

# Reflecting on your own implementation work, what “equity wins” have you experienced over the past two years?

Activity #2 - Practical Guidance for Embodying Equity in Implementation Part II

THE CENTER FOR IMPLEMENTATION SEP 21, 2023 07:34PM UTC

## Use objective language

I encourage policy writers to avoid subjective language (e.g. 'suspect', 'believe', etc.) in policy documents. This type of language lends itself to stereotypes and groups of people that are more likely to be 'suspected' of one thing or another. Saying something like 'observe' or 'assess' is more objective and less likely to contribute towards racism and discrimination

## Apply the iceberg model as a framework. Getting same mindset.

People don't Care how much you Know until they Know and See how much You CARE

## institutional funding to begin decolonizing our internal research administrative procedures.

## Creating a Health Equity framework for our organization, which will include guidance on equitable implementation for system level projects in mental health and addictions

## Engaging clients & others in discussions about trauma-informed evaluation/data collection

Working with a consultant to better understand where as an organization we are lacking equitable programming and resources

Creating a quality assurance framework for workplace mental health resources and including user-centred design as a key part of the framework

Co- creating with communities through community advisory boards

## Resource

<https://docs.google.com/document/d/1uZxpEewiS5xQcwlSqagyZ8DcSOcDs2ZslQ6wIwdXICA/edit>

**CCHALES**  
**2022-2025 Student Equity Planning Institute (SEPI)**  
**Preparing for Year 2: Moving From Planning to Implementation Assessment**

A critical aspect of the three-year *Student Equity Cycle* is the transition from the planning phase to implementation work. Now that community colleges have developed a blueprint for equity, the next phase is to bring their vision to life by building out the intended structures and practices that will influence equitable conditions and outcomes at their respective campuses. As we shift to action, there is a need for heavily-involved planners (those that created the blueprint) from the first year of SEPI to stay invested and engaged in the project and work with the new practitioners (those that will build the structures) who will take the plan ideas and turn them into reality.

Our research examining the previous equity cycles highlights how the period between submission at the end of the first year and resuming the work at the start of the next spring semester can lead to delays and rocky handoffs. We have recognized the disconnect between the planners who spent a year examining data, having deep discussions on causes of inequity,

**CCHALES - 2023 SEPI - B - From Planning to Implementation**  
 by Eriq Felix  
 GOOGLE DOCS

Developed our draft framework!

## Case examples:

**Health Equity**

This section of the webtool provides an introduction to health equity, shares guidance for practitioners and researchers who aim to increase their focus on health equity, and points to specific examples of health equity applications applying dissemination and implementation (D&I) theories, models and frameworks (TMFs).

DISSEMINATION-IMPLEMENTATION

## Listening, listening, listening...

## Cultural humility tool

**Cultural Humility Self-Reflection Tool for School Staff - School Mental Health Ontario**

Why is cultural humility important for school staff? Reflecting deeply on your own personal values, beliefs and biases is an important step toward providing identity-affirming and culturally responsive support to every student. As a school staff member, it can help you to recognize the value of various ways of knowing and of the lived experience [...]

SMHO-SMSO

Employing someone with lived experience and sharing with her my policy and research expertise to expand her skills beyond just doing peer research

## **Transgender access to health.**

[Transgender Health – Institute of HIV Research and Innovation / มูลนิธิสถาบันเพื่อการวิจัยและนวัตกรรมด้านเอชไอวี \(ihri.org\)](#)

### **Transgender Health Research**

A one-to-three-week apprenticeship will provide on-the-job training, coaching, and mentoring to visiting participants based out of the Tangerine Clinic. The apprenticeship curriculum includes compulsory and elective subjects, which will be tailored to the interests of the participants. Pre- and post-knowledge assessment tests will be utilized with participants at each session in order to measure participants' understanding and identify areas to strengthen technical capacity.



IHRI

## **Educating researchers about designing EDI into their research projects.**

### **Advocated to remove an inequitable required payment**

There was a new process where patients using prescription opioids were required to come in for regular urine drug screens. Because we had patient partners on our implementation support team, we heard patients were being charged at least \$50 for these additional required screenings. We successfully advocated in our health system to provide these screenings for free 3 times per year.

### **Working within company that is very aware and open to understanding diversity and equal opportunity.**

### **youth psychosis and cannabis use "Exploring the link" project with Schizophrenia Society of Canada**

staff surveys to address DIBE

### **Building relationships with our Indigenous Health partners so we can work together in health system improvement**

### **Equity win**

Greater awareness of inequities

### **Collecting preventive screening data by race, ethnicity, preferred language status, gender identification, sexual orientation**

Realizing how barriers and facilitators can implement positive change through re-evaluation.

