



Hastings Prince Edward
Ontario Health Team

Health Equity Strategy

Prepared By: HPE OHT Health Equity Working Group

August 2024

Land Acknowledgement

We acknowledge that HPE OHT delivers supports and services on lands that are the traditional territory of many nations, including the Huron-Wendat, Anishinaabe, Algonquin and the Haudenosaunee peoples. It is also directly adjacent to the Kenhte:ke – the Tyendinaga Nation. These territories are governed by the Dish with One Spoon wampum agreement. We share a responsibility to acknowledge and respect the culture and history of Indigenous peoples who have inhabited and nurtured these lands for generations. We commit to centering our work of overall health and wellbeing for all residents, with particular consideration for Indigenous peoples and all equity-deserving populations in Hastings and Prince Edward Counties.

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Why does HPE OHT need a Health Equity Strategy?

The health and wellness of people living in our region are affected by their access to the “social determinants of health”. These include food, housing, education, and access to healthcare, when and where they need it. People who have less access to the social determinants of health live shorter than expected lives and are more likely to have preventable chronic health conditions. Examples of equity-deserving populations in this region include people experiencing homelessness, people with mental health and addictions issues, the frail elderly, impoverished people in rural areas who lack transportation, and people who are unattached to health teams.

Health and wellness are enhanced when people are offered accessible programs and services that provide culturally safe, trauma-informed, inclusive care. Health and wellness are diminished when people experience discrimination, are stigmatized, or feel unsafe. HPE OHT’s health equity strategy will help its partner recognize and address barriers that equity-deserving people experience when trying to access care.

This strategy document is evergreen. As HPE OHT continues to learn and improve our approach to health equity, it will be revisited to ensure it remains relevant and responsive to the evolving needs of our diverse population.

Our Vision for Health Equity

Hastings Prince Edward Ontario Health Team will provide a connected care system that promotes equitable health, community, and social services. We are committed to addressing differences in access to care, care experiences, and health outcomes among our residents.

Defining Health Equity

“Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.” <https://www.who.int/health-topics/health-equity>

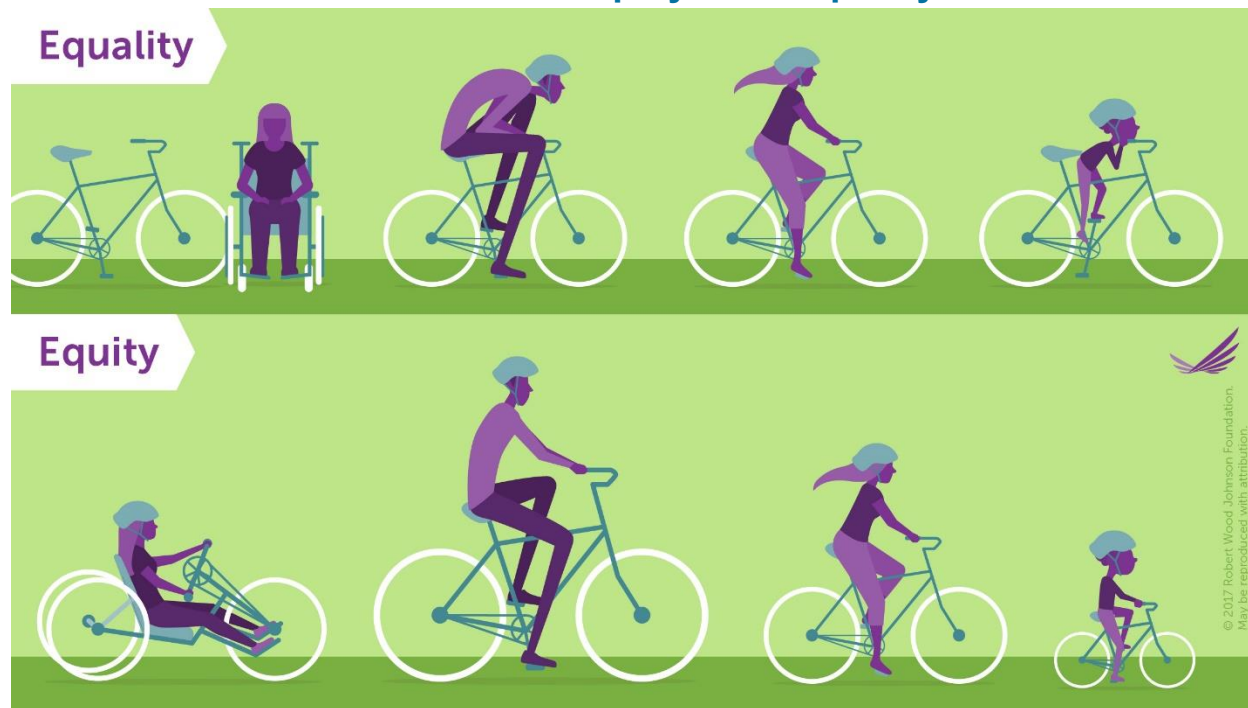
Health Equity is the absence of unfair, avoidable, or solvable health differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically, or by other dimensions of inequality (e.g., sex, gender, indigeneity, ethnicity, disability, or sexual orientation), or any combination of these dimensions.

