Health Equity Charter

Health equity
Bold, strategic, relentless
Determinants of health
INCLUSION
Anti-racism
Partnership
Allyship
ACCESS
Health
Digital equity
Indigenous Health in Indigenous Hands
Wellbeing
Humility
Social justice
Human rights
ACTION
Intersectionality
Health care
Systemic inequities
Anti-oppression
COMMUNITY
Transformative Change
Accountability
Solidarity

WHAT IS THE HEALTH EQUITY CHARTER?

It 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.

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Alliance for Healthier Communities
Alliance pour des communautés en santé

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, Transgender, 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.

BELIEFS AND VALUES

This Health Equity Charter is built on a recognition that historical and current systems of power, rooted in white supremacy, colonialism, patriarchy and capitalism, have created conditions where certain populations have been treated as expendable, are marginalized and excluded from decision-making, and have inadequate access to resources in our society. The results of these inequities and marginalization are health disparities experienced by many groups across Ontario. While often seen as inherent, poor health outcomes are, in fact, caused by health inequities that are avoidable, discriminatory and unjust.

We further recognize that racism, especially against Indigenous and Black people, is pervasive and systemic in modern institutions. Ontario's health care system is not an exception. The colonial legacy in Canada, which is deeply intertwined with slavery, and the subsequent and ongoing dispossession of Indigenous and Black people, continue to have negative impacts on their individual and collective health and wellbeing.

The work of achieving the best possible health and wellbeing for everyone in Ontario requires a health equity approach that embodies the values, policies, and practices aimed to address discrimination and oppression in all its forms. This approach is indispensable to confronting racism, including in our own practices and organizations as well as the broader community and society at large. The goal of a health equity approach is to dismantle barriers, eliminate health inequities and improve access to health care, especially for those who have historically faced and continue to face discrimination and disadvantage. To achieve this goal, each Alliance member organization serves people who have been most excluded economically, socially and in mainstream health services. »

ACKNOWLEDGEMENT OF TRADITIONAL INDIGENOUS TERRITORIES

We recognize that the work of the Alliance for Healthier Communities and Alliance members takes place across what is now called Ontario on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories and needs, as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding responsibilities to all who now live on these lands, the land itself and the resources that make our lives possible.

The Health Equity Charter is rooted in the following shared beliefs and principles:

Social justice and human rights approach:

Access to the highest attainable standard of health is a fundamental human right. Everyone deserves equal access to a full, vibrant life, which is essential to a healthy and just society. We believe working together toward health equity and equitable access to health care is a necessary step toward achieving this vision.

Broader concept of health:

Health is a state of the best possible physical, mental, social and spiritual wellbeing. Many health problems are not only medical or biological but are caused by the circumstances in which people live, grow, work and age, as well as the systems and barriers that are put in place to deal with illness. These conditions are, in turn, shaped by political, economic and social forces.

Shared responsibility:

The creation of equitable opportunities for health is a societal responsibility that requires all sectors — government, public sector, businesses, faith groups, broader community and civil society — to address the systemic and structural conditions that foster inequities. Only by working in solidarity and supporting each other in our journeys toward health equity can we achieve the best possible health and wellbeing for everyone in Ontario.

Distribution of power:

Approaches to achieving health equity should build on and enhance existing strengths and assets of historically and currently excluded or marginalized groups. These groups need to have a strong voice and recognized power in defining and solving problems.

Integrity and cultural humility:

Through active listening, unlearning and re-learning, we must acknowledge and challenge our internal biases and work to hold each other accountable to personal and organizational growth. Everyone is starting from a different place in this journey and we will work to meet people where they are.

Indigenous Health in Indigenous Hands and commitment to reconciliation and allyship relationship:

Our work to advance Indigenous health equity stands apart within our broader commitment to health equity, and is shaped by specific histories and current realities of First Nations, Inuit and Métis peoples in Canada. Our work of advancing Indigenous health equity is rooted in our commitment to reconciliation, meaningful allyship relationships and Indigenous people's rights to self-determination, which includes our commitment to Indigenous Health in Indigenous Hands. It starts with the recognition and realization of the individual and collective rights of Indigenous people as outlined in Canada's Constitution, treaties and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), as well as the implementation of the Calls to Action identified in the Truth and Reconciliation Commission of Canada Report and The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

AFFIRMATIONS

Based on our commitment to reconciliation, allyship relationship and Indigenous Health in Indigenous Hands:

We recognize that the effects of more than five centuries of colonization — including genocide, dispossession and displacement from traditional lands, forced assimilation and disengagement from ancestry, culture and language, residential schools and the Sixties scoop, the Indian Act, among many other oppressive colonial policies, practices and legislation — have resulted in disproportionately poor health outcomes for Indigenous people across Canada.

We recognize that the health and wellbeing of First Nations, Inuit and Métis communities continue to be affected by neo-colonial practices, disrespect for Indigenous sovereignty and self-determination, racism impacting Indigenous peoples, intergenerational trauma and inequitable resource allocation.

