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Nothing Worth Doing Can Be Done Alone: Health Justice in Collaboration

Monday, June 16, 2025

10:45am to 12:15pm

Yasir Khalid, Director, People-Centred Care and Health Justice

Mary Jane McNally, Chief Patient Experience Officer

William Osler Health System



“
*Nothing that
we do that is
worthwhile
is done
alone.*

Mariame Kaba

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Our Story

- Refreshed (2024-2029) Strategic Plan with equity, diversity & inclusion as a strategic foundation
- A sentinel event...
- Revealing a gap in the provision of culturally safe care
- Hospital review and community response
- Transparency, courage, learning and partnership
- ***Unstoppable!*** accountability and collaborative change including the patient and family, a community organization, clinicians, leaders, Executive Team and Board of Directors





Introduction

- Our session today will offer a practical framework to embrace values-based and people-centred care.
- Highlight the initiatives at William Osler Health System (Osler)
 - Pioneering the **Integrated Equity, Diversity, Inclusion (EDI), and Health Justice (HJ) Plan**, co-created with members of Osler's Patient and Family Advisory Council and internal and community partners.
- Through interactive discussions and actionable insights, health care leaders will explore strategies to integrate EDI and HJ in their organization's strategy, culture, and operations.



(Indigenous Primary Health Care Council, 2023)





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Let's get to know you!

- Ice Breaker Activity
- Menti Code: 8464 0290
- <https://www.menti.com/alo7oexax5oe>



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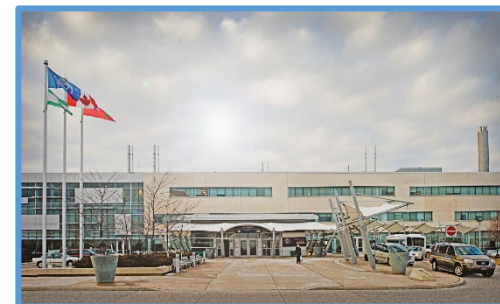
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Osler's Sites



Peel Memorial Centre



Brampton Civic Hospital



Etobicoke General Hospital

The communities served by Osler are diverse, fast-growing, faced with complex chronic conditions, and aging.



Reactivation Care Centre



Withdrawal Management Centre

Osler By the Numbers 2023/2024



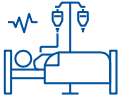
1,151,329
Patient Visits




300,962
Emergency and
Urgent Care Visits



560,777
Outpatient Clinic
Visits



52,592
Inpatients



72,108
Surgeries



7,953
Births



4,604
Cancer Surgeries



577,871
Diagnostic Imaging



89,955
Renal Clinic Visits



57,951
Virtual Care Visits



7,154
Staff



1,108
Physicians



1,572
Learners



1,100
Volunteers



1,012
Funded Beds

Going Beyond

Strategic Plan
2024-2029

for our people and communities

OSLER'S VISION

World-class health care inspired by our people and communities

OSLER'S MISSION

Innovative health care delivered with compassion

OSLER'S VALUES

- Respect
- Excellence
- Service
- Compassion
- Innovation
- Collaboration

OSLER'S PROMISE

Going beyond



< Scan to learn more



William Osler
Health System

Strategic Directions

People & Culture

Inspiring a sense of belonging that supports people to be their best and do their best

Quality Excellence

Relentlessly pursuing world-class, high-quality health care

Health System Leadership

Leading and partnering to transform the health system for Osler's communities and beyond

Research & Academics

Developing the health care providers and researchers of tomorrow

Organizational Effectiveness

Optimizing resources to provide effective health care for the communities we serve

