



**2018**

## HEALTH EQUITY TOOLKIT: A RESOURCE INVENTORY FOR HEALTH CARE ORGANIZATIONS



**BUILDING CAPACITY FOR EQUITY-INFORMED PLANNING & EVALUATION**

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**Disclosure:**

*This toolkit has been prepared by Access Alliance Multicultural Health and Community Services (AAMHCS), as part of the Building Capacity for Equity-Informed Planning and Evaluation Project.*

*Citation: Access Alliance. (2018). Health Equity Toolkit: A Resource Inventory for Healthcare Organizations. Toronto (Ont).*

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## 1.0 Introduction

This health equity toolkit is a product of the *Building Capacity for Equity-Informed Planning and Evaluation* (BCEIPE) project led by Access Alliance Multicultural Health and Community Services (AAMHCS) and supported by the Association of Ontario Health Centres (AOHC), now the Association for Healthier Communities.

The Wellesley Institute defines health equity as the reduction or elimination of “socially and institutionally structured health inequalities and differential outcomes”.<sup>1</sup> Through this project, AAMHCS and the AOHC worked with seven champion community health centres (CHCs) throughout Ontario to build their capacity around operationalizing health equity. They include:



The key objective of the project was to improve participating Champions’ organizational knowledge, attitudes, and practices around equity-informed planning and evaluation through the delivery of a capacity-building intervention.

The intervention involved: 1) one-on-one tailored training and support for each Champion by their respective health equity coach; 2) the delivery of three training modules around key areas; 3) the creation of a health equity toolkit.

This toolkit maps the resources that are available to build the capacity around health equity, at the individual user, team, and organizational levels. It represents a compilation of all the tools and resources created and gathered throughout the project. Beyond the lifespan of the project, the ultimate goal is to create and mobilize a ‘Community of Practice’ a shared vision and best practices for advancing health equity within the community health sector and across other sectors. The provision of this toolkit will support this long-term goal.

## 2.0 Process for Preparing the Toolkit

Many tools and toolkits addressing health equity have been developed. Not all available resources were included in this inventory. Documents predating the year 2000 were excluded. Tools relevant to this inventory include: 1) resources that introduce relevant concepts; and 2) resources that describe how these concepts can be applied in practice. This toolkit predominantly compiled resources developed in

<sup>1</sup> Health Equity. (n.d.). Retrieved March 28, 2018, from <http://www.wellesleyinstitute.com/topics/health-equity/>

Canada, in particular Ontario, in order to achieve optimal salience for the provincial community health sector. Many were produced by government bodies and community health organizations, including numerous tools developed by AAMHCS. Documents from the United States and from international organizations were also included. These tools were then categorized based on the health equity framework (Fig. 1) adapted by AAMHCS and AOHC from the Institute for Healthcare Improvement's *Achieving Health Equity: A Guide for Health Care Organizations*<sup>2</sup>.

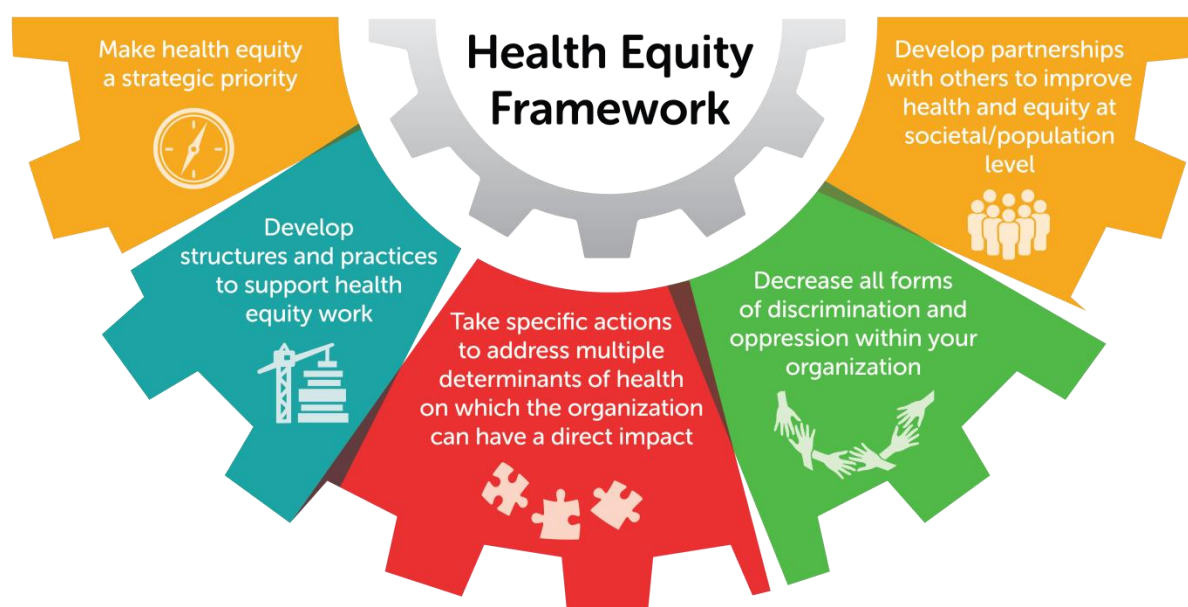


Figure 1: Health Equity Framework

### Tool categorization – Health Equity Framework

Wyatt et al.'s (2016) health equity framework is the product of a literature review, expert interviews, and visits to exemplary health care organizations working on health equity. It comprises five domains. AAMHCS and AOHC collaborated to compile a set of criteria associated with each domain (Table 1). This framework continues to evolve as more feedback is incorporated from relevant stakeholders including project partners and other organizations in the sector. For a more comprehensive *draft* version, please see Appendix A.

Table 1: Health equity framework domains and attributes

Domain	Attribute
<b>MAKE HEALTH EQUITY A STRATEGIC</b>	<ul style="list-style-type: none"> <li>Organizational position statement on health equity, comprised of a definition as well as an expressed commitment or pledge. (CCA, 2016)</li> </ul>

<sup>2</sup> Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at [ihi.org](http://ihi.org))



<b>PRIORITY</b>	<ul style="list-style-type: none"> <li>• Demonstrated leadership commitment to making health equity a strategic priority (Neagu et al., 2015; Wyatt et al., 2016)</li> <li>• Secured sustainable funding for programs and services that promote health equity (Wyatt et al., 2016)</li> <li>• Continuous advocacy and community capacity building (empowerment) around health equity (Neagu et al., 2015)</li> </ul>
<b>DEVELOP STRUCTURES AND PRACTICES TO SUPPORT HEALTH EQUITY WORK</b>	<ul style="list-style-type: none"> <li>• “Establish[ed] a Governance Committee to oversee and manage equity work across the organization” (Wyatt et al. 2016, p. 12).</li> <li>• Have formal and informal mechanisms to involve clients and community members in the planning, development of programs, services and community initiatives (CCA, 2016).</li> <li>• Population health needs-based, evidence-informed planning and decision-making policies/practices.</li> <li>• Equity-informed monitoring and evaluation practices/policies, and routine use of standardized tools.</li> <li>• “Dedicate[d] Resources in the Budget to Support Equity Work” (Wyatt et al. 2016, p. 12).</li> </ul>
<b>TAKE SPECIFIC ACTIONS TO ADDRESS THE MULTIPLE DETERMINANTS OF HEALTH ON WHICH THE ORGANIZATION CAN HAVE A DIRECT IMPACT</b>	<ul style="list-style-type: none"> <li>• Routine collection and use of a disaggregated intersectional data analysis approach to identify factors that affect health equity as well as where disparities exist (i.e. linking demographic data to health outcomes) (Wyatt et al. 2016).</li> <li>• “Tailor[ed] quality improvement efforts to meet the needs of marginalized populations.” (Wyatt et al. 2016, p. 15)</li> <li>• “Provide economic and development opportunities for staff at all levels.” (Wyatt et al. 2016, p. 17)</li> <li>• “Procure supplies and services from women- and minority-owned businesses.” (Wyatt et al. 2016, p. 18)</li> </ul>
<b>DECREASE ALL FORMS OF ORGANIZATIONAL DISCRIMINATION &amp; OPPRESSION</b>	<ul style="list-style-type: none"> <li>• Physical accessibility: buildings and design that are welcoming to all. (Wyatt et al. 2016)</li> <li>• Functional accessibility: programs and services that are welcoming to all.</li> <li>• Human Resources practices: Trainings for health service providers and all staff and boards around health equity, anti-oppression, anti-racism and cultural competency etc., those that reduce implicit bias around race, gender identity, sexual orientation, spoken language, disability status, education, employment status in service delivery, client/patient care. (Wyatt et al. 2016)</li> </ul>

	<ul style="list-style-type: none"> <li>Organizational policies/structures/norms that reduce implicit bias around race, gender identity, etc. (Wyatt et al. 2016)</li> </ul>
<b>DEVELOP PARTNERSHIPS WITH OTHERS TO IMPROVE HEALTH AND EQUITY AT SOCIETAL/POPULATION LEVEL</b>	<ul style="list-style-type: none"> <li>Community partnerships, collaborations or linkages with a broad range of community services, groups or entities relevant to its objectives. Partnerships that address upstream determinants of health and health equity (sharing goals, planning and implementing projects, co-financing). (Neagu et al., 2015; CCA, 2016)</li> <li>Involved in regional and/or cross-sectoral mechanisms /models/networks to formally support professional planning and implementation of cross-sectoral action for health equity. (Neagu et al., 2015)</li> <li>Routine monitoring of and evaluations performed on partnership activities or programs planning, implementation, progress, outcomes, impact of joint initiatives. (Neagu et al., 2015)</li> </ul>

### 3.0 How to Use this Toolkit

This toolkit can be used in three ways:

- 1) If the **user has the broad aim of learning about health equity**, the toolkit can be read from beginning to end.
- 2) If the **user recognized the need to strengthen their work in a particular domain** (e.g. to help their organization mature with respect to making health equity a strategic priority) the user can refer to Table 2 for tools that would help in that particular domain of organizational maturity. You will notice that the majority of the resources are concentrated in two domains: **Develop structures and practices to support health equity work** and **Take specific actions to address the multiple determinants of health on which the organization can have a direct impact**. This is due to the focus of the BCEIPE Project having been on these areas of work.
- 3) If the **user has a specific subject-area in mind** (e.g. equity-informed data collection practices), the user can refer to Table 3 for a list of tools that is topic-specific.

**The toolkit highlights which tools are available in French.**

It is important to note that each tool may be relevant to one or more domains or topics. They have been categorized on where they may be considered most relevant; however, the user is encouraged to read through all the resources as they may be useful in other areas as well. This toolkit is adaptable as more resources get added or removed, based on the needs of the individual user or organization.

**All the tools listed in this toolkit are available to the public. Tools which have been developed by AAMHCS are housed on the AOHC Health Equity project page: <https://www.aohc.org/Health-Equity-Resources>. The links for those produced by other organizations have also been provided.**

## 4.0 Tools Organized by Domain and Subject-Area

**Table 2: Tools relevant to each domain**

Domain	Relevant Tools
<i>Make health equity a strategic priority</i>	1, 4-6, 15, 59
<i>Develop structures and practices to support health equity work</i>	2-12, 14-28, 34-82
<i>Take specific actions to address the multiple determinants of health on which the organization can have a direct impact</i>	12, 13, 15, 18, 23, 29-33, 53-55, 59, 61, 63, 64
<i>Decrease all forms of organizational discrimination and oppression</i>	13-28, 39, 59
<i>Develop partnerships with others to improve health and equity at societal/population level</i>	4, 13

**Table 3: Tools relevant to subject-areas**

Subject Area	Relevant Tools
<b>1. Training Modules – Learning Essentials for Advancing Health Equity</b>	1-3
<b>2. Building and assessing organizational capacity and commitment towards health equity</b>	4-9
<b>3. Systematic reviews</b>	10-12
<b>4. Health equity considerations in health promotion, education, policy, service delivery, incl. anti-racism/anti-oppression</b>	13-25
<b>5. Employee equity surveys</b>	26-28
<b>6. Health equity indicators, measuring health equity</b>	29-33
<b>7. Quality data collection and entry, incl. demographic</b>	34-43
<b>8. Client experience/patient engagement</b>	44-47



<b>9. Qualitative data collection</b>	48-52
<b>10. Data analysis</b>	53-58
<b>11. Equity- and evidence-informed planning and decision-making</b>	59-68
<b>12. Change management</b>	69
<b>13. Equity-informed impact assessment (HEIA)</b>	70-72
<b>14. Evaluation</b>	73-78
<b>15. Reporting and knowledge mobilization</b>	79-83

## 5.0 Tools

### Section 1: Training Modules – Learning Essentials for Advancing Health Equity

#### 1. Module One: Learning Essentials for Advancing Health Equity

**\* French Version Available**

##### Author(s)

AAMHCS

##### Target audience

All staff including front-line staff, health promoters, policy planners, inter-professional teams, EDs and Directors

##### Description

Module One presents an overview of the basic building blocks for achieving health equity, including a grounding in the comprehensive Health and Wellbeing approach and commitments to the Health Equity Charter. The aim of Module One is to demonstrate the importance of adopting this Health Equity framework accompanied by examples of what practices look like connected to each domain of the framework. The module also presented evidence around population-based health inequities and current opportunities to advance health equity and determinants of health through the new regional mandate for Local Health Integration Networks and priorities of Health Quality Ontario. The module is broken into two parts, described below.

