Accountability – DEI Advisory Council			300
	15. Community Focus Groups		300
		16. DEI Innovation Challenge	300
	17. DEI Change Team		400
		18. DEI Promotion in Community	200
19. Cross-Enterprise Support & Community Engagement Team			300

Conclusion

The DEI Strategy presented here results from a co-creation process between Strat-ology Consulting and Ottawa Public Health (OPH). The mandate for HEDI, OPH's core DEI team, is to build from its current state of DEI to one that is more inclusive, diverse, and equity-driven. To this end, this DEI Strategy (1) outlines the DEI context at OPH, (2) identifies the values that are critical to helping guide OPH's DEI strategy so its DEI context can be more inclusive, equitable and diverse, (3) suggests a series of strategic initiatives at the individual, leader, systemic, structural and community levels that will help drive DEI at OPH, (4) outlines the resource strengths and weaknesses that need to be addressed to implement OPH's DEI strategy successfully, and (5) outlines an implementation framework to roll out OPH's DEI strategy. OPH's DEI Audit provided strong insights into the state of DEI at OPH. This strategy turns those insights into actionable avenues for change so HEDI can fulfill its mandate to institute a series of strategic initiatives at the individual, leadership, system, structure and community levels that help OPH be more diverse, inclusive, and equitable so it can achieve higher levels of health equity.