

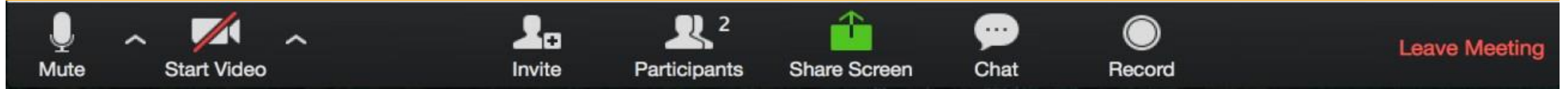
Board Liaison Networking Session

January 27, 2021



Alliance for Healthier Communities
Alliance pour des communautés en santé

Housekeeping



Audio

- All attendees are automatically muted when joining Zoom
- You will be able to mute and unmute your microphone during breakout sessions.

Sharing Video

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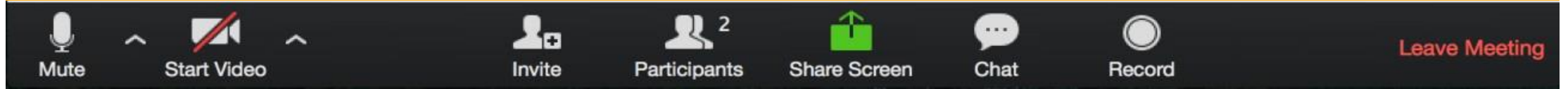
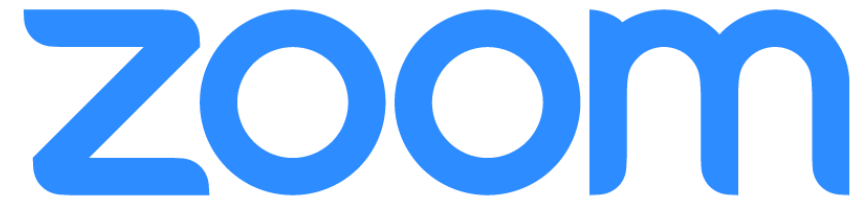
Breakout Rooms

When it is time to break into smaller groups, you will receive a notification automatically assigning you to a room or asking you to join a breakout room.

Chat

Open up the chat window to chat with other participants or ask questions

Housekeeping



Troubleshooting

- If you have issues with your Internet connection, try turning off your video.
- Make sure all other programs and applications that use Internet are turned off.

Joining by phone

If your Internet connection is unstable, you can join by phone. Instructions on how to join by phone are available in your registration confirmation email.

Housekeeping continued



Help Desk:

If you require assistance,
please send a **private zoom chat to**
Corinne Christie

or in the event that you cannot do so, e-mail
Corinne.Christie@allianceon.org



Welcome!
Bienvenue!

M'Tallawin, Kweh, Boozhoo, Ahnee,
Shekóli, Shé:kon, Tansi, Watchiya



Alliance for Healthier Communities
Alliance pour des communautés en santé

Land Acknowledgement

As the Alliance we recognize that our work, and the work of our members, takes place on traditional Indigenous territories across Ontario.

We also wish to acknowledge that the office of the Alliance for Healthier Communities is located on the traditional Indigenous territory of the Huron-Wendat, Haudenosaunee and most recently, the territory of the Mississaugas of the Credit.

Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this territory.

By personally making a land acknowledgement you are taking part in an act of reconciliation, honouring the land and Indigenous heritage, which dates back over 10,000 years.

Agenda

Governance in OHTs

Presentation + Q&A

Small Group Discussion

Alliance Updates

COVID-19 – latest updates and trends; what do you need to be thinking about as governors

Health Equity Charter – updates and call for policies, tools and resources

Call for Alliance Board

Call for resolutions

Conference update – learning sessions topics

Wrap up and Next Steps





GOVERNANCE and OHTs

Meghan Perrin

Francophone and Resource Policy Lead

Making our *Ontario Health Team* work worthwhile
no matter what

Our commitments



EQUITY

We will measurably advance health equity for those facing barriers



WELLBEING

We will shift from illness care to codesigned wellbeing by scaling the model of health and wellbeing



PEOPLE

We will collaborate with people throughout in their roles as patients, caregivers, peers, etc.



COMMUNITY

We will prioritize the role and voice of community in guiding system transformation.

Indigenous Health in Indigenous Hands



We are committed to the principle that health care for Indigenous people should be managed by Indigenous-governed organizations.

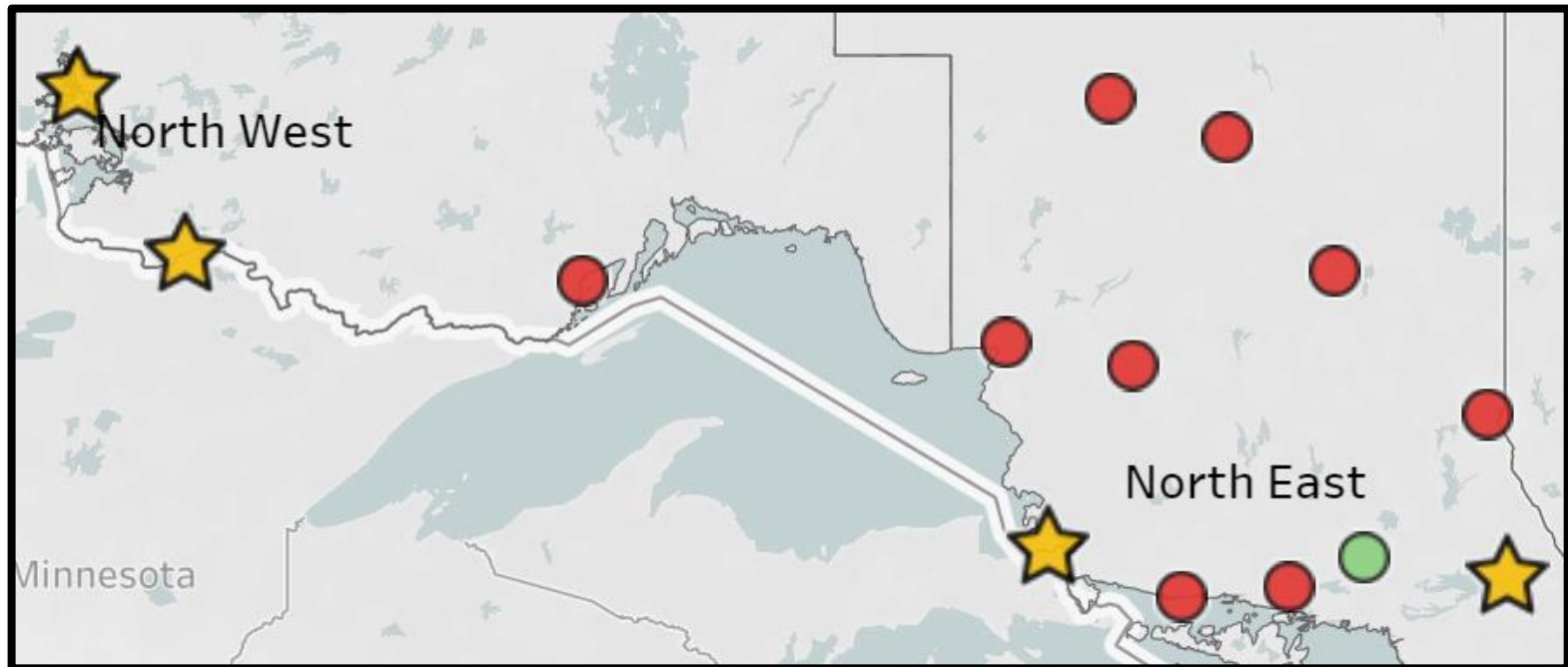
Honouring this commitment is essential to “walking the walk” of reconciliation and allyship.

We are working with our Indigenous partners and the guidance of the [Indigenous Primary Health Care Council \(IPHCC\)](#) on how we can best support them in the *Ontario Health Team* process.

