

Lessons from the Field

Prepared by LBCG Consulting for Impact and our Associates

The Longwoods forum is designed to help healthcare leaders cultivate meaningful and sustained change in diversity, equity, and inclusion. This paper shares some of the lessons that we have learned with our clients as they addressed equity, diversity and inclusion in their organizations and services.

The first lesson is that Indigenous peoples are not seeking equity: they cannot be paired with other equity-seeking groups. They are asserting sovereignty and pursuing self-determination based on their constitutional status and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). To move forward healthcare organizations need to build a new relationship with Indigenous peoples based on Truth and Reconciliation.

Healthcare leaders need to support local First Nations, Inuit, and Métis leaders in conjunction with their national counterparts at the Assembly of First Nations, Inuit Tapiriit Kanatami, and Métis National Council as they negotiate, develop, implement, and evaluate health transformation agreements, and advocate for policy and systems change. They need to identify key stakeholders for community engagement and build relationships with them and follow engagement protocols articulated by their respective organizations.

Reconciliation and equity, diversity and inclusion need to be explicit in the organization's strategic plan with defined outcomes and dedicated resources. Leadership accountability for the plan needs to be clear. Data needs to be collected to track progress and evaluate initiatives. Health outcomes by race need to be tracked and data stewardship agreements made with Indigenous and Black community groups and equity-seeking groups. "Nothing about us without us", is the defining principle.

Racism is deeply ingrained in our colonial history and culture, and change needs to run deep into an organization and its members to unroot this. In addition to providing anti-racism and cultural safety education to all members of an organization, safe processes for both employees and clients to debrief racist or culturally unsafe experiences in the organization need to be developed and implemented along with processes to document these instances. Safe and respectful clinical learning environments that are free of racism, discrimination and bias are essential.

Change is needed in recruitment at all levels from healthcare students to board members. We need to reach beyond the same pool of candidates. Outreach to Black, Indigenous and other equity-seeking communities is necessary to develop relationships of trust and build capacity to participate in healthcare organizations.

Canada's healthcare system is notoriously slow to change. However, we are at a pivotal moment in time where there is broader awareness and a desire to address historical and systemic injustices. It will take leadership and persistence to accelerate this momentum and finally break from the past, and into a future that is diverse, equitable and inclusive to all that it serves.

Authors:

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