

**AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, May 20, 2021, 7:00 p.m.
Microsoft Teams

MISSION - MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. John Brennan
Ms. Kelly Elliott
Ms. Tino Kasi
Ms. Arielle Kayabaga
Mr. Bob Parker
Mr. Matt Reid
Mr. Mike Steele
Mr. Aaron O'Donnell

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

MINUTES

Approve: April 15, 2021 – Board of Health meeting
May 3, 2021 – Special Board of Health meeting

Receive: April 15, 2021 – Governance Committee meeting

Item #	Delegation	Recommendation	Information	Report Name and Number	Link to Additional Information	Overview and Lead
Reports and Agenda Items						
1.	X		X	Diversity & Inclusion Assessment: Employment Systems Review (Report No. 24-21)	Appendix A	To provide an update on the Employment Systems Review deliverable for the health unit's Diversity & Inclusion Assessment. Lead: Heather Lokko, Director, Healthy Start/Chief Nursing Officer
2.	X		X	COVID-19 Recovery Recommendations: Organizational & Individual Wellness, and Sustaining Positive Changes (Report No. 25-21)	Appendix A Appendix B	To provide an update on COVID-19 recovery recommendations and planning objectives. Lead: Heather Lokko, Director, Healthy Start/Chief Nursing Officer
3.	X		X	COVID-19 Disease Spread and Vaccine Update (Verbal)		To provide an update on COVID-19 matters within Middlesex-London. Leads: Dr. Alexander Summers, Associate Medical Officer of Health and Dr. Christopher Mackie, Medical Officer of Health
4.			X	Medical Officer of Health Activity Report for May 2021 (Report No. 26-21) Program Update: Communications		To provide an update on external meetings attended by the Medical Officer of Health since the last Board of Health meeting. Lead: Dr. Christopher Mackie, Medical Officer of Health
Correspondence and Information Items						
5.			X	May 2021 Correspondence Program Update: Early Years		To endorse correspondence item a), receive items b) and c), and refer item d) to staff for a report.

OTHER BUSINESS

Next Board of Health Meeting is Thursday, June 17th, 2021 at 7 p.m.

CONFIDENTIAL

The Middlesex-London Health Unit's Board of Health will move in a closed session to consider labour relations or employee negotiations, a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, to approve confidential minutes from the April 15, 2021 Board of Health meeting and personal matters about an identifiable individual, including municipal or local board employees.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, April 15, 2021, 7:00 p.m.
Microsoft Teams

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. Matt Reid
Mr. John Brennan
Ms. Arielle Kayabaga
Mr. Bob Parker
Ms. Kelly Elliott
Mr. Mike Steele
Mr. Aaron O'Donnell

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health (Secretary-Treasurer)
Ms. Stephanie Egelton, Executive Assistant to the Board of Health/MOH/AMOH and Communications Coordinator (Recorder)
Dr. Alexander Summers, Associate Medical Officer of Health
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Mr. Dan Flaherty, Manager, Communications
Ms. Carolynne Gabriel, Librarian
Ms. Angela Armstrong, Program Assistant, Communications
Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Ms. Maureen MacCormick, Director, Healthy Living
Mr. Mirek Pawelec, Manager, Finance
Mr. Joe Antone, Manager, Health Equity and Indigenous Reconciliation
Ms. Isabel Resendes, Manager, Best Beginnings West
Ms. Suzanne Vandervoort, Manager, Best Beginnings East
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Victoria Mazzarolo, Student, Healthy Organization

Chair Maureen Cassidy called the meeting to order at **7:06 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Cassidy inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was noted that there will be a walk-on report, re: alPHa resolution.

It was moved by **Ms. Kelly Elliott, seconded by Mr. Matt Reid, that the *AGENDA* for the April 15, 2021 Board of Health meeting be approved.**

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Aina DeViet, seconded by Mr. Reid**, that the **MINUTES** of the March 18, 2021 Board of Health meeting be approved.

Carried

It was moved by **Ms. Aina DeViet, seconded by Mr. Reid**, that the **MINUTES** of the April 1, 2021 Finance and Facilities Committee meeting be received.

Carried

REPORTS AND AGENDA ITEMS

Finance and Facilities Committee Meeting Summary (Report No. 18-21)

Mr. Matt Reid, Chair of the Finance and Facilities Committee presented the meeting summary from April 1, 2021.

It was moved by **Mr. Reid, seconded by Ms. Elliott**, that the Board of Health receive Report No. 10-21FFC re: "Q4 Financial Update and Factual Certificate" for information.

Carried

It was moved by **Mr. Reid, seconded by Ms. Elliott**, that the Board of Health approve the renewal of the group insurance rates administered by Canada Life as described in Report No. 11-21FFC re: "Canada Life Benefits – Renewal Rates".

Carried

It was moved by **Mr. Reid, seconded by Mr. Aaron O'Donnell**, that the Board of Health approve the renewal of the Health Unit's insurance as outlined in Report No. 12-21FFC re: "Health Unit Insurance Policy Renewal."

Carried

It was moved by **Mr. Reid, seconded by Mr. Aaron O'Donnell**, that the Board of Health:

- 1) Receive Report No. 13-21FFC re: "2021 COVID-19 Vaccine-related costs" for information;
- 2) Approve the 2021 COVID-19 Vaccine-related budget, outlined in Appendix B, as a one-time expense within the 2021 Annual Service Plan submission to the Ministry of Health.

Carried

Governance Committee Meeting Summary

Mr. Bob Parker, Chair of the Governance Committee presented the meeting summary from April 15, 2021.

It was moved by **Mr. Bob Parker, seconded by Mr. Mike Steele**, that the Board of Health:

- 1) Receive Report No. 07-21GC re: "Governance By-law and Policy Review" for information; and
- 2) Approve the governance by-laws and policies as appended to this report.

Carried

It was moved by **Mr. Parker, seconded by Ms. DeViet**, that the Board of Health:

- 1) Receive Report No. 08-21GC re: "Board of Health Self-Assessment";
- 2) Approve the revised Board of Health Self-Assessment Tool appended to this report; and
- 3) Approve initiation of the Board of Health self-assessment process for 2021.

Carried

It was moved by **Mr. Parker, seconded by Ms. DeViet**, that the Board of Health *amend the revised Board of Health Self-Assessment Tool to include questions about sub-committees within the Middlesex-London Board of Health.*

Carried

It was moved by **Mr. Parker, seconded by Mr. Steele**, that the Board of Health:

- 1) *Receive Report No. 08-21GC re: "Board of Health Self-Assessment";*
- 2) *Approve the revised Board of Health Self-Assessment Tool appended to this report; and*
- 3) *Approve initiation of the Board of Health self-assessment process for 2021.*

Carried

It was moved by **Mr. Parker, seconded by Ms. Arielle Kayabaga**, that the Board of Health receive Report No. 09-21GC re: "2020 Strategic Plan Summary" for information.

Carried

It was moved by **Mr. Parker, seconded by Mr. Reid**, that the Board of Health:

- 1) *Receive Report No. 10-21GC re: "2021-22 MLHU Provisional Plan" for information; and*
- 2) *Approve the 2021-22 Provisional Plan (Appendix A) and reporting template (Appendix B) as appended to this report.*

Carried

Addressing Anti-Black Racism: A Plan for the Middlesex-London Health Unit (Report No. 19-21)

Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer, Mr. Joe Antone, Manager, Health Equity and Indigenous Reconciliation and Dr. Chris Mackie, Medical Officer of Health presented this report. The key components of this plan included the "Ways of Working" and "Recommendations".

It was moved by **Ms. Elliott, seconded by Mr. John Brennan**, that the Board of Health:

- 1) *Receive Report No. 19-21 re "Addressing Anti-Black Racism: A Plan for the Middlesex-London Health Unit" for information;*
- 2) *Endorse the proposed Anti-Black Racism Plan for MLHU; and*
- 3) *Direct staff to develop an implementation plan, including immediate implementation of recommendations that can be enacted in the short term, and resource implications as appropriate.*

Carried

alpha Resolution: Regulatory Measures to Address the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vapour Products (Report No. 22-21)

Ms. Maureen MacCormick, Director, Healthy Living and Ms. Donna Kosmack, Manager, Southwest Tobacco Control Area Network presented this report. It was noted that this resolution would be submitted to alpha for consideration at their Annual General Meeting on June 8, 2021.

It was moved by **Mr. Parker, seconded by Mr. Reid**, that the Board of Health:

- 1) *Receive Report No. 22-21, "Regulatory Measures to Address the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vapour Products";*
- 2) *Endorse the Statement of Sponsor Commitment and the Association of Local Public Health Agencies Resolution submission, "Reducing the Harms, the Availability and Youth Appeal of Electronic Cigarettes and Vaping Products through Regulation" attached as Appendix A; and,*
- 3) *Direct staff to submit the resolution (Appendix A) to the Association of Local Public Health Agencies (alpha) for consideration at the Annual General Meeting on June 8th, 2021.*

Carried

Program Update: Health Equity and Indigenous Reconciliation

Mr. Joe Antone, Manager, Health Equity and Indigenous Reconciliation provided an update on his program. Highlights of this program included:

- Served as COVID liaison team (March-September) to support organizations who serve vulnerable populations in their COVID planning (group homes, homeless-serving agencies, Indigenous agencies, settlement services, and schools initially)
- Co-developed with community partners a swabbing and isolation system for people experiencing homelessness
- Promoted self-determination for Indigenous communities by supporting the development of Indigenous-led swabbing clinics
- Provided leadership to the development of MLHU's Diversity and Inclusion Assessment, and Anti-Black Racism Plan and will lead implementation of recommendations
- Provided significant guidance and support for vaccine clinics for Indigenous populations, and will continue to guide and support vaccine clinics for Indigenous and Black populations
- Will lead development of a vaccine confidence program with Black communities and other priority populations
- Continue to provide ongoing health equity-related consultation support across MLHU

Program Update: Best Beginnings

Ms. Suzanne Vandervoort, Manager, Best Beginnings East and Ms. Isabel Resendes, Manager, Best Beginnings West provided an update on their program. Highlights of this program included:

- Teams support pregnant women and families, with children from birth to school entry, who are experiencing multiple challenges
- MLHU is lead agency for Nurse-Family Partnership (NFP) in Ontario (intensive public health nursing visiting program for young, first-time, socially disadvantaged mothers)
- Healthy Babies Healthy Children (HBHC) and NFP programs were prioritized in 2020: in-hospital screening was maintained and services were provided through phone, virtual, and home visits (some program adaptations were required)
- HBHC program is well-positioned to continue providing support to families in 2021, as recently directed by the Ministry of Children, Community and Social Services (MCCSS)
- In addition to promoting healthy growth and development and addressing many public health topics, home visiting programs will continue to support MLHU's COVID-19 efforts and address MLHU's priority recovery areas

COVID-19 Disease Spread and Vaccine Update (Verbal)

Dr. Alexander Summers, Associate Medical Officer of Health and Dr. Chris Mackie presented the verbal COVID-19 update.

Discussion about this verbal report included:

- The region being at a peak in the third wave and seeing an exponential increase across the province
- Yesterday, 176 cases were reported (the highest to date)
- Driven by Variants of Concern and gatherings
- Uptake in those taking the vaccine in all age groups
- Concerns of vaccine allocation and still aiming to keep all vaccine clinics open
- The potential of advocating to declare the N6A postal code region as a "hot spot"

It was moved by **Ms. Kayabaga**, seconded by **Mr. Steele**, that the Board Chair and Medical Officer of Health advocate to the Province of Ontario to declare the N6A postal code zone a COVID-19 hot spot.