##### *Part 1: Health Equity 101*

- Understand global, national and regional perspectives on health equity
  - Review key inequities that provide opportunities to impact the health system
  - Understand basic building blocks for achieving health equity
- Gain perspective on current work around health equity.

EN:	<a href="#">Slides</a>	<a href="#">Script</a>	<a href="#">Recorded Webinar</a>
FR:	<a href="#">Slides</a>	<a href="#">Script</a>	<a href="#">Recorded Webinar</a>

##### *Part 2: Health Equity Framework*

- Explore the Health Equity Framework to understand five dimensions of achieving organizational health equity
- Visualize what achieving organizational health equity looks like, via examples in the sector

EN:	<a href="#">Slides</a>	<a href="#">Script</a>	<a href="#">Recorded Webinar</a>
FR:	<a href="#">Slides</a>	<a href="#">Script</a>	<a href="#">Recorded Webinar</a>

##### Link location

EN: <https://www.aohc.org/Health-Equity-Resources>  
 FR: <https://www.aohc.org/fr/ressources-equite-sante>

## 2. Module Two: Using Data to Advance Health Equity

**\* French Version Available**

### Author(s)

AAMHCS

### Target audience

Policy planners, Data Management Coordinators, inter-professional teams, EDs and Directors

### Description

Module Two describes the three levels of data needed to analyze and advance Health Equity - Macro, Meso and Micro. A key focus of Module Two is on understanding how to use a disaggregated intersectional approach in data analysis. The module includes an emphasis on collecting quality data around meaningful indicators and key success factors for using data to advance Health Equity. Below are the learning objectives of this module.

#### Part 1

- Understand the key framework for doing equity analysis: the DIA (Disaggregated and Intersectional Analysis) framework
- Understand the three levels of data that are important to collect and analyze using the DIA framework
- Understand the importance of identifying and collecting meaningful demographic data to support the DIA framework

EN: [Slides](#)      [Script](#)      [Recorded Webinar](#)

FR: [Slides](#)      [Script](#)

#### Part 2

- Understand how to build operational capacity around collecting and utilizing meaningful and high-quality data
- Appreciate critical success factors for using data to advance Health Equity at your organization

EN: [Slides](#)      [Script](#)      [Recorded Webinar](#)

FR: [Slides](#)      [Script](#)

### Link location

EN: <https://www.aohc.org/Health-Equity-Resources>

FR: <https://www.aohc.org/fr/ressources-equite-sante>

### 3. Module Three: Planning and Evaluating Health Equity Improvements

**\* French Version Available**

**Author(s)**

AAMHCS

**Target audience**

Policy planners, inter-professional teams, EDs and Directors

**Description**

Module 3 describes how to use health equity data, first in health planning and implementation of initiatives and strategies; and later, in how to measure, monitor and evaluate these initiatives. Case stories are used throughout the module to demonstrate the planning processes behind effective Health Equity improvements.

The module covers a lot of ground and represents a resource and reference for health care organizations as they move forward with their efforts to embed and sustain Health Equity efforts. Below are the learning objectives of this module.

*Part 1*

- Identify disparities and prioritize impactful, feasible solutions
- Design and implement strategies to advance health equity

EN: [Slides](#)      [Script](#)      [Recorded Webinar](#)      [Activity Worksheet](#)

FR: [Slides](#)      [Script](#)

*Part 2*

- Monitor, measure and evaluate the strategies

EN: [Slides](#)      [Script](#)      [Recorded Webinar](#)

FR: [Slides](#)      [Script](#)

**Link location**

EN: <https://www.aohc.org/Health-Equity-Resources>

FR: <https://www.aohc.org/fr/ressources-equite-sante>

## Section 2: Building and assessing organizational capacity and commitment towards health equity

### 4. Increasing Organizational Capacity for Health Equity Work: A Literature Review for Health Nexus

**Author(s)**

Chase Simms, Practicum Student

**Target audience**

Frontline workers, managers, supervisors and others working in health promotion; may also be of interest to funders and policymakers

**Description**

This literature review provides Canadian practitioners and organizations with recommendations for health equity actions based on the review of 46 articles. It predominantly surveys grey literature. This review can help to build the capacity of both individuals working in the field of health equity as well as that of organizations and structures. It includes a health equity glossary, key terms when having conversations around health equity; and discussions on capacity building through

- Establishing strong and effective leadership
- Continuously expanding the evidence base to support best practices and fostering knowledge translation and exchange
- Collaborating and partnering with intersectoral stakeholders and communities
- Demonstrating and increasing competencies (public health, professional, cultural, linguistic)
- Embedding equity into the organization's mandate, policies and procedures

It also discusses implications of, barriers to and actions associated with each of these themes.

**Link location**

[http://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/healthequity\\_litreview\\_20170405.pdf](http://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/healthequity_litreview_20170405.pdf)

### 5. Model of Health and Wellbeing Evaluation Framework

**Author(s)**

Performance Management Committee of Association of Ontario Health Centres (AOHC)

**Target audience**

Community health organization staff

**Description**

The Model of Health and Wellbeing (MHWB) is the conceptual framework used at the provincial level to describe services provided by health service organizations. It is premised on a shared vision: *the best possible health and wellbeing for everyone*. The following are the eight domains of this model; they are the attributes AOHC clients expect their care to exemplify:

1. Interprofessional, integrated and coordinated

2. Anti-oppressive and culturally safe
3. Accountable and efficient
4. Grounded in a community development approach
5. Community governed
6. Based on the determinants of health (DOH)
7. Population and needs based
8. Accessible

For each domain, a description and a set of potential questions are given in this report. For each question, the data source(s), indicator(s), extent or nature of current use and level of success are given. The components of the MHWB Framework include: the results-based logic model, evaluation questions, indicators (measures) and data sources appropriate to each indicator. These components are also described in this report.

**Link location**

[http://c.ymcdn.com/sites/aohc.site-ym.com/resource/resmgr/PMC\\_Resources/Model\\_of\\_Health\\_and\\_Wellbeing.pdf](http://c.ymcdn.com/sites/aohc.site-ym.com/resource/resmgr/PMC_Resources/Model_of_Health_and_Wellbeing.pdf)

## 6. A Performance Measurement Framework for the Canadian Health System

**Author(s)**

Canadian Institute for Health Information

**Target audience**

Community health organization staff

**Description**

This paper proposes a unifying pan-Canadian framework which provides a comprehensive structure for health system performance measurement. It begins with a diagram of the framework and a set of associated key concepts and definitions. The paper describes the importance of having a health system performance measurement framework, the quadrants (health system outcomes, social determinants of health, health system inputs and characteristics, health system outputs) and performance dimensions of the framework. Lastly, it describes how the framework can be used by provinces and territories to visualize and understand relationships among the various dimensions of the framework and how these relationships can support them to achieve their own health system objectives and performance improvement strategies.

**Link location**

[https://secure.cihi.ca/free\\_products/HSP-Framework-ENweb.pdf](https://secure.cihi.ca/free_products/HSP-Framework-ENweb.pdf)



## 7. An Introduction to Organizational Maturity Assessment: Measuring Organizational Capabilities

**Author(s)**

Selena Rezvani, M.S.W.

**Target audience**

Community health organization staff

**Description**

This tool allows the user to assess an organization's maturity level with respect to people, process, technology and measurement. The five levels in order of increasing maturity are: performed, managed, established, predictable and optimizing. An organization can be at various levels with respect to different attributes. The tool can aid in increasing organizational maturity.

**Link location**

<http://annex.ipacweb.org/library/conf/08/rezvani.pdf>

## 8. Baseline Assessment for Organizational Health Equity Capacity – Survey Tool

**\* French Version Available**

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This survey is used to evaluate an organization's level of knowledge, attitudes and practices around health equity and equity-informed planning and evaluation in public health. It is used also to determine learning goals. Findings from the survey are used to plan capacity-building interventions.

**Some Tips for Filling out the Survey**

- In order to accurately capture equity capacity at the organizational level, we suggest you form a working group (including your Data Management Coordinator) to fill it out by consensus.
- The survey takes approximately 45 minutes to complete; however, some amount of preparation is required, and is not factored in to this time (i.e. time to pull data, gather documents, meeting minutes, etc.)
- The act of completing the survey is meant to represent a reflective process for your organization; no summary or results are provided at the end.

**Link location***English:*

[https://www.aohc.org/sites/default/files/documents/Baseline%20Assessment%20for%20Organizational%20Health%20Equity%20Capacity\\_Survey%20Tool.pdf](https://www.aohc.org/sites/default/files/documents/Baseline%20Assessment%20for%20Organizational%20Health%20Equity%20Capacity_Survey%20Tool.pdf)

*French:* <https://www.aohc.org/sites/default/files/documents/Baseline%20Assessment%20FRENCH.pdf>

**9. Organizational Health Equity Capacity Profile Templates – Raw & Final Versions****\* French Version Available****Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

*Raw version:* This organizational profile template is to be used with the *Baseline Assessment for Organizational Health Equity Survey Tool*, and represents a snapshot of an organization's health equity-related knowledge, attitudes, and practices, as captured in the survey results.

*Final version:* The 'final version' templates are the last step in creating an organizational profile. Key information can be transferred from the 'Raw version' into this fillable template to create a clean, shareable, knowledge mobilization product. The template layout and headings can be tailored as desired.

