

Ottawa West  
Four Rivers  
ONTARIO HEALTH TEAM



ÉQUIPE SANTÉ ONTARIO  
Ottawa Ouest  
Quatre Rivières

Equity, Diversity, Inclusion and  
Anti-Racism (EDIA-R)

# Practical Tools and Checklists for Inclusive Care

May 2026

---

## Disclaimer

This *EDIA-R Toolkit and Checklists for Inclusive Care* is a resource to support learning, reflection, and organizational development. It provides guidance, tools, and examples for organizations at different stages of their EDI-AR journey. Content is informational only and does not constitute legal, HR, or professional advice; organizations should adapt materials to their own context, communities, and regulatory requirements.

While specific references are made to groups such as Black, Indigenous, and 2SLGBTQIA+ communities, the toolkit acknowledges the importance of many other groups not explicitly named. External links and third-party resources are for convenience and do not imply endorsement.

The toolkit also recognizes that equity, diversity, inclusion, accessibility, and anti-racism (EDIA-R) work and reconciliation are related but distinct areas of practice. While Indigenous perspectives and communities may be referenced, this toolkit is not intended to serve as a comprehensive resource on reconciliation or the implementation of the Truth and Reconciliation Commission's Calls to Action. The project team acknowledges that a dedicated, Indigenous-led initiative focused specifically on reconciliation would be more appropriate to meaningfully support this work and is recommended as a separate area of development.

## Land Acknowledgement

We acknowledge that the Ottawa West Four Rivers Ontario Health Team (OWFR OHT) region lies on the traditional and unceded territory of the Anishinaabe Algonquin Nation. As we strive for equal partnership in this OHT, we acknowledge the need for reconciliation and will actively work to understand and address the individual and system harms that impact Indigenous Peoples.

We acknowledge and respect the rights and self-determination of First Nations, Inuit, Métis, and urban Indigenous communities. We are dedicated to building and sustaining meaningful partnerships grounded in respect, accountability, and trust, collaborating to advance health equity in ways that honour their traditional, cultural, social, and health priorities.

**“Every time I walk onto the House of Commons grounds and speak in these chambers, I am reminded every step of the way I do not belong here. The Federal institution needs to change its own policies and procedures to reflect reality instead of creating barriers for people like me. I should not be afraid of going into work.”**

**Mumilaaq Qaqqaq (Former NDP MP for Nunavut in her farewell speech June 2021)**

## Acknowledgements

Thank you to everyone who helped make the Equity, Diversity, Inclusion, and Anti-Racism (EDIA-R) Practical Tools and Checklists for Inclusive Care. We are grateful to the project team for sharing their time, ideas, and personal experiences. Your voices helped shape this toolkit and made it helpful and easy to use.

Thank you to the OWFR OHT EDIA-R Network for making this work a priority.

We thank Pathways Alcohol & Drug Treatment Services, Queensway Carleton Hospital and Western Ottawa Community Resource Centre for testing the toolkit and giving feedback.

We also thank Connect2Knowledge for developing the “Start Here” guide section and for contributing recommendations to strengthen the navigation and organization of the toolkit based on a comprehensive review of pilot-site feedback.

### Project Lead

Beth Monaco, Carefor

### Project Team Members

Amy Sisombath, University of Ottawa

Kim Collingwood, CommuniCare Therapy

Belise Ashimwe Sangwa Mucyo, University of Ottawa

Lise Laframboise, Pathways Alcohol & Drug Treatment Services

David Muñoz Jensen, OWFR OHT

Marcie Patterson, Queensway Carleton Hospital

Dillon Black, Queensway Carleton Hospital

Maria Sabaye, Lived Experience Partner

Drishti Patel, Carleton University

Meghann Darroch, OWFR OHT

Gamal Shakshouki, Lived Experience Partner

Safi Adula, University of Ottawa

Jenn Westendorp, OWFR OHT

Tom Regan, Renfrew County & District Health Unit



Karen Luyendyk, Lived Experience Partner

**"My humanity is bound up in yours, for we can only be human together."**

- Desmond Tutu

## Table of Contents

Purpose of the Toolkit .....	6
Using The Toolkit .....	6
“Start Here” Guide: Your entry point to the OWFR EDIA-R Toolkit .....	7
Part 1: Orientation .....	7
A. Role-based considerations .....	7
B. Your organization's size .....	9
C. Your organization's readiness .....	12
Part 2: Assessment .....	14
Part 3: Results .....	17
Result: You are at the Exploring stage .....	19
Result: You are at the Developing stage .....	21
Result: You are at the Integrating stage .....	24
Embedding EDIA-R Practice Into Organizational Routines .....	26
How to embed this toolkit into daily practice .....	26
Returning to the Start Here Guide .....	26
Using tools as a continuous cycle .....	26
Commitment Prompt (Complete before moving on) .....	27
EDIA-R Definitions .....	28
Core Principles .....	29
Vision, Mission, Values Statement and Equity Reflection Prompt .....	31
Identifying Gaps and Barriers .....	32
Core EDIA-R Tools .....	33
Equity Decision Review Worksheet .....	33
Equity Decision Review Tool Worksheet .....	34
Bias Reflection Worksheet .....	36
EDIA-R Checklists .....	39
■ Assessment Tools (Understand Readiness & Current State) .....	40

EDIA-R Baseline Self-Assessment Checklist .....	41
Leadership & Governance EDIA-R / Health Equity Practices Checklist .....	44
Organizational EDIA-R Practices Checklist .....	47
 Action Tools (Apply EDIA-R in Practice).....	50
Project Accessibility & Inclusion Checklist.....	51
Engagement Checklist.....	54
 Accountability Tool (Bridge: Action + Oversight) .....	56
Accountability Checklist .....	57
Reporting Complaints & Follow-Up Tools .....	59
Practice Examples .....	64
Scenario 1 – Closing the Gap: Building Truly Accessible Substance Use Treatment .....	64
Scenario 2 – The Cost of Waiting: How Delayed Gender-Affirming Care Puts Lives at Risk .....	64
Scenario 3 – Honouring Joyce Echaquan: Advancing Culturally Safe Health Care <sup>22</sup> .....	65
Conclusion .....	66
References .....	68
Appendix A: Glossary of Terms .....	71
Appendix B: Quick-Reference Templates.....	75
Suggested first steps for organizations early in EDIA-R work.....	75
Examples of Making Information and Communications Accessible.....	76
Tips for Using Inclusive, Gender-Neutral Language .....	78
Example of Vision, Mission, Values and Guiding Principles .....	79
Community Engagement in Action: A Practical Guide for Ottawa West Four Rivers Ontario Health Team .....	81
Template for Inclusive Policy Development.....	82
Guidelines for Inclusive Language .....	84
Inclusive Hiring Statements .....	84
Example of Patient Facing Poster – How to Share a Concern About Equity, Respect or Fairness in Care .....	86

## Introduction

### Purpose of the Toolkit

The OWFR OHT *EDIA-R Toolkit and Checklists for Inclusive Care* is intended as a guide for organizations to center equity, diversity, inclusion, and anti-racism in their work. The guide can be used by organizations just starting out or those looking to improve what they already do. The toolkit includes instructions, real-life examples, and practical tools to fit differing organizations' needs.

The toolkit focuses on cultural safety, practical applications, and guidance. The steps and strategies are clear and flexible, so organizations can take meaningful action and connect EDIA-R principles directly to their goals and activities; by using this toolkit, organizations can confidently add EDIA-R principles in a practical and lasting way. The toolkit is available in both digital and printable formats.

A digital version is available online at <https://www.ottawawestfourrivers.ca/edia-r-toolkit/>, where users can access downloadable tools, templates, and supporting resources.

We welcome any questions, comments, or feedback on the toolkit and invite you to reach out to us at [info@owfr.ca](mailto:info@owfr.ca).

### Using The Toolkit

#### Using the Checklists

Checklists are designed to be user friendly and to allow organizations to help track progress and show areas that need improvement.

Checklist items represent basic standards for EDIA-R within any organization. Meeting these standards demonstrates how your organization is integrating key equity and inclusion principles into operational practices.

Additional resources help organizations consider next steps and encourage discussion and learning. Start small and grow. Use the checklists to assess where your organization stands. The self-assessment results will support selection and prioritization of goals and action plans to advance EDIA-R within and across your organization.

#### Supporting Implementation

Templates in the [appendix](#) provide examples of actions organizations can start right away.

Strategies can be adjusted to an organization's needs and readiness.

## “Start Here” Guide: Your entry point to the OWFR EDIA-R Toolkit

### Part 1: Orientation

#### About This Guide

The OWFR EDIA-R Toolkit was developed by and for the Ottawa West Four Rivers (OWFR) Ontario Health Team (OHT). It provides practical tools, checklists, and reflective resources to help organizations embed equity, diversity, inclusion, and anti-racism into their everyday work.

The toolkit is comprehensive, and is designed to be used in stages, not all at once. This Start Here Guide is the “front door” to the toolkit. Its purpose is to help you identify the starting point that makes the most sense for your organization right now, based on three things:

1. **Your role:** what kind of actions are available to you in your organization;
2. **Your organization's size:** how equity work is distributed, and how it relates to the communities served; and
3. **Your organization's readiness:** what conditions are in place to support equity work and what kind of progress is realistic right now.

The guide reflects what we have learned from three organizations in the OWFR network who piloted the toolkit in their context. By the time you reach the end of this guide, you will have a clear and tailored starting point that reflects your own context.

Note that the recommendations in this guide were not designed for First Nation, Metis, and Inuit (FNMI) engagement contexts, which involve distinct principles, relationships, and approaches. The OWFR OHT's reconciliation commitments and land acknowledgement are set out at the beginning of the toolkit.

#### Defining Your Context

The sections below describe what role, size, and readiness mean in practice and how they determine your tailored starting point in the toolkit.

##### *A. Role-based considerations*

Roles determine what kind of actions are available to toolkit users, and therefore which tools will be most useful. The board sets direction and holds the organization accountable; senior leaders create the conditions for equity to be practiced across teams; program and service staff embed equity into how work is designed and delivered; and frontline staff bring it into everyday service interactions.

The following describes what each of these roles looks like in practice, and what kinds of tools tend to be most useful at each level.

## Board of Directors

*Also applies to: Advisory members, committee chairs, executive sponsors*

The board helps set the organization's direction, taking an EDIA-R approach to policies and major decisions, looking for gaps or risks, and asking how decisions affect different communities before they are approved. For boards, equity is reflected in what gets resourced, what gets scrutinized, and what gets reported on. Supporting this work means ensuring equity is not just stated in values documents but embedded in how the organization governs itself.

The tools most useful to boards are ones that:

- Support structured review of policies and major decisions
- Help ask who benefits and who may be harmed
- Determine if the organization's governance actually reflects its equity commitments

## Senior Leadership / Organization

*Applies to: Executive directors, senior leaders, managers, HR leads, quality improvement leads, equity leads*

Senior leaders model EDIA-R values, ensure policies and decisions reflect equity principles, and support learning where there are gaps in knowledge or capacity. For senior leaders, equity is reflected in whether staff have the tools and training they need, whether accountability for equity outcomes is shared across the organization, and whether equity is considered in how decisions get made day to day. Supporting this work means ensuring equity commitments are visible not only in policy documents but in organizational structures and everyday practice.

The tools most useful to senior leaders are ones that:

- Assess whether equity commitments are reflected in practice
- Examine accountability structures and workforce capacity
- Determine if equity is embedded in the systems that govern everyday work

## Programs & Service Delivery

*Applies to: Program managers, service designers, communications leads, policy writers, engagement coordinators, educators*

Staff who design and deliver programs make sure services are fair, welcoming, and easy to access, using culturally safe practices, removing barriers, and adjusting approaches based on feedback from the communities being served. For program and service staff, equity is reflected in whether the needs of diverse communities were considered in how a program was designed, and whether people with lived experience of barriers have had meaningful input into how

services are delivered. Supporting this work means applying equity considerations to program design and communications, and ensuring community feedback informs what comes next.

The tools most useful to program and service staff are ones that:

- Support equitable design and delivery
- Review whether a specific decision or program considers who may be excluded, and whether services and communications are accessible
- Determine if feedback from communities being served is informing improvements

#### Patient & Caregiver Support

*Applies to: Nurses, physicians, social workers, care coordinators, patient navigators, front-desk staff, peer support workers, caregiver support staff*

Staff who work directly with patients and caregivers help create safe and respectful care experiences, protecting people's rights, communicating clearly, and asking patients and caregivers what they need to feel respected and supported. For frontline staff, equity is reflected in the everyday decisions and interactions that shape whether people feel safe, heard, and well-served. This includes how questions are asked, what assumptions are made, and whether additional support is offered when someone faces a barrier. Supporting this work means developing the knowledge and confidence to recognize when equity is relevant in everyday practice, and knowing how to raise concerns when something is not working for the people being served.

The tools most useful to frontline staff are ones that:

- Support individual and team reflection
- Examine assumptions and bias in everyday practice
- Build shared understanding of equity principles
- Support staff to raise concerns about how care or services are being delivered

#### ***B. Your organization's size***

Size affects how equity work moves through an organization and what kinds of tools and processes are most realistic. In small organizations, change can happen quickly; in medium organizations, there might be alignment challenges; and in large organizations, layers of hierarchy and distinct departments mean that processes need to connect to existing structures.

The following describes what equity work looks like at each size, with examples from three organizations in the OWFR network that used the toolkit in practice and provided feedback.

Small organizations (under 100 staff)

In a small organization, role boundaries are often fluid, and the same person may hold multiple responsibilities. When a senior champion understands the whole organization and can connect the dots across roles, change can move quickly. While this means the organization can adopt new practices easily, they also face capacity challenges as there are fewer people to carry the work and momentum can stall if a champion moves on.



### Case Study: Pathways Alcohol and Drug Treatment Services

Pathways is a small organization with six staff and three board members. When they received the toolkit, the organization moved quickly and broadly. Within weeks, they had updated their client-facing orientation materials, changed their mission and vision statements, and revised their entire policies and procedures manual with an EDIA-R lens. Staff used the Equity Decision Review Worksheet on a real program decision (renaming a program), making the process practical and grounded. The toolkit has since become a standing agenda item at monthly team meetings, and the organization is building training plans from toolkit content that will be included in new staff orientation. At the board level, members found the structure and accountability framing particularly useful.