Carried

It was moved by **Mr. Reid, seconded by Mr. Parker**, *that the Board of Health receive the verbal report on COVID-19 Disease Spread and Vaccine Update for information.*

Carried

Summary Information Report for April 2021 (Report No. 20-21)

Ms. Heather Lokko, Director, Healthy Start/Chief Nursing Officer and Ms. Maureen MacCormick, Director, Healthy Living presented this summary report.

It was moved by **Ms. DeViet, seconded by Mr. Reid**, *that the Board of Health receive Report No. 20-21 re: Summary Information Report for April for information.*

Carried

Medical Officer of Health Activity Report for April 2021 (Report No. 21-21)

Dr. Mackie presented Medical Officer of Health Activity Report for April 2021. There were no comments or concerns from the Board of Health.

It was moved by **Mr. Parker, seconded by Mr. O'Donnell**, *that the Board of Health receive Report No. 21-21 re: "Medical Officer of Health Activity Report for April 2021" for information.*

Carried

CORRESPONDENCE

It was moved by **Mr. Steele, seconded by Ms. Elliott**, *that the Board of Health receive correspondence item a).*

Carried

OTHER BUSINESS

- Next Board Meeting is Thursday, May 20th, at 7 p.m.

CONFIDENTIAL

At **8:56 p.m.**, it was moved by **Mr. Reid, seconded by Mr. Parker**, *that the Board of Health will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees, matters that are subject to solicitor-client privilege, including communications necessary for that purpose, labour relations or employee negotiations, and to approve confidential minutes from the March 18, 2021 Board of Health meeting.*

Carried

At **10:11 p.m.**, it was moved by **Mr. Reid, seconded by Mr. Parker**, *that the Board of Health rise and return to public session.*

Carried

ADJOURNMENT

At **10:11 p.m.**, it was moved by **Mr. Reid, seconded by Mr. Parker**, *that the meeting of Board of Health be adjourned.*

Carried



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
Special Meeting

Monday, May 3, 2021, 1 p.m.
ZOOM

MEMBERS PRESENT: Ms. Maureen Cassidy (Chair)
Ms. Aina DeViet (Vice-Chair)
Mr. Matt Reid
Mr. John Brennan
Ms. Arielle Kayabaga
Mr. Bob Parker
Ms. Kelly Elliott
Mr. Mike Steele
Mr. Aaron O'Donnell

REGRETS: Ms. Tino Kasi

OTHERS PRESENT: Ms. Stephanie Egelton, Senior Executive Assistant to the Medical Officer of Health/Associate Medical Officer of Health (Recorder, exited at 1:06 p.m.)

Chair Maureen Cassidy called the meeting to order at **1:05 p.m.**

DISCLOSURE OF CONFLICT OF INTEREST

Chair Cassidy inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Kelly Elliott, seconded by Mr. Matt Reid**, that the *AGENDA* for the May 3, 2021 Special Board of Health meeting be approved.

Carried

CONFIDENTIAL

At **1:06 p.m.**, it was moved by **Ms. Elliott, seconded by Ms. Aina DeViet**, that the Board of Health will move in-camera to consider personal matters about an identifiable individual, including municipal or local board employees.

Carried

Ms. Egelton left the meeting at **1:06 p.m.**, and Chair Cassidy recorded the remaining information for the purposes of these minutes.

At **2:37 p.m.**, it was moved by **Ms. Elliott, seconded by Mr. Mike Steele**, that the Board of Health rise and return to public session.

Carried

ADJOURNMENT

At **2:38 p.m.**, it was moved by **Mr. Bob Parker**, seconded by **Mr. John Brennan**, *that the May 3 Special Meeting of the Board of Health be adjourned.*

Carried

MAUREEN CASSIDY

Chair

AINA DEVIET

Vice Chair

DRAFT



**PUBLIC MINUTES
GOVERNANCE COMMITTEE**

Microsoft Teams

Thursday, April 15, 2021 5:30 p.m.

MEMBERS PRESENT: Mr. Bob Parker (Chair)
Ms. Aina DeViet
Ms. Maureen Cassidy
Ms. Arielle Kayabaga
Mr. Mike Steele

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Stephanie Egelton, Executive Assistant to the Board of Health and Communications Coordinator (Recorder)
Ms. Emily Williams, Director, Healthy Organization/Interim CEO
Ms. Victoria Mazzarolo, Student, Healthy Organization
Ms. Kendra Ramer, Manager, Strategic Projects
Ms. Kelly Elliott, Board Member

Chair Bob Parker called the meeting to order at **5:45 p.m.**

DISCLOSURES OF CONFLICT OF INTEREST

Chair Parker inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by **Ms. Aina DeViet**, seconded by **Mr. Mike Steele**, that the **AGENDA** for the April 15, 2021 Governance Committee meeting be approved.

Carried

APPROVAL OF MINUTES

It was moved by **Ms. Maureen Cassidy**, seconded by **Mr. Steele**, that the **MINUTES** of the February 18, 2021 Governance Committee meeting be approved.

Carried

NEW BUSINESS

Governance By-law and Policy Review (Report No. 07-21GC)

Ms. Emily Williams, Director of Healthy Organization/Interim CEO presented the report on Governance By-law and Policy Review and noted that there were five policies presented to Committee members for update feedback.

It was moved by **Ms. DeViet**, seconded by **Ms. Cassidy**, that the Governance Committee make a recommendation to the Board of Health to:

- 1) *Receive Report No. 07-21GC re: "Governance By-law and Policy Review" for information; and*
- 2) *Approve the governance by-laws and policies as appended to this report.*

Carried

Board of Health Self-Assessment (Report No. 08-21GC)

Ms. Williams presented the report on the Board of Health Self-Assessment and noted that it was deferred last year due to COVID-19.

Discussion about the following item included:

- The expansion of more questions for the Board
- The need for questions regarding committees including ad-hoc committee growth, work that they do and places that they can improve
- Having this assessment connect with the needs regarding orientation of Board Members
- Noting the turnover of Board Members and that all members have something to contribute to this assessment

Ms. Arielle Kayabaga further suggested to have a communication created, noting the roles of Board Members, committees, and key positions within the health unit, as many members of the Board are receiving questions from constituents on the matter. It was noted that this could be achieved through assistance of MLHU's Communications Department.

It was moved by **Ms. Arielle Kayabaga, seconded by Mr. Steele**, that the Governance Committee make a recommendation to the Board of Health to *create a communication for the Board and public regarding the roles of the Board of Health (Governance) and key positions within the Middlesex-London Health Unit.*

Carried

It was moved by **Ms. Kayabaga, seconded by Ms. Cassidy**, that the Governance Committee make a recommendation to the Board of Health to:

- 1) *Receive Report No. 08-21GC re: "Board of Health Self-Assessment";*
- 2) *Approve the revised Board of Health Self-Assessment Tool appended to this report; and*
- 3) *Approve initiation of the Board of Health self-assessment process for 2021.*

Carried

Further, it was moved by **Ms. DeViet, seconded by Mr. Steele**, that the Governance Committee make a recommendation to the Board of Health to *amend the revised Board of Health Self-Assessment Tool to include questions about sub-committees within the Middlesex-London Board of Health.*

Carried

2020 Strategic Plan Summary (Report No. 09-21GC)

Ms. Williams presented this report on the 2020 Strategic Plan Summary. It was noted by Ms. Kendra Ramer, Manager, Strategic Projects that some projects (such as Middlesex County Services Review) were delayed due to COVID-19.

It was moved by **Ms. DeViet, seconded by Ms. Cassidy**, that the Governance Committee make a recommendation to the Board of Health to *receive Report No. 09-21GC re: "2020 Strategic Plan Summary" for information.*

Carried

MLHU Provisional Strategic Plan (Report No. 10-21GC)

Dr. Chris Mackie introduced the Provisional Strategic Plan to the Committee. It was noted that this plan is a short-term, action-oriented plan that is based on what the Health Unit had previously identified as key priorities, and what can realistically be accomplished in the next 12-18 months.

It was moved by **Mr. Steele, seconded by Ms. Kayabaga**, that the Governance Committee make a recommendation to the Board of Health to:

- 1) *Receive Report No. 10-21GC re: “2021-22 MLHU Provisional Plan” for information; and*
- 2) *Approve the 2021-22 Provisional Plan (Appendix A) and reporting template (Appendix B) as appended to this report.*

Carried

OTHER BUSINESS

Next meeting is Thursday, June 17, 2021 at 6 p.m.

CONFIDENTIAL

At **6:40 p.m.**, it was moved by **Ms. Cassidy**, seconded by **Ms. DeViet**, *that the Governance Committee will move in-camera to consider matters regarding identifiable individuals.*

Carried

At **6:59 p.m.**, it was moved by **Ms. Cassidy**, seconded by **Ms. Kayabaga**, *that the Governance Committee rise and return to public session from closed session.*

Carried

ADJOURNMENT

At **7 p.m.**, it was moved by **Ms. Cassidy**, seconded by **Ms. Kayabaga**, *that the meeting be adjourned.*

Carried

ROBERT PARKER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health; Emily Williams, CEO (Interim)

DATE: 2021 May 20

DIVERSITY AND INCLUSION ASSESSMENT: MLHU EMPLOYMENT SYSTEMS REVIEW

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 24-21 re: “Diversity and Inclusion Assessment: MLHU Employment Systems Review“ for information; and*
- 2) Endorse the recommendations within the Employment Systems Review for implementation at the Middlesex-London Health Unit.*

Key Points

- The Diversity and Inclusion Assessment has two deliverables - an Employment Systems Review (ESR) and a Workforce Census – to provide recommendations to ensure all employees have a safe and inclusive workplace experience and that employees reflect diversity in the community.
- The ESR provides an analysis of MLHU’s current policies and procedures, identifies experiences of MLHU employees, and provides recommendations to address any issues identified in the areas of hiring and recruitment, physical work environments, and workplace culture.
- Organizational commitment to implementation of the recommendations will strengthen MLHU’s workforce and enhance its public health outcomes.

Background

Originally slated for completion in 2019, the Diversity and Inclusion Assessment was delayed due to the proposed public health restructuring and the COVID-19 pandemic. A scan of other health units across Ontario has indicated that MLHU is the first such organization to publicly report on such an initiative.

Several months after the Middlesex-London Health Unit’s COVID-19 response was underway, the Senior Leadership Team decided to move forward with the Diversity and Inclusion Assessment given its critical importance. As the Board of Health declared anti-Black racism a public health crisis, it was important to demonstrate organizational leadership in understanding and addressing diversity and inclusion within the workplace. The Assessment was initiated to identify recommendations for steps MLHU could take to ensure that all employees have the same opportunities for a safe and inclusive workplace experience and that the workforce composition would better reflect the diversity of the community served. In August 2020, MLHU contracted [Turner Consulting Group Inc.](#) to conduct the Assessment.

Employment Systems Review (ESR)

As the first of two deliverables of the Diversity and Inclusion Assessment, the ESR is a key part of MLHU’s ongoing commitment to health equity. The goals of the ESR were to:

- Inform the revision, enhancement, and/or development of current and future policies and practices in order to foster an equity-oriented and inclusive workplace culture
- Identify and respond to the experiences and expectations of diverse groups within the workplace with respect to inclusion, access, equity, engagement, and eliminating discriminatory practices

- Inform efforts to further develop an equity-oriented and inclusive workplace culture that prevents and responds to the existence of discrimination and oppression and engages, encourages, and supports all employees to realize their full potential in the workplace, and
- Identify potential recommendations to address the identified issues.

An internal Advisory Committee was developed to support this work, with representation from Human Resources, both unions, Communications, and some program areas.

The consultant used the methodology for conducting an Employment Systems Review developed by the federal government as a guide for employers that must comply with the requirements of the *Employment Equity Act*. The ESR included a review of employment policies, written procedures and related documents, a review of recruitment files, focus groups, a staff online survey, and telephone interviews. The ESR primarily focused on issues affecting the groups facing persistent and systemic discrimination in employment (women, racialized people, Indigenous peoples, persons with disabilities, and LGBTQ2S+).

