



Michael Smith
**Health
Research BC**
BC SUPPORT UNIT

Thinking Equity, Diversity & Inclusion

In Patient Oriented Research

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November 3, 2023



I am grateful to collaborate and produce on the shared, stolen, unceded, ancestral and traditional territories of Penelakut, Lamalcha, Hwitslum and other Hul'qumi'num speaking peoples, as well as the ceded territories of Tsawwassen First Nation, on what is now known as Galiano Island, British Columbia. I recognize the complex impacts that colonial knowledge practice has on the Indigenous land and peoples, and I aim to be responsible and accountable for these impacts.



Grounding

Where are we

Where might we go

Questions/Feedback



The ocean teaches us humility, respect, and gratitude – Katherine Burns

**We live in systems. Systems live in
us.**





What are my relations?

**Be a whole human. Honour your
relations.**



This is a Work in Progress



Equity



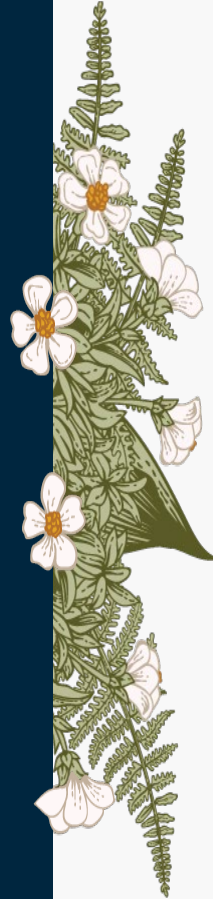
Equity acknowledges that disparities exist and aims to eliminate those disparities and their systemic enablers

Diversity



Diversity is about the individual. It is the variety of unique dimensions, qualities, and characteristics we all possess.

Inclusion



Inclusion is an intentional and continual process lived through day-to-day practices aimed at addressing the inequities in power and privilege

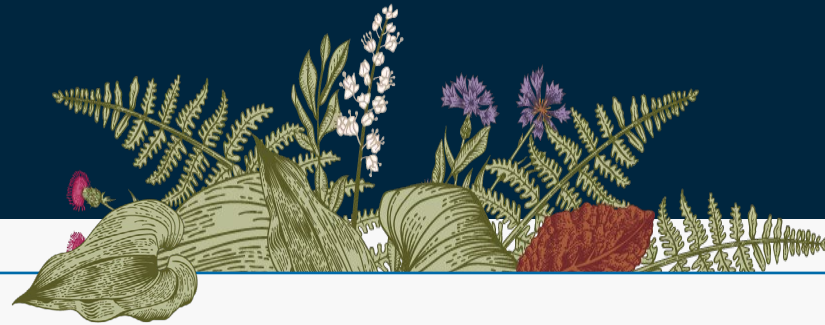


Background

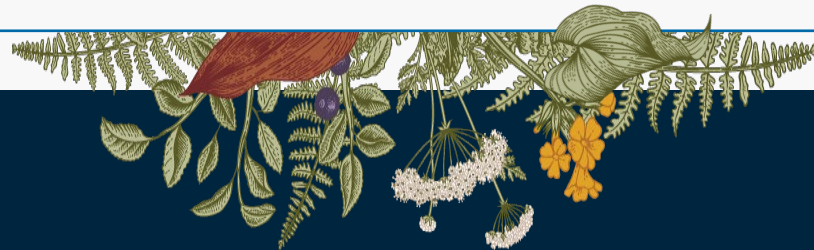
The BC SUPPORT Unit is

- Focused on facilitating patient-oriented research
- Four component areas: Learning Health Systems, Patient Engagement, Capacity Development, Data Platforms & Services
- EDI/SGBA & Indigenous Health Research are crosscutting areas of work





What does it mean to be “cross-cutting”?



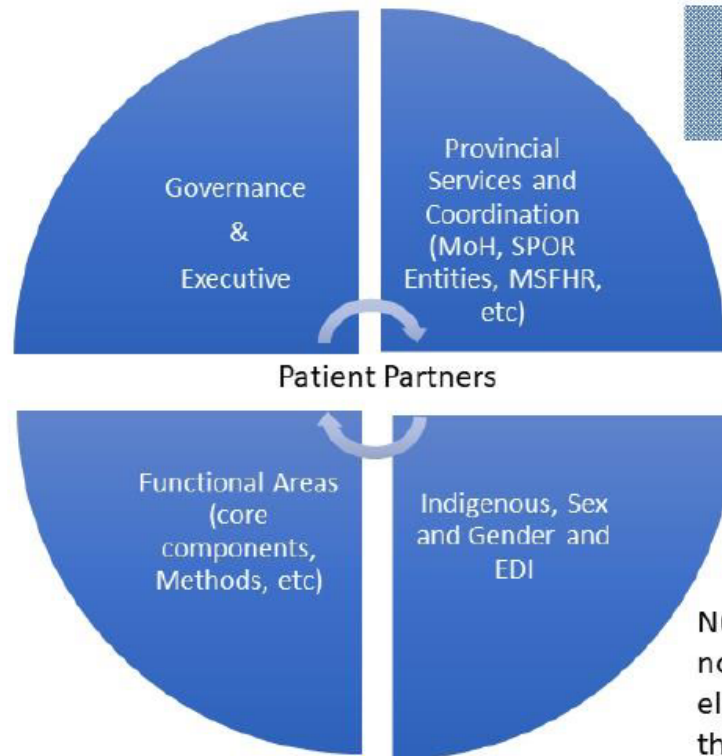
BC SUPPORT Unit Phase II Conceptual Model