A Vision for Ontario Health Teams

At maturity, every Ontarian will have access to an Ontario Health Team that will:

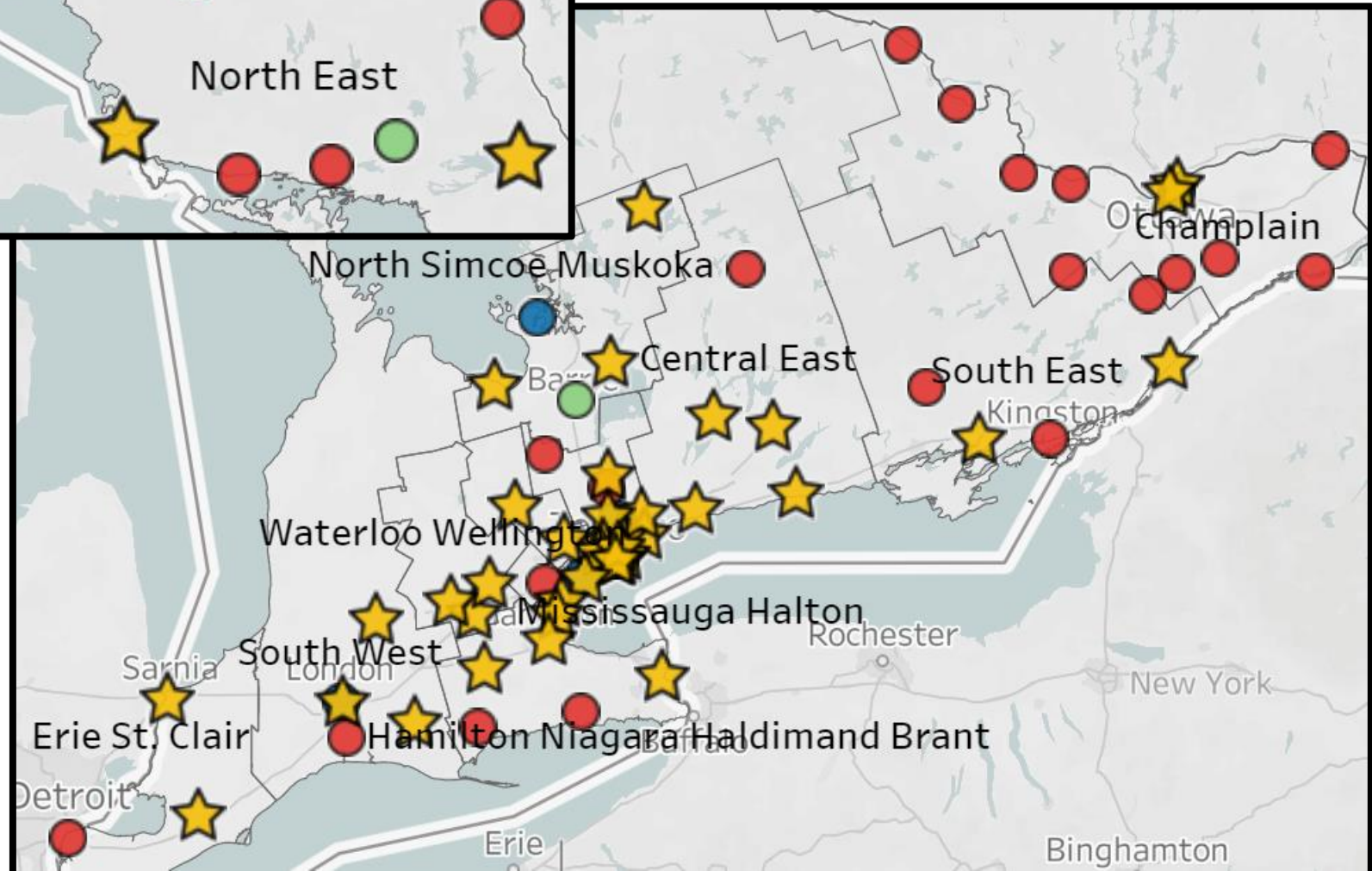
- 
-  Provide a full and coordinated continuum of care for an attributed population within a geographic region
 -  Offer patients 24/7 access to coordination of care and system navigation services and work to ensure patients experience seamless transitions throughout their care journey
 -  Be measured, report on and improve performance across a standardized framework linked to the 'Quadruple Aim': better patient and population health outcomes; better patient, family and caregiver experience; better provider experience; and better value
 -  Operate within a single, clear accountability framework
 -  Be funded through an integrated funding envelope
 -  Reinvest into front line care
 -  Improve access to secure digital tools, including online health records and virtual care options for patients – a 21st century approach to health care



★
42 Ontario Health Teams
(35 include Alliance members)

Legend - Status

- ★ Ontario Health Team
- Full Application
- In Development
- Innovative Models



OHT – Provincial coverage and expansions

- 42 teams approved OHTs (will cover over 86% of Ontario at maturity)
- The MOH will be focusing on building up teams in areas that don't already have approved teams in place. Teams will be invited to complete full applications on a case-by-case basis.
- At the same time we will continue to grow provider partnerships in existing Ontario Health Teams.

OHT Model Components

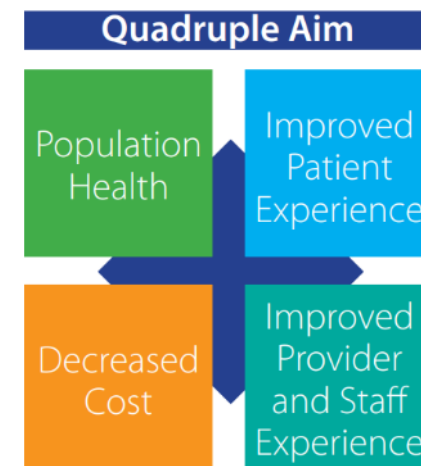
1. Patient Care & Experience
2. Patient Partnership & Community Engagement
3. Defined Patient Population
4. In-Scope Services
5. Leadership, Accountability and Governance
6. Performance, Measurement, Quality Improvement
7. Funding and Incentive Structure
8. Digital Health