#### Implications for toolkit use:

- For small organizations, equity work tends to be most effective when approached jointly across organizational roles.
- Concrete, immediately usable tools that don't require institutional infrastructure work best.
- Starting with shared language and foundational principles creates early momentum.
- Initial reactions of overwhelm are common and normal; they tend to shift quickly when the process is structured and incremental.

*"This toolkit has led to many positive changes and brought a new level of awareness to the staff and board."* — Pathways representative

Medium organizations (100–500 staff)

In a medium organization, distinct teams can lead to siloing between departments, and people in different parts of the organization may have different priorities, levels of understanding, and ideas about how to move equity forward, making alignment across roles and levels challenging.



## Case Study: Western Ottawa Community Resource Centre (WOCRC)

WOCRC is a community health and resource organization with just over 100 staff. WOCRC came to the toolkit with an active and knowledgeable EDIB committee, bringing depth of knowledge and ability to engage critically with the tools. The toolkit became a strategic planning resource, for example guiding discussions of how to focus their workplan priorities for the year and identifying organizational strengths and gaps. At the same time, they noted the need for tools to capture complexity: for items like policy review, for example, they had some policies in place but not all, which the yes/no checklists could not accommodate. WOCRC also shared the toolkit with equity leaders at other Centres, who immediately expressed interest, signaling that the toolkit has potential relevance across the broader network.

### Implications for toolkit use:

- Equity work is most effective when it starts with a clear picture of where unevenness is, which parts of the organization are further along, and which need more foundational support.
- An EDI committee or equity lead may be best positioned to take stock and bring concrete recommendations to leadership, rather than trying to move the whole organization at once.
- The toolkit can serve as a permission structure, giving organizations an opening to have conversations across staff and board that might not otherwise happen.
- Where psychological safety is uncertain, tools that create conditions for honest engagement add the most value.

*"This toolkit gives organizations permission to open dialogue across staff and board members."*  
— WOCRC focus group participant

### Large organizations (500+ staff)

In a large organization, there are multiple layers of hierarchy, and distinct departments with their own cultures, priorities, and ways of working. Starting at the whole-organization level is rarely realistic; the more effective approach is to identify specific pieces of existing work where the toolkit can be integrated. There is considerably more process, more complexity, and a need to pilot in one area and scale from there.



### Case Study: Queensway Carleton Hospital (QCH)

QCH is a large acute care hospital with over 3,000 staff. Their dedicated equity department brings a structurally sophisticated perspective,

reflecting the realities of working within a large institutional system where change requires alignment across many layers of leadership and many distinct departments. Staff described the toolkit as practical and useful. A consistent theme was that it helped teams pause and reflect before making decisions, particularly during policy reviews or organizational changes where an equity lens might otherwise be skipped. The feasibility check was specifically valued for helping teams distinguish what can be changed locally from what requires escalation or broader system support. The most practical entry point they identified was attaching toolkit use to work already in progress (e.g., a policy already scheduled for review, a process already underway) rather than initiating a separate toolkit exercise. They also raised an important caution: in large institutional settings, checklists can become a compliance exercise, and the more meaningful question is not "have you done this?" but "how do you do this, and how do you know?"

#### Implications for toolkit use:

- The entry point for all roles should connect explicitly to existing workflows rather than positioning toolkit use as additional work.
- Piloting in one team, department, or policy cycle before attempting broader uptake is more sustainable than organization-wide rollout as it reduces resistance and builds internal proof of concept.
- Where audit culture is a risk, the toolkit is most effective when it moves teams from compliance to genuine reflection, deepening the quality of accountability already in place.

#### *C. Your organization's readiness*

Organizational readiness determines what a tool can realistically achieve. A tool that works well for one organization may not be the right starting point for another because what an organization can act on depends on where it is in this work.

The following describes the three readiness stages and what equity work looks like in each.

##### Exploring

Your organization knows equity matters but is still working out how to apply it in practice. Equity efforts may be episodic or prompted by a specific incident or external expectation but not yet embedded in ongoing organizational practice. Commitment likely exists in values or mission

statements, but it does not yet consistently shape decisions, priorities, or accountability. At this stage, the most useful starting points are ones that help develop a common understanding of what equity means and begin applying it to real decisions and services.

### Developing

Your organization is taking action, but the work is unevenly distributed, with some parts of the organization further along than others. Leadership commitment, while present, may not yet be consistent. Equity work may be concentrated in one committee or role rather than shared across the organization. The most useful starting points at this stage are ones that help identify where the gaps are largest and begin distributing responsibility for equity work more broadly.

### Integrating

Equity is embedded in how your organization works, including in core functions like HR, strategy, and program design, and in how leaders make and account for decisions. At this stage, equity outcomes do not depend on individual champions; systems and structures carry the work. The priority at this stage is ensuring that the work is sustained through governance and accountability structures. The most useful starting points at this stage are ones that ensure equity is built into systems and governance at an organizational level.



## Part 2: Assessment

The following questions help identify where your organization currently is in its equity journey across seven areas of practice. For each area, choose the option that best reflects your organization's current experience. There are no right or wrong answers. The goal is an accurate picture of where your organization is, not aspirations or intentions.

Your responses will be used to identify an overall readiness stage and suggest where to begin in the toolkit.

Importantly: No stage indicates that you are behind or have more work to do than others. Progress comes from starting somewhere specific, learning from that experience, and continuing to build from there.

### A. Direction & Coherence

Think about the last significant decision your organization made (for example, a new program, a budget change, or a policy update). How did equity factor in?

- 1. It may have come up in conversation, but it was not a structured part of how the decision was made.
- 2. Some people in the room applied an equity lens, others did not. It depended on who was involved.
- 3. Considering equity impacts was a standard part of the process. Trade-offs were named and weighed alongside other factors.

### B. Leadership Practice & Accountability

An inequitable practice has been identified in your organization, something that is creating barriers for staff or the people you serve. What happens next?

- 1. It gets noted or discussed informally, but there is no clear process for follow-up, and it is unclear who is responsible.
- 2. Whether something happens depends on which leader is involved. Some follow up, others do not.
- 3. There is a clear expectation that leaders will respond, and follow-through is tracked. This does not depend on who happens to be involved.

### C. Structures, Policies & Infrastructure

A community member cannot access one of your services because of a language or disability-related barrier. How does your organization handle it?

- 1. The individual situation may be addressed, but there is no consistent process, and it is unlikely to lead to a broader change.
- 2. There are some processes in place, but they are not consistently applied or well understood across the organization.
- 3. There are clear, accessible processes for identifying and addressing barriers, and a documented way of learning from them to prevent recurrence.

#### D. Culture & Relational Dynamics

A staff member has witnessed a practice they believe is inequitable or harmful. How likely are they to raise it?

- 1. Most staff would hesitate. There is a sense that raising concerns could affect their standing or simply not lead to change.
- 2. Some staff would feel comfortable raising it, others would not. It depends on the team, the manager, or the specific relationship.
- 3. Most staff would feel confident raising it. This is a recognized organizational norm, not dependent on who you work with.

#### E. Team-Level Capacity

A frontline staff member is about to run a community information session. How prepared are they to identify and respond to equity considerations in that work?

- 1. Most staff would not feel confident doing this without additional support. Knowledge and tools are limited or unevenly distributed across the organization.
- 2. Some staff would be well prepared; others would not. Capacity varies significantly across teams and roles.
- 3. Most staff have the knowledge and tools to identify equity considerations in their work and respond to them. This is not limited to designated equity roles.

## F. Community Accountability & Impact

Your organization recently gathered feedback from the communities it serves. What happened with that input?

- 1. It was collected and reviewed, but it is not clear how it influenced decisions or what changed as a result.
- 2. Some of the feedback shaped planning decisions, but this is not systematic. It depends on the initiative or the team involved.
- 3. The feedback was integrated into how the organization made decisions, and there is a clear way to demonstrate what changed as a result.

## G. Change Capacity

Your organization committed to an equity-related change eighteen months ago. Where does that effort stand today?

- 1. Progress stalled. It depended on one or two individuals, and when other priorities competed, momentum was lost.
- 2. Some aspects of the change were implemented and have held, while others have not. Whether it stuck depended on who was driving it.
- 3. The change is embedded in how the organization operates. Responsibility for sustaining it is distributed and does not depend on a single person.



### Part 3: Results

#### Finding Your Result

Look back at your responses in Part 2 above.

For each area in the table below, write the number you selected (1, 2, or 3).

Area	Your response (1, 2, or 3)
A. Direction & Coherence	
B. Leadership Practice & Accountability	
C. Structures, Policies & Infrastructure	
D. Culture & Relational Dynamics	
E. Team-Level Capacity	
F. Community Accountability & Impact	
G. Change Capacity	

Now count your totals:

How many 1s? \_\_\_\_\_ → Exploring

How many 2s? \_\_\_\_\_ → Developing

How many 3s? \_\_\_\_\_ → Integrating

The stage with the most responses is your **overall stage**.

If two stages are tied, use the lower of the two.

Overall stage is: \_\_\_\_\_



## What Your Results Mean

Your profile (the stage you noted for each area) tells you where your organization has the most room to develop. Areas with the lowest scores are your highest priorities; these are where the toolkit tools will create the most traction.

Your overall stage points to where to start in the toolkit, depending on your organization size and role.

## Where To Go Next

Turn to the section that matches your overall stage:

- **Exploring** → turn to page [19](#)
- **Developing** → turn to page [21](#)
- **Integrating** → turn to page [24](#)

### *Result: You are at the Exploring stage*

Your organization is at the beginning of this work. The tools recommended below are designed to support that starting point by building a shared understanding of what equity means in your context and creating a first practical experience of applying it.

What Exploring looks like for different organization sizes

Small organizations

- The whole organization, including staff, leadership, and board, can move together, which is a significant advantage at this stage.
- When a senior champion is ready to lead, change can happen quickly.
- The most effective starting point is a joint process built around shared language and one concrete first action.

Medium organizations

- At this stage, organizations often have pockets of readiness but no shared foundation across the organization.
- The priority is building common ground: shared language and a common understanding of what equity means in this context
- A first experience of using a tool together creates a reference point for the work ahead.

Large organizations

- Organizations are best served by starting small and specific by identifying one team, one policy, or one existing process to apply the toolkit to, rather than attempting an organization-wide effort.
- A useful first question is: what work is already in progress that an equity lens could be applied to?

What Exploring looks like for different roles

Board of Directors

- The most important thing a board can do is make equity a visible governance priority.
- This means asking equity questions before approving policies or budgets, and ensuring that equity expectations of leadership are explicit.
- Starting with a review of the organization's mission, vision, and values is a concrete first step.

Senior Leadership / Organization

- Senior leaders at this stage create the conditions for honest engagement by making clear that equity is an organizational priority and that raising concerns is expected, not risky.
- Without this signal from leadership, other parts of the organization will hesitate.
- Starting with shared language and foundational principles gives staff and board something concrete to work from.

#### Programs & Service Delivery

- At this stage, staff can apply equity thinking to a decision currently being made, a program currently under review, or a communication currently being developed.
- This is more effective than completing a tool in the abstract.
- Identifying one concrete anchor for the work is the most important first step.

#### Patient & Caregiver Support

- Frontline staff can begin to build a shared reference point with their team.
- This could be a common experience or conversation that creates the foundation for applying equity thinking in practice.
- Tools that open discussion and invite honest reflection tend to work better at this stage than checklists or organizational audits.

#### Three tools to consider

1. **Core Principles**: A foundational reference for building shared language across staff, board, and leadership. Recommended as a first step for any organization at this stage, and particularly useful before using any other tool as it establishes the common ground everything else builds on.
2. **Bias Reflection Worksheet**: A team-based reflection tool that uses video prompts to create a shared reference point before discussion. Particularly effective for frontline staff and mixed-role groups because it invites honest engagement without requiring people to evaluate organizational systems they may not feel equipped to assess.
3. **Vision, Mission, Values Statement and Equity Reflection Prompt**: A tool for reviewing whether the organization's foundational commitments reflect equity principles and what changes might be needed. Most useful for boards and senior leadership at this stage, and for small organizations where board and staff can work through it together.

If you are looking for immediate concrete actions to take alongside these tools, see Suggested First Steps in [Appendix B](#).

### *Result: You are at the Developing stage*

Your organization is taking action on equity, and the work ahead is about building on what is already in place. The recommended tools are designed to help identify where practice is uneven across the organization and support more consistent application across teams, roles, and levels of leadership.

What Developing looks like for different organization sizes

Small organizations

- At this stage EDIA-R work may have moved quickly in some areas but may have gaps in others.
- Rapid progress may have been driven by an ED or senior champion.
- The priority is ensuring equity practice does not depend on one person.
- What has been built should be embedded in organizational processes rather than held informally.

Medium organizations

- There typically is an EDI committee or equity lead alongside staff and teams who are earlier in the journey.
- Their role at this stage is to use their knowledge to bring the rest of the organization forward.
- This includes identifying the largest gaps and making concrete recommendations to leadership.

Large organizations

- Significant infrastructure is in place, but there are accountability gaps.
- Equity work may be embedded in some departments and deprioritized in others.
- The priority is distributing accountability more broadly and attaching equity review to existing organizational processes.
- Commitments made at the governance level should be visible in operational practice.

What Developing looks like for different roles

Board of Directors

- At this stage, the board's contribution is to move from stated commitment to demonstrated accountability.
- This includes reviewing whether equity is reflected not just in policy documents but in how leadership is evaluated, what gets resourced, and what gets reported on.

- It also includes being willing to ask whether current governance structures would catch it if equity commitments were not being met.

#### Senior Leadership / Organization

- At this stage, senior leaders can identify where accountability is concentrated and take steps to distribute it.
- This means making equity expectations explicit for all managers, not just those who have already championed the work.
- It also means ensuring equity considerations are built into regular decision-making processes rather than reserved for designated equity moments.

