

How We Work Here



**Inclusion &
Belonging**
@ OSMH

Executive Summary

Inclusion & Belonging @ OSMH is a foundational framework that affirms our commitment to creating an environment where patients' caregivers, families, team members, credentialed staff, learners, and volunteers—can work and receive care safely, openly, and authentically. This document outlines how Equity, Diversity, Inclusion, Accessibility, and Anti-Racism (EDIA-AR) are embedded into everyday practice, leadership behaviours, organizational decision-making, and in the delivery of safe, culturally responsive care across the hospital

Inclusion and belonging are not parallel initiatives or optional enhancements; they are core conditions for quality care, psychological safety, and health equity. When team members feel respected and safe to speak up, when patients feel seen and valued, and when barriers are actively addressed, the entire system performs better. This framework aligns with the Ontario Health's Quintuple Aim, acknowledging equity as a defining feature of high-performing health systems.

The work of inclusion and belonging follows a distributed leadership model, with clear accountabilities across Ontario Health, the Board of Directors (the Board), Senior Team, People Services, Quality, Corporate Services, clinical leadership, and team members. It is strengthened by guiding principles centered on human dignity, psychological safety, equity, Indigenous relationship, and data-informed quality improvement. This framework also reflects OSMH's existing strengths: ongoing relationships with the Indigenous Health Circle and Chippewas of Rama First Nation; Indigenous Care in Indigenous Hands; cultural, spiritual, and Francophone supports; 2SLGBTQIA+ initiatives; the Couchiching Ontario Health Team (COHT) and equity-driven quality improvement work across programs. The hospital also engages regionally through the Simcoe County Coalition and the Simcoe County Diversity Hub. Internally, this work is supported by several employee resource groups (ERGs) and the Diversity, Equity, Inclusion, Reconciliation and Belonging (DEIRB) advisory committee. The ERGs include the 2SLGBTQIA+, French Language Services (FLS), Building Community & Lived Experience, and Accessibility groups, each with representation from both team members and community partners.

Evaluation, transparency, and measurement—through patient experience, team member feedback, incident trends, and quality indicators—ensure ongoing accountability and quality improvement. The document also aligns OSMH with **Ontario Health's Equity, Inclusion, Diversity & Anti-Racism Framework**, detailed in Appendix B.

Developed through broad engagement with team members, patient family & advisory council (PFAC), credential staff association (CSA), community partners, governance bodies, and equity-deserving groups, this framework reflects our belief that inclusion and belonging must be co-designed with the people who deliver care, receive care, and support care across and within our community and throughout the region.

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Overview

Inclusion & Belonging @ OSMH reflects our commitment to ensuring that every person who receives care, works, learns, or volunteers here can do so safely, openly, and authentically. This document outlines how equity, inclusion, diversity, accessibility, and anti-racism are embedded into how we work, lead, and care across the entire organization.

Inclusion and belonging are not parallel efforts or abstract aspirations—they are essential conditions for quality care, psychological safety, and health equity. When team members feel comfortable speaking up, when patients feel respected and reflected in our services, and when barriers are actively removed rather than minimized, our outcomes, culture, and trust improve. This work is rooted in the Quintuple Aim, where equity is not optional but foundational to best-practice quality.

Inclusion & Belonging @ OSMH is a collective commitment—one we uphold together through our everyday actions.

Purpose

The Inclusion & Belonging document outlines the philosophy, structures, and shared expectations that guide our approach to equity and belonging across and within the hospital. It describes the concepts that shape our work, aligns OSMH with Ontario Health's Equity, Inclusion, Diversity and Anti-Racism (EID-AR) Framework, and clarifies how accountability is distributed and upheld throughout the organization. It also highlights the commitments, programs, and supports that enable patients, families, caregivers, communities, and team members to experience safety, respect, and genuine belonging at OSMH.

How the Plan Was Developed

Our journey toward Inclusion and Belonging at OSMH began with a simple but powerful recognition: we cannot change systems without also examining ourselves. In late 2020, OSMH embarked on a journey to better understand, appreciate and support the impacts of difference (cultural, race, gender and more) in the workplace. At its basis, psychological safety underpins the ability for people to have their voices heard and understood.

The Intercultural Development Inventory (IDI) assesses intercultural competence – the capability to shift cultural perspective and appropriately adapt behavior to cultural difference and commonalities. The IDI is used across a range of industries to engage individuals, groups, and organizations in understanding their approach to cultural differences (Appendix A). By helping us understand how we each make sense of cultural differences—what we know, what we have yet to learn, and what we may need to unlearn—the IDI has provided a shared foundation for growth across the organization. It has supported the Board, Senior Leadership, and team members in building the self-awareness and cultural humility needed to advance equity and cultural safety in a meaningful and accountable way. Including the IDI within this framework reflects where our journey started and underscores our continued commitment to becoming an organization where every person can feel they belong.