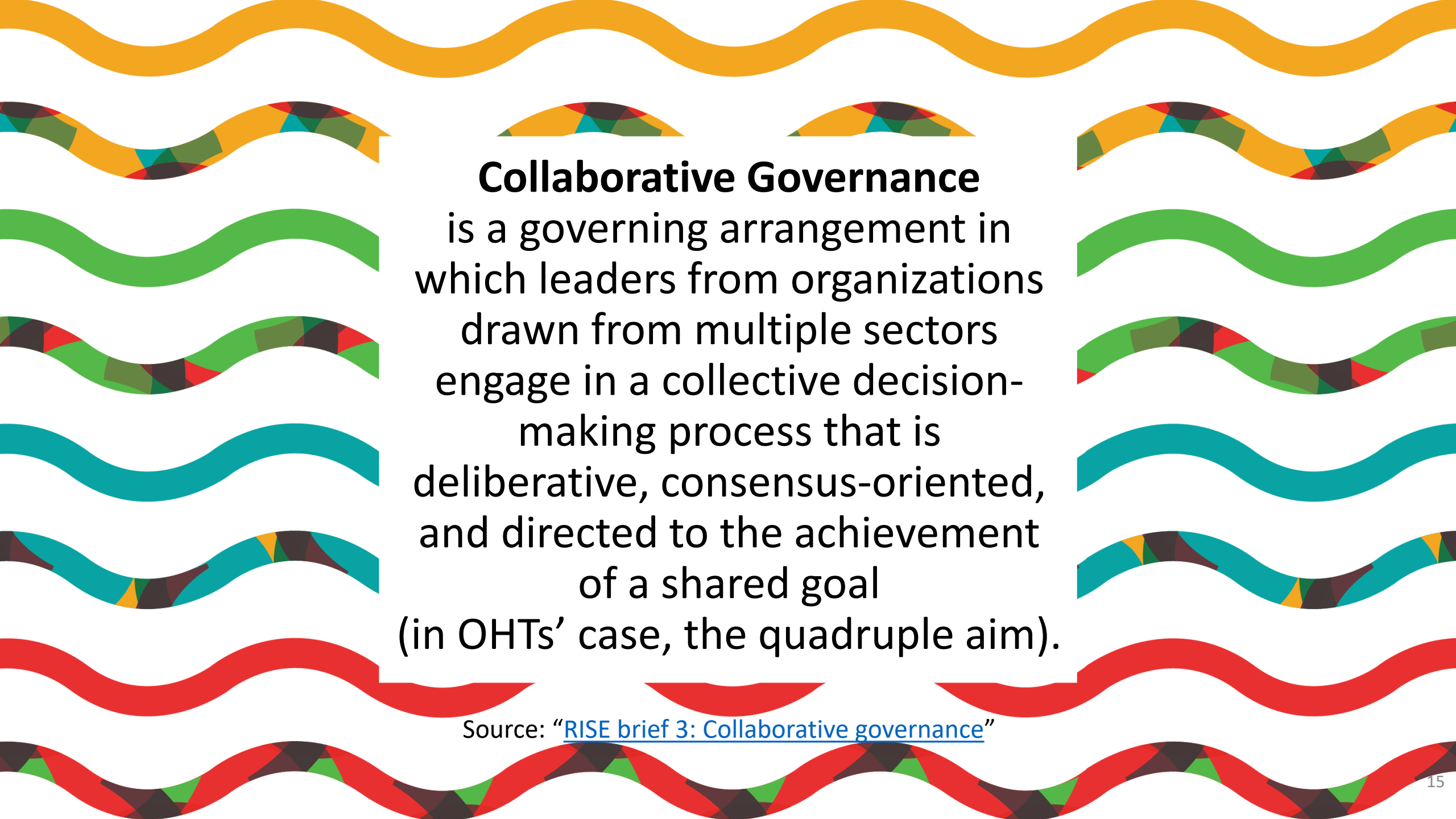


Integrate

more connected, seamless, and coordinated care centred on improving people's outcomes and experience plus value

NOT legal relationships or structural integration





Collaborative Governance
is a governing arrangement in
which leaders from organizations
drawn from multiple sectors
engage in a collective decision-
making process that is
deliberative, consensus-oriented,
and directed to the achievement
of a shared goal
(in OHTs' case, the quadruple aim).

Source: ["RISE brief 3: Collaborative governance"](#)

Collaborative Decision Making Agreement

CDMA vs. “governance”

focus on defining the mechanisms through which a foundation for collaborative decision-making can be built to support and enable progress towards a more mature state while focusing on service integration and Year 1 priorities

Aligned with principles of collaborative governance



[Guidance for Ontario Health Teams: Collaborative Decision-Making Arrangements for a Connected Health Care System](#)

Checklist for OHT CDMAs

Each OHT's collaborative decision-making arrangement (CDMA) must:

- Be formalized in writing
- Be informed in its development by engagements with:
 - local communities;
 - patients, families, and caregivers; and
 - physicians and other clinicians
- Include a shared commitment to:
 - achieving the quadruple aim
 - a vision and goals for the OHT
 - working together to fulfill MOH expectations for year 1 and beyond
- Provide for direct participation in OHT decision-making by:
 - patients, families, and caregivers
 - physicians and other clinicians
- Address:
 - resource allocations (including of any implementation funds)
 - information sharing
 - financial management
 - inter-team performance discussions
 - dispute resolution
 - conflicts of interest
 - transparency
 - identifying and measuring impacts on priority populations
 - quality monitoring and improvement
 - expansion to more patients, services, and providers
- Identify a qualified entity who members agree will receive and manage any one-time implementation funds on behalf of the OHT

Organizations:

- need a shared vision, principles and commitment to OHT
- remain Independent

OHTs determine:

- own legal structures and inter-member relationships
- their own membership and entry criteria
- how to make decisions on key topics
- decision-making roles of patients, clinicians, etc.

MOH is **NOT** requiring that OHT members:

- establish a new not-for-profit corporation, legal partnership, or other legal entity to constitute the OHT; or
- adopt a particular type of agreement between members, e.g. a joint venture, collaboration, alliance, network, or other type of agreement between organizations that otherwise continue to operate in their own right.

Collaborative Decision-Making Arrangement

Collaboration Agreement & Decision Making Framework Agreement

CDMA that is deliberative, consensus-oriented, and directed to the achievement of a shared goal

Templates

- [collaboration agreement](#) OR [decision-making framework agreement](#),
- [fund holder and indemnity agreement](#),
- [project agreement](#)

Collaborative Decision-Making Arrangement

Collaboration Agreement & Decision Making Framework Agreement

To formalize collaboration between OHT members and allow for a variety of long-term arrangements to be established in the future.

Collaboration Council

Makes decisions for the OHT

- CEOs/EDs of HSPs who have signed agreement
- Team members
- Terms of Reference

Chairs Council

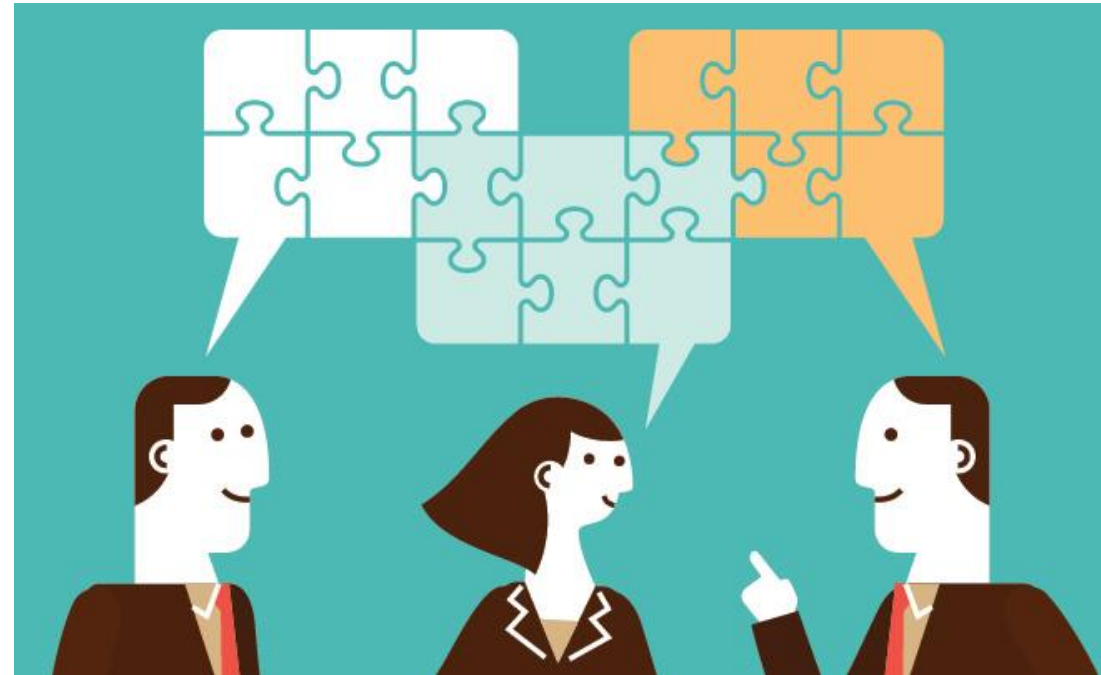
Supports Board to board engagement

- **Co chairs**
- **Advisory to Collaboration Council**
- **Keep boards informed**
- **Terms of reference**

Governors Role in OHT

will need to go beyond traditional role/comfort zone

- Think beyond your own organization
- Be system thinkers
- Put people of entire community and all their needs first
- Require new set of skills, especially in governance: collaborative leadership



[Learn more](#)
[Creating Containers and Co-Design: Transforming Collaboration](#)

(Tamarack Institute)

Board R.O.L.E.S

Best governance practices recommend the following four jobs for Boards:

1. Represent the Ownership

- ✓ Understanding external ownership accountabilities
- ✓ Proactive communication with that group, listening and acting on their behalf

2. Lead the Organization

- ✓ Clear and well-communicated mission
- ✓ Mission is “the outcomes expected for certain groups of people in our community” and the value or cost of doing so

