

Anti-Racism Practice in Public Health: The OPH Journey

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Service Area





Overview

Background

 Development of an OPH Anti-Racism, Anti-Oppression Workplace policy & action plan

Lessons Learned

Background

TRC Calls to Action

The Missing and Murdered Indigenous Women, Girls, and 2 Spirit People Calls for Justice.

The COVID-19 pandemic

The global Black Lives Matter movement.

The Mental Health of Ottawa's Black community report.

The discovery of mass graves of Indigenous children.

Racism a Public Health Issue

In June 2020, Ottawa Public Health's Board of Health passed a motion acknowledging racism and discrimination as important public health issues.

 Development of an Anti-Racism, Anti-Oppression Workplace Policy

Anti-Racism, Anti-Oppression Action Plan







OPH Diversity Audit

Staff Opportunities

Communication Products

Staff Learning Opportunities

Anti-Racism Learning Sessions – Staff & leaders

- Overview of key concepts related to anti-racism
- Grounded in Critical Race Theory
- Over 800 employees attended sessions in In 2022 and 2023

Anti-Indigenous Racism – Facilitated Sessions

- Overview of Canadian history and its treatment of Indigenous Peoples
- Legacy and ongoing impacts of colonization, including racist legislation and policies
- More than 250 staff and leaders attended a session

Indigenous, Black, and Racialized Staff Check-Ins

- Monthly sessions (virtual and in person) where staff can unpack experiences of racism and discrimination.
- Space to receive support and be heard
- Creates opportunities to explore further learnings and provide feedback to OPH from the perspective of racialized staff.

OPH Diversity Audit February 2022 to June 2022

PHASE 1

EVALUATION OF ANTI-RACISM POLICY

- Review of Policy and documents
- Leadership Meetings
- Initial Gap Analysis

PHASE 2

INTERVIEWS: STATE OF DEI

- Leaders in Governance
- HR Leadership
- Service Delivery Leaders
- Community Engagement Leads
- Racialized Staff interviews and focus groups
- Community Partner Meetings

PHASE 3

FACILITATION & PRESENTATION

- Draft and finalize <u>audit</u>
 Report
- Facilitate SLT and Goal 3
 Team Presentations

Assessment of Organization's Culture

Organization is interested and engaged in improving DEI

- 1. Great intent and desire to learn and grow
- 2. DEI is deemed relevant and important
- 3. Appetite to learn and for change at all staff and management levels
- 4. OPH's commitment to public health binds OPH leaders and employees in a shared belief that DEI is foundational to health equity

= Enabling context for change

(Strat-Ology, 2022)

State of DEI at OPH



The more the diversity we see at OPH, the better it is for OPH's ability to serve the community, achieve health equity and live up to our raison d'être.

SLT

Every staff member from an equity 'denied' group shared multiple occurrences of incidental and systemic racism/discrimination.

KEY TENSION We don't necessarily see many formal DEI-related complaints.
Our numbers tell us that we are lagging in terms of our representation goals, but lack of complaints means we are moving forward

STAFF

HR

DEI EXPERIENCE AT OPH: EDG PERSPECTIVE



	DIVERSITY	EQUITY	INCLUSION)
_	Representation is a Challenge at all levels at OPH.	Being promoted at OPH is more challenging due to bias and lack of	recipient of services is	
		transparent systems.	limited & risky.	



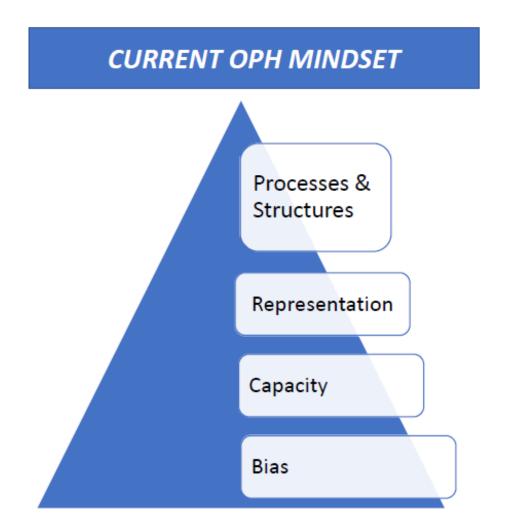


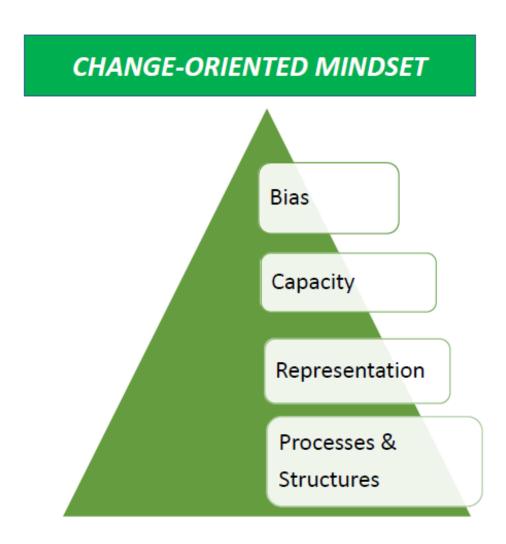
- Representation @ staff levels and leadership levels matters @ the leadership level it may matter more.
- Capacity among staff and supervisors to acknowledge and deal with DEI challenges is limited.
- Bias is real in hiring and promoting at OPH.

SO WHAT'S THE SOLUTION?

