

Resources, Principles, and the Practice of Health Equity

A compilation of training resources for
community health care service providers in the
Champlain region

DR. JOSEPHINE ETOWA AND YUMI KOTANI



This report is available only in electronic format and may be downloaded from the following websites:

The Champlain Community Health Centre Network website:
www.coalitionottawa.ca; and from the

Ottawa Local Immigration Partnership website:
www.olip-plio.ca

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**Champlain Community Health Centre
Executive Director's Network**

September 16, 2014



Dear colleagues,

On behalf of the Champlain Community Health Centre Executive Director's Network, I am pleased to present to you a compilation of training resources on health equity, designed to improve the standards of equitable and accessible health service provision in the Champlain region.

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally and undertaking ongoing societal and organizational efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

The resources compiled in this report are intended to support the efforts of community health care service providers in the Champlain region as they plan and execute training measures for staff and board members. The report contains links to a large number of resources that: i) improve understanding of the concept of health equity; ii) clarify concepts and terminology that are often used when talking about health equity; and iii) offer tools and ideas on how to incorporate health equity principles and practices in health care service delivery.

Achieving health equity is an important goal that requires leadership and commitment from organizations, adequate resources to build capacities progressively, and most importantly, the right level of competencies (knowledge & skills) for staff and board members.

We are, therefore, grateful to the Champlain Local Health Integration Network for funding the compilation of health equity training modules for organizations providing health care in the region. This funding has allowed us to research a broad range of resources that can cater to the training needs of people with varying levels of knowledge about health equity.

We would like to acknowledge and thank the two researchers who compiled the resources listed in this report: Dr. Josephine Etowa, Associate Professor, School of Nursing at the University of Ottawa and Research Chair in Public Health Learning, and Yumi Kotani, Manager of the Ottawa Equity Project.

Finally, I would like to thank the Ottawa Local Immigration Partnership (OLIP) who commissioned and guided the work of the two researchers who authored this report. The involvement of OLIP was critical to the development of this report, because it allowed us to link this work with broader local efforts on the integration of immigrants and on building institutional capacity for equity and inclusion. The compiled resources will be incorporated in the work of the OLIP Health & Wellbeing Sector Table, and will be made available via the Ottawa Equity Project to all social service providers in the Ottawa community.

A handwritten signature in black ink, appearing to read 'Simone Thibault'. The signature is fluid and cursive, with a large loop at the end.

Sincerely Yours,

Simone Thibault
Executive Director
Centretown Community Health Centre
On behalf of the Champlain Community Health Centre Executive Director's Network.

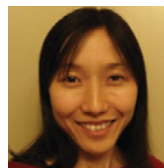
AUTHORS OF THE REPORT



Dr. Josephine Etowa is an Associate Professor (Public Health Nursing) and Loyer DaSilva Research Chair in the Faculty of Health Sciences, University of Ottawa. Her academic credentials include a PhD in Nursing from the University of Calgary and a Canadian Health Services Research Foundation (CHSRF) funded post-doctoral fellowship (University of Toronto and University of Ottawa). Dr. Etowa brings her background as a nurse, midwife, and lactation consultant to her role as researcher and educator. She has worked in varied capacities within the Nigerian and Canadian health care systems. Her research program has a focus on reducing inequities in healthcare by applying community based participatory research methods.

Dr. Etowa has served on several program and policy development initiatives at the local, national and international levels, including serving on the Nova Scotia Advisory Committee on Primary Health Care Renewal. She is currently a Board member for the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), the Board of the National Collaborating Centre for the Determinants of Health (NCCDH), the Board of Centertown Community Health Centre, Ottawa, and an editorial Board member for the International Conferences on Health in the African Diaspora (ICHAD) – an initiative led by Johns Hopkins University's Center for Health Disparities Solutions in Maryland, USA.

Dr. Etowa is a co-founder and past president of the Health Association of African Canadians, and an active member of the National Association of Nigerian Nurses in North America (NANNNA). She is a co-leader on a federal government initiative for the surveillance of HIV/AIDS in the African and Caribbean communities in Ontario. She serves on the Advisory Board of the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO). She is instrumental in advancing issues of racism and health inequities within Canada through numerous invited presentations to local, national and international audiences. She is the co-author of *Anti-racist health care practice*, (2009) which is frequently cited in nursing course syllabi across the country.



Yumi Kotani is the Equity Project Manager at the Ottawa Local Immigration Partnership (OLIP). Yumi is a committed equity and inclusion practitioner, who brings together theoretical- and practice-oriented research, adult education, and peer-learning to support the creation of a welcoming and equitable community. She has extensive experience working with newcomers and racialized communities and an intersectional approach to equity is a constant approach in all her work.

Prior to joining OLIP's Equity Project team, Yumi has contributed to strengthening the local equity and inclusion awareness practice in Ottawa by delivering training on health equity for Community Health and Resources Centres, facilitating "Diversity 101" conversation sessions for the City of Ottawa employees, and playing a key role in the development of the "Equity and Inclusion Lens" for the City of Ottawa. Yumi also assisted the University of British Columbia's International Student Services in their transition from a cross-cultural communication model to an intersectional anti-oppression approach by creating a more welcoming space for all students. Yumi also has front-line experience providing settlement and integration support to newcomers in community and university campus settings. She also served as the manager of the Language Interpretation and Translation Services at the Immigrant Women Services Ottawa (IWSO), connecting immigrant and refugee women experiencing domestic abuse with mainstream service providers and public institutions.

More recently, Yumi's Master's research at Carleton University focussed on how various equity groups and the municipal government can work together to promote equity and inclusion, using Ottawa's Equity and Inclusion Lens.

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INTRODUCTION

WHY WAS THIS DOCUMENT CREATED?

This report presents a compilation of training resources on “health equity”. Healthy People 2020 defines health equity as “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” This list was created in order to support community health service providers in the Champlain Local Health Integration Network (LHIN) to ensure high standards of health equity throughout organizations, by ensuring that staff and board members who work at different levels of an organization are aware and sensitized on this topic.

WHO IS THIS DOCUMENT CREATED FOR?

This resource guide is intended to be used by all community health service providers in the Champlain LHIN region who seek to enhance their employees and board members’ capacity to integrate health equity into their work. This guide offers a centralized place for those who are responsible for identifying the training needs of a given organization/department/team, and planning and implementing training programs. This can be also used by anyone who wishes to explore training resources available to health and social service professionals on health equity.

The individual resource entries contained in this guide were designed for various target audiences within community health service organizations. Depending on the resource, this could be intended for staff, management, board, and in some cases, volunteers at an organization. Some resources were designed for specific roles within an organization, such as primary care providers, counsellors, community health workers, social workers, health administrators, or those are responsible for developing programs and policies. Whenever possible, specific audiences for that resource are indicated. (See more in “0.6. How to use this document”).

HOW IS THIS DOCUMENT ORGANIZED?

For easy navigation, this guide is organized into six (6) sections, moving from thematic content that helps better understand the concept of health equity through different lenses, moving to specific training modules and then to other resources. Readers familiar with the topic of health equity can navigate straight to the Training resources sections of this guide.

If you are pressed for time, we recommend that you go straight to Section 5, “Health Equity” to access the most basic materials to help introduce “health equity” to your organization/team. Resources in this section tend to be broad in reach, so they can be easily used by all members of staff and board of your organization. (You can always come back to the other sections of the report to explore additional resources.)

The report opens with Section 1 “Social Determinants of Health”. Resources included in this section provides overarching, foundational content necessary to understand what health equity is, why it is important, and how community health and social service practitioners can incorporate it into their work.

Section 2 deals with “Cultural Competence”, which is divided into subsections, starting with Cultural Competence – General, followed by population-specific content, namely Aboriginal Peoples, Immigrants and Refugees, and Francophone and French Language Services, followed by Cultural Competence Assessment Tools.

Section 3 is called “Cultural Humility” tries to understand the root causes of health inequity by examining the unequal distribution of power and resources in broader society. This often results in “oppression” and hence this approach is also referred to as “Anti-oppression”.

Section 4 covers “Human Rights”, which is not specific to health and healthcare, unlike the preceding sections. However, Human Rights is included here, along with cultural competence and anti-oppression, as each of these frameworks offer a slightly different but relevant perspective on health equity.

Section 5 is headlined “Health Equity”. This is a good starting point if you are looking for general and/or introductory training resources on health equity that can be used by all staff, managers, board members and/or volunteers of your organization. This section is further broken down to three subsections: Training Resources for Health Equity; Tools for Action on Health Equity; and Health Impact Assessments.

Section 6. “Other Tools and Resources” presents additional resources that do not easily fall under the preceding sections.

Many of the resources covered under these themes or sections have an external focus on “vulnerable populations” or communities that an organization serves. While this is a more common approach within health equity, we have tried to include resources that also have an internal focus on the structures and practices of the service organization. This is because while it may not seem intuitive, how we do our work within our own workplaces is also an important part of reducing health disparities and promoting positive health among all populations in our organizations, our communities, and our society.

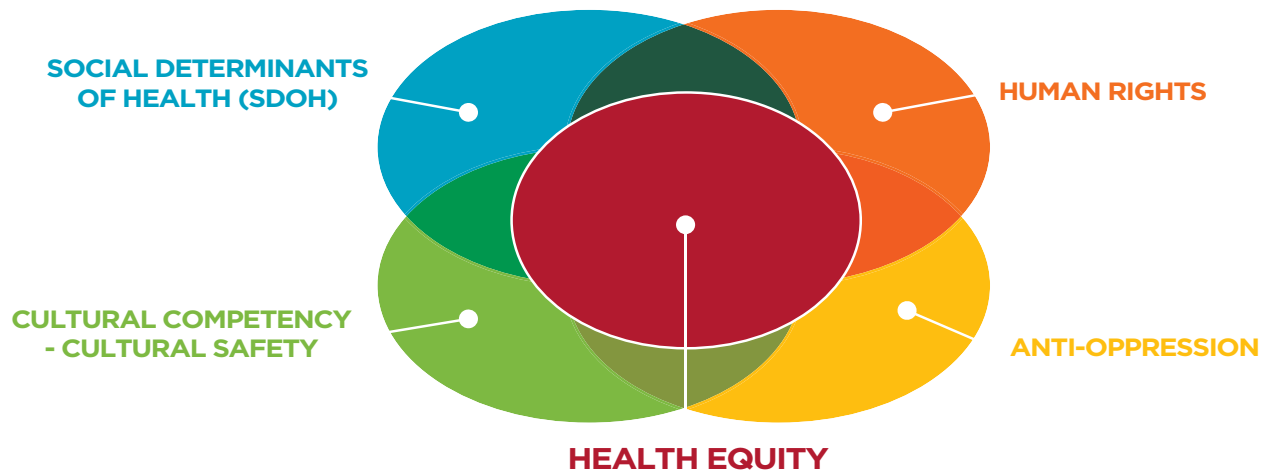
CONCEPT MAP OF HEALTH EQUITY: DEFINITIONS AND CONCEPTS

The World Health Organization (WHO, 2010) defines health inequalities as: differences in health status or in the distribution of health determinants between different population groups. When health inequalities are seen to be avoidable and unjust, the term health inequities is used. Health equity is a desirable standard that requires targeted efforts to improve the health of those who have experienced social or economic disadvantage. Health inequity within and between populations is the result of complex interactions between biological, lifestyle, environmental, social and economic circumstances – the determinants of health. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. Thus, efforts to effectively address health inequities in our communities must address the full range of health determinants using various frameworks. In this document, commonly used tools for health equity work have been categorized under the key concepts of social determinants of health, cultural competence, anti-oppression and human rights as shown in the diagram and sections that follow.

Social determinants of health are the conditions in which people are born, grow, live, work and age (WHO 2010). These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (Marmot, et al, 2012). The social determinants of health has influence at multiple levels; i.e. 1) General socio-economic, cultural and environmental conditions; 2) Living and working conditions, 3) Social and community networks, and 4) Individual lifestyle factors. These levels and conditions interact with one another to influence health outcomes. Health inequities occur because their influence is experienced in different ways by different people. These determinants influence the health of all Canadians, including both genders, people of all income levels and social status, employment and working conditions, health practices, social and physical environments, and culture.

Cultural competence and cultural safety are two of the three conceptualizations of effective cross-cultural care identified in the literature and exemplify the complex interconnection of knowledge, attitudes and skills necessary to provide effective cross-cultural care (Douglas, et al, 2011). Cultural sensitivity is the third formulation. Earlier efforts to reduce inequities in access to health care and in health outcomes often relied upon health professionals and

FIGURE 1: CONCEPTUAL MAP OF HEALTH EQUITY FRAMEWORKS



organizations increasing their cultural sensitivity through the accommodation of 'different' cultural beliefs and practices among patient populations (Etowa in press). The culture-focused approach to health equity work recognizes the importance of cultural context as a factor in positive health outcomes.

Cultural competence is considered "a congruent set of workforce behaviors, management practices and institutional policies within a practice setting resulting in an organizational environment that is inclusive of cultural and other forms of diversity" (Bowen, 2008, p. 54). Cultural competence complements diversity management, with diversity management providing the context that is necessary to nurture and sustain competence in interaction with both colleagues and patients (Curtis et al., 2007) in today's ethno-culturally diverse healthcare environment. A key limitation of the cultural competence approach is the absence of an understanding of power relations, an understanding that is increasingly advocated within the health profession.

Cultural safety is an evolving term which empowers people by reinforcing the idea that each person's knowledge and reality is valid and valuable and by facilitating open communication for those receiving healthcare to voice concerns about their care that they may consider unsafe (Waters, 2009). Cultural safety moves beyond the concept of cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care. The concept of 'cultural safety' was developed in New Zealand in the 80's with the specific aim of addressing issues of power between Maori peoples and the Western-based health care system (Papps & Ramsden, 1996). This notion has been taken up in other countries, including Canada, the United States and Australia, as a way to highlight the necessity of bringing discourses of power into discussions of cultural competence (Gerlach, 2012; Kurtz, Turner, Nyberg, & Moar, 2014; Woods, 2010). The concept of cultural safety has been adopted by Aboriginal people and organizations to define new approaches to healthcare and community healing including strategic and practical plan to change the way healthcare is delivered to Aboriginal people (Waters, 2009).

While the concept of cultural safety is important for understanding the Aboriginal experience in Western-dominated cultures, there have been concerns with its applicability in multicultural settings (Anderson, et al., 2003). Arieli, Friedman, Hirschfeld (2012) note that the concept still requires testing and evaluation.

In summary, to work effectively across cultures, individuals, institutions and systems, one must have the capacity to recognize cultural differences and to adapt healthcare services to meet culturally unique needs at all levels of care. The quality of cross-cultural care can be compromised when healthcare providers do not respond appropriately to different language and cultural preferences. Organizational and individual provider level cultural competence is an

important step towards achieving health equity – a system that delivers appropriate care and assistance to meet the different and unique needs of all recipients of health services.

Cultural Humility: Unequal power relations result in oppression based on race, ethnicity, creed, class, gender, sexual orientation, gender orientation, and immigration status, country of origin, religion, mental health status, age, and ability. These imbalances are systemic in Canadian society (Williams, 2002) and together comprise an interlocking system that is mutually enforcing and should be addressed collectively.

Health care providers are confronted with the realities of negotiating the multiple forces of oppression that operate simultaneously in a given healthcare encounter. Oppressions are embedded in the dominant culture and social institutions in a way that is so pervasive that they are often invisible and affect everyone. An anti-oppressive approach addresses the multiple ways in which oppression affects the lives of individuals including simultaneous activation of privilege and disadvantage in multiple areas (Williams, 2002). The anti-oppression approach prioritizes considerations of equity and social justice across a wide range of social difference (William, 2002).

Understanding and addressing health equity through an anti-oppression lens enables health care providers and organizations to unpack the many layers of the societal forces that create health inequities. This includes how bias, stereotype, prejudice and discrimination interact within the context of systemic power imbalances to create and sustain discriminatory practices such as racism, sexism and classism -- all of which have significant impact on health and health care access (Etowa & McGibbon, 2012). The stereotypes we hold about certain individuals and groups of people can lead to thinking in a particular way, demonstrating prejudice. We then act in a particular way, based on our prejudice, thereby participating in discrimination. When our discriminatory actions are supported or condoned by the health care system or institutions, there is oppression. Although oppressive forces such as racism are manifested at a number of levels including individual and/or systemic actions (or inaction in the face of need), it is more deeply rooted at the systemic level because the power to make decisions, to take collective action and to allocate resources resides at this level (McGibbon & Etowa 2009).

One of the initial steps to eliminating these forces of oppression in health and social programs and services delivery is to acknowledge that inequitable practices and resource allocations create systemic barriers for different communities and to advocate for change. This is vital for the creation and maintenance of a safe environment that facilitates open and respectful participation of care providers, clients, volunteers, students, community and board members.

Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status (United Nations, 2012). We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible (United Nations, 2012). As WHO (2014) states, “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.” According to WHO Director-General, Dr. Margaret Chan, “the world needs a global health guardian, a custodian of values, a protector and defender of health, including the right to health” (WHO 2014).

The right to equal treatment is a fundamental human right, as outlined in the Canadian Human Rights Act (Department of Justice, 1985). Despite this, there has been a failure to recognize that discrimination persists across all dimensions of Canadian society, and this is partly due to the fact that discrimination is typically understood in terms of individual, rather than systemic, acts and attitudes. In other words, while most people may immediately object to direct expressions of discrimination, they will often condone or overlook the fundamental ways in which society’s politics and policies institutions contribute to health inequities among groups marginalized by race, ethnicity, religion, socioeconomic status, dis/ability, gender, sexual orientation and language proficiency.

Although the Canada Health Act (1984) legislated universality and accessibility in Canada’s health care system, equitable access to healthcare is a human right which has not been realized by some Canadians. While Canadians have the

legal right to affordable, accessible healthcare, the evidence regarding discriminatory practices such as racism proves that this legal entitlement is actively being violated. Inequitable access to healthcare, especially in publicly-funded system, is a basic human right that should be integral to the growing health equity dialogue.


WHAT IS IN THIS DOCUMENT?

There are approximately ninety (90) resources in this guide. While care was taken when selecting the resources, this is not meant to be exhaustive. As this guide was compiled with community health service providers in mind, priority was given to those resources that are easily accessible (mostly via online), relatively ready-to-use without much modification, and available free of charge. If fees are required, this is indicated under the specific entry.

The guide also includes some resources that are not directly training modules, but are useful tools that can be used to augment an organization's efforts to incorporate health equity into various aspects of its work (e.g., glossaries, resource guides, self-assessment tools, as well as health equity indicators, data and Health Equity Impact Assessment, and broader strategies for implementing health equity beyond training).¹

Besides the general content on health equity, the guide includes training modules focusing on diverse populations, such as LGBT (Lesbian, Gay, Bisexual, Trans-sexual) populations, ethno-racial communities, people with disabilities, First Nations, Métis and Inuit populations, and the Francophone community.

To make this guide relevant to the Champlain LHIN region and the Ontario context, the list of training resources draws mostly on Canadian sources, with a particular emphasis on Ontario whenever possible. Some American and international sources are included if they offer useful and relevant content to Canadian audiences.

Note on Language: Most of the resources in this guide are available in English; however, resources that are available in both French and English are included whenever possible. For easy identification, these resources are marked with the following symbol  throughout the document, including in the Table of Contents, the name of the resource in English and in French. (See more in "0.6. How to use this Document".)

HOW TO USE THIS DOCUMENT

The "Table of Contents" at the beginning of this document is hyperlinked to each section, subsection, and individual resource entries. You can simply browse the Table of Contents, and click on the specific entry you'd like to see in detail, and it will take you to that page. In addition, as an electronic document (PDF), this list is easily searchable by key words, title, creator, etc.


For easy navigation, each individual entry on this list is numbered, and is described following a uniform format. The "Name of the Resource", its "Creator", "Year" created, and the "Link" to the source (in English) are provided at the top of each entry. It then describes the "Resource Type/Format" (e.g., e-Learning module, website, video, guidebook, facilitated training session(s), etc.). "Description" gives you a basic idea of what this resource is about, and "Key Words" capture this much more concisely. If applicable, "Specific population(s)" the resource targets are named.

"Recommended Audience" tells you who in your organization would benefit most from this particular resource. This could be staff, management, board, volunteers; whenever possible, specific occupational categories or sub-sectors

¹ Notes on Training: Training is an important part of the process for organizations to build their capacity in the area of health equity – but training alone will not achieve this. Training of staff and board members should therefore be understood as one among many components of the broader, longer-term processes and efforts to promote health equity in an organization.

are named, for example primary care providers, counsellors, social workers, or those who work with specific group of clients . Furthermore, “How to Implement It” gives you more detailed information on how to access and use this resources in your organization. Both the “Recommended Audience” and “How to Implement it” descriptors are meant as suggestions only to get your thinking going, not as an exhaustive list of how to use the resource.

“Free Access?” indicates whether the resource is available for free, available online, or if it requires fees. When applicable, copyright permissions and [Creative Commons License](#) information are included here.

“Language(s)” indicates in what Language(s) the resource is available, located near the bottom of each entry. For easy identification, the resources that are available in both French and English are marked with this symbol  throughout this document, including the Table of Contents.

Some resources are listed under more than one section. In these cases, the first time a resource appears on the list, the full information is provided in the first entry. After that, you will see a note under “Brief Description” that states: “Cross-listed: See more under [name of the section it’s listed in full]”, and if applicable, all other sections under which this resource is listed.



SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health cover the foundational content necessary to understand what health equity is, why it is important, and how community health and social service practitioners can incorporate it into their work. Resources in this section focus more specifically on the importance of looking at the social determinants that affects people's health as a way of understanding how health inequities occur – and not just the biomedical factors.

1

SOCIAL DETERMINANTS OF HEALTH E-LEARNING MODULES SERIES

Creator:	SickKids Hospital (Toronto), Year: 2011
Link:	Cultural Competence E-Learning Modules
Format:	E-Learning Module (part of a 15-module series), with additional resources from the website, and workshops.
Description:	<p>This 1-hour module covers how social and economic conditions influence the health of individuals, communities and nations. Participants learn the meaning of “health equity” and the “social determinants of health”, and how cultural competence can address some of the health inequities experienced by immigrant populations. This is part of a 15-module series created by Toronto’s SickKids Hospital to build cultural competence among health care providers (the ability to interact effectively with people of different cultures and socio-economic backgrounds).</p> <p>This series is supported by a film (“Journey to cultural competence”) and an online community-of-practice (forum) designed to build knowledge and improve practice. The website offers additional resources, and information on “Train-the-Trainer Workshops” for delivering this training in your organization.</p>
Specific Population(s):	Immigrants, refugees, children, end-of-life care and bereavement, etc.
Key Words:	Health Equity, Social Determinants of Health, Cultural Competence
Recommended Audience:	Healthcare Providers in Ontario who work with immigrants and refugees
How to Implement It:	Have staff, board members, and/or volunteers take the e-module in their own time, starting from the introductory segment.