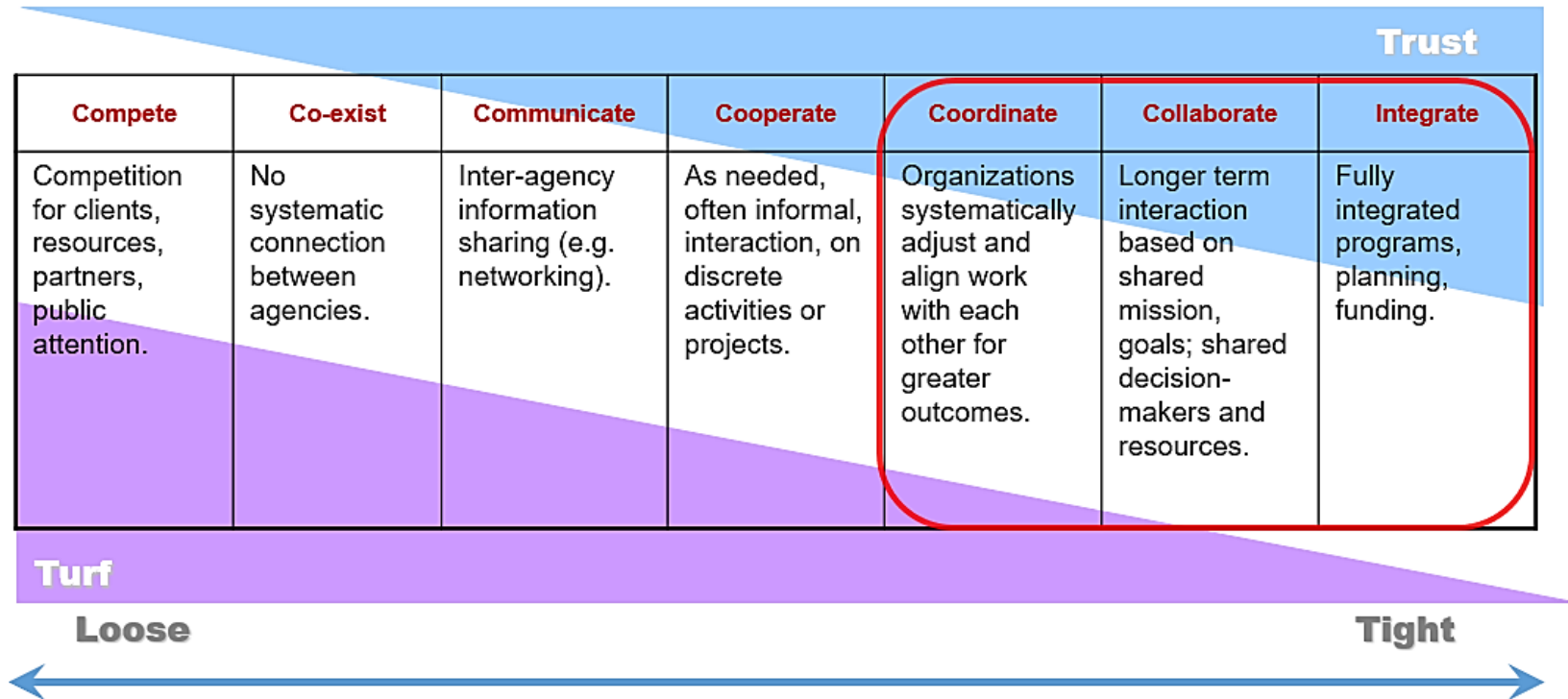
3. Evaluate the Operations

- ✓ Clear delegation of operations to CEO/ED
- ✓ Rigorous evaluation of the CEO/ED and operations in accomplishment of mission and risk mitigation

4. Exercise Governance Transparency (Sound Governance System)

- ✓ Sound governance system
- ✓ Board policies to clarify roles, articulate values, including structure, committees, decision-making, self-evaluation

Collaboration, and Collaborative Governance approaches, fall along a continuum based on trust.



- How are you building trust within your OHT?
- Have you had board to board meetings with your OHT partners?
- What does your OHT CDMA outline What is the plan going forward to formalize structures and/or processes that support these relationships so trust continues to be developed over time?



Pillars of Integrated Care

Building a guiding coalition of shared purpose, vision, values and culture

Developing collaborative capacity

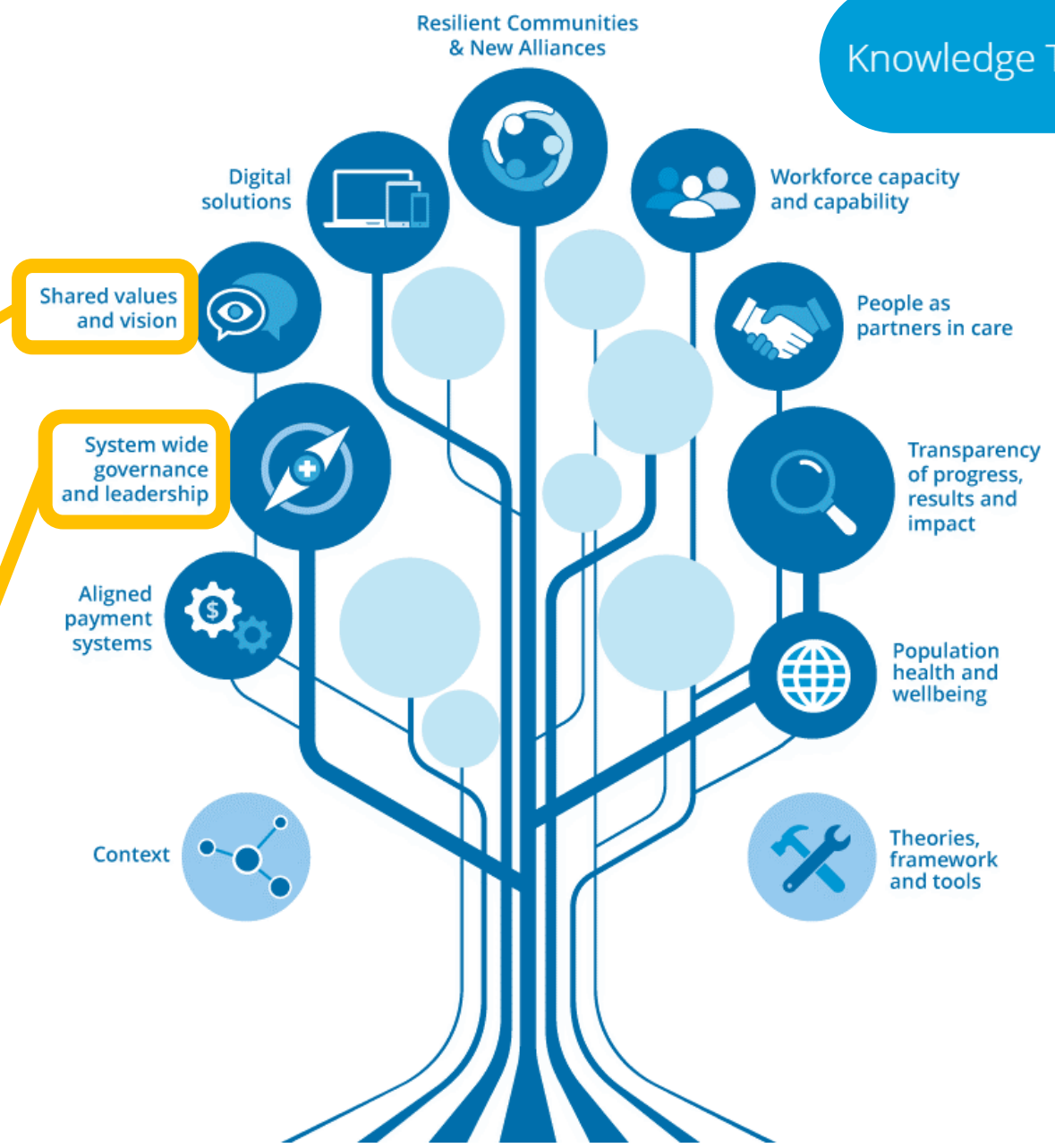
needs to be centred on people, clients, family and providers experiencing health and care as 'one team' and 'one system'.