This plan was created through an inclusive and evidence-informed process involving team members, Indigenous partners, community representatives, governance bodies, caregivers, and patients.

Engagement included surveys, visiting teams in their work areas, small-group conversations, and focused discussions with equity-deserving groups. The result is a co-created document supported by senior leadership as an essential part of how we work together. Further, this process reflects our belief that inclusion and belonging must be shaped by the people who deliver care, receive care, and partner with us.

Document Authorship & Review

This document was developed by Abby Sirisegaram-Cole, Quality Experience Leader and Debbie Singh, Vice President & Chief Human Resources Officer (CHRO), with contributions from team members across Orillia Soldiers' Memorial Hospital, including but not limited to People Services, Quality & Interprofessional Practice, Patient Experience, the Indigenous Health Circle, and members of the Diversity, Equity, Inclusion, Reconciliation & Belonging (DEIRB) Committee as well external partners including but not limited to Orillia Fire Department, Ontario Provincial Police, Simcoe County District Health Unit, Simcoe County Coalition, and Couchiching Ontario Health Team.

Final approval was granted by the OSMH Senior Leadership Team, with accountability to the Board of Directors through the Quality & Safety Committee

Governance & Accountability

Inclusion and Belonging follow a distributed leadership model, where responsibility is shared across the organization and embedded in everyday practice. While the work is collective in nature, oversight is clear and aligned with our quality and safety structures.

Ontario Health sets provincial direction, ties funding to equity performance, and establishes expectations through the EID-AR Framework which aligns closely with OSMH's broader commitment to inclusion and accessibility across the health system.

The **Board of Directors** holds ultimate accountability for inclusion, belonging, and anti-racism, ensuring alignment with strategic priorities and monitoring progress.

The **Senior Team** embeds equity into strategic planning, resource allocation, risk mitigation, and organizational expectations. They ensure this work is prioritized and sustained.

People Services leads education, training, and capacity-building including cultural humility, cultural safety, anti-racism, psychological safety, and employment equity practices.

The **Quality and Interprofessional Practice** department strengthens this work through evidence-informed training, orientation, and practice support that embed equity, inclusion, accessibility, and culturally safe care into everyday clinical practice.

The **Quality & Safety Committee** reviews equity-related quality indicators, patient experience trends, and cultural safety outcomes to ensure integration with quality and safety requirements.

Committees such as the **Diversity, Equity, Inclusion, Reconciliation & Belonging (DEIRB) Committee** and the **Indigenous Health Circle** provide guidance, elevate lived experience, and support culturally grounded approaches to care.

Leaders model and uphold inclusion and belonging by embedding these principles into team culture, hiring, conflict resolution, and daily decision-making.

Team members are responsible for demonstrating inclusive behaviours, participating in education, reporting concerns, and contributing to safe environments

Credentialed staff and medical leadership champion culturally safe practice and embed equity principles into clinical care, privileging, and professional standards.

Structure / Team Member	Responsibility	Accountability
Ontario Health	Ties funding to improving health equity measures, Quality Improvement Plans (QIP), and implementation of the EIDA-AR Framework. Sets provincial direction for equity, inclusion, diversity, accessibility and anti-racism; defines the 11 Areas of Action; requires equity reporting and analysis.	Government-level oversight and funding alignment for equity-related mandates, reporting, and performance.
Board of Directors	Provides governance oversight for equity and belonging; ensures alignment with the strategic plan; monitors progress and risks.	Ultimate accountability for inclusion, belonging, and anti-racism across the organization.
Senior Team	Embeds equity and belonging into strategic planning, resource allocation, risk mitigation, and organizational priorities; sets EID-AR performance expectations for leaders.	Accountable to the Board for system-wide results in inclusion, belonging, accessibility and equity, including through the Balanced Scorecard and QIP.
Quality & Safety Committee of the Board	Reviews equity-related quality indicators, patient experience data, population-level metrics, ensures integration with quality and safety.	Accountable under Excellent Care for All Act (Ontario) for ensuring safe, equitable care and monitoring equity outcomes (Excellent Care for All Act, 2010).