The module topics include:	<ul style="list-style-type: none"> > Introduction to Clinical Cultural Competence; > Refugee and Immigrant Health; > Social Determinants of Health; • Cross-Cultural Communication; > Working Effectively with Health-care Interpreters; > Health Literacy in Clinical Practice; > Pain and Cultural Competence; > Parenting Across Cultures; > Mental Health and Cultural Competence; > Complementary and Alternative Medicine; > Ethics and Cultural Competence; > Religion, Spirituality, and Health; > Cultural Considerations in End-of-Life Care and Bereavement; > Valuing Diversity in Health Care; > Cultural Competence in Social Work – A Case Study Approach. <p>This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH.</p>
Access:	Available free online, for personal non-commercial purposes. © 1999-2014 The Hospital for Sick Children (SickKids). All rights reserved.
Language(s):	English

2

SOCIAL DETERMINANTS OF HEALTH: THE CANADIAN FACTS

FR

Creator:	Juha Mikkonen and Dennis Raphael, York University School of Health Policy and Management, Year: 2010														
Link:	Canadian facts														
Français:	Déterminants sociaux de la santé : les réalités canadiennes (2011)														
Format:	Website with downloadable Publication(s) (PDF)														
Description:	<p>This is a website for the publication “Social Determinants of Health: The Canadian Facts”, which was created to promote greater awareness of the SDoH and the development and implementation of public policies that improve their quality. It considers 14 SDoH; outlines why they are important; how Canada is doing in addressing them; and what can be done to improve their quality.</p> <p>The 14 SDoH are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Income and Income Distribution;</td> <td style="width: 50%;">8. Social Exclusion;</td> </tr> <tr> <td>2. Education;</td> <td>9. Social Safety Network;</td> </tr> <tr> <td>3. Unemployment and Job Security;</td> <td>10. Health Services;</td> </tr> <tr> <td>4. Employment and Working Conditions;</td> <td>11. Aboriginal Status;</td> </tr> <tr> <td>5. Early Childhood Development;</td> <td>12. Gender;</td> </tr> <tr> <td>6. Food Insecurity;</td> <td>13. Race;</td> </tr> <tr> <td>7. Housing;</td> <td>14. Disability.</td> </tr> </table>	1. Income and Income Distribution;	8. Social Exclusion;	2. Education;	9. Social Safety Network;	3. Unemployment and Job Security;	10. Health Services;	4. Employment and Working Conditions;	11. Aboriginal Status;	5. Early Childhood Development;	12. Gender;	6. Food Insecurity;	13. Race;	7. Housing;	14. Disability.
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Description:	The website includes the downloadable PDF document, a short introductory video by authors, and additional links to: <ol style="list-style-type: none"> 1. Resources on the Social determinants of health in Canada; 2. Policy and Advocacy Organizations Addressing the Social Determinants of Health; and 3. Contact Your Elected Officials and Health Associations about the Social Determinants of Health.
Key Words:	Social Determinants of Health, Health Disparities in Canada, Evidence-Based Policy, Canadian Statistics
Recommended Audience:	Staff, Management, Board, and Volunteers
How to Implement It:	Use this website and its resources to access the SDOH facts, but also as an introductory material to convey key concepts and messages such as why health professionals need to pay attention to “social determinants of health”. You may require a trainer/facilitator who can adapt and develop a training session/series using the material.
Access:	Available online. © 2010 Juha Mikkonen and Dennis Raphael. Book can be purchased for a fee.
Language(s):	English, Français

3

WHERE THE SIDEWALK ENDS: OUR HEALTH AND THE BUILT ENVIRONMENT

Creator:	City of Fort Collins, Year: 2012
Link:	Watch video
Format:	Documentary video (14 min)
Description:	This short documentary video highlights the impact of the built environment on the local residents' health and their health disparities. It features interviews with local municipal employees, health and social service providers, and residents of the City of Fort Collins (Colorado). The video provides concrete real-life examples of how the built environment like the sidewalks, bike paths, public transportation, access to food stores (and the lack thereof in rural, isolated, or underserved neighbourhoods) can lead to lower health outcomes for the residents living in rural, isolated, vs. well-served urban neighbourhoods.
Specific Population(s):	Residents and children in low-income housing; urban and well-served vs. rural or isolated neighbourhoods; immigrants
Key Words:	The Built Environment as a Social Determinant of Health, Impact of Built Environment on Health Habits, Safety, and Disparities Among Local Residents
Recommended Audience:	Staff, Management, Board, and Volunteers

How to Implement It:	Use the video to as part of an introductory training session on health equity and social determinants of health. Show it to give concrete and real-life examples to facilitate the understanding of how the built environment fits into the broader discussions about the role of social determinants of health and health inequities among local populations. Use it to raise awareness about the role of built environment in creating or inhibiting people's access to transportation, food, or healthy habits.
Access:	Available online, Standard YouTube License
Language(s):	English

4

HEALTH PROMOTION-101 COURSE

Creator:	Public Health Ontario & Health Nexus Santé, Year: n.d.								
Link:	Health Promotion 101								
Format:	E-Learning Module/Course (9 modules), with guided discussions/web conferences								
Description:	<p>This is a free, online, 'stand-alone' self-study course to introduce health promotion (HP) concepts, theories and resources to practitioners across Ontario. It was developed collaboratively through the Ontario Health Promotion Resource System, and is now offered by Public Health Ontario (and managed by Health Nexus).</p> <p>The course is divided into 3 Sections, containing total of 9 modules:</p> <table border="1"> <thead> <tr> <th>Section A "Foundations of Health Promotion":</th> <th>Section B "Health Promotion in Action":</th> <th>Section C "Building your Health Promotion Practice":</th> </tr> </thead> <tbody> <tr> <td> 1. Definitions and Concepts, 2. Milestones, 3. Models of Health & Health Promotion, 4. Theories); </td> <td> 5. Strategies; 6. Features; 7. Values); </td> <td> 8. Current Practice, 9. Future Considerations. </td> </tr> </tbody> </table>			Section A "Foundations of Health Promotion":	Section B "Health Promotion in Action":	Section C "Building your Health Promotion Practice":	1. Definitions and Concepts, 2. Milestones, 3. Models of Health & Health Promotion, 4. Theories);	5. Strategies; 6. Features; 7. Values);	8. Current Practice, 9. Future Considerations.
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Specific Population(s):									
Key Words:	Health Promotion – Essential Concepts, Introduction to Health Promotion								
Recommended Audience:	Staff, Management, Board, and Volunteers working in Health Promotion								
How to Implement It:	Use this e-Learning course as a self-directed learning tool for staff. Have individual staff go through the sections/modules at their own pace to learn the essential concepts in "health promotion". No registration is required. Health Nexus offers guided discussions (web conferences) to provide a platform for discussion on the course content (requires pre-registration). If you wish to participate in future web conferences, send in your name, name and address of your organization, and your e-mail address to ohprs@healthnexus.ca . Web conferences will be planned sooner if there are many requests.								

Access:	Available free online, for non-commercial purposes. Licensed under Creative Commons CC BY-NC-SA 2.0 CA License. See more at http://creativecommons.org/licenses/by-nc-sa/2.0/ca/ .
Language(s):	English (French link is currently broken)

5

NEW DIRECTIONS IN PUBLIC HEALTH AND COMMUNITY DEVELOPMENT ONLINE WORKSHOP SERIES – ONLINE COURSE

Creator:	Health Equity Initiative (New York), Year: 2013
Link:	Health Equity Initiative
Format:	Online workshops using GoToMeeting platform (2hrs each)
Description:	These are ongoing, date-specific online workshops offered by The Health Equity Initiative, a U.S.-based non-profit, dedicated to building community, capacity and communication resources for “health equity”. They offer online workshops on topics such as communicating about health equity, and strategies for implementing a social determinants of health agenda. These are designed for staff and board members of non-profit health and community development organizations, as well as public health and healthcare professionals in the US and internationally.
Key Words:	Health Equity, Public Health, Social Determinants of Health, Organizational Capacity, Communications Resources, Community Development, Practical Strategies
Recommended Audience:	Staff and board members of non-profit health and community development organizations; Public health and healthcare professionals in the US and internationally.
How to Implement It:	<p>Check the list of upcoming online workshops on the website, and have staff or board members register for a 2-hour workshop for \$40 USD each. They use a GoToMeeting platform, which includes an online facilitator and extended audio and chat-style Q&A periods. Certificates are given to people who participate in four (4) workshops over a six-month period.</p> <p>Recent topics include:</p> <ul style="list-style-type: none"> > Health Equity and Health Communication: Strategies to Reach the Underserved; > Implementing a Social Determinants of Health Agenda: New Trends, Strategies and Case Studies; > Assessing Organizational Capacity via Health Equity-Related Assessment – An Introductory Workshop; > Strategies for Successful Multi-Sectoral Partnerships; > How to Pitch Health Equity to the Media. <p>This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH.</p>
Access:	Online, \$40 (USD) per workshop for non-members, and \$20 (USD) for members.
Language(s):	English

6

POPULATION HEALTH: THE NEW AGENDA (PART 1 AND 2)

Creator:	Vancouver Coastal Health, Year: 2009
Link:	Part 1 Part 2
Format:	Short videos – Part 1 (7 min), Part 2 (8 min)
Description:	These short two-part videos were created by Vancouver Coastal Health to explain the role of social determinants of health (SDoH) in creating health inequities between communities within Vancouver. The videos advocate for addressing health inequity as an urgent community-wide priority for Vancouver. These videos combine the conceptual overviews by the Chief Medical Officers of VCH and the concrete, real-life examples of the lives of Vancouver residents. The videos also feature graphics and statistics that highlight the urgency of addressing health inequities in Vancouver and in BC.
Specific Population(s):	Low income residents
Key Words:	Social Determinants of Health, Health Equity, Health Inequities, Population Health, Social Gradient of Diseases
Recommended Audience:	Staff, Management, Board, and Volunteers
How to Implement It:	Use these videos to introduce the concept of health inequity as caused by social determinants of health, and the urgency of tackling it. Use the videos to open discussions among staff teams about SDoH (e.g. “What determines your health? genetics? doctors? drugs? But what about the neighbourhood you live in? your job? the amount of money you earn?). As these videos feature senior-level health professionals as well as real-life residents who face economic and health challenges, these may resonate well with a wide range of staff, board, and volunteers working in various roles within social and health services.
Access:	Available online, Standard YouTube License
Language(s):	English

7

GLOBAL LEARNING DEVICE ON SOCIAL DETERMINANTS OF HEALTH AND PUBLIC POLICY FORMULATION

Creator:	World Health Organization (WHO) and Pan-American Health Organization (PAHO), Year: 2009
Link:	WHO
Format:	E-Learning Course/Modules(4 units)

Description:	<p>This is an interactive, online self-learning course on social determinants of health, created by WHO and PAHO. It is intended to raise awareness of SDoH to reduce health inequities, encourage changes in the political agenda, and contribute to a better administration of social justice and enforcement of human rights. The course is mainly targeted at WHO/PAHO staff members as well as Health Ministries' officials in all countries who are engaged in designing action programs, policies and plans for SDoH, but is free to access and fully available to the public.</p> <p>The course consists of an online tutorial with 4 learning units that make connections between health, and equity, social justice and human rights. It offers References; Links; Glossary; Annexes; Self-Assessment; and Final Exam.</p>
Key Words:	Social Determinants of Health, Health Equity, Social Justice, Human Rights, Global Health Policies and Political Action, Knowledge Sharing and Social Participation. Cross-listed: under "Human Rights".
Recommended Audience:	Staff who are designing action programs, policies and plans for social determinants of health
How to Implement It:	<p>This is an interactive and self-learning course, which individual staff members can take in their own time. However, it is recommended for learners to set a fixed time for studying and follow the specified sequence of units in order to enhance their learning process. After completing the units – including the readings, the food-for-thought, wrap-up activities and the evaluation of the course – they can take the electronically-administered final exam. Certificate will be issued upon passing the exam.</p> <p>The units include:</p> <ol style="list-style-type: none"> 1. Introduction to Social Determinants of Health and Political Strategies for Action; 2. Social Determinants of Health: Values, Approaches and Perspectives for Action; 3. Policies and Interventions to Address the Social Determinants of Health; 4. 3) Complementary Unit: Commission on Social Determinants of Health (CSDH): Creation, Knowledge Networks, Social Participation and Recommendations.
Access:	Available free online.
Language(s):	English, Spanish, Portuguese

8

INTRODUCING PUBLIC HEALTH – ONLINE COURSE

Creator:	Openlearn at The Open University (UK), Year: 2012
Link:	Public Health course from the UK
Format:	e-Learning Course/Modules (4 modules, 6 hrs), part of a 3-part series

Description:	<p>This e-Learning course introduces the broad scope of public health work in the UK, illustrated by a video case study of public health approaches and activities in Coventry, England. The contents emphasize public health work that addresses the determinants of health. Learners respond to questions related to video vignettes, web research and readings, and they can compare their answers with embedded instructor comments on each activity.</p> <p>The course consists of 4 modules, and takes about 6-hours to complete:</p> <ol style="list-style-type: none"> 1. Public Health on the Ground; 2. Thinking about Your Own Health; 3. Scope of Public Health; 4. Everybody's Business?. <p>This is part of a 3-part introductory e-Learning series on public health, which include two (2) sequel parts: "Public Health in Community Settings"; and "Factors that Influence Health".</p>
Key Words:	Public Health, Social Determinants of Health or "Wider Determinants of Health" (EG, Family Circumstances, Poverty, Education, Work, Housing and Environment)
Recommended Audience:	Public Health Practitioners
How to Implement It:	<p>Have staff take this e-Learning course and/or the other 2 sequel courses in their own time as an introductory learning resource on SDoH. Public health practitioners may wish to use their study to help build their portfolio evidence of their public health knowledge and skills.</p> <p>This is a recommended professional development resource on "health equity" and the "social determinants of health" by NCCDH.</p>
Access:	Available free online, for personal non-commercial use. © 2014 The Open University. All rights reserved.
Language(s):	English

9

INTEGRATED CLIENT CARE PROGRAM

Creator:	Toronto Central LHIN, Year: n.d.
Link:	Watch video
Format:	Animated video (5 min)

Description:	With funding and support from the TC LHIN, the Toronto Central CCAC collaborated with other providers to deliver “at-home care” to ensure that seniors are able to stay in their homes independently. The Integrated Client Care Program (ICCP) develops customized care plans, which may include the coordination of nurses, physiotherapists, social workers, registered dietitians, occupational therapists, speech therapist and personal support workers and others. This short video demonstrates how the process of “at-home care” or the “Integrated Client Care Program” (ICCP) works through the eyes of 80-year-old Miranda and her daughter, her primary caregiver.
Specific Population(s):	Older adults, at-home care patients
Key Words:	Integrated Client Care, At-Home Care, Complex Chronic Illnesses, Healthcare System Costs,
Recommended Audience:	Staff, Management, Board, and Volunteers
How to Implement It:	Use this short video by Toronto Central LHIN to open discussions about the importance of taking an integrated, inter-sectoral approach to providing care. The video can also be used to encourage collaboration and coordination across teams, professions, and institutions when providing at-home care for seniors and/or people with complex chronic illnesses.
Access:	Available online, Standard YouTube License
Language(s):	English

10

PRIMER TO ACTION: SOCIAL DETERMINANTS OF HEALTH

FR

Creator:	Health Nexus and Ontario Chronic Disease Prevention Alliance, Year: 2008
Link:	Ontario Health Social Determinants of Health
Français:	Prêts pour l'action: Les déterminants sociaux de la santé
Format:	Electronic guidebook (PDF)
Description:	An electronic resource guidebook for health and community workers, activists and local residents to understand how the social determinants of health impact chronic disease – and what we can do about it. It covers various SDoH such as income, education, employment, housing, food, and inclusion.
Key Words:	Social Determinants of Health, Impact on Health Habits and Chronic Health, Inclusion
Recommended Audience:	Health Workers, Community Workers, Activists, Local Residents, and their families and communities.

How to Implement It:	<p>Use segments of this guide as a training exercise for identifying the connections between chronic disease and the lack of access to determinants of health. For example, refer to the text boxes in each of the sections highlighting the specific evidence of chronic disease with lack of access to six determinants of health.</p> <p>You can use this guide in your workplace (health and social service organizations), but as a community tool, you can also use this for your family and your community. To use this as a training tool, you may require a trainer/facilitator who can adapt the material to develop a training session.</p>
Access:	Available free online.
Language(s):	English, Français

11

WEBINARS ON CHRONIC DISEASE PREVENTION

Creator:	Chronic Disease Prevention Alliance of Canada (CDPAC), Year: n.d. (ongoing)
Link:	Click here for webinars
Format:	Webinars/Website
Description:	Chronic Disease Prevention Alliance of Canada (CDPAC) offers various webinars on topics related to “chronic disease prevention”. On this page, find information on the upcoming and past webinars, presentation materials and podcasts. The webinar topics include: changing the food and beverage environment in community recreation settings; evaluation of initiatives addressing food insecurity; mental health promotion and mental illness prevention; environmental & occupational exposures, built environment, and obesity prevention; Canadian best practices and pan-Canadian discussions.
Key Words:	Chronic Disease Prevention, Social Determinants of Health, Built Environment, Workplace Environment, Health Habits, Food Security, Obesity, Mental Health
Recommended Audience:	Staff, Management, Board
How to Implement It:	Access the webinars and related resources from this website to supplement the staff training on the importance of chronic disease prevention, and of paying attention to the broader social determinants of health. Use the concept and practice of “chronic disease prevention” to broaden the biomedical notion of health and disease to encompass a wide array of behavioural, social, and environmental factors of health.
Access:	Available online. Contact CDPAC if you have a suggestion for a topic in chronic disease prevention, or if you are interested in collaborating on the delivery of a webinar at admin@cdpac.ca .
Language(s):	English

12

A NEW WAY TO TALK ABOUT THE SOCIAL DETERMINANTS OF HEALTH

Creator:	Robert Wood Johnson Foundation, Year: 2010
Link:	Resource from Robert Wood Johnson Foundation
Format:	Report (PDF, 42 pages)
Description:	<p>How do you communicate effectively about the “social determinants of health”? How do we find a common language that will expand Americans views about what it means to be healthy – to include not just where health ends but also where it starts?” The Robert Wood Johnson Foundation (RWJF), a philanthropic institution dedicated to improving health and health care conducted market research and message development on this question and produced this report.</p> <p>This readable 37-page answers this question in the context of the United States’ polarized political landscape. It presents seven (7) lessons for using language to frame the SDoH (p. 4), six (6) ways to talk about the SDoH (p. 7), and offers definitions for terms such as “poverty” and “health disparities” (p. 8).</p>
Key Words:	Health Equity, Social Determinants of Health, Public Dialogues, US Political Context
Recommended Audience:	Staff, Management, Board, Community Partners
How to Implement It:	<p>Use this resource to:</p> <ol style="list-style-type: none"> 1. Engage others in a dialogue about the social determinants of health, regardless of their political beliefs, cultural background or educational attainment; 2. Reflect on the differences in how messages about the SDoH and health equity are received in the US and Canada; 3. Get your health equity message across to policy-makers, as well as to people working at the community level.
Access:	Available free online. Content from this report may be reproduced without prior permission provided the following attribution is noted: “Copyright 2010 Robert Wood Johnson Foundation”.
Language(s):	English



CULTURAL COMPETENCE

Cultural Competence presents one of the more specific, and commonly used, approaches or frameworks related to health equity. It starts with the general content and then presents cultural competency for working with communities, patients, and/or colleagues from a specific population group, namely Aboriginal Peoples, Immigrants and Refugees, Francophones and French Language Services. The end of the section is devoted to Cultural Competency Assessment Tools.

2.1 CULTURAL COMPETENCE – GENERAL

13

ARE YOU AN ALLY? CAMPAIGN

FR

Creator:	Mount Sinai Hospital, Year: 2013
Link:	Watch Video here
Français:	(Videos are available in French). Click on “French” under each video at Mount Sinai Resources
Format:	Website, with 1 e-Learning module, 6 videos, 6 discussion guides (PDF), and additional resources. Videos are available in multiple formats (Closed Captioning and audio descriptions).
Cross-listed:	See more under “Health Equity”, “Anti-oppression”, “Cultural Competence – General”; and “Cultural Competence – LGBTQ”.
Language(s):	English, Français

14

THE DANGER OF A SINGLE STORY

FR

Creator:	Chimamanda Ngozi Adichie (TEDTalk), Year: 2009
Link:	Watch video here
Français:	Le danger de l'histoire unique . Click on “French” to access transcript in French.
Format:	Short video (18 min). The talk is in English, with subtitles and transcription in over 40 languages, including French. Video and audio files are downloadable from the website.

Description:	In this TEDTalk, a Nigerian novelist Adichie explains that our stereotypes and assumptions about others are often based on “a single story” about a given group, often defined by powerful groups in society. Using her personal experiences in Nigeria and the U.S., Adichie shares how she came to realize that, as a child, she had developed stereotypes about lower-class Nigerians only as “poor” and nothing else. As an adult, she also realized others did the same about her (e.g., Americans’ views about all Africans as “poor”). The video explains just how limiting these “single stories” can be as they hinder meaningful human-to-human connection and understanding.
Specific Population(s):	Immigrants, racialized peoples, Africans, people living in poverty
Key Words:	Cultural Competence, Identity, Culture, Stereotypes, Assumptions, Prejudice, Racism, Power of naming, Africa, United States
Recommended Audience:	Staff, Management, Board, and Volunteers
How to Implement It:	<p>Use this video as an educational resource to help people understand how inaccurate and harmful our unconscious assumptions, stereotypes, and prejudice about others can be at a very concrete and personal level. Show this in team meetings or training sessions as a tool to help people open up about their own assumptions about others and vice versa. This video can be used as an entry point for broader discussions about how unequal power relations in society get played out in our everyday interactions with one another.</p> <p>The TEDTalk website offers transcribed text of the talk in over 40 languages, which can be used to facilitate discussions or distributed to participants.</p>
Access:	Available free online, for non-commercial purposes. Licensed under Creative Commons Attribution - NonCommercial - NonDerivative (BY-NC-ND) license. © TED Conferences, LLC.
Language(s):	English, with subtitles and transcripts in French and approx. 40 other languages

15

WORK FOR ALL

FR

Creator:	National Film Board of Canada, with Human Resources and Skills Development Canada (HRSDC), Year: 2010
Link:	Work for All
Language(s):	English, and 1 French film with English subtitles (“Une femme de tête”)
Format:	Short films
Description:	“Work for All” is a collection of 11 short films and related on-line resources that address racism in the workplace in Canada. Created by filmmakers across Canada, the documentary, drama, animated, and funny ‘mocumentary’ films dealing with direct and systematic racism tell stories that range from the intensely personal to broader social explorations, all designed to provoke thought and discussion. The films touch on various forms of racism in Canadian workplaces (e.g., labour market exclusion, harassment, or beauty standards), their impact on workers and youth, as well as inspiring stories of people who challenge racism.