Results

A comprehensive report was provided by the consultant, outlining purpose, methodology, organizational context, findings, recommendations, and next steps ([Appendix A](#)). The consultant identified strengths on which MLHU can build a diverse, equitable, and inclusive organization, including: 1) focus on health equity and the social determinants of health; 2) staff commitment to equity, diversity, and inclusion; 3) commitment of the Board and leadership to equity, diversity, and inclusion; and 4) human resources and equity infrastructure.

Eighty-eight recommendations were identified within three key priority areas:

- Diversify the workforce at all levels
- Strengthen Human Resources policies and practices
- Create a more inclusive and respectful organizational culture

Next Steps & Conclusion

While making changes to workplace practices and culture can be challenging, it is critical that MLHU remain committed to systematic, coordinated, comprehensive, and sustained implementation of the Employment Systems Review recommendations. Recommendations will be prioritized, and an implementation plan will be developed; some steps will be initiated in 2021 and implemented in the short term, while others may take months or years to fully realize. The development of the implementation plan will be led by the Health Equity and Indigenous Reconciliation Team, in very close collaboration with the Human Resources Team, the internal Advisory Committee, and relevant teams across the health unit. The Senior Leadership Team will ensure appropriate resourcing and prioritization of the implementation of approved recommendations.

The second deliverable of the Diversity and Inclusion Assessment, the workforce census, is just being finished and we expect a finalized report by the end of May from the consultant.

Ongoing commitment from the Board of Health, MLHU's Leadership Team, and all MLHU employees to implementation of the recommendations will create an equity-oriented and inclusive workplace which will support all at MLHU to be their best self and will, ultimately, enhance public health outcomes.

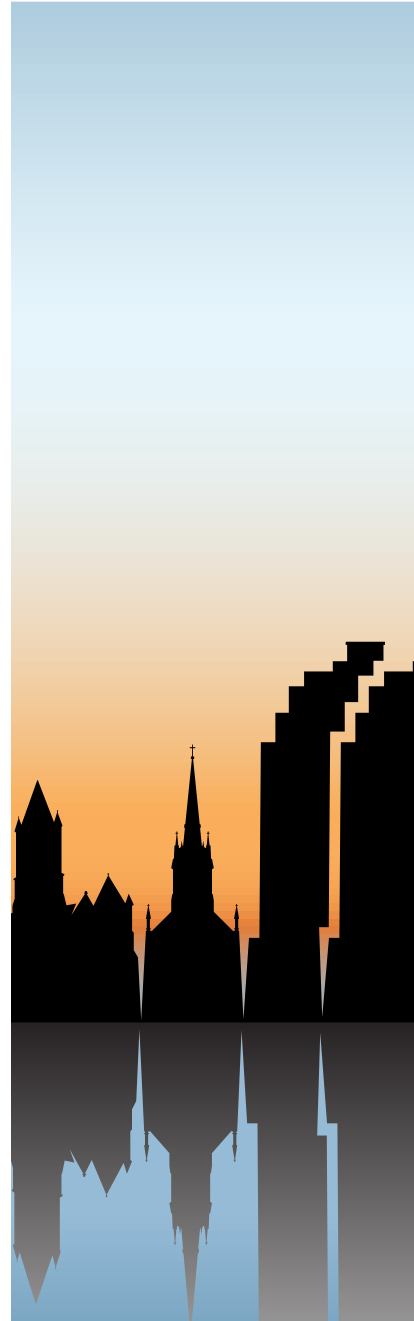
This report was prepared by the Health Equity and Indigenous Reconciliation Team

A handwritten signature in black ink, appearing to read 'C. Mackie'.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

A handwritten signature in black ink, appearing to read 'E Williams'.

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)



May 2021

DIVERSITY & INCLUSION ASSESSMENT

PART 1 Employment Systems Review

MIDDLESEX-LONDON HEALTH UNIT

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EXECUTIVE SUMMARY

This *Employment Systems Review Report* is the product of six months of work by the consulting team to analyze and review the Middlesex-London Health Unit's (MLHU/Health Unit) employment policies and practices in order to identify and make recommendations for the elimination of systemic, cultural, and attitudinal barriers to a diverse workforce and employees' full participation in the workplace.

Workplace equity, diversity, and inclusion initiatives aim to do more than just create a workplace that reflects the diversity of the community served. In and of itself, diversity offers little benefit to an organization. The bigger payoff, and the more significant challenge, is creating an inclusive organizational culture in which all employees feel welcomed and included. Only through inclusion will an organization benefit from the strength of diversity, as inclusion enables employees to contribute their best to the organization, its clients, and its service users.

Given the increasing diversity in the Middlesex-London area and the need for the Health Unit to better reflect, understand, and serve this community, equity, diversity, and inclusion work cannot be left to chance. Inclusive organizations don't develop by accident or through the efforts of a few well-meaning individuals. More and more organizations across Canada are recognizing that in order to be an employer of choice, an effective provider of services, and a good community citizen, equity, diversity, and inclusion must be deliberately and thoughtfully incorporated into all aspects of an organization's work.

To create an inclusive organization, leaders must demonstrate personal commitment and boldly lead employees on this journey. Staff must be tenacious in committing their time and energy to guiding and nurturing programs, participating in learning opportunities, and applying their learnings to how they interact with both colleagues and service users. The equity, diversity, and inclusion journey requires patience as well as discussions and action that challenge the status quo, with the understanding that this journey is ongoing and not a one-time initiative.

Methodology for this review

While the research team was open to exploring any equity issues that arose in the course of conducting this Employment Systems Review, the research inquiry was focused on issues affecting the groups facing persistent and systemic discrimination in employment, namely women, racialized people, Indigenous peoples, persons with disabilities, and LGBTQ2S+.

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While this review highlights the equity issues facing these historically oppressed groups, the removal of barriers to the hiring, advancement, and full inclusion of employees from these particular groups benefits all employees and the organization as a whole through improved productivity, effectiveness, and responsiveness to the community served.

To conduct this research, the team used the methodology for conducting an Employment Systems Review developed by the federal government as a guide for employers that must comply with the requirements of the *Employment Equity Act*. This work includes an assessment of each policy, practice, or system in terms of:

- *Legal compliance*: to ensure they are in compliance with equity-related legislation, including the Ontario *Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act*
- *Consistency*: to ensure they are applied in a consistent manner throughout the organization
- *Job relatedness*: to ensure they are bona fide and objective, and constitute a business necessity
- *Validity*: to determine whether they objectively predict successful job performance
- *Adverse impact*: to assess whether they have a disproportionately negative effect on employees from diverse communities, backgrounds, and identities
- *Reasonable accommodation*: to assess whether there are policies and procedures in place to identify and remove barriers in the workplace that keep qualified employees from participating equally in all aspects of employment, and
- *Inclusive*: whether policies and practices are inclusive of people from diverse communities, backgrounds, and identities.

This work was led and supported by the Health Equity and Indigenous Reconciliation Team. The Diversity and Inclusion Advisory Committee, consisting of staff from various divisions and levels of the organization, including representatives from both unions, guided the work of the consultants by providing input on the methodology, offering further insights into the issues identified, and reviewing and providing input into the draft report.

The Employment Systems Review blends the collection and analysis of both qualitative and quantitative data through the following methods:

- Review of employment policies, written procedures, and related documents
- Review of 39 staffing files for competitions held between 2018 and 2020
- Focus groups in which 26 employees participated
- An online survey in which 137 employees participated

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- 28 one-on-one telephone interviews with Board members, senior leaders, union representatives, and Human Resources staff.

Organizational strengths

This review has identified the strengths on which MLHU can build a diverse, equitable, and inclusive organization. These strengths provide an important foundation on which the Health Unit can build.

Focus on Health Equity and the Social Determinants of Health

MLHU has placed much attention on health equity and the social determinants of health. This has created a foundational understanding for many employees about the need to improve access and remove barriers that are unfair and unjust, as well as how oppression contributes to health inequities. This perspective can help employees better understand the issues in the workplace when the lens is turned inward.

Furthermore, employees' understanding of *health equity* (i.e., that all members of the community have opportunities to be healthy and receive quality care that is fair and appropriate to their needs, no matter where they live, what they have, or who they are¹) will help employees understand *employment equity* (i.e., the establishment of working conditions that are free from barriers and seeks to correct conditions of disadvantage in employment, sometimes through the use of special measures).

Staff commitment to equity, diversity, and inclusion

This review found a great deal of commitment to equity, diversity, and inclusion, primarily with respect to service delivery. Staff expressed pride in working for an organization that makes such a difference in the community and in the lives of the most marginalized. For many, equity, diversity, and inclusion are an important part of their identity as employees of the Health Unit.

Commitment of the Board and leadership to equity, diversity, and inclusion

Linked to the Health Unit's commitment to health equity is the leadership that has been shown by the Board and leadership. Employees pointed to the participation of the Chief Medical Officer in the recent Black Lives Matter demonstrations along with the identification of racism as a public health issue, as demonstrated through commitments by the Health Unit's leadership to anti-racism and anti-oppression.

Human Resources and equity infrastructure

MLHU has a strong Human Resources infrastructure and, through the Health Equity and Indigenous Reconciliation Team, has begun to strengthen its equity infrastructure. The Human Resources Department has also begun to embed considerations of equity and

¹ <https://www.hqontario.ca/What-is-Health-Quality/Health-Equity-and-Quality>

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diversity into its procedures and practices. This knowledge and ongoing support to the organization is needed for the Health Unit to embed equity within its employment policies and practices, sustain ongoing training and educational opportunities, and respond appropriately when issues arise. This investment will also help to increase momentum and support all employees to embed workplace equity, diversity, and inclusion in their day-to-day work, encouraging employees to see it as an add-in to all aspects of their work rather than as add-on to their core business. This infrastructure is essential to ensuring the sustainability of this work and long-lasting change.

The Road Ahead: Priority Areas

This review has identified equity, diversity, and inclusion issues and gaps that fall into three key priority areas. These priority areas are the high-level “what” that needs to form the basis of MLHU’s action planning.

Priority 1: Diversify the workforce at all levels

By all accounts, Indigenous peoples and racialized people are underrepresented within the organization. The extent of this gap will be examined through the Workforce Census currently underway. As such, it is critical that the Health Unit work to close this gap.

This review found that in order to advance efforts to diversify the workforce, MLHU’s hiring and selection process should be strengthened and barriers to the hiring of employees from diverse backgrounds be removed. Those involved in the hiring process must also be supported to recognize and mitigate their unconscious biases and understand the value that diversity brings to the workplace. Likewise, they must be provided with the tools, resources, and policies to ensure that the staff who are hired have the knowledge and skills to work effectively with a diverse client population.

Through this review, we have identified barriers in the hiring process at MLHU that would negatively impact job seekers from diverse backgrounds. This includes an equity statement that may not encourage applications from job seekers from diverse backgrounds, selection criteria that do not include the ability to work with clients from diverse backgrounds, and assessment criteria that do not always focus on the skills and abilities to do the job.

Recommendation to address these issues include:

- Updating the Recruitment and Hiring Policy and Guidelines to support a more equitable hiring process and to ensure compliance with the *Accessibility for Ontarians with Disabilities Act*
- Developing an Employment Equity Policy to codify equitable hiring practices and strategies for diversifying the workforce

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- Strengthening the equity statement to reflect a stronger commitment to attracting and hiring job seekers from Indigenous communities and the equity-seeking groups
- Conducting targeted outreach recruitment to attract applicants from diverse communities, backgrounds, and identities, particularly Indigenous and racialized applicants, and
- Indicating on job ads that qualified candidates must have the skills and knowledge needed to work with an increasingly diverse population as well as the skills related to and knowledge of health inequities, how they are perpetuated, as well as how to address them, specific to the requirements of the job.