We recognize Indigenous rights to self-determination, including Indigenous Health in Indigenous Hands, and affirm that Indigenous health care needs to be planned, designed, developed, delivered and evaluated by Indigenous-governed organizations.

We recognize and respect diverse cultural practices, traditional knowledge, lands, medicines and resources as essential to the health and wellbeing of Indigenous people.

We recognize the importance and principles of culturally-safe engagement that respects Indigenous governance, knowledge systems and timelines.

For everyone living in Ontario, based on our shared beliefs and principles:

We recognize that many groups in Ontario experience health disparities, including, but not limited to, Indigenous peoples, Francophones, Black and racialized communities, those who are Two Spirit, Lesbian, Gay, Bisexual, Transgender, 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 documented status, people who use drugs, and those experiencing homelessness, as well as low-income and underserved communities in both rural and urban areas. For individuals who identify across multiple groups, barriers to good health and wellbeing often intersect and compound. Health equity principles demand that we tailor our responses to their needs and address the barriers they face with equal urgency.

We recognize that to eliminate health inequities, we must address underlying social, economic and environmental determinants of health, including but not limited to: income, social and employment status, education, housing, transportation, access to services and public spaces, all of which are often shaped and perpetuated by bias, injustice and inequality.

We recognize the impact that racism has had — and continues to have — on the health and wellbeing of racialized people and communities. We further recognize the intersecting and compounding impact of other forms of marginalization, exclusion and oppression, including, but not limited to, homophobia, transphobia, sexism, ageism, ableism, xenophobia, anti-Semitism, Islamophobia, and classism.

We recognize that while certain groups — including Indigenous people, Francophones, Black people, people who are 2SLGBTQ+ — may share similar experiences due to their race, ethnic or cultural origin, gender identity or sexual orientation, no group is homogeneous. We

acknowledge the diversity of experiences, perspectives and needs within each group.

We recognize the continuous presence of Francophones in Ontario over the past 400 years and the rich diversity within a French-speaking community that includes recent immigrants. We acknowledge that Francophone communities have specific needs and constitutionally protected rights. Language and culture play an essential role in the provision of health care services, and Francophone populations require equitable access to quality health services in French to achieve their optimal health and wellbeing.

We recognize that historical and current systems of oppression, including slavery, police violence and anti-Black racism, impact present-day experiences of Black people in Ontario, whether they are descendants of people who were enslaved, recent immigrants or those whose families immigrated to Canada a long time ago. Anti-Black racism has shaped and continues to shape public policy, decision-making and services and has resulted in disproportionately poor health outcomes for Black communities.

We recognize that people who are 2SLGBTQ+ continue to experience stigma and discrimination in all aspects of their lives and face poorer health outcomes as a result. We further recognize that members of 2SLGBTQ+ communities have diverse and distinct experiences and needs shaped by their sexual orientation, gender identity, race and ethnicity, age, disability and place of residence, among other factors.

We recognize a high prevalence of structural, collective, historical and interpersonal violence in the lives of those we serve, especially among women and girls, Indigenous people, Black communities, and people who are 2SLGBTQ+, and those who identify across multiple identities. Experiences of trauma and violence affect individuals, families and communities and impact physical, mental, emotional and spiritual health and wellbeing.

We recognize that systemic ableism — by which we mean the discrimination of and social prejudice against people with disabilities and/or mental health conditions - is rooted in assumptions that people with disabilities require 'fixing' and are defined by their disability or condition. Ableism creates barriers, both visible and invisible, for people with disabilities and/or mental health conditions, reduces equitable access to health care and other supports, and contributes to their marginalization, making them more vulnerable to poverty, social isolation, inadequate housing and poor health outcomes. Following the guiding principles of the United Nations Convention on the Rights of Persons with Disabilities, an international human rights treaty that Canada has ratified along with 94 other signatories, is essential to foster inclusion and independence of people who live with disabilities and/or mental health conditions.

We recognize that digital equity — a state where people and communities can readily and effectively access and use information technology to fully participate in our society, democracy and economy — is intricately bound to health equity and must be a right for everyone in the growing digital world. We further recognize that certain populations — rural, remote and northern communities, people living in poverty, those experiencing homelessness, seniors, among other groups — lack the necessary tools and devices, broadband connection and digital literacy skills to be fully engaged in civic and cultural activities, employment, lifelong learning, and access to essential services, including digital health care and virtual health and wellbeing programming.

We recognize that the health and wellbeing needs of seniors are often unacknowledged and ignored. Seniors who experience other forms of marginalization are particularly vulnerable to poverty, social isolation and poor health.

We recognize the distinct health needs of populations living in rural, remote and northern settings where their health and wellbeing are impacted by a lack of resources, poor access to health care and social services, inadequate transportation, unaffordable and inaccessible housing, food insecurity, poverty and social isolation, especially among seniors, and where they have limited access to high-speed broadband internet and related digital technologies required to participate in an increasingly virtual health care system.