**Link location***English Raw version:*

[https://www.aohc.org/sites/default/files/documents/Organizational%20HE%20Capacity%20Profile%20template\\_raw%20version\\_0.docx](https://www.aohc.org/sites/default/files/documents/Organizational%20HE%20Capacity%20Profile%20template_raw%20version_0.docx)

*English Final version (Windows):*

[https://www.aohc.org/sites/default/files/documents/Organizational%20HE%20Capacity%20Profile%20template\\_Final\\_Windows.docx](https://www.aohc.org/sites/default/files/documents/Organizational%20HE%20Capacity%20Profile%20template_Final_Windows.docx)

*English Final version (Mac):*

[https://www.aohc.org/sites/default/files/documents/Organizational%20HE%20Capacity%20Profile%20template\\_Final\\_Mac.docx](https://www.aohc.org/sites/default/files/documents/Organizational%20HE%20Capacity%20Profile%20template_Final_Mac.docx)

*French Raw version:*

<https://www.aohc.org/sites/default/files/documents/Gabarit%20du%20profil%20organisationnel%20des%20capacit%C3%A9s%20li%C3%A9es%20%C3%A0%20l'E2%80%99%C3%A9quit%C3%A9%20en%20sant%C3%A9%20-%20Version%20simple.docx>

*French Final version:*

<https://www.aohc.org/sites/default/files/documents/Gabarit%20du%20profil%20organisationnel%20des%20capacit%C3%A9s%20li%C3%A9es%20%C3%A0%20l'E2%80%99%C3%A9quit%C3%A9%20en%20sant%C3%A9%20-%20Version%20avanc%C3%A9.docx>

## Section 3: Systematic reviews

### 10. Module 1: Introduction to Conducting Systematic Reviews

**Author(s)**

Sambunjak, D., Cumpston, M., Watts, C. of Cochrane Interactive Learning

**Target audience**

Authors of systematic reviews (introductory level learners and more experienced)

**Description**

This interactive learning module introduces you to what systematic reviews are and why they are useful. This module describes the various types and preferred format of review questions, and outlines the process of conducting systematic reviews. *30 minutes in length*

This module will teach you to:

- Recognize features of systematic reviews as a research design
- Recognize the importance of using rigorous methods to conduct a systematic review
- Identify the types of review questions
- Identify the elements of a well-defined review question
- Understand the steps in a systematic review

**Link location**

<http://training.cochrane.org/interactivelearning/module-1-introduction-conducting-systematic-reviews>

\*Must register to access resource; registration is free\*

### 11. The Campbell Collaboration: C1, C2 Equity Checklist for Systematic Review Authors

**Author(s)**

Ueffing E, Tugwell P, Welch V, Petticrew M, Kristjansson E for the Cochrane Health Equity Field

**Target Audience**

- Authors who examine the differential effects of interventions in disadvantaged populations
- Authors with studies on targeted disadvantaged groups
- Authors who discuss the implications of their results in disadvantaged settings or groups

**Description**

The Equity Checklist for Systematic Review Authors was developed to aid in making equity considerations in reviews. It presents a set of questions with respect to protocol (i.e. search strategy, methods) and review (i.e. description of included and excluded studies, methodological quality of included studies, results, implications for practice and research).

**Link location**

[https://www.campbellcollaboration.org/images/pdf/plain-language/C2\\_Equity\\_Checklist.pdf](https://www.campbellcollaboration.org/images/pdf/plain-language/C2_Equity_Checklist.pdf)

## 12. Literature Review Planning Template (Access Alliance)

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This template helps in the planning of a literature review. It guides the user through the drafting of a purpose; methodology; deliverables (format, proposed table of contents); timeline; details of search databases, search limits, exclusion criteria, and search diagram.

**Link location**

[https://www.aohc.org/sites/default/files/documents/Literature%20Review%20Planning\\_Template.docx](https://www.aohc.org/sites/default/files/documents/Literature%20Review%20Planning_Template.docx)

## Section 4: Health equity considerations in health promotion, policy, and service delivery

### 13. A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease

#### Author(s)

Centers for Disease Control and Prevention – Division of Community Health (CDC)

*\* Core project team; contributing writers and researchers: pg. viii*

#### Target Audience

Health practitioners

#### Description

Through this Health Equity Guide, CDC intends to walk practitioners through the challenges associated with addressing disparities in chronic disease health outcomes. It showcases insights and lessons gained by practitioners from diverse agencies (local, state and tribal organizations) working to promote health and to prevent chronic disease health disparities. It also aims to guide the user in integrating the following equity considerations into local practices:

- Meaningful community engagement for health equity
- Developing partnerships and coalitions to advance health equity
- Identifying and understanding health inequities
- Health equity-oriented strategy selection, design and implementation
- Making the case for health equity
- Addressing health equity in evaluation efforts

It provides a set of questions that can help an organization to ascertain its status with respect to each equity consideration. It also lays out a set of health equity considerations for strategies focused on tobacco-free living, healthy food and beverages, and active living. While this Guide is borne out of evidence from and lessons learned in the U.S., it is also a valuable resource for practitioners in Canada.

#### Link location

<https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf>

### 14. Addressing Health Inequities for Racialized Communities: A Resource Guide

**\* French Version Available**

#### Author(s)

Subha Sankaran (author) and Suzanne Schwenger (Health Nexus)

Dianne Patychuk, Kwasi Kafele and Christine Oluwole-Aina (Health Equity Council)

Mantreh Atashband, Torshie Sai, Maila Mananquil (students)

Rose Cathy Handy (Project Consultant, French)

Project Advisory Committee members, (for a full list of Advisory Committee members, see Appendix)

Local Partners, Presenters and Participants

Cover design idea – Gayathri Naganathan

**Target Audience**

Frontline workers; managers and supervisors; those who do work around community health promotion

**Description**

This Guide was developed for individuals doing health promotion work. It intends to increase their capacity and effectiveness to reduce racialized health inequities. It lays out various relevant resources. It provides important definitions and basic concepts (e.g. health inequities, racialized groups, Aboriginal groups/first peoples, structural racism, etc.). It outlines the differences between various approaches to health promotion programming (e.g. universalism/colour blindness; diversity/cultural competency; anti-racism/anti-oppression). It describes the pathways through which racialized health inequities are created and intensified as well as the considerations involved in program planning for health promotion. It also demonstrates key equity questions around program evaluation, knowledge exchange, research, and assessment and surveillance. While it does not include a separate section addressing evaluation, it does present evaluation tools in the last section.

**Link location**

[https://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/addressing\\_health\\_inequities\\_resource\\_guide\\_english.pdf](https://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/addressing_health_inequities_resource_guide_english.pdf)

**15. Policy and Guidelines on Racism and Racial Discrimination****\* French Version Available****Author(s)**

Ontario Human Rights Commission

**Target Audience**

Community health organization staff

**Description**

This document provides an understanding of what racism is according to the Ontario Human Rights Code. It also provides guidelines that can be followed to monitor and combat racism and racial discrimination. This includes guidelines around data collection and an accompanying explanation of the implications of a failure to collect and analyze data. It also offers guidelines on preventing and responding to racism and racial discrimination through an anti-racism vision statement and policy as well as proactive ongoing monitoring, implementation strategies and evaluation. It moves on to describe workplace policies, practices and decision-making processes around recruitment, selection and hiring; training and development; promotion and advancement; and retention and termination.

**Link location**

<http://www.ohrc.on.ca/en/policy-and-guidelines-racism-and-racial-discrimination/part-3-%E2%80%93-guidelines-implementation-monitoring-and-combating-racism-and-racial-discrimination>



## 16. Health Equity and Racialized Groups: A Literature Review

### Author(s)

Diane Patychuk (Health Equity Council)

### Target audience

People and organizations engaging in health promotion work

### Description

A comprehensive understanding of 'race relations' and the social process of racialization are vital to health equity work. This literature review illustrates what an anti-oppression/anti-racism approach to health promotion can look like as well as the ways in which structural racism and white privilege produce racialized health disparities. It emphasizes the need for organizational and policy changes as well as changes in health promotion practice. Its goal is to introduce the reader to the ways that capacity for health equity work with respect to racialized peoples – with focus on low income racialized communities – can be increased. It summarizes literature – produced in English and French – around:

- Racialization of poverty
- Racism in access to determinants of health (e.g. housing, employment, income security, justice, education)
- Racism as a determinant of health
- Health disparities reported according to racialized groups
- Bibliographies, literature reviews, glossaries and guides to organizational change
- Timelines and examples in the history of structural racism in Ontario and Canada
- Key concepts regarding equity, racism and interlocking oppressions (race critical theory, politics of difference)
- Resources specific to structural racism in three action areas (mental health promotion; access to physical activity, recreation and sport; healthy eating/food security)

### Link location

[http://dev.healthnexus.net/sites/default/files/resources/healthequityracializedgrps\\_literature\\_review.pdf](http://dev.healthnexus.net/sites/default/files/resources/healthequityracializedgrps_literature_review.pdf)

## 17. Urban Alliance on Race Relations: Workshops

**\* French Version Available**

### Author(s)

Urban Alliance for Race Relations (UARR)

### Target Audience

Community health organization staff

### Description

UARR provides trainings, workshops, speakers for panels, presentations and assemblies on topics such as equity and public education, anti-oppression, gender-based violence, anti-racism and media literacy and production training. The *anti-oppression training* explores how structures of power manifest daily in workplaces and communities as well as practical applications of an anti-oppression framework. The *anti-racism workshop* discusses the social construction of race and its individual, communal and systemic

implications. Their training sessions also address theories underpinning these concepts with the intention of establishing common understanding around them. UARR can be contacted for workshops.

**Link location**

<https://urbanalliance.ca/initiatives/workshops-2/>

## 18. Indigenous Health Equity: Examining Racism as an Indigenous Social Determinant of Health

**Author(s)**

The Indigenous Cultural Safety (ICS) Learning Series

**Target audience**

Community health organization staff

**Description**

Examining health disparities through a cultural lens (i.e. cultural awareness, cultural sensitivity, cultural competency, cultural humility, cultural safety, etc.) focuses the conversation around a lack of knowledge around a culture. Examining them through a critical anti-racism lens exposes the problem's roots in our social systems and structures. Racism is a social determinant of health, and addressing it is imperative to improving indigenous health and wellbeing. In this webinar, Dr. Elizabeth McGibbon gives a talk entitled "Structural Determinants of Racism and Indigenous health: Belling the Cat", during which she maps the structural violence of racism, connecting societal structures with racism and health. She introduces the user to concepts such as social murder, environmental racism, and epistemic violence and discusses cases where indigenous people have died without receiving health care. This is followed by a talk by Dr. Marcia Anderson called "Anti-Racism in Practice", discussing differential pain management as well as the frequent experiences of racism in health care facilities.

**Link location**

<http://www.icscollaborative.com/webinars/indigenous-health-equity-examining-racism-as-an-indigenous-social-determinant-of-health>

## 19. Creating Conditions for Canadian Aboriginal Health Equity: The Promise of Health Equity Policy

**Author(s)**

Chantelle A. M. Richmond  
Catherine Cook

**Target audience**

Community health organization staff

**Description**

This is a public health review that emphasizes the need for public health policy that "recognizes and prioritizes the rights of Canada's Aboriginal people to achieve health equity". It investigates the causal

relationship between the Indian Act and current social and health inequities. This review argues that Canada's failure to implement a national public policy for Aboriginal health is testament to racism in modern day Canada as well as a lack in political will at the federal level. The report also describes how the concept of reconciliation is a precursor to Aboriginal health equity.

**Link location**

<https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-016-0016-5>

## 20. Rainbow Health Ontario Resources

**Author(s)**

Rainbow Health Ontario

**Target audience**

The intended audience varies by resource. It includes educators, policy makers, researchers and LGBT people themselves.

**Description**

This site provides evidence brief highlights regarding a variety of topics, including:

- cancer and LGBTQ communities
- two-spirit and LGBTQ indigenous health
- intimate partner violence in LGBTQ communities
- LGBTQ people, drug use and harm reduction
- LGBTQ people and exercise
- making an LGBTI refugee protection claim in Canada
- Lesbian and gay refugee issues
- a review of federal court jurisprudence
- mental health challenges for LGBT asylum seekers in Canada
- LGBTQ youth suicide
- experiences of racism among trans people in Ontario

**Link location**

[https://www.rainbowhealthontario.ca/resource-type/fact-sheet/?s&post\\_type=product](https://www.rainbowhealthontario.ca/resource-type/fact-sheet/?s&post_type=product)

## 21. Re:searching for LGBTQ Health

**Author(s)**

Re:searching for LGBTQ Health

**Target audience**

Community health organization staff

**Description**

This organization provides sets of resources for a variety of topics related to the LGBTQ community. Resources include a set of research papers, fact sheets, webinars, provincial projects, campaigns, accessible venues, crisis support, referrals and support, resources for researchers and service providers, and community resources in Toronto and across Ontario. Resources are related to:

- racism and health as it affects the LGBTQ community
- general LGBTQ health
- women and health
- men and health
- trans identity and health
- bisexuality and health
- LGBTQ families and parenting
- accessibility
- two spirit identity and health
- general mental health resources and information

**Link location**

<http://lgbtqhealth.ca/resources/>

## 22. Acknowledging Gender and Sex Online Course

**Author(s)**

University of California, San Francisco: Center of Excellence for Transgender Health

**Target audience**

Community health organization staff

**Description**

This online course describes the importance of the two-step gender and sex differentiation questions developed by the Center for Excellence for Transgender Health. It provides guidance in collecting this data and using appropriate language. It discusses the implications of cultural competence and transgender care on the health outcomes on the transgender population. The two-step gender and sex differentiation questions aid in identifying transgender patients to ensure adequate and appropriate medical attention is provided to them. The overarching goal is to improve the overall health and well-being of transgender people.