OSLER'S VISION

World-class health care inspired by our people and communities

Strategic Foundations



Equity, Diversity
& Inclusion



Innovation
& Collaboration



Infrastructure
& Technology



Financial
Stewardship



Patient Declaration of Values



We Expect



High Quality Care

Professionalism

A Healing Environment

To Be Seen & Understood

Information in Plain Language

Care Partners to be Welcomed

We Commit To



Trusting our Inner Voice

Being Informed

Building Self Management Skills

Adjusting to Unfamiliarity

Understanding that Priorities Change

We Partner Towards



Safety

Human Dignity

Compassionate Communication

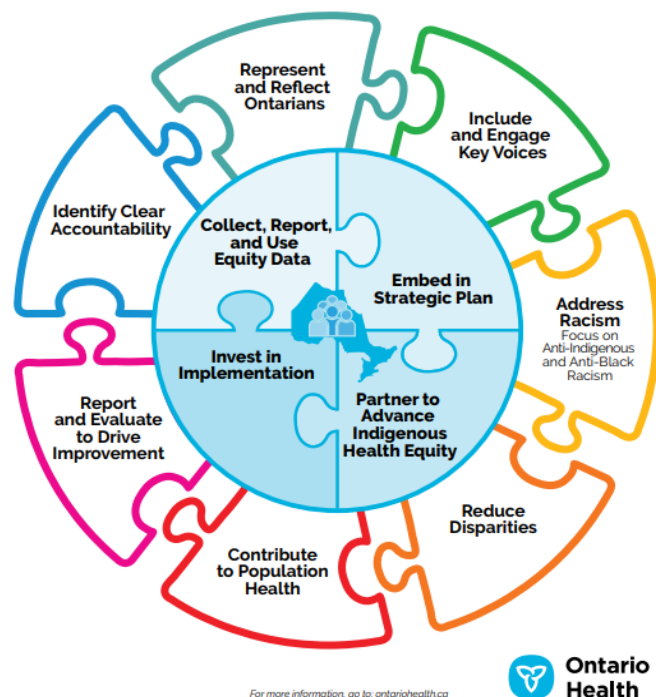
Shared Decision-Making

Creative Outcomes

Value for Time



Ontario Health Guiding Frameworks



Black Health Plan

- 1 Equitable Pandemic Response for Black Populations
- 2 Equitable Health System Recovery with a Focus on Black Populations
- 3 Sustained Health Equity for Black Populations



Osler Community

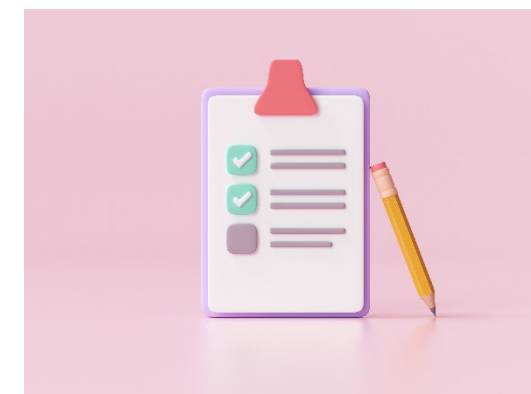
- Census Trends (2021):
 - Brampton is the 3rd city in Ontario (7th in Canada).
 - 80.6% of Brampton's population reported as being a visible minority in 2021, an increase of 20.9% from 2016.
 - 24.8% decrease in Indigenous population vs 2016
 - The top 3 minority groups reported were South Asian, Black, and Filipino.
 - 60% of Brampton residents are non-English speakers.
 - 250 ethnic origins and 171 different spoken languages
 - In 2021, Brampton's population was made up of 17.9% children (0-14), 23.4% youths (15-29), 46.2% adults (30-64), and 12.5% seniors (65+).





Osler Community (cont'd)

- Patient's experience of discrimination, hatred, and racism is measured through our PX survey 48 hours post-discharge.
 - Health Justice question: Osler is committed to providing culturally safe care. Did you encounter any barriers, discrimination, racism, or hate related to your unique identity or needs while seeking or receiving care?"
 - FY24/25, **1066 (or 3.2%)** individuals responded *Yes, I definitely did*.
- Patient Relations themes: Discrimination and abuse
 - FY 24/25, **83 (or 5.2%)** of total patient complaints