Structure / Team Member	Responsibility	Accountability
People Services	Leads training and capacity building (cultural humility, cultural safety, anti-racism, psychological safety and accessibility); supports equity-informed HR practices; leads equity strategy and related policy development.	Accountable for enabling leaders and staff to apply inclusive, accessible, and equitable practices ensuring adherence to the Ontario Human Rights Code; and overseeing EDIA-AR processes, structures, and outcomes (Ontario Human Rights Commission, 2024).
DEIRB Committee (Diversity, Equity, Inclusion, Reconciliation & Belonging)	Serves as an internal and community-connected advisory group; elevates lived experience; co-designs solutions; monitors emerging issues; supports staff and patient voices.	Advisory accountability to the Senior Team through recommendations, insights, and identified risks/opportunities.
Indigenous Health Circle (IHC)	Partners with OSMH to advance Indigenous health equity, uphold Indigenous Care in Indigenous Hands, guide Indigenous self-ID work, and support culturally safe care	Shared accountability with the Senior Team for Indigenous health equity outcomes and culturally safe practice.
Quality, Risk, Interprofessional Practice, Education & Patient Experience Teams	Support equity-informed quality improvement; integrate equity into incident trends, & patient feedback; support best-practice adoption.	Accountable for equity-driven learning, reporting, and integration of cultural safety in practice.
Leadership (Directors / Managers)	Apply equity and belonging principles in decision-making, hiring, performance management, conflict resolution, team culture, and patient care; support transparent pathways for reporting concerns.	Accountable for workplace culture, team member safety, and equity-informed operations.
Team Members (All Roles)	Demonstrate respectful, inclusive behaviours; participate in required education; speak up about concerns; engage in continuous learning; co-create safe environments for patients, caregivers and colleagues.	Accountable for upholding inclusive behaviours and contributing to a safe, equitable culture.
Credentialed Staff & Medical Leadership	Model culturally safe practice; support anti-racism in clinical environments; integrate equity considerations into care delivery.	Accountable for clinical quality and equitable care through the Medical Advisory Committee and related structures.

Inclusion & Belonging Embedded Throughout OSMH

Inclusion and belonging are woven into daily practice and extend far beyond a single department or program. They shape how we deliver care, make decisions, interact with one another, and partner with our communities. Team members advance inclusion every time they greet a patient with dignity, raise a concern, collaborate across disciplines, reflect on a bias, engage with a community partner, or support a colleague through a difficult moment. Leaders demonstrate inclusion when they design policies through an equity lens, address disrespectful behaviour, make space for diverse voices, or ensure resources are distributed fairly. Community partnerships, spiritual and cultural supports, patient, caregiver, and family engagement structures, and education programs all reinforce this shared cultural foundation.

Guiding Principles for Inclusion & Belonging

Our guiding principles translate our purpose into everyday practice. They describe how we work together, how we interact with patients, caregivers, and families, and how we make decisions that shape our culture. These principles are shared across the entire organization—from the Board and Senior Team to physicians, team members, learners, volunteers, patients, families, caregivers and community partners—and form the foundation of an environment where people feel respected, valued, and supported.

At the heart of these principles is **human dignity**. Every person who comes through our doors deserves to experience compassion, respect, and care that honours who they are. Dignity is not something we aspire to—it is the baseline for how we show up for one another. We are committed to creating an environment free from discrimination, harassment, or dismissive behaviour, and to fostering interactions where people feel welcomed, seen, heard, and valued.

A second principle is **psychological safety**, which enables team members to speak openly about concerns, including experiences of racism, bias, exclusion, or unsafe care. Speaking up must feel safe. Through our commitment to Just Culture, we aim to respond to concerns with openness and learning rather than blame. Psychological safety is essential to teamwork, innovation, and high-quality care, and we continue to strengthen it across all levels of the organization.

We also recognize **equity as a core design principle**. Equal treatment does not always lead to fair outcomes, particularly in a system shaped by structural barriers. Equity requires us to intentionally consider people's diverse identities, circumstances, and needs when developing policies, practices, and models of care. Removing structural obstacles and tailoring supports are essential to ensuring that every person—inside and outside the hospital—has a meaningful opportunity to thrive.

Another guiding principle is our commitment to **Indigenous relationships and cultural safety**. We honour Indigenous rights, leadership, and knowledge by collaborating closely with the Indigenous Health Circle, Chippewas of Rama First Nation, and other Indigenous communities. Cultural safety is defined by the person receiving care, not by the provider or organization. This principle requires ongoing humility, accountability, and learning, grounded in respectful relationships.

Finally, our work is shaped by a commitment to **data-informed quality improvement**. We use data, evidence, and community input to understand inequities, monitor progress, and refine our approaches. Patient experience, incident trends, and emerging equity measures help us identify where action is needed most. Transparent reporting strengthens accountability and ensures that our work results in meaningful, sustainable change.

Inclusion & Belonging Drivers

The work of inclusion and belonging is strengthened by both proactive and reactive drivers. Proactively, OSMH is guided by provincial and national expectations such as the Ontario Human Rights Code, Ontario Health's Equity, Inclusion, Diversity and Anti-Racism (EID-AR) Framework, and Accreditation standards that emphasize cultural safety, accessibility, psychological safety, and anti-racism. Strategic priorities, organizational values, partnership commitments—including Indigenous Care in Indigenous Hands—and structured education programs also create the conditions for an environment where everyone feels safe and supported.