The user will complete a self-assessment to determine their level of awareness. They will also learn important terms relevant to transgender discourse and the health care statistics related to this population. While this tool was developed in and the statistics are relevant to the U.S., it can still demonstrate the barriers faced by transgender populations in accessing health care services and achieving optimal health outcomes in Canada. Testimonials from health care professionals as well as examples of the ways various staff can respond to questions from patients and to missing information on intake forms are shown. The user can complete a quiz assessing their learnings and work on case studies. Lastly, they are directed to a set of resources.

**Link location**

[http://transhealth.ucsf.edu/video/story\\_html5.html?lms=1](http://transhealth.ucsf.edu/video/story_html5.html?lms=1)

**23. POWER Report****\* French Version Available****Author(s)**

Keenan Research Centre: Li Ka Shing Knowledge Institute of St. Michael's Hospital  
Institute for Clinical Evaluative Sciences (ICES)

**Target audience**

Policy makers, providers, advocates and consumers

**Description**

This study reports on the difference between women's and men's health in Ontario as well as the differences between various groups of women. It discusses the ways in which factors such as age, income, education, ethnicity, language, and location determine health outcomes. This report comprises two volumes. The first addresses burden of illness; cancer; depression; cardiovascular disease and access to health care services. The second addresses musculoskeletal conditions; diabetes; reproductive and gynaecological health; HIV infection; social determinants of health and populations at risk; and achieving health equity in Ontario. It uses a set of evidence-based, health-related indicators.

**Link location**

<http://www.powerstudy.ca/power-report/>

**24. Let's Talk: Populations and the Power of Language****Author(s)****Target audience**

Practitioners, teams and organizations

**Description**

Language can promote compassion or reflect prejudice. Because language influences attitudes and behaviours, it is an important health equity consideration. This tool discusses the principles behind our language, unpacks terms commonly used in the public health sector and key considerations in becoming more intentional and careful with our language. It ends with discussion questions around language, power, and health.

**Link location**

<http://nccdh.ca/resources/entry/lets-talk-populations>

## 25. Training for Change: An Integrated Anti-Oppression Framework

**Author(s)**

Rainbow Health Network

**Target Audience**

Community health organization staff

**Description**

In response to a survey, members of the LGBTQ2 community suggested healthcare must be improved to meet their needs. A lack of resources has led to insufficient research and public policy initiatives around the health issues faced by this community. This framework was developed to help avoid further marginalization and diminished health outcomes. It describes principles of integrated anti-oppression and how the anti-oppression approach to equity differs from other approaches, such as the formal “equality” approach. It emphasizes the need for an intersectional approach in anti-oppression work as well as the need for anti-oppression trainers to have lived experience with respect to the topics they discuss. It explores challenges and solutions. Lastly, it provides a checklist that helps to integrate the anti-oppression framework into training as well as examples of how to adapt existing material.

**Link location**

<http://www.oaith.ca/assets/files/Publications/Intersectionality/FrameworkARAO-Training.pdf>



## Section 5: Employee equity surveys

### 26. Employment Equity Survey - UBC

**Author(s)**

University of British Columbia (UBC)

**Target Audience**

Community health organization staff

**Description**

This employment equity survey is administered by UBC to faculty applicants. It is a voluntary and anonymous tool; it is not linked to an applicant's application. Results of the survey are used to evaluate the diversity of applicant pools and barriers to employment faced by equity group members. It asks the survey respondent about their gender and sexual identity, whether they are aboriginal, indigenous, or a visible minority as well as if they have a disability. Its aim is to help to increase representation among these groups.

**Link location**

<http://survey.educ.ubc.ca/employment-equity-survey/>

### 27. Employment Equity Survey – Basic (Access Alliance)

**Author(s)**

AAMHCS

**Target Audience**

Community health organization staff

**Description**

This survey was developed with the end goal of illustrating AAMHCS' staff composition through an equity lens, as well as evaluating how equitable and diverse a workplace environment the organization has built. It asks for the survey respondent's position, tenure and employment status at AAMHCS, their demographic attributes (whether they were born in Canada, country of birth, year of arrival to Canada, gender, sexual orientation, racial/ethnic group) as well as whether they have a disability.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Employment%20Equity%20Survey%20-%20basic.docx>

## 28. Employment Equity Survey – Advanced (Access Alliance)

**Author(s)**

AAMHCS

**Target Audience**

Community health organization staff

**Description**

This survey intends to capture whether the organization's board membership, staff, committee/working group members and volunteers are reflective of the community. It asks the respondent to reflect on the methods employed by the organization to advertise and recruit for various positions. It measures the extent to which the organization values diverse cultures, traditions and languages as well as the efforts in ensuring candidates' comfort with a diverse and equitable workplace.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Employment%20Equity%20Survey-advanced.docx>

## Section 6: Health Equity Indicators

### 29. Indicators of Health Inequalities

#### Authors

Population Health Promotion Expert Group

Healthy Living Issue Group

*\* Acknowledgements: pg. ii*

#### Target Audience

Community health organization staff

#### Description

This literature scan produced by the Population Health Promotion Expert Group and the Healthy Living Issue Group for the Pan-Canadian Public Health Network describes the development of pan-Canadian indicators of inequalities in health status and determinants of health. These indicators enable measurement and evaluation of changes in health inequalities in Canada, as well as collaborative action on population health promotion. The indicators are arranged according to the World Health Organization (WHO) Commission on the Social Determinants of Health (CSDH) categories. The indicators proposed to measure inequalities in health status include mortality, early childhood development, mental illness, morbidity and disability, self-assessed physical and mental health, and cause-specific outcomes. Indicators proposed to measure health determinants include daily living conditions and structural drivers.

#### Link location

<http://www.phn-rsp.ca/pubs/ihl-idps/pdf/Indicators-of-Health-Inequalities-Report-PHPEG-Feb-2010-EN.pdf>

### 30. Pan-Canadian Health Inequalities Data Tool: Map of Available Indicators

**\* French Version Available**

#### Authors

Public Health Agency of Canada

Pan-Canadian Public Health Network

Statistics Canada

Canadian Institute of Health Information

#### Target Audience

Community health organization staff

#### Description

This data tool provides examples of health inequality indicators. This includes indicators that can aid in assessing health status and health determinants. The indicators associated with the former include measures of mortality and life expectancy, morbidity and disability, mental illness and suicide, self-assessed physical and mental health, and disease/health condition. The indicators associated with the latter include measures of health behaviours, physical and social environment, working conditions,

health care, social protection, social inequalities, and early childhood development. This resource maps the particular indicators associated with each category.

**Link location**

<https://infobase.phac-aspc.gc.ca/health-inequalities/docs/health-inequalities-map-en.pdf>

### 31. Promoting Health Equity – Choosing Appropriate Indicators: Literature Scan

**Author(s)**

Diana Daghofer, Public Health Consultant, Wellspring Strategies

**Target Audience**

Community health organization staff

**Description**

This literature review was designed to support Provincial Health Services Authorities (PHSA) and British Columbia's health authorities in developing common indicators for measuring the performance of activities aimed at reducing health inequities. While the indicators outlined in this document have been chosen to address BC's priorities and mandate, they include some used in Ontario, City of Toronto, TC LHIN, and Sudbury and District. Aboriginal peoples, high-risk or vulnerable groups and children were identified in this document as priority populations.

**Link location**

[http://www.phsa.ca/population-public-health-site/Documents/LitScanEquityIndicatorsFINAL\\_2013.pdf](http://www.phsa.ca/population-public-health-site/Documents/LitScanEquityIndicatorsFINAL_2013.pdf)

### 32. Health Equity Indicators for Ontario Local Public Health Agencies

**Author(s)**

Research Team & Core Project Team list: Pg. 1

**Target Audience**

Community health organization staff

**Description**

This user guide intends to provide local boards of health and local public health agencies with a set of indicators that would support their work around health equity. It also provides worksheets as well as a set of questions that allow an organization to track progress and determine next steps for organizational maturity with respect to operationalizing health equity.

**Link location**

[https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP\\_user%20guide.pdf](https://www.publichealthontario.ca/en/ServicesAndTools/Documents/LDCP/LDCP_user%20guide.pdf)

### 33. Vital 8 MHWB Core Indicators Webinar

**Author(s)**

AOHC

**Target audience**

Executive leadership

**Description**

This webinar aims to help leaders in communicating the importance of collecting the ‘Vital Eight’ indicators. These indicators include:

1. Percentage (%) of organizations that offer specific programs/initiatives to reduce the following in their practice population: tobacco use; unhealthy eating/food insecurity; problematic substance use; obesity/healthy weight management; physical inactivity; and social isolation
2. Percentage (%) of clients reporting involvement in care decisions
3. Percentage (%) reporting self-rated physical health as excellent or very good
4. Percentage (%) reporting self-rated mental health as excellent or very good
5. Percentage (%) of eligible clients who received/offered colorectal/cervical cancer screening stratified by income
6. Percentage (%) of clients who always feel comfortable and welcome at [name of CHC]
7. Percentage (%) of ongoing primary care clients receiving inter-professional care
8. Percentage (%) of clients reporting very strong or somewhat strong sense of community belonging

It also describes the process through which these indicators were selected and the purpose behind having a sector-based core indicator set and provides tools and information that allow for “appropriate change management for staff”.

**Link location**

<https://vimeo.com/222369035>

## Section 7: Quality data collection

### 34. Measuring Health Equity - Demographic Data Collection and Use in Toronto Central LHIN Hospitals and Community Health Centres

**Author(s)**

Human Rights & Equity Office at Sinai Health System  
TC LHIN

**Target Audience**

Community health organization staff

**Description**

This document summarizes the *Measuring Health Equity in Toronto Central LHIN* project. The focus of this initiative was the standardized demographic data collection process taking place in hospitals and CHCs, through which, the following questions were collected:

- preferred language
- whether client is born in Canada
- racial/ethnic group
- disabilities
- gender
- sexual orientation
- income
- number of people supported by income

The report summarized data collection participation rates in hospitals and CHCs, demonstrated that the majority of patients and clients are willing to answer demographic questions, and provided recommendations around improving data collection.

**Link location**

<http://torontohealthequity.ca/wp-content/uploads/2013/02/Measuring-Health-Equity-Demographic-Data-Collection-Use-in-TC-LHIN-Hospitals-and-CHCs-2017.pdf>

### 35. Measuring Health Equity - Demographic Profile Comparison for CHCs

**Author(s)**

Human Rights & Equity Office at Sinai Health System

**Target Audience**

Community health organization staff

**Description**

This data summary tool allows you to compare your client profile to Toronto (Census 2016) data on: (1) language, (2) born in Canada, (3) race/ethnicity, and (4) income. The goals of the comparison are to:

- understand who is (not) being served;
- identify gaps in access to services; and

- evaluate programs targeting particular populations.

There are two key documents:

**1/2 CHC INSTRUCTIONS** – Demographic Profile Comparison – This guide is an accompaniment to “CHC SPREADSHEET – Demographic Profile Comparison” Excel template. It provides information on how the ‘CHC spreadsheet’ was created and instructions on how to use it.

**2/2 CHC SPREADSHEET** – Demographic Profile Comparison – helps CHCs compare their client demographic data to 2016 Census data and present the results in tables and graphs. This comparison enables an organization to understand who is (not) being served, identify gaps in access to services, and evaluate programs targeting particular populations.

**Link location**

<http://torontohealthequity.ca/tools/> (under Demographic Data Summary Tools)

### 36. 8 TC LHIN Questions- Definitions and Concepts

**Author(s)**

Human Rights & Equity Office at Sinai Health System

**Target Audience**

Community health organization staff

**Description**

This document describes the purpose of each of the eight mandatory and required sociodemographic questions developed by TC LHIN. It also includes important considerations with respect to each question as well as a glossary with plain language definitions of a variety of disabilities, gender and gender identities, racial/ethnic groups, and sexual orientation.