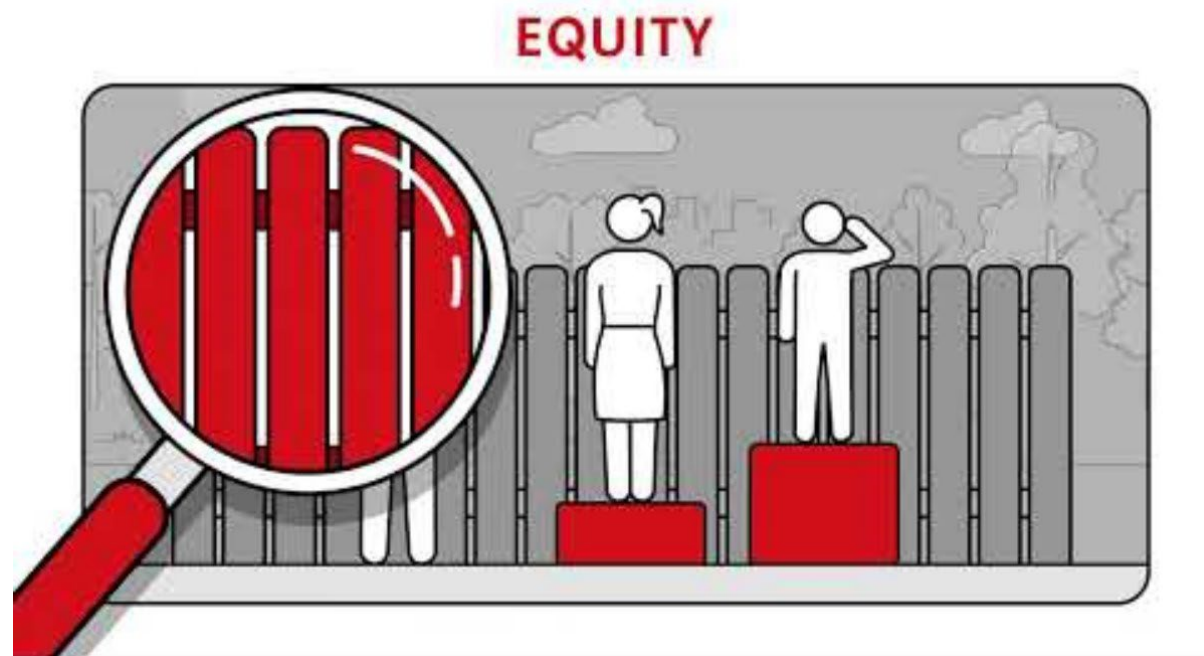
Key Terms

- **Belonging:** Feeling secure, supported, accepted, and included.
- **Bias:** The conscious (explicit) or unconscious (implicit) opinion, preference, prejudice, or inclination formed without reasonable justification that prevents a balanced or even-handed judgement.
- **Equality:** Everyone is treated the same regardless of individual diversity and needs.
- **Equity:** Everyone is treated according to their diverse needs in a way that enables all people to participate, perform, and engage to the same extent.
- **Equity-Deserving Groups:** People who have been historically disadvantaged and underrepresented. E.g., Indigenous, LGBTQ2S+, visible groups, etc.
- **Diversity:** Variety of unique dimensions, qualities, and characteristics we all possess, and the mix that occurs in any group of people. E.g., race, ethnicity, age, gender, etc.

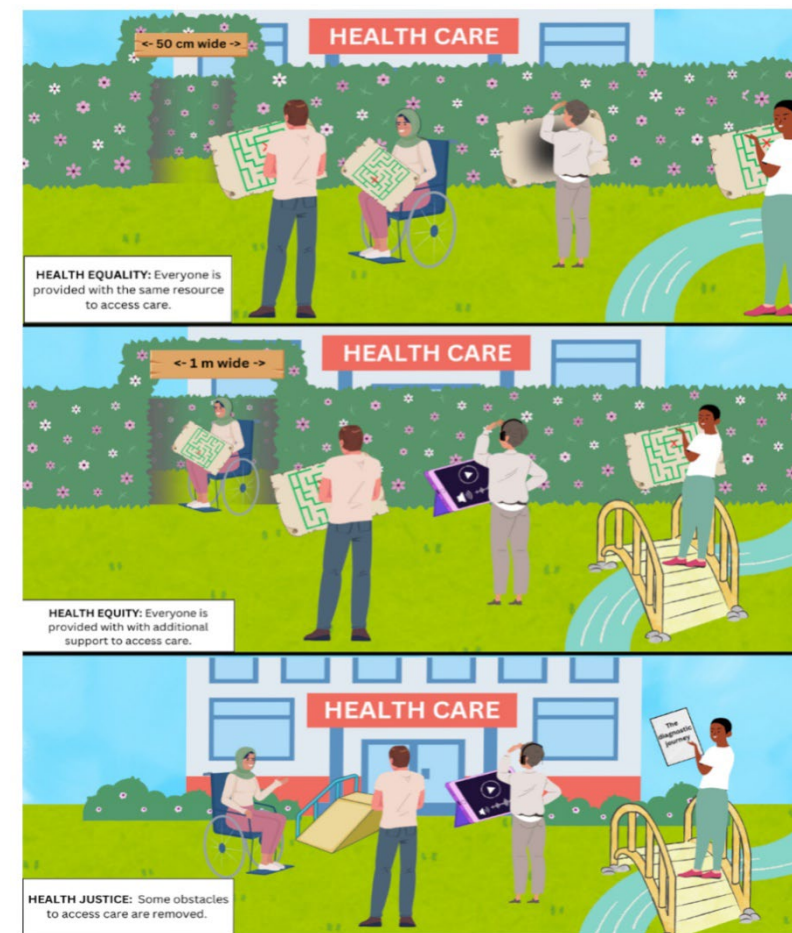
Canadian Centre for Diversity and Inclusion. [Glossary of Terms](#). (2022).