Specific Population(s):	Racialized populations; immigrants; internationally trained professionals; Canadian-born populations; Aboriginal Peoples; French-speaking immigrants
Key Words:	Racism in Canadian Workplaces, Cultural Diversity, Bridging Cultures, Health Equity, Health Disparities, Healthy Workplace, Anti-Racism, Various forms of Racism, Ethnocentrism, Xenophobia
Recommended Audience:	Staff, Management, Board, and Volunteers
How to Implement It:	<p>Search the collection on www.NFB.ca or view its playlist on anti-racism created to complement the “Work for All series”, and its playlist on “bridging cultures”, launched in collaboration with the Canadian Commission for UNESCO for the 2010 International Year for the Rapprochement of Cultures. The “NFB Screenroom” on this website offers related films on racism in the workplace, racism in general, and cultural diversity.</p> <p>Screen the film(s) during meetings or training sessions, then have a group discussion to deepen the staff and the board’s awareness on how racism and cultural diversity links to health equity in the community and in the workplace. The film(s) can be also used to open conversations about the role of racism within the organizational structure, culture and dynamics as a workplace. The online comments section on the website could be used to engage in a discussion with other viewers.</p>
Access:	Available free online.

16

CULTURAL HUMILITY: PEOPLE, PRINCIPLES AND PRACTICES

Creator:	Vivian Chavez (Health Education, San Francisco State University), Year: 2012
Link:	Watch movie here
Format:	Documentary film (30min, available in 4 segments (3.5-10min each))
Description:	Cross-listed under “Health Equity” and “Anti-oppression” (See “Healthy Equity” for more).

17

CULTURAL COMPETENCE: MANAGING YOUR PREJUDICES

Creator:	Florida Centre of Cultural Competence, Year: 2009
Link:	Watch YouTube
Format:	Short video clip (6 min)

Description:	This is a short 6-minute video clip on managing your own prejudices as a central component of “cultural competence” in healthcare delivery and workplace (in the American context). In the video, the presenter Gail Price-Wise, the President of Florida Centre for Cultural Competence, urges the audience to be really honest with themselves about prejudices, which affect our split-second thoughts and judgments about people we serve or work with. The video is a mix of an interview by the presenter and a part of a public presentation by her at a conference. Price-Wise offers other related videos on cultural competence in healthcare delivery and health outcomes on YouTube.
Key Words:	Cultural Competence, Managing Prejudices, Managing Feelings and ‘Gut Reaction’, Honest Self-Reflection
Recommended Audience:	Staff, Management, Board, Volunteers, and Community Partners
How to Implement It:	Use this brief video as an introductory resource as part of a training session or team discussions about our own prejudices, biases, and assumptions about others. You may use other videos uploaded by Price-Wise on YouTube (e.g., a 50-min video on “Introduction to Cultural Competence”, which focuses on dialysis patients but is also applicable to all healthcare providers, at http://www.youtube.com/watch?v=xRqYZ-nDHhE).
Access:	Available online, Standard YouTube License
Language(s):	English

18

CULTURAL COMPETENCE EDUCATION INITIATIVE

Creator:	Toronto Central LHIN and The Hospital for Sick Children, Year: n.d.
Link:	Watch video here
Format:	e-Learning series (6 modules, with optional pre- and post-evaluation components), in accessible multiple formats
Description:	<p>This interactive e-Learning series offers an introduction to delivering inclusive, accessible and high quality care to newcomer children, youth and their families. These modules are focused on newcomers, but the concepts can be applied to assisting and delivering equitable access for all. Here, “cultural competence” is premised on the idea that each person has a unique culture that is formed by family, race, sexual orientation, age, heritage and other characteristics. Cultural competence is defined as the understanding of this uniqueness and the ability to have conversations across cultural divides.</p> <p>This e-series is offered by the Toronto Central LHIN to all providers of health care. The modules include slides with text and graphics, audio narrative, and videos and interviews with experts, and the transcript for the audio. Each module is divided into short segments with key points. Various activities such as self-tests, quizzes, reflections, videos, and case scenarios are interspersed throughout.</p>
Specific Population(s):	Immigrant and Refugee Children, Youth and their Families (Ontario)
Key Words:	Cultural Competence, Culturally Sensitive Care, Diversity in Healthcare, Access, Removing Barriers, Power, Privilege and Marginalization, Immigration and Resettlement, Cross-Cultural Communication

Recommended Audience:	All providers of Healthcare, especially those who work with Immigrants and Refugees in Ontario
How to Implement It:	<p>This is a polished e-Learning module grounded in the Ontario context. Have staff, managers, board members, and/or volunteers take the e-module in their own time, starting from the introduction. Some of the content is specific to the Central Toronto LHIN's catchment, but it is also relevant to professionals working in other LHINs.</p> <p>The module topics are:</p> <ul style="list-style-type: none"> > Introduction to Clinical Cultural Competence; > Valuing Diversity in Health Care; > Refugee and Immigrant Health; > Cross-Cultural Communication; > Health Literacy in Clinical Practice; > Parenting Across Cultures.
Access:	Available free online, for personal non-commercial purposes. © 1999-2014 The Hospital for Sick Children (SickKids). All rights reserved. See more at http://www.sickkids.ca/AboutSickKids/terms-of-use-page.html .
Language(s):	English

19

WHAT IS CULTURAL COMPETENCE AND WHY IS IT IMPORTANT?

Creator:	Community Alliance for Culturally and Linguistically Appropriate Services (CLAS) (USA), Year: 2012
Link:	Watch video here
Format:	Short video clip (2.5 min)
Description:	This is a short video interview on "Culturally and Linguistically Appropriate Services", as laid out in the 14 National CLAS Standards in the United States. Although this is an American resource, it is useful for Canadian audience as a succinct introduction to why cultural competence matters healthcare delivery.
Specific Population(s):	Culturally and linguistically diverse communities (U.S.) (by ethnicity, religion, etc.)
Key Words:	Cultural Competence in Healthcare/Patient Care
Recommended Audience:	Frontline Health and Social Service Providers
How to Implement It:	Use this very brief video as an introduction to why cultural competence matters healthcare delivery. This can be shown as part of a training session or to open team discussions on the topic.
Access:	Available online, Standard YouTube License
Language(s):	English

20 CULTUREVISION

Creator:	Cook Ross Inc., Year: 2005-2014
Link:	Culture vision
Format:	On-line and in-person training modules/database
Description:	This is an American business that offers training modules and database for “cultural competence” for health professionals. It combines on-line and in-person training modules on cultural competency and its key concepts, self-assessment, questions, and information and profiles on specific ethnocultural communities. It covers the cultural norms of the Western medical system. It emphasizes the intersectional diversity within ethnocultural communities by cultural, biomedical, spiritual, age/life course differences, so as not to reinforce overgeneralization and stereotypes.
Specific Population(s):	Culturally and linguistically diverse communities (U.S.) (by ethnicity, religion, etc.)
Key Words:	Cultural Competence in Healthcare/Patient Care, Transcultural Healthcare, Intersectional Diversity Within Ethnocultural Patient Communities
Recommended Audience:	All Providers of Health Care
How to Implement It:	Use this fee-based tool as an introduction to the concepts of cultural competency that individual staff can do on their own time, and to provide some concrete background information and tips on specific communities -- but caution against reinforcing stereotyping and pre-judging individual patients. Follow up the individual online modules with group discussions as a team to avoid stereotyping, and to help them integrate the key concepts and lessons into their real life work situations at their place of work.
Access:	For a fee. (This is a business product targeted at health service providers.)
Language(s):	English

21 CULTURAL COMPETENCE AND QUALITY OF CARE

Creator:	UC David Continuing Medical Education, Year: 2007
Link:	Watch video here
Format:	Educational video (55min)
Description:	This is an introductory video about the role of culture, language, cultural competency, and communication needs in healthcare service delivery and in healthcare workforce development. This 55-minute video features a presentation by Dr. Sergio Aguilar-Gaxiola from the UC Davis Center for reducing health disparities on a culturally proficient health-care system. It includes slides with texts, quotes, graphics, charts and statistics that highlight the key concepts and terms.
Specific Population(s):	Immigrants, Non-English Speaking Patients, Racial And Ethnic Minorities In The U.S./ California

Key Words:	Cultural and Linguistic Competency in healthcare, Cross-Cultural Communication, Communication Needs, Health Literacy, Racial and Ethnic Disparities in Healthcare, Cultural Differences as a Resource/Asset
Recommended Audience:	Staff, Management, Board, Volunteers
How to Implement It:	Use this video as an introductory learning resource about the importance of cultural competency and cross-cultural communication in healthcare service delivery. Show the video entirely, or short segments of it by choosing the parts that apply the most to your organization or team's learning, or the parts where useful quotes and graphics are shown.
Access:	Available online, Standard YouTube License
Language(s):	English

2.2 CULTURAL COMPETENCE – ABORIGINAL PEOPLES

22

ABORIGINAL CULTURAL SAFETY INITIATIVE – ONLINE COURSE

Creator:	Anishnawbe Health Toronto, Year: 2011
Link:	Anishnawbe resource on cultural competence
Format:	Facilitated in-class training (3 modules, 2-3 hours), with additional resources from the website
Description:	This award-winning curriculum was designed as an in-class training course for health sciences students in Ontario's colleges and universities, to increase their ability to work within the Aboriginal "Cultural Safety" framework. There are a number of trained Aboriginal facilitators ("Aboriginal Preceptors") who can deliver this training to your organization across Ontario. The website offers additional resources, such as short videos (5 min each), presentation slides, 10 printable info sheets on "Traditional Teachings", an environmental scan, list of "Aboriginal Preceptors" in each region, and other practical tools for health professionals. This course received the "2012 Best Practices Award of Excellence" by the Canadian Race Relations Foundation (CRRF).
Specific Population(s):	Aboriginal Peoples across Ontario
Key Words:	Aboriginal Cultural Competence, Cultural Safety, Indigenous Worldviews, Impacts of Colonization (Indian Act, Residential School System) on Health Outcomes, Gaps on Mainstream Health and Social Services for Aboriginal Service Users, Concepts of Health and Healing in an Aboriginal Context, Empathy
Recommended Audience:	Course #2) "Core ICC Health Training" is designed for Health Authority, Ministry of Health, and other Professionals working in the health care field

How to Implement It:	Use this course as an introductory training resource for staff on how to work respectfully with Aboriginal patients and clients. Contact the pre-trained facilitator(s) available in each major city in Ontario, listed at http://www.aht.ca/aboriginal-culture-safety/aboriginal-preceptors , to deliver the in-person sessions for your organization. Ask the facilitator to adapt the training to health professionals already working in the field. You may use the resources available on the website as stand-alone resources to circulate to staff or board (e.g., info sheets on Aboriginal traditions).
Access:	Contact the Program Director Dr. Chandrakant Shah, for more information, at 416 360-0486 X231 or cshah@aht.ca . © 2011 Anishnawbe Health Toronto (AHT). All Rights Reserved.
Language(s):	English

23

ONTARIO CORE INDIGENOUS CULTURAL COMPETENCY (ICC) HEALTH TRAINING

Creator:	Provincial Health Services Authority of British Columbia, Year: n.d. (pilot until March 2015)
Link:	Indigenous Cultural Competency Resource
Format:	Facilitated e-Learning Module/Course (8hrs, over 8 weeks)
Description:	<p>The “Ontario Core ICC Health Training” focuses on health care issues for professionals working with Aboriginal Peoples in Ontario. This was developed specifically for those who work in the health care field, with the goal to improve access to health services and health outcomes for Aboriginal Peoples. The course features a facilitated online module, which combines self-study materials, interactive group discussion boards with other learners and a facilitator, and journal entries. This comprehensive curriculum is intended as introductory training for non-Aboriginal health professionals, and may be supplemented by First Nation, Métis and Inuit-specific training provided by Indigenous groups in your area.</p> <p>This Ontario version was adapted from the original version developed in BC (see “The Indigenous Cultural Competency (ICC) Online Training Program” below).</p>
Specific Population(s):	Aboriginal Peoples across Ontario, including First Nation, Métis and Inuit peoples
Key Words:	Aboriginal Cultural Competence, Aboriginal Health and Healthcare, Role of Colonial Legacy in Health Disparities
Recommended Audience:	Non-Aboriginal Health Professionals working within Ontario’s Health Services Sector – including Primary Care, CHC/AHAC, Hospitals, CCAC, Mental Health and Addictions Health Service Providers, the Local Health Integration Networks (LHINs), Ministry of Health and Long Term Care Staff, and other Ontario Ministries providing services to Aboriginal Communities.

How to Implement It:	<p>Access this training for free for sponsoring agencies across Ontario during the pilot period, until March 31, 2015. Have individual employees sign up and complete this online facilitated training course (8hrs of material) in their own time, over 8 weeks. A certificate will be issued upon completion.</p> <p>The original BC-focused course is a recommended professional development resource on health equity and the social determinants of health by NCCDH.</p>
Access:	<p>This training is available free until March 31, 2015 for employees with any of the Ontario LHINs listed below, or a Ministry of Health Staff with an Aboriginal portfolio or a health service provider (HSP) funded by the South West LHIN: Erie St. Clair; South West; Central East; Waterloo Wellington; South East; Hamilton Niagara Haldimand Brant; Champlain; Central West; Central; North Simcoe Muskoka; Mississauga Halton; North East; Toronto Central; North West. Note: Use your organization's e-mail address when registering to avoid being charged for the training.</p> <p>For those not employed by one of the sponsoring agencies, the fee for the Core ICC Health training is \$250.00.</p>
Language(s):	English

24 THE INDIGENOUS CULTURAL COMPETENCY (ICC) ONLINE TRAINING PROGRAM

Creator:	Provincial Health Services Authority of British Columbia, Year: n.d.
Link:	Indigenous Cultural Competency Training Program
Format:	Facilitated online training program (3 courses)
Description:	<p>This facilitated online training program is intended for people working in health and non-health fields across BC (justice, policing, child and family services, education, business and government). It is designed to strengthen the skills of professionals working directly or indirectly with Indigenous people by increasing Aboriginal-specific knowledge and enhancing self-awareness.</p> <p>There are 3 Core ICC training courses:</p> <ol style="list-style-type: none"> 1. CORE—foundational issues of cultural competency; 2. CORE Health—health care issues experienced by Indigenous people; and 3. CORE Mental Health—mental health issues experienced by Indigenous people. <p>This 3-part course is designed for those working in BC, there is a separate course developed specifically for healthcare workers in Ontario. (See "Ontario Core Indigenous Cultural Competency (ICC) Health Training"). On the ICC Training website, you will register for and log into the core training; once you have completed the training, you will have access to supplementary training, resources, and on-going support, as well as a certificate of completion.</p>
Specific Population(s):	Aboriginal Peoples from British Columbia

Key Words:	Cultural Competence, Culture, Diversity, Aboriginal Health and Well-Being (in BC), Stereotyping, Social Disparities and Inequities, Colonial Legacies and Health Outcomes, Indian Residential Schools and Indian Hospitals
Recommended Audience:	People working directly or indirectly with Aboriginal Peoples in various sectors, including healthcare and mental health services
How to Implement It:	<p>For health-sector professionals, take the “Core ICC Health Training” as it is specifically designed for Health Authority, Ministry of Health, and other professionals working in the health care field. It includes the foundation provided in Core ICC with an additional two (2) modules that focus on health care issues for those working with Indigenous people in BC.</p> <p>This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH. This program meets the accreditation criteria of the College of Family Physicians of Canada, and is accredited for up to 8 Mainpro-C credits and 8 Mainpro-M1 credits. It is approved for Continuing Education Credits by Canadian Counselling and Psychotherapy Association /L’Association Canadienne de Counselling et de Psychothérapie.</p>
Access:	Free for anyone employed by a BC regional health authority or the Ministry of Health, or health care workers who work for Aboriginal organizations. For others, there is a \$250 fee to take each of the 3 Core Courses. (For those working in Ontario, see “Ontario Core Indigenous Cultural Competency (ICC) Health Training.”)
Language(s):	English

2.3 CULTURAL COMPETENCE – IMMIGRANTS AND REFUGEES

25

REFUGEES AND GLOBAL HEALTH E-LEARNING PROGRAM

FR

Creator:	Canadian Collaboration for Immigrant and Refugee Health (CCIRH), Year: Pottie et al
Link:	CCIR
Français:	Téléapprentissage en santé des réfugiés et santé mondiale
Format:	e-Learning program (7 modules)
Description:	This is a CanMeds-based global health e-Learning program, targeted at healthcare professionals working in 7 roles: clinicians, advocates, scholars, administrators, managers, etc. This 8-module series is made up of Introduction, plus 1 module on each professional category. This interactive curriculum presents a collection of medical expertise and lived-experience from working in resource-limited settings with vulnerable populations. It utilizes mixed media resources, featuring an overview, videos, field scenarios, etc., which all aim at improving the health of vulnerable populations around the world.
Specific Population(s):	Immigrants and refugees in Canada

Key Words:	Global Health Education Framework, Competencies, Values, and Case-Scenarios for Global Health Work
Recommended Audience:	Healthcare Professionals working in various roles and professional categories, such as clinicians, advocates, scholars, administrators, managers, etc
How to Implement It:	<p>Use this an introductory resource for staff working in various health professional categories and roles. Have staff take the e-modules on their own time, starting from the Introductory module.</p> <p>The 8 modules are:</p> <ul style="list-style-type: none"> > Intro: Global Health Education Framework – core values, principles and competencies; > 1. Experience how communication can impact the quality of health care; > 2. Learn unique health needs and health care access barriers of newly arriving refugees; > 3. Wander in the field of social justice with health advocates; > 4. Find out how working in the field can turn your professional identify upside down; > 5. Appreciate the role of interdisciplinary collaboration, community engagement, and provider networks; > 6. Discover the importance of good manager skills in resource-limited settings; > 7. Uncover the role of science and scholarly work in global health.
Access:	Available free online for non-commercial purposes. This is an open source access, which means that you can use it in any way, but must credit the original author and source. Licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License. See more at http://creativecommons.org/licenses/by-nc-nd/3.0/ .
Language(s):	English, Français

26

GLOBAL CHILD HEALTH CURRICULUM – MODULE 4: CHILDREN AND YOUTH NEW TO CANADA

FR

Creator:	Canadian Paediatric Society, Year: 2014
Link:	Canadian Paediatric Society
Français:	Programme d'études sur la santé des enfants dans le monde – Module 4 : Enfants et adolescents néo-canadiens
Format:	On-line and in-person training curriculum

Description:	<p>This e-module is part of an online and in-person Global Child Health Curriculum intended for Canadian paediatric trainees, which provides foundational information on global child health. The curriculum is made for educators, and consists of four (4), one-hour interactive modules that were designed to be taught as an educational series or standalone pieces, easily integrated into existing residency curricula (• 1. Global Child Mortality; • 2. Undernutrition; • 3. Fever in the Returned Child Traveller; • 4. Children and Youth New to Canada).</p> <p>Module 4 offers a good introduction on issues surrounding the health of immigrant and refugee children, and youth new to Canada.</p>
Specific Population(s):	Immigrant and refugee children and youth (Canada)
Key Words:	Immigrant and Refugee Health, Global Child Health
Recommended Audience:	Canadian paediatric trainees; Educators; also Frontline Health and Social Service Providers who wish to augment concrete skill and knowledge development in Cultural Competency.
How to Implement It:	<p>Use Module 4 as an introductory training for staff who work children and youth immigrants. Use this module to help people learn the basic background information about refugees to Canada in health services context, and the specific barriers within the health care system this population experiences. Have staff take the e-module on their own time, or bring in a facilitator/educator to run a in-person session, or use a combination of both.</p> <p>The complete educational package for this entire series includes the “Trainer Manual” and a DVD with PowerPoint presentations and additional reference documents, such as resident handouts, multiple choice questions, structured clinical exam cases, and interactive activities and videos. Request a copy of the curriculum and the Trainer Manual, email education@cps.ca or call Canadian Paediatric Society Education Department at 613-526-9397, ext. 264.</p>
Access:	Online module requires member sign-in. Contact the CPS Education Dept. to request a printed copy of the curriculum and the complete Trainer Manual. © 2001 - 2014 Canadian Paediatric Society. All rights reserved.
Language(s):	English, Français

27

THE REFUGEE MENTAL HEALTH PROJECT

FR

Creator:	Centre for Addiction and Mental Health, Year: 2009
Link:	Centre for Addiction and Mental Health
Français:	Projet sur la santé mentale des réfugiés
Format:	E-Learning Courses/Modulless (6 and 7 modules each), with accompanying Community of Practice (CoP), Toolkit, and a webinar series and networking events

Description:	The Refugee Mental Health Project is a set of online learning resources created by CAMH, aimed at building health care professionals' and settlement workers' knowledge and skills regarding refugee mental health issues in Ontario. These resources include: 1) Two (2) self-directed e-Learning courses targeted at: (a) Health Care Professionals, and (b) Settlement Counselors; 2) Community of Practice (CoP) online forum; 3) Toolkit of resources; and a webinar series and networking events.
Specific Population(s):	Refugees with mental health issue challenges (Ontario)
Key Words:	Health Equity, Refugee Mental Health
Recommended Audience:	Frontline Service Providers
How to Implement It:	Choose one from the two (2) e-Learning courses, based on your professional role: • 1) Refugee Mental Health Course for Health Care Professionals, and • 2) Refugee Mental Health Course for Settlement Counselors. The Health care professionals' course includes 6 modules, and takes a minimum of 6-8 hours to complete. The Settlement workers' course has 7 modules, and takes a minimum of 7-10 hours to complete. Each features multiple media such as videos, learning activities, a discussion board and other features. Register at http://knowledgex.camh.net/health_equity/immigrants_ethnoracial/Pages/Course_FAQs.aspx#register . Completion times vary widely as there are videos, learning activities, a discussion board and other optional features to optimize your learning experience. All participants must complete the course within the four-week session.
Access:	Available free online for personal developmental use only. Note: Due to limited funding, at this time, these free-to-register courses are only offered to practicing professionals who work directly with refugees in Ontario, in a role supporting them in their social, mental or physical well-being. Optional \$15 fee to request the letter of completion. ©2009 Centre for Addiction and Mental Health.
Language(s):	English, Français

28 ONLINE TUTORIAL: WORKING WITH INTERPRETERS IN A CLINICAL SETTING

Creator:	Centre for Addiction and Mental Health, Year: 2009
Link:	Watch video here
Format:	Online video tutorial
Description:	This online tutorial provides health care providers with the knowledge and skills that are necessary for working effectively with interpreters in a mental health setting. Language barriers pose limitations to informed consent, delay needed services, lead to unnecessary testing, lengthen hospital stays and increase hospital readmissions for people of non-English-speaking backgrounds. Even when patients have basic English skills, their command of it may not be adequate to allow for mental health assessment or for detailed information gathering, particularly when they are in distress. This short tutorial helps you navigate the specific challenges of working with a qualified interpreter and communicating through a third person.
Specific Population(s):	Non-English-speaking patients; Immigrants and refugees (Canada)