Regional Services

Fraser Centre
Interior Centre
Island Centre
Northern Centre
Vancouver Centre

Centres are a partnership between Academic Institutions and Health Authorities

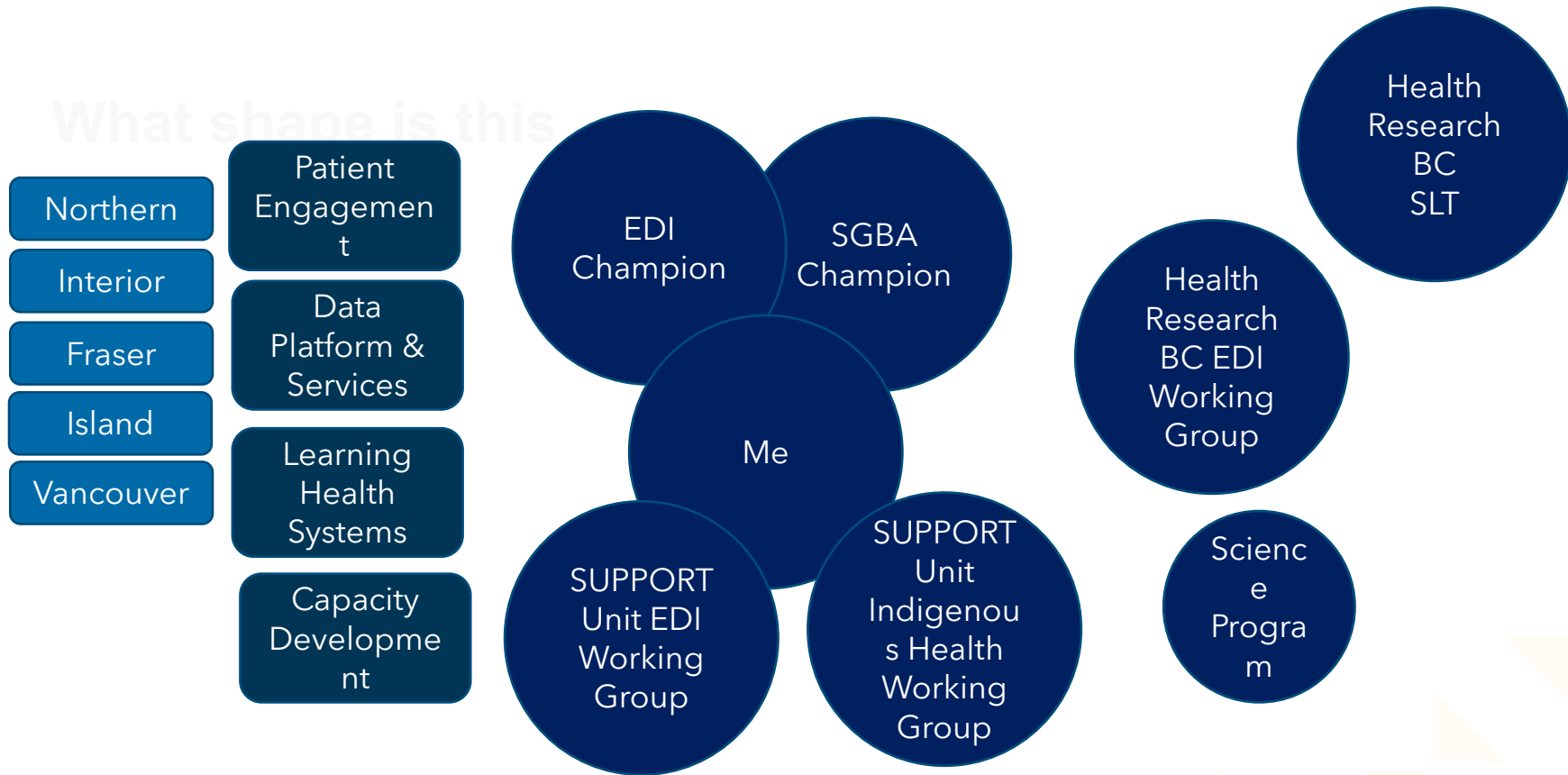
Conceptual Model – BC SUPPORT Unit Phase II



Provincial Coordinating Office (PCO)

NOTE: PCO is a functional, not physical model – some elements may be delivered through Regional Centres

What shape is this?