Identifying and Addressing Barriers

Achieving health equity requires that we recognize and address barriers to accessing healthcare opportunities that would enable people to achieve optimal health and wellbeing. Achieving health equity also requires that any actions we take to address barriers should consider the ways in which people’s identities and circumstances may combine to create unique experiences

of discrimination that result in greater health inequities. This is called “intersectionality”. (Adapted from the World Health Organization’s and the Alliance for Healthier Communities’ definitions of Health Equity)^{1,2}

What is the difference between ‘equity’ and ‘equality’?



Equal access to programs and services would mean that everyone, regardless of their resources, would receive the same access. For example, if access to subsidized housing was equal, a millionaire would have as much right to receive subsidized housing as a low-income senior, despite the disparity in their incomes. In contrast, equitable access to programs and services ensures fairness and justice. Using the housing example, since housing is scarce, someone with a lower income has increased access to subsidized housing and housing support than someone with more financial means.

In trying to provide equitable access to programs and services, it is important to identify and address potential barriers at both the design and implementation stages. Barriers can only be identified through consultation with equity-deserving people who have first-hand personal knowledge of experiencing barriers while trying to access programs and services. These “people with lived experience” can help us look at proposed programs and services [through an equity lens](#).

¹ <https://www.who.int/health-topics/health-equity>

² <https://www.allianceon.org/sites/default/files/documents/Alliance%20Charter%202021-Full-English-Revised.pdf>

Intersectionality

Addressing health equity in Hastings Prince Edward OHT necessitates an understanding of intersectionality. Intersectionality, a term coined by Kimberlé Williams Crenshaw^{3,4}, refers to how various social identities such as race, gender, sexuality, ability, and class intersect to create unique experiences of discrimination and privilege. Illustrated with a 2SLGBTQIA+ example throughout, understanding intersectionality is important for the following reasons:

1. Comprehensive Understanding of Health Disparities

Health disparities are not the same across all groups. An intersectional approach acknowledges that peoples' health outcomes are influenced by multiple, overlapping social determinants. For instance, a Black transgender woman may face different health challenges compared with a white cisgender gay man. By recognizing these differences, health and social interventions can be designed to address specific needs, leading to more effective outcomes.

Language also plays an important role. The challenges faced by an English-speaking transgender woman will be different compared with a French-speaking transgender woman who may be a newcomer to HPEOHT. The French-speaking transgender woman may not be able to express herself in English as well as they could in French. Also, access to French-speaking health and social care professionals may be difficult in HPEOHT.

2. Inclusive Health Policies and Programs

Without considering intersectionality, health policies and programs may inadvertently exclude or marginalize certain groups. For example, a general mental health program might not address the additional stressors faced by 2SLGBTQIA+ youth of colour, such as racism and homophobia. Ensuring that health initiatives are inclusive requires that we understand and accommodate these intersecting identities and experiences.

3. Reducing Stigma and Discrimination

Intersectionality helps in identifying and dismantling various forms of stigma and discrimination that affect health outcomes. In HPEOHT, 2SLGBTQIA+ individuals might face discrimination based on race, socioeconomic status, or disability in addition to discrimination based on their sexual orientation or gender identity. Addressing these multiple layers of discrimination can create a more supportive and accepting community, leading to better mental and physical health outcomes.

4. Improved Access to Health Services

An intersectional approach highlights barriers to accessing health services that may not be apparent when looking at a single aspect of identity. For example, rural 2SLGBTQIA+ individuals might have limited access to specialized health care due to geographic isolation, compounded by socioeconomic disadvantages. Identifying these intersecting barriers allows for

³ Crenshaw K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1989(1), 139–167. <https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

⁴ Crenshaw K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. Stanford Law Review, 43(6), 1241–1299. <https://doi.org/10.2307/1229039>

the development of targeted strategies to improve access, such as mobile health clinics or telehealth services.