Key Words:	Health Equity, Language Barrier to Healthcare Service, Access to Quality Care, Mental Health Services, Communicating with a Patient through an Interpreter, Qualified Interpreters
Recommended Audience:	Global health practitioners; all levels of staff, including, clinicians, health advocates, administrators, managers, and those working as part of a medical service team to improve the health of vulnerable populations around the world, including refugees
How to Implement It:	Have staff and/or volunteers watch this video tutorial to: • 1) Learn about the effects of language barriers on health care; • 2) Assess a patient's need for an interpreter; • 3) Work effectively with an interpreter; • 4) Understand core competencies and skills needed for interpretation in a mental health setting; • 5) Discuss the particular challenges of interpreting in mental health assessment and therapy. Note: Pop-up blockers should be turned off. This course is best viewed in an Internet Explorer (IE) browser.
Access:	Available free online for personal developmental use only. ©2009 Centre for Addiction and Mental Health. See more at http://knowledgex.camh.net/Pages/CAMHStandardLicenseAgreement.aspx .
Language(s):	English

29

THE RECEIVING SOCIETY: INSTITUTIONAL RESPONSES

Creator:	York University, Year: n.d.
Link:	York University Resource
Format:	e-Learning series (12 modules, half online, half in-class)
Description:	This half-online, half-in-class course was developed as a sociology course on Canadian immigration and settlement policies at York University. The online video modules of this course can be adapted for training purposes for health and social service organizations to raise awareness about the institutional barriers that immigrants and refugees encounter. The course as a whole offers a sociological, structural analysis of the barriers immigrants and refugees experience in Canada.
Specific Population(s):	Immigrants and refugees in Canada
Key Words:	Institutional Barriers, Access to Services (in Mainstream and Ethno-Specific or Multicultural Organizations), Access to Employment, Structural Analysis, Immigration Policy in Canada, Education, Criminal Justice System
Recommended Audience:	Staff, Management, and Board working in Health and Social Service Organizations, and Ethno-Specific or Multicultural Organizations

How to Implement It:	<p>Use the videos from Modules 2, 3, 6, 7, and 8 to increase staff, management, and board members awareness about the barriers that immigrants and refugees may experience within your organization. Have individual staff/board members watch the selected online video module (s), and follow up with a group discussion to prompt self-reflection about how their own organization interacts with these populations.</p> <p>Modules 2 and 3 (“Finding a Job and Keeping It” and “Discrimination in Employment”) are useful for exploring barriers related to employment affecting these populations. Module 5, 6, 7, and 8 (“Accessing Health Care”; “Social Services (Mainstream)” and “Social Services (Ethno-specific and multicultural)”) provide a useful overview of the barriers these populations experience in accessing health care or social services (e.g., linguistic, cultural, qualifying criteria, stereotyping, the lack of outreach and ethnocentric counseling approaches, etc.).</p>
Access:	Available online.
Language(s):	English

30

CROSS-CULTURAL COMPETENCY TRAINING FOR EMPLOYERS

FR

Creator:	Hire Immigrants Ottawa (HIO), Year: n.d. (ongoing)
Link:	Hire Immigrants Ottawa
Français:	Formation en compétences interculturelles pour des employeurs
Format:	In-person training sessions (7 modules, 3hrs each)
Description:	HIO offers free training workshops for employers in Ottawa on cross-cultural competency skills, tools and strategies for adapting your workplace for a diverse employee base. These 3-hour workshops are offered regularly throughout the year. There are seven (7) modules in this suite of workshops, and participants can sign up for whichever module that appeals to them. These workshops offer a unique way to link the organization’s employment practices to the goal of achieving health equity for immigrants, refugees, and racialized people as part of your work team (and not just as ‘patients’ or ‘clients’ your organization serves).
Specific Population(s):	Immigrants and Internationally Educated Professionals (IEPs)
Key Words:	Cultural Competence of Employers, Human Resources Management Practices, Culture, Bias, Human Rights (Removing the “Canadian Experience” Barrier), Multicultural Workplace, Inclusive Workplace, Cross-Cultural Communication in the Workplace
Recommended Audience:	Practicing Health Care Professionals and Settlement Counselors in Ontario, who directly work with Refugees who may have Mental Health issues

How to Implement It:	<p>Have managers, HR professionals, and other staff register and attend the specific workshop(s), or all 7 workshops (Space is limited). A Cross-Cultural Competency Certificate of Training will be issued upon completing four (4) sessions.</p> <p>The workshop topics include:</p> <ul style="list-style-type: none"> > 1) Introduction to Cultural Competency Building; > 2) Culturally Competent Interviewing Skills; > 3) Intercultural Problem-Solving Strategies and Understanding Verbal and Non-Verbal Messages; > 4) Effective Cultural Adaptation Strategies; > 5) Performance Management and Feedback; > 6) Creating the Workplace that Accommodates Effectively; > 7) Dimensions of Inclusiveness. Complement the training with an organizational plan to implement the practical tools into everyday HR practices.
Access:	Free. Register online to book a seat in each session of your choice. For more information contact HIO at 613.683.3370 or events@hireimmigrantsottawa.ca .
Language(s):	English (Workshop descriptions available in French)

31

EVIDENCE-BASED PREVENTATIVE CARE CHECKLIST FOR NEW IMMIGRANTS AND REFUGEES

FR

Creator:	Canadian Collaboration for Immigrant and Refugee Health (CCIRH) and the University of Ottawa / Collaboration canadienne pour la santé des immigrants et des réfugiés (CCSIR) et Université d'Ottawa, Year: 2012
Link:	CCIRH Resources
Français:	Liste de contrôle interactive pour la prévention chez les nouveaux immigrants et les réfugiés
Format:	Online/electronic clinical checklists (downloadable/printable in PDF format)
Description:	This is an online knowledge translation tool, designed to help primary care practitioners integrate the Canadian Immigrant Health Guidelines into practice. This is a “preventative care checklist” for frontline healthcare providers to use when screening and following up on recent immigrant or refugee patients. The website contains 8 different sets of online/electronic checklists, tailored to patients who come from 8 different regions of the world, available in both French and English. The checklists can also be downloaded and printed out and used as a hard copy.
Specific Population(s):	Immigrants and refugees to Canada/Ontario
Key Words:	Clinical Tool (Frontline), Preventative Care, Checklist
Recommended Audience:	Staff and volunteers who have to deal with patients who communicate through language interpreters.

How to Implement It:	Provide the checklists for frontline clinical staff to use as part of their daily work, when screening and following up with newcomer patients (i.e., “1st visit”, “2nd visit”, “3rd visit”, “Later visits”). Staff can complete the checklist(s) electronically online, or use the printed copies. Note: Given the constantly evolving nature of evidence and changing recommendations, the CCIRH preventative checklist is meant as a guide only.
Access:	Available free online, for non-commercial purposes. CCIRH Knowledge Exchange Network by CCIRH and Dr. Kevin Pottie is licensed under Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported (CC BY-NC-ND 3.0) License. See more at http://creativecommons.org/licenses/by-nc-nd/3.0/
Language(s):	English & French

32 ENHANCING CULTURAL COMPETENCY: A RESOURCE KIT FOR HEALTH CARE PROFESSIONALS

Creator:	Alberta Health Services, Year: 2005-2009
Link:	Resource from Alberta Health
Format:	Electronic Toolkit (PDF, 192 pages)
Description:	This is a lengthy but practice-oriented toolkit for enhancing cultural sensitivity, awareness, and practice within health care service delivery. It was designed specifically for the Alberta/Calgary context, but the information on cultural competency and the extensive “cultural summaries” of various cultural communities are useful for service providers in Ontario. Written in plain language, the toolkit is divided into theme-based sections, and the pages are easily printable by sections. It contains lists of core competencies, barriers, tips, community-specific information on various cultural communities, sector-specific case scenarios, self-assessment checklists, and questions.
Specific Population(s):	Immigrants and various cultural communities (Canada)
Key Words:	Cultural Competence in Healthcare/Patient Care, Cross-Cultural Communication, Barriers, Tips, Sector-Specific Scenarios, Self-Assessment Checklists, “Cultural Summaries” of Specific Ethnocultural Communities
Recommended Audience:	Staff, Management, Board and Volunteers who work with immigrants and refugees as clients/patients and/or as colleagues
How to Implement It:	<p>This lengthy text-based tool is best used by assigning a training facilitator, who can review this tool and design an interactive training session using the materials in this document.</p> <p>For example, the facilitator can use Section 2.0 on CULTURAL COMPETENCY IN HEALTH CARE, by having trainees read through it, then discuss as a group how it applies to their own work contexts and experiences. The facilitator can pick out “cultural summaries” of several communities that are relevant to the organization’s client base, then have trainees read them and discuss how these apply to their work. When using this tool, the facilitator needs to make it clear to trainees that this is not about stereotyping all individuals and families from these diverse ethnic backgrounds.</p>

Access:	Available free online.
Language(s):	English

2.4 CULTURAL COMPETENCE – LGBTQ

33

RAINBOW HEALTH ONTARIO LGBT TRAINING SESSIONS

FR

Creator:	Rainbow Health Ontario (RHO) / Santé arc-en-ciel Ontario (SAO), Year: n.d. (ongoing)
Link:	LGBTQ Resources
Français:	Séances de formation sur les communautés LGBT
Format:	On-Site Training Workshops (2.5+hours each)
Description:	<p>Rainbow Health Ontario (RHO) is a province-wide program aimed at improving the health and well-being of LGBT people through education, research, outreach and public policy advocacy. RHO offers on-site training sessions to assist health care and social service providers in providing equitable and comprehensive services to LGBT people, including Cultural Competency Training on LGBT newcomers, youth, and seniors and their health needs.</p> <p>Training sessions can be tailored to different audiences (e.g., front-line staff, mental health workers, counselors, management, board directors, and volunteers). Each session combines teaching with interactive case scenarios and self-reflection of values, beliefs, myths and stereotypes.</p> <p>The modules cover topics such as: the history of LGBT; Impact of criminalization of LGBT; Health disparities for LGBT persons; Current research on health of LGBT persons; Organizational development and creating inclusive policies to serve LGBT clients and staff.</p>
Specific Population(s):	LGBT newcomers and refugees; LGBT youth, LGBT seniors, LGBT families; LGBT staff and clients. (Training is customizable to the specific populations that your agency currently serves).
Key Words:	Health Equity, Cultural Competence for Working with LGBT Clients and Staff, LGBT Health Needs, Organizational Development, GLBT-Inclusive Policies
Recommended Audience:	Management, Hiring Managers, Supervisors, HR Professionals
How to Implement It:	RHO travels across Ontario to deliver training on-site as long as there are enough participants (minimum 10 people). #1 “Introduction to LGBT and Health Needs” is recommended as a prerequisite for all other modules. Submit a “Training request form” on the website 1 month in advance. For inquiries, contact the Education Coordinator, Devan Nambiar at dnambiar@rainbowhealthontario.ca or 416-324-4100 ext. 5262.

Currently available sessions include:	<ol style="list-style-type: none"> 1. Introduction to LGBT and Health Needs (Pre-requisite)*; 2. Introduction to LGBT Emotional and Mental Health*; 3. The Joy of Gender; 4. LGBT Seniors and Health Needs; 5. Bisexuality and Bisexual Health Issues; 6. Removing the Barriers: Making Your Organization LGBT-Positive; 7. Transition in The Workplace; 8. Providing Services For LGBT Youth; 9. The Relationship Game (For Service Providers); 10. The Relationship Game (For Youth Groups); 11. LGBT Newcomers; 12. Queering the Family Tree: Welcoming LGBTQ Families; 13. Workshops for Adoption/Foster Care Workers and/or Foster Parents; 14. LGBTQ (Lesbian, Gay, Bisexual, Trans, Queer) Training for Fertility Clinics and Sperm Banks; 15. Workshops for LGBTQ Parents and Prospective Parents; 16. Reading, Writing & Resilience: Queer Spawn Speak Out About Schools;
Access:	Fees are charged on a cost recovery basis. The average cost is approx. \$100.00 to \$500.00 for the entire session in the day. There is a sliding scale, but RHO will not deny training to those who cannot pay. RHO requests the cost of photocopies, materials, and travel be reimbursed. When multiple sessions are provided per year, the cost will be negotiated individually. RHO can deliver training at your organization, or at a shared venue for multiple agencies (e.g., library or community centre).
Language(s):	English, some sessions offered in French (*Modules 1 and 2 : "Introduction à la population LGBT et à ses besoins de santé"; "Introduction à la santé émotive et mentale de la population LGBT").

Si vous avez des questions, communiquez avec le coordonnateur de service francophone, Matt Caron Francino, à mfrancino@rainbowhealthontario.ca ou composez le 416-321-4100, poste 4177.

34 THE RHO RESOURCE DATABASE

FR

Creator:	Rainbow Health Ontario (RHO) / Santé arc-en-ciel Ontario (SAO), Year: n.d. (ongoing)
Link:	Rainbow Health Ontario Resources
Français:	Base de Données Ressource de SAO
Format:	Online Resource Database

Description:	This is an online, searchable resource database maintained by Rainbow Health Ontario (RHO), aimed at providing the most reliable and up-to-date health resources to LGBT communities, service providers and others with an interest in LGBT health. The database includes a wide range of LGBT health resources including training manuals, curricula, and clinical guidelines. The resources come in various formats, such as books, reports, presentations, journal articles and websites from Ontario, Canada and around the world. Electronic resources are provided wherever possible. New resources are being added by RHO on an ongoing basis.
Specific Population(s):	LGBT populations (including LGBT newcomers and refugees; LGBT youth, LGBT seniors, LGBT families; LGBT staff and clients, etc.)
Key Words:	Health Equity, LGBT, Training Resources, Reports, Health Data
Recommended Audience:	Frontline Clinical Staff
How to Implement It:	To access various health resources, visit the website and search the database, in English or French, using the “Basic” or “Advanced” search options.
Access:	Available online.
Language(s):	English, Français

35

ARE YOU AN ALLY? CAMPAIGN

FR

Creator:	Mount Sinai Hospital, Year: 2013
Link:	Mount Sinai Resources
Français:	(Videos are available in French). Click on “French” under each video at Mount Sinai Resources .
Format:	Website, with 1 e-Learning module, 6 videos, 6 discussion guides (PDF), and additional resources. Videos are available in multiple formats (Closed Captioning and audio descriptions). Cross-listed: See more under Health Equity, “Anti-oppression” and “Cultural Competence – General”
Language(s):	English, Français

2.5 CULTURAL COMPETENCE – FRANCOPHONES AND FRENCH LANGUAGE SERVICES

36

DIFFERENTIAL GLOSSARY OF HEALTH TERMS – WORDS USED TO TALK ABOUT ACHES AND PAIN

FR

Creator:	Chevalier et al., Year: 2012
Link:	Glossary of Health Words

Français:	Glossaire différentiel des termes de la santé – Mots pour parler des maux
Format:	Online/digital glossary of health terms, with graphics
Description:	<p>This is a “growing” online glossary of health terms used by speakers of regional varieties of the French language in the Maritimes, and across Canada. The purpose of the Les mots pour parler des maux glossary (‘Words Used to Talk About Aches and Pains’), is to facilitate the integration of health-care workers who are less familiar with Acadian French and to improve the delivery of health services. It is intended to meet the need expressed by doctors who want to be better able to communicate with their patients and avoid mistakes caused by a misinterpretation of their instructions, especially when dealing with those who speak non-standard varieties of French.</p> <p>Widely distributed across Canada in medical training centers and services, this glossary has been digitalized and expanded over time to include terms used in Acadia as well as in all Francophone communities across Canada. The creators of this glossary continue to invite users from other French speaking communities of Canada to submit words used in their region.</p>
Specific Population(s):	Acadian French speakers, but also other French-speaking communities across Canada; Relevant to French-speaking immigrants from different parts of the world, both as patients and staff.
Key Words:	Health-related French Vocabulary, Linguistic Barrier to Healthcare, Linguistic Diversity among French Speaking Patients and Care Providers
Recommended Audience:	Staff, Managers, and Volunteers who communicate in French with patients and clients
How to Implement It:	Use this digital glossary as a resource for healthcare providers who work with French-speaking patients and colleagues, who may not share the same health-related vocabulary. This digital glossary was developed originally for Acadian French-speakers in the Maritimes, but this can be useful for teams who work with French-speaking immigrants either as patients/clients, or as part of the service delivery team. Users from other French speaking communities of Canada are invited to submit words used in their region.
Access:	Available online.
Language(s):	French, English

37

HC LINK/RÉSEAU CS

FR

Creator:	HC Link / Réseau CS, Year: 2009-
Link:	Healthy Communities
Français:	Réseau CS/HC Link
Format:	Organization offering training services
Cross-listed:	See more under “Organizations that offer consulting and training/facilitation services”

38

REFLET SALVÉO

FR

Creator:	Reflét Salvéo, Year: 2011
Link:	Reflét Salvéo
Français:	Reflét Salvéo
Format:	Organization offering training services
Cross-listed:	See more under “Organizations that offer consulting and training/facilitation services”

39

ENGAGING & WORKING WITH FRANCOPHONES

FR

Creator:	HC Link / Réseau CS, Year: 2011-2014
Link:	Healthy Communities
Français:	Collaborer avec les francophones et services en français
Format:	Website with resources
Description:	<p>“Engaging & Working with Francophones” section of the HC Link’s website offers a series of brief resource articles on the topic of Francophone engagement in Ontario-based organizations (5-8 pages each), as well as a 70-page guide, and a newsletter.</p> <p>“Working Together with Francophones in Ontario: Part 1 – Understanding the Context” describes Ontario’s Francophone minority and the context in which they live. “Part 2 – Legislation and Institutional Support” describes the rights of Francophones in Ontario and the institutions and legislation in place to support those rights. A follow-up article “How to Engage Francophones... When You Don’t Speak French!” (5 pages) explores in three (3) simple steps the practical ways to meaningfully engage Francophones communities even when you do not speak French. It also covers common pitfalls, nine (9) keys for success, and a community story. In 2013, HC Link published another follow-up brief (8 pages), entitled “Creating a Bilingual Organizational Culture”.</p>
Specific Population(s):	Francophones (vis-à-vis Anglophones and non-French speakers)
Key Words:	Francophone Community Engagement, Organizational Capacity, Bilingual Organizational Culture, Linguistic Barrier, Non-French Speaking Employees and Organizations, Practical Tips
Recommended Audience:	Organizations seeking to improve their capacity to provide French language services, or to create a bilingual organizational culture. Staff, management, and board, especially those who are non-Francophone or whose organization is not geared towards Francophone communities.
How to Implement It:	Review this “@ glance” series of short documents as background information. Use these to facilitate a group discussion on how this might apply to your organization. These might serve as a useful resource to open a constructive discussion when there are gaps or tensions surrounding Francophone engagement and French language services, in terms of client service and/or internal organizational culture and practice.

Access:	Available online.
Language(s):	English, Français (the documents are available in French)

40

WORK TOGETHER WITH FRANCOPHONES IN ONTARIO: UNDERSTANDING THE CONTEXT AND USING PROMISING PRACTICES GUIDE

Creator:	Healthy Communities Consortium, Year: 2011
Link:	Work with Francophones in Ontario
Français:	Collaborer avec les francophones en Ontario : de la compréhension du contexte à l'application des pratiques prometteuses
Format:	Guide/Document (PDF, 70 pages)
Description:	This 70-page guide was created to support Ontario-based health and social service organizations integrate Francophone community groups into their partnerships. Section 1 covers the importance of collaborating with Francophones to provide quality French language services. Section 2 covers the nuts and bolts on developing the organizational capacity to do so. It includes an exhaustive "Checklist" to help you develop an action plan, wherein you can establish three priorities to begin the process of engaging with Francophones in Ontario. Real-life examples of successes from across Ontario, as well as a list of resources are included.
Specific Population(s):	Francophones in Ontario
Key Words:	Francophone Engagement, French Language Services, Linguistic Barrier, Promising Practices, Checklist
Recommended Audience:	Staff, Management, and Board, especially those who are non-Francophone or whose organization is not geared towards Francophone communities
How to Implement It:	Consult this Guide for information, tools, tips on building good practices and organizational capacity for collaborating more effectively with Francophone community groups. An organization may use only the specific parts of this guide, such as the "Checklist" for building action plans.
Access:	Available online.
Language(s):	English, Français

2.6 CULTURAL COMPETENCE ASSESSMENT TOOLS

41 CULTURAL COMPETENCE HEALTH PRACTITIONER ASSESSMENT (CCHPA)

Creator:	National Centre for Cultural Competence, Georgetown University, Year: n.d.
Link:	CCHPA Tools for Cultural Competence
Format:	Online self-assessment and educational tool
Description:	CCHPA is an on-line self-assessment and educational tool for health practitioners, to be used for assessment of both individual and organizational capacity in culturally competent healthcare planning and delivery. This resource takes “cultural and linguistic competence” as essential approaches for eliminating health disparities among racial and ethnic groups. Cultural competence framework requires organizations and their personnel have the capacity to: • 1) Value diversity, • 2) Conduct self-assessment, • 3) Manage the dynamics of difference, • 4) Acquire and institutionalize cultural knowledge, and 5) Adapt to the diversity and cultural contexts of individuals and communities served.
Description:	<p>The website offers several assessment tools intended for: a) Organizations, and b) Individual practitioners. For the individual self-assessment, there are (5) different printable checklists sorted by the type of services the personnel provide.</p> <p>These are for:</p> <ul style="list-style-type: none"> › 1) Primary Health Care Services; › 2) Services and Supports to LGBTQ Youth and their Families; › 3) Services and Supports to Children with Disabilities & Special Health Needs and their Families; › 4) Behavioral Health Services and Supports to Children, Youth and Their Families; › 5) Services and supports to individuals and families affected by Sudden Infant Death Syndrome and Other Infant Death (SUID).
Specific Population(s):	Cultural, racial, ethnic and linguistic diverse groups (USA), LGBTQ Youth and their families; Children with disabilities and their families; Children, youth and their families receiving behavioural health services.
Key Words:	Cultural Competence in Healthcare, Working with Difference, Personnel's Values and Attitudes, Institutionalizing Knowledge and Capacity
Recommended Audience:	Staff, Management, Board
How to Implement It:	Use the online self-assessment tool with staff/board members at the individual level, as well as at the team or organizational levels. Note: The assessment of practitioners should not be used in isolation as it is only one aspect of examining cultural and linguistic competence within an organization. Cultural competence must be assessed and infused at every level of an organization including policy-making, administrative, practice/service delivery, consumer, and community levels.