Vision

EDI is

- Integrated throughout our organizational values and practices
 - Embedded in our service delivery
- Evident in the theoretical underpinning of our approach to each component area



Integrated throughout our organizational values and practices



Values

- Health Research BC Values
- Health Research BC EDI Commitments
- Health Research BC Reconciliation Commitments

Organization

- BC SUPPORT Unit
 - Logic Model
- Health Research BC
 - Strategic Plan
- CIHR/Tri-council
- Health Systems
 - EDI Frameworks
- Academic Institutions
 - Dimensions Charter
- Other Provincial/Canadian Health Organizations

Practice

- Operational policies & practices central to the BC SUPPORT Unit

Embedded in our service delivery



Support

- Providing patient-oriented research support services

Capacity

- Strengthening and maintaining BC's capacity in patient-oriented research

Partnership

- Engaging stakeholders as active partners in both research and its use in health care practice & policy

Evident in the theoretical underpinning of our approach to each component area



Patient Engagement

- How do we support environments for safe, respectful, inclusive engagement?

Capacity Development

- What learning spaces, tools, and environments are available for EDI?

Data Platforms & Services

- What tools do we have to see and be seen

Learning Health Systems

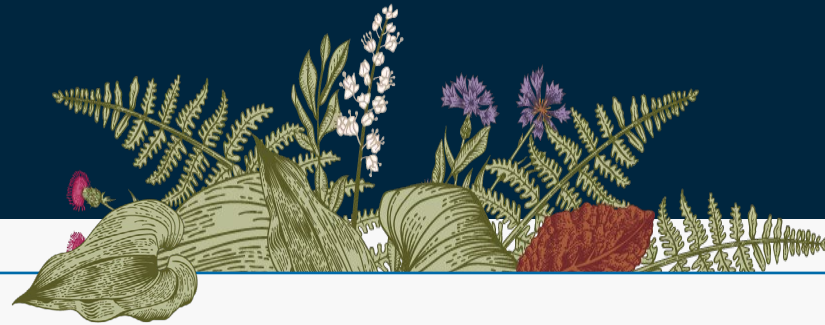
- The Quintuple Aim

Intention is not enough

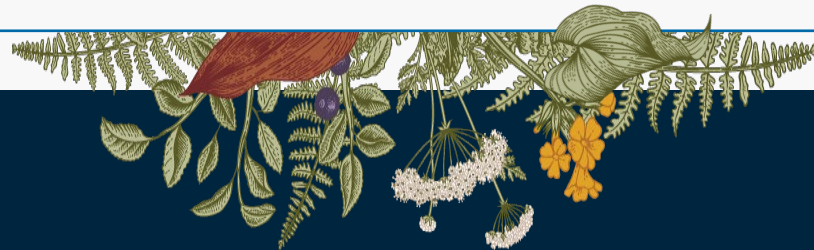
Do the work

Focus on impact





Where are we?



Have we noticed why humility is so hard?







EDI Working Group

Situational Analysis

EDI in Practice Workshops

Component Area 1:1

Community of Practice

Resource Scanning



EDI Working Group

- Multidisciplinary
 - Provincial
- Committed to learning & unlearning





Situational Analysis

- Environmental scan of barriers, facilitators in the BC patient-oriented research and SUPPORT Unit environment





Component Area 1:1

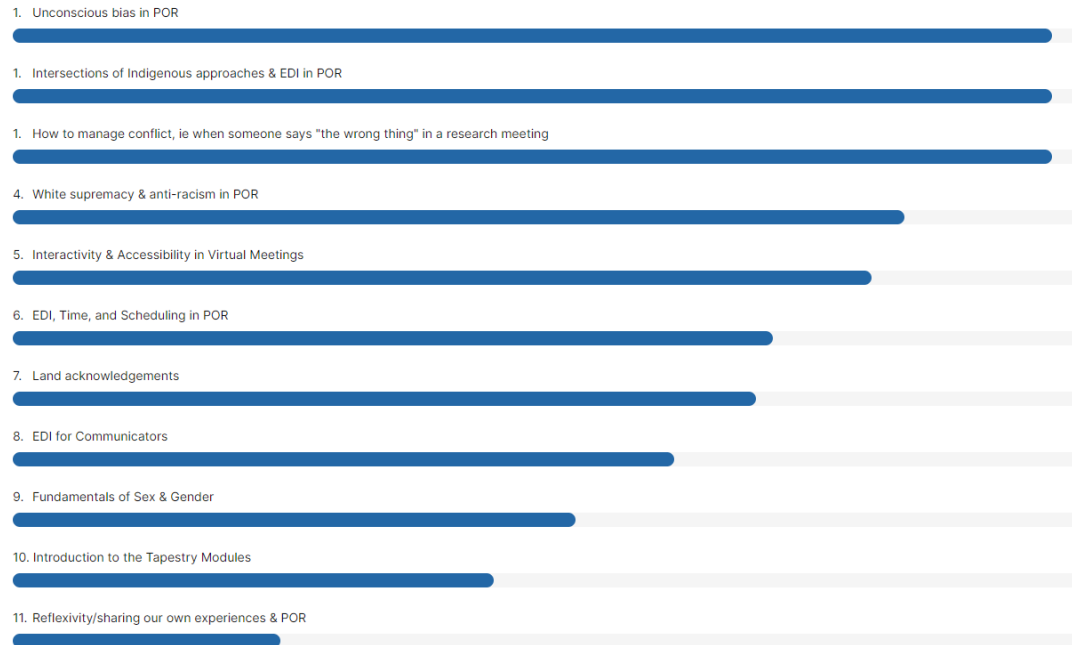
Consultative dialogue & collaborative strategy mapping