Key Terms



McCallum, E., Scala, N., Mason, T., Zheng, H., Priore, A., Coppinger, T., Sochaniwskyj, M., Pettit, A., & Shearkhani, M. a. H. a. S. (2024, August 28). *Reimagining health Equity, equality, and Justice: a fresh vision*. <https://www.longwoods.com/content/27405/reimagining-health-equity-equality-and-justice-a-fresh-vision>





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Activity #1

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Flower Power Activity

- The **Wheel of Power and Privilege** visually represents these identities, showing how some are centred (privileged) and others are subjugated, depending on societal structures.
- The **closer** you are to the centre, the **more** privilege you have.
- **Intersectionality**: Examines how various aspects of a person's identity—such as race, gender, class, and ability—**intersect** to shape their experiences of oppression or privilege

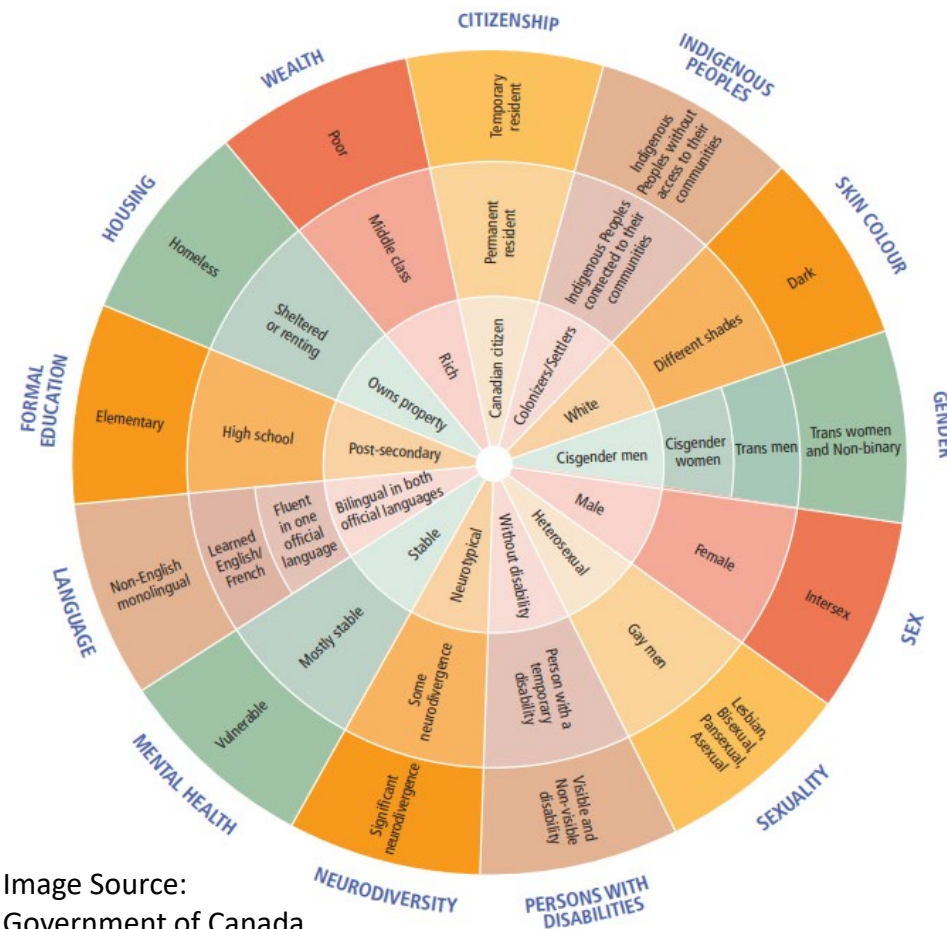


Image Source:
Government of Canada





Integrated Plan: EDI + HJ

- Collaboratively developed with People & Culture
- Inclusive of 'lived and living' experiences of patients, families, communities as well as staff, physicians, volunteers and learners throughout the planning process.
- People-Centred Care:
 - An approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people. (WHO, 2015)



Informed. Inclusive. Inspired:

Osler's Commitment to Belonging and Health Justice

Guidance & Accountabilities

Strategic Plan (2024-2029)

Clinical Priorities Plan
People Services Plan

Mission, Vision, and Values &
Promise

Ontario Health
Frameworks

Central West OHT Strategic
Plan

Truth and Reconciliation 94
Calls to Action

Ontario Health Service
Accountability Agreements

Accreditation Canada

Governance Standards

People-Centred Care Priority
Process

Cultural Safety and Humility
Standards

Integrated Plan

Education

Intentional
Engagement,
Integration, & Action

Provision of
Culturally Safe
Care

System
Transformation



Pillar 1: Education: Learning,
Unlearning, Growing.

