Thank you for participating in this survey. Your feedback is very important.

The survey will assess health equity-related knowledge, attitudes, and practices in your organization and identify learning needs and opportunities to strengthen equity-focused planning and evaluation.

The survey will establish a baseline that reflects your current state and allow a valuable comparison to a new state after the completion of capacity building activities have taken place and identified with post-test survey findings.

Findings from this survey will inform the design of customized coaching materials for each of the participating CHCs.

We recommend that this survey be completed by the designated working group you have put together for this project in order to capture the opinions from across your organization rather than one individual's point of view. The survey will take approximately 45 minutes to complete.

Your responses will be kept confidential and will only be used by the project team to customize training/coaching activities to meet the specific organizational context and needs of participating CHCs. The final report for this project will include lessons learned and best practices to be shared with broader group of partners and stakeholders. The final report will only include aggregate level data and/or information that participating CHCs are comfortable with (for example, best practice example of how your CHC reduced missing data). All participating CHCs will be able to review the draft of the final report and validate the information included in the report.

If you have any questions, please contact Miranda Saroli, Access Alliance, at msaroli@accessalliance.ca.

Baseline Survey

Building Capacity for Equity Informed Planning and Evaluation (BCEIPE) Project

In this section we are looking for information about your organization's clients, staff, and resources.

1. Name of your organization:

[   ]

2. Your location?

◯ Large urban Organization (including CMAs[1] and CAs[2])/ 10,000 or more residents

◯ Rural and small town/ less than 10,000 residents[3]

[1] Census Metropolitan Areas (CMAs) have an urban core of 50,000 or more residents

[2] Census Agglomerations (CAs) have an urban core of 10,000 or more residents

[3] http://www.statcan.gc.ca/pub/21-006-x/2008008/section/s2-eng.htm

3. How many sites of operation do you have? (INCLUDING your main site of operation)?

◯ 1 site   ◯ 3- 4 sites

◯ 2 sites   ◯ 5 or more sites

* 4. How many clients do you have, as of March 31st 2017?

Active clients in the database	[ ]
Clients seen in the FY 2016-2017	[ ]

* 5. Check the client groups that you serve:

☐ Caregivers	☐ LGBTQ+	☐ Persons without health card
☐ Children and youth	☐ Migrant workers	☐ Racialized groups
☐ Expectant parents	☐ Non-status migrants	☐ Rural
☐ Francophones	☐ Parents- new	☐ Seniors
☐ Homeless people	☐ Parents- single	☐ Students
☐ Immigrants/Newcomers	☐ Persons with addiction & mental health	☐ Women
☐ Indigenous people	☐ Persons with disability	

Other (please specify)

[   ]

* 6. Among your client groups, which ones are the *top 5*?

In terms of % of clients (list): [   ]

In terms of priority (list): [   ]

* 7. How many staff (Full-time + part-time) did you have in your organization on payroll in the FY 2016-2017?

◯ Less than 20	◯ 41-60	◯ 81-100
◯ 21-40	◯ 61-80	◯ More than 101

* 8. The current staff composition in our organization reflects the populations we serve (by demographic distribution for example culturally, linguistically).

How closely do you agree with this statement?

◯ Strongly Disagree ◯ Disagree ◯ Neutral ◯ Agree ◯ Strongly Agree

In this section we are looking for information about the level of knowledge, attitudes, and practices in your organization regarding health equity.

* 9. The following is a list of indicators that are considered "mandatory" in the AOHC Data entry Manual. Which do you collect and what % of that indicator is considered ``Missing'' (Not filled out)?

For those indicators that you are collecting data on, please mention the % of missing data in the comment box (e.g. Sex 20% missing data, Gender 45% missing data, etc.)

	Not Collecting	Collecting
Sex	○	○
Gender	○	○
Insurance Status	○	○
Spoken Language	○	○
Preferred Language	○	○

% of Missing Data

* 10. The following is a list of indicators that are considered "required" in the AOHC Data entry Manual. Which do you collect and what % of that indicator is considered ``Missing'' (Not filled out)?

For those indicators that you are collecting data on, please mention the % of missing data in the comment box (e.g. Country of origin 20% missing data, Education 45% missing data, etc.)