EDI in Practice Workshops

⌄ Which workshop topics would you be interested in attending?





Community of Practice

- Health Data Research Network's IDEA (Inclusion, Diversity, Equity, & Accessibility) Group
- Health Research BC's EDI & Reconciliation Working Groups





Resource Scanning

- SPOR Evidence Alliance's Reflective Exercises
- BC SUPPORT Unit's Diversity Tapestry Project
- McMaster's Supporting Equity-Centred Engagement Guide
- Institute for Better Health's Learning Health System Engine



**Grow from where you are. You are
not the first and you are not the
last.**



Reflective Exercise



Consider your own diversity

What is the purpose of the activity?

To help individuals explore areas where they experience advantages and/or disadvantages in their lives.

Instructions

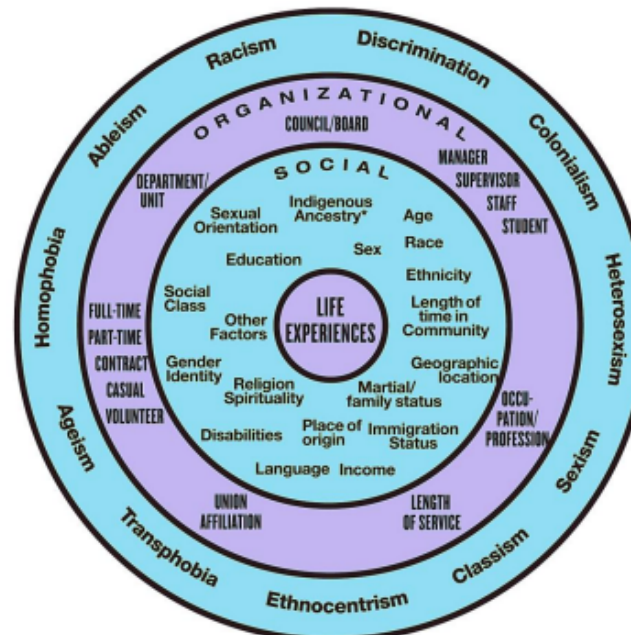
Use the wheel diagram (below) to explore areas where you have experienced advantage or disadvantage in your life.