**Link location**

<http://torontohealthequity.ca/wp-content/uploads/2017/12/8-TC-LHIN-questions-concepts-and-notes.pdf>

### 37. Guide to Demographic Data Collection in Healthcare Settings

**Author(s)**

Human Rights & Equity Office at Sinai Health System

**Target audience**

CEOs, senior management

**Description**

This guide shares lessons learned from the *Measuring Health Equity in Toronto Central LHIN* project, a literature review, an environmental scan, consultations with practitioners and interviews with hospitals.

It provides an overview of the barriers, opportunities and benefits to carrying out a demographic data collection plan. It also includes case studies, checklists to aid in data collection, resources, tools and tips.

**Link location**

<http://torontohealthequity.ca/wp-content/uploads/2017/10/Measuring-Health-Equity-Guide-to-Demographic-Data-Collection.pdf>

### 38. We Ask Because We Care: The Tri-Hospital + TPH Health Equity Data Collection Research Project Report

\* French Version Available

**Principle Investigators**

Branka Agic – Centre for Addiction & Mental Health  
David McKeown – Toronto Public Health  
Kwame McKenzie – Centre for Addiction & Mental Health  
Andrew Pinto – St. Michael's Hospital  
Samir Sinha – Mount Sinai Hospital

**Target Audience**

Community health organization staff

**Description**

The routine collection of socio-demographic data is vital to health equity work. It helps in identifying inequities in health and health care as well as in evaluating organizational performance and ascertaining successes and opportunities for improvement. This report presents eight core questions and three recommended questions that have been suggested as the preferred survey approach by the TC LHIN. A literature review illustrated the fragmented and inconsistent nature of sociodemographic data collection in Canada, the average person's perception of data collection, the "best" methods in standardized socio-demographic data collection, critical socio-demographic questions, the format for socio-demographic questions, and suggestions from eleven local organizations and one American agency. This was followed by a discussion of how the survey was developed, how staff were trained to administer it, and how data was collected. The findings demonstrated the overall responses of survey participants to each question. The updated questions and conclusions and a set of six lessons learned through the project are presented.

**Link location**

<http://www.stmichaelshospital.com/quality/equity-data-collection-report.pdf>

### 39. Research Methods: Because LGBTQ Health Matters

**Author(s)**

Rainbow Health Ontario

**Target audience**

Community health organization staff



**Description**

Addressing health equity involves the collection of equity data. The LGBTQ community is a historically disadvantaged population that faces inequities with respect to health outcomes and access to health care. It is thus important to collect data on gender identity and sexual orientation. This resource guides the user through the process of designing surveys and questionnaires aimed at gathering this data. It provides an understanding of the many ways to measure sexual orientation (measuring sexual attraction, behavior, identity, etc.) and the advantages and disadvantages of each approach based on the research question being asked and the population being researched.

**Link location**

[https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce\\_uploads/2012/10/DESIGNINGSURVEYSANDQUESTIONNAIRES\\_E.pdf](https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2012/10/DESIGNINGSURVEYSANDQUESTIONNAIRES_E.pdf)

**40. Data Entry Manual and Reference Guide**

**\* French Version Available**

**Author(s)**

AOHC

**Target audience**

Data Management Coordinators, Regional Decision Support Specialists

**Description**

The objective of this manual is to help organizations understand what data is vital (mandatory or required) to capture, and when and how this data should be recorded in the Nightingale On Demand (NOD) program. It can help to evaluate whether an organization is meeting objectives. It includes a guide to data entry and a reference. This manual is important because it is used to assess whether organizations are serving intended populations and addressing broad determinants of health (e.g. income, employment, education, sexual orientation, social isolation, priority populations, etc.).

**Link location**

[http://c.ymcdn.com/sites/aohc.site-ym.com/resource/resmgr/PMC\\_Resources/2015-06-23\\_-\\_Data\\_Entry\\_Manual.pdf](http://c.ymcdn.com/sites/aohc.site-ym.com/resource/resmgr/PMC_Resources/2015-06-23_-_Data_Entry_Manual.pdf)

**41. Sample Data Quality Protocol (Access Alliance)****Author**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This protocol was developed to ensure data quality. It describes the steps through which to attain data from new, returning and satellite clinic clients. Procedures include asking clients to fill out forms,

entering information into the database, ensuring monitoring by respective managers, conducting validation checks, monitoring the process (e.g. by DMC or Manager of Quality Improvement, etc.), and reporting progress to the Quality Improvement Committee or ED.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Sample%20Data%20Quality%20Protocol.pdf>

## 42. TC LHIN CHC Equity Data Collection Indicators Technical Specifications

**Author(s)**

TC LHIN

**Target Audience:**

Health service providers and practitioners involved in data collection and analysis

**Description**

CHCs are already collecting on the following four standardized equity questions: preferred language, whether client was born in Canada, income, and number of people supported by income. This reporting document demonstrates how to monitor the progress of data collection with respect to the other four standardized equity questions: disabilities, racial/ethnic group, sexual orientation, and gender. It will help to monitor: 1) the percentage of active individual clients above the age of thirteen who responded to at least one of the aforementioned four new sociodemographic questions with respect to all active clients, and 2) the percentage of active clients above the age of thirteen who responded to at least one of the aforementioned four new sociodemographic questions with respect to all active and new clients within the fiscal year.

**Link location**

<http://www.torontocentrallhin.on.ca/~media/sites/tc/New%20media%20folder/For%20HSPs/Equity/TC%20LHIN%20CHC%20Equity%20Data%20collection%20INDICATOR%20TECH%20SPECS%20-%20October%202017.docx?la=en>

## 43. Sample Client Registration Process Chart (Access Alliance)

**\* French Version Available**

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This tool describes how to best match clients with the care they need (e.g. primary care, counselling and dietetics; settlement services; community programs), and collect important data, including equity data. It describes the step by step process to be followed when a client enters the clinic reception area, goes through the eligibility screening process, fills out forms, and utilizes a program or service.

**Link location***English:*

<https://www.aohc.org/sites/default/files/documents/Sample%20Client%20Registration%20Process%20Chart.docx>

*French:*

[https://www.aohc.org/sites/default/files/documents/Sample%20Client%20Registration%20Process%20Chart\\_FRENCH.docx](https://www.aohc.org/sites/default/files/documents/Sample%20Client%20Registration%20Process%20Chart_FRENCH.docx)

## Section 8: Client experience/patient engagement

### 44. Primary Care Experience Survey (AHAC/CHC)

#### Author(s)

Health Quality Ontario

#### Target Audience

Intake staff at AHACs and CHCs

#### Description

This survey documents:

- A patient's experience contacting the organization
- A patient's experience arriving and waiting at the organization
- The performance of the health care provider they dealt with during their most recent visit
- A patient's overall experience during their most recent visit
- A patient's experiences visiting with the organization over the last year or so
- A patient's context/ demographics
- A patient's feedback with respect to successes and opportunities for improvement

#### Link location

<http://www.hqontario.ca/Portals/0/documents/qi/primary-care/primary-care-patient-experience-survey-chc-ahac-en.pdf>

### 45. Sample Methodology for Client Experience Survey (Access Alliance)

**\* French Version Available**

#### Author(s)

AAMHCS

#### Target audience

Community health organization staff

#### Description

This tool outlines the methods that were involved in conducting the 2017 Client Experience Survey at AAMHCS. It describes the number of target participants and samples, the quasi-open survey tool (survey time, sampling method, inclusion and exclusion criteria), the focus group, survey team, limitations, ethics, data storage, processing and utilization, as well as knowledge mobilization.

#### Link location

English:

<https://www.aohc.org/sites/default/files/documents/Sample%20Methodology%20for%20Client%20Experience%20Survey.docx>

French:

[https://www.aohc.org/sites/default/files/documents/Sample%20Methodology%20for%20Client%20Experience%20Survey\\_FRENCH.docx](https://www.aohc.org/sites/default/files/documents/Sample%20Methodology%20for%20Client%20Experience%20Survey_FRENCH.docx)

#### 46. Engaging with Patients and Caregivers about Quality Improvement: A Guide for Health Care Providers

**Author(s)**

Health Quality Ontario

**Target Audience**

Health Care Providers

**Description**

Input from patients and caregivers is essential to quality improvement. This Guide discusses the benefits of patient engagement and its importance with respect to quality improvement in Ontario. It defines patient engagement and introduces the user to HQO's Patient Engagement Framework. It guides the user through the process of engaging patients in the design, execution and communication of quality improvement initiatives. The appendices include introductions to quality improvement and to QIP development for patient advisors.

**Link location**

<http://www.hqontario.ca/portals/0/documents/qi/qip/patient-engagement-guide-1611-en.pdf>

#### 47. Client Experience - Focus Group Questions

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

These questions are used to obtain client feedback with respect to accessibility, efficiency, equity, patient centeredness and satisfaction within a focus group setting. It includes sample questions and probes to evoke conversation and feedback in situations where participants are offering limited feedback.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Focus%20Group%20Questions.docx>

## Section 9: Qualitative data collection

### 48. Guide to Focus Groups - OWHN

**Author(s)**

Ontario Women's Health Network

**Target audience**

Community health organization staff

**Description**

This guide is a product of fifty focus groups conducted with 350 women across Ontario. Through these focus groups, OWHN were able to learn about women's experiences around health care, which can offer insight into how women-centered care can be created. This tool can be used as both a research methodology and a capacity building tool. While OWHN's work focuses on women, this tool can be applied in developing focus groups with any population. It aids in strategizing, planning, implementing and analyzing focus groups. It guides one through the following considerations around focus groups:

- Plan (participant recruitment, how the facilitator should conduct themselves, recording a focus group, ethics review, consent, accessibility of language)
- Logical considerations (honorarium and participant supports, translation, time, selecting a location, room set-up, refreshments, supplies, budget)
- Running a focus group (schedule, getting started, script, creating a safe and supportive environment, sensitive topic areas, staying on schedule, concluding remarks, evaluation)
- After the focus group (transcribing data, data analysis, dissemination, sharing research with participants)

**Link location**

<https://www.aohc.org/sites/default/files/documents/GuidetoFocusGroups.pdf>

### 49. Tips for Organizing Focus Groups

**Author(s)**

Catherine Douglas  
Toronto Public Health

**Target audience**

Evaluation staff

**Description**

Focus groups are useful tools for gathering qualitative data. This document acts as a primer on focus groups. It walks the user through the purpose of focus groups, when to use them, advantages and disadvantages. It describes participant recruitment, informed consent, participant incentives, and focus group design. It guides the user through the steps involved in moderating a focus group, offers sample focus group questions and describes how to keep track of what was said during the activity. Lastly it

describes how data is analyzed and findings are reported. It also provides a set of references for further reading.

**Link location**

[https://www.aohc.org/sites/default/files/documents/TPH\\_organizing\\_focus\\_groups\\_guide.pdf](https://www.aohc.org/sites/default/files/documents/TPH_organizing_focus_groups_guide.pdf)

## 50. Arts-Based Tool: Concentric Circles

**Author(s)**

Daniel Buckles

**Target audience**

Community health organization staff

**Description**

This tool is catered to participants who have low literacy, cognitive difficulties, or short attention spans (e.g. individuals with mental health or addictions issues, cognitive disabilities, etc.). It allows for very easy visual analysis and discussions of the results as well as various forms of expression (e.g. verbal, artistic, etc.).

**Link location**

<https://www.aohc.org/sites/default/files/documents/Arts-based%20method%20-%20Concentric%20circles.docx>

## 51. Arts-Based Tool: Rectangles

**Author(s)**

Daniel Buckles

**Target audience**

Community health organization staff

**Description**

This tool is catered to participants who have low literacy, cognitive difficulties, or short attention spans (e.g. individuals with mental health or addictions issues, cognitive disabilities, etc.). It allows for very easy visual analysis of the results and different forms of expression (e.g. verbal, artistic, etc.). Unlike the concentric circles tool, however, this option works best with participants who are more comfortable speaking, but not comfortable sitting for extended periods of time. It allows for people to engage in discussion and to move around and engage in arts-based methods if they are more comfortable.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Arts-based%20method%20-%20Rectangles.docx>

## 52. Informed Consent Form: Generic Template

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This tool outlines what participation in a focus group involves. It describes the purpose of the focus group, what participants will be asked to do, whether there are foreseeable risks and how privacy and confidentiality will be protected. It establishes that participation is voluntary. Informed consent forms must be used before any focus group. This form can be adapted for other data collection activities involving people, such as in-depth interviews, panel discussions, etc.