Collaborative Decision Making and accountability

Integrating health and social care

Model of Health and Wellbeing

Quadruple Aim



Health Equity & OHTs

Questions for consideration & discussion

- Has your OHT looked at the [Ontario Health's *new* **Equity, Inclusion, Diversity and Anti-Racism Framework**](#) and how they can align with the 11 areas of action?
- Has your OHT committed to collecting sociodemographic and race-based data?
- Has your OHT considered co-design with marginalized folks facing the most barriers to access to care? Ensuring PFAC is reflective of populations served.

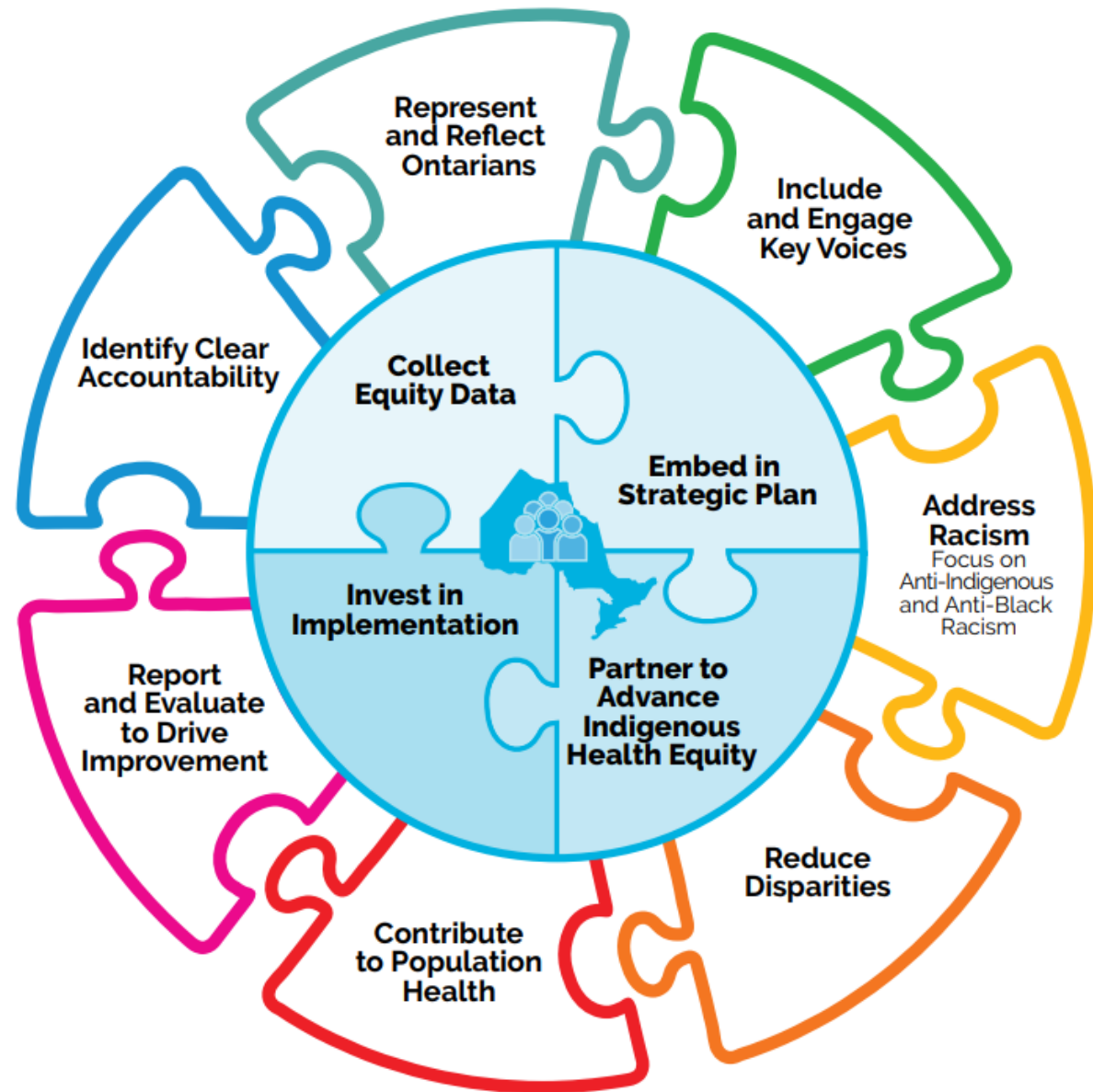
The Alliance is in active with the MOH OHT Division about opportunities to improve equity and equitable access to care through the OHT model, including the inclusion of health equity measures.

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 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



For more information, go to: ontariohealth.ca



Building a Common Understanding

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism. In order to achieve better outcomes for all patients, families, and providers within Ontario's health system, we must explicitly identify and address the impacts of **anti-Indigenous** and **anti-Black racism** as part of our commitment.

This framework builds upon our existing legislated commitments and relationships with **Indigenous peoples** and **Francophone communities**, and recognizes the need for Ontario Health to take an **intersectional approach** to this work.

The definitions below help to provide a common understanding as we work together to create a shared culture focused on equity, inclusion, diversity, and anti-racism.

Anti-Racism

An anti-racism approach is a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, reduce and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.

Anti-Black Racism

The policies and practices rooted in Canadian institutions such as education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards Black people and communities.

Anti-Indigenous Racism

Anti-Indigenous racism is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.

Diversity

The range of visible and invisible qualities, experiences and identities that shape who we are, how we think, how we engage with and how we are perceived by the world. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical or mental abilities, religious or spiritual beliefs, or political ideologies. They can also include differences such as personality, style, capabilities, and thought or perspectives.

Equity

Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

Health Disparities

Differences in health access, experience or outcomes in a way that is systematic, patterned and preventable.

Inclusion

Inclusion recognizes, welcomes and makes space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills and talents of all of our employees.

Intersectionality

The ways in which our identities (such as race, gender, class, ability, etc.) intersect to create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by Black feminist legal scholar Dr. Kimberlé Crenshaw and emerged from critical race theory to understand the limitations of "single-issue analysis" in regards to how the law considers both sexism and racism. Intersectionality today is used more broadly to understand the impact of multiple identities to create even greater disadvantage.

Structural Racism

Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with colour to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.

Systemic Racism

Organizational culture, policies, directives, practices or procedures that exclude, displace or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.

**Definitions extracted from the McGill University Equity, Diversity and Inclusion Strategic Plan (2020-2025); the UHN Anti-Racism and Anti-Black Racism (AR/ABR) Strategy; and the 519 Glossary of Terms around equity, diversity, inclusion and awareness*

***Connecting Care Act 2019 (Link to: <https://www.ontario.ca/laws/statute/19c05>)*

Questions? Comments?



BREAKOUT SESSION

pt. 1/3

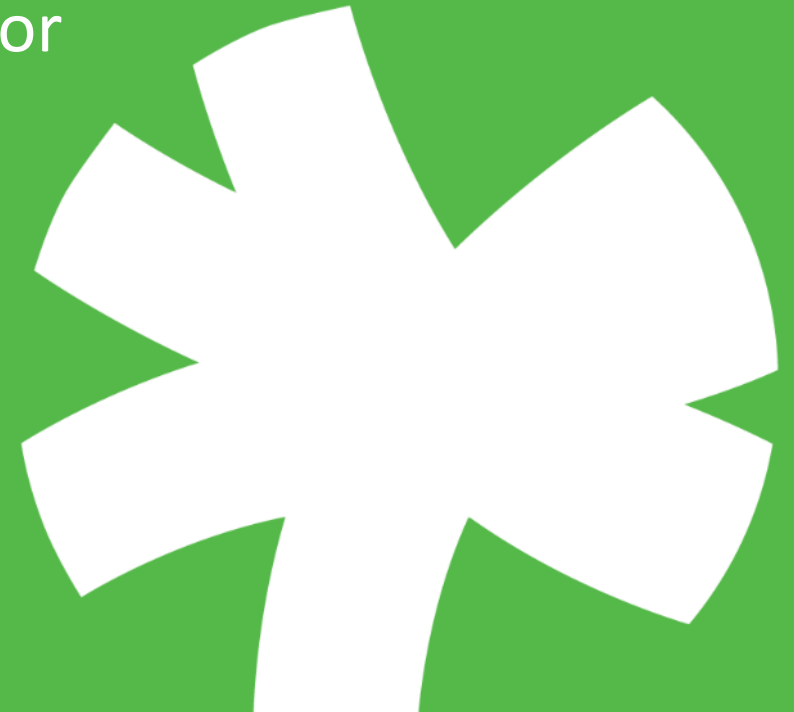
- ✓ Introductions: name, organization, what part of Ontario?
- ✓ Is your organization part of an OHT? If yes, what stage of the process are you at? (Approved, In Development, Submitted Application, Unknown)
- ✓ Have you as governors been involved in your OHT and how? If so, how?
 - E.g. Monthly/Regular updates from ED/CEO (email, at board meetings),
Governors to Governors Meeting(s),
Chairs Council, etc.