Priority 2: Strengthen Human Resources policies and practices

While MLHU has a strong Human Resources infrastructure, the organization can do more to embed equity within its policies and processes and to ensure they align with requirements of the Ontario *Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act*. The review also found that more could be done to educate managers to ensure the consistent application of policies and to ensure that they fully understand and are able to meet their legal obligations under the Ontario *Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act*.

Doing so will also help to instill employee confidence in the organization's employment policies and practices, thereby enabling employees to come forward with issues and fully participate in fostering a more equitable and inclusive workplace.

Recommendations from this review include:

- That various policies be updated to address the identified issues and to better align them with the requirements of the Ontario *Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act*
- The development of an Accommodation Policy to address the Health Unit's obligation to provide accommodation based on any Code protected ground
- That managers be educated about their duty to accommodate employees based on any human rights protected ground, and
- That all employees be educated about their rights regarding workplace accommodation and the process of obtaining said accommodation.

Priority 3: Create a more inclusive and respectful organizational culture

Each person has a unique experience in the organization that depends on many factors, including their identity. While many employees indicated that they feel welcomed and valued at MLHU, a number also shared that they have felt devalued and marginalized.

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As MLHU advances its workplace equity, diversity, and inclusion initiative, it needs to focus its attention on fostering a more inclusive organizational culture in which all staff feel welcome, safe, and able to contribute their best. Inclusion must not only be championed by senior leaders, managers, and administrators, but also modelled in order to create the desired shift in the Health Unit's organizational culture. In addition, as the workplace becomes increasingly diverse, it is critical that all staff feel welcome, included, and supported to be successful.

This review found some issues at the Health Unit, namely the lack of accessibility features in the Citi Plaza offices; that some employees don't find it to be a safe space to disclose hidden identities; and that employees feel that favouritism impacts employees' opportunities, access to professional development, and even workload. A number of employees also raised concerns about the lack of access to accommodation and their experiences of subtle forms of inappropriate behaviours and insensitive comments. Furthermore, many employees do not feel that they can go to their manager or to Human Resources to have their issues addressed.

Recommendations to address the identified issues include:

- Strengthening policies and the ability of managers to address issues of harassment when they do occur
- Addressing the Health Unit's legal obligation to provide religious accommodation
- Developing a Smudging and Pipe Ceremonies Policy that supports the organization's legal obligation to protect, promote, and facilitate Indigenous traditions and ceremonies
- Educating staff about the use of preferred names and pronouns
- Developing policies and related guidelines to support transgender employees who may be transitioning at work
- Educating employees and managers about mental health issues to destigmatize mental health to increase the likelihood that employees will seek and receive the needed accommodations
- Providing senior leaders and all people managers with the training and ongoing supports to ensure they are able to lead and foster a work environment that values and is inclusive of Indigenous peoples and employees from the equity-seeking groups, and
- Providing education and training to increase employees' understanding and ability to foster a more inclusive work environment.

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Next Steps

The completion of an Employment Systems Review is an important first step for MLHU on its journey to meeting its stated goals of creating a diverse workforce and inclusive organizational culture.

We strongly recommend that the completion of this Employment Systems Review usher in a process of coordinated implementation of the recommendations. The development of a workplan, including timelines and responsibilities, will help to ensure that the list of recommendations are prioritized and addressed in a coordinated manner, and that implementation is monitored to ensure that all recommendations are addressed and that adjustments are made as needed.

While the equity, diversity, and inclusion journey ahead will challenge the organization and its leaders and employees, it is a journey that will create a stronger, more innovative, and more effective organization that will better meet the needs of the population served.

PART A: INTRODUCTION

1. Background

The Middlesex-London Health Unit (MLHU, the Health Unit) is a key part of the local health system. Its goal is to watch for, identify, and address the public health issues that can affect the Middlesex-London community, promote and protect health, and reduce health inequities. Staff of the Health Unit work at the offices and clinic at Citi Plaza and Strathroy to offer programs and services such as sexual health clinics and oral health services. They work in schools, community settings, and with families in their homes. Health Unit staff also inspect restaurants and businesses that sell food, swimming pools, tattoo shops, hairdressers, nail salons, spas, and more. Members of the Health Unit also work to inform healthy public policy that can lead to healthier communities.

This Diversity and Inclusion Assessment is a key part of the Health Unit's ongoing commitment to health equity. The Equity, Diversity, and Inclusion Action Plan — the final product of the Diversity and Inclusion Assessment — will not only help to ensure that the employees of the Health Unit better reflect the diverse community served but will also support all employees to contribute their best to the organization. The goals of the Diversity and Inclusion Assessment are to:

- Understand the composition of the current workforce and how employees self-identify
- Inform the revision, enhancement, and/or development of current and future policies and practices in order to foster an equity-oriented and inclusive workplace culture
- Identify and respond to the experiences and expectations of diverse groups within the workplace with respect to inclusion, access, equity, engagement, and eliminating discriminatory practices
- Inform efforts to further develop an equity-oriented and inclusive workplace culture that prevents and responds to the existence of discrimination and oppression to engage, encourage, and support all employees to realize their full potential in the workplace, and
- Identify potential recommendations to address the identified issues.

Turner Consulting Group Inc. was contracted in December 2018 to conduct this Diversity and Inclusion Assessment. This work was delayed in 2019 because of uncertainty surrounding the potential merging of health units by the provincial government. It was delayed again in early 2020 because of the onset of the COVID-19 pandemic.

The project began in earnest in August 2020 and consisted of two phases: an Employment Systems Review (ESR) and a Workforce Census.

2. Overview of the Employment Systems Review

2.1 The purpose of an Employment Systems Review

An ESR is a comprehensive review of written and unwritten, formal and informal employment policies, practices, and procedures that identifies and makes recommendations for the removal of systemic/institutional, cultural, and attitudinal barriers to equitable policies and practices, a diverse workforce, and an inclusive work environment. An ESR provides an organization with information on what is working well and what requires improvement so that it can build on its strengths and remove the identified barriers.

2.2 What are barriers?

Barriers are formal or informal policies, practices, and procedures that operate either by themselves or in conjunction to restrict or exclude groups of employees from entry into, advancement in, and full participation within an organization. Although any employee can be unsuccessful in the employment process for a variety of reasons, certain groups (i.e., women, racialized people,² Indigenous peoples, and persons with disabilities) have faced persistent and systemic barriers to gaining employment commensurate with their education, skills, and experience, as well as advancement and full inclusion in the workplace.³ As such, these groups have been identified as the focus of the federal *Employment Equity Act*. In addition, MLHU has also included those who identify as LGBTQ2S+⁴ as part of this ESR because of the evidence that this group also faces discrimination in the labour market and harassment on the job.⁵ Recognizing that

² The term “racialized” is used throughout this report to replace the term “visible minority” used by Statistics Canada. This definition includes those who self-identify as South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, mixed race, and others who identify as non-White and non-Indigenous.

³ See *Equality in Employment: A Royal Commission Report* by Judge Rosalie Abella. Released in 1984, this landmark report recommended enactment of employment equity as a government intervention to address the magnitude of systemic discrimination faced by Indigenous people and the equity-seeking groups.

⁴ This is a shortened acronym that incorporates both sexual orientation and gender identity, and is meant to refer to the entire lesbian, gay, bisexual, trans, queer, questioning, intersex, pansexual, two-spirit, asexual communities and their allies, otherwise referred to as LGBTQIP2SAA.

⁵ See for example:

The Canadian Press. (2014, September 1). *Transgender unemployment is a result of discrimination, advocate says*. CBC News. Retrieved from <http://www.cbc.ca/news/canada/toronto/transgender-unemployment-is-a-result-of-discrimination-advocate-says-1.2752459>

Indigenous peoples are not just another equity-seeking group, we refer to these five groups as “Indigenous peoples and the equity-seeking groups” throughout this report.

While the focus is on these five groups because of the persistent and systemic discrimination they experience in the labour market, issues that affect other groups, such as newcomers and those from non-Christian faiths, will be noted where they have been identified.

Furthermore, while the focus is on these equity-seeking groups, the removal of employment barriers benefits all employees and offers advantages to the organization as a whole through improved productivity, effectiveness, responsiveness to the community served, and improved health outcomes for the community.

Generally, barriers fall into three categories: systemic/institutional, cultural, and attitudinal. These barriers are interrelated and can reinforce each other.

Systemic/Institutional Barriers

Systemic barriers are embedded in the policies and practices of an organization. They arise from the use of criteria that are not job related or required for the safe and efficient operation of the organization. Systemic barriers might have evolved from historical practices (i.e., the way the organization has always done things) that possibly exclude Indigenous peoples and members of the equity-seeking groups or place them at a disadvantage in accessing job opportunities. On the surface, the policies and practices may appear to be neutral or even reasonable. They may also result from unconscious biases on the part of decision makers. They may, however, have a negative impact on members of certain groups.

Examples of systemic barriers that Indigenous peoples and the equity-seeking groups face in the labour market include:

- Staffing through personal networks. This process could prevent Indigenous peoples and individuals from the equity-seeking groups from hearing about and applying for job vacancies, and
- Informal mentoring and networking that support the advancement of some groups and disadvantages Indigenous employees and employees from the equity-seeking groups.

Serebrin, J. (2018, May 15). Survey reveals Canada still has a ways to go on workplace discrimination. *The Globe and Mail*. Retrieved from <https://www.theglobeandmail.com/report-on-business/careers/the-future-of-work/survey-reveals-canada-still-has-a-ways-to-go-on-workplace-discrimination/article27006279/>

Cultural Barriers

Barriers can also be created by an organizational culture that isolates and alienates Indigenous peoples and members of the equity-seeking groups, sometimes unknowingly, and one in which stereotypes and preconceived notions about these groups persist and inform decision making. This could then confirm pre-existing biases and ultimately reinforce the underrepresentation of these groups in the organization.

Cultural barriers can also be systemic in that they may be embedded in the practices of the organization. In addition, cultural barriers can influence and be influenced by the individual attitudes of employees and leaders within the organization.

Examples of cultural barriers that Indigenous peoples and members of the equity-seeking groups face in the labour market include:

- An unwelcoming work environment that excludes or undermines the success of people from diverse communities, backgrounds, and identities
- Assumptions that permeate the organization about what certain groups of people can and cannot do and which occupations they are suited for, and
- A “macho” work culture that excludes women from male-dominated occupations or positions of leadership.⁶

Attitudinal Barriers

Attitudinal barriers result from the attitudes and behaviours of individuals. They can arise from unconscious biases, inaccurate assumptions and stereotypes, as well as an individual’s actual intent to be discriminatory.

Examples of attitudinal barriers that Indigenous peoples and the equity-seeking groups face in the labour market include:

- Not hiring a young woman for a job because the manager assumes she may get pregnant and go on maternity leave shortly after being hired⁷
- Removing résumés or applications from individuals with “ethnic” or Indigenous-sounding names because of stereotypes about these groups,⁸ and

⁶ See for example: Spector, B. (2017, June 5). *Why macho culture is bad for business*. PBS News. Retrieved from <https://www.pbs.org/newshour/economy/column-macho-culture-bad-business>; Wilkie, D. (2015, September 16). *Tackling a ‘macho’ mentality at work*. Society for Human Resource Management. Retrieved from <https://www.shrm.org/ResourcesAndTools/hr-topics/behavioral-competencies/global-and-cultural-effectiveness/Pages/macho-workplaces.aspx>

⁷ See for example: The Guardian. (2014, August 12). *40% of managers avoid hiring younger women to get around maternity leave*. Retrieved from <https://www.theguardian.com/money/2014/aug/12/managers-avoid-hiring-younger-women-maternity-leave>

⁸ See for example: Oreopoulos, P., & Dechief, D. (2012, February). *Why do some employers prefer to interview Matthew, but not Samir? New Evidence from Toronto, Montreal, and Vancouver*. Canadian Labour Market and

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- Not hiring a candidate with a disability because of discomfort interacting with persons with disabilities or assumptions that accommodation may be too costly.⁹

Cultural and attitudinal barriers are not found in the written policies or procedures of the organization, and in fact may not be consistent with the organization's stated policies.