#### Programs & Service Delivery

- At this stage, program and service staff benefit from tools that help assess whether equity considerations are genuinely built into how programs are designed and delivered.
- This includes determining whether equity language appears in program documents.
- It also includes determining if equity language shapes how decisions about access, engagement, and feedback are made in practice.

#### Patient & Caregiver Support

- At this stage, frontline staff benefit from tools that move beyond individual awareness toward team-level practice.
- This includes applying equity thinking to real decisions and situations rather than continuing to build foundational knowledge.

#### Three tools to consider

1. [Equity Decision Review Worksheet](#): A structured tool for applying an equity lens to a specific decision currently under review. Recommended for organizations at this stage because it moves equity from a general commitment to a concrete practice in the context of work already happening.
2. [Organizational EDIA-R Practices Checklist](#): A comprehensive review of organizational practices across multiple domains. Recommended for EDI committees and senior leaders as a tool for identifying where the organization is strongest and where the largest gaps are, which can inform workplan priorities and leadership conversations.
3. [Leadership & Governance Checklist](#): A governance-focused review of whether equity is embedded in leadership structures, accountability processes, and organizational commitments. Recommended for boards and senior leadership at this stage as a tool for moving from stated commitment to demonstrated accountability.

If your organization is currently reviewing or developing an organizational policy, the Inclusive Policy Development Template in [Appendix B](#) is a practical companion to the tools above.

For guidance on accessibility, see Examples of Making Information and Communications Accessible in [Appendix B](#).



### *Result: You are at the Integrating stage*

Your organization has established equity practice across its core functions. The tools recommended below are designed to ensure equity is embedded in organizational systems and accountability structures in a way that continues beyond the individuals currently leading it.

What Integrating looks like for different organization sizes

Small organizations

- At this stage equity is typically embedded across the whole organization.
- The risk is dependency on a small number of people; if they move on, progress can stall.
- The priority is ensuring that equity practice is documented, institutionalized in processes, and not reliant on individual memory or motivation.

Medium organizations

- Organizations have typically built strong equity practice in some areas and are working to close the remaining gaps.
- The priority is ensuring that the most advanced parts of the organization are actively working to bring the rest of the organization to a similar level.
- Accountability structures should be in place to sustain this over time.

Large organizations

- Structures, committees, and processes in place.
- The priority is ensuring these structures are producing equitable outcomes.
- Structures are not just operating as intended, but demonstrating impact on the communities served.
- Measurement, reporting, and community accountability mechanisms are the most important areas of focus.

What Integrating looks like for different roles

Board of Directors

- The board's contribution is to ensure equity is embedded in governance in a way that will outlast current leadership through board composition, strategic priorities, and accountability frameworks.
- The board itself can evaluate organizational performance.
- The focus shifts from building equity practice to institutionalizing it.

Senior Leadership / Organization

- Senior leaders shift from championing equity to ensuring it is a distributed organizational expectation.
- This means building equity into how all managers are evaluated and how decisions are documented and reviewed.
- It also includes how the organization measures and reports equity outcomes over time.

#### Programs & Service Delivery

- Program and service staff benefit from tools that deepen community accountability.
- This means moving from ensuring services are accessible to ensuring they are genuinely shaped by the communities they are designed to serve.
- It also means feedback from those communities leads to visible changes in practice.

#### Patient & Caregiver Support

- Benefit from tools that focus on community engagement and accountability.
- This moves them beyond individual reflective practice toward ensuring the organization as a whole is responsive to the people it serves.
- It also ensures the organization can demonstrate where community input has shaped care and services.

#### Three tools to consider

1. **Accountability Checklist**: A tool for reviewing whether accountability structures for equity are functioning across the organization and are producing the intended outcomes. Recommended for senior leadership and boards at this stage as a tool for ensuring equity commitments are backed by real accountability.
2. **Engagement Checklist**: A tool for reviewing the quality and equity of community engagement, including whether the organization is genuinely incorporating community voices into decisions and can demonstrate where engagement has led to change. Recommended for program and service staff and EDI committees at this stage.
3. **Reporting Process**: A tool for ensuring that complaints and concerns are handled in a way that is accessible, fair, and used to improve organizational practice over time. Recommended as a sustainability tool at this stage, ensuring accountability mechanisms are functioning and that learning from concerns is built into organizational practice.

If your organization is currently reviewing or developing an organizational policy, the Inclusive Policy Development Template in [Appendix B](#) is a practical companion to the tools above.

## Embedding EDIA-R Practice Into Organizational Routines

This toolkit is designed to be used within existing organizational rhythms, not as a one-time exercise or standalone activity. EDIA-R practices are strengthened when tools are integrated into how work already happens, rather than treated as separate or additional tasks.

### How to embed this toolkit into daily practice

EDIA-R tools can be integrated into:

- Project planning and approval processes
- Quality improvement and performance cycles
- Board and leadership meetings
- Program design and service delivery reviews
- Incident review and feedback processes
- Annual planning and strategic development

Rather than adding new processes, organizations are encouraged to align tools with existing structures to reduce duplication and support sustainability.

### Returning to the Start Here Guide

The [Start Here Guide](#) provides an organizational readiness lens that helps identify where you are in your EDIA-R journey (Exploring, Developing, Integrating). Returning to this assessment over time is expected and reflects progress, not repetition.

Organizations should revisit the Start Here Guide when:

- Starting a new EDIA-R initiative or cycle
- Shifting from planning to implementation
- Expanding EDIA-R work across departments
- Preparing for strategic planning or accreditation
- Experiencing structural or leadership changes

### Using tools as a continuous cycle

EDIA-R practice is strengthened through repeated cycles of:

**Reflect → Assess → Act → Review → Improve**

No single tool is intended to provide a final answer. Instead, tools should be used to:

- Identify current state
- Inform decisions and actions
- Track progress over time

- Strengthen accountability and learning

### Commitment Prompt (Complete before moving on)

Before continuing, identify one concrete action your team or organization will take based on this toolkit:

Our EDIA-R commitment is: \_\_\_\_\_

This commitment should be:

- Specific and actionable
- Assigned to a person or role
- Linked to an existing process or decision point

Revisiting this commitment over time is an important part of accountability and follow-through.



## EDIA-R Definitions

Effective use of the EDIA-R toolkit depends on a clear understanding of key relevant terms. Recognizing distinctions and nuances between key concepts will support accurate, intentional, and meaningful application of the toolkit. The following definitions are based on the Ontario Health Equity Framework.<sup>1</sup>

### Equity

Requires recognizing people have different needs, experiences and barriers, and responding in fair and meaningful ways. Rather than treating everyone the same, equity focuses on removing system barriers and providing the specific support people need to achieve comparable outcomes. Equity requires intentional decision-making, flexibility, and ongoing reflection to address unfair advantages and disadvantages.

### Diversity

Refers to a range of visible and invisible qualities, experiences and identities that shape who we are, how we think, how we engage with, and how we are perceived by the world. These may include but not limited to; race, ethnicity, personality, culture, language, gender, gender identity, gender expression, sexual orientation, age, ability, religion or spiritual beliefs, values, perspective, skills, style, political ideologies, socioeconomic status, and lived experience.

### Inclusion

Happens in environments where all people feel welcomed, respected, valued, and able to participate fully. Inclusion focuses on meaningful involvement, shared decision-making, and a sense of belonging. Inclusive practices ensure that diverse voices are heard, differences are respected, and people are supported to contribute in ways that reflect their identities and experiences.

### Accessibility

Removes physical, social, cultural, communication, and system barriers so that everyone can access services, information, spaces, and opportunities. Accessibility recognizes that barriers may be visible or invisible, and that people require varying supports to participate fully. Accessible environments are proactive, flexible, and responsive to diverse abilities, needs, and circumstances.

### Anti-Racism

Requires an active, on-going approach to identify, challenge, and address racism at all levels, individual, institutional and system. At its foundation, anti-racism requires acknowledging the existence and impacts of racism, including but not limited to Anti-Indigenous and Anti-Black racism, and taking deliberate actions to eliminate policies, practices, and beliefs that create or maintain racial inequalities through accountability, education, and sustained commitment to change.

### Core Principles

Using the core EDIA-R principles in your work will help make decisions fairer, more inclusive, and easier for everyone to access by thinking about who benefits, listening to diverse voices, and creating spaces where people feel safe and respected. Following these principles also helps build trust, improve services, and make sure actions make a positive difference. By reflecting, learning, and taking responsibility, we keep improving and responding better to the needs of the people we serve.

Foundational principles to guide EDIA-R practice include:

- **Equitable decision-making:** includes considering potentially unequal impacts of decisions and aims to reduce barriers and disparities through thoughtful and informed exploration of who benefits, who may be excluded, and what supports will lead to equitable outcomes.
- **Inclusion & participation:** involves people with diverse identities and lived experiences meaningfully in decisions that affect them. Inclusion and participation support diversity in ways that respect different needs, voices, and forms of contribution.
- **Accessible communication & environments:** include information, services, and spaces designed to be usable and welcoming to everyone. Barriers that may include but are not limited to physical, communication, cultural, and system level are addressed in a respectable manner, with humility and a willingness to learn more.
- **Anti-racist & trauma-informed approaches:** actively recognize and address racism, colonialism, and the impacts of trauma. Practices prioritize humility, safety, respect, trust, and awareness of power, privilege, and harm.
- **Cultural humility:** prioritizes listening and openness to others' lived and living experience/expertise and requires both continuous personal and system level reflection. Cultural humility acknowledges the limits of one's own knowledge and that harm is caused by maintaining current systems.

- **Cultural safety:** Creating environments free from discrimination and harm. Safety is defined by the individual or community receiving care or services. Many communities use the term ‘Safer Spaces’ to remind system planners that we have a long way to go.
- **Intersectionality:** People’s experiences are shaped by multiple, overlapping identities and systems. This principle recognizes that inequities are complex and cannot be addressed in isolation<sup>2</sup>. An intersectional approach helps make sure solutions to inequality work for everyone, especially those who are often left out.
- **Continuous reflection, learning & accountability:** EDIA-R work requires ongoing reflection, learning and improvement. Accountability ensures that commitments lead to meaningful and sustained action.

“As a society we can do many different things and one of the most powerful things we can do is decide to do things differently.

It’s not the easiest thing to do, but it’s something we CAN do when we come together and harness our collective power.”

- Tyler Boyce, Executive Director of The Enchanté Network



## Vision, Mission, Values Statement and Equity Reflection Prompt

A vision statement describes a desired future state the organization is working toward (ex. “Equitable health outcomes and care experiences for all people”)

A mission statement describes the approaches used to advance a vision (ex. “We strive to provide high-quality care by removing systemic barriers, addressing discrimination, and designing services that reflect the needs of diverse communities”)

A values statement describes the core principles and beliefs that guide how the organization behaves, makes decisions, and carries out its mission in everyday practice (ex. “We act with respect, accountability, and inclusivity in all that we do”).

This section facilitates the development and/or assessment of vision, mission, and values statements to include clear consideration of EDIA-R to move beyond aspirational language by grounding statements in real experiences, inequities, and commitments to change.

A statement clearly connecting your organization’s values, mission, and strategic goals to its commitment to EDI-AR, will strengthen trust, accountability, and lay the foundation for an inclusive culture.

### Reflect:

Use the prompts below to develop, revise and/or expand your organization’s vision, mission, and values statements:

- Who does our vision, mission and values clearly include—and who is missing? What words need to change for the statements to be inclusive?
- Does our current mission perpetuate or disrupt health inequities? What needs to be changed about the mission statement to address this?
- How do power and privilege operate within our organization, and how should that shape our mission?

An example of the vision, mission, values, and guiding principles for OWFR OHT can be found in [Appendix B](#).

## **Identifying Gaps and Barriers**

Users of this EDIA-R toolkit may encounter barriers to applying equity, diversity, inclusion, accessibility, and anti-racism principles in practice. Identifying these barriers is a critical step toward meaningful change and improvement.

### **Structural and System-Level Barriers**

Policies, procedures, and system requirements may unintentionally create inequities. These can include rigid eligibility criteria, standardized processes that do not account for different needs, or limited flexibility within funding, timelines, or reporting structures.

### **Capacity and Resource Barriers**

Limited time, staffing, funding, or training can make it difficult to prioritize EDIA-R work. Competing demands may reduce opportunities for reflection, learning, or community engagement, even when there is strong commitment.

### **Knowledge and Awareness Barriers**

Staff and leaders may have varying levels of understanding of EDIA-R concepts. Inconsistent knowledge or confidence can affect how principles are interpreted and applied across teams or services.

### **Communication and Information Barriers**

Information may not be accessible to everyone due to language, health literacy level, digital access, or format. This can limit awareness of services, reporting options, or opportunities for participation.

### **Cultural Safety and Trust Barriers**

Past experiences of discrimination, racism, or harm may affect trust in organizations or systems. Without intentional efforts to build culturally safe environments, individuals and communities may feel reluctant to engage or raise concerns.

### **Data and Feedback Barriers**

Limited access to disaggregated data or community feedback can make it difficult to identify inequities or measure progress. Without clear feedback mechanisms, gaps may remain invisible and therefore go unaddressed.

## Core EDIA-R Tools

These tools should only be used with input from people with diverse roles, identities, lived experiences, and levels of power, especially those most impacted by the decisions and practices being examined.

When that is not possible, teams should explicitly name whose perspectives are missing and seek them before drawing conclusions and finalizing decisions.

### Equity Decision Review Worksheet

Use this worksheet to reflect on who a decision helps, who it may harm or exclude, and what changes are needed to make it fairer and more equitable.

**Example:** A hospital needs to decide how to send a small number of mental health counselors to different community clinics.

Using this tool, the team considers who will get the most help, who might be left out (e.g., people in rural areas or those who don't speak English), and what changes could make the decision fairer.

#### Benefit:

Ensures decisions help as many people as possible, avoid causing harm, and are fair to all groups.

#### Reminder:

This tool is part of an ongoing cycle of reflection leading to decision and then action.