How to Implement It:	To access the organizational assessment tools, register for the CLCPA and download PDFs of the instrument and guide as well as link to online resources. The 5 individual self-assessment checklists can be downloaded from: > http://nccc.georgetown.edu/resources/publicationstype.html#checklists , or respectively, at: > http://nccc.georgetown.edu/documents/Checklist%20PHC.pdf > http://nccc.georgetown.edu/documents/Final%20LGBTQ%20Checklist.pdf > http://nccc.georgetown.edu/documents/ChecklistCSHN.pdf > http://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf > http://nccc.georgetown.edu/documents/ChecklistSIDS-ID.pdf
Access:	Checklists are available online. ©Georgetown University. To use CCHPA as part of a training/educational activity, contact cultural@georgetown.edu for permission and for more information.
Language(s):	English, some in Spanish

42

TRAINING - MULTICULTURAL MENTAL HEALTH RESOURCE CENTRE

FR

Creator:	Multicultural Mental Health Resource Centre (MMHRC)/Centre de ressources multiculturelles en santé mentale (CRMSM), Year: n.d.
Link:	MMHRC
Français:	Formation – Centre de ressources multiculturelles en santé mentale
Format:	Website with links to resources
Description:	MMHRC/CRMSM provides access to resources to support culturally safe and competent mental health care for Canada’s diverse population. The training section of the website offers an extensive list of training materials, presented under the subsections: “Cultural Competence – Training Materials and Training Program”; “Cultural Psychiatry”; “Cultural Competence in Mental Healthcare Self-Assessment”; and “Training Videos and Podcasts”. (Note: The web page was temporarily out of order at the time of this report.)
Specific Population(s):	Various populations with mental health issues (Canada); Intersectional through the lens of mental health, incl. adults, youth, children from diverse cultural backgrounds.
Key Words:	Cultural Competence in Mental Health Care, Culturally Safe and Competent Mental Healthcare
Recommended Audience:	Staff, Management, Board
How to Implement It:	Explore the website to access various educational resources, materials and tools.
Access:	Available online.
Language(s):	English, Français



CULTURAL HUMILITY

Cultural Humility is another specific and commonly used approach or framework closely related to health equity. Because of this close connection, many of the resources here are cross-listed under Health Equity. Use the resources in this section as a way to raise awareness or understanding about the root causes of health inequity and disparities – which are closely tied to unequal distribution of power and resources in broader society.

43

ARE YOU AN ALLY? CAMPAIGN

FR

Creator:	Mount Sinai Hospital, Year: 2013
Link:	Mount Sinai Resources
Français:	(Videos are available in French). Click on “French” under each video at Mount Sinai Resources
Format:	Website, with 1 e-Learning module, 6 videos, 6 discussion guides (PDF), and additional resources. Videos are available in multiple formats (Closed Captioning and audio descriptions).
Cross-listed:	See more under “Health Equity” and “Cultural Competence – General”; and “LGBTQ”.
Language(s):	English, Français

44

ADDRESSING HEALTH INEQUALITIES FOR RACIALIZED COMMUNITIES: A RESOURCE GUIDE

FR

Creator:	Health Nexus and Health Equity Council / Nexus Santé, Conseil sur l'équité en matière de santé, Year: 2011
Link:	Health Nexus and Health Equity Resources
Français:	Guide de ressources Résoudre les iniquités en santé chez les collectivités racialisées
Format:	Electronic guidebook (PDF, 36 pages)
Description:	This is a guide/tool to support the capacity and effectiveness of those who are engaged in health promotion to reduce racialized health inequities in Ontario. It brings together resources and initiatives identified through the process of developing and delivering the project. As a live document, it will be updated in the future. This electronic guidebook includes embedded links to other useful resources and videos, which can be used for training and education purposes. The Guide uses various examples such as physical activity, mental health promotion, and healthy eating/food security as entry points to racialized health disparities in Ontario, and links these back to the broader, systemic, underlying causes behind them.
Specific Population(s):	Racialized communities in Ontario, Immigrants, Aboriginal Peoples

Key Words:	Health Equity, Health Disparities, Health Promotion, Racialized Communities, Diversity, Anti-Racism, Anti-Oppression, Cultural Competence
Recommended Audience:	Staff and Board, especially those working in “Health Promotion”
How to Implement It:	Use this guidebook to get an overview of health equity promotion, such as basic concepts and definitions, and the continuum of strategies from “universal/colour blind”, “diversity and cultural competence”, to an “anti-racism /anti-oppression approach” that truly addresses equity concerns for racialized groups across Ontario. This tool can also be used as an entry point to raise awareness about the role of racism in health disparities, along with other structural or systemic causes behind health disparities between populations. To use this as a training resource, you may require a trainer/facilitator who can adapt the material to develop a training session.
Access:	Available free online.
Language(s):	English, Français (with slightly different resources and examples in each language).

45 UNNATURAL CAUSES: IS INEQUALITY MAKING US SICK?

Creator:	PBS (Produced by California Newsreel with Vital Pictures, Inc., presented by the National Minority Consortia of Public Television), Year: 2008
Link:	Watch Film here
Format:	Film series, with additional resources from the website
Cross-listed:	See more under “Health Equity”.

46 WORK FOR ALL

Creator:	National Film Board of Canada, with Human Resources and Skills Development Canada, Year: Various
Link:	NFBC Resources
Format:	Short films, with additional resources from the website
Language(s):	English, and 1 French film with English subtitles (“Une femme de tête”)
Cross-listed:	See more under “Cultural Competence”

47

CULTURAL HUMILITY: PEOPLE, PRINCIPLES AND PRACTICES

Creator:	Vivian Chavez (Health Education, San Francisco State University), Year: 2012
Link:	Watch film here
Format:	Documentary film (30min, available in 4 segments (3.5-10min each))
Cross-listed:	See more under "Health Equity" and "Cultural Competence"

48

THE BODY OF HEALTH EQUITY STAFF STREAM TRAINING

Creator:	PARTERA, Year: 2014
Link:	Resource from PARTERA
Format:	Facilitated training workshops (3 modules)
Cross-listed:	See more under "Health Equity"



HUMAN RIGHTS

Although most of the listed content under Human Rights is not specific to health and healthcare sector, they present important perspectives on health inequity through the lens of human rights and discrimination in broader society, as well as in organizations (both as a service provider and as a workplace and employer). These training resources are Ontario-specific, as they are delivered by the Ontario Human Rights Commission.

49

HUMAN RIGHTS 101 MULTILANGUAGE (HR101) E-LEARNING MODULE

FR

Creator:	Ontario Human Rights Commission (OHRC), Year: n.d.
Link:	OHRC Resource
Français:	Droits de la personne 101
Format:	e-Learning module (30-60min)
Description:	<p>This is an introductory e-Learning module on human rights and responsibilities in Ontario, created by the Ontario Human Rights Commission (OHRC) for general public audience.</p> <p>This e-module covers:</p> <ul style="list-style-type: none"> › 1) The principles and concepts of human rights and how to recognize different types of discrimination; › 2) An overview of the Ontario Human Rights Code with examples of how it can be applied; and › 3) An introduction to Ontario's Human Rights System. HR101 can be taken as a pre-requisite module for all other modules offered by OHRC. <p>This is offered in multiple formats (audio, text/transcript, and visual) and in multiple languages including English and French. It has 3 components, plus pre- and post-learning quizzes to test yourself before and after taking the module. Each of the e-component is broken down to short segments highlighting a key point. Note: This introductory module is recommended as a pre-requisite for other e-Learning modules available through OHRC.</p>
Key Words:	Human Rights, Different Types of Discrimination, Basic Rights and Responsibilities, the Legal Framework in Ontario (Ontario Human Rights Code and the Ontario's Human Rights System), Human Rights and Discrimination within the Workplace, in the Community, and in Service Delivery
Recommended Audience:	Staff, Management, Board, Volunteers

How to Implement It:	Use this to help staff, board members, and/or volunteers learn about the basics of human rights in Ontario, and how to identify discrimination when it occurs in everyday situations. Have them take the e-module in their own time (takes about 45 to 60min), and follow up with a group discussion on what they learned, how it applies to their workplace, etc. Or, use this module to facilitate discussions about your organization’s internal policies, practices, and workplace interactions. This module can also complement the external focus on client service/care delivery that many “health equity” materials tend to emphasize.
Access:	Available online.
Language(s):	English, Français, Arabic, Spanish, Italian, Portuguese, Korean, Punjabi, Tagalog, Tamil, Vietnamese

50

WORKING TOGETHER: THE CODE AND THE AODA

FR

Creator:	Ontario Human Rights Commission (OHRC), Year: n.d.
Link:	OHRC Resources
Français:	Travailler ensemble : Le Code des droits de la personne de l’Ontario et la LAPHO
Format:	e-Learning video (20min, 5 parts)
Description:	This introductory video helps you learn about your rights and responsibilities under the Ontario Human Rights Code and the AODA (Accessibility for Ontarians with Disabilities Act), and how they affect you at work, in services and in housing. This 20-minute animated video is intended for the public, private and not-for-profit sectors in Ontario, and completes the training requirements for Section 7 of the Integrated Accessibility Standards of the AODA.
Specific Population(s):	People with disabilities
Key Words:	Human Rights, AODA (Accessibility for Ontarians with Disabilities Act), Accessibility, Disability, Duty to Accommodate, Legal Compliance, Integrated Accessibility Standards
Recommended Audience:	Staff, Management, Board
How to Implement It:	<p>Use this video to help staff, management, and board members learn about everyday accessibility issues and the legal compliance with ADOA and the Human Rights Code. Have them watch the video, and follow up with a group discussion on what they learned, how it applies to their workplace, etc. Or, use this module to facilitate discussions about your organization’s internal policies, practices, and workplace interactions.</p> <p>This video is divided into 5 parts, and takes about 20 minutes to view:</p> <ul style="list-style-type: none"> > 1. Introduction; > 2. The Code; > 3. Understanding the Duty to Accommodate; > 4. Applying Human Rights Principles; > 5. Compliance and Enforcement. <p>Note: OHRC recommends that you take the pre-requisite e-module “Human Rights 101” before taking this module.</p>

Access:	Available online.
Language(s):	English, Français

51

HUMAN RIGHTS AND THE DUTY TO ACCOMMODATE E-TRAINING

FR

Creator:	Ontario Human Rights Commission (OHRC), Year: n.d.
Link:	OHRC Duty to Accommodate E-Training
Français:	Les droits de la personne et l'obligation d'accommodement
Format:	e-Learning module (20-30min, 2 parts), with an a Webinar Q&A
Description:	This e-Learning module on “accommodation” is designed for the public, private and not-for-profit sectors, created by the Ontario Human Rights Commission. This helps you learn what accommodating means, why it’s important to remove barriers, about rights and responsibilities for accommodating, and the principles of accommodation in Ontario. It explains the “duty to accommodate” and the standard of “undue hardship”, and how accommodation is a shared responsibility. There is a recorded Q&A webinar that accompanies this e-module, available at http://www.ohrc.on.ca/en/qa-duty-accommodate
Key Words:	Human Rights, Duty to Accommodate, Undue Hardship, Principles of Accommodation in Ontario, Legal Compliance
Recommended Audience:	Staff, Management, Board (especially Management)
How to Implement It:	<p>Use this e-Learning module to help staff, board, and especially management learn about accommodation and the importance of removing barriers in everyday settings. Use this to learn about the ‘inclusive spirit’ of accommodation, as well as the legal requirements behind it. Have them take the module starting with the introduction, and follow up with a group discussion on what they learned, how it applies to their workplace, etc. Or, use it to facilitate discussions about your organization’s internal policies, practices, and workplace interactions in light of the principles of accommodation.</p> <p>The module has been divided into 2 parts, and takes about 20-30 minutes. To begin, click the optional pre-learning quiz or “The Code, Accommodation and Undue Hardship”. After completing the e-module, users can watch the recorded “Q&A” webinar on Duty to Accommodate (in English), at http://www.ohrc.on.ca/en/qa-duty-accommodate.</p>
Access:	Available online.
Language(s):	English, Français

52

REMOVING THE “CANADIAN EXPERIENCE” BARRIER WEBINAR

Creator:	Ontario Human Rights Commission (OHRC), Year: n.d.
Link:	OHRC Webinar
Format:	Recorded webinar (60min)
Description:	This recorded 1-hour webinar provides an overview of the OHRC’s policy on removing the Canadian experience barrier and related questions. It features a presentation using audio and graphics, and interactive Q&A from participants using text chat function. Closed Captioning is provided.
Specific Population(s):	Immigrants, Refugees, Internationally Trained Professionals
Key Words:	Human Rights, Labour Market Discrimination, Barriers to Employment, Canadian Experience
Recommended Audience:	Management, Hiring Managers, Board
How to Implement It:	Have hiring managers view this 1-hour webinar in their own time, then discuss how this applies to the organization’s hiring practices. Use this as a starting point to introduce this new OHRC policy into the organization’s human resources practices.
Access:	Available online.
Language(s):	English

53

PREVENTING DISCRIMINATION BECAUSE OF GENDER IDENTITY AND GENDER EXPRESSION



Creator:	Ontario Human Rights Commission (OHRC), Year: 2014
Link:	OHRC Resource
Français:	Prévention de la discrimination fondée sur l’identité sexuelle et l’expression de l’identité sexuelle
Format:	Recorded webinar (60min)
Description:	This recorded 1-hour webinar includes an overview of the OHRC’s policy on preventing discrimination because of gender identity and gender expression. There is a chat function for audience to ask questions. Closed Captioning is provided.
Specific Population(s):	Transgender people
Key Words:	Human Rights, Discrimination, Gender Identity, Gender Expression, Trans
Recommended Audience:	Staff, Management, Board, Volunteers

How to Implement It:	Use this recorded webinar as a resource to learn about discrimination based on gender identity and/or gender expression, and what organizations and individuals can do to prevent it. Use it to open conversations about what “gender”, “gender identity” and “gender expression” means for all of us, and how it affects our everyday interactions with each other, and how it might be exclusive or discriminatory.
Access:	Available online.
Language(s):	English, Français

54 GLOBAL LEARNING DEVICE ON SOCIAL DETERMINANTS OF HEALTH AND PUBLIC POLICY FORMULATION

Creator:	World Health Organization (WHO) and Pan-American Health Organization (PAHO), Year: 2009
Link:	WHO and PAHA Resource
Format:	E-Learning Course/Modules(4 units)
Cross-listed:	See more under “Social Determinants of Health”.



HEALTH EQUITY

This section provides the most overarching, foundational content necessary to understand what health equity is, why it is important, and how community health and social service practitioners can incorporate it into their work. It has three subsections: Training Resources for achieving Health Equity; Tools for Action on Health Equity; and Health Impact Assessment. Explore the resources in this section as a starting point if you are looking for general and/or introductory training resources on achieving health equity. These resources can be used by all staff, managers, board members and/or volunteers of your organization.

5.1 TRAINING RESOURCES FOR HEALTH EQUITY

55

HEALTHY PEOPLE, HEALTHY PLACES

FR

Creator:	Sudbury & District Health Unit, Year: 2014
Link:	Sudbury District Health Unit
Français:	Gens en santé, milieux sains
Format:	Website
Description:	This bilingual website offers information on community programs and resources about the specific health needs of youth, teens, adults, older adults, families, workers, and community. It is designed to support people in making healthy choices and effectively dealing with changes to their health and environment. The “Learn about the Social Determinants of Health and Social Inequities in Health” section offers great introductory resources on the topic.
Specific Population(s):	Families & Children (0-6 years); Youth (7-12);Teens; Adults; Older adults; and workers (working-age adults in the workplace).
Key Words:	Health Equity, Basic Concepts, Population Health, Life Course, Workers’ Health, Healthy Workplace
Recommended Audience:	Staff, Management, Board, Volunteers

How to Implement It:	<p>Explore the website to access various educational information and resources. Each section focuses on specific age groups and their health: (1) Families & Children (0-6 years); 2) Youth (7-12); 3) Teens; 4) Adults; 5) Older adults), and 6) Workplaces.</p> <p>The “At Work” section offers a unique resource that links “health equity” to the internal environment of your organization as a workplace. This is an important part of promoting “health equity”, because the workplace has a powerful impact on the health of its workers. When people feel healthy, they are more satisfied with their work and more productive. Use this section to access information for workplaces (employers) on how to create a work environment that promotes employee wellness, and for workers on how to improve their health.</p>
Access:	Available free online for for personal, informational and non-commercial purposes. © 2004 Sudbury & District Health Unit. All Rights Reserved.
Language(s):	English, Français

56

LEARN ABOUT THE SOCIAL DETERMINANTS OF HEALTH AND SOCIAL INEQUITIES IN HEALTH

FR

Creator:	Sudbury & District Health Unit, Year: 2014
Link:	Sudbury District Health Unit
Format:	Website
Français:	Renseignez-vous sur les déterminants de la santé et les iniquités sociales en santé
Description:	This section of the SDHU’s website offers educational information and resources on health equity and social determinants of health. Many of the resources here can be used as training materials for staff. (Note: Some of these resources are included as separate entries on this resource list.)
Key Words:	Health Equity, Social Determinants of Health, Health Inequities, Basic Concepts
Recommended Audience:	Staff, Management, Board
How to Implement It:	<p>Explore the website to access various information and training resources on the topic. These include:</p> <ul style="list-style-type: none"> > Definitions; > Let’s Start a Conversation About Health...and Not Talk About Health Care at All” (video); > 10 Promising Practices Fact Sheets; > Social Determinants of Health: The Canadian Facts; > The Most Important Things You Need to Know; > Priority Populations Primer; > Jason’s Story; and
How to Implement It:	<p>Other Resources such as</p> <ul style="list-style-type: none"> > Actions Taken by The Health Unit, and > Tools and Resources used by SDHU

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Language(s):	English, Français

57

HEALTH EQUITY 10 PROMISING PRACTICES FACT SHEETS

FR

Creator:	Sudbury & District Health Unit, Year: 2012
Link:	Sudbury District Health Unit
Français:	Fiche de renseignements sur les 10 pratiques prometteuses
Format:	10 Fact Sheets (PDF, 4 pages each)
Description:	These short fact sheets highlight the ten (10) practices that are promising in their potential to reduce social inequities in health in our communities. These were identified by the Sudbury & District Health Unit as part of a Canadian Health Services Research Foundation Fellowship (Executive Training in Research Application – EXTRA). These fact sheets are designed to help public health practitioners and our community partners apply each of the 10 Promising Practices at the local public health level, to reduce social inequities in health.
Key Words:	Implementing Health Equity, Promising Practices
Recommended Audience:	Public Health Practitioners and Community Partners
How to Implement It:	<p>Access the fact sheets from the website in English and French. Review and discuss any of the 10 fact sheets as part of a planning meeting, discussion, or training session with the board, management, staff members and/or volunteers on how “health equity” can be put into practice in your organization.</p> <p>The topics are: • 1. Targeting With Universalism; • 2. Purposeful Reporting; • 3. Social Marketing; • 4. Health Equity Target Setting; • 5. Equity-Focused Health Impact Assessment; • 6. Competencies/Organizational Standards; • 7. Contribution to the Evidence Base; • 8. Early Childhood Development; • 9. Community Engagement; • 10. Intersectoral Action.</p>
Access:	Available free online for for personal, informational and non-commercial purposes. © 2004 Sudbury & District Health Unit. All Rights Reserved.
Language(s):	English, Français

58 HEALTH EQUITY

Creator:	Winnipeg Regional Health Authority, Year: n.d.
Link:	Winnipeg Regional Health Authority
Format:	Website, with a wide range of training and educational resources
Description:	The Winnipeg Health Region's website contains a section dedicated to "Health Equity", under the motto "Health for All: We're In This Together". It offers useful information, educational materials, and resources and links to help health professionals and community partners close the health gaps among the local populations in the region. There is an additional section on Aboriginal Health Programs on the website. (Note: Some of the resources available from this site are included as separate entries on this resource list.)
Specific Population(s):	Vulnerable populations; Aboriginal Peoples
Key Words:	Health Equity
Recommended Audience:	Staff, Management, Board
How to Implement It:	<p>Explore the website to access information and training resources on "Health Equity". These include:</p> <ul style="list-style-type: none"> > What's new; > Health for All Building Winnipeg's Health Equity > Action Plan; > WRHA Health Equity Resources; > Health Equity Links; and > Health Equity Action Examples. <p>The Aboriginal Programs section includes: Health Services, Workforce Development, and Health Education: http://www.wrha.mb.ca/aboriginalhealth/index.php.</p>
Access:	Available free online, for personal and non-commercial use. © WRHA.
Language(s):	English (French website exists, but not this section on "Health Equity")

59 PROMOTING HEALTH EQUITY: OPERATIONAL GLOSSARY

Creator:	Winnipeg Regional Health Authority, Year: 2012
Link:	Winnipeg Regional Health Authority
Format:	Glossary (PDF, 29 pages), with an accompanying diagram (PDF, 1 page)

Description:	<p>This user-friendly glossary covers the operational or functional descriptions of terms relevant to promoting “health equity”. The Winnipeg Health Region developed this to ensure a common understanding and consistent use of terminology within the region. As a “living document”, other relevant terms may be added over time. The glossary covers key concepts and approaches used in health equity (e.g., equity, health equity, determinants of health), as well as terms specific to populations often targeted in health equity initiatives.</p> <p>As an accompanying resource, you can access an additional diagram of “health equity” as a framework of governance and action as adopted by the Winnipeg Regional Health Authority from their website.</p>
Specific Population(s):	Includes terms used to refer to specific populations
Key Words:	Health Equity Promotion, Key Concepts and Terms
Recommended Audience:	Staff, Management, Board
How to Implement It:	<p>This Glossary (and the accompanying framework diagram) can be circulated as a resource to staff, board, or volunteers, or be used as part of a facilitated training session.</p> <p>Access the visual diagram at http://www.wrha.mb.ca/about/healthequity/files/FrameworkforHealthEquity.pdf.</p>
Access:	Available free online. See more at http://www.wrha.mb.ca/site/disclaimer.php .
Language(s):	English

60

HEALTH EQUITY ACTION - EXAMPLES

Creator:	Winnipeg Regional Health Authority, Year: n.d.
Link:	Winnipeg Regional Health Authority
Format:	Website with case scenarios (HTML text, video, photos, links to local news articles and related websites, etc.)
Description:	<p>This section of the WHRA website presents concrete examples of real-life health equity actions from the Winnipeg Health Region, intended to inspire action by all health service providers and organizations in the community. The examples come with an opening paragraph that frames why health equity is important, and how to make it a reality through small everyday actions by local individuals and organizations.</p>
Specific Population(s):	Innecity, homeless, vulnerable babies
Key Words:	Implementing Health Equity, Real-life Examples
Recommended Audience:	Staff, Management, Board
How to Implement It:	<p>Use these real-life scenarios to help staff and board gain a concrete understanding of what “health equity” looks like in practice, or to stimulate planning discussions. Use these at team discussions at various levels of the organization, or to encourage collaborative actions with community partners and volunteers.</p>
Access:	Available free online, for personal and non-commercial use. © WRHA.
Language(s):	English

61 LET'S START A CONVERSATION ABOUT HEALTH...AND NOT TALK ABOUT HEALTH CARE AT ALL

FR

Creator:	Sudbury & District Health Unit, Year: 2011
Link:	Watch video here
Language(s):	English, Français
Français:	Engageons une conversation sur la santé... sans jamais parler de soins de santé GUIDE D'UTILISATION
Format:	Video (5min) and discussion guides (24 pages)
Description:	<p>This 5-minute educational video comes with a User's Guide (24 pages). Through the example of Anita's health, the video explains why "health" is about much more than having access to medical care, and how everyone has different opportunities for health based on their social and economic conditions. It describes actions that different non-health sectors can take, and encourages everyone – teachers, builders, dads, nurses, business women, students, politicians – to start a conversation about health in this broad sense.</p> <p>The "Guide" explains how to use this video to facilitate conversations about health and health equity in plain language. It provides a summary of key messages from the video, tips, glossary, FAQs and answers, health statistics for Halton area, etc. The Guide also provides a more detailed explanation on how different social factors affect health.</p>
Key Words:	Health Equity, Health Disparities, Social Determinants of Health, Plain Language Conversation, Awareness Building, Staff Engagement
Recommended Audience:	Staff, Management, Board, and especially those who do not work in health/medical services.
How to Implement It:	Use the video and the Guide as an introductory resource to frame "health" in a broad sense that includes (and requires) positive action by everybody, including those who do not work directly in "medical" professions. Show the video, and lead and participate in conversations about health equity and social determinants of health in plain language. Use these tools to raise people's awareness about the importance of taking an organization-wide, community-wide, system-wide, and inter-sectoral approach to health.
Access:	Available free online. © 2011 Sudbury & District Health Unit. This resource may be reproduced, for educational purposes, on the condition that full credit is given to the Sudbury & District Health Unit. This resource may not be reproduced or used for revenue generation purposes.