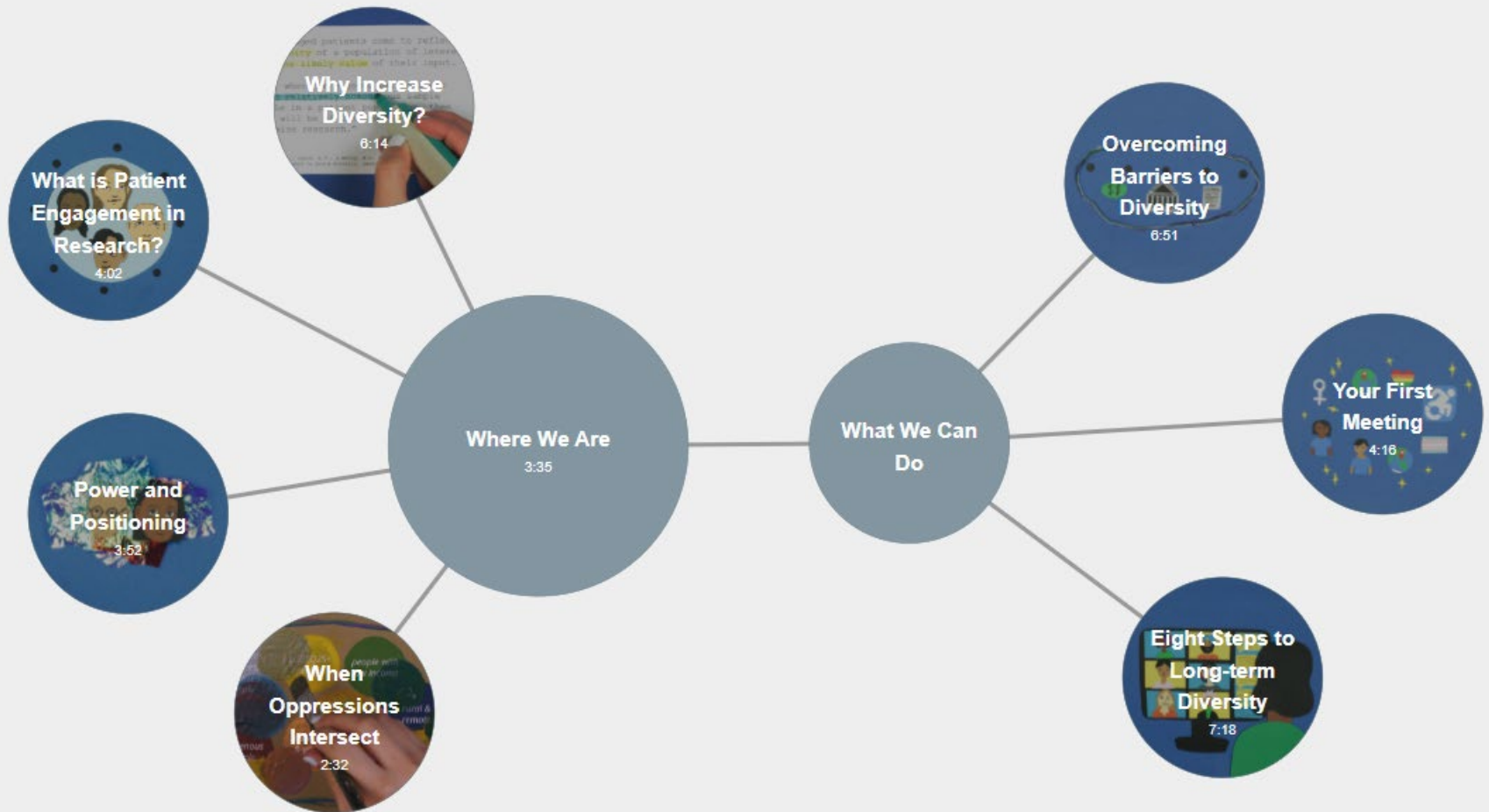
1. **Circle** the factors that bring you **ADVANTAGE**.
Advantage is a special right or privilege available to a particular person or group of people. It can be earned or unearned.
2. **Underline** the factors that bring you **DISADVANTAGE**.
Disadvantage is when a special right or advantage is unavailable to a particular person or group.
3. In some cases it may be both!

The inner circle contains **social factors** that influence the extent to which we experience advantages or disadvantages in our lives. It is the intersection of these factors that influences the way we experience life in our society. These factors include sexual orientation, Indigenous ancestry, age, social class, education, sex, race and ethnicity, length of time in the community, gender identity, religion and spirituality, place of origin, marital or family status, geographical location, disabilities, language, income, immigration status, and other factors.

The middle circle contains positions or statuses we may fill within the team or **organization** that carry varying amounts of power and influence. It is often the intersection of these positions, statuses, and social factors that determine our opportunities. These might include being a manager/supervisor/staff member/student; type of occupation/profession; length of service; union affiliation; department/unit; and whether we are full-time/part-time/contract/casual/volunteer employee.

The outer circle contains the ways in which people are **discriminated against**. Most of us experience more than one form of discrimination. These factors interact with wider social forces, such as history and the legacies of colonialism, patriarchy, economic exploitation, level of education, inaccessible legal systems, and racist immigration policies. Some forms of discrimination include ableism, racism, heterosexism, sexism, classism, ethnocentrism, transphobia, ageism, and homophobia.





Supporting equity-centred engagement

A step-by-step guide with tailored resources

How can we prepare to engage in a way that centres equity?

Understanding equity and related terms and concepts

Recognizing why taking an equity-centred approach to engagement is needed

Reflecting on our roles and positions

How do we plan for engagement that centres equity?

Setting goals for our engagement work proactively and collaboratively

Understanding the populations we hope to engage with

Thinking about who we want to engage with and why

How do we connect with our populations for engagement?

Establishing trust and meaningful relationships

Reaching diverse voices

Reducing barriers to engagement

What engagement strategies can we use to foster equity?

Addressing power imbalances

Ensuring participants feel safe, respected, and valued

How will we continue to foster equity after engagement is complete?