2.3 The benefits of workplace equity, diversity, and inclusion

The argument for workplace equity, diversity, and inclusion has gone beyond the moral argument that it is the right thing to do. There is a growing body of literature that makes a compelling business case for ensuring and supporting a diverse workforce and inclusive work environment. The literature identifies a number of benefits, including:

Increased community health. A diverse workforce helps the Health Unit understand and respond to the needs of an increasingly diverse community in three areas:

- At the *strategy level*, where strategic decisions about policies are made
- At the *design level*, where decisions about programs and services are made, and
- At the *service level*, which is the point of contact between the Health Unit and its clients, service users, and the community.

Strengthened ability to achieve health equity. Health Unit staff that reflect, understand, and are responsive to the needs of a diverse community also help to achieve health equity. Achieving health equity requires addressing the many causes of health inequities related to social and environmental factors, including income, social status, race, gender, education, and physical environment. A diverse health care workforce is associated with improved access to care by members of Indigenous and ethno-racial communities, members of the LGBTQ2S+ communities, persons with disabilities, and women, thereby ensuring greater access to needed programs and services and improving the quality of health care for service users and clients.

Strengthened employee relations and confidence in MLHU as an employer of choice.

Formalized non-discriminatory and inclusive human resources policies and practices, increased transparency, and consistency of human resources practices also strengthens employee confidence that they are being treated in a fair and equitable manner. These practices, along with a welcoming and inclusive work environment, help to improve employee morale and loyalty and reduce complaints, grievances, and turnover.

Skills Researcher Network. Working Paper No. 95. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2018047

⁹ See for example: Kaye, H., Jones, E., & Jans, L. (2010). Why employers don't hire people with disabilities: Research findings and policy implications. *Disability and Health Journal*, 3. <https://doi.org/10.1016/j.dhjo.2009.08.086>

Improved image of MLHU as an employer of choice. Employers that are known to have a commitment to diversity and inclusion are more likely to be positively regarded by the public in general and by prospective employees in particular. This positive corporate image then increases the organization's ability to attract and retain high-calibre employees from diverse communities, backgrounds, and identities.

Improved staff job satisfaction and productivity.¹⁰ Employers that create and support a work environment in which all employees feel valued and safe from harassment and that treat their employees fairly and with respect are typically rewarded with increased morale, better performance, and higher productivity.

Increased creativity and innovation.¹¹ Organizations that encourage and support workplace inclusion are better able to attract and retain top talent from diverse communities, backgrounds, and identities. This increases the diversity of perspectives, approaches, knowledge, and skills within the organization, which can then boost the organization's creativity, innovation, and overall success.

3. Methodology

3.1 Diversity and Inclusion Advisory Committee

This work was led and supported by the Health Equity and Indigenous Reconciliation Team. The Diversity and Inclusion Advisory Committee, comprised of staff from various divisions and levels of the organization including representatives from both unions, guided the work of the consultants by providing input on methodology, offering further insights into the issues identified, and reviewing and providing input into the draft report.

3.2 Employment Systems Review Framework

When conducting this work, we relied on the Canadian Human Rights Commission's Framework for Compliance with the *Employment Equity Act*, as this document outlines the

¹⁰ Stazyk, E. C., Davis, R. S., & Liang, J. (2012). *Examining the links between workforce diversity, organizational goal clarity, and job satisfaction*. Prepared for the 2012 Annual Meeting and Exhibition of the American Political Science Association, New Orleans, LA (August 30–September 2, 2012). Retrieved from <https://www.bc.edu/content/dam/files/centers/cwf/individuals/pdf/Div-ersityClarityandSatisfaction.pdf>

¹¹ See for example:

McKinsey & Company. (2015). *Women in the workplace*. Retrieved from <https://womenintheworkplace.com/>

Reynolds, A., & Lewis, D. (2017, March 30). Teams solve problems faster when they're more cognitively diverse. *Harvard Business Review*. Retrieved from <https://hbr.org/2017/03/teams-solve-problems-faster-when-theyre-more-cognitively-diverse>

Rigger, D. (2018, March 12). *How a diverse workforce can be your competitive advantage*. Human Resource Director Australia. Retrieved from www.hcamag.com/opinion/how-a-diverse-workforce-can-be-your-competitive-advantage-247585.aspx

legal framework and assessment factors related to the ESR as well as the general approach to be taken by employers.¹² This framework identifies the importance of an ESR in reviewing each employment policy, practice, and system as well as the corporate culture and work environment to determine whether they present a barrier to prospective and existing Indigenous employees and employees from the equity-seeking groups.

The review includes an assessment of each policy or practice in terms of:

- **Legal compliance** — to ensure compliance with equity-related legislation such as the Ontario *Human Rights Code*, *Occupational Health and Safety Act*, and *Accessibility for Ontarians with Disabilities Act*
- **Consistency** — to ensure policies and accompanying procedures are applied in a consistent manner throughout the organization
- **Job relatedness** — to ensure they clearly demonstrate a bona fide occupational requirement, are objective, and constitute a business necessity
- **Validity** — to determine whether they are objective and accurately predict job performance
- **Adverse impact** — to assess whether they have a disproportionately negative effect on Indigenous employees and employees from the equity-seeking groups
- **Appropriate accommodation** — to assess whether or not there are policies and procedures in place to identify and remove barriers in the workplace that keep qualified employees from participating in all aspects of employment and provide the accommodation needed by employees, and
- **Inclusive** — to assess whether policies and practices are inclusive of all employees, including those who identify as belonging to the equity-seeking groups.

This review also explored whether the organization lacks policies or practices that would support the creation of more equitable hiring and promotion practices, greater workforce diversity reflective of the community served, and a more inclusive organizational culture.

3.3 The employment systems reviewed

This ESR reviewed the following employment systems:

- **Recruitment, hiring, and selection**, including outreach recruitment, job applications, notification and provision of accommodation during the hiring process, fair and consistent application of selection criteria, interview process, and interview questions
- **Development and advancement**, including access to career development, informal mentoring, and coaching

¹² Canadian Human Rights Commission. (2002, December). *Employment Systems Review: Guide to the audit process*. Retrieved from http://publications.gc.ca/collections/collection_2007/chrc-ccdp/HR4-3-2002E.pdf

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- **Accommodation and workplace accessibility**, including accommodation for persons with disabilities, religious accommodation, work-life balance, flexible work programs, and the physical accessibility of facilities, and
- **Organizational culture and work environment**, including equity and diversity policies and programs, workplace harassment, discrimination and violence prevention programs, as well as individual attitudes toward equity and diversity.

3.4 Data collection methods

A number of methods were used in this ESR, including:

Document review

Human resources policies, written procedures, and other related documents were reviewed to identify potential barriers in employment policies as well as barriers created by the manner in which these policies are applied by managers and human resources staff.

A list of the policies and documents reviewed is included in Appendix A.

Competition file review

Competition files are intended to be a record of the hiring and selection process. In total, 39 files for competitions held between 2018 and 2020 were randomly selected and reviewed to determine whether or not staffing policies and practices are being applied in a fair and consistent manner.

Typically, a file is kept for each competition and includes information such as:

- Job description and job ad
- Selection criteria
- Interview questions and candidate responses
- Reference check information
- Names of interview panel members and reports
- Interview schedule
- Rating and ranking materials
- Sufficient information to explain the assessment of each applicant, including screening, rating, and ranking steps

Consultations with employees

An essential component of an ESR is consultation with employees. Employees' perceptions of what happens in the organization and their experiences in the workplace are a critical source of information. Their observations act as a window into whether employment systems are fair, or perceived to be fair, and identify how organizational practices might differ from organizational policies. Consultations with staff were conducted through various methods and offered all employees multiple opportunities to provide input into this ESR.

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In total, 196 employees participated in these consultations, representing approximately 50% of the permanent MLHU workforce. This level of participation gave us sufficient data to identify workplace issues and make recommendations for change.

This ESR was undertaken during the COVID-19 pandemic which made it difficult to engage with staff given the pressures of conducting their work while remaining safe and responding to the increased and deepening needs in the community. It was also difficult to engage with staff who are not physically in the workplace. As such, while every effort was made to inform staff about the Employment Systems Review, there may have been some staff who may not have heard about the project or about the various opportunities to participate. There may also be staff who because of workload were not able to participate in the ESR.

The following methods were used to capture the perspectives of employees, Board members, senior leaders, union representatives, and human resources staff:

Workplace Equity and Inclusion Survey. The link to the online survey was distributed to all employees by email. The survey was open from October 16 to November 30, 2020. Emails were sent to all employees to invite them to share their perspectives through the confidential online survey. In total, 137 employees completed the survey by the cut-off date.

One-on-one interviews. In addition, 23 interviews were conducted with Board members, senior leaders, and union representatives. An additional 5 interviews were conducted with human resources staff. These one-on-one telephone interviews gave the consultants the opportunity to further explore workplace equity, diversity, and inclusion issues and to identify the key challenges the organization will face in implementing the recommendations from this review.

Focus groups. A total of 15 virtual focus groups were scheduled from November 16 to December 4, 2020, affording each employee the opportunity to provide input into this ESR. Each virtual focus group allowed up to 10 participants. Focus groups were set up by both identity group and occupational group, with racialized people, Indigenous peoples, persons with disabilities, those who identify as LGBTQ2S+, women who do not belong to another group, and men who do not belong to another group able to participate in focus groups specifically for employees and for managers.

Emails were distributed to employees asking them to register directly with the consultant to participate in the focus groups.

The discussions covered various aspects of employment practices and the working environment, what impact they might have on employees, barriers created by organizational culture and individual attitudes, and strategies to remove these barriers.

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In total, 26 employees participated in the nine focus groups that were held. This low turnout was likely impacted by many factors, including the COVID-19 pandemic and the Health Unit's critical role in responding to not only the pandemic but also serving populations whose needs have increased at this time.

Information from the focus groups is summarized in this report. To maintain the confidentiality and protect the privacy of the employees who participated in the focus groups, no names or identifying information are included in this report.

PART B: THE CONTEXT

4. The organization

MLHU operates within a particular context that is important to understand when drawing conclusions and considering action to address the issues identified in this report. Understanding this context also allows us to gain insight into the opportunities and threats at play in the context within which the Health Unit operates.

Normally, MLHU employs approximately 320 employees that directly or indirectly support the delivery of a range of programs and services throughout the Middlesex-London community. However, in response to the COVID-19 pandemic, MLHU hired an additional 60 temporary employees from September to November 2020 with additional recruitment ongoing. As of January 2021, MLHU is undergoing a mass recruitment of several hundred temporary casual employees to support COVID-19 mass immunization clinics. The Health Unit employs registered nurses, registered dietitians, registered dental hygienists, registered dental assistants, contact tracers, health promoters, public health inspectors, program evaluators, epidemiologists, and physicians, as well as staff who support their work, including IT, finance, human resources, program assistants, operations, and communications staff.

The majority of MLHU employees are represented by one of two unions — Canadian Union of Public Employees and the Ontario Nurses' Association. Each collective agreement sets out hiring procedures and other terms and conditions of employment for that particular group of employees.