**Link location**

*English:*

<https://www.aohc.org/sites/default/files/documents/Informed%20Consent%20Form%20Template.docx>

*French:*

[https://www.aohc.org/sites/default/files/documents/Informed%20Consent%20Form%20Template\\_FRE\\_NCH.docx](https://www.aohc.org/sites/default/files/documents/Informed%20Consent%20Form%20Template_FRE_NCH.docx)



## Section 10: Data analysis

### 53. Sample Measurement Plan (North Lambton CHC)

**Author(s)**

North Lambton Community Health Centre

**Target audience**

Staff involved in data analysis and research

**Description**

This measurement plan guides organizations through the steps involved in planning a quantitative analysis. It includes the following parameters:

- objectives behind the data collection
- questions an organization needs to answer to determine whether objectives have been met
- reason behind conducting the measurement
- dimension(s)
- information required to answer each of these questions
- indicator/measure
- operational definition of the measure
- whether the measure is a rate or a number
- numerator and denominator (if a rate)
- data source
- data limitation
- date range of the data collected
- how the data will be collected
- frequency of data collection
- when the data will be collected
- who will collect data
- type of analysis
- caption on the graph

It also provides examples of each parameter.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Sample%20Measurement%20Plan.xlsx>

### 54. Measuring Health Equity: Quick Guide to Stratifying and Analyzing Clinical Indicators for CHCs

**Author(s)**

Human Rights & Equity Office at Sinai Health System

**Target audience**

Community health organization staff, hospital staff, clinicians, IT specialists, decision support specialists, quality & safety/performance staff, data collectors or supervisors

**Description**

This guide walks the user through the process of stratifying data as a means to compare clinical indicators across groups and test for differences based on language spoken, born in Canada, racial/ethnic group, etc. This evidence-based approach is used for identifying inequities in health care access, health care delivery, and health outcomes. The guide is divided into four steps for data stratification, starting with forming the team and expertise to get the ball rolling and wrapping up with tips for presenting and sharing the findings.

**Link location**

[https://www.aohc.org/sites/default/files/documents/TC-LHIN-2017\\_Measuring-Health-Equity.pdf](https://www.aohc.org/sites/default/files/documents/TC-LHIN-2017_Measuring-Health-Equity.pdf)

**55. Sample Data Analysis Plan for Health Needs Assessment (Access Alliance)**

**\* French Version Available**

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This Data Analysis Plan was developed by AAMHCS for the AccessPoint on Danforth (APOD) Health Needs Assessment. A quantitative analysis (e.g. average, frequency, percentage) of demographic characteristics was performed for this study. Linear models were also used to determine the relationship between the number of relatives and friends a participant has and their sense of belonging, between the number of hours spent on social activities and mental health state, as well as between the time spent on physical activities and their physical health state. Organizations can use this data analysis plan to conduct analyses of demographics and community wellness.

**Link location**

*English:*

<https://www.aohc.org/sites/default/files/documents/Sample%20Data%20Analysis%20Plan%20for%20Health%20Needs%20Assessment.docx>

*French:*

[https://www.aohc.org/sites/default/files/documents/Sample%20Data%20Analysis%20Plan%20for%20Health%20Needs%20Assessment\\_FRENCH.docx](https://www.aohc.org/sites/default/files/documents/Sample%20Data%20Analysis%20Plan%20for%20Health%20Needs%20Assessment_FRENCH.docx)

**56. Sample Data Stratification Plan (Access Alliance)****Author(s)**

AAMCHS

**Target audience**

Staff

**Description**

This tool provides general guidelines for data analysis as well as for stratified data analysis. The former involves defining objectives; identifying variables; pulling, processing, cleaning and analyzing data; and interpreting and presenting findings. The latter involves designing the analysis plan; stratifying data and conducting descriptive analysis; and calculating the risk analysis for variables.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Sample%20Data%20Stratification%20Plan.docx>

**57. A Step-by-Step Guide to Qualitative Data Analysis****Author(s)**

O'Connor, H. (Addiction and Mental Health Research Lab, Public Health Sciences) and Gibson, N. (University of Alberta)

**Target audience**

Community health organization staff

**Description**

Qualitative data can contribute richness and context to your research or evaluation, be it through focus groups, interviews, panel discussions, the qualitative component of a survey, etc. This tool walks the user through five key steps in qualitative data analysis: (1) Organizing the data; (2) Finding and organizing ideas and concepts; (3) Building over-arching themes in the data; (4) Ensuring reliability and validity; and (5) Finding possible/plausible explanations of the findings. It finishes with a discussion around the knowledge mobilization component of your findings. Also included is a sample interview transcript that can be used for a practice exercise.

**Link location**

<https://www.scribd.com/document/333365951/A-step-by-step-guide-to-Qualitative-data-analysis-pdf>

**58. Tips and Tools: Coding Qualitative Data****Author(s)**

Center for Evaluation and Research

**Target audience**

Community health organization staff

**Description**

Coding qualitative data is important in developing an understanding of the responses and observational data collected during client engagement exercises. This tool describes the process involved in coding textual data. It explains what coding is and how to write up a storyline that will help to determine the concepts and themes you intend to convey in the evaluation, how data will be organized and coded, as well as the basic structure for the coding scheme. It also illustrates how to create codes (pre-set,

emergent), refine codes and produce coding notes. It lays out questions that can guide you through the process as well as an example of the exercise.

**Link location**

[http://programeval.ucdavis.edu/documents/Tips\\_Tools\\_18\\_2012.pdf](http://programeval.ucdavis.edu/documents/Tips_Tools_18_2012.pdf)

## Section 11: Equity- and evidence-informed planning and decision-making

### 59. Methods and Tools for Integrating Health Equity into Public Health Program Planning and Implementation

**Author(s)**

Susan Snelling, PhD  
Lesley Dyck, BA, MA  
Pamela Lof, RN, BScN  
Nina Jain-Sheehan, BSc

**Target audience**

Community health organization staff

**Description**

This webinar addresses how methods and tools for evidence-informed practice can be used to advance health equity. It describes evidence-informed public health, the model for evidence-informed decision-making in public health developed by NCCMT, as well as the factors influencing health and its distribution. It defines health inequities and health equity, as well as what it means to improve health equity. It emphasizes the need for interventions that level up to ensure impact and address structural problems.

This webinar features two talks by health service providers working for Niagara Region Public Health. Pamela Lof discusses a study entitled *Recommendations to Address Barriers and Challenges in Utilization of Health Equity Tools in Public Health Nursing Practice*. What transpired from this study was a set of recommendations around:

- Integrating social determinants of health (SDOH) tools
- Increasing awareness around SDOH and application of health equity tools, resources and services that would help address needs of priority populations
- Increasing access to resources that would ensure professional development around SDOH and health equity
- Changing organizational priorities

This was followed by a talk given by Nina Jain-Sheehan called *Building Knowledge, Capacity & Culture towards Health Equity* which discussed the challenges faced by staff in using SDOH tools and the process and structure support that could enable them to do so. The webinar ends with shared recommendations for achieving health equity as well as a set of resources.

**Link location****Webinar**

<https://www.youtube.com/watch?v= pnMEbGc5VA&feature=youtu.be>

**Slides**

<https://www.slideshare.net/NCCMT/methods-and-tools-for-integrating-health-equity-into-public-health-program-planning-and-implementation>

## 60. Evidence-Informed Decision Making Methods and Tools for Students in Public Health Programs/ NCCMT Registry of Methods and Tools

**Authors(s)**

Presented by Susan Snelling, Ph.D

**Target audience**

Community health organization staff

**Description**

This webinar begins with a definition of evidence-informed decision making. It then provides an overview of how to use their NCCMT Registry of Methods and Tools. This is an inventory of resources that support the use of research evidence in public health.

**Link location**

*Webinar*

<https://www.youtube.com/watch?v=t4z9aU1wSy0>

*Slides*

<https://www.slideshare.net/NCCMT/evidenceinformed-decision-making-methods-and-tools-for-students-in-public-health-programs>

## 61. Model for Evidence-Informed Decision-Making in Public Health

**Author(s)**

National Collaborating Centre for Methods and Tools (NCCMT)

**Target Audience**

Community health organization staff

**Description**

This Study Guide establishes the various factors to consider when making decisions with respect to public health. These include research evidence, community health issues and local context, community and political references and actions, as well as the public health resources. It also provides sources of evidence with respect to each factor.

**Link location**

<http://www.nccmt.ca/impact/publications/1>

## 62. Risk Assessment Framework

**\* French Version Available**

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This Risk Assessment Framework is meant to guide the user through the process of using a health equity lens to identify potential risks and response strategies associated with planning an intervention, program, or policy/process change in an organization. This planning tool can be used to assess direct or indirect risks associated with the healthcare access, healthcare quality, and health outcomes of key populations. These health equity considerations, as they are applied to risk, are sourced from the Ministry of Health and Long-Term Care's Health Equity Impact Assessment (HEIA) Tool.

**Link location**

English: <https://www.aohc.org/sites/default/files/documents/Risk%20Assessment%20Framework.docx>

French:

[https://www.aohc.org/sites/default/files/documents/Risk%20Assessment%20Framework\\_FRENCH.docx](https://www.aohc.org/sites/default/files/documents/Risk%20Assessment%20Framework_FRENCH.docx)

**63. Research to Planning (R2P) Mapping Tool (Access Alliance)****Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This tool can be used by the user to map out relevant evidence and shared decision flow in terms of rigor check, potential actions, feasibility check, and final recommended actions/solutions and implementation plan. The recommendation actions/solutions may be related to access, equity, quality of services/programs and/or social/policy change (e.g client education/empowerment, sector or system level advocacy).

**Link location**

<https://www.aohc.org/sites/default/files/documents/R2P%20Mapping%20Tool.docx>

**64. Research to Planning (R2P) Protocol (Access Alliance)****Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

R2P is a systematic best practice protocol to ensure effective and efficient uptake of research and program evaluation evidence in planning of services/programs. The goal of the R2P protocol is to identify a clear and efficient operational framework and steps to ensure that evidence produced

through research and/or evaluation is shared and mobilized with relevant team members in ways that generate effective and feasible data-driven recommendations/solutions for improving programs/services. The R2P best practice protocol is grounded on the principle that a shared interdisciplinary framework (that involves researchers, IT/IS, decision makers, front line workers, etc.) will ensure balance in terms research rigor and operational feasibility/impact in identifying and taking action on evidence-based recommendations/solutions.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Research%20to%20Planning%20R2P%20Protocol.docx>

## 65. Evidence-Informed Practice (EIP) Program Planning Template

**Author(s)**

Unison Health & Community Services

**Target audience**

Anyone involved in program planning and evaluation

**Description**

This program planning template aids in the development of programs and the review of existing programs. While its purpose is to help Unison guarantee their programs are evidence-informed, as well as relevant, responsive and accountable to all clients and other stakeholders, it can be used by any organization during program planning and evaluation phases. It offers tips and walks the user through the situational assessment, goals and anticipated outcomes, program design, logic model or theory of change, evaluative learning phase, monitoring and reporting.

**Link location**

[http://unisonhcs.org/wp-content/uploads/2017/03/EIP\\_Program\\_Planning\\_Template\\_Oct\\_1\\_20156.doc](http://unisonhcs.org/wp-content/uploads/2017/03/EIP_Program_Planning_Template_Oct_1_20156.doc)

## 66. Equity-Informed Program Planning Template

**\* French Version Available**

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This template outlines a set of questions that illuminate the process of planning and evaluating an equity-informed initiative. These questions pertain to strategic direction and overall goal, target population and their determinants of health considerations, expected short-, medium-, and long-term outcomes, key activities, evidence that program and activities will improve health equity for target



populations, as well as the indicators that will be used to evaluate program effectiveness. It also includes health equity considerations. It is important to go through these questions before implementing a program to avoid unintended negative consequences and an increase in health inequities.