BREAKOUT SESSION

pt. 2/3

- ✓ Does your OHT have a governance structure outlined that goes beyond operational collaborative decision making groups and includes governors (ie board members) from the various partner organizations?
 - ✓ If yes, how has this process been developed and/or how has your board been involved?
What successes and failures have resulted?
 - ✓ If no, is it in development? What is your boards plan for involvement going forward?



BREAKOUT SESSION

pt. 3/3

For those in approved OHTs:

- Did your board sign off on the Collaborative Decision Making Agreement (CDMA) / MOU?
- Was your board involved in the development?
- Has your organization included system level strategy into your own work?

What resources would you require from the Alliance to support you in this work?



BREAKOUT



REPORT BACK

Key Challenges

Support needed from Alliance



Resources

Alliance and partners

- [Alliance Member portal OHT group \(includes examples from sector\)](#)
- [Partner & Stakeholder Communication Briefs](#)
- [Community Health Ontario - Building Collaboration Capacity for OHTs Webinar Series](#)

Ministry of Health & RISE

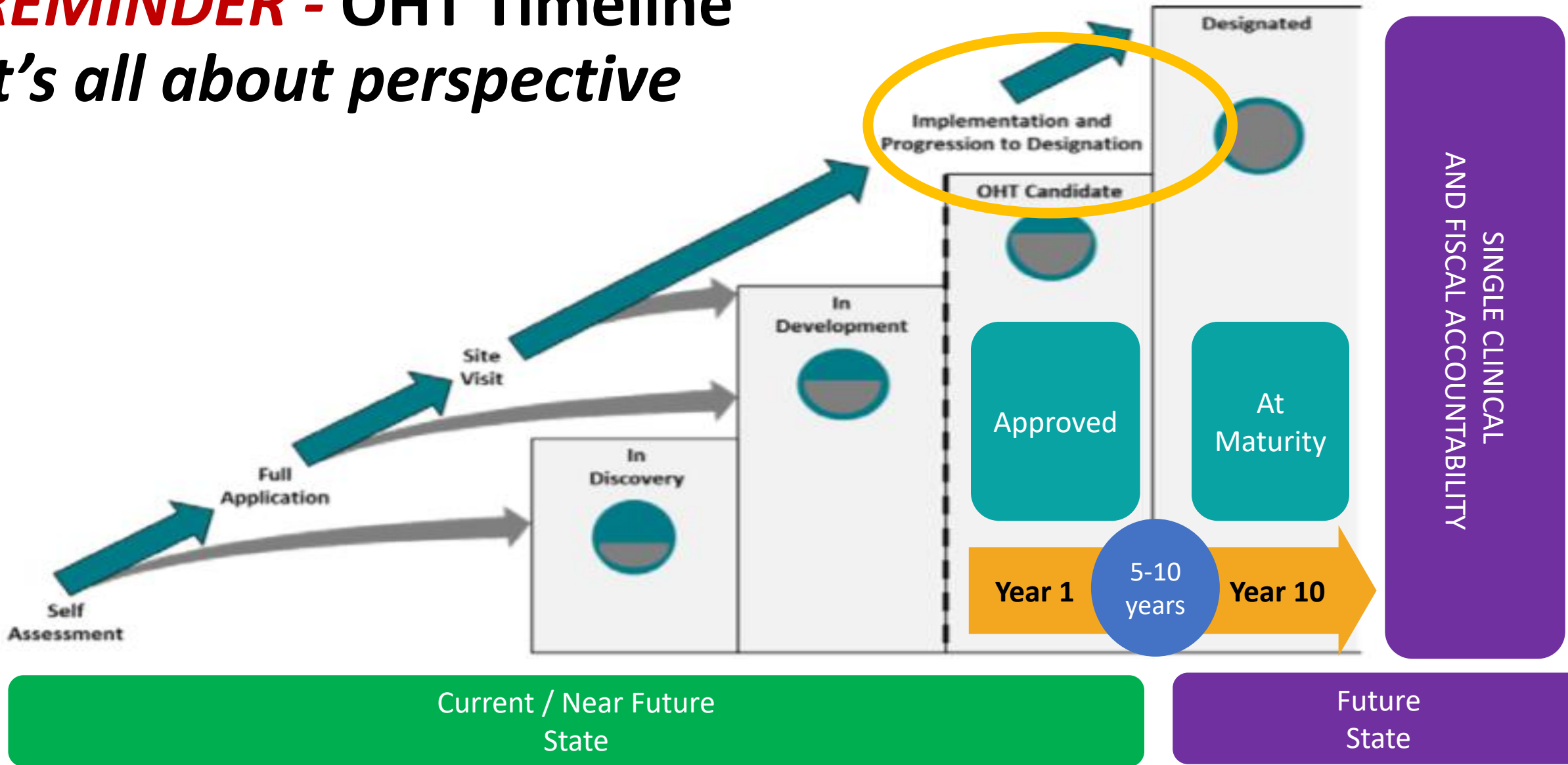
- [OHT Guidance Document](#)
- [CDMA Guidance for OHTs \(MOH\)](#)
- RISE Brief #3 [Collaborative Governance](#)
- RISE Brief #19 [Collaborative Governance Templates](#)



Does your OHT / organization have resources you would like to share with your colleagues across the province? Please e-mail Meghan.Perrin@allianceon.org

REMINDER - OHT Timeline

It's all about perspective



Ensuring equity and community are centered



Are you advancing seamless equitable care and a more integrated system for people?



Are you building trusted local partnerships?



Are you safeguarding the role of community leadership and governance through collaborative frameworks?



ALLIANCE UPDATES

COVID-19 | Health Equity Charter
Call for Alliance Board | Call for resolutions
Conference update