5. Enhanced Data Collection and Research

Accommodating intersectionality requires the collection of data that includes multiple aspects of peoples' identities such as race, gender, language etc. This can provide a clearer picture of the inequities that need to be addressed, allowing for the design of more effective health and social interventions.

6. Advocacy and Community Empowerment

Understanding intersectionality fosters stronger advocacy and community empowerment; for example, by recognizing the diverse experiences within the 2SLGBTQIA+ community, advocacy efforts can be more inclusive and representative. This should lead to stronger community bonds and more unified efforts to address health and social disparities.

Practical Steps to Address Intersectionality for the Hastings and Prince Edward Ontario Health Team's Health Equity Strategy

- **Training and Education:** Provide training for healthcare providers on the importance of intersectionality and how to apply it in practice.
- **Community Engagement:** Involve diverse community members in the planning and implementation of health programs to ensure they meet the needs of all individuals.
- **Policy Development:** Create policies that explicitly address the intersecting needs of marginalized groups, ensuring that no group is left behind.
- **Resource Allocation:** Allocate resources to address the specific needs of intersecting identities, such as funding for organizations that support 2SLGBTQIA+ people of color, Francophones or those with disabilities.
- **Monitoring and Evaluation:** Continuously monitor and evaluate health programs to ensure they are effectively addressing the needs of intersecting identities, and adjust strategies as needed.

By considering intersectionality, the Hastings and Prince Edward OHT can create a more equitable health system that recognizes and addresses the complex realities of its diverse population. This will lead to improved health outcomes, and a more inclusive and supportive community for all residents.

HPE OHT's Equity-Seeking Populations and Regional Differences

HPE OHT stretches across 7,066 square kilometres from the shores of Lake Ontario and the Bay of Quinte to the southern edge of Algonquin Provincial Park. It is an area that consists of Hastings County, the second largest county in Ontario, and Prince Edward County, an island community in Lake Ontario.

The HPE OHT catchment area represents a diverse population of more than 177,000 (projected as of 2023) people and is divided into four geographical areas, which we call “Constellations”: Rural Hastings, Belleville-Tyendinaga, Prince Edward County, and Quinte West.



Half of the population lives in small towns, and nearly 18% live in rural areas compared with 19% and 7% provincially. **Rurality** influences access to healthcare services, socioeconomic status, and community infrastructure. It therefore impacts overall well-being in rural communities.

In 2021, 25% of HPE OHT's residents lived in areas that were among the most disadvantaged in the province.⁶

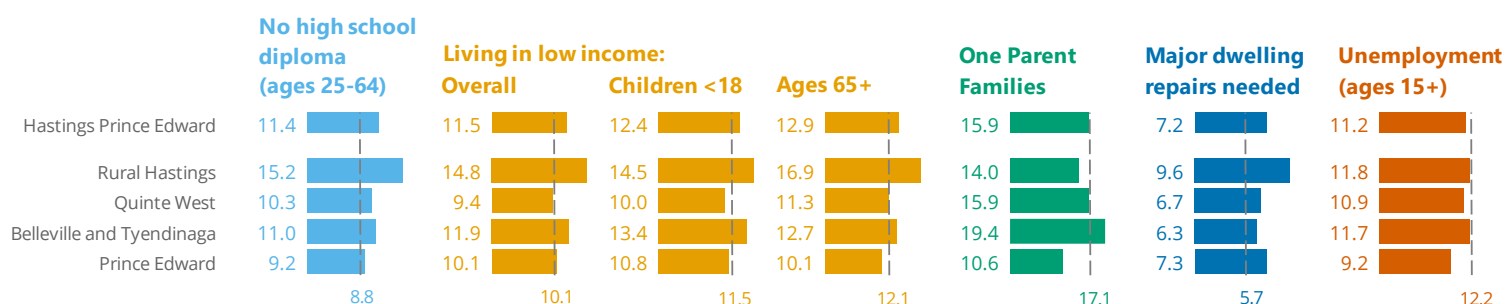


Table 1. Prevalence (in % of population/families/dwellings, depending on the measure) of factors related to material resources in HPE OHT, HPE OHT's Constellations, and Ontario (indicated by the dashed line), 2021.⁷

The table above shows key indicators of deprivation for HPE OHT's population and the population of each Constellation. Low income, unemployment, lack of education, and poor housing impact people's ability to access basic needs.