#### Consider next:

- [Project Accessibility & Inclusion Checklist](#) → when a decision becomes part of a formal project or initiative and needs to be translated into implementation planning (Developing stage)
- [Engagement Checklist](#) → when the decision requires validation, input, or co-design with communities or partners before finalization (Developing stage)

## Equity Decision Review Tool Worksheet

### Team & Decision Information

Team/Department: \_\_\_\_\_

Facilitator/Lead: \_\_\_\_\_

Date of Review: \_\_\_\_\_

### 1. Decision Statement & Impacted Groups

What decision is being reviewed and why?

\_\_\_\_\_

Who does this decision impact most? Whose perspectives have shaped it? Whose are missing?

\_\_\_\_\_

### 2. Potential Impacts & Biases

Who benefits, and who may be harmed, excluded, or face barriers?

\_\_\_\_\_

How might this decision affect people differently based on race, Indigeneity, disability, language, gender, socioeconomic status, and other intersecting identities?

\_\_\_\_\_

What assumptions, norms, or biases are influencing this decision?

*(Think about stereotypes, default practices, or historical patterns.)*

\_\_\_\_\_

What policies, resources, data or power dynamics shape or guide the available options?

\_\_\_\_\_

### 3. Risks & Barriers

What barriers could this decision create or reinforce? *(e.g., access, communication, safety, trust, dignity)*

\_\_\_\_\_

Whose safety and dignity are prioritized? Whose might be compromised?

\_\_\_\_\_

What risks exist for those not prioritized by this decision/action? What risks may this create within /across organization (e.g. Staff resistance or dissatisfaction - may require stronger education plan/rationale sharing as roll out decision; negative public perception)?

---

What role should our organization play in this work, and what equity, power, and funding impacts could result from leading directly versus partnering (e.g., resourcing or amplifying grassroots and Black-led organizations)?

---

#### 4. Mitigating Actions & Adjustments

What changes or supports are needed to reduce harm and promote equitable outcomes?

---

What alternative options were considered?

---

Is there a plan to address needs for groups identified as lower priorities?

---

#### 5. Accountability & Follow-Up

How will we know if this decision is advancing equity? (Indicators)

---

Who is responsible to monitor and respond to impacts?

---

When will this decision be revisited? By whom?

---

#### 6. Key Takeaways / Summary

Agreed Actions / Decisions:

---

Responsible Person(s):

Follow-Up Date:

## Bias Reflection Worksheet

Use this worksheet to notice and reflect on how bias, power, and inequity may be present in everyday healthcare practices.

**Example:** A clinic notices that non-English-speaking patients often receive less follow-up care. Using this tool, the team reflects on how language, assumptions, and privilege might affect care, and identifies ways to reduce communication barriers, reduce bias and improve inclusion.

**Benefit:** Helps teams recognize and address bias, prevent discrimination, and make care and decision-making more inclusive and equitable and services are more patient centred/culturally safe when these observations are addressed.

### Reminder:

This tool is part of an ongoing cycle of reflection leading to decision and then action.

### Consider next:

- [Equity Decision Review Worksheet](#) → when reflection identifies a specific decision that needs structured equity analysis before action is taken (Developing stage)
- [Organizational EDIA-R Practices Checklist](#) → when repeated patterns of bias suggest a need to assess broader systems, policies, or training gaps (Exploring / Developing stage)

Three videos to support a better understanding privilege and stigma in health care:

1. **National Collaborating Centre for Healthy Public Policy (NCCHPP).** *Understanding the role of privilege in relation to public health ethics and practice* (video).<sup>4</sup>  
<https://ccnpps-ncchpp.ca/video-understanding-the-role-of-privilege-in-relation-to-public-health-ethics-and-practice/>  
Note: Although an excellent resource, it is important to reflect when sharing this video that it incorrectly defines intersectionality, which more accurately refers to how overlapping marginalized identities (e.g., race, gender, gender identity, disability) compound the experience of discrimination and oppression.
2. **CAPSA.** *Flipping the Pyramid* (video).<sup>5</sup>  
<https://youtu.be/NhL2zBb-Zuw>
3. **Wabano Centre for Aboriginal Health.** *Racism in Healthcare | Share Your Story Project* (video).<sup>6</sup>  
<https://youtu.be/cESd90UJ9gw>

## Bias Reflection Tool Worksheet

### Team & Review Information

Team/Department: \_\_\_\_\_

Facilitator/Lead: \_\_\_\_\_

Item or Service to be Reviewed: \_\_\_\_\_

Date of Review: \_\_\_\_\_

### 1. Acknowledge my Privilege and Advantages Privilege

Privilege is unearned benefit/advantage someone has/is given just because of who they are.

What advantages do I or some members of my team hold that may shape care or decisions?

---

How might these advantages affect who is heard or how care is delivered?

---

Example: English-speaking patients are easier to communicate with; it will be necessary to adjust expectations and provide interpreter support for others.

### 2. Challenging Discrimination

Where are bias, stereotypes, or unfair treatment showing up in care or interactions?

---

What steps are we taking to prevent discrimination in daily practice?

---

Example: Question assumptions about a patient's compliance based on race, gender, or mental health history.

### 3. Choosing Inclusion

Who is being excluded from data systems, in decision making, care planning, or communication?

---

Who might be excluded, and how can we ensure their perspectives are heard?

---

Example: Make sure community representatives have a voice when decisions and care plans are being developed.

### 4. Acknowledging There are Things We Don't Know

What perspectives, information, or lived experiences do we not know of or not understand?

---

How can we learn about them in the long term, and how can we gather that input before finalizing decisions or actions in the short term?

---

Example: Notice where we may not fully understand patient barriers, ask for feedback through surveys or conversations, and plan training to help close those gaps.

### 5. Key Takeaways / Action Plan

Agreed Actions / Next Steps:

---

Feasibility Check:

Is the proposed action achievable within available resources (time, staffing, funding, access to information) and within our scope of responsibility?

---

Support or Escalation Needed:

What additional resources, leadership direction, partnerships, or outreach may be required to address this issue?

---

Responsible Person(s): \_\_\_\_\_

Follow-Up Date: \_\_\_\_\_






## EDIA-R Checklists

The EDIA-R checklists support equity, diversity, inclusion, accessibility, and anti-racism (EDIA-R) practice across organizational, project, and governance contexts. They are organized to support a logical progression from understanding current conditions to taking action and sustaining accountability. The following checklists have been

adapted from the Niagara OHT Health Equity Assessment Tracker, which helps teams monitor and advance equity-oriented practices within health care settings.<sup>7</sup>




### Tool Types & How to Use These Checklists

EDIA-R checklists are grouped into three types:

-  **Assessment Tools** – Help you understand your current state, readiness, and gaps
-  **Action Tools** – Support application of EDIA-R principles in planning, engagement, and delivery
-  **Accountability Tools (Bridge)** – Connect implementation to tracking, reporting, and follow-up

### How to choose the right tool

#### Start here guidance:

- If you are unsure of readiness → begin with  Assessment Tools
- If readiness is understood → move to  Action Tools
- If systems exist → use  Accountability Tools

#### Important guidance for use

Organizations are encouraged to begin with assessment tools before moving to action tools. This ensures decisions are informed by a clear understanding of context, capacity, and readiness.

## ■ Assessment Tools (Understand Readiness & Current State)

These tools are used to assess organizational conditions, capacity, and alignment with EDIA-R principles. They help identify strengths, gaps, and priorities before or alongside implementation.

Assessment tools help organizations understand where they are starting from. These tools are most useful in the Exploring and early Developing stages.

Assessment tools include:

- [EDIA-R Baseline Self-Assessment Checklist](#)
- [Leadership & Governance EDIA-R / Health Equity Practices Checklist](#)
- [Organizational EDIA-R Practices Checklist](#)

These tools help identify:

- Strengths and gaps
- Organizational readiness
- System-level barriers
- Capacity and leadership alignment



## EDIA-R Baseline Self-Assessment Checklist

Tool Type: ■ Assessment

This checklist provides a summary for organizations to assess their current state across equity, diversity, inclusion, accessibility, and anti-racism (EDIA-R) practices. It consolidates leadership, governance, organizational policies, staff capacity, accessibility, reporting, engagement, and decision-making considerations into a single tool. The checklist helps organizations quickly identify gaps, prioritize areas for improvement, and inform a base action plan for EDIA-R initiatives. This checklist may be completed by senior managers, board members, HR, equity or organizational development leads, and project or program leads with oversight of EDIA-R practices.

### When to use:

- ✓ As an annual organizational review in preparation for accreditation
- ✓ During strategic planning or policy updates
- ✓ When assessing organizational readiness for EDIA-R implementation

**Stage:** Exploring / Developing / Integrating

### Consider next:

- [Organizational EDIA-R Practices Checklist](#) → when you need a deeper operational view of policies, training, and accessibility systems (Exploring / Developing stage)
- [Project Accessibility & Inclusion Checklist](#) → when you are ready to apply findings to a specific project or initiative (Developing stage)

### Instructions

For each statement, select the number that best reflects your current status using the scale below.

### Response Scale (No → Yes)

- 1 = No (Not in place)
- 2 = On Hold (Started but currently paused)
- 3 = In Development (Planning or early stages)
- 4 = In Progress (Actively being implemented)
- 5 = Yes (Consistently and intentionally embedded in practice)
- 6 = Unsure / I Don't Know
- 7 = Not Applicable (N/A)

Use “Unsure / I Don’t Know” if you do not have enough information to assess.

Use “Not Applicable” only if the statement genuinely does not apply to your role or context.

Organization / Department: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Item #	Key Baseline Item	Response (Select 1–7)	Comments (Optional)
<b>Policy &amp; Governance</b>			
1	Policies explicitly include EDIA-R principles and expectations.		
2	Policies are reviewed for barriers to equity and inclusion		
3	Leadership roles are accountable for EDIA-R outcomes		
<b>Vision, Mission &amp; Values</b>			
4	Vision, mission, and values reflect EDIA-R commitment		
5	Statements are inclusive and consider equity, accessibility, and anti-racism		
<b>Workforce Training</b>			
6	Staff receive EDIA-R training and development		
7	Teams have capacity/tools to recognize and mitigate bias		
<b>Decision-Making &amp; Engagement</b>			
8	Decisions consider who benefits, who may be excluded, and equity impacts		
9	Community voices and lived experiences are included in decisions		

Item #	Key Baseline Item	Response (Select 1–7)	Comments (Optional)
<b>Accessibility &amp; Formats</b>			
10	Information, services, and communications are accessible and inclusive		
11	Processes account for language, disability, and other accessibility needs		
<b>Reporting &amp; Accountability</b>			
12	Clear, accessible pathways exist for reporting EDIA-R concerns		
13	Reports are acknowledged, investigated, and resolved with documented outcomes		
14	Lessons learned from complaints/feedback are used to improve policies and practices		
15	Mechanisms exist to track and report EDIA-R outcomes over time		

**Summary Reflection**

**Key Strengths:** \_\_\_\_\_

**Key Gaps / Priorities:** \_\_\_\_\_

**Next Steps / Action Items:** \_\_\_\_\_

**Senior Leadership Review & Sign-Off**

I have reviewed this checklist and confirm that leadership and governance EDIA-R practices have been assessed and required actions identified.

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Leadership & Governance EDIA-R / Health Equity Practices Checklist

Tool Type: ■ Assessment

This checklist reviews leadership and board-level commitment to EDIA-R and health equity. It focuses on governance, leadership composition, strategic direction, and leadership accountability. Completed by senior managers, Board members, or staff responsible for EDIA-R or health equity.

### When to use:

- ✓ Annually
- ✓ During strategic planning
- ✓ During governance or Board reviews and performance appraisals

Stage: Developing / Integrating

### Alignment with Canadian & Ontario Legislation and Standards:

- [Canadian Human Rights Act](#)<sup>8</sup>
- [Employment Equity Act](#)<sup>9</sup>
- [Truth and Reconciliation Commission \(TR\) Calls to Action](#)<sup>3</sup>
- [Ontario Health Equity Framework & Health Equity Mandates](#)<sup>1</sup>

### Consider next:

- [Accountability Checklist](#) → when governance expectations need to be translated into tracking, reporting, and oversight mechanisms (Developing / Integrating stage)
- [Organizational EDIA-R Practices Checklist](#) → when aligning leadership direction with operational systems and staff practices (Developing stage)

### Instructions

For each statement, select the number that best reflects your current status using the scale below.

### Response Scale (No → Yes)

- 1 = No (Not in place)
- 2 = On Hold (Started but currently paused)
- 3 = In Development (Planning or early stages)
- 4 = In Progress (Actively being implemented)
- 5 = Yes (Consistently and intentionally embedded in practice)
- 6 = Unsure / I Don't Know
- 7 = Not Applicable (N/A)

Use “Unsure / I Don’t Know” if you do not have enough information to assess.

Use “Not Applicable” only if the statement genuinely does not apply to your role or context.

Organization / Department: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
1	Is the Board of Directors or Governing Body made up of people from diverse backgrounds?		
2	Is the Senior Leadership Team made up of people from diverse backgrounds?		
3	Does the organization have a way to find and hire a diverse Board of Directors or Governing Body?		
4	Does the organization have a way to find and hire a diverse Senior Leadership Team?		
5	Is knowledge of health equity required for applicants to the Board of Directors or Governing Body?		
6	Is knowledge of health equity required for applicants to leadership or management roles?		
7	Do Board members and senior leaders take regular training to strengthen their understanding of health equity?		
8	Do all Board and Senior Leadership Team members receive training on Truth and Reconciliation and Indigenous history?		
9	Does the strategic plan include clear health equity goals and policies related to the health equity goals?		
10	Is there an Equity Committee or designated lead responsible for health equity at the organizational level?		

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
11	Do leaders actively talk about the importance of health equity inside and outside the organization?		

**Notes / Actions Required for Compliance or Improvement:**

**Senior Leadership Review & Sign-Off**

I have reviewed this checklist and confirm that leadership and governance EDIA-R practices have been assessed and required actions identified.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Organizational EDIA-R Practices Checklist

Tool Type:  Assessment

This checklist assesses baseline, organization-wide EDIA-R (Equity, Diversity, Inclusion, Accessibility, and Anti-Racism) policies, hiring, training, accessibility systems, and organizational commitments.