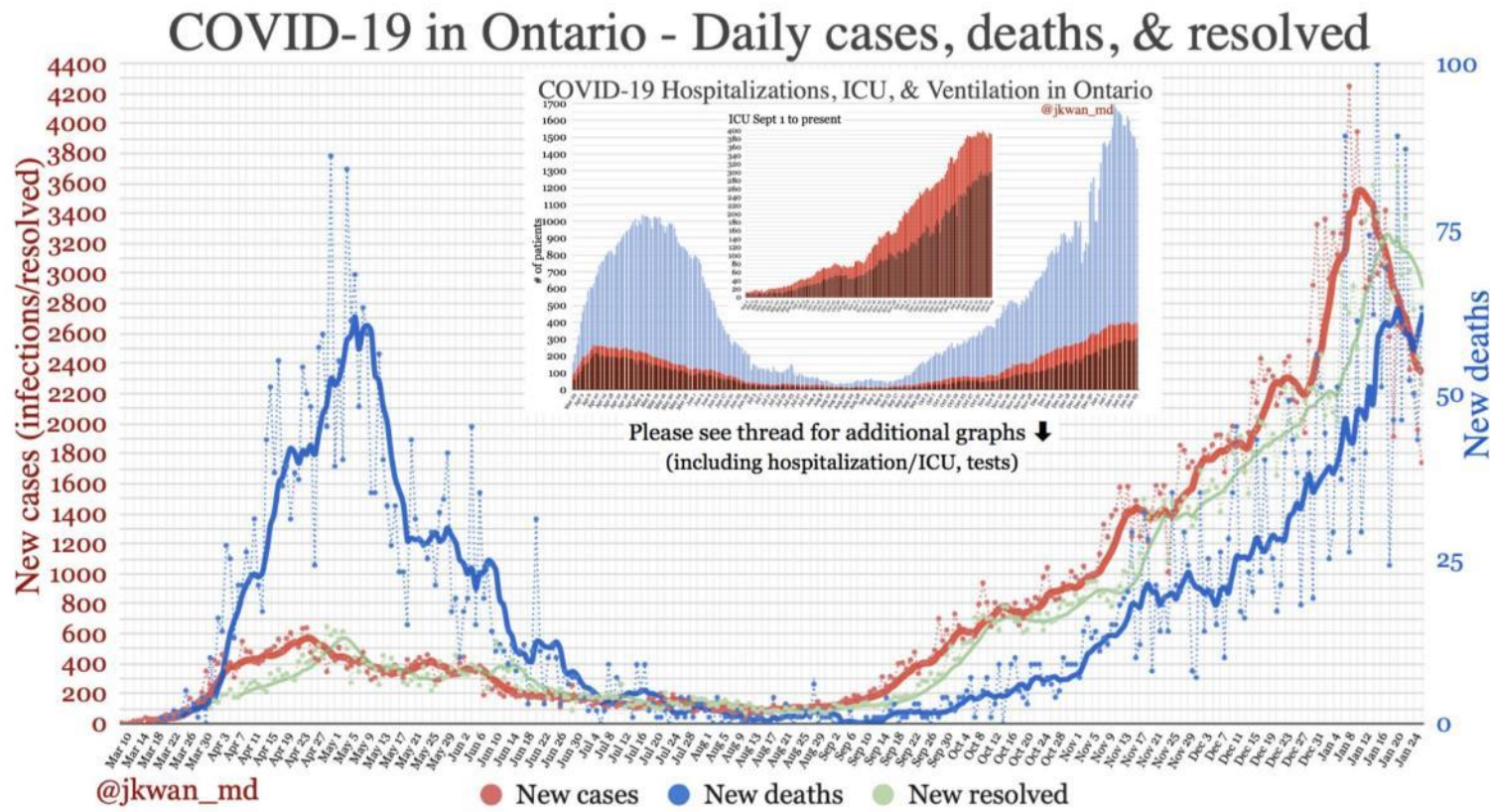


COVID-19 Update

Sarah Hobbs, CEO

Alliance for Healthier Communities

Situation overview



- PHO is actively monitoring several variants (UK, South Africa, Brazil). Currently identified 34 cases in 8 PHUs. Community spread is assumed.
- Rapid Test pilots have shown success. Will be expanding to LTC, congregate settings, industrial and manufacturing, schools, and other sectors.
- For latest modelling, see [Ontario Update on COVID-19 Projections](#) released January 12, 2021.



Member response to COVID-19

- Across the province, members have shown leadership in community and media on need for [holistic approach that addressing SDOH](#)
- Transitioned to virtual primary care and health promotion programs.
- Responses have varied by region in response to different community needs, including social check-in calls, [mobile clinics on farms](#), [emergency boxes for harm reduction](#), expanding food security programs, [enhancing digital access](#), and other supports.
- Many members are supporting Assessment Centres. Increasingly, members are also leading community driven testing sites.

Check out the [Alliance blog](#) for other member news and updates

High Priority Communities Strategy

Alliance members providing leadership

- Dec. 21, [Ontario government announced plan](#) to “provide funding to local lead agencies to work in partnership... to deliver key interventions for the province's hardest-hit neighbourhoods”.
- Alliance members are leading to provide:
 - Tailored community outreach and engagement
 - Increased access to testing
 - Wraparound supports using a case management approach
 - Increased capacity/locations for isolation facilities, support for short-term case management on site, etc.

| Region | Lead Agency |
|---------|---|
| Durham | Carea CHC |
| Peel | Wellfort CHC |
| | Punjabi CHS |
| | Wellfort CHC |
| | Dixie Bloor Neighbourhood Drop In Centre |
| | Indus Community Services |
| Toronto | Canadian Mental Health Association – Peel-Dufferin Branch |
| | Rexdale CHC |
| | Flemingdon CHC |
| | TAIBU CHC |
| | Scarborough Centre for Healthy Communities |
| York | Black Creek CHC |
| | Vaughan CHC |
| Ottawa | Carefirst Seniors and Community Services Association |
| | South-East Ottawa CHC |

Current advocacy response

Paid sick days

- The stay-at-home order included no provisions for paid sick days. The Alliance and additional health organizations [issued a letter to the Premier calling for paid sick days](#) to prevent the spread of COVID-19. Co-signatories: OMA, AFTHO, OCFP, RNAO, NPAO, NPLCA, OCSA & IPHCC.

French language communication

- The Alliance [issued a letter to the Premier](#) reminding the province of its obligation to communicate in both official languages, English and French, with particular emphasis on the importance of simultaneous emergency communications for Francophones in Ontario.

Enforcement

- The Alliance is concerned that the enforcement of stay-at-home orders will disproportionately impact racialized and marginalized populations. Alliance is monitoring for transparency and accountability in the enforcement, as well as clear education and communication to enforcing agencies to take an equity-informed approach.

Supporting staff wellbeing in extended pandemic

- Executive Leaders are wrestling with how best to support their staff's wellbeing (stress, mental health, burnout, remote working, etc.) while supporting the increased needs of the community.
- Alliance is holding a webinar on "Supporting employee wellbeing during COVID-19" on Monday, February 1 for Executive Leaders.

**COVID-19:
mental health
and wellbeing**



Ontario Primary Care COVID-19 Vaccination Action Council

- The Alliance is part of a coalition of organizations that are jointly advocating for the **voice of primary care** and the need for primary care partnership in Ontario's COVID-19 vaccine distribution.
- The group is meeting regularly with Dr. Isaac Bogoch of the Ontario Vaccination Task Force, Public Health and Council of Medical Officers of Health representatives, the Ontario Hospital Association, the Ontario Medical Association, and other stakeholders.

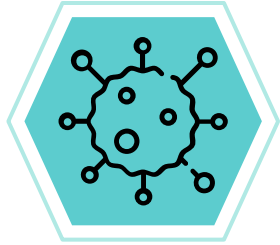


Ontario's Academic
Chairs of Family Practice

Preparing Alliance members and clients for vaccination rollout

- Public Health Units are leading the vaccination planning in each region. The Ministry is directing PHUs to work in wide collaborations regionally, including with primary health care.
- Alliance members should begin to prepare staff and clients to build vaccine confidence, and for eventual administration of vaccination.
- **Alliance preparation:**
 - Advocating for simple and equitable guidance for primary care providers, and consistent planning and rollout across PHUs.
 - Sharing weekly vaccination updates with ELs, in partnership with other primary care associations.
 - Developing webinar to support members to build vaccine confidence in their communities.

Proposed primary care models for **phase 3** of vaccine rollout



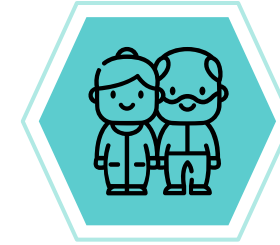
Efficient mass vaccination hubs

- As hospitals anticipate second wave needs, transition staffing of hospital hubs to **public health & community partnerships**
- Delivered by doctors, nurses, pharmacists, health professionals, in venues like arenas and convention centres, to all Ontarians regardless of health system attachment status
- Pre-booked, drop-in, drive-through



Mobile teams for priority populations

- Mobile health professional teams will reach people who have barriers accessing vaccine hubs
- Will reach **homebound older adults, shelters, & other congregate settings**
- Successful examples can be scaled & shifted including existing community-based COVID-19 mobile testing initiatives and effective LTC & RH vaccine strategies underway



Community-tailored programs with a health equity lens

- Several communities will need **tailored responses**, similar to testing centres in areas with high rates of transmission
- Serving groups who may not otherwise have equitable vaccination rates or protection from COVID-19
- Examples include culturally-tailored sites, workers at outbreak sites

HR implications of COVID-19 vaccine: What you need to know as an employer

The Alliance partnered with the Association of Family Health Teams of Ontario, the Indigenous Primary Health Care Council, and the Nurse Practitioner-Led Clinic Association to hold a webinar on understanding HR implications on January 18, 2021.