Reactive drivers help us respond with integrity and learning when issues arise. Feedback from team members, patient experience reports, workforce surveys, going on rounds, risk reviews, or concerns about discrimination or exclusion inform our quality improvement efforts. Trends from incident data, quality reviews, or Accreditation recommendations further highlight where we need to reinforce structures, revise policies, or strengthen supports. These drivers ensure that our approach remains grounded in the lived experiences of the people who deliver and receive care at OSMH. Together, these drivers make our efforts both strategic and responsive, creating a culture that can adapt, grow, and improve.

The Quintuple Aim

The Quintuple Aim offers a best-practice framework that strengthens our inclusion and belonging work by recognizing that the highest-performing systems advance patient experience, population health, value, team member well-being, and health equity simultaneously. Equity reframes how we understand quality; we cannot claim success if preventable disparities persist.

Advancing equity at OSMH means acknowledging how identity, history, and social conditions influence healthcare experiences and outcomes. It requires us to understand who is most affected by systemic barriers and to design support that meaningfully reduces those gaps. This includes strengthening culturally safe care, developing targeted interventions, removing structural obstacles, supporting respectful and non-discriminatory environments, and embedding psychological safety and anti-racism into every level of the organization. It also means using data and feedback to understand where inequities exist and where our efforts are having the most impact.

A more detailed overview of OSMH's equity work under the Quintuple Aim is provided in **Appendix A**.

Inclusion & Belonging in Practice

Inclusion and Belonging come to life through our shared commitment, services, and everyday interactions. Indigenous Care in Indigenous Hands is a key expression of our commitment to advancing Indigenous health equity through respectful relationship, guided practice, and community defined cultural safety. Our Indigenous Patient Navigator (IPN), collaboration with the IHC, and organization wide cultural safety learning deepen our understanding and enhance care experiences.

OSMH also supports inclusion through Francophone navigation partnerships, 2SLGBTQIA+ resources, spiritual and cultural care, and programs that create community for team members with diverse lived experiences. Cultural humility, cultural safety, anti-racism, and psychological safety education for leaders, physicians, and team members strengthens our shared language and expands our capacity to act.

Measurement, Reporting & Evaluation

To understand how well we are advancing inclusion and belonging, OSMH relies on a combination of patient experience insights, incident and risk trends, and feedback from team members and community partners. These sources help us identify where inequities exist, where progress is being made, and where additional action is required. Reporting is integrated into existing structures—including the Balanced Scorecard, Quality Improvement Plan, and regular Senior Team and Board updates—to ensure this work is visible, measurable, and aligned with organizational priorities.

Continuous Quality Improvement & Learning Culture

Inclusion and Belonging require continuous learning and reflection. OSMH fosters this through our Just Culture approach, which encourages team members to speak up and supports learning over blame, and by embedding Ontario Health's Equity, Inclusion, Diversity and Anti-Racism (EID-AR) Framework and accessibility into our planning and decision-making. Distributed leadership ensures responsibility is shared, not siloed. Feedback from patients, families, caregivers, team members, communities, and partners help us refine our strategies, strengthen our support, and build an environment where everyone feels safe and respected.

This culture of learning ensures that inclusion and belonging are not static goals but ongoing commitments.

Conclusion

Inclusion & Belonging @OSMH is an ongoing journey rooted in humility. It asks us to reflect honestly, listen deeply, and broaden our understanding of the people we serve and work with. We recognize the meaningful progress already made, while acknowledging that true inclusion requires continuous learning, commitment, and growth.

This work belongs to everyone. Its real impact is seen when every person—team member, patient, caregiver, learner, or volunteer—feels that they genuinely belong here. Belonging is created through everyday actions: how we show up, how we respond to concerns, and how we honour each person's identity and experience.

We are grateful to those who shared their stories and insights to shape this framework. Your openness moves us forward and helps us see what is possible. There is sincere optimism in where this work will take us—not because it is simple, but because we choose to do what is right, and each day is a step towards progress in this effort. We are Soldiers' strong and together, we will challenge, embrace and learn from our shared experiences to guide our evolving environment that is grounded in dignity, respect, and cultural safety.