5. Current equity initiatives

The MLHU has undertaken a number of initiatives in response to the changing needs of a more diverse population. While these initiatives focus primarily on the delivery of services, they have increased the knowledge of staff and created a foundation on which workplace equity, diversity, and inclusion initiatives can be built. These initiatives include the following:

Truth and Reconciliation

MLHU has stated its commitment to reconciliation and includes the following statement on its website:

We are committed to reconciliation with Indigenous peoples and communities.

We acknowledge our obligation in improving the health and wellness outcomes of Indigenous people in our region, and in sharing what we have learned to effect

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greater change. We do this by building staff capacity to deliver culturally safe services, cultivating equitable and productive relationships with Indigenous partners, addressing racially-based health inequities by disrupting colonial practices within and outside our organization, and by building an organizational culture of humility and accountability through ongoing learning, thoughtful policy, and practice that is informed by multiple evidence sources. We continue to work towards full implementation of [Taking Action for Reconciliation: An Organizational Plan](#) for the Middlesex-London Health Unit.

Training

Various training is offered or is being developed for MLHU staff, including, but not limited to, the following:

Health Equity Training: MLHU developed a Health Equity module which was delivered to all staff in person, and then delivered online to all incoming staff.

Taking Action on Reconciliation: The Health Equity and Indigenous Reconciliation Team is currently developing an online training module for all staff to support their implementation of the recommendations from the Taking Action for Reconciliation: An Organizational Plan for MLHU.

Bystander to Ally Training: This online module by the Ontario Indigenous Cultural Safety program is available to staff to help participants explore how they can become an effective ally when they think that racism, bias, or stereotyping is at play. They learn about ways to assess a situation that they suspect has elements of bias or racism and then develop some strategies to use that will be effective for them.

Indigenous Cultural Safety Training: This online training by the Ontario Indigenous Cultural Safety program is a standard component of onboarding for all permanent employees.

Trauma- and Violence-Informed Care (TVIC): A full day workshop was offered on TVIC and how to integrate it into public health home visiting practice. An agency-wide committee has been formed to focus on Intimate Partner Violence/TVIC and public health practice. Planning for additional and sustained TVIC education was underway, although has been placed on hold temporarily due to the pandemic. Additionally, an education session regarding TVIC approaches during the COVID-19 pandemic was provided, with particular attention to working with those who have come to Canada under refugee status.

Shifting Towards a Culture of Racial Equity in Public Health in Ontario: This regional workshop, offered by the National Collaborating Centre for Determinants of Health was attended by 25 employees, one community partner, and two students.

Creation of a Health Equity and Indigenous Reconciliation Team

While intentional health equity work began in 2011 with 2 social determinants of health (SDOH) nurses, the Health Unit enhanced this by creating the Health Equity and Indigenous Reconciliation Team in 2016, situated within the Office of the Chief Nursing Officer. This team determines and leads priorities for advancing health equity across the agency, building relationships, and working in collaboration with local Indigenous peoples, communities, and service providers, as well as newcomer populations and service providers. This team will also develop, implement, and evaluate educational opportunities, knowledge-to-action tools, processes, policies, and initiatives to advance the strategic direction for Health Equity and Indigenous Public Health Practice.

The team goals include:

- Developing and/or strengthening processes for assessing and reporting health inequities
- Modifying/creating organizational policies, systems, and processes to support health equity action
- Partnering internally and externally to collaboratively engage in health equity action
- Engaging in policy development to address health inequities
- Engaging in efforts that support reconciliation with Indigenous peoples
- Providing a supportive environment for reflection, increased knowledge, and skill building by staff
- Demonstrating MLHU's commitment to addressing the Truth and Reconciliation Commission of Canada's Calls to Action, particularly related to health
- Serving to disrupt ongoing colonial practices related to health present within the organization
- Enhancing organizational capacity to address racially based health inequities, and
- Enhancing MLHU's ability to build relationships and meaningful engagement with Indigenous-led organizations and First Nations communities.

In 2019, MLHU hired a manager for the Health Equity and Indigenous Reconciliation Team, reporting to the Chief Nursing Officer. This manager leads the implementation of MLHU's reconciliation plan and the Health Equity core team. The manager also champions health equity and Indigenous reconciliation both internally and externally and is responsible for effective and efficient delivery of initiatives that promote health equity and reconciliation.

The Health Equity core team — which consists of two Social Determinants of Health Public Health Nurses, a part-time Health Promoter, and Program Assistant — focuses on planning and implementing agency-wide strategic initiatives intended to build individual and organizational capacity to reduce health inequities.

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Additionally, the team engages in community-based work with Indigenous communities and newcomer populations. Implementation of recommendations to move towards Indigenous reconciliation, and individual and organizational health equity capacity building require collaboration with all divisions in the health unit.

Workplace Wellness Initiatives

The Health Unit has a Workplace Wellness initiative ('Be Well') which focuses on supporting the health and well-being of employees. The Be Well Committee has representation from various disciplines and levels across the organization. There is a comprehensive Be Well website, with educational resources, information on available supports including from MLHU's employee and family assistance program, and community-building elements. The Committee offers a variety of regular optional wellness activities for all MLHU employees.

PART C: FINDINGS & RECOMMENDATIONS

This section summarizes the consultants' findings from the following:

- Review of policies, practices, and relevant documents
- Review of competition files, and
- Consultations with employees.

In each section, we provide:

- A summary of the findings and any conclusions drawn, and
- Recommendations to remove the identified barriers and address the identified issues.

6. Policy and Document Review

This section summarizes the review of MLHU's human resources policies, procedures, and related documents, including the collective agreements. It includes a summary of each document, policy, or procedure and identifies issues and areas of concern, if any.

Recommendations are made to strengthen the document, policy, or procedure to comply with equity-related legislation, meet MLHU's duty of care as an employer, and support workplace equity, diversity, and inclusion. Overarching concerns and any gaps in MLHU's policy framework are also identified. The list of policies and procedures reviewed is included in Appendix A.

Middlesex-London Health Unit Strategic Plan (2015–2020)

The strategic plan was developed through an extensive collaborative process that involved the Board and staff of the Health Unit. Included in the strategy are the organization's vision, mission, and values:

- Vision: People reaching their potential
- Mission: To promote and protect the health of our community
- Values: Collaboration; Integrity; Empowerment; Striving for Excellence; Health Equity.

The strategic plan also provides a balanced scorecard that allows MLHU to "translate our vision, communicate and link strategic priorities across the organization, integrate strategy into planning processes and gather feedback to continuously learn and improve." The balanced scorecard identifies four priorities (Program Excellence; Client and Community Confidence; Employee Engagement and Learning; and Organizational Excellence) and three objectives within each priority.

Findings

MLHU's strategic plan is primarily externally focused, and does not recognize the benefits of workplace equity, diversity, and inclusion to supporting the achievement of the organizational mission.

In addition, the strategy fails to consider the increasing diversity of the community served and the implications of this diversity for the organization. While the section on the community served identifies that there are three First Nations communities in the Middlesex-London area and discusses the immigrant and racialized populations, it does not explore the growth of these communities, issues with access to health care or the social determinants of health for these communities, or what these trends and issues mean for the work of the Health Unit.

Recommendation 1: It is recommended that the next iteration of the Health Unit's strategic plan consider more deeply the increasing diversity of the population served and how workplace equity, diversity, and inclusion support the organization to better meet the needs of a diverse community.

Taking Action for Reconciliation: An Organizational Plan for MLHU

This organizational plan for reconciliation with Indigenous peoples provides recommendations compiled from the literature and consultations with local Indigenous-led organizations and individuals in a number of areas, including awareness and education; supportive environments; relationships; research; workforce development; governance; and equitable access and service delivery.

The recommendations included under workforce development relate to existing staff and to increasing the diversity of staff to close any gaps in representation. The recommended activities include:

- Develop initiatives and establish policies to support the recruitment and retention of employees that identify as Indigenous at all levels, including administrative and senior levels within the organization (related to TRC Calls to Action #23i). For example, recruitment can make use of the "recruiting pipeline" through universities and colleges.
- Include mandatory education as part of the orientation process for all new hires.
- Incorporate completion of education components into performance management. Include cultural safety and humility indicators within performance appraisals.
- Offer mentorship opportunities by Indigenous peoples with non-Indigenous staff to support culturally safe practices.

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- Consider having a dedicated position to advance the approved recommendations and activities of the organizational reconciliation plan. This would include consideration of the best placement of the role within the organizational structure, and the need for supporting infrastructure for the role.
- When developing and reviewing internal policies, seek out Indigenous perspectives.
- Develop an anti-racism and discrimination policy. Consider an accompanying “whistle-blower” policy. A “whistle-blower” policy can support those who are in the position of observing discriminatory and/or racist actions, but are not comfortable interrupting the situation. Such discomfort may be related to power differentials, and the policy would serve a protective function.

A number of these actions have been implemented, including the development of a whistle-blower policy, mandatory education, targeted recruiting, Indigenous vaccine planning, and more. This work is supported by a dedicated position in the Health Equity and Indigenous Reconciliation Team, a program assistant, health promotion support, as well as a budget.

Recruitment and Hiring Policy and Guidelines

The Recruitment and Hiring Policy has a stated purpose of facilitating “the selection of the most appropriate candidate for a vacant position.” It states that recruitment and hiring practices will conform to the requirements of the Ontario *Human Rights Code* as well as other legislation, collective agreements (where appropriate), and MLHU administrative policy.

The Recruitment and Hiring Guidelines establish the process for hiring, including:

- That temporary assignments or employment for over 6 months should be posted as a job opportunity
- All applications will be received by Human Resources
- That unsolicited résumés will be reviewed by Human Resources and the appropriate Director/Manager, who will decide whether or not to retain the application for 6 months on the basis that the candidate may be suitable for positions that become available, and
- That external candidates may only be considered for a union posting after the posting closes and no qualified internal candidates have applied.

Findings

While the Recruitment and Hiring Guidelines help to establish equitable and consistent hiring and selection practices, they could be strengthened by including the following:

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- Stating the Health Unit's commitment to hiring qualified employees through recruitment and selection practices that are consistent, transparent, and equitable
- Stating the goal of hiring Indigenous peoples and members of the equity-seeking groups to better reflect the diversity of the community served
- Rather than giving the Director/Manager the *option* of striking an interview panel where only internal candidates will be interviewed, require that interview panels be struck to support the objective and fair assessment of candidates
- Requiring that Human Resources assess all applicants against the minimum requirements of the job to determine who to invite for an interview
- Requiring that interview tools include a scoring scale to assess candidates invited for an interview
- Requiring that all documentation regarding the hiring and selection process be maintained for 18 months, since applicants have up to 1 year after an incident, in exceptional circumstances, to make a human rights complaint. This includes the retention of résumés/applications and interview notes relating to the unsuccessful applicants
- Rather than specifying that external candidates will be advised that the offer of employment is contingent on the provision of documentation that they have landed immigration status, state that they will be required to provide documentation that they are legally able to work in Canada
- Requiring that job advertisements include an equity and accommodation statement
- Requiring that the hiring manager and/or Human Resources conduct outreach recruitment to diversify the applicant pool
- State the desire for hiring managers to include visible diversity on hiring committees, where possible, and
- Address the need to ensure there is no conflict of interest amongst those involved in the hiring process.

In addition, both the policy and the guidelines should be updated to ensure alignment with the *Accessibility for Ontarians with Disabilities Act (AODA)* by:

- Including the AODA as part of the legal framework within which MLHU hires
- Stating the obligation to notify candidates about the availability of accommodation during recruitment
- Stating the requirement that assessment and selection materials be provided in an accessible format upon request, and
- Stating the requirement that the successful candidate be notified of the policies for accommodation of employees with disabilities.