[slides](#) | [recording](#) | [policy template](#)

Topics covered include:

- Different policy and consequence options (mandatory or voluntary)
- Human rights considerations and accommodations
- Need to engage staff and understand concerns and alternatives
- **Policy should come from boards**

COVID-19: What you as governors need to be thinking about

- Ensuring the physical and mental health of its employees as this will best ensure the organization delivers high quality client care.
- Making critical decisions in the most efficient manner possible, such as decisions to support the availability of both human and physical resources.
- Ensuring that there are succession plans in place for key leadership roles including board leaders to cover a temporary unexpected absence.
- Preparing for vaccination rollout and considering developing a Board policy on HR implications of the COVID-19 vaccine.
- Ensuring there are policies/procedures in place in case board members/CEO/staff violate current public health guidelines.



Questions? Comments?



Health Equity Charter Update

Oleksandra Budna

Communications and Member Relations Lead

Health Equity Charter 101

- Approved by the Alliance membership in 2012
- One of the foundational documents for the Alliance for Healthier Communities
- Endorsement of the Charter is a membership criteria
- Refreshed Charter received 99% approval at the AGM on November 10, 2020



Alliance for Healthier Communities
Alliance pour des communautés en santé

Health Equity Charter 2020

The Health Equity Charter is a commitment to action by the Alliance for Healthier Communities and Alliance member organizations to recognize and confront barriers to equitable health. We commit to be bold, strategic and relentless in challenging these barriers and addressing the needs of the people and communities we serve to achieve our vision of the best possible health and wellbeing for everyone living in Ontario.

We can only achieve our vision of the best possible health and wellbeing by creating the conditions for everyone to have a fair opportunity to reach their full health potential in relationship with their communities. Today in Ontario, not all populations have this fair opportunity. People in certain population groups live shorter than expected lives, face discrimination in accessing health services and the social determinants of health, or deal with preventable health conditions. This is not due to any factors inherent in the communities most affected by them. Rather, major gaps in population health outcomes have deep roots in historical and current systems of power. Some populations have been treated as expendable, are marginalized and excluded from decision-making; have inadequate access to resources in our society from food and housing to transportation to literacy to social inclusion; and face a life of discrimination and racism. The results are health disparities that are avoidable and unjust. The goal of health equity is to remove unjust and remediable differences among groups of people.

To achieve health equity, we commit to collective action to eliminate health inequities and inequitable access to health care, advance better health outcomes and address barriers that prevent certain populations from living a healthy life, including, but not limited to, Indigenous people, Francophones, Black and racialized communities, those who are Two Spirit, lesbian, gay, bisexual, trans, queer and/or non-binary (2SLGBTQ+), people living with disabilities and/or mental health challenges, isolated seniors, new immigrants and refugees, migrant workers and those without a documented status, people who use drugs and those experiencing homelessness, as well as low-income and underserved communities in both rural and urban areas. We will achieve health equity by improving our own practices, working closely with the communities we serve, challenging other institutions, and facilitating change within the broader community, province and country.

Refreshed Health Equity Charter: Implications for members

- Alliance members review and endorse the revised Health Equity Charter
- Members renew their commitment and review the progress of putting the Health Equity Charter into Action annually
- Self-assessment tool will be developed in consultation with members. Putting together a working group; will share a draft with entire membership for input.



Want to provide input to the self-assessment tool? Contact
Oleksandra Budna at oleksandra.budna@allianceON.org

Refreshed Health Equity Charter: Supports from the Alliance

- **Communication materials:**
short version of the Charter, posters, website copy – *available February-March*
- **Educational materials:**
Health Equity Charter 101 webinar – *April*
Putting Health Equity Charter into Action Resource Guide – *June*
Putting Health Equity Charter into Action webinar – *June*
- **Capacity building opportunities:**
Inclusive Leadership in Governance redeveloped training – *launch in April*
Governance sessions at the conference – *June*
Board Liaison and Chairs virtual meeting - *June*
- **Sharing best practices** across membership through Board to Board, portal, webinars, conference, resource repository – *ongoing*

Call for Health Equity policies, tools and resources

- Health Equity Framework
- Health equity plan template
- Board resources:
 - Board Composition Matrix – Identifying Gaps;
 - Board questionnaires on Diversity/Inclusion;
 - annual Board survey to assess Board culture;
 - Sample Board Education Plan;
 - Sample Board Recruitment Interview Questions
- Governance Committee equity-focused Terms of Reference
- Community Engagement Committee Terms of Reference
- Equity-focused ED/CEO recruitment
- Sample Policies on:
 - Anti-oppression
 - Advocacy
 - Allyship
 - Anti-Black Racism
 - Anti-Indigenous Racism
- Statements on:
 - Health Equity
 - Anti-Black and Anti-Indigenous racism
 - Board diversity and inclusion statement
- Other relevant tools and resources
- Examples of action



Please send to Oleksandra Budna at oleksandra.budna@allianceON.org

Call for Governance Policies

- Request from member centres to share governance policies
- Creating a governance policies repository on the portal
- Please send to Oleksandra Budna at oleksandra.budna@allianceON.org



Questions? Comments?



Conference Update

Oleksandra Budna

Communications and Member Relations Lead

Registration opens: March 1, 2021



Dedicated governance stream (poll)

- Collaborative Governance in the OHT Environment
- Authentic Community Engagement in the OHT Environment
- Indigenous Health in Indigenous Hands: What does it mean for Boards?
- Board advocacy in COVID recovery
- Future beyond COVID: possible impacts and what Boards should be thinking about
- Advancing Health Equity in OHTs: Boards' role
- Community Governance 101

Annual Board Liaisons and Chairs Virtual Meeting

- Date: June (TBD)
- Join a planning group to help shape the event
- For more information and to volunteer, contact oleksandra.budna@allianceON.org



Transformative Change Awards

- Call for nominations:
 - Transformative Change Awards (organizations/programs/collaboratives)
 - Adrianna Tetley Legacy Award
 - Denise Brooks Health Equity Champion Award
 - Joe Leonard Award
- Deadline for nominations: March 15, 2021
- More information: [English](#) / [French](#)
- For questions, contact oleksandra.budna@allianceon.org



Alliance Board of Directors Call for Nominations

- Call for Nominations: 2 directors to fill the gaps on the Alliance Board:
 - Diversity of lived experience: Racialized (minimum of 1)
 - Member type: Nurse Practitioner-Led Clinic (minimum of 1)
 - Organizational role: Board Member (minimum of 1)
 - Organization size: Small centre (minimum of 1)
 - Gender: Self-identified female or gender diverse (minimum of 1)
- **Deadline for nominations: February 17, 2021**
- More information: [English](#) / [French](#)
- Contact: Corinne Christie, Executive Coordinator
corinne.christie@allianceON.org



Call for Resolutions

- Call for Resolutions for the 2021 Annual General Meeting
- **Deadline for submissions: March 11, 2021**
- For questions or comments, contact Corinne Christie, Executive Coordinator, at corinne.christie@allianceON.org



Action items

Action items at a glance

- **Call for Health Equity tools and resources + governance policies**
- **Conference:** save the date June 16-17; registration opens March 1
- **Annual Board Liaisons and Chairs meeting:** join the planning committee + share suggestions for topics
- **Transformative Change Awards Call for nominations:** March 15
- **Call for Alliance Board nominations** by February 17
- **Call for resolutions** by March 11



For any questions, contact Oleksandra Budna, communications and member relations lead, at oleksandra.budna@allianceon.org

Upcoming Events

- Board to Board Report – first week of February
- Board Liaison Webinar – April (TBD)
- Changes in the Health System – May (TBD)
- Annual Board Liaisons and Chairs Meeting – June (TBD)
- Alliance Annual General Meeting – June 15
- Power in Community Virtual Conference – June 16-17



The background features a repeating pattern of wavy lines. The colors of the waves alternate in a sequence: orange, green, teal, red, and then a multi-colored pattern of triangles in orange, green, teal, and red. The text is centered in the white space between the waves.

**Questions?
Comments?**



Send any questions to:

Oleksandra Budna

oleksandra.budna@allianceON.org

**Please fill out an
evaluation survey!**