	Not Collecting	Collecting
Country of origin	○	○
Date of arrival to Canada	○	○
Disabilities	○	○
Education	○	○
Household composition	○	○
Household income	○	○
# of persons support by income	○	○
Racial / ethnic group	○	○
Sexual orientation	○	○
Type of housing	○	○

% of missing data

* 11. What other socio-demographic and social determinant indicators do you collect?

For those indicators that you are collecting data on, please mention the % of missing data in the comment box (e.g. Employment status 20% missing data, Food security 45% missing data, etc.)

	Not Collecting	Collecting
Employment status	○	○
Fluency in official language/s	○	○
Food security	○	○
Francophone	○	○
Immigration status	○	○
Prescription drug coverage	○	○
Rurality – rural/urban	○	○
Sense of belonging	○	○
Social isolation	○	○

Other (please specify)

[   ]

* 12. In addition to on-boarding (through client registration form), when else do you collect socio-demographic and social determinants data? (Check ALL that apply)

☐ Returning clients (updating client registration form)

☐ Routine program/ service evaluation

☐ Other ad-hoc surveys (e.g. Be well survey, Health Needs Assessment)

Other (please specify)

[   ]

* 13. Which of your staff members are responsible for collecting client socio-demographic and social determinants data? (Check ALL that apply)

- [ ] Medical Secretary/Reception staff

- [ ] Intake workers

- [ ] Program staff/ service providers (as part of service delivery)

Other (please specify)

[   ]

* 14. What challenges have you faced in collecting socio-demographic data from clients? (Check ALL that apply)

- [ ] Time constraints

- [ ] Lack of standardized tools and resources

- [ ] Lack of clarity among staff around technical specifications of indicators

- [ ] Client unwillingness to share personal information

- [ ] Staff reluctance/uncomfortable to ask personal information

- [ ] Challenges in collecting socio-demographic data in (a certain setting which can include) community programs (e.g. group programs, health education workshops),

- [ ] Lack of privacy in the front desk/ reception area

- [ ] Limited human resources

Other (please specify)

[   ]

15. Which ones are your *top 3* challenges? (Please list)

i. [   ]

ii. [   ]

iii. [   ]

16. How often does your organization analyze client data to understand inequalities (in terms of health access, quality and outcomes) within and between your client groups?

( ) Never ( ) Rarely ( ) Sometimes ( ) Often ( ) Always

* 17. Who is responsible in your organization to pull, analyze, and report on client data? (Check ALL that apply)

◯ DMC ◯ Research and evaluation staff ◯ Managers/ Directors

Other (please specify)

[   ]

* 18. Our organization has clear policies on data collection, handling, and analysis (including ensuring privacy, accuracy, and quality).

How closely do you agree with this statement?

◯ Strongly Disagree ◯ Disagree ◯ Neutral ◯ Agree ◯ Strongly Agree

19. Please check any of the following that your organization has produced.

☐ Explicit reference to health equity in your organization's vision

☐ Health equity policy and practice guidelines

☐ Most recent strategic plan addresses issues related to health equity, diversity and inclusion

☐ Diversity, cultural competence, anti-oppression, anti-racism policies

☐ Human rights, anti-harassment, accommodation, accessibility policies

Other (please specify)

[   ]

* 20. On a scale from 1-5, where 1 is low and 5 is high, rate the extent to which your Board regularly uses practices that intentionally reinforce equity, diversity and inclusion principles.[1]

[1] *From INCLUSIVE LEADERSHIP SURVEY V4: 04.21.2017*

1	2	3	4	5	Don't Know
☆	☆	☆	☆	☆	◯

* 21. Overall, how familiar is your organization with the concepts of health equity?

◯ Not at All ◯ Slightly ◯ Moderately ◯ Very ◯ Extremely

* 22. What does health equity mean to your organization?

[   ]

8

* 23. How often do discussions about the following occur in your workplace as part of an official agenda?

	Never	Rarely	Sometimes	Often	Always
Disability	○	○	○	○	○
Poverty and economic disadvantages	○	○	○	○	○
Gender	○	○	○	○	○
Sexual orientation	○	○	○	○	○
Racism and radicalized inequalities	○	○	○	○	○

* 24. As an organization, how often do you consider health equity when making decisions on programs and services?

○ Never ○ Rarely ○ Sometimes ○ Often ○ Always

* 25. Does your organization have dedicated staff or other positions that promote, lead or address your health equity objectives (e.g. it is an explicit part of job or role descriptions)?