- Compared with Ontario (in 2021), the HPE region had a higher proportion of people without a high school diploma, people living on low income, and dwellings in need of major repairs.

⁵ Based on Rurality Index for Ontario (RIO) scores

⁶ ON-MARG

⁷ Statistics Canada 2021 Census Profile. Obtained from [here](#)

- The Rural Hastings Constellation had the highest rates in the region for most of these indicators. This illustrates the impact of rurality on key indicators of deprivation.

What does this mean for health outcomes?

HPE residents living in less materially and socially advantaged areas have higher rates of:

- alcohol and mental health related emergency department visits
- hospitalizations due to Chronic Obstructive Pulmonary Disease or Cardiovascular Disease
- premature mortality⁸

To access more HPE OHT population health data and analyses, please consult [HPE OHT's Data Navigation Guide](#). It links to sources of data organized by topic area. There are instructions on where to find the data, with direct links. Descriptions of the data are also included; for example, geographic levels, social determinants of health etc.

To learn more about data, analytics, and their role in health equity, please consult this review of [Health Equity Considerations in Population Health Management](#). It explores the process from the first step of collecting the data to conducting analyses that reveal health inequities, with an example from HPE OHT's own population data.

⁸ [KFLA Public Health](#)

Appendix 1. Looking Through an Equity Lens – A Checklist



To achieve equity, we need to identify and address barriers that HPE OHT's residents may experience while trying to access health and social care programs and services. This checklist is meant to be reviewed by anyone who is developing programs and services in HPE OHT, so that barriers can be identified and alleviated at the planning stage

Steps to ensuring equity

Would the intended recipients find the initiative welcoming and useful?

- Was the initiative co-designed by people with lived experience, so that it is more likely to reflect the actual needs, wants, and priorities of the intended recipients?
- Is the initiative culturally safe?
- Is the initiative trauma informed? A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete understanding of a patient's life situation – past and present – to provide effective health care services and promote healing.⁹

Has intersectionality been considered?

- As an example, the initiative may have been designed to serve 2SLGBTQIA+ people, but will it also be welcoming and culturally safe for Black 2SLGBTQIA+ people, or Francophone 2SLGBTQIA+ people?
- Do you have access to data on your population that can tell you which overlapping social determinants of health should be considered and accommodated? (Indigenous status, race, religion, mother tongue, educational level, income, housing insecurity etc.)

Could the intended program or service recipients access the initiative?

If it is a virtual initiative, do the intended recipients have:

- Access to devices that connect to Wi-Fi, or access to devices with data?
- Access to Wi-Fi/data and electricity?
- Access to an area in their home where they can attend the virtual initiative privately, safely, and uninterrupted
- Are they able to understand and use the technology?
- Would they need childcare in order to benefit from accessing the virtual initiative?

⁹ For more information on trauma-informed care: [What is Trauma-Informed Care? - Trauma-Informed Care Implementation Resource Center \(chcs.org\)](https://chcs.org/what-is-trauma-informed-care/)

If it is an in-person initiative:

- Are the intended recipients able to travel to the site?
- Do some intended recipients have mobility, vision, intellectual, or other disabilities that would need to be accommodated?
- Is subsidized or free bus or taxi service available door-to-door, or should the initiative be brought to the recipient? (This is especially important in rural areas)
- Are any educational materials and presentations designed to accommodate the literacy levels, educational or employment backgrounds, and cultures of the intended recipients?
- Have all materials been reviewed to eliminate jargon and terminology that the average person might not understand?
- Do the intended recipients require educational materials and presentations in another language?
- Would intended recipients need childcare in order to access the initiative?

Have you considered other unique characteristics of the intended program or service recipients?

- Could unattached people access the program or service without obtaining a referral from a Primary Care Practitioner?
- Could people with substance use disorder access the program or service safely, and without being exposed to stigma?
- Could unhoused people access the program or service, or would they need a mailing address?
- Could people without ID access the program or service?
- Could refugees without health cards access the program or service?

Appendix 2. Links to Other Resources by Equity Topic of Interest

A tremendous amount of work has happened across Ontario and Canada in the development of resources to support health equity efforts. This comprehensive, yet not exhaustive, list of resources is intended to enhance understanding of health equity, diversity, and inclusion, and to advance equity, diversity and inclusivity in the health and human services sectors within the Hastings Prince Edward Ontario Health Team.