May be completed by one of any of the following: senior managers, HR staff, or equity and inclusion leads, often with department or program leads.

### When to use:

- ✓ Annually
- ✓ During policy reviews
- ✓ During audits or accreditation processes

**Stage:** Exploring / Developing / Integrating

### Alignment with Canadian & Ontario Legislation and Standards:

- [Canadian Human Rights Act](#)<sup>8</sup>
- [Employment Equity Act](#)<sup>9</sup>
- [Truth and Reconciliation Commission \(TR\) Calls to Action](#)<sup>3</sup>
- [Ontario Human Rights Code](#)<sup>10</sup>
- [Accessibility for Ontarians with Disabilities Act \(AODA\)](#)<sup>11</sup>
- [Integrated Accessibility Standards Regulation \(IASR\)](#)<sup>12</sup>

### Consider next:

- [Project Accessibility & Inclusion Checklist](#) → when applying organizational readiness to specific initiatives or programs (Developing stage)
- [Engagement Checklist](#) → when preparing to involve communities or partners in decision-making or planning (Developing stage)

### Instructions

For each statement, select the number that best reflects your current status using the scale below.

### Response Scale (No → Yes)

1 = No (Not in place)

2 = On Hold (Started but currently paused)

- 3 = In Development (Planning or early stages)
- 4 = In Progress (Actively being implemented)
- 5 = Yes (Consistently and intentionally embedded in practice)
- 6 = Unsure / I Don't Know
- 7 = Not Applicable (N/A)

Use "Unsure / I Don't Know" if you do not have enough information to assess.

Use "Not Applicable" only if the statement genuinely does not apply to your role or context.

Organization / Department: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
1	Organizational policies (HR, hiring, conduct, complaints) include EDIA-R language and expectations.		
2	Internal & public facing documents (website, handouts by frontline staff, communiques, internal policies, job postings) should be reviewed and confirmed to use gender-neutral and inclusive language.		
3	A public EDIA-R commitment statement is posted and reviewed regularly.		
4	Inclusive language guides/tools are available to staff.		
5	Accessible formats are available organization-wide, with a clear request process.		
6	Basic EDIA-R orientation is provided to all staff and volunteers.		
7	A community feedback process exists and is clearly communicated.		
8	The organization has guidance on the appropriate use of inclusion symbols, and staff understand their meaning.		

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
9	EDIA-R principles are included in annual planning or quality improvement processes.		
10	Common physical, digital, and communication barriers have been identified and addressed in organizational operations.		

Notes / Actions Required for Compliance or Improvement:

### Senior Leadership Review & Sign-Off

I have reviewed this checklist and confirm that baseline organizational EDIA-R practices have been assessed, and follow-up actions identified.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



## ■ Action Tools (Apply EDIA-R in Practice)

These tools are used during planning, design, and delivery of work. They support real-time integration of equity, accessibility, inclusion, and anti-racism into projects and engagement activities.

Action tools include:

- [Project Accessibility & Inclusion Checklist](#)
- [Engagement Checklist](#)

These tools are most effective when:

- A project or initiative is actively being designed or delivered
- Initial organizational readiness has been assessed
- There is clarity on roles, responsibilities, and governance



## Project Accessibility & Inclusion Checklist

Tool Type: ■ Action

This checklist ensures accessibility, equity, inclusion, and anti-racism considerations are embedded throughout the full project lifecycle, from planning and design to implementation and delivery.

It supports early identification of risks, barriers, and mitigation strategies, as well as project-specific accessibility and inclusion practices.

Completed by the project lead and/or staff involved in planning and delivery, with input from the project team; reviewed by a manager or director.

### When to use:

✓ Use when actively designing, reviewing, or approving a specific project or initiative  
Stage: Exploring / Developing / Integrating

### Alignment with Canadian & Ontario Legislation and Standards:

- [Ontario Health Equity Framework & Health Equity Mandates](#)<sup>1</sup>
- [Ontario Human Rights Code](#)<sup>10</sup>
- [Accessibility for Ontarians with Disabilities Act \(AODA\)](#)<sup>11</sup>
- [Integrated Accessibility Standards Regulation \(IASR\)](#)<sup>12</sup>

### Consider next:

- [Engagement Checklist](#) → when planning or conducting community or partner engagement activities (Developing stage)
- [Accountability Checklist](#) → when establishing tracking, reporting, and follow-up processes for project outcomes (Integrating stage)

Project/ Initiative Name: \_\_\_\_\_

Department / Team: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

### Instructions

For each statement, select the number that best reflects your current status using the scale below.

Response Scale (No → Yes)

- 1 = No (Not in place)
- 2 = On Hold (Started but currently paused)
- 3 = In Development (Planning or early stages)
- 4 = In Progress (Actively being implemented)
- 5 = Yes (Consistently and intentionally embedded in practice)
- 6 = Unsure / I Don't Know
- 7 = Not Applicable (N/A)

Use "Unsure / I Don't Know" if you do not have enough information to assess.

Use "Not Applicable" only if the statement genuinely does not apply to your role or context.

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
1	Equity, accessibility, inclusion, and anti-racism were considered at project initiation, prior to key decisions, in alignment with accessibility legislation and organizational policies.		
2	Diverse perspectives were consulted, including people with lived experience of systemic barriers (e.g., racialized communities, Indigenous peoples, people with disabilities, diverse genders, ages, cultures, or income levels).		
3	Engagement and communication approaches were planned to be accessible and inclusive (e.g., format, language, timing, location, technology).		
4	Input from engagement was meaningfully incorporated into planning and decision-making.		
5	Potential barriers or harms were identified early, including physical, cultural, digital, or systemic barriers, in accordance with human rights and accessibility obligations.		
6	A mitigation plan was developed with clear actions, timelines, and accountability.		
7	Plain, gender-neutral, gender-inclusive, and culturally safe language is used in project materials and communications.		

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
8	Project-specific physical, digital, and communication barriers have been identified and addressed.		
9	Accessible formats (e.g., braille, large print, caption on videos, screen-reader compatible documents) are available, with a clear and simple request process.		
10	Engagement, meetings, and events are delivered in barrier-free and inclusive ways.		
11	Inclusion symbols are used appropriately. Staff are trained in the meaning of inclusion symbols (e.g., accessibility icons, gender-neutral symbols, cultural symbols) and understand when and how to use them accurately and respectfully in materials and environments.		
12	Project-specific training or guidance is provided to staff to support compliance with accessibility legislation and EDIA-R commitments.		
13	A process is in place to monitor, review, and adapt EDIA-R commitments throughout the project lifecycle.		

**Notes / Actions Required for Compliance or Improvement:**

**Manager Review & Sign-Off**

I have reviewed this checklist and confirm that accessibility and inclusion considerations have been addressed.

Manager Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Engagement Checklist

Tool Type:  Action

This checklist supports meaningful, inclusive partner and community engagement.

Completed by the project lead or engagement staff and reviewed by a manager or director.

### When to use:

✓ Use when planning or conducting community or partner engagement

Stage: Exploring / Developing / Integrating

### Alignment with Canadian & Ontario Legislation and Standards:

- [Truth and Reconciliation Commission \(TR\) Calls to Action<sup>3</sup>](#)
- [Ontario Health Equity Framework & Health Equity Mandates<sup>1</sup>](#)

### Consider next:

- [Equity Decision Review Worksheet](#) → when engagement input needs to be translated into decisions (Developing stage)
- [Accountability Checklist](#) → when documenting engagement outcomes and ensuring follow-through (Integrating stage)

Project Name: \_\_\_\_\_

Department / Team: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

### Instructions

For each statement, select the number that best reflects your current status using the scale below.

### Response Scale (No → Yes)

1 = No (Not in place)

2 = On Hold (Started but currently paused)

3 = In Development (Planning or early stages)

4 = In Progress (Actively being implemented)

5 = Yes (Consistently and intentionally embedded in practice)

6 = Unsure / I Don't Know

7 = Not Applicable (N/A)

Use “Unsure / I Don’t Know” if you do not have enough information to assess.

Use “Not Applicable” only if the statement genuinely does not apply to your role or context.

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
1	Partners and affected groups were engaged early, before key decisions were finalized.		
2	Engagement included a range of voices and perspectives, with input meaningfully considered and reflected in planning.		
3	Engagement methods were accessible and culturally appropriate.		
4	Feedback was documented and shared with the project team.		
5	Project plans were adjusted based on partner or community feedback where appropriate.		
6	A clear plan exists for follow-up and communication with partners and communities.		

An engagement guide developed for the OHT is included in the appendix for additional tools and guidance.

**Notes / Actions Required for Compliance or Improvement:**

**Manager Review & Sign-Off**

I have reviewed this checklist and confirm that engagement and inclusion considerations have been addressed.

Manager Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ■ Accountability Tool (Bridge: Action + Oversight)

This tool connects day-to-day implementation with system-level tracking, reporting, and continuous improvement. It supports transparency, follow-up, and sustained organizational learning.

This tool is most effective in Developing and Integrating stages where:

- Processes are already in place
- Monitoring and reporting structures exist
- Continuous improvement is underway



## Accountability Checklist

Tool Type: ■ Accountability (Bridge)

This checklist ensures there are clear processes for EDIA-R accountability, follow-up, and reporting. May be completed by managers, supervisors, project leads, or program leads, with support from HR or equity/accessibility staff. Reviewed by senior leadership. Best practice is for the checklist to be completed once, rather than multiple times by different individuals, to maintain consistency and avoid duplication.

### When to use:

- ✓ During implementation
- ✓ At review and reporting stages

**Stage:** Developing / Integrating

### Alignment with Canadian & Ontario Legislation and Standards:

- [Ontario Human Rights Code](#)<sup>10</sup>

### Consider next:

- [Leadership & Governance EDIA-R Checklist](#) → when accountability findings need to inform leadership decisions and system-wide direction (Integrating stage)
- [Organizational EDIA-R Practices Checklist](#) → when accountability data is used to strengthen policies, training, and operational systems (Developing / Integrating stage)

### Instructions

For each statement, select the number that best reflects your current status using the scale below.

### Response Scale (No → Yes)

- 1 = No (Not in place)
- 2 = On Hold (Started but currently paused)
- 3 = In Development (Planning or early stages)
- 4 = In Progress (Actively being implemented)
- 5 = Yes (Consistently and intentionally embedded in practice)
- 6 = Unsure / I Don't Know
- 7 = Not Applicable (N/A)

*Use "Unsure / I Don't Know" if you do not have enough information to assess.*

*Use "Not Applicable" only if the statement genuinely does not apply to your role or context.*

Project Name: \_\_\_\_\_  
 Department / Team: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Completed by: \_\_\_\_\_

Item #	Checklist Item	Response (Select 1–7)	Comments (Optional)
1	A clear and simple feedback or reporting pathway exists for staff, participants, or partners to raise concerns or suggestions related to EDIA-R.		
2	EDIA-R issues and feedback are tracked, with clear actions, timelines, and assigned responsibility.		
3	Roles for EDIA-R decision-making, oversight, and accountability are clearly defined.		
4	Processes exist to review, measure, and report on EDIA-R outcomes and improvements over time.		
5	Staff are aware of accountability processes, know how to report or escalate concerns, and are aware that reporting will not result in retaliation or negative consequences.		
6	Reporting policies, staff communications, training, and reporting pathways explicitly include reassurance that speaking up about EDIA-R concerns is safe and will not lead to repercussions.		

**Notes / Actions Required for Compliance or Improvement:**

**Senior Leadership Review & Sign-Off**

I have reviewed this checklist and confirm that EDIA-R accountability measures have been identified and will be followed up.

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Reporting Complaints & Follow-Up Tools

This tool ensures there are clear processes for reporting, follow-up, and EDIA-R accountability, and that concerns are tracked, addressed, and used to improve organizational practice over time. It is intended to support structured accountability systems and continuous learning.

### When to use:

- ✓ During implementation
- ✓ At review and reporting stages

### Stage: Developing / Integrating

Staff members are encouraged to make every attempt to resolve problems at the source. However, if a complaint is not resolved by those directly involved, staff, patients, and caregivers need multiple, accessible channels to raise concerns about inequity, discrimination, or unsafe practices. All concerns should be reviewed by designated staff, acknowledged within the fewest business days possible, investigated with accountability and follow-up, and resolved with documented outcomes that are shared as appropriate, ensuring timely, confidential, and transparent action. Mechanisms should exist to track, review, and report EDIA-R outcomes and improvements over time, and staff should be aware of accountability procedures and trained in how to report or escalate concerns and made aware of all resulting changes in policy or practice.

## Reporting Process

### How to Adapt and Use a Reporting Tool

*Organizations do not need a separate reporting process for equity, diversity, inclusion, accessibility, or anti-racism concerns. Instead, the content in this section can be used to enhance existing complaint, incident, and accessibility processes. Where gaps exist, such as addressing discrimination, harassment, exclusion, or barriers to equitable and culturally safe care, these elements can be integrated into current procedures. This approach promotes consistency, reduces burden, and ensures all concerns are handled through an inclusive, comprehensive process.*

### 1. Define Scope of Reportable Concerns

Concerns can include but are not limited to unfair treatment, discrimination, harassment, bullying, exclusion, unsafe practices, or other issues affecting safety, fairness, inclusion, well-being or safe and appropriate care. Organizational policies should align with the requirements and standards of governing and professional bodies, as well as applicable human rights laws, codes, and policies.

- Clearly state that all concerns are welcome and will be taken seriously.
- Provide assurance to individuals that reporting is confidential and there should be no fear of repercussions. Additional assurance should be provided with respect to a commitment for timely investigation, follow up and communication through the incident management process.
- The [Canadian Human Rights Act](#)<sup>8</sup> and the [Ontario Human Rights Code](#)<sup>10</sup> establish what counts as discrimination, harassment, or inequity and help define reportable issues in policy.

## 2. Make Reporting Easy

- Options such as email, phone call, online form, anonymous box, or telling a manager.
- Make sure everyone knows these options exist and how to use them.
- Be willing to respond if reporters choose other options.
- Reinforce safety: remind people they can report without fear of retaliation.
- [Accessibility for Ontarians with Disabilities Act \(AODA\)](#)<sup>11</sup> and [Integrated Accessibility Standards Regulation](#)<sup>12</sup> require accessible feedback processes, multiple reporting options, and consideration of accessibility barriers.