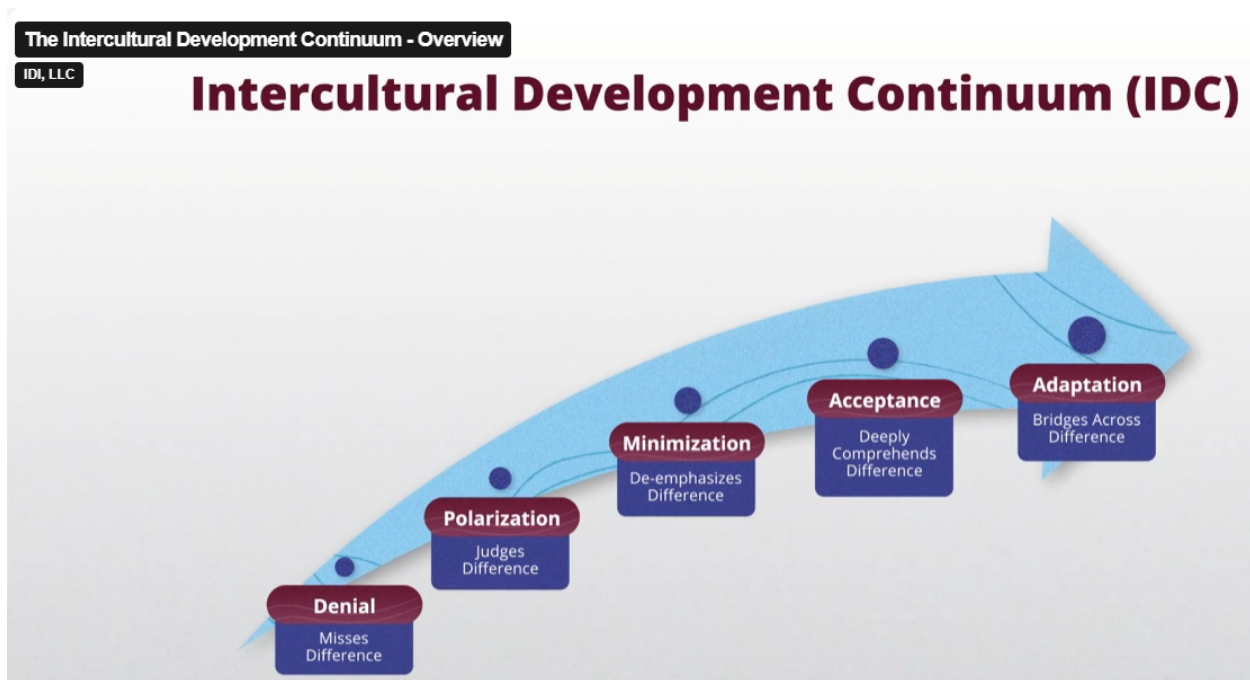
This is shared work, shaped by all of us.

APPENDIX A

The Intercultural Development Inventory (IDI) and OSMH's Intercultural Development Journey

The [Intercultural Development Inventory \(IDI\)](#) is a validated, evidence-based assessment tool that helps individuals and organizations understand how they experience and navigate cultural differences. At OSMH, the IDI has been an important foundation for our inclusion, belonging, and anti-racism work. It has been used with the Board of Directors, the Senior Leadership Team, and leaders across the organization to support the self-awareness and collective reflection required for meaningful culture transformation.

The IDI is grounded in the Intercultural Development Continuum (IDC), which describes a progression from monocultural mindsets to more complex intercultural competence. By helping people identify their developmental orientation and their potential for growth, the IDI offers both a mirror and a roadmap. It supports individuals in recognizing what they have learned, what they may need to unlearn, and how their own experiences and assumptions shape their interactions with others.



Source: <https://idiinventory.com/>

This framework aligns directly with our commitments to equity, accessibility, cultural safety, psychological safety, and anti-racism. The IDI reinforces that systemic change requires personal responsibility and that personal responsibility strengthens professional accountability. It allows team members and leaders to better understand how they show up in diverse environments, how they respond to cultural differences, and how they contribute to environments where every person feels safe and valued.

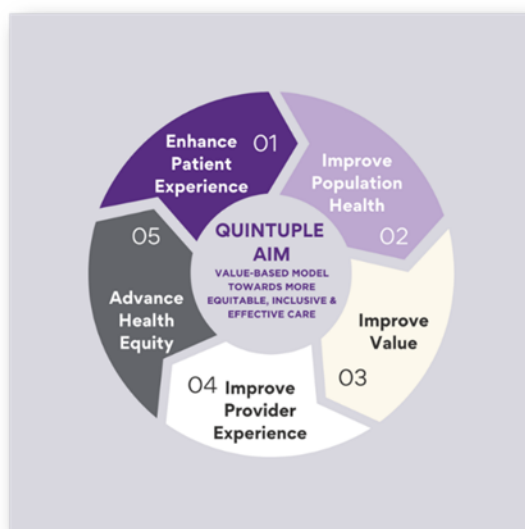
By embedding the IDI into our leadership development, Board education, and organizational learning strategies, OSMH is creating a shared language and developmental pathway that strengthens our culture. The IDI reflects where our journey began, and it remains a key tool supporting our ongoing growth, alignment, and commitment to becoming an organization where everyone can belong.

APPENDIX B

The Quintuple Aim — Detailed Overview

Understanding the Quintuple Aim

The Quintuple Aim is a modern framework for health system improvement that recognizes that true performance requires progress across five interconnected domains: enhancing the patient experience, improving population health, improving value and cost-effectiveness, supporting provider well-being, and advancing health equity. Together, these aims offer a comprehensive lens for designing, evaluating, and improving care.