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While these issues are addressed in the Accessibility for Ontarians with Disabilities Act Policy (discussed later in this section), they should be repeated in the Recruitment and Hiring Policy and Guidelines. Given that MLHU's policy format is not to repeat information that is included in other policies, but to refer to the policy that has the specific detailed information, appropriate wording should be included in the Recruitment and Hiring Policy Guidelines to ensure that the reader understands that there are legal accommodation requirements that must be met, which are detailed in the AODA Policy.

Recommendation 2: It is recommended that the Recruitment and Hiring Policy and Guidelines be revised to address the identified issues, to support an equitable hiring process, to support the diversification of Health Unit staff, and to ensure compliance with the AODA.

Vulnerable Sector Screening Policy

This policy addresses the need for the Health Unit to reduce the risk to the safety of employees, clients, and community partners. It requires employees, students, and volunteers who might have contact with clients who are part of a vulnerable population in the course of their employment or during a public health emergency to provide a vulnerable sector check (VSC) upon being hired and an annual Offence Declarations thereafter. Human Resources reports that the list of employees, students, and volunteers who might have contact with clients who are part of a vulnerable population include:

- All Physicians and Dentists
- All Public Health Nurses, Registered Nurses, Nurse Practitioners (RN, extended Class)
- All Public Health Inspectors
- All Public Health Dietitians
- All Dental Hygienists
- All Dental Assistants
- All Dental Claims Analysts
- All Health Promoters
- All Social Workers or Community Health Development Workers
- All Youth Development Specialists or Youth Advisors
- All Family Home Visitors
- All Tobacco Enforcement Officers
- All Epidemiologists
- All Program Evaluators

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- All Directors
- All Program Managers
- All staff working in Human Resources and Labour Relations
- All other Non-union staff
- All Program Assistants
- All Clinical Team Assistants

The policy addresses the need to keep the application form and results confidential. In the event that the VSC identifies an issue in the employee's background, the policy also outlines the process for the employee to submit a written explanation of the circumstances to Human Resources and for an appropriate course of action to be considered given the circumstances of the situation.

Findings

A criminal record check includes applicable criminal convictions and findings of guilt under the federal *Youth Criminal Justice Act*. A VSC includes:

- Criminal convictions summary or indictable from CPIC and/or local databases
- Findings of guilt under the *Youth Criminal Justice Act* within the applicable disclosure period
- Outstanding entries, such as charges and warrants, judicial orders, peace bonds, probation and prohibition orders
- Absolute and conditional discharges
- Charges that resulted in a finding of not criminally responsible on account of mental disorder
- Pardoned offences authorized under the *Criminal Records Act*, and
- Non-conviction information authorized through Exceptional Disclosure.

By law, a VSC may only be requested for a person who wishes to take a voluntary or paid position working with children, the elderly, the disabled, or another vulnerable group. The position should be one of direct care, authority, or trust, and generally in an unsupervised (or limited supervision) setting. Not every position that involves contact with a vulnerable person will meet the requirements for a vulnerable sector search. The position must be one that creates either authority (power) over, or special trust with, a vulnerable person.¹³

The policy states that only employees, students, and volunteers who might have contact with clients that are part of a vulnerable population in the course of their employment or

¹³ <https://ccla.org/need-know-new-police-record-checks-reform-act/>

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during a public health emergency will be required to provide a VSC. However, the list appears to include staff who do not have contact with clients who are part of a vulnerable population. In addition, the policy states that employees who **might** have contact with clients who are part of a vulnerable population will be required to provide a VSC. This does not appear to meet the standard set out by law that the position must be one that creates either authority over, or special trust with, a vulnerable person.

While the Health Unit has genuine concerns to protect patients and service users, this blanket policy requiring the most intrusive checks may be problematic. As such, MLHU should consider whether a police records check is needed at all, and if so, whether a less intrusive measure, such as the use of a police records check, would suffice.

Recommendation 3: It is recommended that MLHU revisit the list of employees, students, and volunteers to determine which positions require the vulnerable sector check, a police records check, or neither. The development of a matrix to decide which position requires which check, based on the position's duties and responsibilities, would support consistency.

Accessibility for Ontarians with Disabilities Act - Integrated Accessibility Standards Regulation Policy

MLHU is required to comply with the *Accessibility for Ontarians with Disabilities Act* (AODA) in order to prevent and remove barriers to employment for persons with disabilities.

This policy states MLHU's commitment to meeting the requirements of the AODA by ensuring:

- The multi-year Accessibility Plan is reviewed and updated once every 5 years, as necessary
- Information about the availability of accommodations for job applicants with disabilities is provided, and that job applicants selected for an interview will be notified that accommodations for **materials** to be used in the selection process are available upon request (emphasis ours)
- Successful applicants will be notified about MLHU's policies for accommodating employees with disabilities as part of their offer of employment
- Upon request, MLHU will discuss with the employee ways to provide or arrange for the provision of accessible formats and communication supports for information that is needed **to perform the employee's job** (emphasis ours)
- Individualized workplace emergency response plans will be created for employees with a disability who require accommodations to evacuate their workplace in an emergency
- Individual accommodation plans will be created for any employee that makes MLHU aware they require it

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- A documented return-to-work process will be developed for employees who have been absent from work because of a disability and require a disability-related accommodation in order to return to work, and
- The accessibility needs of employees with disabilities will be taken into account when providing career development, conducting performance management, and considering redeployment.

Findings

While the guidelines help MLHU to comply with AODA requirements, a few items that have been bolded and italicized in the above text need to be addressed:

- Section 23 of the AODA Integrated Standards¹⁴ states that during a recruitment process, an employer shall notify job applicants, when they are individually selected to participate in an assessment or selection process, that accommodations are available upon request in relation to the materials ***or processes to be used.***

While MLHU's guidelines mention *materials*, they fail to mention that *processes* may also need to be changed as part of the accommodation.

- Section 26 of the AODA Integrated standards¹⁵ states that every employer shall consult with the employee to provide or arrange for the provision of accessible formats and communication supports for information that is needed in order to perform the employee's job, ***and information that is generally available to employees in the workplace.***

By omitting these additional statements, MLHU may be limiting the accommodation provided to employees with disabilities, which may provide the grounds for a successful human rights complaint.

Under the AODA, employers must also provide accessible emergency information to workers with disabilities. Employers must create an individualized workplace emergency response plan for any worker with a disability who needs assistance during an emergency. This policy states that the Health Unit will create individualized workplace emergency response plans for employees who have a disability and require accommodations or supports to evacuate their workplace in an emergency. In addition, with the employee's consent, a person designated to provide assistance to the employee will be provided with the necessary information to assist that employee.

Recommendation 4: It is recommended that MLHU update the Accessibility for Ontarians with Disabilities Act Policy to ensure that it fully complies with the AODA.

¹⁴ <https://www.aoda.ca/integrated/#raosp>

¹⁵ Ibid.

Code of Conduct Policy

The purpose of this policy is to “demonstrate accountability and commitment to our stakeholders by ensuring that public health programs and services are delivered in a manner consistent with the Corporate Code of Conduct.”

Findings

While the Code of Conduct Policy addresses the delivery of programs and services, it does not commit to fostering positive MLHU work environments where all employees feel safe, included, and accepted.

Recommendation 5: It is recommended that the Code of Conduct Policy be extended to apply to MLHU workplaces and the work experiences of Board members, employees, students, and volunteers.

Corporate Code of Conduct (Appendix to the Code of Conduct Policy)

The Corporate Code of Conduct “demonstrates the commitment of the Board members, staff, students, volunteers and our stakeholders (i.e., the public, clients and funding bodies) to provide public health programs and services with integrity, respect, responsibility, fairness, caring and citizenship.” The Code asks those covered to “follow the Golden Rule: Treat others as you would have them treat you,” and requires that they “show respect to all people in the workplace and honour diversity in all areas including age, gender, disability, sexual orientation, ethnic background, nationality, and religion.”

Findings

The Corporate Code of Conduct could be strengthened in a few ways. First, asking those covered by the Code to adhere to the Golden Rule assumes that the way one wants to be treated is the standard that should be used in determining how others are to be treated. This does not account for diversity, as it presumes that everyone is the same and would be satisfied with the same treatment. The Platinum Rule says we should treat others the way they want us to treat them. This accounts for diversity and recognizes that what everyone needs to feel included might also differ. In addition, the list of dimensions of diversity listed in the Corporate Code of Conduct should be updated to include gender identity, gender expression, and race.

Recommendation 6: The Corporate Code of Conduct should be updated, replacing the Golden Rule with Platinum Rule and adding gender identity, gender expression, and race as dimensions of diversity.

Conflicts of Interest and Declaration Policy

This policy (G-380) addresses potential conflicts of interest of Board of Health members only.

Findings

There is no corresponding conflict of interest policy that applies to staff.

Recommendation 7: It is recommended that a Conflict of Interest Policy be developed to apply to address the need for all Health Unit employees to avoid perceived and real conflicts of interest, including conflicts of interest in the hiring and selection process. The policy should:

- Include the appearance of a conflict in the definition of a conflict of interest
- Include “participation in the appointment, promotion, or hiring of a family member or a person with whom members of the hiring panel have a close personal relationship” as a conflict of interest
- Define “family members” as those related to the employee by blood or marriage, including common law relationships and in-laws; consider cultural implications of the definition of “family members”
- State that a conflict of interest also arises when family members or close personal friends are employed in situations where a reporting relationship exists and where the supervisor has influence, input, or decision-making power over an employee’s performance evaluation, salary premiums, special permissions, potential for promotion, conditions of work, and similar matters
- Require that those participating in the hiring process sign a document stating that they have no conflict of interest, and
- Specify that employees and Board members are not to use their positions of authority to influence hiring decisions that involve family members or close personal friends, and that doing so would be a conflict of interest.

Social Media Policy

The Health Unit’s Social Media Policy provides a “framework for the effective use of the Middlesex-London Health Unit’s (MLHU) social media channels to support MLHU’s mandate, and to ensure MLHU brand integrity and corporate identity online.”

The policy also states that “employees will exercise professionalism at all times when using social media, with the understanding that any information shared through a social media account may be viewed by the general public.” The policy also addresses employees’ use of their personal social media activities related to public health or MLHU, indicating that use should be “consistent with, and have a positive impact on, MLHU’s reputation or brand, and the agency’s ability to meet its mandate.

Findings

No issues were identified with this policy.

Safe Return to Work and Accommodation Policy and Procedures

“Accommodation” refers to MLHU’s obligation to take reasonable steps, to the point of undue hardship, to adjust or modify the work environment or the method of doing work in order to address the individual needs of employees and job applicants who are protected from discrimination under the Ontario *Human Rights Code*.

The Safe Return to Work and Accommodation Policy is intended to promote the health and well-being of employees by “facilitating the early and safe return to work (RTW) for an employee who has been absent due to illness, injury or disability.” It also outlines the process by which an employee can request and be assessed for workplace accommodation. The policy states that the Health Unit will “make every reasonable effort to provide a workplace accommodation, to the point of undue hardship.”

The policy also states that:

- An employee may request modifications to their regular duties and/or work schedule upon returning to work and at any other time for any reason that falls within the provisions of the Ontario *Human Rights Code* and the AODA
- The need for accommodation will be assessed and an individualized Accommodation Plan will be developed as needed to outline the modifications to the employee’s regular duties and/or schedule
- Managers, in consultation with Human Resources, may request appropriate medical documentation, and
- Managers will consult with Human Resources on the acquisition or purchase of any equipment that may be required in relation to the RTW and accommodation plan.

The procedure notes that if temporary accommodations need to be extended beyond the date specified, updated medical documentation must be provided. For permanent accommodations, an annual check-in with HR is required, with the employee required to provide updated medical documentation to support their need for permanent accommodation every 3 years.