## 3. Decide Who Reviews Reports

- Assign responsibility to HR staff, managers, or an EDIA-R coordinator.
- Clearly define roles, including decision-makers, staff, and oversight responsibilities.
- Make sure decision makers are well versed in the policies of their governing bodies.
- Identify when issues are serious enough to escalate to senior leaders.
- [Ontario Human Rights Code](#)<sup>10</sup> and [Occupational Health and Safety Act](#)<sup>13</sup> can guide your process by ensuring clear roles, decision-makers, and accountability for addressing discrimination, harassment, or unsafe practices.

## 4. Acknowledge Receipt of a Report and Inform People of Next Steps

- Acknowledge receipt within the fewest business days possible. Establish a reasonable and manageable yet timely response time.
- Ensure confidentiality is protected and explain next steps, including any potential risk that follow-up actions could indirectly identify the reporting individual, so they can consent and share any concerns about how the matter is handled.
- Remind reporters that their concern is valued and raising it is safe.
- [Ontario Human Rights Code](#)<sup>10</sup>, [Accessibility for Ontarians with Disabilities Act \(AODA\)](#)<sup>11</sup> and [Integrated Accessibility Standards Regulation](#)<sup>12</sup> supports timely acknowledgment and confidentiality for complainants, including accessibility considerations.

## 5. Investigate and Follow Up

- Review the concern, gather information, assign action(s), and set timelines for monitoring and follow up.
- Document investigation steps and communicate updates when possible.
- Aim to complete initial review in a timely manner.
- [Ontario Human Rights Code](#)<sup>10</sup>, [Canadian Human Rights Act](#)<sup>8</sup> and [Occupational Health and Safety Act](#)<sup>13</sup> all provide guidance for fair investigation, accountability, documentation, and safe workplace compliance.

## 6. Make Required Changes and Learn

- Record what was done to resolve the concern.
- Share lessons learned with leaders and others within and across the organization as appropriate and necessary.
- Identify actions to be taken for repeat offenders.
- Use lessons learned to improve rules, inform training, policy and practice.
- [Ontario Health Equity Framework & Health Equity Mandates](#)<sup>1</sup> and [Truth and Reconciliation Commission \(TR\) Calls to Action](#)<sup>3</sup> encourage continuous improvement, culturally safe practices, and organizational learning.

## 7. Keep It Safe and Honest

- Maintain confidentiality whenever possible. However, if a concern involves safety, legal requirements, or serious misconduct, some information may need to be shared to address the issue. Even then, it is important to ensure openness about how concerns are addressed and what actions are taken, without revealing personal details.
- Track and report EDIA-R occurrences and outcomes over time to show improvements and accountability.
- Assign responsibility for tracking and reporting EDIA-R outcomes to designated roles, such as an EDIA-R lead or coordinator, Human Resources, Quality Improvement, or senior leadership, with appropriate oversight and accountability.
- [Accessibility for Ontarians with Disabilities Act \(AODA\)](#)<sup>11</sup>, [Integrated Accessibility Standards Regulation](#)<sup>12</sup> and [Ontario Human Rights Code](#)<sup>10</sup>, can offer guidance to this process as they require ongoing reporting of EDIA-R outcomes, accessibility compliance, and transparency in accountability measures.

*“All concerns are treated confidentially, addressed in a timely manner, and used to drive meaningful improvement in EDIA-R practices. You will not get in trouble for speaking up.”*

## Additional Resources:

- **Excellent Care for All Act (Ontario)** – Provincial legislation supporting quality improvement and patient-centred care<sup>14</sup>.  
<https://www.ontario.ca/laws/statute/10e14>
- **Complaint Policy Example (Hospital Setting)** – Queensway Carleton Hospital’s complaint policy provides a practical example of complaint handling processes<sup>15</sup>.  
<https://www.qch.on.ca/uploads/Your%20Hospital%20Visit%20Group/Patient%20Rights/H-030%20Complaint%20Policy%20Final%20March%202021.pdf>

## Where to Take Unresolved Healthcare Complaints in Ontario

If a complaint in a healthcare setting is not resolved by talking to a manager, HR, or EDIA-R coordinator, staff, patients, or caregivers can contact external organizations.

In some circumstances, particularly where there are concerns related to safety, serious misconduct, or potential criminal activity, it may also be appropriate to involve legal authorities.

The appropriate organization to contact depends on the type of complaint, (for example discrimination, harassment, accessibility issues, patient care, or unsafe practices).

Here are some examples of where to go:

### 1. Ontario Human Rights Tribunal / Ontario Human Rights Commission

- **What it covers:** Discrimination, harassment, unfair treatment, or rights violations under the [Ontario Human Rights Code](#)<sup>10</sup>.
- **Who can file:** Anyone—staff, patients, or caregivers.
- **Website:** [Ontario Human Rights Commission – How to File a Complaint](#)<sup>16</sup>

### 2. Ontario Ombudsman

- **What it covers:** Problems with public services, including hospitals and provincial health organizations, if internal reporting did not work.
- **Who can file:** Patients, families, or staff.
- **Website:** [Ontario Ombudsman – Health Services](#)<sup>17</sup>

### 3. Health Profession Regulatory Colleges

- **What it covers:** Professional misconduct or unsafe practices by healthcare providers.
- **Examples:**
  - **Doctors:** College of Physicians and Surgeons of Ontario (CPSO)
  - **Nurses:** College of Nurses of Ontario (CNO)

- Other regulated professionals: physiotherapists, occupational therapists, pharmacists, etc.
- **Websites:**
  - [CPSO Complaints](#)<sup>18</sup>
  - [CNO Complaints](#)<sup>19</sup>

#### 4. Ministry of Health / Ontario Health

- **What it covers:** Systemic problems, policies, or hospital operations that were not fixed internally.
- **Who can file:** Staff, patients, or caregivers.
- **Website:** [Ontario Ministry of Health – Contact](#)<sup>20</sup>

#### 5. Accessibility Complaints

- **What it covers:** Accessibility barriers (violations of [AODA](#)<sup>11</sup> or [IASR](#)<sup>12</sup>).
- **Who to contact:** Ontario Ministry for Seniors and Accessibility.
- **Purpose:** Make sure services, information, and workplaces meet accessibility standards.
- **Website:** [Ontario Accessibility](#)<sup>11</sup>

#### 6. Patient Ombudsman (Ontario)

- **What it covers:** Patient care, quality of service, or treatment issues in hospitals, long-term care, or other healthcare facilities.
- **Who can file:** Patients, family members, or caregivers.
- **Website:** [Patient Ombudsman – File a Complaint](#)<sup>21</sup>

## Practice Examples

The following real-life scenarios have been provided by people with lived/living experience and highlight how gaps in accessibility, provider knowledge, and system navigation place people at serious risk, and how listening, accountability, and proactive system change transforms outcomes, transforms lives. These real-life scenarios reinforce that equity in health care means ensuring every point of entry is informed, accessible, and capable of connecting people to the right care so that *every door is the right door*.

### Scenario 1 – Closing the Gap: Building Truly Accessible Substance Use Treatment

In September, a young woman several years into recovery from addiction shared she received little to no support from the health system and struggled with relapse. She uses a wheelchair and needs assistance with transfers and daily personal care. No center would accommodate her despite her usual PSW agreeing to come to the treatment center. When she approached a hospital where her personal care needs could be met, she was told she wasn't sick *enough*.

Someone listening to her that day (and involved with an Ontario Health Team) knew he had the obligation and the opportunity to expose this significant gap in care to a Mental Health, Addictions and Substance Use Health Project Team already in the process of expanding local residential treatment services. The team listened and centered these concerns throughout their planning; the sites will be fully accessible and, while there won't be PSWs on staff, individuals will be able to have their own caregiver as needed.

The young woman was very glad to hear of these significant improvements, but astutely wondered what was meant by, 'fully accessible' and learned that mechanical lifts will *not* be onsite – but if someone needs one, this will be addressed. Realizing things aren't yet where they need to be, the advocate asked the team to develop a plan for reliable access to a lift and to ensure *all* those working in *any* local treatment centres are aware there are now accessible sites and will facilitate referrals to them.

### Scenario 2 – The Cost of Waiting: How Delayed Gender-Affirming Care Puts Lives at Risk

Several years ago, a small-town Ontario Grade 12 student realized she was a trans woman and after 6 months thinking about what exactly that meant for her, she came out to her parents and sought gender affirming care (GAC). Her local, rural, physician knew nothing about GAC despite recently graduating, so she waited to start university hoping city providers would be better informed. But the two university health centre physicians were not comfortable providing GAC, nor would they review the resources she provided them; one finally referred her to a nearby Community Health Centre (CHC) with a 10-month waitlist.

After a year being aware of her trans identity and 6 months actively seeking GAC, she was experiencing intense gender dysphoria and feeling so hopeless she attempted suicide. Thankfully, her friend stopped her and the very next day she learned that a program expansion at the CHC had reduced her wait. So, after a long 18 months she started low dose hormones and was referred back to the care of the university physician with the same resources she had previously shared. However, best practices were not followed by the university provider and for over a year she was prescribed inappropriate doses of hormones and androgen blockers.

More recently the same small-town Family Health Team took the initiative to provide Gender Diversity training to their entire staff. When one primary care provider heard the above story, and learned the time between a trans person recognizing their identity and gaining access to GAC is one of the most vulnerable times in their life, this provider stepped up, became fully informed and has developed a rural focused Trans Health Program including referral and mentorship processes which is now saving lives! Trans folks live in every town and every city; without informed, accessible primary care, their lives are at risk.

### **Scenario 3 – Honouring Joyce Echaquan: Advancing Culturally Safe Health Care<sup>22</sup>**

A few years ago, an Indigenous woman sought care at a hospital in Quebec. During her visit, she experienced racist treatment from staff and received inadequate medical attention, despite clearly needing care. Her attempts to raise concerns were dismissed, leaving her feeling unsafe and unheard. Tragically, she passed away, highlighting the devastating impact of anti-Indigenous racism in health systems.

Following this, Indigenous leaders and health advocates worked with federal, provincial, and territorial partners to address systemic gaps. Joyce’s Principle was developed to guarantee all Indigenous Peoples equitable access to health and social services without discrimination, emphasizing culturally safe and inclusive care.

Health professionals and hospital administrators who learned from Joyce’s experience realized the urgent need for concrete change. They began implementing mandatory anti-racism and cultural safety training, establishing clear reporting pathways for discriminatory treatment, and creating supports for Indigenous patients to have advocates or Elders present. These initiatives now guide regional and local health programs, ensuring Indigenous patients are respected, heard, and provided the care they need.

Joyce’s legacy continues to inspire health system improvements. By centering lived experiences and acting on systemic failures, these initiatives are transforming policy and practice—working to prevent harm and save lives.

***“Distance is not only measured in kilometers; it’s measured in access, equity, and opportunity! EVERY door must be the RIGHT door!!!”***

## Conclusion

The Ottawa West Four Rivers OHT EDIA-R Toolkit provides organizations with practical, actionable guidance to embed equity, diversity, inclusion, accessibility, and anti-racism into all aspects of their work.

By offering practical tools, checklists, and reflection prompts, the toolkit supports gradual, sustainable implementation while encouraging accountability, learning, and continuous improvement.

When applied consistently across leadership, staff, programs, policies and services, these resources facilitate inclusive, culturally safer, and equitable environments ready for and responsive to the diverse needs of all employees, patients, and community members as well as the humility to recognize that there is always more to learn and people we haven't yet met.

## Making EDIA-R Practice Ongoing

EDIA-R work is most effective when it is treated as a continuous organizational practice rather than a one-time activity or compliance exercise.

Sustained progress comes from embedding reflection, assessment, and action into regular organizational cycles such as planning, reporting, governance, and service delivery.

## Returning to this toolkit over time

Returning to the [Start Here Guide](#) and reassessing organizational readiness over time is a sign of progress. It reflects growth, increased awareness, and evolving capacity to deepen EDIA-R practice.

Organizations are encouraged to revisit this toolkit when:

- launching new initiatives
- updating strategic priorities
- reviewing policies or governance structures
- evaluating progress or outcomes
- expanding EDIA-R work across teams or systems

## Closing implementation prompt

Before setting this toolkit aside, identify one action you will carry forward:

The next step we will take is: \_\_\_\_\_

This step should be:

- Realistic within current capacity
- Linked to an existing workflow or decision point
- Assigned to a responsible person or role
- Time-bound where possible

Documenting a commitment at the point of completion improves follow-through and supports accountability.

We welcome any questions, comments, or feedback on the toolkit and invite you to reach out to us at [info@owfr.ca](mailto:info@owfr.ca).