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“LET’S TALK” SERIES

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2013-14
Link:	NCCDH Resource
Français:	La série « Parlons-en »
Format:	Online discussion guide series
Description:	<p>The “Let’s Talk” series is a small collection designed to promote discussion and understanding of how key concepts in “health equity” apply in public health practice. Each release comes with a short PDF brochure, with key information and discussion guides in plain language. The discussion questions are designed to spark dialogue, reflection, and action – in lunch room and staff meeting settings – to address the “social determinants of health”.</p> <p>As supplementary learning resources, NCCDH offers interactive webinars on this series, in English and French.</p>
Key Words:	Health Equity, Awareness Building, Social Determinants of Health, Public Health, Staff Engagement, Plain Language Conversation
Recommended Audience:	Staff, Management, Board (and Volunteers)
How to Implement It:	Use this series to as part of training and awareness-building exercises for staff, management and board, and to facilitate team discussions on the topic of “health equity”. See more under each entry from the series on this list (8.1 – 8.5).
Access:	Available free online. Cite information contained in this resource as follows: National Collaborating Centre for Determinants of Health. (2013). Let’s talk: Health equity. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.
Language(s):	English, Français

63

LET’S TALK... HEALTH EQUITY

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2013
Link:	NCCDH Resource on Health Equity
Français:	L'équité en santé : Parlons-en
Format:	PDF brochure with discussion guides (4 pages) (interactive webinars also available)
Description:	This is the first in the “Let’s Talk” series by NCCDH, and explores the concept of “health equity” and how it applies to public health practice. It offers explanations to clarify the meaning of related terms (e.g., “health inequity” and “health inequality”). The discussion questions at the end are designed to spark dialogue, reflection, and action – in lunch room and staff meeting settings – to address the “social determinants of health”.
Specific Population(s):	

Key Words:	Health Equity, Awareness Building, Staff Engagement, Key Concepts and Terminology, Public Health, Social Determinants of Health, Health Disparities, Health Inequities, Health Inequalities, Social Inequalities, Social Justice
Recommended Audience:	Staff, Management, Board
How to Implement It:	Use this resource to: <ul style="list-style-type: none"> › 1) Learn how terms like “health inequalities”, “social inequalities in health”, and “health inequities” are used in public health practice; › 2) Initiate discussions about how social justice values apply to public health work; › 3) Explore key health equity concepts with your colleagues.
Access:	Available free online. See “Let’s Talk Series” for how to cite this resource.
Language(s):	English, Français

64

LET’S TALK... PUBLIC HEALTH ROLES FOR IMPROVING HEALTH EQUITY

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2013
Link:	NCCDH Resource
Français:	Le rôle de la santé publique dans l’amélioration de l’équité en santé : Parlons-en
Format:	PDF brochure with discussion guides (4 pages) (interactive webinars also available)
Description:	“Let’s Talk” series offers public health organizations a framework for reflection and action. The public health roles speak to four (4) categories of action that can guide an organization’s efforts to reduce disparities in health. It offers tips for action in day-to-day work settings, as well as concrete examples of effective action in each of the roles, from organizations across the country.
Key Words:	Health Equity, Awareness Building, Staff Engagement, Key Concepts and Terminology, Public Health, Social Determinants of Health, Health Disparities, Health Inequities, Health Inequalities, Social Inequalities, Food Security, Organizational Capacity, Social Justice
Recommended Audience:	Staff, Management, Board, Public Health practitioners who want to look at a broader range of activities that can reduce health inequities
How to Implement It:	Use this resource to: <ul style="list-style-type: none"> › 1) Build a strategic framework for your organization’s health equity work; › 2) Assess the areas of action where your organization is strong, and where it could devote more attention; › 3) Encourage public health employees to look at the broad range of activities that can help reduce social inequities in health; › 4) Spark dialogue and action in lunch room and staff meeting settings.
Access:	Available free online. See “Let’s Talk Series” for how to cite this resource.
Language(s):	English, Français

65

LET'S TALK... UNIVERSAL AND TARGETED APPROACHES TO HEALTH EQUITY

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2013
Link:	NCCDH Resource
Français:	Démarches ciblées et universelles en matière d'équité en santé : Parlons-en
Format:	PDF brochure with discussion guides (4 pages) (interactive webinars also available)
Description:	This release in the "Let's Talk" series explores the approaches public health organizations use to close the gap between the most and least healthy, and reduce disparities all along the socio-economic status gradient. This is designed as a discussion guide for decision makers and practitioners who want to talk about when and why to use a universal, targeted, or proportionate universal approach, or some combination of them. It includes definitions (e.g. "health gap", "health gradient"), examples and questions to guide group discussion.
Key Words:	Health Equity, Awareness Building, Staff Engagement, Key Concepts and Terminology, Public Health, Social Determinants of Health, Health Disparities, Socio-Economic Status Gradient, Universalism, Targeted Approach, Targeted Universal Approach, Proportionate Universal Approach
Recommended Audience:	Staff, Management, Board, Decision Makers and Practitioners who want to talk about when and why to use a universal, targeted, targeted universal, or proportionate universal approach – or some combination.
How to Implement It:	Use this resource to: <ul style="list-style-type: none"> > 1) Reflect on the values, assumptions, and evidence underlying public health programs and policy decisions; > 2) Consider how the design of a public health intervention can narrow or widen the health gap; > 3) Consider the strengths and challenges of targeted, universal, targeted universal, and proportionate universal approaches to public health interventions; > 4) Spark dialogue and action in lunch rooms and staff meeting settings.
Access:	Available free online. See "Let's Talk Series" for how to cite this resource.
Language(s):	English, Français

66

LET'S TALK... POPULATIONS AND THE POWER OF LANGUAGE

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2014
Link:	NCCDH Resource
Français:	Les populations et le pouvoir du langage... Parlons-en
Format:	PDF brochure with discussion guides (4 pages) (interactive webinars also available)

Description:	This release in the “Let’s Talk” series explores the “language” public health practitioners and organizations use to label populations that are identified by their social, economic, geographic or other demographic characteristics. This 4-page document examines how “terminology” influences the way we frame problems and solutions, make decisions, and implement activities that seek to reduce inequities between groups.
Description:	This is a discussion guide for practitioners who want to talk about choosing terms that positively describe and empower the population groups they refer to. It includes some widely-used terms (e.g., marginalized, vulnerable, priority population), principles and key considerations to guide the language we use, and questions for group discussion.
Specific Population(s):	Marginalized, Vulnerable, or Priority Populations
Key Words:	Health Equity, Awareness Building, Staff Engagement, Use of Language and Terminology, Assumptions and Values, Labels for Target Populations
Recommended Audience:	Staff, Management; Practitioners who want to talk about choosing terms that positively describe and empower the population groups they refer to
How to Implement It:	Use this resource to: <ul style="list-style-type: none"> › 1) Reflect on the values and assumptions underlying our choice of language in public health; › 2) Consider how the words we use can support or hinder our efforts to reduce health inequities; › 3) Consider the strengths and challenges of using specific terms to identify particular populations; › 4) Spark dialogue and action in lunch room and staff meeting settings.
Access:	Available free online. See “Let’s Talk Series” for how to cite this resource.
Language(s):	English, Français

67

LET’S TALK...MOVING UPSTREAM

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2014
Link:	NCCDH Resource
Français:	Se diriger vers l’amont... Parlons-en
Format:	PDF brochure with discussion guides (4 pages) (interactive webinars also available)
Description:	“Let’s Talk” series defines and illustrates three (3) levels where public health can intervene to reduce health disparities: <ul style="list-style-type: none"> › 1) Downstream to address immediate health needs; › 2) Midstream to address material circumstances such as housing and employment; › 3) Upstream to advocate for greater fairness in power structures and income.

Description:	This 4-page guide argues that we can adopt an “upstream attitude” by being alert to the social determinants of poor health, whether we work in direct service, management or policy. It suggests ways by which public health staff can contribute to an upstream shift. For example, we can challenge our assumptions about the causes of health and illness, and develop our skills in partnership building, advocacy, and community organizing.
Key Words:	Health Equity, Awareness Building, Staff Engagement, Advocacy, Key Concepts and Terminology, Public Health, Social Determinants of Health, Root-Causes of Disparities (“the causes-of-the-causes”), Power Structures, Public Health Interventions at Down-, Mid- and Upstream, Community Engagement, Social Justice
Recommended Audience:	Staff, Management, Board, Volunteers and Community Partners; Those working in Direct Service, Policy, or other areas of the organization
How to Implement It:	<p>Use this resource to:</p> <ul style="list-style-type: none"> › 1) Consider the breadth of public health’s mandate to prevent disease; › 2) Reflect on ways you and your organization can address the causes-of-the-causes; › 3) Learn about ways that public health is working with organizations outside of health to improve the conditions that affect our health; › 4) Spark dialogue and action in lunch room and staff meeting settings. <p>Use the discussion questions to help public health staff examine their work in terms of its upstream, midstream or downstream placement, and think of ways to more fundamentally address why some populations are healthier than others.</p>
Access:	Available free online. See “Let’s Talk Series” for how to cite this resource.
Language(s):	English, Français

68

NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH - WORKSHOPS & EVENTS

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: Ongoing
Link:	NCCDH Resource
Français:	Centre de collaboration nationale des déterminants de la santé – Ateliers et activités
Format:	Webinars, workshops, events, with pre-reading materials posted online
Description:	NCCDH offers webinars, workshops and events on an ongoing basis on topics related to “health equity” and “social determinants of health”. Sessions are offered in English and French, with some available in French only, or English only. Some webinars are interactive supplements to the printable materials published by NCCDH, such as the “Let’s Talk series” (also available in PDF forms, included above on this list).
Key Words:	Health Equity, Social Determinants of Health, Health Policy, Professional Development Resources and Opportunities for Health Practitioners
Recommended Audience:	Staff, Management, Board

How to Implement It:	Check upcoming in-person workshops, conferences and webinars on the website. Register online, by creating an account at http://www.chnet-works.ca/ . Pre-reading materials for the webinars are posted online.
How to Implement It:	Recent webinar topics include: <ul style="list-style-type: none"> › “Leveraging Opportunities for Public Health Action to Advance Health Equity”, › “How Has Public Health Action on Health Equity Changed over the Last Three Years?”; › “Where Are the Resources to “Move Upstream” in Public Health Work?”
Access:	Available online.
Language(s):	English, Français

69

CHNET-WORKS! FIRESIDE CHATS

FR

Creator:	CHNET-Works! (Community Health Networking – Works!), Year: Ongoing
Link:	CHHET Resources
Français:	CHNET-Works! Fireside Chats
Format:	Website, with access to webinars and online discussion forum
Description:	<p>Community Health Networking – Works! (CHNET-Works!) is an affiliate with the Population Health Improvement Research and the Canadian Health Human Resources Networks. It is a pan-Canadian knowledge exchange tool supporting dialogue and translation to support the development of evidence informed policies, programs and services. Fireside Chats are free discussion forums for professionals in population health improvement and stakeholder sectors, aimed at:</p> <ul style="list-style-type: none"> › 1) Linking Practitioners, Researchers and Policy/decision makers; › 2) Sharing leading edge research and application; and › 3) Supporting discussions, networking and mobilization.
Key Words:	Community Health, Population Health, Professional Development, Networking, and Knowledge Exchange
Recommended Audience:	Professionals Working in Population Health Improvement and Stakeholder Sectors, Researchers and Policy/decision makers
How to Implement It:	<p>Sign up for free to join in the Chats and dialogues via telephone and internet. To register, 1) Create a login account, and log in using your email and password. 2) From the list of “Upcoming Fireside Chats”, select the topic and Click ‘register’. 3) Receive access instructions via an automatic confirmation email.</p> <p>Follow the 3 steps to join in a Chat. 1) Download the backup PowerPoint presentation, posted on the day of the Chat. 2) Join in the toll free teleconference to hear the presentations. 3) Join in the Internet Conference to see the presentation, to post comments/questions, and to see those posted by your colleagues from across Canada.</p>

How to Implement It:	Recent topics include: <ul style="list-style-type: none"> > Funding and Remuneration Models that better Optimize Health Professional Scopes of Practice; > How to Better Understand and Support Older Workers with Caregiving Responsibilities in the Workplace; > Identifying the Service Needs of Urban Aboriginal Women Dealing with Co-morbid Diabetes, Mental Health and Addiction Issues.
Access:	Available free online.
Language(s):	English, some in French

70

ARE YOU AN ALLY? CAMPAIGN

FR

Creator:	Mount Sinai Hospital, Year: 2013
Link:	Mount Sinai Resources
Français:	(Videos are available in French). Click on “French” under each video at Mount Sinai Resources
Format:	Website, with 1 e-Learning module, 6 videos with discussion guides (PDF), and additional resources. Videos available in multiple formats (Closed Captioning and audio descriptions)
Description:	<p>Developed by Mount Sinai Hospital in Toronto, the “Are You an ALLY?” Campaign website offers a variety of learning tools on how to act as an “ally” for people who experience discrimination. These educational tools help you learn how to interrupt discrimination or harassment which impacts our employment and the quality of and access to our health care.</p> <p>The e-Learning Module covers key concepts in “health equity”, and features a glossary and interviews with real-life health professionals. The six (6) “ALLY videos” are designed to help you better understand the perspectives of people who experience discrimination. Each video comes with printable discussion questions, and additional information for further learning. Videos are available in English and French, and in accessible multiple formats.</p>
Specific Population(s):	<ul style="list-style-type: none"> > 1) People with Mental Health Issues; > 2) People who are Lesbian, Gay, and Bisexual; > 3) People who are Trans, Intersex, and Two-Spirit; > 4) People with Disabilities; > 5) People who are Racialized
Key Words:	Health Equity, Key Concepts, Ally, Human Rights, Discrimination and Harrassment, Impact on Workplace, Impact on Quality of Care (Cross-Listed under: “Anti-Oppression”; “Cultural Competence – General” and “– LGBTQ”)
Recommended Audience:	Staff, Management, Board, Volunteers

How to Implement It:	Use this website to access ready-to-use learning tools on how discrimination and harassment impact the quality of care to patients, as well as the quality of the workplace for employees. Show the video(s) as part of meetings or training sessions, and use the discussion questions to facilitate conversations on how we can act as an ally in everyday settings. Or, have individual staff take the e-Learning module in their own time, and follow up with group discussions on what they learned, and how it applies to their workplace.
Access:	Available free online for educational purposes only. You must cite Mount Sinai Hospital as the source of the original material with an appropriate credit line, e.g. "Reproduced with the permission of Mount Sinai Hospital". Any commercial or other use of the materials is strictly prohibited without the prior written consent of Mount Sinai Hospital. Contact: humanrights@mountsinai.on.ca .
Language(s):	English, Français

71

UNNATURAL CAUSES: IS INEQUALITY MAKING US SICK?

Creator:	PBS (Produced by California Newsreel with Vital Pictures, Inc., presented by the National Minority Consortia of Public Television), Year: 2008
Link:	Watch the movie here
Format:	Film series (7 films, 30-60min each), with educational resource website (Learning Objectives, Discussion Guides, Transcripts (PDF), and Action Tools)
Description:	<p>This educational website is built around a PBS documentary film series "UNNATURAL CAUSES" about health inequities in the U.S. It contains 7 films, each accompanied with clearly defined learning objectives, transcripts, and discussion guides. The website offers a wide range of support materials to help you use the films to educate, organize, and advocate for health equity with different audiences. It is an American resource, but the content is highly relevant to Canadian audience.</p> <p>This series was used in the Health Equity Campaign by the California Endowment, which brought together health departments and others in their jurisdictions to host community dialogues about "health equity".</p>
Specific Population(s):	Race, class, gender - African Americans, Native Americans, White Americans, Immigrants, Latinos, Americans living below poverty line.
Key Words:	Health Equity, Health Inequities in the US, Anti-Oppression, Health Disparities (by class, race, immigration status), Root Causes, Power Structures, Popular Education, Awareness Building, Advocacy, Community Mobilization.
Cross-listed:	Under "Anti-Oppression"
Recommended Audience:	All Levels of Staff, but especially Board and Program Managers
How to Implement It:	Use the ready-to-use materials on this website as an introductory education tool to help people understand the "structural" causes of health disparities among populations, in a concrete way. Show the video clips, and follow up with discussions using the Discussion Guide. Use the additional "Action Tools" on the website to support media advocacy and community mobilization efforts to address inequities in the local community.

Film titles include:	<ol style="list-style-type: none"> 1. "In Sickness and In Wealth" (56 min). How does the distribution of power, wealth and resources shape opportunities for health?; 2. "When the Bough Breaks" (29 min). Can racism become embedded in the body and affect birth outcomes?; 3. "Becoming American" (29 min). Latino immigrants arrive healthy, so why don't they stay that way?; 4. "Bad Sugar" (29 min). What are the connections between diabetes, oppression, and empowerment in two Native American communities?; 5. "Place Matters" (29 min). Why is your street address such a strong predictor of your health? (This episode is available as a stand-alone DVD with English, Lao, Hmong, Vietnamese, Mandarin and Cantonese audio, as well as English and Mandarin subtitles.); 6. "Collateral Damage" (29 min). How do Marshall Islanders pay for globalization and U.S. military policy with their health?; 7. "Not Just a Paycheck" (30 min). Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?
Access:	Available free online (DVD of the films is available for purchase).
Language(s):	English (1 episode has Lao, Hmong, Vietnamese, Mandarin and Cantonese audio, and English and Mandarin subtitles)

72 THE ROOTS OF HEALTH INEQUITY: A WEB-BASED COURSE FOR THE PUBLIC HEALTH WORKFORCE

Creator:	National Association of County and City Health Officials (NACCHO) (USA), Year: 2011
Link:	NACCHO Resources
Format:	e-Learning Course (5 units, 15-30 hours), with additional resources from the website
Description:	<p>This free, 15-to-30 hour e-Learning course is intended for an American public health audience to learn about the "root causes of inequity" concerning disease, illness, and death, and different aspects of social justice as it relates to public health. The course is rooted in US politics and culture, but the Social Determinants of Health (SDOH) concepts and issues discussed are highly relevant for Canadian practitioners.</p> <p>This course grounds participants in the concepts and strategies to help them take effective action. Participants will: •1) Explore social processes that produce inequities in the distribution of illness; •2) Strategize effective ways to act on the "root causes" of health inequity; and •3) Form relationships with other local health departments that are working to improve health equity. Each of the 5 units provides an in-depth look at a specific topic, and features interactive maps, timelines, slideshows, resource libraries, videos, and interviews with real-life practitioners.</p> <p>The accompanying website comes with visual guides on how to use this e-Learning course.</p>

Key Words:	Health Equity, Key Concepts, Root Causes, Social Determinants of Health, Social and Political Causes of Health Disparities in the US, Social Justice, Strategies for Action
Recommended Audience:	Public Health Audience in the U.S., but also in Canada
How to Implement It:	<p>This course is intended to be taken together by a workplace group (rather than by individual employees). Each group selects a leader/administrator who moderates the face-to-face discussions, as well as activities in the online-community area (where goals, deadlines, meetings and an overall schedule are posted). Individuals can follow the course by creating a one-person group, or by joining a general group. Access links to the course units from a group page. 1) Create an account. 2) Login. 3) Click a title under “Units” to begin the course.</p> <p>This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH.</p>
Access:	Available free online. © 2014 NACCHO.
Language(s):	English

73

HEALTH NEXUS

FR

Creator:	Health Nexus Santé, Year: n.d.
Link:	Health Nexus Resources
Français:	Nexus Santé
Format:	Resource organization (offers a resource website, facilitated webinars, workshops, self-directed online training modules; conferences)
Description:	Health Nexus Santé is a Toronto-based organization that offers bilingual training options on “health promotion”, “health equity”, “maternal and child health”, “community development” and “healthy public policy”. It is part of the Ontario-based consortium “HC Link”. Their website has useful resources, including the sections on “Health Equity”; “Inclusion”; “Poverty”; “Social Determinants of Health”; and “Minority and Vulnerable Populations”. Health Nexus offers training workshops and webinars on topics related to health equity to organizations across Ontario.
Specific Population(s):	Various vulnerable populations in Ontario (including Aboriginal, Francophone, and Newcomer populations)
Key Words:	Health Promotion, Health Equity, Social Determinants of Health, Inclusion, Vulnerable Populations
Recommended Audience:	Staff, Management, Board, and Volunteers working in Health Promotion (e.g., Staff and Volunteers of Public Health Units, Community Health Centres, Voluntary Health Organizations, Community Coalitions and Workgroups); People Working in Human and Social Services, Recreation and Education; and Anyone working to implement health promotion strategies in Ontario.