## **Reviewing our organization's implementation approach, with attention to our strengths and gaps specific to equity**

### **To practice anti-racist evaluation**

### **Including diverse reviewers into our process...lots of support around inclusive language!**

### **Disseminating information in creative culturally relevant ways (images in places without written words)**

### **Hearing about evidence that people are more likely to identify, than they have been in the past few generations.**

### **diversity and inclusion in all aspects of work**

### **Local Tobacco Prevention Policy**

in partnership with neighborhood association

### **And ensuring that team members with lived experience are fully engaged in all aspects of planning, design, budget, implementation**

Intersectionality

### **Intentional inclusion of those with lived experience and those across all levels of our organization**

Increased data usage to guide decision making

### **Intentional look at data and initiatives inclusivity (or lack of)**

### **Inclusive hiring, over 'regular' status quo salary; flexible work hours for single mother; hybrid work for people who need to travel to family.**

### **Fidelity to the community**

the idea that being true to the people served is equally as important as fidelity to the model of implementation

Involving knowledge users - families, youth, service providers, community members - prioritizing their stories and needs

## **Health equity impact assessment**

**Encouraged all of our grantees to include DEI analysis in their internal client workflows**

**initiated a community advisory committee for our institute**

## **Decentering Whiteness at all levels**

Centering the voices and experiences of those who are most impacted, rather than those "leading" the efforts.

Staff have education and professional development opportunities to experience in DIBE

**Engaging patient partners as leaders on large scale change initiatives**

Openness to different perspectives from those with lived experience

The ability to work with those with lived experiences in order to co-design projects that support mental health.

winning support for individual publishing

including different ways of presenting material for different ways of learning

**Equity mainstreaming in policy spaces**

**Legitimacy to be in social spaces working with social change**

Built equity goals into strategic planning as ongoing and ever-present, not a "later" thing

**Senior leadership support increase**

## **Equity**

Revised our job expectations when hiring to hire someone with lived experience.

**multi-sectorial collaboration on social determinants of health**

**Making space to map out priority populations for a mental health intervention**

**Trust and meaningful collaboration**

We finally had a discussion on DECOLONISING IS recently and will have a plenary session at AORTIC 2023.

**Equality in education.**

**use ARECCI framework to outline ethics**

**Access and education of funding opportunities to women and minority organization**

**Introducing HR policies that are informed by class understanding of work place health**

**Increased accountability**

**asking better questions and collecting better data in our communities**

**Restructuring organization to centre equity**

Openness to explore new approaches, respecting pace and capacity for more realistic implementation.

**Co-design with our patient and family partners in ways that work for them**

**I formally worked at a health department and was able to lead efforts to develop a countywide health equity strategic plan for CHIP accountability.**

**Staff capacity**

Intentionally carving out time in a staff member's job description to support inclusion, diversity, equity and asseccibilty work

**Equity win**

Inclusion of First Nations' voices into work of a Royal Commission (govt) at every step of the way in a project - including literature review, analysis and final reporting

**Admiration and trust**

## Getting the Board on board!

embedding it as part of performance development

## Increased awareness of inequities in healthcare and engaging appropriate stakeholders

## Moving at the speed of the community, instead of the funder

## Anti-racism and equity strategy

## noticing more mindfulness from people at my job who used to roll their eyes about inclusivity.

## Inclusive language (power in terminology). Meaningful engagement

## Staff are incorporating end user feedback into their implementation efforts. While there is still more to go in ways of true community-informed quality improvement, this is a huge step for teams to be embracing enthusiastically.

## Bringing equity advisors onto the team to support partners

## People with lived experience

Integrating people with lived experience in all of our work from beginning to end.

## Awareness

Increased conversation, and basic willingness to find inequities and talk about how to address them.

There is a growing recognition of effect of social determinants of health on health behaviors and outcomes

## Diverse events

[https://mcdonaldinstitute.ca/wp-content/uploads/2022/03/Trace\\_TwoEyedSeeing.jpg](https://mcdonaldinstitute.ca/wp-content/uploads/2022/03/Trace_TwoEyedSeeing.jpg)



## Doing projects that are directly related to community needs and that are informed by the community.

Designing and implementing tools to build equity checkpoints into each step of a project

building equity language in to contracts with clients

## Synthesizing Health Equity Capacity Assessment

An openness to the conversation around equity, while recognizing that we have work to do to get ready

## Incorporating equitable and inclusive language and processes in our new strategic plan

## we are developing payment standards for people with lived experience standards

## Expansion of equity themes...moving beyond race.

## Equity Win

With a colleague I have been training on social justice issues in supervision, social justice and vicarious trauma, and using neuroscience to support our DEI efforts.

Introducing Health Equity Impact Assessments to a new program and identifying key negative impacts and creating solutions!