#### Link location

English: <https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Program%20Planning%20Template.docx>

French: [https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Program%20Planning%20Template\\_FRENCH.docx](https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Program%20Planning%20Template_FRENCH.docx)

### 67. Logic Model Template

**\* French Version Available in *Equity-Informed Evaluation Plan Guide* tool**

#### Author(s)

AAMHCS

#### Target audience

Community health organization staff

#### Description

A logic model is a visual illustration of the resources available to a program, the activities it aims to implement and the outcomes it intends to achieve. It is an incredibly valuable tool for planning and evaluating projects. There are many different logic model templates. This one, adapted by AAMHCS, includes the following categories: situational assessment, goal, target population or key program clients, knowledge synthesis (including literature review and environmental scan), inputs, activities, output, outcomes (short-term, medium-term and long-term).

#### Link location

[https://www.aohc.org/sites/default/files/documents/Logic%20Model%20template\\_fillable.pptx](https://www.aohc.org/sites/default/files/documents/Logic%20Model%20template_fillable.pptx)

### 68. Equity-Informed Project Charter Template

**\* French Version Available**

#### Author(s)

AAMHCS

#### Target audience

Community health organization staff

#### Description

Project charters are important in defining what an organization intends to achieve through a project. This tool guides the user through outlining:

- Project overview
- Strategic alignment
- Introduction/background
- Project principles and values

- Key messages/themes
- Roles and responsibilities for individuals and project teams
- Target audience
- Assumptions, barriers and facilitators around project success
- Equity-informed risk assessment and mitigation
- Project objectives and deliverables, decision making and knowledge translation and exchange
- Milestones, timelines and accountabilities
- Data ownership, management and security
- Project evaluation (including outcomes and measures)
- Authorship and publication rights
- Project communications
- Project costs

Appendices include templates for:

- Project Team Members
- Partner and Stakeholder List
- Dissemination Strategy
- Action Items
- Swim Lane
- Key Performance Indicators
- Preliminary Budget

#### Link location

*English:* [https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Project%20Charter\\_Template.docx](https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Project%20Charter_Template.docx)

*French:* [https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Project%20Charter%20Template\\_FRENCH.docx](https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Project%20Charter%20Template_FRENCH.docx)

## Section 12: Change management

### 69. Organizational Change Management Resources

**Author(s)**

Valerie Iles, Really Learning and London School of Hygiene & Tropical Medicine, University of London  
Kim Sutherland, Judge Institute of Management Studies, University of Cambridge

**Target audience**

Healthcare managers, professionals and researchers involved in change management

**Description**

This resource comprises two tools. The first tool is the primary resource and the second is a booklet summarizing the document. It is a practical resource catered to professionals involved in planning and managing change. While it is catered to those working in the National Health Service (UK), it synthesizes the literature on change management, and offers tools, models, approaches to change management and reflections on the evidence for the efficacy of each approach. Hence, this tool can be useful for Canadian practitioners as well. The following organizational change models are discussed in this document:

- Content, context and process model
- Five Whys
- Process modelling – Theory of Constraints
- SWOT analysis
- Total Quality Management (TQM)
- Business Process Reengineering (BPR)
- The Learning Organisation
- Action research

**Link location**

1. *Organisational change: A review for health care managers, professionals and researchers*  
[http://www.netscc.ac.uk/hsdr/files/project/SDO\\_FR\\_08-1001-001\\_V01.pdf](http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1001-001_V01.pdf)
2. *Supplementary Resource (booklet summarizing document)*  
<http://www.who.int/management/makinginformeddecisions.pdf>

## Section 13: Equity-informed impact assessment

### 70. HEIA Workbook

**Author(s)**

Ontario MOHLTC

North East LHIN

Toronto Central LHIN

Waterloo Wellington LHIN

*\* Acknowledgements: pg. 4-6*

**Target Audience**

Staff responsible for development and planning of relevant policy, program, or initiative; decision-makers in the organization

**Description**

While this tool was designed mostly for use during the design phase of an initiative, it can also be used during review, evaluation, expansion, realignment, program/service closure phases. The following are the five primary uses as given in the workbook:

- 1) Help identify potential unintended health impacts (positive or negative) of a planned policy, program, or initiative on vulnerable or marginalized groups within the general population;
- 2) Help develop recommendations as to what adjustments to the plan may mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups;
- 3) Embed equity across an organization's existing and prospective decision-making models, so that it becomes a core value and one criterion to be weighed in all decisions;
- 4) Support equity-based improvements in program or service design, (i.e. through considerations such as "How must this program be adjusted to meet the needs of specific populations?");
- 5) Raise awareness about health equity as a catalyst for change throughout the organization, so decision-makers develop 'stretch goals' through considerations, such as "How can we include more people in this program, especially those often missed?" or "What barriers should we look for?" and "Are we as effective as we could be, especially those with the greatest health needs?"

**Link location**

<http://www.health.gov.on.ca/en/pro/programs/heia/docs/workbook.pdf>

### 71. HEIA (Health Equity Impact Assessment) Template

**Author(s)**

Ontario MOHLTC

North East LHIN

Toronto Central LHIN

Waterloo Wellington LHIN

**Target Audience**

Staff responsible for development and planning of relevant policy, program, or initiative; decision-makers in the organization

**Description**

This evaluation template was developed to be used alongside the HEIA workbook (Tool 33, p. 27-28).

**Link location**

<http://www.health.gov.on.ca/en/pro/programs/heia/docs/template.pdf>

**72. Health Equity Impact Assessment (HEIA) online course**

**\* French Version Available**

**Author(s)**

<i>CAMH</i>	<i>Ontario Ministry of Health and Long-Term Care (MOHLTC)</i>
Branka Agic	April MacInnes
Mark Fernley	Chloe Macrae
	Wendy Katherine

**Target Audience**

Staff involved in planning, policy, program or proposal development; staff likely to use the HEIA tool

**Description**

This free, self-directed, interactive online course includes three modules and five case studies. The first module describes health equity and its importance as well as the determinants of health. The second introduces the concept of the health equity impact assessment and the specific HEIA tool developed by the Ontario MOHLTC. It outlines when and why this tool is used as well as the gaps in related research. The third module describes the steps involved in applying the tool.

The case studies are each catered to different audiences:

- 1) LHIN staff
- 2) Individuals working in management or finance
- 3) Staff involved in policy development
- 4) Program planners
- 5) Public health organization staff

**Link locations**

*English:* <https://www.porticonetwork.ca/web/heia/learn/course-english>

*French:* <https://www.porticonetwork.ca/web/heia/learn/course-french>

## Section 14: Evaluation

### 73. The Pell Institute and Pathways to College Network's Evaluation Toolkit

**Author(s)**

The Pell Institute for the Study of Opportunity in Higher Education  
Institute for Higher Education Policy  
Pathways to College Network

**Target audience**

Community health organization staff

**Description**

This resource is a primer to evaluation. It provides four tools to aid in developing, executing, and utilizing a program evaluation. Below are the steps involved with each of these tools that this resource elucidates. It also offers a list of resources and references in each section.

*Helps to develop a plan*

- Select an evaluator
- Engage stakeholders and select a team
- Develop evaluation questions
- Using a logic model
- How to create a logic model
- Choose an evaluation design
- Create a strategy
- Create a budget

*Collect data*

- Identify types and sources
- Determine collection method
- Linking your research questions and data collection methods
- Review ethics and confidentiality
- Determine appropriate sample size
- Improve response rates

*Analyze data*

- Enter, organize, and clean data
- Define unit of analysis
- Analyze qualitative data
- Analyze quantitative data

*Communicate and improve*

- Develop a communications plan
- Create template
- Evaluate your communications efforts
- Improve program with evaluation findings

**Link location**

<http://toolkit.pellinstitute.org/evaluation-guide/>

#### 74. Working together: The Paloma: Wellesley Guide to Participatory Program Evaluation

**Author(s)**

Paloma Foundation  
Wellesley Institute

**Target audience**

Non-profit organizations of all sizes working in diverse sectors (e.g. health, education, social service), specifically front-line staff, managers with various levels of expertise in evaluation

**Description**

Those with prior experience in evaluation can use this Guide to train staff and stakeholders; develop a common framework for evaluation; emphasize the role of participatory program evaluation in their organization; promote inclusive discussions on evaluation. For individuals new to evaluation, it offers an exhaustive overview of the steps involved in participatory program evaluation in non-profit organizations. It takes into consideration that most non-profits are overburdened and are focused on meeting clients' needs. This Guide intends to support an evaluation process that engages diverse stakeholders and works to improve services for clients. The first section discusses components of the evaluation process such as ethics, the value of program logic models in organizing resources, designing evaluation questions, various data collection methods, conducting surveys, interviews and focus groups, and data analysis. The second describes the dissemination of findings, formats for dissemination and final reflections. It ends with a glossary, list of sample forms and resources.

**Link location**

<http://www.wellesleyinstitute.com/wp-content/uploads/2010/03/WorkingTogether1.pdf>

#### 75. Evaluative Tool for Mixed Method Studies

**Author(s)**

University of Leeds

**Target audience**

Community health organization staff

**Description**

This tool establishes a set of questions that can help to critically appraise studies that use mixed methods. Review areas include

- Purpose, key findings and evaluative summary
- Setting, sample and outcome measurement
- Ethics
- Comparable groups
- Data collection methods, data analysis, researcher's potential bias
- Policy and practice implications

**Link location**

[http://usir.salford.ac.uk/13070/1/Evaluative Tool for Mixed Method Studies.pdf](http://usir.salford.ac.uk/13070/1/Evaluative_Tool_for_Mixed_Method_Studies.pdf)

**76. Equity-Informed Evaluation Plan Guide****\* French Version Available****Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This slide deck can be used in conjunction with the Sample Evaluation Plan (Tool 65, pg. 49). It provides a detailed description of the process involved in planning and managing an evaluation. The following steps in the evaluation process are addressed:

- project description
- stakeholder assessment and engagement plan
- program evaluation dimensions
- key evaluation questions (with examples for process, outcomes, economic, appropriateness, effectiveness, efficiency)
- evaluation design
- evaluation levels
- data collection
- data analysis and interpretation
- use and communication of evaluation findings
- communication plan
- common evaluation tools

**Link location**

<https://www.aohc.org/sites/default/files/documents/Equity-Informed%20Evaluation%20Plan%20Guide.pptx>

**77. Evaluation Framework Template (Access Alliance)****Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This sample evaluation plan provides an overview of the evaluation process. It can be used to measure the effectiveness of outreach activities, satisfaction with key activities, and (short-term) outcomes for participants. It lays out the components of the plan as well as examples associated with each component. These include evaluation questions, indicators, data sources (e.g. focus groups with front-line staff, observation, quasi-open surveys with clients, etc.), data collection methods, person assigned to each task and timeline.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Evaluation%20Framework%20Template.docx>



**78. Good Evaluation Questions Checklist – CDC****Author(s)**

Center for Disease Control and Prevention (CDC)

**Target audience**

Community health organization staff

**Description**

This Evaluation Questions Checklist describes in detail the criteria an evaluation question must meet. It goes beyond the basic parameters for evaluation questions (reasonable, appropriate and answerable). Evaluation literature and practice wisdom were aggregated and analyzed to produce this set of criteria. This tool is not useful in developing specific questions to be used in evaluation tools like surveys and focus group scripts. Rather, it helps determine the questions guiding an evaluation. These criteria help to determine whether to keep a question, refine it or eliminate it. They include:

- adequate stakeholder engagement in development of questions
- appropriate fit of question with program goals, objectives, theory of change
- relevance of question with evaluation purpose
- feasibility of question to obtain responses ethically and respectfully

**Link location**

[https://www.cdc.gov/asthma/program\\_eval/assessingevaluationquestionchecklist.pdf](https://www.cdc.gov/asthma/program_eval/assessingevaluationquestionchecklist.pdf)

## Section 15: Reporting and knowledge mobilization

### 79. Evaluation Reporting Standards Guide (Access Alliance)

\* French Version Available

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

There are a variety of evaluation reports that may be produced at an organization each year. Some describe or summarize singular events, initiatives, or research projects that have taken place, and some report regularly on on-going programs. Given the diversity of reports (each with a distinct purpose, intended audience, and context), it is important to set organizational guidelines for reporting so that information and results can be shared internally and externally, but also that each report is useful and comprehensive in and of itself. This Report Standards Guide outlines key sections which should appear in a standard report. However, keep in mind that the suggested content within each section is customizable to your initiative/program/event/etc. For example, not every report would include a literature review.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Evaluation%20Reporting%20Standards%20Guide.docx>

### 80. Critical Appraisal Framework for an Evaluation Report (Adapted by Access Alliance from University of Toronto)

**Author(s)**

Adapted by AAMHCS from the tool developed by: Dr. Judith Globerman, Professor, Faculty of Social Work, University of Toronto

**Target audience**

Community health organization staff

**Description**

This tool can be used to critically appraise and screen an evaluation report. It offers criteria with respect to:

- evaluation perspective and problem formulation
- literature review
- research question and design
- data collection
- data analysis
- results
- discussion, conclusion and implications

These criteria determine where the report is lacking and needs to be refined before it is usable.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Critical%20Appraisal%20Template.docx>

## 81. Knowledge Translation Resources

**Author(s)**

Knowledge Translation Program, Sick Kids Learning Institute

**Target audience**

All staff across a variety of sectors (consulting, non-profit, academia, education, healthcare) and a variety of organization types (research, funders, hospitals, public sector).