Acting on participant input and following-up

Ongoing learning and improvement

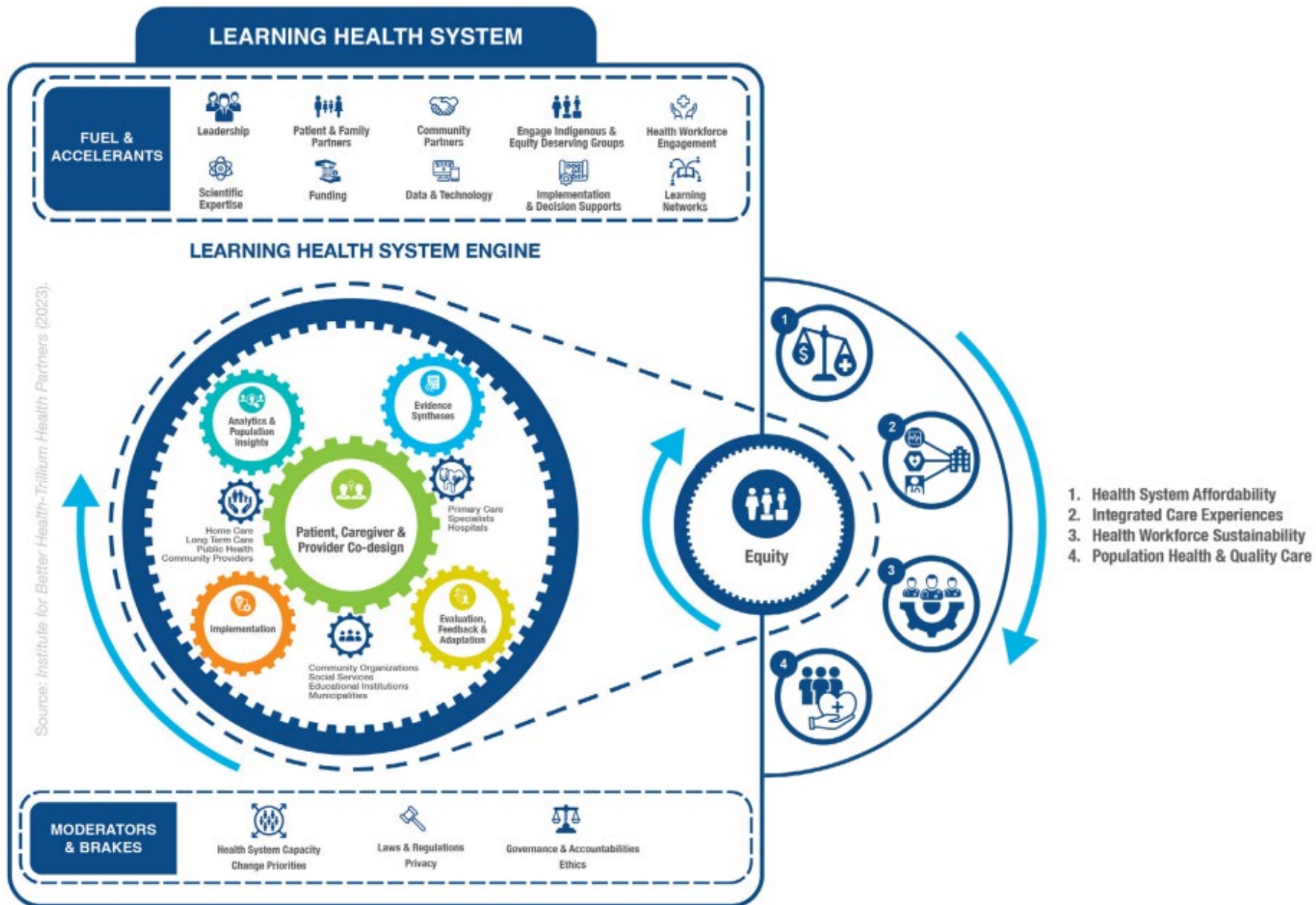


Figure 2. Learning Health System Action Framework

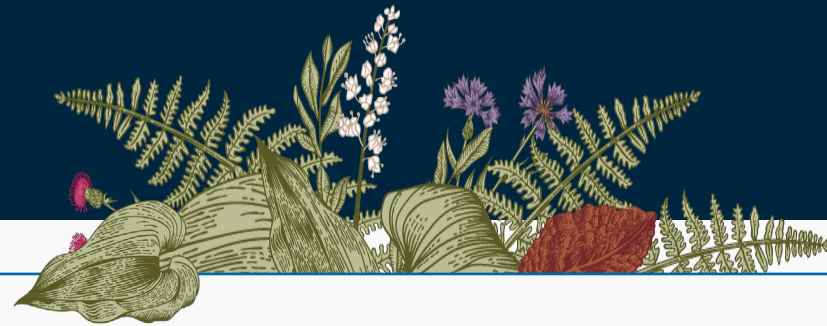
Equity as an Integral Driver of the LHS Action Framework

Equity is an integral component of the LHS action framework, prompting health systems to ensure care