- **People & Culture:** Provide workshops and learning to develop EDI competencies and knowledge on equity deserving communities.
- **Health Justice:** Co-design a People-Centred Care Program with internal and external partners.

Pillar 2: Intentional Engagement,
Integration and Action: Building
Belonging, Access and Inclusion.

- **People & Culture:** Create a toolkit to support staff in shifting from conflict to inclusivity in the workplace.
- **Health Justice:** Develop a Patient Experience Data Strategy

Pillar 3: Advancing Culturally Safe
Care: Care without Barriers

- **People & Culture and Health Justice:** Expand resources on cultural and religious practices to ensure people-centred care is delivered to patients, families and the community.

Pillar 4: System Transformation:
Driving Collective Change and
Innovation.

- **People & Culture and Health Justice:** Build on current partnerships (e.g., Black Health and Social Services Hub, Regional Diversity Roundtable, International Students Collaborative, etc.) to create one to two inclusive models of care.





Evaluation Guiding Principles

Transparent

Challenge the status quo

Evolving

Generative

Promote accountability

Inform the annual
Ontario Health Service
Accountability
Agreement (SAA)
reporting

Elevate Osler's EDI
Strategic Foundation

Provide evidence
towards an exemplary
Accreditation Canada
Survey





Evaluation Metrics

- Health Justice PX Survey Question
- Staff Engagement Survey Results
- Quality Improvement Plan (QIP) EDI indicator
- People & Culture Incidents and Complaints
- Patient Relations Complaints
- Number of education sessions, pre/post feedback results
- Number of policies revised based on EDI & HJ Guidelines
- Patient Safety Incident (PSI) related to culturally safe care





Social Justice Communication Framework

- Algorithm for the organization to respond to community-relevant (including political/federal events or announcements) to show allyship and solidarity
 - Part A: Proactive approach to respond to local and global issues
 - Part B: Reactive approach to respond to local and global events





PART A: SOCIAL JUSTICE COMMUNICATION PROACTIVE ASSESSMENT



Issue:					
Background: (2-3 sentences only)					
Executive Team A Strategy Is it aligned with the Osler MVVP?	Clinical VPs B Impact Can Osler influence the issue/cause?	Chief of Staff Chief People Officer C Workforce Will our staff, physicians, learners, and volunteers support?	Executive VPs D Patients/Families/Community Does our community support?	CEO E System Partners Will our external partners/funders support?	VP, Communications F Political Is it at risk of polarizing?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Action: Consider reviewing Values in Action and Strategic Plan.	Action: Find a partner to increase influence and avoid risk of being perceived as disingenuous.	Action: Engage and review stakeholder needs and/or educational opportunities.	Action: Engage Program, Corporate, OHA CoP, CW OHT PFAC, and/or CW OHT Collaboration Council	Action: Engage existing partnerships, such as Foundation, OHA, OH/MOH, City of Brampton, City of Toronto, etc.	Action: Consider responses to Questions A and B to influence the tone of the message.

Speak as a "leader". Proceed to Part B.

No communication.





PART B: SOCIAL JUSTICE COMMUNICATION IMPACT ASSESSMENT



Going Beyond

Issue: 0

Background:
(2-3
sentences
only)

Our Mission

Innovative health care
delivered with
compassion

Our Vision

Patient-inspired
health care without
boundaries

Our Values

Respect
Excellence
Innovation
Service
Compassion
Collaboration

Instructions:

1. Carefully read each domain and objective as it relates to the issue.
2. Select the appropriate risk score (Low to High) for each domain.
3. Use the total score to determine the Risk Rating.
4. Based on the Risk Rating, consider Action, Type of Statement, and Group To Review.

#	Category	Domains	Objective	Impact/Effect/Change Rating			Score	Rationale (if applicable)
				Low	Moderate	High		
1	INTERNAL	Strategy	Mission, Vision, Values, and Promise	1	2	3		
2		Organizational Capabilities	Current structures, programs, and systems effected to support the cause/issue	1	2	3		
3		Organizational Commitment	Plan(s) or infrastructure effected for a sustained commitment to the cause/issue	1	2	3		
4		Workforce Safety/Wellbeing	Health, safety, and overall welfare of our workforce	1	-	-		
5		Patient & Family Safety/Wellbeing	Health, safety, and overall quality of care to our patients and families	1				
6		Financial	Monetary impact to clinical and/or non-clinical programs (including research and foundation)	1 (≤1%)				
7		Service/Business Interruption	Impact to clinical and/or non-clinical operations	1 (≤1 wee				
8	EXTERNAL	General Reputation	Advocacy groups, system partners, etc. impacted	1				
9		Social Determinants of Health	Impact of social and economic factors that influence health outcomes	1 (≤1)				
10		Community Needs	The needs and expectations of the Osler community impacted (i.e. equity deserving groups)	1				
11		Other Healthcare Organizations	Organizations committed to stand together on the cause/issue	1				
12		Legal/Regulatory Compliance	Compliance with applicable laws and regulatory statutes	1				
13		Political/Government	Municipal, provincial, or federal policy impact	1				
14		Media Relations	Mainstream news/media impact	1				
15		Health Related	Link with International Classification of Diseases (ICD-11)	1				
16		Timing	The cause/issue is relevant and current	1				