The addition of health equity as the fifth aim represents an important evolution in how health systems define and measure quality. A system cannot be considered high performing if it achieves strong results on average while entire populations continue to experience preventable harm, barriers to access, or worse outcomes. As Nundy, Cooper, and Mate (2022) argue, “quality improvement without equity is a hollow victory.” Equity must be explicit, intentional, and measured—not implied by other aims.

Why the Fifth Aim Matters: Advancing Health Equity

Health equity means that every person can reach their full health potential, and no one is disadvantaged by who they are, where they live, or the systemic barriers they face (Nundy et al., 2022). Across Canada and comparable health systems, inequities remain patterned, predictable, and preventable. COVID-19 exposed and widened many of these divides. Racialized communities, Indigenous Peoples, LGBTQ+ communities, older adults, people with disabilities, rural populations, and those living with lower incomes experienced:

- Higher infection and mortality rates
- Reduced access to chronic and preventive care
- Greater disruption in essential services
- Increased complications and avoidable harm
- Barriers created by racism, stigma, and discrimination
- Heightened mental health and socio-economic stress (Statistics Canada, 2022)

These inequities do not arise by chance. They reflect the ongoing impacts of colonialism, structural racism, social marginalization, and inequities in the social determinants of health. As a result, advancing health equity requires deliberate action that includes:

- Stratified data collection
- Identification of disparities
- Targeted and culturally responsive interventions
- Collaborative relationship and co-design with communities
- Action on upstream social determinants of health

How OSMH Expands on the Fifth Aim: Advancing Health Equity in Practice

OSMH has already taken significant steps to operationalize the principles of the Quintuple Aim. Our work aligns directly with Ontario Health's Equity, Inclusion, Diversity and Anti-Racism (EID-AR) Framework and reflects a commitment to delivering respectful, accessible, inclusive, and equitable care.

1. Indigenous Care in Indigenous Hands

OSMH has made intentional investments in advancing Indigenous health equity, including:

- A formal relationship with the Chippewas of Rama First Nation
- A Letter of Relationship with the Indigenous Health Circle
- A full-time Indigenous Patient Navigator
- Ongoing training of Indigenous Self-ID training for all team members responsible for patient intake
- Organization-wide Indigenous Cultural Safety education for team members and the Board

These actions demonstrate our commitment to culturally relevant, community-led approaches grounded in Indigenous knowledge, values, and priorities. This reflects one of the most meaningful applications of the Fifth Aim.

2. Data and Measurement: Seeing Inequities Clearly

The Fifth Aim requires that health systems understand disparities through clear, stratified data. OSMH is committed to progressively incorporating equity-derived data that reflects demographic factors such as race, Indigeneity, gender identity, age, socioeconomic status, and geography.

Canadian Institute for Health Information (CIHI) national findings make this approach essential. Data shows that:

- Patients aged 75+ experience more hospital harm and poorer recovery
- Lower-income patients face more readmissions, more complications, and lower satisfaction
- Women experience higher rates of certain harms
- Rural residents face more readmissions and different access barriers (CIHI, 2024)

These differences reflect systemic inequities, not individual failures. Embedding equity metrics into our Balanced Scorecard, Quality Improvement Plans, and internal reporting structures enables OSMH to identify disparities early, act on them, and ensure transparent accountability.

3. Targeted Interventions That Reduce Disparities

The Fifth Aim reinforces that universal approaches can unintentionally widen gaps. To advance equity, interventions must be tailored, culturally responsive, and informed by those most affected.

OSMH continues to support targeted initiatives, including:

- Indigenous Patient Navigation services
- Indigenous Care in Indigenous Hands
- Partnerships through the Couchiching Ontario Health Team (COHT) that strengthen access to culturally responsive, community-based care and address social determinants of health across our region
- Francophone navigation partnerships
- Cultural and spiritual care grounded to welcome and support diverse identities and faiths
- 2SLGBTQIA+ support and resources
- Team member training in cultural humility, cultural safety, anti-racism, and psychological safety
- Equity-informed clinical pathways and policy development
- Spaces that foster community, connection, and belonging for newcomer and equity-deserving team members

These initiatives strengthen respect, representation, and psychological safety and reflect meaningful action where disparities exist.

4. Addressing Social Determinants of Health (SDOH)

Health equity extends beyond the hospital environment. Determinants such as housing, transportation, food security, income, digital access, experiences of discrimination, and available social supports play a critical role in an individual's health outcomes, and these factors differ meaningfully across populations.