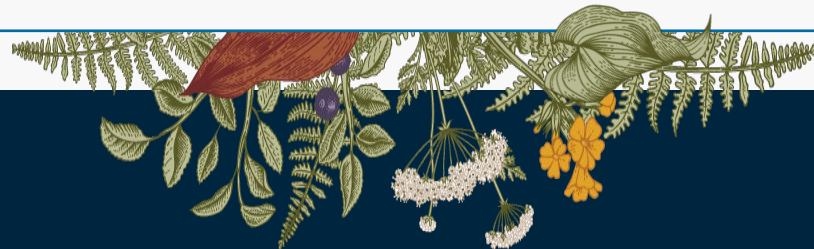


reflects the diverse array of populations' health needs. Equity is attained when systematic health disparities across quadruple aim metrics are eliminated among groups with different levels of social advantage and disadvantage. All LHS activities must be inclusive of and create value for people from equity deserving groups. The LHS must address deep and persistent inequities and equity deserving groups' well-founded mistrust of health care institutions through active participation with and buy-in from these groups. In order for the learning health system to achieve more equitable

outcomes, equity must be addressed within each of the learning gears. When equity is addressed, the engine yields four key outcomes: 1) Health System Affordability; 2) Integrated Care Experience; 3) Health Workforce Sustainability; and 4) Population Health and Quality Care. These outcomes also reflect the quadruple aim and highlights some of the core health system components that impact populations' health and well-being.



Where might we go?





“ To be an effective liberation worker – in other words, someone who is committed to changing systems and institutions to be more equitable and just – we must develop a liberatory consciousness ”

Barbara J. Love





If you have come here to help me you are
wasting your time, but if you have come
because your liberation is bound up in mine,
then let us work together

Lilla Watson



How we get there



EDI Consciousness

- We must have the awareness that we live in oppressive systems
- We must analyze why something is happening
- We must see that action taken
- We must have accountability/allyship that allows us to make progress together

<https://educationalequity.org/blog/tools-social-change-how-develop-liberatory-consciousness>

EDI Strategy

- Define our EDI Lens
- Define our EDI Protocols
- Develop our EDI Community to listen, learn, and move together

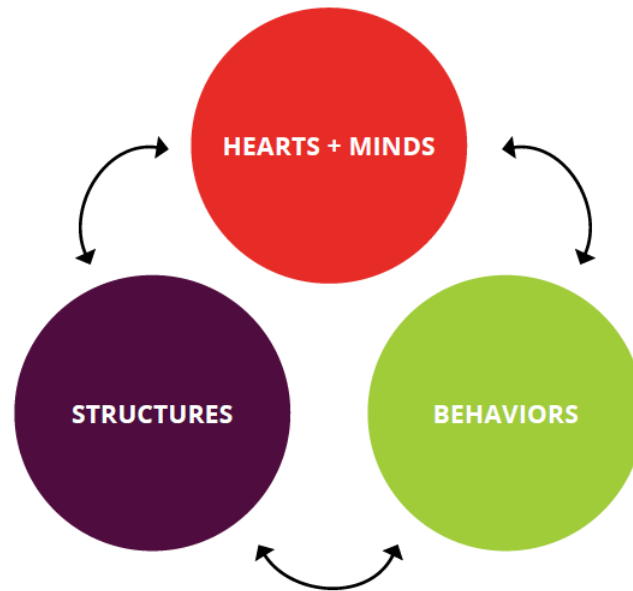
EDI Informed Evaluation

- The Equitable Evaluation Framework: Alignment of purpose, practices, processes, and policies with stated values and intentions

<https://www.equitableeval.org/framework>

Equitable Evaluation Framework

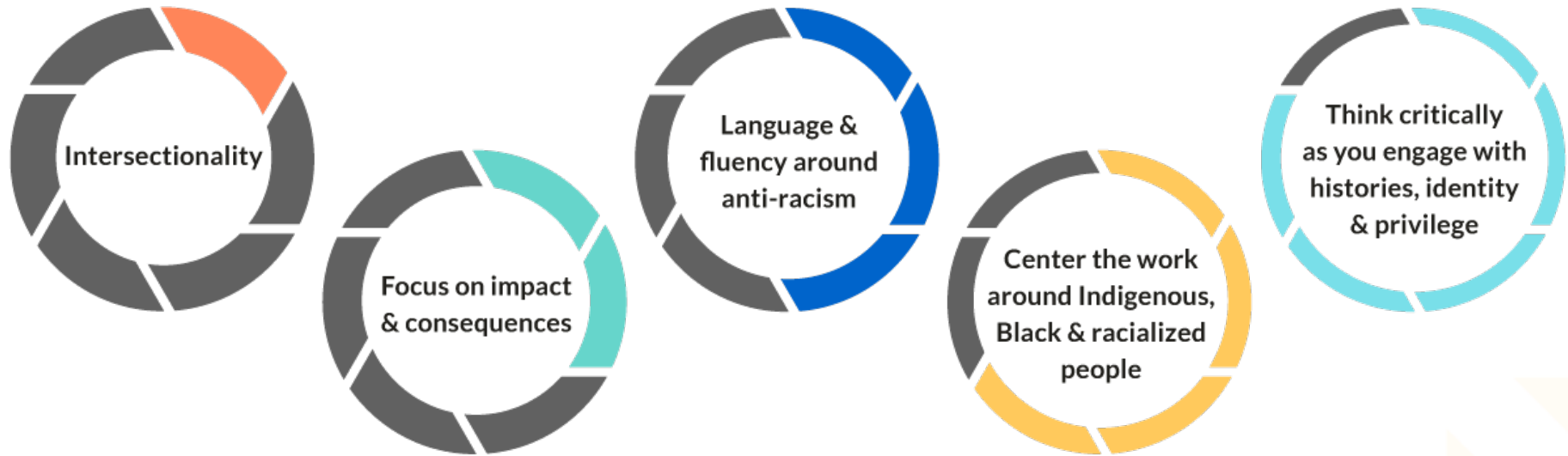
Figure 8: The Equitable Evaluation Framework™ Theory of Change