Impact Rating	Action	Type of Statement/Messaging	Group To Review Statement/Messaging
Low (≤20)	Occasional monitoring with a Rapid Response (Mitigation) Plan		
	Public Relations oversight only		
Moderate (21-27)	Close monitoring with a detailed Contingency Plan		
	Executive Leadership oversight as needed		
High (>28)	Consult additional stakeholders and delay/pause the statement		
	Executive Leadership oversight is required		



Large Group Activity

Use the Four Pillars of our Plan and apply them to your respective organization and roles.

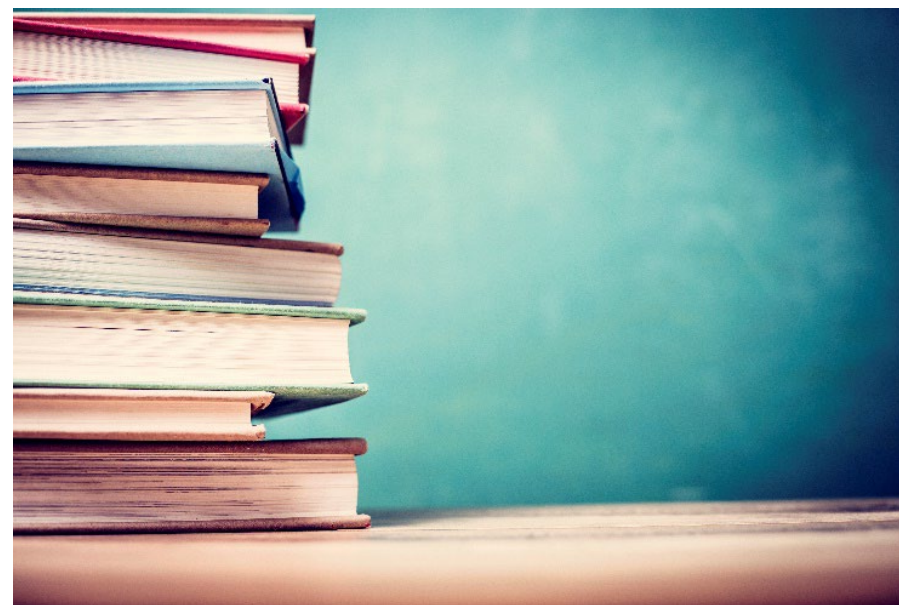
- Pillar 1: Education: Learning, Unlearning, Growing.
- Pillar 2: Intentional Engagement, Integration and Action: Building Belonging, Access and Inclusion.
- Pillar 3: Advancing Culturally Safe Care: Care without Barriers
- Pillar 4: System Transformation: Driving Collective Change and Innovation.





Pillar 1: Education: Learning, Unlearning, and Growing

AIM: Fostering a culture of continuous learning and reflection by equipping staff, physicians, volunteers, and learners with knowledge, awareness, and tools to role model allyship, address structural and systemic inequities, embrace diversity, and advance inclusive practices.





Pillar 2: Intentional Engagement, Integration & Action: Building Belonging, Access and Inclusion

AIM: Creating a respectful, psychologically safe, and inclusive environment where everyone feels safe, valued, and supported to experience and/or contribute to people-centred care, inspired by dialogue and data.