**Description**

This set of tools and resources are for any individual, team, organization looking to build or strengthen internal capacity for knowledge translation. Resources available include:

- Knowledge Translation Professional Certificate (KTPC) Casebook: Building KT Friendly Organizations in Healthcare and Beyond
- eLearning modules:
  - Module 1: Introduction to Knowledge Translation (*13 minutes*)
  - Module 2: How to Prepare a Knowledge Translation Plan (*25 minutes*)
- Knowledge Translation Planning Template©
- Plain language checklist

**Link location**

<http://www.sickkids.ca/Learning/AbouttheInstitute/Programs/Knowledge-Translation/Resources/Resources.html>

## 82. Regional Workshop Planning Template

**Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This template aids in workshop planning. It guides the user through the planning components, which include workshop goal, learning objectives, target audience, logistics, content, details, promotion, registration, evaluation and follow-up.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Regional%20Workshop%20Planning%20Template.docx>

**83. Health Equity Workshop Evaluation Form****Author(s)**

AAMHCS

**Target audience**

Community health organization staff

**Description**

This feedback form is designed to be used to evaluate a workshop for the purposes of improving future workshops. The form template includes questions that serve to assess accessibility, equity, effectiveness, reach, quality, and impact.

**Link location**

<https://www.aohc.org/sites/default/files/documents/Health%20Equity%20Workshop%20Evaluation%20Form.docx>

## References

Canadian Centre for Accreditation. (2016). CCA Accreditation for Community-Based Primary Health Care Organizations: Standards Manual - Seventh Ed. Retrieved from [https://www.canadiancentreforaccreditation.ca/sites/default/files/documents/standards/cca\\_phc\\_standards\\_7th\\_ed\\_may\\_2016.pdf](https://www.canadiancentreforaccreditation.ca/sites/default/files/documents/standards/cca_phc_standards_7th_ed_may_2016.pdf)

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Public Health Ontario. (2016). Health equity indicators for Ontario local public health agencies: User guide. Public Health Ontario. Retrieved from: <http://nccdh.ca/resources/entry/health-equity-indicators-for-ontario-local-public-health-agencies>

Wyatt, R., Laderman, M., Botwinick, L., Mate, K., and Whittington, J. (2016). Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. Retrieved from <http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

## Appendix A – Draft Health Equity Framework Domains and Attributes

Domain	No.	Attribute	Source
MAKE HEALTH EQUITY A STRATEGIC PRIORITY	1.	<b>Organizational position statement on health equity, comprised of a definition as well as an expressed commitment or pledge.</b>  Examples: <ul style="list-style-type: none"> <li>Equity is clearly incorporated into vision, and or mission and or values</li> <li>Strategic plan addresses issues related to health equity, inclusion and diversity</li> <li>Equity is a strategic direction/priority</li> </ul>	CCA Standard -  <i>“Be publicly committed to meeting the unique and diverse needs of the communities it serves”</i>
	2.	<b>Demonstrated leadership commitment to making health equity a strategic priority</b>  Examples: <ul style="list-style-type: none"> <li>Alignment of individual equity goals horizontally at the director level and above (to ensure that employees are working on equity goals cross-departmentally rather than in isolation).</li> <li>Equity is incorporated into all of the strategic organizational pillars.</li> <li>Targets and goals in place in strategic plan related to implementation of policies and strategies to reduce health inequity</li> </ul>	IHI White Paper - <i>“Demonstrated Leadership Commitment to Improving Health Equity at All Levels of the Organization”</i>  Health Equity 2020 Toolkit- <i>Management support/Strong leadership to support reducing health inequities in the organization</i>
	3.	<b>Secured sustainable funding for programs and services that promote health equity</b>  Examples: <ul style="list-style-type: none"> <li>Non-Insured Walk-In Clinic</li> </ul>	IHI White Paper- <i>“Secure Sustainable Funding Through New Payment Models”</i>

		<ul style="list-style-type: none"> <li>• Financial Literacy Program</li> <li>• Dental suites</li> </ul>	
	4.	<b>Continuous advocacy and community capacity building (empowerment) around health equity</b>  Examples: <ul style="list-style-type: none"> <li>• Participate in LHINs planning /policy tables and advocate for reduction of health inequity</li> <li>• Engaged in political and social change strategies</li> </ul>	Health Equity 2020 Toolkit – <i>Continuous advocacy for health inequalities</i>
DEVELOP STRUCTURES AND PRACTICES TO SUPPORT HEALTH EQUITY WORK	1.	<b>“Establish[ed] a Governance Committee to oversee and manage equity work across the organization”</b>  Examples: <ul style="list-style-type: none"> <li>• Governance adopt the Inclusive Leadership framework to advance Health Equity</li> <li>• Operational Health Equity Committees with interdepartmental representation to lead work on shared health equity goals.</li> </ul>	IHI White Paper (pg. 12)
	2.	<b>Have formal and informal mechanisms to involve clients and community members in the planning, development of programs, services and community initiatives</b>  Examples: <ul style="list-style-type: none"> <li>• Formalized feedback process for clients (e.g. explicit complaint process, specific questions on the survey that relate to experiences of discrimination, etc.)</li> </ul>	CCA Standard

		<ul style="list-style-type: none"> <li>• Clear community engagement/consultation process for planning projects/programs, collecting data, implementation and decision-making, etc.</li> </ul>	
	3.	<p><b>Population health needs-based, evidence-informed planning and decision-making policies/practices</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Routine use of population/community level data sources</li> <li>• Routine use of standardized Health Equity assessment and planning tools including: HEIA, Equity-Informed Program Planning Template, Risk Assessment Framework, Logic Model Template, Guide to Building an Equity-Informed Evaluation Plan (These are HE project resources available on the website)</li> </ul>	
	4.	<p><b>Equity-informed monitoring and evaluation practices/policies, and routine use of standardized tools</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• High quality socio-demographic data collection,</li> <li>• Standardized in-take and client surveys</li> </ul>	
	5.	<p><b>“Dedicate[d] Resources in the Budget to Support Equity Work”</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Annual equity budget which is expected to be used to engage in health equity activities</li> <li>• Robert Wood Johnson University Hospital has seven Business Resource</li> </ul>	IHI White Paper – (pg. 12)





	4.	<b>“Procure supplies and services from women- and minority-owned businesses.”</b>  Examples: <ul style="list-style-type: none"> <li>• Businesses and suppliers who have certification from the Women’s Business Enterprise Canada, Canadian Aboriginal &amp; Minority Supplier Council, etc.</li> </ul>	IHI White Paper (pg. 18)
DECREASE ALL FORMS OF ORGANIZATIONAL DISCRIMINATION & OPPRESSION	1.	<b>Physical accessibility: buildings and design that are welcoming to all.</b>  Examples: <ul style="list-style-type: none"> <li>• Accessibility via public transportation</li> <li>• Signs that convey clients are trusted and welcome, reflective of neighbourhood served (languages)</li> <li>• Affordable parking</li> <li>• Building itself easy to navigate, elevators, etc.</li> <li>• Who is being served in newer facilities vs. older</li> <li>• Continuous service access in the face of unforeseen events, e.g. floods</li> </ul>	IHI White Paper - <i>Physical Space: Buildings and Design</i>
	2.	<b>Functional accessibility: programs and services that are welcoming to all.</b>  Examples: <ul style="list-style-type: none"> <li>• Taking action to reduce wait times</li> <li>• Staff explain things in a way that is easy to understand</li> <li>• Staff are easy to talk to, encourage questions</li> <li>• Services provided in language of choice</li> <li>• Client knowledge around making a suggestion/complaint</li> </ul>	TC LHIN Client Experience Survey questions

	3.	<p><b>Human Resources practices:</b> Trainings for health service providers and all staff and boards around health equity, anti-oppression, anti-racism and cultural competency etc., those that reduce implicit bias around race, gender identity, sexual orientation, spoken language, disability status, education, employment status in service delivery, client/patient care.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Anti-oppression training, Health Equity 101 training</li> <li>• Enhance Board attributes – Inclusive Leadership training</li> <li>• Employee Equity Surveys</li> </ul>	IHI White Paper – <i>“Reduce implicit bias in patient care”</i>
	4.	<p><b>Organizational policies/structures/norms</b> that reduce implicit bias around race, gender identity, sexual orientation, spoken language, disability status, education, employment status in service delivery, client/patient care.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Commitment to diversity and reflective and inclusive hiring and promotion</li> <li>• Board is driving progress policies such as anti-oppression and anti-racism</li> <li>• Encouragement of healthy workplace behaviours among staff, e.g. health care coaching, annual physiological health risk appraisal</li> </ul>	IHI White Paper – <i>“Reduce implicit bias within the organization’s policies, structures, and norms.”</i>
DEVELOP PARTNERSHIPS WITH OTHERS TO IMPROVE HEALTH AND EQUITY AT	1.	<p><b>Community partnerships, collaborations or linkages with a broad range of community services, groups or entities relevant to its objectives. Partnerships that address upstream determinants of health and health equity (sharing goals, planning and implementing projects, co-financing).</b></p>	CCA Standard - <i>“Have community partnerships, collaborations or linkages with a broad range of community services, groups or entities relevant to its objectives”</i>

<b>SOCIETAL/ POPULATION LEVEL</b>		<p>Examples:</p> <ul style="list-style-type: none"> <li>• Developing and implementing effective organizational strategies to reduce health inequity, address upstream social determinants of health</li> <li>• Equity informed, people centered approach, lens on built environment: Physical/ environmental practices that contribute to the improvement of the local neighbourhood (e.g. walking paths, community spaces, parks, etc.), e.g. access to nature as a determinant of health</li> <li>• Build health care facilities in underserved communities.</li> </ul>	<p>Health Equity 2020 Toolkit – <i>Partnership working</i></p>
	<p><b>2.</b></p>	<p><b>Involved in regional and/or cross-sectoral mechanisms /models/networks to formally support professional planning and implementation of cross-sectoral action for health equity.</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• LHINs regional planning tables</li> <li>• Situation tables</li> </ul> <p>Other cross-sectoral ? Mental Health and Addiction? Settlement?</p>	<p>Health Equity 2020 Toolkit – “<i>Are there any mechanisms to formally support professional planning and implementation of cross-sectoral action for health equity?</i>”</p>
	<p><b>3.</b></p>	<p><b>Routine monitoring of and evaluations performed on partnership activities or programs planning, implementation, progress, outcomes, impact of joint initiatives</b></p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Sustained outcomes/shared long-term commitment to achieving better outcomes</li> </ul>	<p>Health Equity 2020 Toolkit – <i>Partnership working</i></p>