Partners are encouraged to use this resource to:

- Facilitate discussion about the structural and social roots of health inequities, and the role of health system partners in addressing these factors
- Advance and further strengthen personal and organizational development as it relates to health equity

Health Equity

- [Achieving Health Equity - A Guide for Health Care Organizations \(IHI\)](#)
- [Alliance Board's Anti-Oppression and Health Equity Plan 2021-22](#)
- [Alliance for Healthier Communities Health Equity Resources](#)
- Alliance Health Equity Charter 2021 (Full) - [ENGLISH / FRENCH](#)
- Building a Culture of Equity in Canadian Public Health - Environmental Scan - [ENGLISH / FRENCH](#)
- Healthcare Excellence Canada YouTube (see videos with purple thumbnails – [here](#))
- [Health Equity 2020 Toolkit \(Capacity Assessment p.41-59\)](#)
- Health Equity Guideline (2018) - Ontario Public Health Standards - [ENGLISH / FRENCH](#)
- [CAMH Health Equity and Inclusion Framework for Education and Training 2.0](#)
- Health Equity Impact Assessment (HEIA) Workbook - [ENGLISH / FRENCH](#)
- [Health Equity Resources \(Alliance for Healthier Communities\)](#)
- [Public Health Ontario: Health Equity](#)
- Let's Talk Public Health Roles for Improving Health Equity (NCCDH) - [ENGLISH / FRENCH](#)
- Ontario Health - Building a Framework & Plan to address Equity, Inclusion, Diversity & Anti-Racism in Ontario (Report) - [ENGLISH / FRENCH](#)
- Ontario Health - Equity, Inclusion, Diversity and Anti-Racism Framework - [ENGLISH / FRENCH](#)
- [RISE \(McMaster\) Applying an Equity Lens when caring for a population Webinar](#)
- [Rural health care in Canada | CIHI](#)

Diversity and Inclusion

- [2019 Nonprofit Diversity Practices Report \(Nonprofit HR\)](#)
- [AICPA Sample diversity and inclusion questions for employee surveys](#)
- Alliance Board Recruitment Resource - Reflection Tool - Diversity Wheel (CAWI Equity and Inclusion Lens Handbook) - [ENGLISH / FRENCH](#)
- [Alliance Board Recruitment Resource - Reflection Tool - I am practicing allyship when](#)
- [CPSO – Equity, Diversity and Inclusion \(here\)](#)
- [Delivering Through Diversity \(McKinsey\)](#)
- [Diversity Inclusion Now - Creating Inclusive Workplaces in Canada \(Conference Summary\)](#)
- [Diversity Leads - Diverse Representation in Leadership A Review of Eight Canadian Cities \(2020\) - Diversity, Inclusion and Equity Assessment Tools \(p.98-102\)](#)
- Health Equity Impact Assessment (HEIA) Immigrant Populations Supplement - [ENGLISH / FRENCH](#)
- [Inclusive and Affirming Language Tips \(Egale\)](#)
- [Levels of Inclusion Assessment Tool - OnBoard Canada](#)
- [Moving the Needle on Strategic Diversity](#)
- Ontario Public Service Inclusion & Diversity Blueprint (2017) - [ENGLISH / FRENCH](#)
- [Promoting Inclusion - A British Council guide to disability equality](#)
- [Religion and Belief Equality Guide \(British Council\)](#)
- [The Diversity and Inclusion Handbook](#)

- [Unpacking the knapsack of able privilege](#)

Anti-Racism and Racial Equity

- [Access Alliance Statement on Anti-Black Racism and Anti-Oppression \(June 2020\)](#)
- [Anti-Racism in the Workplace](#)
- [Black Experiences in Health Care Symposium 2017 \(Report\)](#)
- [Black Experiences in Health Care Symposium 2020 \(Report\)](#)
- [Dismantling Anti-Black Bias in Democratic Workplace - A Toolkit](#)
- [Dismantling Racism - Anti-Racist Organizational Development](#)
- [Diversity of the Black population in Canada An overview \(Stats Can\) - ENGLISH / FRENCH](#)
- [EGAP - A Data Governance Framework for Health Data Collected from Black Communities](#)
- [Let's Talk Racism and Health Equity \(NCCDH\) - ENGLISH / FRENCH](#)
- [Let's Talk Whiteness and Health Equity \(NCCDH\) - ENGLISH / FRENCH](#)
- [Race equality guide \(British Council\)](#)
- [Racial Justice Organizational Assessment Tool](#)
- [Reflection on White Privilege](#)
- [What we don't know about the history of slavery in Canada and why we don't talk about it \(Article 2021\)](#)
- [White Privilege - Unpacking the Invisible Knapsack - ENGLISH / FRENCH](#)
- [Workforce race inequalities and inclusion in NHS providers](#)