CHANGING THE LEADERSHIP MINDSET







CHANGING STRUCTURES & THE

SYSTEM

STRAT-OLOGY

INTERNAL

Experiential
Case Based
Training

Formal
Mentorship
with DEI focus

Roadmaps for Change

Internal DEI
Status Report
by Level,
Team, & Job
Category



EXTERNAL

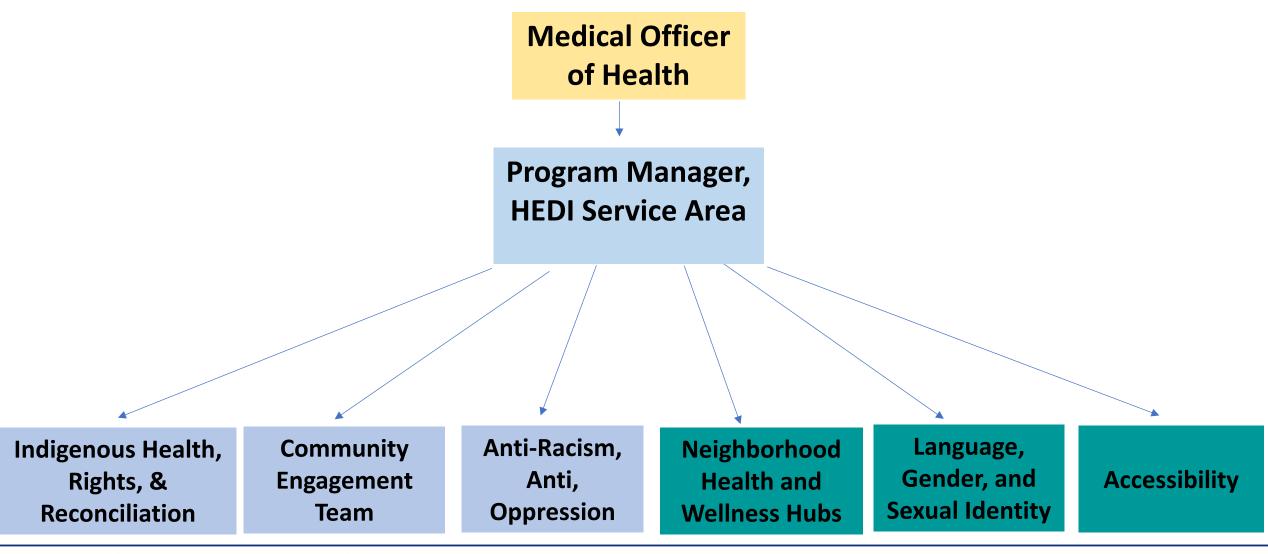
↑ Community
Engagement –
Yearly DEI
Innovation
Challenge

Annual Macro & Community by Community Health Status Report

Annual
DEI@OPH
Status Report

DEI DECISION-MAKING DASHBOARD

Health Equity, Diversity, and Inclusion Service Area



Ottawa Public Health.ca | Sante Publique Ottawa.ca

613-580-6744 | TTY/ATS: 613-580-9656

Indigenous Health, Rights, and Reconciliation



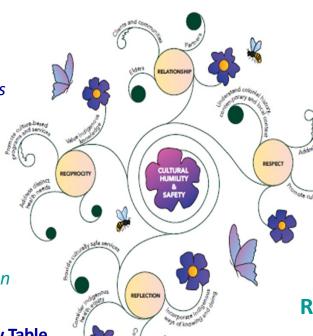
Relationship

Listen, learn, act

- Ongoing engagement (e.g., OPH Strategy; Elders & youth; meetings with partners)
- Anishinaabe Algonquin Nations
- Government of Nunavut

Reciprocity - Collaboration

- Vaccine Clinics
- Indigenous Women's Safety Table
- Indigenous Mental Wellbeing Strategy
- Support OAC-led COVID research
- Collaborative Case Management



Respect - Awareness, Understanding

- Enhanced accountability to community (e.g., development of external webpage; regular communication with partners)
- Address Indigenous-specific racism (ISR)
 (e.g., AR/AO Action Plan implement
 Share Your Story report recommendations)
- Indigenous Cultural Safety Training,
 including ISR (Focus: OPH leadership)
 - **BOH onboarding** (e.g., ISR session; OPH Connects; Indigenous Agency Tour)

Reflection - Sharing lessons learned

- Indigenous cultural safety assessment (San'yas)
- Annual report to BOH (Sept 2023)
 - Implementation of evaluation (with measures)
 - Knowledge exchange (e.g., land acknowledgement)
 - Team-specific activities

Community Engagement Team

Diverse Communities within Ottawa

COMMUNITY (CONTEXT) EXPERTS

- Cognizant of societal inequities and racism (overt and systemic)
- Have lived and living experiences of systemic inequities
- Know what they need to be healthy

Community Engagement Team Ottawa Public Health

HEALTH (CONTENT) EXPERTS

- Professionals
- Power
- Tools
- Access to resources & information







AR/AO Priorities 2023 - 2024

Policy Development, Implementation & Review

 Develop an OPH microaggression procedure

Staff Opportunities Training & CheckIns

 Develop scenario-based training for leadership

Communication & Outreach

 Launch Anti-Racism, Anti-Oppression Community of Practice

Lessons Learned

1. Internal and external resistance to this work

- Unwavering commitment from senior leaders
- Support of DEI staff (ask staff what they need)

2. Misunderstanding of health equity and anti-racism

- Ongoing education
- Fundamental anti-racism training for all staff (101)
- Custom training based on racialized staff experiences within your organization

3. Overburdening of racialized staff

- Build the capacity of White allies and champions to facilitate conversations and address concerns
 - Particularly around the discomfort regarding equity work

Lessons Learned

4. Rigid bureaucracy:

- Doing things the way we have always done will not bring about the change that is required
- Be prepared to interrogate your processes and remove barriers to enable this work

5. DEI team is responsible for the organization's health equity and anti-racism work

O Equity work is everyone's work!