## References

- <sup>1</sup> **Ontario Health.** (n.d.). *Equity, Inclusion, Diversity and Anti-Racism Framework*. Retrieved January 2, 2026 from <https://www.ontariohealth.ca/system/equity/framework>
- <sup>2</sup> **EQUIP Health Care.** Equity-oriented health care principles. <https://equiphealthcare.ca>
- <sup>3</sup> **National Centre for Truth and Reconciliation.** (n.d.). *Truth and Reconciliation Commission of Canada: Calls to Action*. Retrieved January 2, 2026, from <https://nctr.ca/about/history-of-the-trc/truth-and-reconciliation-commission-of-canada-calls-to-action/>
- <sup>4</sup> **National Collaborating Centre for Healthy Public Policy (NCCHPP).** *Understanding the role of privilege in relation to public health ethics and practice* (video). <https://ccnpps-ncchpp.ca/video-understanding-the-role-of-privilege-in-relation-to-public-health-ethics-and-practice/>
- <sup>5</sup> **CAPSA.** *Flipping the Pyramid* (video). <https://youtu.be/NhL2zBb-Zuw>
- <sup>6</sup> **Wabano Centre for Aboriginal Health.** *Racism in Healthcare | Share Your Story Project* (video). <https://youtu.be/cESd90UJ9gw>
- <sup>7</sup> **Niagara Ontario Health Team (OHT).** *Health Equity Assessment Progress Tracker*. <https://noht-eson.ca/health-equity-toolkit/>
- <sup>8</sup> **Canadian Human Rights Act, R.S.C. 1985, c. H-6.** Government of Canada. <https://laws-lois.justice.gc.ca/eng/acts/H-6/>
- <sup>9</sup> **Employment Equity Act.** R.S.C., 1985, c. E-5. Government of Canada. <https://laws-lois.justice.gc.ca/eng/acts/e-5/>
- <sup>10</sup> **Ontario Human Rights Code, R.S.O. 1990, c. H.19.** Government of Ontario. <https://www.ontario.ca/laws/statute/90h19>
- <sup>11</sup> **Accessibility for Ontarians with Disabilities Act (AODA) Alliance.** *Providing Accessible Formats and Communication Supports*. Available at: <https://aoda.ca/providing-accessible-formats-and-communication-supports/>
- <sup>12</sup> **Ontario.** *Integrated Accessibility Standards Regulation (IASR), Ontario Regulation 191/11* under the *Accessibility for Ontarians with Disabilities Act, 2005*. Available at: <https://www.ontario.ca/laws/regulation/r11191>
- <sup>13</sup> **Occupational Health and Safety Act (OHSA), R.S.O. 1990, c. O.1 –** <https://www.ontario.ca/laws/statute/90o01>

- <sup>14</sup> **Excellent Care for All Act, S.O. 2010, c. 14.** Retrieved from <https://www.ontario.ca/laws/statute/10e14>
- <sup>15</sup> **Queensway Carleton Hospital.** (2021). *Complaint policy* (Policy No. H 030). Retrieved from <https://www.qch.on.ca/uploads/Your%20Hospital%20Visit%20Group/Patient%20Rights/H-030%20Complaint%20Policy%20Final%20March%202021.pdf>
- <sup>16</sup> **Ontario Human Rights Commission.** *Filing claims of discrimination / How to file a complaint.* Ontario. Retrieved from <https://www3.ohrc.on.ca/en/filing-claims-discrimination>
- <sup>17</sup> **Ontario Ombudsman.** *Health services.* Retrieved from <https://www.ombudsman.on.ca/what-we-do/topics/health-services>
- <sup>18</sup> **College of Physicians and Surgeons of Ontario (CPSO).** *Complaints and concerns.* Retrieved from <https://www.cpso.on.ca/Public/Services/Complaints>
- <sup>19</sup> **College of Nurses of Ontario (CNO).** *Complaints and reports.* Retrieved from <https://www.cno.org/en/protect-public/complaints-and-reports>
- <sup>20</sup> **Ontario Ministry of Health.** *Contact the Ministry of Health.* Government of Ontario. Retrieved from <https://www.ontario.ca/page/ministry-health>
- <sup>21</sup> **Patient Ombudsman.** *File a complaint.* Government of Ontario. Retrieved from <https://www.patientombudsman.ca/Complaints/File-a-Complaint>
- <sup>22</sup> **Government of Canada honours Joyce Echaquan's spirit and legacy.** *Indigenous Services Canada.* Government of Canada. Retrieved from <https://www.canada.ca/en/indigenous-services-canada/news/2021/09/government-of-canada-honours-joyce-echaquans-spirit-and-legacy.html>
- <sup>23</sup> **Western Ottawa Community Resource Centre.** (2026). Definition of belonging.
- <sup>23</sup> **AODA.ca.** *Providing accessible formats and communication supports.* Retrieved from <https://aoda.ca/providing-accessible-formats-and-communication-supports/>
- <sup>24</sup> **Government of Canada.** *Plain language, accessibility, and inclusive communications.* Retrieved from <https://www.canada.ca/en/government/system/government-communications/communications-community-office/communications-101-boot-camp-canadian-public-servants/plain-language-accessibility-inclusive-communications.html>
- <sup>25</sup> **Accessible Canada.** *Emergency communication guidelines for federal organizations.* Retrieved from: <https://accessible.canada.ca/resources/emergency-communication-guidelines-federal-organizations>
- <sup>26</sup> **Office de la qualité et de la sécurité de la santé et des services sociaux (Québec).** *Élaborer et produire des documents accessibles : un guide de bonnes pratiques.* Retrieved from:

<https://www.ophq.gouv.qc.ca/publications/guides-de-loffice/elaborer-et-produire-des-documents-accessibles-un-guide-de-bonnes-pratiques.html>

<sup>27</sup> **Egale Canada.** (2020, June 8). *Affirming and inclusive language*. Retrieved from: <https://egale.ca/awareness/affirming-and-inclusive-language/>

<sup>28</sup> **Abouzeid, T., Dehghani, M. L., & Manseau, C.** (2025, December). *Community engagement in action: A practical guide for Ottawa West Four Rivers Ontario Health Team*. In collaboration with the Lived Experience Partner (LEP) Council, OWFR OHT Community Service Learning Project, Telfer School of Management, University of Ottawa.

<sup>29</sup> **Shrouder, A.** (2005), *Guidelines for Policy Creation with an Equity, Diversity, and Inclusion (EDI) Lens*, Building Belonging. <https://www.annemarieshrouder.com>

<sup>30</sup> **British Columbia Centre for Disease Control.** (2024). *Public health language guide: Guidelines for inclusive language for written and digital content*. [https://www.bccdc.ca/Health-Professionals-Site/Documents/public\\_health/Language\\_Guide.pdf](https://www.bccdc.ca/Health-Professionals-Site/Documents/public_health/Language_Guide.pdf)

<sup>31</sup> **Huron Perth & Area Ontario Health Team.** (2024). *A guide for inclusive language*. [https://hpaoht.ca/wp-content/uploads/2025/01/2024-07-25-HPA-OHT\\_Inclusive-Language-Guide.pdf](https://hpaoht.ca/wp-content/uploads/2025/01/2024-07-25-HPA-OHT_Inclusive-Language-Guide.pdf)

<sup>32</sup> **Western Ottawa Community Resource Centre.** (n.d.). *Careers at the Western Ottawa Community Resource Centre*. Retrieved from: <https://www.wocrc.ca/careers>

## Appendix A: Glossary of Terms

### Accessibility

The design and delivery of environments, services, programs, and information that enable all individuals, including people with disabilities, to participate fully and independently. Accessibility focuses on identifying and removing physical, technological, communication, and attitudinal barriers.

### Anti-Black Racism

Policies, practices, and attitudes embedded within institutions that result in the marginalization and inequitable treatment of Black people. Anti-Black racism reflects historical and ongoing discrimination that contributes to disparities in health, education, employment, and justice.

### Anti-Indigenous Racism

The ongoing race-based discrimination, negative stereotyping, and systemic inequities experienced by First Nations, Inuit, and Métis Peoples. It is rooted in colonial policies and practices and continues to create unequal outcomes and power imbalances within systems and institutions.

### Anti-Racism

A proactive and deliberate approach that recognizes the existence of racism, including systemic and structural racism, and takes action to identify, challenge, and eliminate racial inequities. Anti-racism focuses on transforming policies, practices, and power structures that sustain inequitable outcomes.

**Belonging:** Belonging is the deep human need to feel accepted, valued and authentically connected within a community, organization, or society. It requires ongoing effort to create spaces where individuals can fully express themselves without fear of rejection or judgement, while fostering equity, shared purpose, and meaningful relationships.<sup>23</sup>

### Community-Based Participatory Research (CBPR)

A collaborative research approach that actively involves community members as equal partners throughout all stages of the research process. CBPR values lived experience, shared decision-making, and aims to produce knowledge that directly benefits communities.

### **Cultural Humility**

A lifelong process of self-reflection and learning that involves recognizing the limits of one's own knowledge and addressing power imbalances in relationships. Cultural humility emphasizes learning from individuals and communities and supports respectful, person-centred, and equity-oriented practice.

### **Diversity**

The presence of a wide range of differences among individuals and groups, including race, ethnicity, gender, sexual orientation, age, disability, socioeconomic status, culture, language, and lived experience. Diversity also includes differences in perspectives, skills, values, and ways of knowing. Beyond representation, diversity is about building meaningful relationships and trust with different communities. Without trust, diversity risks being seen as performative or disconnected.<sup>23</sup>

### **Equality**

Equality involves treating all individuals the same by providing the same resources or opportunities. While equality emphasizes uniformity, it does not account for systemic barriers or differing needs and therefore may not result in fair or equitable outcomes.

*Provided by Western Ottawa Community Resource Centre:* The practice of treating all individuals is the same by providing the same resources or opportunities. Equality does not account for systemic barriers or differing needs and therefore may not result in fair or equitable outcomes.

### **Equity**

The absence of avoidable, unfair, or remediable differences among groups of people. Equity involves recognizing and addressing systemic barriers by allocating resources and supports based on need, ensuring the creation of fair and just environments.

*Provided by Western Ottawa Community Resource Centre:* Equity is when everyone has what they need to succeed and be well. It recognizes that people face different barriers, and resources, opportunities and supports must be tailored to achieve fairness in outcomes.<sup>23</sup>

### **Health Disparities**

Health disparities are differences in health outcomes, access to services, or quality of care that are preventable and rooted in racial and gender discrimination as well as systemic disadvantages.

## **Health Equity**

A state in which all individuals and communities have a fair opportunity to achieve their full health potential without disadvantage due to social position or other socially determined circumstances.

## **Inclusion**

The intentional creation of environments where individuals feel welcomed, respected, valued, and supported. Inclusion ensures that diverse individuals can participate fully and meaningfully in decision-making and organizational life.

*Provided by Western Ottawa Community Resource Centre:* Inclusion fosters both uniqueness and belonging for all. It involves creating an environment where people can bring their whole selves – who they are, their values and experiences – without compromising their connection and sense of belonging within the group.

## **Intersectionality**

A framework for understanding how multiple social identities, such as race, gender, class, and ability, interact compounding experiences of advantage or disadvantage. Intersectionality highlights how overlapping identities intensify inequities.

## **Implementation**

Implementation refers to the process of putting policies, strategies, and initiatives into practice. Effective implementation requires accountability, ongoing evaluation, and adaptation to ensure equity goals are realized.

## **Lived Experience Partners (LEPs)**

Individuals who contribute knowledge and insight based on their lived and living experiences and experience to inform planning, decision-making, research, and evaluation. Engaging LEPs supports more responsive and equitable approaches.

## **Marginalized Populations**

Groups that experience exclusion from social, economic, or political systems due to systemic barriers and power imbalances. Marginalization contributes to inequitable access to resources, opportunities, and poorer health outcomes than members of the dominant culture.

## **Mitigation**

Mitigation involves actions taken to reduce or prevent negative impacts, particularly those that disproportionately affect individuals. Mitigation specifically focuses on minimizing harm and addressing inequities within all spaces

### **Power Dynamics**

The ways in which power, influence, and authority are distributed and exercised within relationships, organizations, and systems. Power dynamics shape decision-making, access to resources, and whose voices are heard.

### **Privilege**

Privilege is the unearned advantage some people have simply because of who they are.

### **Structural Racism**

A system in which public policies, institutional practices, cultural norms, and historical factors collectively reinforce racial inequities over time. Structural racism operates across institutions and generations.

### **Systemic Discrimination**

Organizational policies, practices, or structures that result in unfair treatment or disadvantage for equity-deserving groups. These impacts are often unintentional but persist without deliberate intervention.

### **Systemic Racism**

Policies, practices, and organizational cultures that appear neutral but create or maintain racial inequities. Systemic racism privileges certain groups while harming others.

### **Trauma and Trauma-Informed Care**

Trauma refers to experiences that cause lasting physical, emotional, or psychological harm. Trauma-informed care is an approach that recognizes the prevalence of trauma and integrates principles of safety, trust, choice, collaboration, and empowerment into policies and practices to avoid re-traumatization.

### **Traditional, Ancestral, and Treaty Lands:**

Terms that acknowledge Indigenous Peoples' historical and ongoing relationships to land. Traditional and ancestral lands reflect long-standing stewardship; treaty lands are defined through agreements, and unceded lands were never surrendered to the Crown.

## Appendix B: Quick-Reference Templates

Examples of simple, low-barrier actions organizations can take if they are not sure where to start and need concrete entry points.

### Suggested first steps for organizations early in EDIA-R work

#### Learn the basics

Build a shared understanding of equity, diversity, inclusion, and anti-racism using simple resources and short learning sessions.

#### Listen first

Invite staff, volunteers, and community members to share their experiences through a safe and anonymous route. Invite them to comment on what works and where barriers exist in your organization.

#### Make your commitment known

Clearly and publicly state your organization's commitment to EDIA-R. Keep it honest and realistic expressing, you don't know what you don't know, but you intend to learn and make change as needed.

#### Review current practices

Look at your current policies, programs, hiring practices, and communications (including website) to find what works, what doesn't work well and where barriers exist.

#### Start with accessibility

Make quick improvements such as plain language on the website and in all patient facing documents, caption on videos, accessible formats, and asking people what supports they need.

#### Assign responsibility

Give EDIA-R duties to a small group and ensure leadership supports their work.

#### Set small, clear goals with a plan to measure progress

Choose one or two actions you can complete soon, such as updating an accessibility statement or improving feedback options.

#### Keep improving – keep paying attention

EDIA-R is something you do, not something you get done. Check your progress, listen again, and continue to make change and adjust as you learn more.

## Examples of Making Information and Communications Accessible

Doing so ensures everyone, regardless of differing abilities, can receive, understand, and use information independently and effectively. Removing barriers fosters equity, supporting individuals to participate more fully in society, access to services, and make informed decisions. Here are some practical steps to guide providing information in accessible formats:

### 1. Offer accessible formats

Give information in usable formats, such as large print, Braille, screen-reader-friendly files, audio, captions, and transcripts. AODA guidelines provide information on accessible formats and communication supports: <https://aoda.ca/providing-accessible-formats-and-communication-supports/> [aoda.ca](https://aoda.ca)<sup>23</sup>

### 2. Provide Communication Supports

Use tools like sign language interpreters, access to interpreters, captions, audio description, assistive listening devices, or other helpful supports.