We recognize that, due to poor planning and inequitable resource distribution, people living in low income and underserved urban neighbourhoods face multiple barriers to good health, including a lack of access to affordable housing and childcare, overcrowding, higher levels of pollution, limited healthy food options, and a lack of green spaces and public facilities.

We recognize the distinct health needs of immigrants, refugees and migrant workers. We further recognize the distinct health needs and rights of people who are uninsured or without documented status.

We recognize the expertise and knowledge in the communities we serve. Transformative change is only possible when people are supported to increase control over and improve their health, and communities are actively involved in identifying issues and developing solutions.

COMMITMENTS

In our work with Indigenous members, partners and communities:

We will increase our awareness, respect, and support for Indigenous communities' cultural protocols and practices, local knowledge and decision-making systems, and we commit to work with Indigenous members, partners and communities in a manner that honours and respects Indigenous voices, leadership, knowledge and governance frameworks.

We will identify and dismantle organizational practices that undermine Indigenous Health in Indigenous Hands, and we will build our capacity at all levels of the organization to serve Indigenous clients in an equitable and safer way that includes a trauma-informed approach to care.

We will support Indigenous-led research and abide by the First Nations' principles of OCAP (ownership, control, access and possession) and similar principles adopted by Métis and Inuit communities that assert Indigenous people's control over data collection processes in their communities, as well as ownership and control over how health and related information can be used.

We will build allyship relationships with Indigenous members, other Indigenous organizations and communities they serve across Ontario, and support Indigenous-led calls for changes in health policies and practices to be more respectful of the rights and knowledge of Indigenous people.

We will incorporate in our own practices and advocate for broader implementation of the Calls to Action identified in the Truth and Reconciliation Commission of Canada Report and The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

To advance health equity in our own organizations:

We will adopt health equity as an underlying principle and apply a health equity lens in planning, service delivery and decision-making throughout our organization by assigning priority to population groups who have the greatest health needs and least access to services.

We will develop and implement internal policies, systems, programs, and services that actively promote equity.

We will develop evaluation strategies that measure health equity efforts and health equity results to continually improve our practices and will report organizational progress to our communities, funders, members, partners, and each other.

We will build a strong community governance system that is reflective of the people and communities we serve and will continuously improve our Boards' capacity to advance health equity at organizational and system levels.

We will collect and protect — in the best interests of the people and communities we serve — high-quality socio-demographic and race-based data to better understand and document their needs and develop evidence-based solutions.

We will actively engage the people and communities we serve in making decisions at every level of the organization, including the planning, design and delivery of programs and services.

We will continuously examine our internal biases and develop anti-racism/anti-oppression strategies to identify, name and confront practices that reproduce oppression and its structures within our organizations.

We will develop human resource policies and practices designed to ensure that the diversity of the communities we serve is reflected at all levels — volunteer, staff, management, and governing boards — in our organizations.

We will ensure our policies, procedures, resource allocation and staff training meet the linguistic, cultural and other needs of the diverse communities we serve.

We will evaluate our organizational policies, systems, programs and physical spaces to identify and remove barriers that impede accessibility of the services we provide to help foster inclusion of people with disabilities and/or mental health conditions.

We will develop our capacity to deliver equitable, trauma-informed, people-centred, and culturally safer care and will build strong partnerships with other organizations that may be better suited to provide culturally safe care for certain populations.

We will actively engage in the work of learning and unlearning to understand what decolonization should look like in the context of health care, and we commit to implement decolonizing practices in our organizations.

To advance health equity within the broader community:

We will model organizational culture change and share best practices and lessons learned by directly engaging in partnership with other organizations and learning with the broader health equity movement.

We will collaborate with health partners and the broader community to ensure equity is an underlying goal of an integrated, high-performing health system.

We will document the causes of, impacts of, and potential solutions for health inequities, and will advance public policy responses proposed by communities to reduce health inequities.

We will support and collaborate with organizations, community and advocacy groups that are challenging the social, economic and environmental conditions that cause health inequities for marginalized communities, including the Francophone, Black and racialized, and 2SLGBTQ+ communities.

We will advocate with different levels of government for better resource allocation to address health inequities in underserved populations both in rural and urban areas across Ontario.

We will work with Alliance members and partners serving rural, remote and northern communities to ensure that their perspectives are included in the health system planning, design, resource allocation and delivery and that people residing in these communities have access to resources and supports to meet their needs.

We will work with local partners, community-based organizations and private companies to address digital equity gaps in our communities and work to ensure our clients have a ready and effective access to the necessary technology and the skills to enable their participation in digital health care and virtual programming.

We will also advocate with different levels of government to recognize digital equity as a right and develop and implement a digital equity strategy to support the bridging of the digital divide and advance digital inclusion across the province.

We will support broader provincial, national and international movements that work to eliminate health inequities and improve the health and wellbeing of people and communities facing barriers to health and wellbeing here and around the world.

Alliance for Healthier Communities

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