Indigenous Rights and Cultural Understanding

- [Access to Clean Drinking Water- Letter to MP ENGLISH / FRENCH](#)
- [Cultural Humility \(4 elements\)](#)
- [Land Acknowledgment Checklist](#)
- [Ne-iikaanigaana Toolkit - All Our Relations \(IPHCC\)](#)
- [Settler Privilege Checklist](#)
- [What Justice Looks Like: Confronting Anti-Indigenous Racism and Building Safe and Comprehensive Mental Health & Addictions Systems for Indigenous Peoples](#)

2SLGBTQIA+ Inclusion

- [Canadian Association of Social Workers An Implementation-Based Guide to 2SLGBTQ+ Inclusion \(YouTube\)](#)
- [George Brown College 2SLGBTQ+ Pride, Gender Identity, Why Community Matters and More \(YouTube\)](#)
- [Health Equity Impact Assessment \(HEIA\) LGBT2SQ Populations Supplement - ENGLISH / FRENCH](#)
- [Rainbow Health Ontario – Primary Care Guide to Caring for Trans and Gender-Diverse Patients \(here\)](#)
- [Rainbow Health Ontario – Glossary of terms \(TransCare\) - here](#)
- [Specifying Your Pronouns](#)
- [Reflection on Heterosexual Privilege](#)

Governance and Leadership

- [Alliance Board Recruitment Resource - Reducing Bias and Discrimination through Self-Reflection and Inclusive Practices](#)
- [Alliance Board Recruitment Resource - Reducing Bias and Discrimination through Self-Reflection and Inclusive Practices Tools Overview](#)
- [Alliance Inclusive Leadership in Governance Framework](#)
- [Board Self-Evaluation Questionnaire - A Tool for Improving Governance Practice For Voluntary and Community Organizations \(Dalhousie\)](#)
- [Board Self-Evaluation Questionnaire - A Tool for Improving the Governance Practices \(Alliance\)](#)
- [Board's Role in Advocacy, Ally Relationship and System Leadership \(Governance Learning Session at the 2022 Conference\)](#)
- [Board's Role in Improving Sociodemographic and Race-Based Data Collection and Use \(presentation from the 2022 Board Liaisons and Chairs meeting\)](#)
- [Building Diverse and Inclusive Boards \(Governance Learning Session at the 2022 Conference\)](#)
- [Building Inclusive Governance - A toolkit for not-for-profit boards](#)
- [BUILDING THE WE - Healing-Informed Governing for Racial Equity](#)

- [Collaborative Governance for Ontario Health Teams \(CHO Webinar 5\)](#)
- [Collaborative Leadership - A Framework for Ontario Health Teams \(CHO Webinar 4\)](#)
- [Governance for Health Equity \(WHO Europe\)](#)
- [Governance Leadership Assessment Tool for Creating a Culture of Accessibility](#)
- [Governance Leadership for Health Equity \(2019 Conference Presentation\)](#)
- [Governing for Health Equity Framework](#)
- [Inclusive Leadership in Governance \(Conference Presentation\) - ENGLISH/ FRENCH](#)
- [Increasing marginalized voices BGLP and Transformational Governance \(Presentation\)](#)
- [OHA Governance Policy Manual \(2018\)](#)
- [The Water of Systems Change](#)

Community Engagement

- [Arnstein's Ladder of Citizen Participation](#)
- [Community Rhythms Tool - Harwood Institute](#)
- [Creating the Culture for Engagement \(Tamarack\)](#)
- [HPE OHT Patient, Client, and Partners Engagement Strategy](#)
- [The Context Experts \(Tamarack\)](#)
- [The Turn Quiz - Are you Mostly Turned Inward or Outward - Harwood Institute](#)
- [Youth Co-Design as a Principle of Planned Parenthood Toronto](#)

Sample Policies

- [Sample Access Alliance Anti-Oppression Policy \(2013\)](#)
- [Sample Community Engagement Event Checklist \(ETHP\)](#)
- [SAMPLE DIVERSITY AND INCLUSION POLICY](#)
- [Sample Guelph CHC Anti-Oppression and Diversity Policy](#)
- [Sample Parkdale CHC - Access and Equity Policy \(2014\)](#)
- [Sample Sandy Hill Advocacy Policy](#)
- [Sample Somerset West CHC Anti-Racism and Anti-Oppression Policy](#)
- [Sample SRCHC Board Advocacy Policy](#)