### 3. Use Plain Language

Use sentences and everyday words (sometimes called ‘living room language’), avoid jargon and put the important points first. Plain language accessibility principles can be found here<sup>23</sup>: <https://www.canada.ca/en/government/system/government-communications/communications-community-office/communications-101-boot-camp-canadian-public-servants/plain-language-accessibility-inclusive-communications.html> [Canada](#)

**Hemingway app:** a tool to help simplify written communications

<https://hemingwayapp.com/>

### 4. Ensure videos and media are accessible

Caption videos, add audio descriptions, and use players that work with keyboards and screen readers.

### 5. Share information in more than one way and in more than one language

Offer print, email, phone, text, and in-person options.

### 6. Ask what people need

Ask each person what format or support works best for them and provide it promptly at no extra cost.

### 7. Design with accessibility in mind

Use clear headings, readable fonts, strong colour contrast, alt text for images, accessible document structure and accessible 'living room' language.

### Useful Resource Links

- AODA accessible formats & supports — <https://aoda.ca/providing-accessible-formats-and-communication-supports/aoda.ca><sup>23</sup>
- Canada.ca guidance on plain language & inclusive communications — <https://www.canada.ca/government-communications/plain-language-accessibility.html><sup>24</sup>
- Accessible communications guidelines (emergency) — [https://accessible.canada.ca/resources/emergency-communication-guidelines-federal-organizations\\_accessible.canada.ca](https://accessible.canada.ca/resources/emergency-communication-guidelines-federal-organizations_accessible.canada.ca)<sup>25</sup>
- Québec guide for accessible documents — <https://www.ophq.gouv.qc.ca/publications/guides-de-loffice/elaborer-et-produire-des-documents-accessibles-un-guide-de-bonnes-pratiques.html> [ophq.gouv.qc.ca](https://www.ophq.gouv.qc.ca)<sup>26</sup>



## Tips for Using Inclusive, Gender-Neutral Language

Language can unintentionally assume gender in ways beyond pronouns and names. Being mindful of your wording helps create a welcoming environment and affirms everyone’s identity. This is particularly important when addressing a group or someone whose gender you do not know. The following tips for using inclusive and gender-neutral language are adapted and summarized from guidance provided by Egale Canada (2020)<sup>27</sup>.

✔ Do	✘ Avoid
Use neutral or inclusive terms when referring to people collectively. (e.g., “folks or everyone”)	Using gendered greetings or labels for groups (e.g., “ladies and gentlemen”).
Refer to individuals by the pronouns or titles they have chosen.	Assuming pronouns or only using binary options (he/she).
Use gender neutral and inclusive descriptions for relationships and roles. (e.g., partner/parent/sibling/kid)	Defaulting to terms that imply traditional gender roles (e.g., “husband/wife”).
Use affirming and respectful terminology for 2SLGBTQIA+ communities.	Using outdated, offensive, or dehumanizing labels.
Describe gender in ways that respect a person’s identity over time.	Framing gender as a temporary “change” or as something someone “decides to switch.” (e.g., “preferred pronouns” or “chosen gender”) Using a person’s “deadname”.

### Key Guidelines:

- Center language on the person, not their gender identity.
- Respect pronouns, terms and labels whether or not they are familiar to you.
- Understand that gender is not the same as sex and that gender is enduring and living authentically is a process.
- Avoid language that implies judgment or reduces identity to a single moment or choice.
- For more detailed guidance and downloadable resources, visit: [Egale Canada – Affirming and Inclusive Language](#)<sup>26</sup>

### Example of Vision, Mission, Values and Guiding Principles

The following example is adapted from the Ottawa West Four Rivers Ontario Health Team (OWFR OHT) and illustrate how organizations can articulate commitment to health equity, collaboration, and community-centered care.

**Our Mission:** Together, building healthier communities.

**Our Vision:** A simplified and coordinated health and community support system for all members of our diverse population

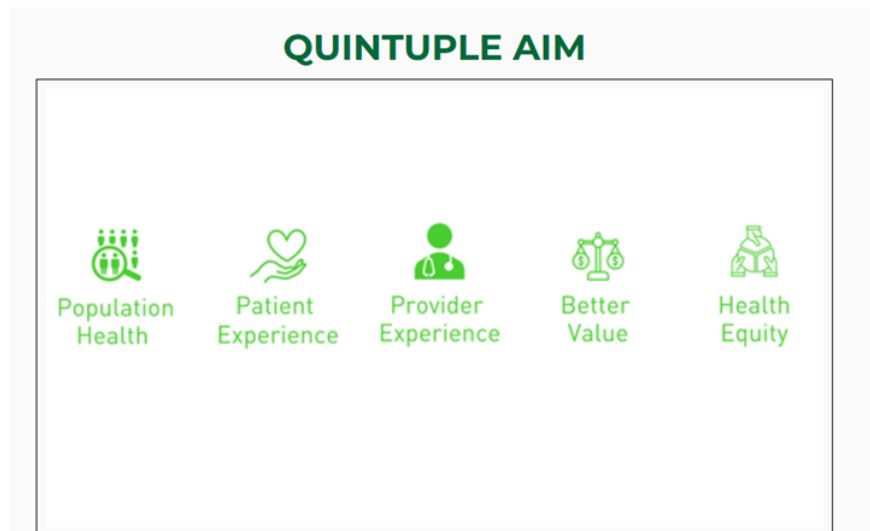
**Our Values:**

- Accountability
- Collaboration
- Respect
- Sustainability
- Transparency

**Our Guiding Principles:**

We are committed to improving the health and well-being of the diverse communities we serve by:

- Addressing systemic inequities using a population health approach, centering the needs of marginalized groups
- Ensuring community and primary care inform our priorities
- Working across sectors with partners and neighbouring OHTs to address local needs and spread proven initiatives
- Demonstrating improvement through local OHT initiatives across the



This second example is Western Ottawa Community Resource Centre's Guiding Beliefs which they post publicly in their program spaces so that their clients can see them beyond accessing on their website.

### **Guiding Beliefs**

The WOCRC has four core deeply held beliefs, which guide our approach to serving our community and are demonstrated through our day-to-day interactions with clients, partners, volunteers, members and staff.

**The beliefs are: empowerment, equity, partnership and innovation.**

#### **Empowerment**

We believe that people have the right to make their own choices, and take control, individually and collectively, of their lives.

Therefore, we are committed to providing information and resources which will enable people to make informed decisions. We are dedicated to creating an environment where people participate in activities that promote social change.

#### **Equity**

We believe that dignity, respect and justice are rights of all people regardless of age, language, race, ethnicity, culture, religion, ability, gender, gender identity, gender expression, income, geographical location or sexual orientation.

We acknowledge that there are systemic, social and cultural barriers that prevent people from having equal access to resources and opportunities.

Therefore, we are committed to recognizing and addressing barriers such as violence, poverty, isolation, exclusion, oppression and discrimination, so as to enable people to reach their full potential.

#### **Partnership**

We believe that by working together we can achieve more than we can on our own.

Therefore, we are committed to creating partnerships with individuals and groups that build on equality, respect, integrity, accountability and responsibility. We will engage with others in a supportive, non-judgmental environment where everyone can share knowledge, experience, strengths and skills.

## Innovation

We believe that we will transform our vision into reality by developing innovative solutions to the complex and diverse issues facing our community.

Therefore, we are committed to creating a learning culture that is flexible, dynamic, embraces change, and encourages evolutionary thinking.

We are dedicated to sharing our learning, knowledge and best practices for the benefit of the people with whom we interact.

In addition to these four Guiding Beliefs, the WOCRC also stands by its commitment to [Client Rights](#).

<https://wocrc.ca/guiding-beliefs/>

## Community Engagement in Action: A Practical Guide for Ottawa West Four Rivers Ontario Health Team

- shows how to plan and conduct respectful, inclusive community engagement.
- explains why engagement matters and how to build strong relationships using equity, accessibility, cultural safety, plain language, and trauma-informed practices.
- includes practical tools like surveys, scripts, checklists, and multilingual resources for use in different communities, including rural areas.
- explains how to share results, use feedback in decisions, and build long-term trust.

Link to the guide on the OWFR OHT website: [https://www.ottawawestfourrivers.ca/wp-content/uploads/2026/03/owfr\\_oht\\_engagement\\_guide.pdf](https://www.ottawawestfourrivers.ca/wp-content/uploads/2026/03/owfr_oht_engagement_guide.pdf)<sup>28</sup>.

## Template for Inclusive Policy Development

The following is a sample template based on insights from Anne Marie Shrouder’s *Guidelines for Policy Creation with an Equity, Diversity, and Inclusion (EDI) Lens*, Building Belonging, a document created for Carefor<sup>29</sup>.

### Inclusive Policy Development Template

Policy Name: \_\_\_\_\_

Date: \_\_\_\_\_

Policy Owner / Department: \_\_\_\_\_

#### 1. Policy Basics

Item	Notes / Fill In
Audience	Who does this policy serve?
Goal	What is the purpose of the policy?
Intended Impact	How should it positively affect employees?
Clarity Check	Will someone unfamiliar with the organization understand it? (Y/N)
Modifications for Clarity	If no, what changes are needed?

#### 2. Diversity Considerations

For each factor, identify potential barriers and how the policy addresses them.

Diversity Factor	Potential Barriers / Needs	How Policy Addresses This
Skin tone / Racism	_____	_____
Gender / Sexism	_____	_____
Gender Identity / Cissexism	_____	_____
Religion/ Discrimination	_____	_____
Culture/ Oppression	_____	_____
Socioeconomic Status (SES)	_____	_____
Physical Ability / Ableism	_____	_____

Diversity Factor	Potential Barriers / Needs	How Policy Addresses This
Mental / Intellectual Ability	_____	_____
Age / Ageism	_____	_____

### 3. Policy Design Elements

Element	Notes / Fill In
Content	How does the policy acknowledge diverse needs and barriers?
Language	Is the language inclusive? Are pronouns and terms neutral?
Needs / Options	Are options or alternatives provided where needed?
Access	How are barriers to access mitigated?
Barriers	Are potential barriers explicitly addressed?

### 4. Review Checklist (For Existing Policies)

- Who might be left out or negatively impacted?
- What are the potential unintended consequences?
- Are there assumptions/biases that may not apply to everyone?
- What modifications are needed to improve inclusivity, clarity, and accessibility?

### 5. Optional: Glossary of Terms

*Key terms and definitions for clarity:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reviewer / Author: \_\_\_\_\_

Date of Review: \_\_\_\_\_

## Guidelines for Inclusive Language

Using inclusive and affirming language is essential for creating respectful, accessible, and welcoming communications for all individuals, regardless of gender, culture, ability, or background. Guidelines help organizations reduce bias, avoid assumptions, and ensure that written, spoken, and digital content reflects the diversity of the communities they serve.

### Example Resources:

- British Columbia Centre for Disease Control - Public Health Language Guide  
[https://www.bccdc.ca/Health-Professionals-Site/Documents/public\\_health/Language\\_Guide.pdf](https://www.bccdc.ca/Health-Professionals-Site/Documents/public_health/Language_Guide.pdf)<sup>30</sup>
- Huron Perth & Area Ontario Health Team – A Guide for Inclusive Language  
[https://hpaoh.t.ca/wp-content/uploads/2025/01/2024-07-25-HPA-OHT\\_Inclusive-Language-Guide.pdf](https://hpaoh.t.ca/wp-content/uploads/2025/01/2024-07-25-HPA-OHT_Inclusive-Language-Guide.pdf)<sup>31</sup>



## Inclusive Hiring Statements

Inclusive hiring statements signal commitment to equity, diversity, and accessibility and communicates to potential applicants the organization values all individuals regardless of background, identity, or ability, attracting a broader, more diverse talent pool. Inclusive hiring statements reinforce a culture of respect and fairness, setting clear expectations for equitable recruitment practices.

## Example Statement

Adapted from guidance provided by the Western Ottawa Community Resource Centre (WOCRC).

### “Careers at the Western Ottawa Community Resource Centre

At the Western Ottawa Community Resource Centre (WOCRC), we are dedicated to building a stronger, more inclusive community by offering services that reflect the diverse needs of the people we serve. As an equal opportunity employer, we are committed to fostering a workplace that values equity, respect, and opportunity for all.

### Explore Opportunities

All current job openings at WOCRC are posted on our [Dayforce Career Centre](#). To apply:

- Visit our [Dayforce Career Centre](#).
- Select the position you're interested in.
- Click the “APPLY” button at the top of the posting or scan the QR code to submit your application.

### Application Instructions

Please address your cover letter to:

People Services Manager

Western Ottawa Community Resource Centre

2 MacNeil Court

Kanata, ON K2L 4H7

For questions about a specific job posting, contact us at: [careers@wocrc.ca](mailto:careers@wocrc.ca)

### Accessibility

WOCRC is committed to providing an accessible recruitment process. If you require accommodation due to a disability or medical need, please let us know how we can support you during the hiring process.

### Equity & Inclusion

We're proud to be an equal opportunity employer. All hiring decisions are based on qualifications and business needs—never on personal characteristics or background.”<sup>32</sup>

## Example of Patient Facing Poster – How to Share a Concern About Equity, Respect or Fairness in Care

Here is an example of poster-ready content, designed to be easy to read with clear headings and simple language.

### **Do You Have a Concern About Your Care? We Are Here to Listen**

#### **1. Tell Us**

If something feels unfair, disrespectful, or unsafe, please tell us.

You can:

Talk to a staff member.

Send an email [add email address] or call [phone number]

Use an online form [add link or QR code]

Share your concern anonymously [confirm how]

#### **2. We Will Review It**

A trained staff member will review and investigate your concern.

Serious concerns are shared immediately with leaders.

Confidentiality will be respected at all times. You will be actively engaged in any process to address your concerns.

#### **3. We Will Respond**

If you share your contact information, we will let you know we received your concern within **X business days**.

#### **4. We Will Take Action**

We investigate all concerns and collaboratively determine an action plan.

Updates are communicated in a timely manner and where applicable.

#### **5. We Will Improve Care**

Your feedback helps us make care safer, fairer, and more respectful for everyone.

**You will not get in trouble for speaking up.**

**Your voice matters.**