OSMH contributes to addressing social determinants through:

- Collaboration with the Couchiching Ontario Health Team (OHT)
- Programs like Health at Home and unattached patient clinics
- Navigation services for complex care needs
- Relationships with Indigenous, community, and regional organizations

While no hospital can address SDOH alone, hospitals play a critical role in identifying needs, partnering across sectors, and advocating for equitable systems.

5. Equity as a Performance Expectation

Equity must be measured, resourced, and integrated into decision-making to be meaningful. OSMH incorporates equity expectations into:

- Strategic and operational planning
- Quality improvement processes
- Education, training, and capacity-building
- Policy development and implementation
- Governance and committee structures
- Public reporting through the Balanced Scorecard and Quality Improvement Plan

Embedding equity into performance expectations ensures accountability and long-term sustainability.

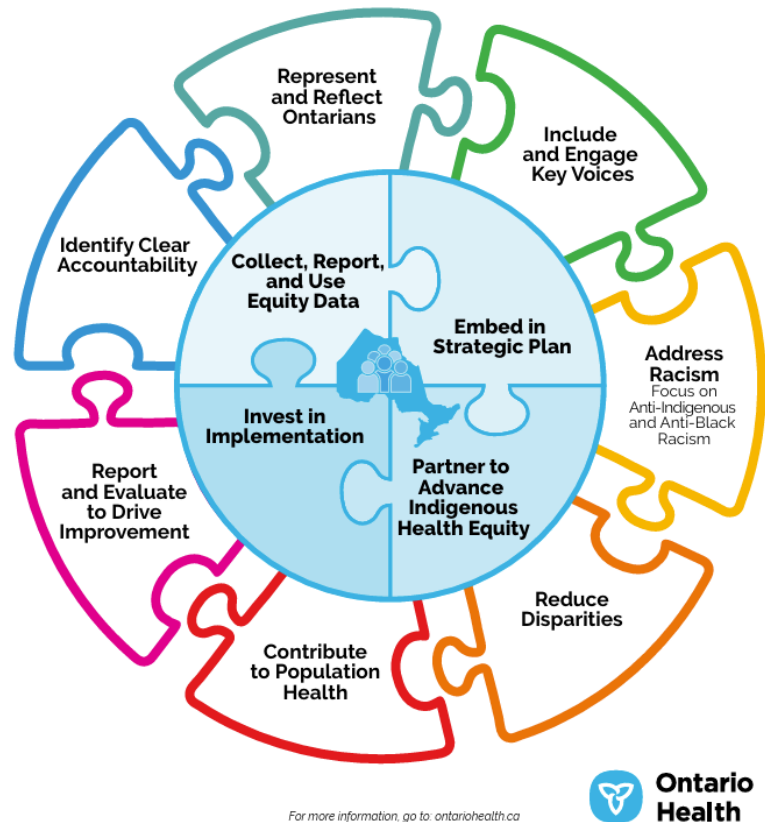
APPENDIX C Ontario Health's 11 Areas of Action

Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework

With a focus on addressing anti-Indigenous and anti-Black racism

11 Areas of Action

-  **Collect, Report, and Use Equity Data**
Set up systems and supports to collect, analyze, and use equity data to report findings and inform future decisions
-  **Embed in Strategic Plan**
Ensure efforts to address equity, inclusion, diversity, anti-Indigenous and anti-Black racism are at the highest priority for the organization
-  **Partner to Advance Indigenous Health Equity**
Recognize that strong relationships with Indigenous leadership and communities - founded on respect, reciprocity, and open communication - are critical in ensuring that the new health care system in Ontario reflects and addresses the needs of Indigenous peoples.
-  **Invest in Implementation**
Apply the financial and people resources needed for success and ongoing sustainability
-  **Identify Clear Accountability**
Establish and assign "who" is responsible for "what"
-  **Represent and Reflect Ontarians**
Strive for all levels of the organization to reflect the communities served
-  **Include and Engage Key Voices**
Listen to the staff and communities and include their ideas and feedback into the design, delivery and evaluation of programs and services
-  **Address Racism** Focus on Anti-Indigenous and Anti-Black Racism
Identify and address discriminatory practices and procedures in all forms and all levels using targeted approaches
-  **Reduce Disparities**
Use data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population
-  **Contribute to Population Health**
Work with other arms of government and agencies in planning services to improve the health of the population
-  **Report and Evaluate to Drive Improvement**
Publish Framework metrics publicly with all reports including an equity analysis



Source: <https://www.ontariohealth.ca/system/equity/framework>

Ontario Health's Equity, Inclusion, Diversity and Anti-Racism (EID-AR) Framework provides a provincial roadmap for advancing equity across the health system. These 11 Areas of Action reinforce that equity is not an isolated initiative but a sustained, system-wide responsibility. OSMH's Inclusion & Belonging Framework aligns closely with these areas and operationalizes them through our structures, relationships, and daily practices.

