

# Incorporating Health Equity into Care Environments Checklist

Yes No



**Are we providing a welcoming environment?**

- Office materials/resources are written in inclusive language (e.g. parent instead of mother/father; partner instead of husband/wife).
- Posters, magazines, & forms use inclusive images (e.g. posters with people living with disabilities or diverse group of radicalized people).



**Do we provide staff and colleagues with health equity training and/or resources?**

- Staff attend all-staff Measuring Health Equity presentation.
- Staff participate in data collecting/entering Measuring Health Equity training.
- New staff complete e-learning Measuring Health Equity module <http://torontohealthequity.ca/training/> .
- New staff complete ALLY e-learning module [http://www.mountsinai.on.ca/about\\_us/human-rights/ally](http://www.mountsinai.on.ca/about_us/human-rights/ally).



**Are we providing accessible care?**

- Policies and practices ensure safe and effective health care for non-English speakers (e.g. interpreter service, translated materials).
- Staff aware and using existing policies to accommodate needs of our patients (e.g. wheelchair access, room assignment, service animal use, domestic violence/safety).



**Are patients aware of their rights and available services?**

- Measuring Health Equity posters are up in waiting areas and other patient/client areas.
- Brochures are distributed in waiting areas and provided to patients/clients prior to answering demographic questions.
- Resources regarding patient/client's rights are available throughout the hospital/CHC (e.g. brochures, handouts, info-graphs, posters, etc.) .







**Does the diversity of the staff reflect the communities we serve?**

- Resources available to senior leadership that allows hospitals/CHCs to assess diversity of staff (e.g. workforce census and patient demographic data).

# Incorporating Health Equity into Care Delivery Checklist

Yes No

	<p><b>Are we providing a welcoming environment?</b></p> <ul style="list-style-type: none"> <li>• Smile and greet warmly.</li> <li>• Introduce yourself by saying your name, role and what to expect.</li> <li>• Actively listen and politely ask for clarification if required.</li> <li>• Acknowledge patients'/clients' needs and feelings.</li> <li>• Thank the patient/client for talking to you and providing information.</li> </ul>		
	<p><b>What assumptions did I make about the patient?</b></p> <ul style="list-style-type: none"> <li>• Check whether an assessment is based on stereotypes or past experiences</li> <li>• Regardless of how a patient/client is perceived, do not assume a person's gender, sexual orientation, relationship status, family history and any other personal identifiers.</li> <li>• Ask questions such as: What name do you go by? What is your pronoun? Who is accompanying you today? What is your gender? What is your sexual orientation? What is your relationship status?</li> </ul>		
	<p><b>Am I accommodating cultural and linguistic needs when communicating with the patient?</b></p> <ul style="list-style-type: none"> <li>• Use policies and practices that ensure safe and effective health care for non-English speakers (e.g. interpreter service, translated materials).</li> <li>• Use Policies and practices that allow for cultural and religious accommodation (e.g. smudging ceremonies, halal meals).</li> <li>• Incorporate 'cultural sensitivity' rather than 'cultural competency' in care delivery. As cultures are diverse and complex, patients'/clients' cultures are not something that can be learned or assumed. Not all cultures are the same nor all people from the same culture are the same.</li> </ul>		
	<p><b>Have I included social determinants of health in the assessment?</b></p> <ul style="list-style-type: none"> <li>• Use policies and practices that ensure safe and effective health care for non-English speakers (e.g. interpreter service, translated materials).</li> <li>• Use Policies and practices that allow for cultural and religious accommodation (e.g. smudging ceremonies, halal meals).</li> <li>• Incorporate 'cultural sensitivity' rather than 'cultural competency' in care delivery. As cultures are diverse and complex, patients'/clients' cultures are not something that can be learned or assumed. Not all cultures are the same nor all people from the same culture are the same.</li> </ul>		