How to Implement It:	Explore Health Nexus Santé website to access various resources, information, reports, tools, etc. For information on webinars and workshops, visit the events page or contact at info@healthnexus.ca .
Access:	Some available online and some in person. Some services are free of charge. © 2014 Health Nexus.
Language(s):	English, Français, and some links to resources in other languages

74

THE BODY OF HEALTH EQUITY STAFF STREAM TRAINING

Creator:	PARTERA, Year: 2014
Link:	PARTERA
Format:	Facilitated On-Site Training Workshops (3 modules)
Description:	<p>PARTERA offers a pre-packaged training called “The Body of Health Equity”, designed especially for Community Health Centres and partners in Ontario. This training aims to strengthen the Centre’s commitment to “health equity” as an ongoing practice. It combines the “internal” focus on the organizational structures and practices (e.g., policy, planning, HR practice, staff’s personal values and attitudes) and the “external” focus on the community and clients, along with the broader policy context (e.g., Ministry, LHIN).</p> <p>The training is designed for staff and board and includes 3 modules, delivered over 4-5 days: 1) The HEAD (Information) (1 day), 2) The HEART (Attitude) (1-2 days), 3) The FEET (Capacity) (1 day).</p>
Specific Population(s):	People with disabilities
Key Words:	Health Equity, Social Determinants of Health, Anti-Oppression, Anti-Racism/Anti-Discrimination and Cultural Competence, Organizational Capacity Building for HE, Organizational Change, Community Engagement, HEIA, Measuring Change, Legislative Context. Cross-listed under: Anti-Oppression.
Recommended Audience:	Staff, Management, Board
How to Implement It:	<p>To book the Health Equity training session(s) for your agency and/or for your partners, contact Executive Director Lee A. McKenna at info@partera.ca or 416 436 3257. Partera travels to your site, and customizes the training for your needs.</p> <p>The details of the modules are</p> <p>1 The HEAD: •1) An Introduction to Health Equity: a) Definitions and Concepts; b) Community Engagement and the Social Determinants of Health; c) The Enabling legislation, the Ministry, your LHIN. 2 •) Putting it into Practice: a) Developing concrete objectives; b) Using the HEIA Tool). •2 The HEART: Health Equity: Taking it to the Shop Floor; •3 The FEET: •1) Building Capacity; •2) Measuring Change.</p>
Access:	For a fee (Please inquire).
Language(s):	English

75

COLLABORATION AND PARTNERSHIPS FOR HEALTHY COMMUNITIES

Creator:	Ontario Healthy Communities Coalition (OHCC) / Coalition des communautés en santé de l'Ontario (CCSO), Year : n.d.
Link:	OHCC Resource
Format:	E-Learning Module/Course (7 modules)
Description:	<p>This free e-Learning course is designed to help health promotion practitioners and community activists engage in and support the work of "collaboration" more effectively. This course was developed by Ontario Healthy Communities Coalition (OHCC), funded by the Ontario Ministry of Health Promotion (MHP).</p> <p>The 7 modules cover the key elements of collaboration in:</p> <ul style="list-style-type: none"> > 1) Introduction; > 2) Determining the Need; > 3) Motivation to Collaborate; > 4) Identifying the Members – Who Should Belong?; > 5) Collaborative Planning; > 6) Building an Organization; > 7) Evaluating Effectiveness.
Key Words:	Collaboration and Community Partnerships in Health Promotion, Community Engagement, Organizational Capacity Development
Recommended Audience:	Staff working in Health Promotion; Management and Board
How to Implement It:	Visit the website, and click through the modules starting from "Introduction" to take the course. Login or register to post comments online. The modules can be printed out.
Access:	Available free online, for non-commercial purposes. Lincensed under Creative Commons Attribution-NonCommercial-NoDerivs 2.0 License Canada (CC BY-NC-ND 2.0 CA). If reproducing in part only, credit Joan Roberts & The Ontario Healthy Communities Coalition. See more at http://creativecommons.org/licenses/by-nc-nd/2.0/ca/ .
Language(s):	English

76

CULTURAL HUMILITY: PEOPLE, PRINCIPLES AND PRACTICES

Creator:	Vivian Chavez (Health Education, San Francisco State University), Year: 2012
Link:	Watch Video here
Format:	Documentary film (30min, available in 4 segments (3.5-10min each))

Description:	<p>This 30-minute documentary explains what “Cultural Humility” is, and why we need it to address health disparities and institutional inequities in the healthcare system. As a framework, Cultural Humility is used in public health, social work, education, and non-profit management as a method of communal reflection to analyze the root causes of suffering, and of creating a broader, more inclusive view of the world.</p> <p>The film outlines the 3 principles in Cultural Humility, which guide our thinking and behaviour at individual and institutional levels, and in turn affect interpersonal relationships and systems change (i.e. • Lifelong learning and critical self-reflection; • Recognizing and changing power imbalances; • Institutional accountability). Through the stories of partnerships between community members, practitioners, and academics, the film encourages us to realize our own power, privilege, and prejudices, and be willing to accept that education and credentials alone are insufficient to address social inequality.</p>
Key Words:	Cultural Humility in Medicine, Health Equity, Health Disparities, Critical Self-Reflection, Power Imbalances, Privilege, Prejudice, Inter-Personal Relationships, Trust-Building, Community Engagement, Institutional Accountability, Systems Change.
Cross-listed:	under “Cultural Competence” and “Anti-Oppression”.
Recommended Audience:	Staff, Management, Board, Volunteers, Community Partners; Health and Social Service Providers, Students, Organizers, Policy Makers and Professionals in Public Health, Medicine, Nursing, Social Work, Psychology, and Education
How to Implement It:	<p>The film is available in whole (30min) or in the four (4) short segments on YouTube. Show it in whole or one or some of the segments, and follow up with a discussion. The showing can be done over a period of time as a learning and discussion series. Use this as an introduction (invitation) to critical self-reflection of power imbalances and our roles in it, and their connection to health disparities within the healthcare system.</p> <p>Each segment highlights the following themes: 1) Cultural Humility – People, Principles and Practices (7 min); 2) Cultural Humility – History, Poetry, Power and Privilege (8 min); Part 3) Cultural Humility in Community Based Participatory Research & Education (10 min); Part 4) Closing Reflections (3.5 min).</p>
Access:	Available free online, for non-commercial purposes. Licensed under Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported (CC BY-NC-ND 3.0) License. © 2012 Vivian Chavez. See more at https://creativecommons.org/licenses/by-nc-nd/3.0/ .
Language(s):	English

5.2 TOOLS FOR ACTION ON HEALTH EQUITY

77 KNOWLEDGE EXCHANGE - HEALTH EQUITY

Creator:	Centre for Addiction and Mental Health, Year: 2009
Link:	CAMH Resource
Format:	Website, with resources and e-Learning Courses/Modules
Description:	This section of the Centre for Addiction and Mental Health (CAMH) website offers information, resources and links related to “health equity”, especially for immigrants, refugees, and ethnocultural communities in the mental health service context in Ontario. Online training courses and video tutorials are available in English and French.
Specific Population(s):	Immigrants, refugees and ethnocultural communities in Ontario
Key Words:	Health Equity, Mental Health, Mental Health Services
Recommended Audience:	Staff, Management, Board, and Volunteers who work with immigrants, refugees and ethnocultural communities, especially in Mental Health Service Context
How to Implement It:	Explore this website to access various information and ready-to-be-used training resources. These include: • Health Equity Resources, • Working with Immigrants, Refugees & Ethnoracial Communities, • The Refugee Mental Health Project / Projet sur la santé mentale des réfugiés, • Resources for Health Care Interpreters, • Health Equity Impact Assessment (HEIA) Online Course/Évaluation de l’impact sur l’équité en matière de santé (EIES) – Cours en ligne, • HEIA Community of Interest (CoI), • Mental Health Interpreter Training, • Online Tutorial: Working with interpreters in a clinical setting, • Refugee Mental Health Toolkit
Access:	Available online. ©2009 Centre for Addiction and Mental Health.
Language(s):	English, some in French

78 HEALTH EQUITY TOOLS INVENTORY

Creator:	University of Victoria, Equity Lens in Public Health (ELPH), Year: 2013
Link:	University of Victoria Health Equity Tools
Format:	Inventory of tools (PDF, 53 pages)
Description:	This is a peer-reviewed inventory of existing tools aimed at improving “health equity”, created to help people working in public health make sense of the growing number of health equity tools available. The tools were identified by researchers at the University of Victoria, as part of a 5-year project funded by the Canadian Institutes of Health Research and the Public Health Agency of Canada.

Description:	The entries include reports and articles that self-identified as a tool, guide, resource, audit or framework for “health equity”. Each tool is described on a page graphically designed to help the reader find specific categories of information, such as: the objectives, intended users, how the tool can be used, keywords related to content and type of tool, and past application and evaluation information.
Key Words:	Health Equity, Public Health, Health Inequities, Health, Tools for Implementating Health Equity, Policies and Programs, Measuring the Impact
Recommended Audience:	Public Health Professionals who are responsible for: 1) Including health equity as part of policies and programs; 2) Implementing health equity in their organizations or teams; 3) Measuring the Impact of health equity policies and programs; and 4) Board Members.
How to Implement It:	Consult this inventory to find resources to help you: 1) Assess the degree to which health equity is integrated into a public health program or policy; 2) Measure the impact of a program or policy on the distribution of health outcomes; 3) Promote the inclusion of health equity in public health policies and programs. Search the list using keywords or the index. In the next phase of the project, a thorough practical and theoretical assessment of each tool will be conducted. For the present, the appendix includes supplementary resources currently available.
Access:	Available free online, for non-commercial purposes. Licensed under Creative Commons Attribution-Non-commercial-No-Derivative 3.0 Unported License Canada. To obtain permission for uses beyond those outlined in this license, contact Dr. Bernadette Pauly at the University of Victoria. See more at https://creativecommons.org/licenses/by-nc-nd/3.0/ .
Language(s):	English

79

HEALTH EQUITY

Creator:	Wellesley Institute, Year: 2010–2014
Link:	Wellesley Institute
Format:	Website
Description:	The Wellesley Institute is a Toronto-based organization that aims to advance “population health”. The “Health Equity” section of the website brings together research, online articles, resources, recommendations, and innovative practices on “health equity” in Ontario. This includes strategies, resources, and tools for policy-makers, practitioners, and community advocates for building equity into strategy, planning and practice and making the policy and social changes needed to reduce health disparities.
Specific Population(s):	
Key Words:	Health Equity, Implementing Health Equity, Policy Framework, Local Planning, Strategy, Community Engagement, Health Equity Impact Assessment, Statistics, Indicators, Innovative Practices
Recommended Audience:	Policy-Makers, Practitioners, and Community Advocates who seek to build equity into strategy, planning and practice; Management; Board

How to Implement It:	This is not a training resource, but can be used as an information hub on health equity policies and practices in Ontario. The website regularly posts new news articles, op-eds that highlight various health equity issues or promising innovations.
Access:	Available online. © 2014 Wellesley Institute
Language(s):	English

80 A HEALTH EQUITY TOOLKIT FOR LOCAL NETWORKS AND COORDINATED ACTION

Creator:	Wellesley Institute (Bob Gardner), Year: 2014
Link:	Resource from Wellesley Institute
Format:	Online article with a link to presentation slides
Description:	This online article by Bob Gardner from Wellsley Institute provides a toolkit of ideas, directions and techniques to build equity into health care planning and delivery in Ontario context. The article sums up the key points, and comes with digital presentation slides that elaborate on the content in more detail.
Key Words:	Health Equity, Healthcare Planning, Service Delivery, Organizational Planning
Recommended Audience:	Management and Board
How to Implement It:	This toolkit is not a training resource, but members of the management and the board of an organization can review this as a planning resource and a roadmap on how they could build health equity into the organization's business. Organizations may wish to invite Bob Gardner to give presentations and workshops.
Access :	Available online. © 2014 Wellesley Institute
Language(s):	English

81 THE POWER STUDY (PROJECT FOR AN ONTARIO WOMEN'S HEALTH EVIDENCE-BASED REPORT)

FR

Creator:	Echo: Improving Women's Health in Ontario, Year: 2014
Link:	ECHO Power Study
Français:	L'Étude POWER
Format:	Website, with Study Reports (PDF), data, information and resources
Description:	The "Project for an Ontario Women's Health Evidence-based Report (the POWER Study)" is a partnership between the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital and the Institute for Clinical Evaluative Sciences. This two-volume report provides policy makers, providers, advocates and consumers with findings on the health differences between men and women, and between various groups of women, including differences associated with age, income, education, ethnicity, language, and where a person lives in the province.

Description:	The report presents “actionable data” for policy makers, providers and consumers in their efforts to improve health and reduce health inequities in Ontario, broken down to the level of individual LHINs. The Project’s website offers a wide range of health-related data, information, and educational resources for practitioners and decision-makers.
Specific Population(s):	Women and men of diverse social backgrounds; diversity among women by age, income, education, ethnicity, language, and geography across Ontario
Key Words:	Health Equity, Social Determinants of Health, Health Differences between Genders and among Women, Health Equity Indicators, Ontario Statistics, Evidence-based Policy, Action Recommendations
Recommended Audience:	Health System Managers, Policy Makers, Providers, and Consumers who seek to improve the health of and reduce inequities among the women of Ontario; Educators in Health Fields
How to Implement It:	<p>Download the Report, or the shorter “Chapter Highlights” to quickly access the key findings and messages from each chapter. Explore the website to access the well-presented health equity data, and evidence-based recommendations and actionable items for reducing inequities among the women of Ontario. Both the report and the information on the website is also designed to be used as a teaching resource about women’s health, health inequities, population health, and health system performance.</p> <p>To learn about health equity and SDoH, explore Volume 1: •1) Introduction to the POWER Study; •2) The POWER Study Framework; and •7) Access to Health Care Services, and Volume 2: •5) Social Determinants of Health & Populations at Risk; •6) Achieving Health Equity in Ontario. Use other chapters to learn about specific health topics and conditions, such as: Burden of Illness; Cancer; Depression; Cardiovascular Disease; Musculoskeletal Conditions; Diabetes; Reproductive & Gynaecological Health; and HIV Infection.</p>
Access:	Available online. View or download copies of the material from the POWER Study website for non-profit or educational purposes, provided that the POWER Study and St. Michael’s Hospital are attributed as the source. Any other use or reproduction of the material is strictly prohibited without the prior written permission of the POWER Study and St. Michael’s Hospital.
Language(s):	English, Français

82

UNDERSTANDING RACISM – SOCIAL DETERMINANTS OF HEALTH (ABORIGINAL HEALTH)

FR

Creator:	National Collaborating Centre for Determinants of Health (NCCDH), Year: 2013
Link:	NCCDH Resource
Français:	Comprendre le racisme – déterminants sociaux de la santé
Format:	PDF document (8 pages)

Description:	This short educational document explores the concept of race, its history and contexts, especially for the Aboriginal Peoples in Canada and its impact on Aboriginal health. It is the first of three papers that will discuss forms of racism within societies by NCCDH. It features colourful photos, text boxes with key definitions, and clear subject headings that highlight key concepts/topics.
Specific Population(s):	Aboriginal Peoples (Canada)
Key Words:	Social Determinants of Health, Race and Racism, History of Colonialism in Canada, Impact on Aboriginal Health and Well-Being
Recommended Audience:	Staff and Board who want/need to learn about the role of racism and colonialism on Aboriginal Peoples' Health
How to Implement It:	Use this user-friendly, well-presented document to help staff and board members learn about the historical construction of race, different forms of racism, and the impact of the colonial history on the health of Aboriginal Peoples today.
Access:	Available free online. © 2013 National Collaborating Centre for Aboriginal Health.
Language(s):	English, Français

83

THE POVERTY LENS

FR

Creator:	Child and Youth Health Network of Eastern Ontario (CYHNEO), the Social Determinants of Health Working Group, Year: 2014
Link:	CYHNEO Resource
Français:	La pauvreté à la loupe
Format:	Organizational assessment and planning tool
Description:	"The Poverty Lens" is an online assessment and planning tool to help organizations better support children, youth and families living in poverty across Eastern Ontario. The Lens can be applied to teams, departments or organization-wide to gather feedback on your organization's current services as they relate to clients living in poverty. The tool is designed to help you explore your organizational culture, learn what's working and what isn't, and develop a plan for action.
Description:	The Lens is made up of: 1. Surveys (for clients, staff, management and boards); 2. Analysis (automatic and online data-entry and synthesis); 3. Discussion Guide (for staff or team meetings); 4. Action Plan (a guide to help turn results into action); 5. Resources (research and other relevant information). It comes with a video tutorial series and e-documents as a step-by-step guide on how to use this tool.
Specific Population(s):	Children, youth, and families living in poverty (Eastern Ontario)
Key Words:	Poverty, Assessment and Planning Tool, Organizational Capacity Development, Organizational Culture
Recommended Audience:	All levels of Staff, Management, and Board

How to Implement It:	<p>Use this as an organizational assessment tool, and as part of a broader training program for board, management, and staff aimed at increasing the organization's capacity to reduce the negative impact of poverty on clients' health and well-being. Use the "Discussion guides" to facilitate discussions during team meetings or training sessions. This Lens can also be used as a training tool to facilitate awareness-building and self-reflection among staff, management and board.</p> <p>To implement this tool, select one person from your organization to be the "Poverty Lens Administrator" to take on the lead role in implementing this tool. Sign up to create an online account for the organization, and follow the steps on how to: Use the tool; Collect information; Analyze data; Develop an Action Plan; Access Resources, etc. Consult the online tutorials and guides on how to use this tool. For questions or information, contact info@povertylens.org.</p>
Access:	Available online, ©2014 Child and Youth Health Network for Eastern Ontario
Language(s):	English, Français

84

POVERTY - A CLINICAL TOOL FOR PRIMARY CARE PROVIDERS IN ONTARIO

Creator:	Health Providers Against Poverty (HPAP), Year: 2013
Link:	Resource from HPAP
Format:	Printable posters and brochures (PDF); Website offers short videos
Description:	<p>These are printable brochures and posters for primary care providers about serving low income patients from diverse backgrounds. The poster uses population-specific statistics in Ontario to explain the impact of poverty on health, and gives concrete tips for service providers on how to reduce the impact of poverty on patients' health. Separate resource brochures are also available for distribution to patients living in poverty.</p> <p>HPAP's website also offers links to short TEDTalk videos about the impact of poverty on health ("Dr. Gary Bloch: If You Want To Help Me, Prescribe Me Money", and "Rebecca Onie: What If Our Healthcare System Kept Us Health?"), at http://www.healthprovidersagain-stpoverty.ca/node/347.</p>
Specific Population(s):	Poverty – intersectorality and diversity within low income patients (Ontario)
Key Words:	Health Equity, Poverty As a Reversible Determinant of Health, Intervention, Advocacy, Ontario Statistics, Practical Tips for Practitioners
Recommended Audience:	Primary Care Providers and Clinical Practitioners serving low income patients
How to Implement It:	<p>Use this clinical tool as a practical resource (poster) for service providers to review and have on hand. This could be circulated as an additional resource as part of a training package.</p> <p>Use the short videos offered as a training resource to supplement these clinical tools. Show the video(s), and follow up with a team discussion to help raise the practitioners' awareness about the impact of poverty on patients' health.</p>

Access:	Available online. © 2014 OCFP-Ontario College of Family Physicians
Language(s):	English

85

FACT FILE: SOCIAL DETERMINANTS OF HEALTH

Creator:	World Health Organization (WHO), Year: 2006 (2014)
Link:	WHO Resource
Format:	Website
Description:	“Fact file” is a website created by WHO, which presents 8 basic facts about “social determinants of health” from a global health perspective. Each page presents one fact, with links to additional information. The sequel entitled “Fact file: urban settings as a social determinant of health” (2014) is also available, with a slightly different format.
Key Words:	Social Determinants of Health, Global Health, Facts and Evidence, Urban Environment As a Social Determinants of Health
Recommended Audience:	Anyone who wants to access key, basic facts about Social determinants of health in Global Health Context
How to Implement It:	Use this website as an introductory educational resource for staff, or training facilitators, who wish to raise awareness about Social Determinants of Health.
Access:	Available online for educational and non-commercial purposes. © 2006 World Health Organization. All rights reserved.
Language(s):	English

5.3 HEALTH IMPACT ASSESSMENT

86

ONTARIO HEALTH EQUITY IMPACT ASSESSMENT (HEIA) – ONLINE COURSE

FR

Creator:	Centre for Addiction and Mental Health, Year: 2012
Link:	CAMH Resource
Français:	Évaluation de l'impact sur l'équité en matière de santé (EIES) – Cours en ligne
Format:	e-Learning Course/Modules (3 modules, 2 hrs), with an accompanying “Online Community of Interest (CoI): HEIA” forum
Description:	This is a self-directed e-Learning course on how to use Ontario’s HEIA tool, developed by the Ministry of Health and Long-Term Care (MOHLTC) and the Centre for Addiction and Mental Health (CAMH). This 2-hour skill building course teaches participants how to identify and address the health impacts that a plan, policy or program might have on vulnerable or marginalized groups.

Description:	<p>The 3 modules cover definitions of terms, why and when an HEIA should be conducted, and a case-based demonstration of how to apply the tool. Each case study is recommended for a specific category of learner, although a learner can choose to practice by using all 5 cases. This multi-media course features short videos by experts, and learners can assess their progress by consulting the sample forms completed by experts.</p> <p>There is an accompanying resource "Community of Interest (Col): Health Equity Impact Assessment", which is an online community to support the implementation of the Ontario's HEIA tool within the broader mental health and addiction sector across Ontario and encourage sharing of the results of the HEIA application. The Col website offers an introductory video, intended especially for first-time HEIA users.</p>
Key Words:	Ontario Health Impact Assessment – "How To", Introduction to HEIA
Recommended Audience:	First-time HEIA Users; Those involved in Planning, Policy, Program or Proposal Development; Those who will use the Ontario HEIA Tool to integrate equity considerations into new initiatives and detailed planning
How to Implement It:	The course is self-paced and can be accessed from any computer 24 hours a day, 7 days a week. Approximate completion time is 2 hours. This course is best viewed in an Internet Explorer (IE) browser. Pop-up blockers should be turned off. Access the Community of Interest website . This is a recommended professional development resource on "health equity" and the "social determinants of health" by NCCDH.
Access:	Available free online for personal developmental use only. ©2009 Centre for Addiction and Mental Health.
Language(s):	English, Français

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ONLINE CONTINUING EDUCATION COURSE - HIA STEP BY STEP

FR

Creator:	National Collaborating Centre for Healthy Public Policy (NCCHPP) and the Université de Montréal, Year: 2013
Link:	NCCHPP
Français:	Formation continue en ligne – L'ÉIS étape par étape
Format:	Continuing education course (2 webinars, self-paced online modules, discussion forums, and other interactive activities)
Description:	This is an accredited 12-hour online continuing education course on health impact assessment (HIA) of public policies, co-developed by the National Collaborating Centre for Healthy Public Policy (NCCHPP) and the University of Montréal. The course focuses on the five (5) steps of HIA, and takes 4 weeks to complete. Participants will be able to: •1) Recognize the fundamentals of the HIA of public policies; •2) Explain the steps of a high-quality HIA; •3) Know the favorable conditions for successful HIA implementation.