The first area emphasizes **clear accountability**, ensuring roles and responsibilities are defined at every level of the organization. At OSMH, this includes the Board, Senior Team, Indigenous Health Circle, People Services, Quality, leaders, credentialed staff, and all team members. Accountability ensures equity is embedded into operations, decision-making, and evaluation.

OSMH also aligns with Ontario Health's focus on representing and reflecting the communities we serve. This means working toward a workforce and leadership profile that mirrors the diversity of the populations across our region—including Indigenous, Black, racialized, Francophone, 2SLGBTQIA+, newcomer, and rural communities. Representation builds trust, safety, and relevance in care delivery.

Another area calls for including and engaging key voices. OSMH continues to embed patient, caregiver, family, and community perspectives, as well as lived and living experience from team members, into planning, evaluation, and quality improvement efforts. Authentic engagement ensures that the experiences of those most affected guide the solutions we develop.

Ontario Health also highlights the importance of addressing racism—with a specific emphasis on anti-Indigenous and anti-Black racism. At OSMH, this includes reviewing policies and practices for bias, co-designing solutions with communities, and implementing targeted strategies where inequities are identified and by updating communication strategies to reflect an equity-based approach. This work is reinforced by our relationships with Indigenous communities and by the efforts of internal groups like the DEIRB Committee.

The framework also emphasizes reducing disparities through the use of data and evidence-informed strategies. OSMH supports this by identifying inequities across patient experience and team member experience and developing quality improvement plans grounded in best practice.

Ontario Health's call to contribute to population health is reflected in OSMH's partnership with the Couchiching Ontario Health Team (COHT), community agencies, Indigenous partners, and regional systems. These relationships help address broader determinants of health, including access, continuity, and cultural safety.

Reporting and evaluation are equally critical to driving change. OSMH incorporates equity measures into balanced scorecards, quality reporting, and strategic updates, ensuring transparency and continuous quality improvement. The Framework also calls for collecting, reporting, and using equity data, including Indigenous self-identification, in ways that respect privacy, ethics, and community governance. OSMH's growing focus on meaningful equity data will guide how we identify gaps, allocate resources, and measure progress over time.

Ontario Health emphasizes the need to embed equity into the strategic plan, ensuring this work is visible, resourced, and prioritized across the organization. Equity at OSMH is aligned with quality, population health, and team member's well-being. Inclusion and Belonging is foundational within our strategic plan for 2026.

The Framework includes an explicit call to advance Indigenous health equity through meaningful relationships. OSMH demonstrates this through Indigenous Care in Indigenous Hands, our relationships with the Indigenous Health Circle and Chippewas of Rama First Nation, and our commitment to culturally grounded care.

Finally, the Framework reinforces the necessity of investing in implementation. OSMH continues to invest in education, training, leadership development, roles, and structures that sustain equity, inclusion, diversity, accessibility, and anti-racism. People Services plays a central role in advancing this work across the organization.

Collectively, these 11 Areas of Action provide a structure that supports OSMH's continued efforts to build a safe, equitable, and inclusive environment for all.

Quick Read for Team Members

Inclusion & Belonging @ OSMH: How We Work Here

What This Is About

Inclusion & Belonging @ OSMH is the way we work together. It reflects our commitment to making sure everyone—patients, caregivers, families, team members, credentialed staff, learners, and volunteers—can feel safe, respected, and valued here.

Why It Matters

When people feel a sense of belonging, they speak up, collaborate, innovate, and provide better care. Inclusion and belonging aren't extras—they're core to quality care, psychological safety, and a healthy workplace.

Our Commitment

We believe everyone should be able to work and receive care in an environment free from racism, discrimination, and disrespect. We honour identity, culture, lived experience, and community. We listen, learn, and act to remove barriers that affect our patients and our teams.

How We Demonstrate This Every Day

We treat every person with dignity.

Respect, compassion, and kindness guide our interactions.

We create psychological safety.

Speaking up about concerns—including experiences of racism or exclusion—is encouraged and supported.

We design with equity in mind.

We recognize that people have different needs, and we tailor support to help them thrive.

We honour Indigenous relationship.

We collaborate with the Indigenous Health Circle and Chippewas of Rama First Nation to support Indigenous Care in Indigenous Hands.

We learn from data and each other.

We use patient feedback, workforce insights, and incident trends to understand what's working and where we need to improve.

Your Role

Every team member contributes to inclusion and belonging.

Every interaction matters.

Every voice has value.

Every person has a right to feel safe here.

How We Support You

- Cultural safety & humility education
- Anti-racism and psychological safety training
- Indigenous Patient Navigator
- DEIRB Committee & lived-experience groups
- Spiritual care and cultural supports
- Access to confidential reporting pathways

Together, We Build a Culture Where Everyone Belongs

Inclusion & Belonging @ OSMH isn't a project—it's a shared commitment to how we work, how we care, and who we are.

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