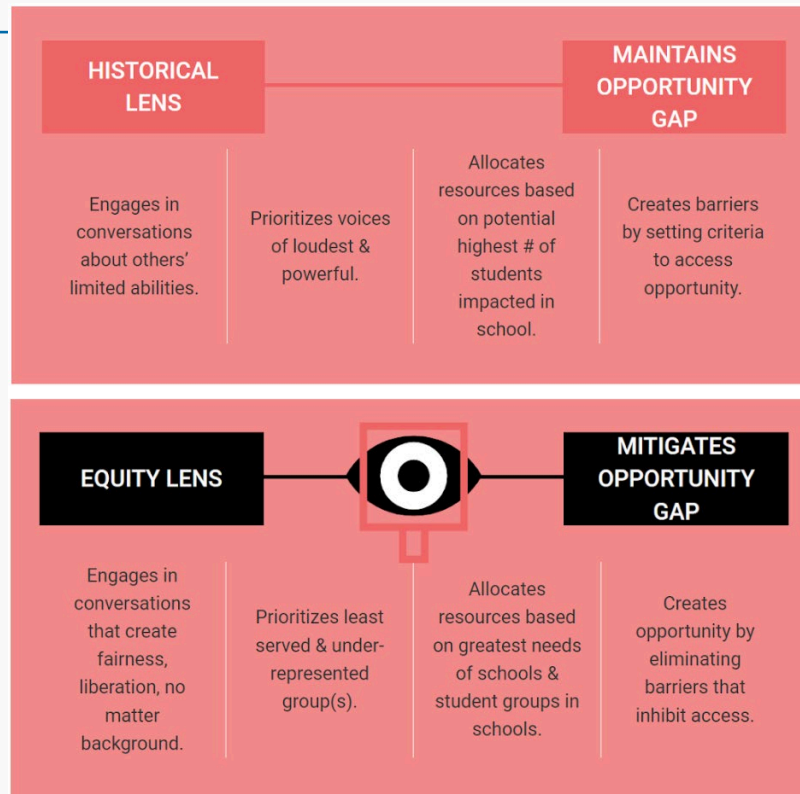
Wheel of
Change for
Transformation,
Robert Gass

This is Your Slide Title

Five Anti-Racist Organizational Lenses



Defining an Equity Lens








Defining an Equity Lens

LOOKING THROUGH THE EQUITY LENS



**FOR ANY POLICY, PROGRAM, PRACTICE, DECISION, OR ACTION,
CONSIDER THE FOLLOWING QUESTIONS**

-  Who are the under-represented groups affected by this policy, program, practice, decision, or action? What are the potential impacts on these groups?
-  Does this policy, program, practice, decision, or action worsen existing disparities or produce other unintended consequences?
-  How have you intentionally involved stakeholders who are also members of the communities affected by this policy, program, practice, decision, or action? Can you validate your assessments in #1 and #2, having considered this stakeholder reaction?
-  What are the barriers to more equitable outcomes (e.g., mandated, political, emotional, financial, programmatic, or managerial)?
-  How will you (a) mitigate the negative impacts and (b) address the barriers identified above?

Equitable Evaluation Framework



Figure 4: Equitable Evaluation Framework™ Principles

PRINCIPLES

Evaluation and evaluative work should be in service of equity:

- Production, consumption and management of evaluation and evaluative work should hold at its core a responsibility to advance progress toward equity.

Evaluative work should be designed and implemented commensurate with the values underlying equity work:

- Multiculturally valid.
- Oriented toward participant ownership.

Evaluative work can and should answer critical questions about the:

- Ways in which historical and structural decisions have contributed to the condition to be addressed.
- Effect on strategy of the underlying systemic drivers of inequity.
- Ways in which cultural context is tangled up in both the structural conditions and the change initiative itself.



How to approach with love

Let's review

**We live in systems. Systems live in
us.**



**Be a whole human. Honour your
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This is a Work in Progress



Intention is not enough

Do the work

Focus on impact



Have we noticed why humility is so hard?



Grow from where you are.





Love is sustainable.



Thank you!





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