## Trying to increase equity and inclusion into resident physician quality improvement projects.

Developing a resource library to help support organizational understanding of current EDI practices

## grant funding for equity-focused research

## **Anti-racism strategy in an implementation project**

**Get diverse teams gave us diverse lens, diverse relations, diverse perspectives and much more solutions**

**Commitment to values-based implementation rather than simply jumping into the work**

**Including our clients with lived experience in our implementation planning**

**Trust earned with community to where we have transparent and honest (and painful at times) conversations - even great being called out so we can do better**

taking concrete actions towards Truth & Reconciliation

### **Transportation**

seeing transportation being elevated in healthcare, even if it still needs a lot of progress, the conversation has started

**Equal pay for all team members regardless of their role**

**We have listened the community. For the last couple of years, we have worked with partners to design and implement their programs. We are valuing different type of evidences.**

socializing organization to language such as cultural humility and sensitivity

### **"Turning philanthropy on its head"**

Helping an endowment implement a project that put the power to decide how to spend dollars into the hands of people most affected by the investment.

**More awareness of where our organization needs to improve in more equitable care and resources.**

regular internal meetings that address embedding equity into all aspects of work and management

### **Equity win**

Seeing increase in diverse teams.

## **Implementing specific interventions to address equity**

creating core competencies that center EQUITY

**Provincial push toward collecting equity data in organizational work**

Have staff hired who are responsible for the DIBE work for the organization

**Normalizing equity as part of the healthcare planning experience**

**Access to sociodemographic data to identify people at increased risk for chronic conditions/complications**

**Creating graphic medicine stories to highlight stigma related to pain and substance use based on narrative interviews with patients and healthcare providers**

**Created a Health Equity Framework for DRI and Reconciliation**

### **Equity Win**

Included more diverse identities in spaces where they weren't asked before

**COVID put a light on equity issue and also how we can support equity when we have common objectives**

### **Equity Win**

Incorporating representatives from our Employee Resource Groups in our Enterprise Quality Council (governing body within our health system) policy subcommittee

**In a way, a lot has changed, but in many other ways, nothing has changed**

**alignment of governance with DEI strategic plan**

**acceptance in the change and improvement of care**

Implementing gender friendly language and inclusions into surveys

**Opportunities to learn and unlearn, and given permission to learn together, reflect together, and spend time building relationships before moving forward with any implementation work**

**Increased representation and inclusion of diverse voices. Equity strategy which led to an Equity brain trust**

**Colleagues and teammates are on board - there is a general session passion to incorporate equity into work**

Racial Equity Action Plan

A bigger uptake in monthly DEI conversations topics.

**ensure payment for pwle built in project**

**Inclusive hiring in support of implementation work**

**Critical perspectives**

focus on ensuring that varied critical perspectives are included in implementation

Collaboration and coproduction with those most impacted by improvement work

Highlighting lived experience as part of the evidence process.

**team work**

Our entire team truly understands the need for acknowledgements

making our parenting resources more inclusive of all gender identities

Meaningfully engaging patients in designing tools and resources for health care teams

**Equity win**

Ability to embed people with lived experience/patient partners/persons with lived experience in paid roles on project teams (recognized as members of the team financially)

**Making equity a bigger part of the conversation when considering research design and implementation strategies**

**Elevating underrepresented minority colleagues to lead authorship of papers**

**Access to education for pregnant girls which was not previously allowed**

Considering data in work

**Data for equity**

We have started to really prioritize disaggregating our data to look at outcomes by race/ethnicity to inform areas for improvement

**Recognition of the importance of equity**

**Inclusion of people with lived experience in a more meaningful way**

**Equity win**

Sharing power and defining intended outcomes together with members of the service population

more practitioners being interested and involved in the process because more people have heard about IS in general!

**Teams self identifying that they'd like to embed equity in their evaluation.**

Feeling safer and empowered in my own workplace

Organization embeds equity in workplace.

**Increased collection of sociodemographic information**

**Equity win**

the fact that people are willing to have conversations about equity and how we can move the needle in our different spaces

**Giving under-represented but directly impacted persons a voice.**

**introducing mechanisms to support meeting people where they are at for provision of primary health care.**

## **Striving to centre equity in the work**

We revised our curriculum with an emphasis on social justice.

### **Equity win**

I am able to get funding for DEI work whereas before it felt impossible

Increasing people's feelings of safety to talk about Equity and their own experiences

### **Equity Win**

Been able to support 17 community colleges in planning and implementing efforts to address racial inequity

### **Equity win**

More conversation at my agency

## **Making these considerations part of the "way we do things"**

Embedding in research questions

Engaging indigenous communities

Everyone is talking about equity at work

Inclusion of diverse voices in improvement work

### **Equity WIN**

Budget line items for translations and transcreation of program documents.

## **Integrating lived experience into projects from the beginning**

## **People being more open to listen and discuss equity in the work we do**

## **We are thinking about it prior to roll outs**

### **Equity win**

People are talking about equity more

## **We have an annual DEI roadmap**

## **Increased access to equity data and embedding equity analyses in all our work.**

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