Pillar 3: Advancing Culturally Safe Care: Care without Barriers

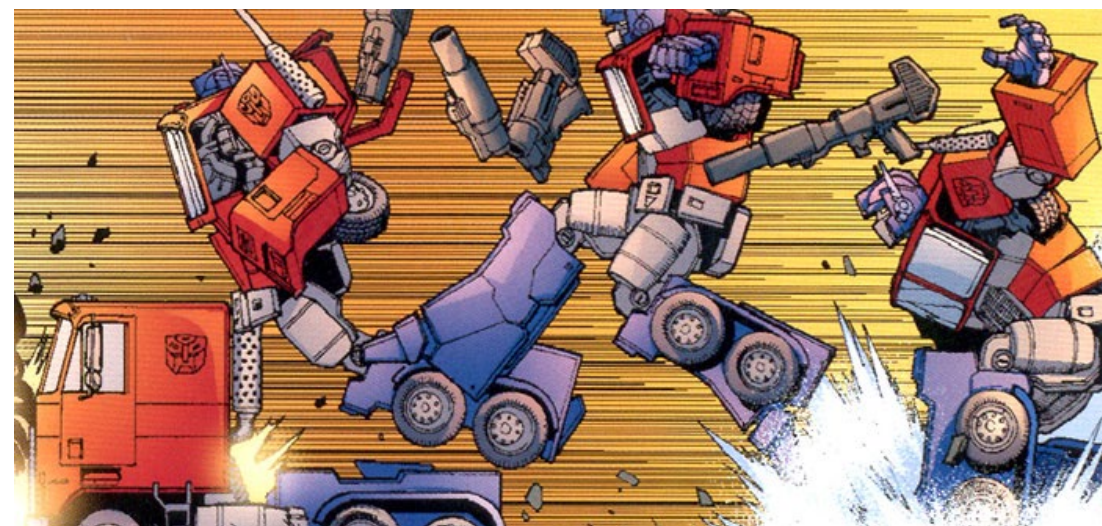
AIM: Advancing health justice by identifying and eliminating structural and systemic barriers, and fostering inclusive, trauma-informed practices that respect the diverse needs and experiences of the Osler community.





Pillar 4: System Transformation: Driving Collective Change and Innovation

AIM: Building a future-ready workforce in collaboration with the Osler community to co-design and co-produce innovative integrated care pathways, improving equitable access to care for equity-deserving communities.

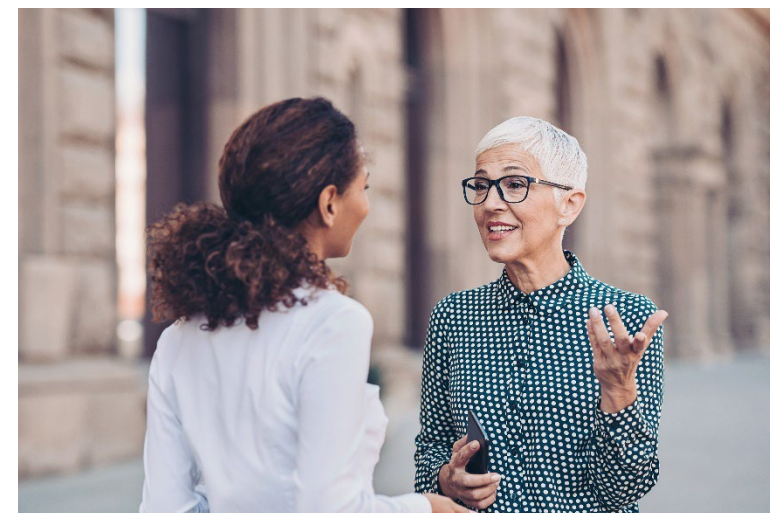




Think-Pair-Share Activity

Instructions:

- 1.Think:** Take 2 minutes to reflect on the two case scenarios and identify key health justice issues.
- 2.Pair:** Turn to the person sitting next to you and discuss your thoughts—focus on strategic, operational, cultural, and systemic factors at play.
- 3.Share:** Be prepared to share one key insight with the larger group.





Case Scenario 1: Uninsured Services

A 47-year-old woman arrives at the Emergency Department with fracture of wrist. She is an uninsured migrant worker who has delayed seeking care due to fear of costs and immigration-related concerns. The health care team must decide how to provide care while navigating hospital policies and limited funding for uninsured patients.

1. What education or training is in place to help staff recognize and address bias or gaps in knowledge about uninsured populations?
2. What data do we collect on care access, delays, or outcomes for uninsured or non-resident patients—and how do we use that data to drive change?
3. What changes could be implemented at the institutional or policy level to better support uninsured people in accessing timely healthcare?
4. What might you consider to create a barrier-free system?





Case Scenario 2: Integrated Care

A Somali patient is brought to the Emergency Department via EMS in critical condition. The patient is unvaccinated, rapidly diagnosed with COVID-19, and admitted to a resuscitation room due to limited bed availability. During treatment, the patient refuses care, expressing fears of being subjected to experimental drugs. The patient's extended family, who are also unvaccinated, request to visit, but their request cannot be accommodated due to hospital visitor restrictions.