○ Yes ○ No

If yes, please mention what staff is responsible for that:

[   ]

26. Please provide examples of how your organization has changed or improved the way you plan and deliver programs/services in order to promote / reflect health equity?

[   ]

27. What are the key challenges/ barriers (in order of priority) for your organization in providing equitable programs/services to patients/clients?

At service delivery level: [   ]

At program/ operational level: [   ]

At system/societal level: [   ]

* 28. Does your organization use the Health Equity Impact Assessment (HEIA) tool for planning and evaluation purposes?

○ Yes   ○ No

If Yes, how are you using it? If No, why?

[ ]

* 29. From 2017/18, Health Quality Ontario requires organizations to submit an Equity narrative in the Quality Improvement Plan (QIP). Please share what you have submitted as your equity narrative.

[ ]

* 30. Please list *three* policy and advocacy activities your organization has participated in the past 2 years to take action on health inequities or social determinants of health (e.g. participating in local poverty reduction campaign, 15 and Fairness campaign, etc.)

i.   [ ]

ii.   [ ]

iii. [ ]

* 31. What proportion of staff in your organization received any training on health equity in the past three years? (for example use of equity data for organizational planning and evaluation)

○ None   ○ 41%-60%   ○ Don't know

○ Less than 20%   ○ 61%-80%

○ 21%-40%   ○ 81%-100%

* 32. Please indicate on a scale of 1 – 5, what is the likelihood of your organization doing the following in the near future? (Check ALL that apply)

	Already Have	Very Unlikely 1	2	3	4	Very Likey 5	Not Sure
Develop health equity policy and practice guideline?	○	○	○	○	○	○	○
Using equity data to inform strategic planning?	○	○	○	○	○	○	○
Incorporating equity indicators for planning and evaluation purposes?	○	○	○	○	○	○	○
Using equity data to improve access to services?	○	○	○	○	○	○	○
Using equity data to improve quality of services?	○	○	○	○	○	○	○
Using equity data to inform other organizational decision making (e.g. board recruitment, HR, and staff training?	○	○	○	○	○	○	○

In this section we are looking for information to understand the learning needs of your organization related to health equity. This will help us customize training and coaching activities for your organization.

* 33. Please reflect on the level of knowledge on health equity and social determinants of health for the following groups of staff at your organization

	1 Novice- would benefit from most basic knowledge/training	2	3	4	5 Expert- would benefit most from consultation/ shared problem solving
Leadership and Management	◯	◯	◯	◯	◯
Service providers (e.g. doctors, nurses, social workers, health promoters)	◯	◯	◯	◯	◯
Frontline/ outreach/ intake workers (e.g. peer outreach workers, secretaries)	◯	◯	◯	◯	◯
Technical staff (e.g. researchers, DMCs, etc.)	◯	◯	◯	◯	◯

Other staff, please mention

* 34. How helpful would you find training/coaching in the following areas?

	1 Not at all helpful	2	3	4	5 Extremely helpful
Why equity/health equity matters (including frameworks and indicators).	◯	◯	◯	◯	◯
Tools and resources available on health equity.	◯	◯	◯	◯	◯

	1 Not at all helpful	2	3	4	5 Extremely helpful
How health equity framework can reduce health disparities and what does health equity framework look like in practice.	◯	◯	◯	◯	◯
How to develop effective policies and guidelines to routinize equity framework/practice in planning and evaluation.	◯	◯	◯	◯	◯
How to routinely collect data to understand health equity/inequities (what tools to use, where and when to collect data, by whom).	◯	◯	◯	◯	◯
How to ensure data quality (e.g. how to ask sensitive socio-demographic questions like sexual orientation and income, how to reduce and/or treat missing values).	◯	◯	◯	◯	◯
How to analyze equity data (how to disaggregate data by key socio-demographic indicators, how to do intersectional analysis by multiple socio-demographic indicators).	◯	◯	◯	◯	◯
How to use evidence on health inequities to improve programs and services.	◯	◯	◯	◯	◯
How to evaluate the impact of health equity initiatives.	◯	◯	◯	◯	◯

35. What other learning needs do you have related to equity focused planning and evaluation, in order of their priority.

i.

ii.

iii.

36. What are your expectations from this project?