Description:	This course is intended for public health practitioners and decision-makers in the health and social services sectors, who want to learn how to apply the HIA process to public policies, in collaboration with local stakeholders. A longer 45-hour version of this course is offered through the University, which counts towards graduate-level credits.
Key Words:	Health Impact Assessment – “How To”, Accredited Course, Public Policies and Population Health
Recommended Audience:	Public Health Practitioners and decision makers from the health and social services sector (particularly Public Health), non-governmental organizations, or for anyone interested in public policies and their impact.
How to Implement It:	Register online, and pay by credit card. Note: The choice of the language of the course is made at registration and cannot be modified. This e-Learning course has received accreditation for awarding continuing education credits. Prerequisite: Basic knowledge of population health concepts. This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH.
Access:	The registration fee is \$300 CDN (plus applicable taxes).
Language(s):	English, Français

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HEALTH IMPACT ASSESSMENT IN PRACTICE – ONLINE COURSE

Creator:	National Health Service, Scotland, Year: 2008
Link:	Resources from NHS Scotland
Format:	e-Learning Course/Modules (6-12 hours)
Description:	This free, 6 to 12-hour e-Learning course from Scotland is designed for public health practitioners who have some research skills, but limited experience in conducting a health impact assessment (HIA). The course was developed by the National Health Services in Scotland, and is one of almost two dozen e-Learning courses offered to health practitioners and managers. This course teaches why and how to consider health inequalities when doing HIA, the spectrum of steps to go through, how to conduct a rapid tabletop HIA, and why and how to involve stakeholders and informants.
Key Words:	Health Impact Assessment – “How To”, Health Inequities, Public Policy, Intersectoral Action, Community Engagement
Recommended Audience:	Public Health Practitioners and Managers who have some research skills, but limited experience in conducting a Health Impact Assessment (HIA).
How to Implement It:	Sign in as a “guest” to access the course at http://elearning.healthscotland.com/login/index.php . Participants work through three (3) HIA case studies using a workbook, which forms a record of their learning. This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH.
Access:	Available online, for non-commercial purposes. See more at http://www.healthscotland.com/terms.aspx .
Language(s):	English

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HEALTH IMPACT ASSESSMENT: A PRACTICAL GUIDE

Creator:	University of New South Wales, Centre for Health Equity Training, Research and Evaluation (CHETRE), Year: 2007
Link:	Resources from CHETRE
Format:	Electronic guidebook (PDF, 40 pages)
Description:	<p>This introductory guide is meant to help integrate Health Impact Assessment (HIA) into the health system in New South Wales, Australia as a tool to: • 1) Improve internal planning and decision-making, and •2) Engage external partners on initiatives which influence health outcomes. The guide gives you a practical understanding of HIA, its steps, and underpinning concepts and theories. It encourages greater consideration of health and wellbeing through the use of HIA within project, program and policy development.</p> <p>The document is divided into: Part 1) Overview of Key Concepts; Part 2) The Steps in HIA; Glossary of Terms; References; and Appendices.</p>
Key Words:	Health Impact Assessment – “How To”, Health Systems, Planning Tool
Recommended Audience:	People working in both Health and Non-Health Sectors; Communities and their Representatives; People developing Health Public Policy.
How to Implement It:	Use this introductory guide as an assistive resource to enable people to embark on doing HIAs, or to help people who are commissioning an HIA. Use it to gain a clear understanding of the “how to” on the established steps or stages of HIA: screening, scoping, identification, assessment, decision-making and recommendations, and evaluation and follow-up.
Access:	Available online.
Language(s):	English

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THE COMMUNITY TOOL BOX – ONLINE COURSES FOR COMMUNITY HEALTH IMPROVEMENT

Creator:	Work Group for Community Health and Development, University of Kansas and the Kansas Department of Health, Year: 2011
Link:	Resources from University of Kansas and Kansas Dept. of Health
Format:	E-Learning course series (8 courses, 30 to 45 minutes each)

Description:	<p>This 8-part e-Learning series helps learners build the skills to support “community health assessment” and “health improvement” work.</p> <p>Course topics include: •1) Assuring Engagement in Community Health Improvement Efforts; •2) Identifying Community Health Needs and Assets; •3) Developing a Logic Model for Community Health Improvement; •4) Developing an Intervention; and •5) Assuring Collaboration during Implementation.</p> <p>The courses include interactive exercises and activities, online references (“ask an advisor”), stories of innovation from around the world, individual or group assignments, and a certificate of completion. This an American resource, created by a community-university collaboration in Kansas. This partnership also developed “The Community Tool Box”, which is a global resource for free information on essential skills for building healthy communities.</p>
Key Words:	Community Health Improvement, Community Health Assessment
Recommended Audience:	1) Staff from State and Local Health Departments (incl. those seeking accreditation, hospital staff, and those in Community Benefit programs); 3) Non-profit Organizations; 4) Community Leaders and Members.
How to Implement It:	<p>Create a free account at the Centre for Disease Control’s training site. Then access the course for “Community Tool Box”. Click on one of the eight modules, go to the registration tab, and click “launch.”</p> <p>This is a recommended professional development resource on “health equity” and the “social determinants of health” by NCCDH.</p>
Access:	Available free online, for non-commercial purposes. Licensed under Creative Commons Attribution-Noncommercial-Share Alike 3.0 United States License. See more at https://creativecommons.org/licenses/by-nc-sa/3.0/ . ©2013 Community Tool Box. All Rights Reserved.
Language(s):	English

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HEALTH INDICATORS 2013

FR

Creator:	Canadian Institute for Health Information (CIHI) and Statistics Canada, Year: 2013
Link:	CIHI Resource
Français:	Le Indicateurs de santé 2013
Format:	PDF Document (116 pages) (It will migrate to digital format from 2014 and onward)
Description:	“Health Indicators” provides a reporting tool as well as data on the performance of the health system and the health of Canadians, from a pan-Canadian perspective. Data is broken down by healthcare jurisdiction, so that users in the Ottawa area can easily access health indicators for this region, down to the level of the Champlain LHIN.
Key Words:	Health Equity Policy, Health System Performance, Health Indicators, Health Data, Reporting Tool

Recommended Audience:	Management, Board; Health System Managers, Policy- and Decision-Makers, Program and Service Managers
How to Implement It:	This is not a training tool nor directly intended for front-line practitioners. Rather, use this resource as a high-level policy planning tool, or to quickly access health indicators/outcome data on the demographics your organization or your team serves. Data is broken down to the level of individual LHINs, including Champlain LHIN. Up until 2013, Health Indicators are provided in PDF document format – From spring 2014, this will move to interactive digital reporting.
Access:	Available online for non-commercial purpose only. © 2013 Canadian Institute for Health Information. All rights reserved. See more on page 115 of the document. For permission or information, contact CIHI: copyright@cihi.ca .
Language(s):	English, Français

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HEALTH INEQUITIES

Creator:	Canadian Institute for Health Information (CIHI), Year: 2012
Link:	Watch video here
Format:	Video recording of a presentation (11min), with audio and slides
Description:	This is a video recording of a presentation by Sushma Mathur, Manager of Canadian Population Health Initiative at the Canadian Institute for Health Information (CIHI). This is part of a 3-person panel at a conference by Chronic Disease Prevention Alliance of Canada (CDPAC). In the video, the presenter discusses the inequities in chronic diseases in Canada's populations with concrete data. This short video presents recent data on disparities in health outcomes, access to healthcare services, and in turn, related issues existing in the healthcare system, with easy-to-follow visuals.
Key Words:	Health Equity, Health Inequities, Health Disparities, Social Determinants of Health, Health Outcome Data
Recommended Audience:	Staff, Management, Board
How to Implement It:	Use this video as background information on the realities of health disparities and inequities in Canada. This short video is also useful for practitioners, managers and policy makers to access recent data about disparities in health outcomes, access to service, and issues that exist within the healthcare system, in particular primary care provision. Use the data and the questions posed in the video to facilitate team discussions on what your organization could do to reduce disparities in chronic diseases, and to prevent them.
Access:	Available online, Standard YouTube License
Language(s):	English



OTHER TOOLS AND RESOURCES

This section offers varied information on topics that include, Organizations that Offer Training and Consultation Services (many of these specific resources appear in the preceding sections), Facilitation Methods and Processes (offers a useful resource for organizations looking for facilitation techniques that can be used as part of training sessions or group discussions), and, Other Tools and Resources contain training or educational resources that can be useful, but did not fit within the themes offered above.

6.1 ORGANIZATIONS THAT OFFER TRAINING AND CONSULTATION SERVICES

93

HEALTH NEXUS SANTÉ

FR

Creator:	Health Nexus Santé, Year: n.d. (ongoing)
Link:	Health Nexus Resource
Français:	Formation
Format:	Organization offering training services
Description:	Health Nexus is a Toronto-based organization that offers training options on topics related to health promotion, health equity, maternal and child health, community development and healthy public policy, in both English and French. Health Nextus Santé is Part of HC Link. The types of resources and services include: facilitated webinars, workshops, self-directed online training modules, conferences, and printable guides and toolkits (PDF).
Key Words:	Health Promotion, Health Equity, Social Determinants of Health, Inclusion, Vulnerable Populations
Recommended Audience:	Various – Staff, Management, Board, Volunteers
How to Implement It:	For information on webinars and workshops, visit Health Nexus's events page or contact at info@healthnexus.ca .
Access:	Some Available online. modules/resources; Some free consultation service
Language(s):	English, Français

94

HC LINK/RÉSEAU CS

FR

Creator:	HC Link / Réseau CS, Year: 2009
Link:	HC Link Resource
Français:	Réseau CS/HC Link
Format:	Organization offering training services
Description:	<p>HC Link is an Ontario-based group of health promotion resource centres that provides (free) consultation service to community groups, organizations and partnership working to build healthy communities across Ontario. HC Link is comprised of 3 organizations based in Toronto: Health Nexus Santé, Ontario Healthy Communities Coalition, and the Parent Action on Drugs.</p> <p>Services offered include: consultations, learning activities, educational resources and networking opportunities, which can be delivered on-site, online and/or by telephone, in both English and French. Since 2009, HC Link has replaced the role formerly played by the Ontario Health Promotion Resource System (OHPRS).</p>
Key Words:	Community-Based Health Promotion, Social Determinants of Health, Community Development, Healthy Communities Approach, French Language Services
Recommended Audience:	Various – Training can be tailored to different audiences and their learning needs
How to Implement It:	To request a service, complete the online service request form or contact HC Link at 1-855-847-1575 or 416-847-1575, or at info@hclinkontario.ca . HC Link's Service Coordinator will select a consultant that best meets your needs. Requests will be matched by a combination of consultant expertise, consultant availability and location.
Topics of services include:	Partnership building, coalition development, and network mapping/analysis; Community development, mobilization, and engagement; program development, planning, implementation, and evaluation; Strategic planning for healthy communities; Policy development and policy change; Health and the built environment; Health promotion and determinants of health; Priorities areas such as physical activity, sport and recreation; healthy eating and access to food; tobacco use and exposure; injury prevention; substance and alcohol misuse; and mental health promotion.
Access:	Services are free where possible, as per the funding by the Government of Ontario.
Language(s):	English, Français

95

RAINBOW HEALTH ONTARIO

FR

Creator:	Rainbow Health Ontario (RHO), Year: n.d. (ongoing)
Link:	Resource from Rainbow Health Ontario
Français:	Santé arc-en-ciel Ontario
Format:	Organization offering Training Services, Resources, and Searchable Database of Trainers

Description:	Rainbow Health Ontario (RHO) offers a province-wide program to improve the health and well-being of LGBT people through education, research, outreach, and public policy advocacy. The website provides searchable databases of trainers, training resources, researchers and research for LGBT people and their health care providers.
Specific Population(s):	LGBT populations (including LGBT newcomers and refugees; LGBT youth, LGBT seniors, LGBT families; LGBT staff and clients, etc.)
Key Words:	Health Equity, Cultural Competence for Working with LGBT Clients and Staff, LGBT Health Needs, Organizational Development, GLBT-Inclusive Policies
Recommended Audience:	Various – Staff, Management, Board, Volunteers
How to Implement It:	Explore the organization's website for resources, and/or contact the organization to request training services/sessions.
Access:	The fees are determined based on a cost recovery basis. The average cost of training is approximately \$100.00 to \$500.00 for the entire session in the day. For community groups or unfunded organizations, there is a sliding scale, but will not deny training to those who cannot pay. RHO will request that the cost of photocopies, materials and travel be reimbursed. Independent trainers are paid as per training session. When multiple sessions are provided per year, the cost of training will be negotiated individually.
Language(s):	English, Français

96

REFLET SALVÉO

FR

Creator:	Reflét Salvéo, Year: 2011
Link:	Reflét Salvéo
Français:	Reflét Salvéo
Format:	Organization offering training services
Description:	Reflét Salvéo is a non-profit organization in Toronto that works to improve the quality of health services in French, especially in the regions covered by the Central West, Central Toronto, and Mississauga Halton LHINs (Local Health Integration Networks). As part of this work, Reflét Salvéo offers expertise to help other (Francophone and non-Francophone) organizations develop their organizational capacity to deliver quality French Language health services. The support services they offer include facilitating training or reflective dialogue, or just answering your questions.
Specific Population(s):	Francophones in Ontario
Key Words:	French Language Health Services, Language as Barrier to Accessing Quality Care, Organizational Capacity, Local Health System Integration Act 2006 (Ontario), Local Health Integration Networks (LHINs)
Recommended Audience:	Organizations seeking to improve their capacity to provide French Language Services, or to create a bilingual organizational culture. Staff, Management, and Board, especially those who are non-Francophone or whose organization is not geared towards Francophone communities.

How to Implement It:	Explore the organization's website for resources, and/or contact the organization to request training services/sessions.
Access:	Contact the organization to inquire about the cost.
Language(s):	French, English

97

ONTARIO HEALTHY COMMUNITIES COALITION (OHCC)

FR

Creator:	Ontario Healthy Communities Coalition (OHCC), Year: n.d. (ongoing)
Link:	OHCC Resources
Français:	Coalition des communautés en santé de l'Ontario (CCSO)
Format:	Network of organizations offering training services
Description:	OHCC is an organization that promotes social, environmental, and economic well-being of diverse communities across Ontario. They offers training, webinars, e-Learning courses, and consultation services to community organizations. These support services are coordinated through its central office in Toronto, and delivered by regionally-based community animators. OHCC is part of HC Link.
Key Words:	Health Equity, Health Promotion, Community Engagement, Training Services
Recommended Audience:	Various – Staff, Management, Board, Volunteers
How to Implement It:	Explore the organization's website for resources, and/or contact the organization to request training services/sessions.
Access:	Contact the organization to inquire about the cost.
Language(s):	English, Français

98

PARTERA - CONSULTING SERVICES

Creator:	PARTERA, Year: n.d. (ongoing)
Link:	PARTERA Resources
Format:	Consulting agency offering training services
Description:	PARTERA is a Toronto-based consulting agency run by Lee A. McKenna that offers a wide range of consulting services for nonprofit and governmental clients, including Health Equity training for staff, strategic planning, policy development, board governance, organizational change, non-violent mediation and conflict resolution within the organization and with the community.
Key Words:	Health Equity, Cultural Competence, Anti-Oppression, Non-Violent Conflict Resolution, Strategic Planning, Governance, Organizational Change
Recommended Audience:	Various – Staff, Management, Board, Volunteers
How to Implement It:	Contact the organization to request training services/sessions.

Access:	For a fee
Language(s):	English

6.2 FACILITATION METHODS AND PROCESSES

99 LIBERATING STRUCTURES (LS)

Creator:	Henri Lipmanowicz and Keith McCandless, Year: n.d.
Link:	Liberating Structures website
Format:	Website with resources on group facilitation processes
Description:	Liberating Structures (LS) is a website that offers 33 processes to get people thinking and working together effectively within an organization. These processes are designed to neutralize power dynamics and build trust within a team or group. They use simple rules to encourage managers to step back and encourage employees to take leadership roles at all levels. LS is built on the idea that small adjustments in the way people interact have large impacts on organizational culture and resilience. LS do not require lengthy training to adopt, and they can be mixed and matched for particular organizational needs.
Specific Population(s):	Internal organizational capacity building and processes
Key Words:	Organizational Capacity Building, Organizational Management Processes and Tools, Workplace Power Dynamics, Relationship and Trust-Building, Leadership, Staff Engagement
Recommended Audience:	Management, Board, and Hiring Managers
How to Implement It:	Check the “clickable” graphics and short videos on the website that describe the LS, or show real-life examples of workshops using LS. Select and use the tools from the website to: 1) Add new energy and engagement to conversations that are “stuck”; 2) Design workshops, conferences and meetings that draw on everyone’s insights in solving problems or designing new approaches; and 3) Build a team of employees or volunteers who feel valued and involved in the direction of the organization.
How to Implement It:	For example “1-2-4-All” is a silent self-reflection on a question, followed by sharing reflections in pairs and groups of four, and a full group discussion of what stood out in the conversations; “TRIZ” is a process using humour to •a): Identify what we could do to reliably get the worst result imaginable; •b): Honestly compare this list with what we do now; and •c): Generate ideas about how to stop doing those things. “Impromptu networking” has people have three conversations in short rounds, in response to an important question about their work together. NCCDH uses this resource for their internal management work, as well as for their health equity engagement work with audiences across the country.

Access:	Available free online, licensed under Creative Commons Attribution-NonCommercial 3.0 Unported (CC BY-NC 3.0) License. See more at http://creativecommons.org/licenses/by-nc/3.0/ .
Language(s):	English

6.3 OTHER TOOLS AND RESOURCES

100

HEALTHY MOTHERS, HEALTHY BABIES BREASTFEEDING WEB COURSE

FR

Creator:	Health Nexus Santé, Year: 2013
Link:	Health Nexus Resource
Français:	Maman en santé, bébé en santé Cours virtuel sur l'allaitement
Format:	E-Learning Course/Module (s)
Description:	This is an online, bilingual, self-directed course on breastfeeding taught by Hiltrud Dawson. It is designed for staff and volunteers of community agencies and hospitals who work with prenatal women or new families.
Specific Population(s):	Prenatal women, breastfeeding mothers, new families
Key Words:	Brestfeeding, Gender-Sensitive Healthcare
Recommended Audience:	Frontline staff who work with Prenatal Women and New Mothers
How to Implement It:	The course is set up in an easy-to-access topics format. Have each trainee create a login account, and take the course at their own pace. Request a Completion Certificate can be issued upon successful completion of the course. It will be emailed in 2-4 weeks.
Access:	Available free online.
Language(s):	English, Français

101

EDUCATION AND TRAINING - CANADIAN FEDERATION FOR SEXUAL HEALTH (CFSH)

FR

Creator:	Canadian Federation for Sexual Health (CFSH), Year: n.d.
Link:	CFSH
Français:	Les outils d'éducation et de formation
Format:	Website

Description:	The “Resources” section of the CFSH’s website includes educational and training resources related to Canadians’ sexual and reproductive health and behaviour. These resources target diverse populations such as youth, children, and other age-specific groups, men, and Aboriginal Peoples. Some focus on specific topics such as HIV/AIDS, and sexual health counselling.
Specific Population(s):	Youth (students and teachers), Children (and parents), Other age-specific groups, men, Aboriginal Peoples
Key Words:	Sexual and Reproductive Health, HIV/AIDS, Counselling, Support Services, Public Education
Recommended Audience:	Staff who work in the area of sexual and reproductive health in clinical, community, or educational settings
How to Implement It:	Explore the website to access the resources that fit your training needs in the area of sexual and reproductive health, based on the demographics you serve.
The resources currently available are:	<ul style="list-style-type: none"> › “It’s Easier Than You Think!” is a guide on talking with your children about sexual health and well-being. › “Beyond the Basics: A Sourcebook on Sexual & Reproductive Health Education” is a manual containing lesson plans for different age groups on a wide range of sexual health education topics. › “Finding Our Way: A Sexual & Reproductive Health Sourcebook for Aboriginal Communities” offers the first comprehensive Canadian resource on sexual and reproductive health within an Aboriginal cultural context. › “Sexual & Reproductive Health Counselling Guidelines” offers a tool for service providers to improve support skills, train staff or provide additional information for clients in a clinical, community or educational setting. › “Positive Thinking: A Sex-positive Approach to HIV/AIDS Education” is a publication that highlights six (6) best practice case studies across the Canadian Federation for Sexual Health member organizations. “Men’s Reproductive Health Curriculum” is a Trainer’s Resource and Participant Handbook on: 1) Introduction to Men’s Reproductive Health Services; 2) Counseling & Communicating with Men; 3) Management of Men’s Reproductive Health Problems.
Access:	Some are free online, and others are available for purchase in hard copy.
Language(s):	English, some are available in French

Creator:	Canadian Federation for Sexual Health (CFSH) (Planned Parenthood), Year: 2004
Link:	CFSH Resource
Français:	Guide pour le counselling sur la santé sexuelle et génésique
Format:	Guidebook (PDF)

Description:	This is Canada's first Sexual and Reproductive Health Counselling Guidelines. Based on the experience of key informants working in the field, these guidelines offer a tool to improve support skills, train staff or provide additional information for clients in a clinical, community, or educational setting. This resource was created especially for public health nurses, doctors, crisis counsellors, therapists, or community educators.
Specific Population(s):	
Key Words:	Sexual and Reproductive Health (Canadian context), Sexuality, Pregnancy Options, Testing for STI/HIV, Abuse and Violence
Recommended Audience:	Those who work in the field of sexual and reproductive health, such as Public Health Nurse, Doctor, Crisis Counsellor, Therapist, Community Educator
How to Implement It:	Provide this free guidebook to those who work in the field of sexual and reproductive health as a support tool. Each chapter contains three parts: • 1) Guiding principles and objectives: a quick reference to establish if the section will cover the reader's area of interest. • 2) Background Information: provides a context for the counselling guidelines on the topics explored. • 3) Counselling Guidelines: practical techniques and tips for integrating STI/HIV prevention into sexual and reproductive health counselling and/or services.
Access:	Available free online, for non-commercial purposes. ©2004 Planned Parenthood Federation/Fédération pour le planning des naissances du Canada.
Language(s):	English, Français

103

ONLINE COURSE: INTRODUCTION TO GENDER-BASED ANALYSIS PLUS



Creator:	Status of Women Canada / Condition féminine Canada, Year: 2013
Link:	Resource from Status of Women
Français:	Cybercours de Condition féminine Canada : Introduction à l'analyse comparative entre les sexes+
Format:	E-Learning Course/Modules (3hrs)
Description:	This online course was designed by Status of Women Canada to increase the awareness and skills of Canadian civil servants in applying "gender-based analysis" to the development of policies and programs. This course promotes the use of the "Gender-Based Analysis PLUS (GBA+)" analytical tool used by the federal government to advance gender equality in Canada. The "plus" signifies that gender-based analysis goes beyond gender to include intersecting identification factors such as age, education, language, geography, culture and income. The overall goal is the creation of responsive and equitable policies and programs, towards the realization of gender equality.
Specific Population(s):	Women and men of diverse social backgrounds
Key Words:	Gender Equality, Gender-Based Analysis Plus (GBA+), Intersectional Approach to Gender Analysis (by age, education, language, geography, culture, income, etc), Policy and Programming

Recommended Audience:	Those who develop policies and programs
How to Implement It:	This e-Learning module is made up of a series of videos with oral and written materials. The whole course takes about 3 hours to complete. Modules begin with a list of objectives, an overview of content, and an introduction to the issue to be covered, and feature case studies and character profiles. Most modules include a quiz and all modules finish with a summary.
Access:	Available free online.
Language(s):	English, Français



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