1. Have care providers been trained to recognize and respectfully address medical mistrust in equity-deserving communities?
2. What information/data points would you share with the patient, family, and the community organizations?
3. How do we engage with communities (like Somali Canadians) outside of crisis moments to co-design health responses, especially during pandemics?
4. What role should spiritual care, interpreters, or cultural navigators play in this situation?





Key Take-aways

BEING

- Pick and choose the right time to be BOLD.
- Believe that every conversation moves the work forward.
- Expect disruption and discomfort.
- Pay attention to your own unconscious bias and self-awareness.
- Create safe places to communicate own struggles, pain points, ask questions, etc.
- Be mindful of one's positionality in the organization, and navigating socio-political environment internally and externally
- Be curious – learning and knowing each other's stories.
- Be open to coaching for self and others.
- Be OK with mis-steps.
- Do your own work.

DOING

- Review and revise the strategic plan to embed an EDI-HJ initiative.
- Embrace people-centred care standards of practice
- Partner with community organizations
- Be part of community advocacy and addressing systemic racism and discrimination
- Invite champions to your organization to set the context
- Build capacity around trauma and violence-informed care
- Collect data, reports and share patient and staff experiences of racism, discrimination and hatred
- Ensure the electronic health record includes patient social determinants of health (SDoH) data, and it is used to inform care



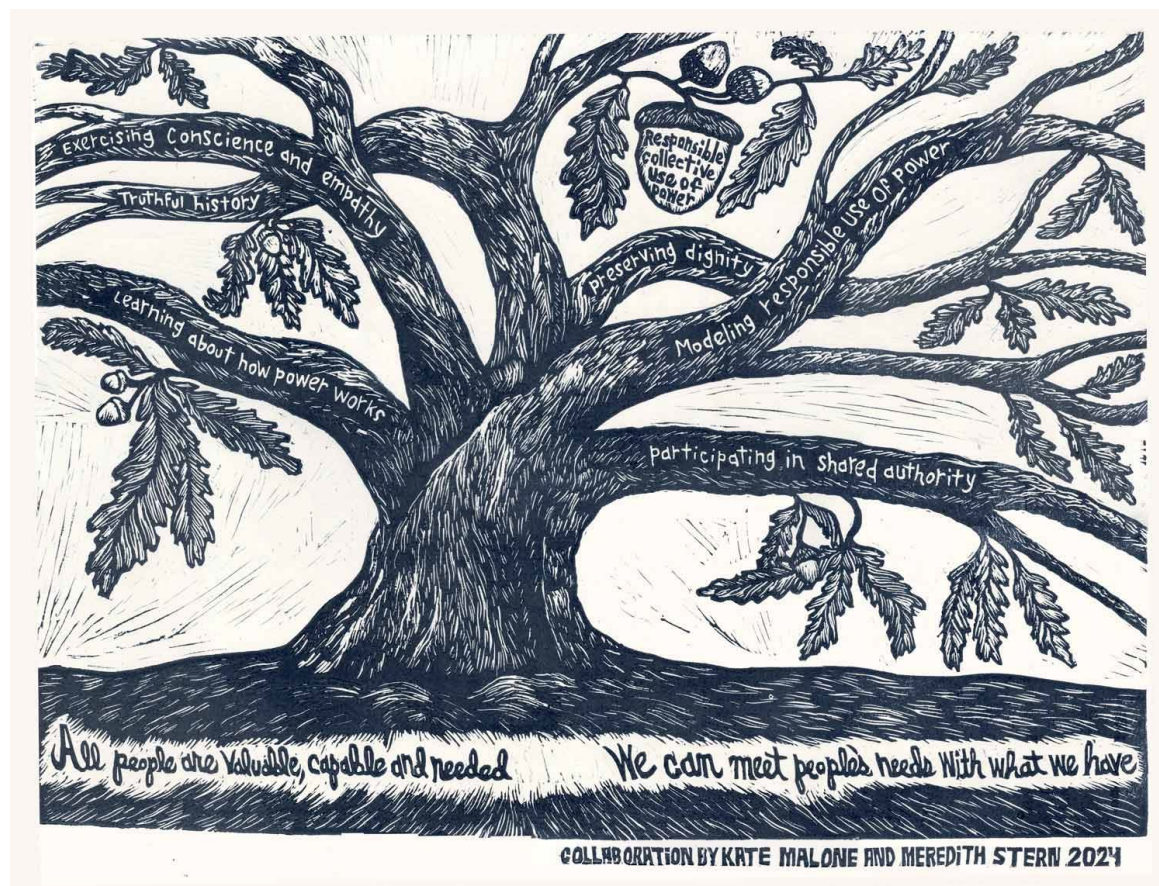


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