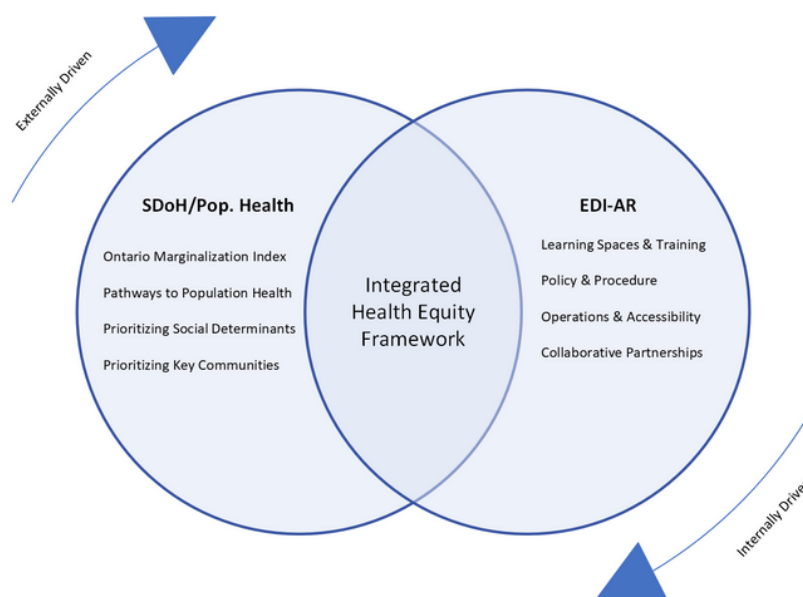


Integrated Health Equity

Framework Overview

The Hamilton Family Health Team is committed to addressing and mitigating health disparities, promoting equitable access to inclusive care, and empowering patients to shape the ways that programs work to improve health outcomes for all people. A health equity framework builds a shared understanding of core equity concepts and creates momentum and guidance for health equity action. This integrated framework engages both Equity, Diversity, and Inclusion with an Anti-Racist focus (EDI-AR) and the Social Determinants of Health (SDoH) in the overall objective of addressing health inequities and their underlying causes: systemic discrimination. Our framework demonstrates reciprocity between internally- and externally-driven initiatives that continuously foster responsiveness to key areas of need within our community while informing organizational processes.



“From the Outside In” - SDoH at HFHT

- **HFHT will prioritize engagement with areas of the city that have faced inequity.** The Ontario Marginalization Index is one tool that will help with this population-level intervention.
- **Co-design, cross-sector alliances, and the responsible collection and use of equity data will be key facets of this work.** The “Pathways to Population Health Compass Tool” can be used to measure progress.
- **Issues of housing, income, nutrition, and care coordination will be major components of the work** since these have been shown to have the greatest impact on health outcomes.
- **Any population health work will seek to meet the needs of those who face the highest barriers to health,** including Indigenous, Francophone, racialized (particularly Black), immigrant and refugee, 2SLGBTQIA+, disabled, homeless & precariously housed, and drug-using populations, in lockstep with the Greater Hamilton Health Network.

“From the Inside Out” - EDI-AR at HFHT

- **Learning Spaces & Training:** organization-wide infrastructure and processes will be created to facilitate ongoing learning and development of EDI-AR principles and skills.
- **Policy & Procedure:** the review, assessment and development of transparent frameworks, policies, practices, and systems of accountability will be facilitated to create equitable and inclusive processes throughout the organization.
- **Operations & Accessibility:** long-term, sustainable operations and program supports will be developed to increase accessibility and cultural relevance for staff and patients, along with a sustainable infrastructure for EDI-AR work.
- **Collaborative Partnerships:** the integration of EDI-AR frameworks throughout organizational initiatives will be facilitated through internal collaboration, as will the building of meaningful EDI-AR connections with our community, fostering alignment with population health and EDI-AR objectives.

Integrated Health Equity Framework

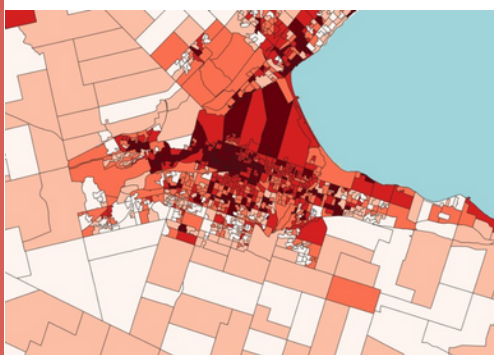
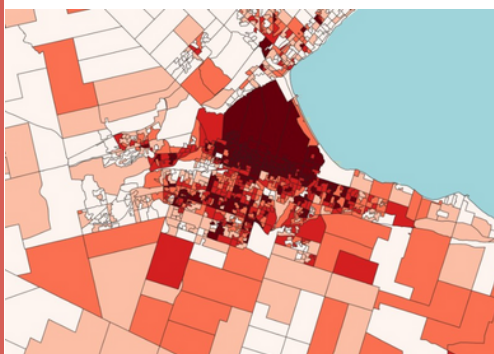
Guiding Questions

Equity, Diversity, and Inclusion Guiding Questions



- How would I locate myself/ describe my identity? Where do I hold privilege and/ or marginalization (i.e. class, race, gender, ability, socio-economic status, etc.)?
- What values, attitudes or beliefs are informing my perspective on this particular interaction or organizational process, and what has shaped them (including intergenerational and historical dynamics)?
- As I step into this organization/ system, how is it structured? Where are the power structures, and how have I, my colleagues, and patients, been placed in this system in terms of role and power structures?
- What frameworks or ideologies guide the functioning of this organization/system/initiative?
- Whose voices and knowledge are being privileged, and how does that distribute power and resources?
- What inclusionary or exclusionary criteria do we have that could affect accessibility to our services and community resources?
- How do I manage misaligned perspectives of service recipients, organizations, services systems and myself?
- Where are there opportunities to bring that which is marginalized, to the center (i.e. people, voice, knowledge) in a meaningful and sustainable way?

Social Determinants of Health Guiding Questions



- Where possible, does the initiative, proposal, or intervention specifically engage patients in areas of Hamilton that experience marginalization?
- Where possible, does the initiative, proposal, or intervention include adequate consideration regarding:
 - Methods of capturing and reporting equity data (sociodemographic data pertaining to the social determinants of health)
 - Engagement with community partners or stakeholders who are also doing work to improve health, well-being, and equity in the community
 - Ways to co-design the program with people with lived experience (through PFG or other)
- Where possible, is the initiative, proposal, or intervention designed with considerations for people experiencing precarious housing, financial difficulties, nutritional difficulties or poor access to healthy foods, care coordination, or community outreach?
- Where possible, does the initiative, proposal, or intervention engage patients from Indigenous, Francophone, racialized (particularly Black), immigrant and refugee, 2SLGBTQIA+, disabled, homeless & precariously housed, and drug-using populations, inside and outside of HFHT practices?