Findings

While the Safe Return to Work and Accommodation Policy states that the Health Unit will “make every reasonable effort to provide a workplace accommodation, to the point of undue hardship,” it does not state that providing workplace accommodation is a legal obligation under the Ontario *Human Rights Code*.

While the Health Unit has an obligation to provide accommodation based on any human rights protected ground, by linking the provision of accommodation to return to work, it may seem that accommodation will only be provided based on disability.

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This policy was assessed against the Ontario Human Rights Commission's guide for developing an accommodation policy and procedure.¹⁶ This review found that the policy could be strengthened and better aligned with the Ontario *Human Rights Code* in the following ways:

- Specifying that the Health Unit has a legal obligation to provide accommodation based on any human rights protected ground, including:
 - Disability
 - Older workers (disability)
 - Employees who observe religious holidays (creed)
 - Pregnant or nursing employees (sex)
 - Transgender employees (gender identity), and
 - Employees with caregiving responsibilities (family status).
- Clearly stating that the Health Unit has a legal duty to provide accommodation, to the point of undue hardship
- Specifying that the principals of accommodation will be applied to the process and the accommodations provided, i.e., respect for dignity, individualized accommodation, and inclusion and full participation
- Specifying that accommodations may be made to the employee's regular duties and/or schedule, and may also include, but is not limited to, the purchase of special equipment, building modifications, providing material in alternative formats, technical aids, work station adjustments, job redesign, leaves of absence, changes to organizational policies and practices
- Noting that some accommodations are very simple and straightforward and do not require a formal process
- Stating that all accommodation requests will be taken seriously, regardless of the format of the request
- Stating that no one will be penalized for making an accommodation request
- Specifying the Health Unit's obligation to educate managers about accommodation, including the grounds on which accommodation is most likely requested, and the various types of disabilities, particularly those that are non-evident and sporadic
- Stating the responsibilities of managers and Human Resources to:
 - Be alert to the possibility that a person may need an accommodation even if they have not made a specific or formal request

¹⁶ <http://www.ohrc.on.ca/en/policy-primer-guide-developing-human-rights-policies-and-procedures/7-accommodation-policy-and-procedure>

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- Accept the person's request for accommodation in good faith, unless there are legitimate reasons for acting otherwise
 - Obtain expert opinion, advice, or additional information where needed (but not as a routine matter)
 - Communicate regularly and effectively with the employee requesting accommodation, providing updates on the status of the accommodation and planned next steps
 - Maintain confidentiality
- Stating the Health Unit's obligation to implement accommodations in a timely manner
 - Stating the responsibility of the Health Unit to ensure that funding is provided for accommodation, regardless of the ability of an individual department to pay, and
 - Specifying that, as the Health Unit is a "single employer," accommodation may be provided across bargaining units.

Article 14 of the CUPE collective agreement addresses accommodation and recognizes that the duty to accommodate applies to both the union and employer. It states that both parties "commit themselves to finding co-operative solutions to workplace and/or contractual barriers to workers requiring accommodation as required by the Ontario *Human Rights Code* and the *Accessibility for Ontarians with Disabilities Act*." Article 3.1 of the Ontario Nurses' Association collective agreement refers to only accommodation for disabilities but not accommodations based on any other human rights protected ground.

Recommendation 8: It is recommended that the Safe Return to Work and Accommodation Policy and Procedures be updated to address the identified issues and better align it with the requirements of the Ontario *Human Rights Code*.

Recommendation 9: It is recommended that a separate Accommodation Policy be developed to address the Health Unit's obligation to provide accommodation based on any Code protected ground.

Recommendation 10: It is recommended that the proposed Accommodation Policy explicitly state that alternative work arrangements may be requested and provided as an accommodation based on any human rights protected ground, including disability and family status.

Recommendation 11: It is recommended that MLHU provide appropriate education and training to all managers about their duty to accommodate employees based on any human rights protected ground. This training should also help managers understand the range of physical and mental disabilities, both evident and non-evident, and the other human rights protected grounds for which accommodation may be requested and the types of

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accommodation that may be provided, including alternative work arrangements such as work from home, compressed work week, and alternate work hours.

Recommendation 12: It is recommended that MLHU educate all employees about their rights regarding workplace accommodation and the process of obtaining said accommodation. MLHU should explain its legal obligations under the Ontario *Human Rights Code* as well as how accommodation helps employees to perform their best at work. When accommodation is presented in this context, employees will be less likely to view it as special treatment provided to some and not others. Employees should also understand the range of accommodation available, including alternative work arrangements such as work from home, compressed work week, and alternate work hours.

Recommendation 13: It is recommended that the return to work process ensure that, if needed, an individualized workplace emergency response plan is created for employees with a disability who require accommodations to evacuate their workplace in an emergency

Recommendation 14: It is recommended that MLHU work with the Ontario Nurses' Association to enhance Article 3.1 to include accommodation for other Code-related grounds.

Alternative Work Arrangements Policy

At the time of this writing, this policy was being discontinued and a Remote Work and Hours of Work Policies being developed.

Recommendation 15: It is recommended that the Remote Work and Hours of Work Policies currently in development be reviewed through an equity lens.

Leave of Absence Policy

This policy establishes the requirements pertaining to absences from work for all employees, including:

- Bereavement Leave
- Educational Leave
- Family Health Days
- Jury Duty
- Personal Leave of Absence
- Sick Leave
- Family Medical Leave
- Emergency Leave, Declared Emergencies

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Consistent with legal and human rights requirements, employees continue to accumulate service and seniority rights while on parental/pregnancy leave.

Findings

The section on parental/pregnancy leave includes gendered language that should be updated, including:

- An employee is entitled to 17 weeks of unpaid pregnancy leave if **she** (emphasis ours) has worked for the Health Unit for at least 13 weeks before the expected date of delivery of the child, and
- **Natural mothers** (emphasis ours) who request parental leave must commence this leave immediately following their pregnancy leave.

This language is also reflected in both collective agreements.

The policy also fails to state that:

- Benefits to cover earnings interruption during pregnancy and/or parental leave are available from the Employment Insurance Program. Employees are advised to contact the program to arrange for benefits during their pregnancy and/or parental leave of absence from employment.
- The employee will not lose seniority and will continue to earn credit for seniority during their pregnancy and/or parental leave.

While the collective agreements also specify that parental leave applies to “a person with whom a child is placed for adoption and a person who is in a relationship with the parent of a child and who intends to treat the child as their own,” this policy does not specify that it extends to adoption.

Recommendation 16: It is recommended that the Leave of Absence Policy and the collective agreements be updated to remove gendered language.

Recommendation 17: It is recommended that the Leave of Absence Policy be updated to address leaves for employees who adopt a child or who are in a relationship with the parent of a child and intend to treat the child as their own.

Recommendation 18: It is recommended that the Leave of Absence be updated to state that a leave may be a form of accommodation and to state the Health Unit’s commitment to comply with the Ontario *Human Rights Code* by providing accommodation to the point of undue hardship.

Recommendation 19: It is recommended that this policy reflect the availability of job-protected family medical leave and compassionate care leave allowed for through the *Employment Standards Act*.

Ergonomics Policy

This policy is intended to “prevent the occurrence of musculoskeletal disorder (MSD) workplace injury and reduce the severity of MSD injuries that do occur.” It allows for an ergonomic review to be conducted by the employee’s manager or designated when:

- An employee requests any new equipment (e.g., keyboard, mouse, desk) to address MSD issues/concerns
- An employee provides medical documentation in relation to MSD risk and/or equipment, or
- An employee reports discomfort in relation to workstation setup.

Findings

While special equipment, including ergonomic keyboards and standing desks, may be a form of accommodation under the Ontario *Human Rights Code*, this policy does not mention the Health Unit’s obligations to provide accommodation short of undue hardship and the duty to provide accommodation based on grounds other than disability, such as pregnancy.

Recommendation 20: It is recommended that the Ergonomics Policy be updated to reflect the Health Unit’s obligation to provide new equipment as an accommodation based on any human right protected ground, short of undue hardship.

Scent-Free Organization Policy

The purpose of this policy is “to provide an indoor work environment for employees that reduces the possibility of increased sensitivity and/or allergic response to scented products.” It requires that employees refrain from wearing or bringing any scented products to which others may have a sensitivity or allergic response into the workplace.

Employees who suffer a sensitivity or allergic reaction to a scented product are encouraged to discuss their concern with their peers and/or their manager/director. If the concern is not resolved by the employee’s manager, the employee is encouraged to discuss the issue with the Joint Occupational Health and Safety Committee.

Findings

Under the Ontario *Human Rights Code*, employers are legally obligated to accommodate people with disabilities, which may include asthma, allergies, and even sensitivity to fragrance. However, this policy does not mention the Health Unit’s obligations to accommodate scent sensitivity short of undue hardship.

In addition, the policy should address the Health Unit’s duty to:

- Educate employees on the policy
- Post notices in the workplace when a scent sensitivity has been identified

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- Post notices that construction/re-modeling, waxing, shampooing, painting, spraying, etc., will be conducted 1 week beforehand so that affected personnel can make arrangements or have their duties modified during that time
- Put the policy statement notice on all appointment cards, stationery, room booking notices, employment postings, etc.
- Decide on wording for “Scent Free” signs and where the signs will be posted, and
- Consistently enforce the policy.

Recommendation 21: It is recommended that the Scent-Free Workplace Policy be updated to reflect the Health Unit’s obligation to accommodate an employee with scent sensitivity, short of undue hardship.

Fit to Work (Impairment From Alcohol and Other Drugs) Policy

This policy outlines “expectations regarding the use/consumption of alcohol and other drugs that can impact fitness to work during work hours, and actions the organization will take where there are concerns about possible impairment and fitness to work.”

This policy recognizes that the Ontario *Human Rights Code* defines drug and alcohol dependence as a disability and recognizes the Health Unit’s duty to provide accommodation and support employees in accessing confidential assessment, counselling, treatment, and after-care services.

Findings

No issues were identified with this policy.

Performance Appraisal Policy

This policy is designed to “ensure that a formal appraisal system exists in which employees obtain specific feedback about their work performance.”

Findings

While the Accessibility for Ontarians with Disabilities Act Policy, consistent with the AODA, requires that the Health Unit take into account the accessibility needs of its employees with disabilities as well as any individual accommodation plans when providing career development and performance management, this is not mentioned in the Performance Appraisal Policy.

Recommendation 22: It is recommended that the Performance Appraisal Policy be revised to address the AODA requirements that the accessibility needs of employees with disabilities be considered in the performance appraisal process.

Retirement and Resignation Policy

This policy outlines the procedures to be followed for employees who retire to an OMERS pension or those who resign.

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This policy allows for exit interviews to be conducted upon request by the employer or employee. It allows for the interview to be conducted by the Human Resources or Labour Relations Manager, or by the Manager or Director of the exiting employee's choice.

Findings

While the policy states that exit interviews are held at the requires of the employer or employee, Human Resources reports that all employees are provided with the exit survey, and it is the formal interview which is held at the request of the employer or employee.

Recommendation 23: It is recommended that the Retirement and Resignation Policy state that all exiting employees are to be provided with the exit survey, and specify that it is the formal interview which will be held at the request of the employer or employee.

Recommendation 24: It is recommended that the Retirement and Resignation Policy require that Human Resources summarize the information from exit surveys and interviews on an annual basis to identify any potential areas of concern for Indigenous peoples or members of the equity-seeking groups.

Exit Interview Questionnaire

The exit interview asks the exiting employee to identify the division, team, position, last manager, and length of employment. They are asked to select from a list, their reason for leaving. The list includes another career opportunity, retirement, relocation, contract end and found new employment opportunity, or to attend school. They are then asked to rate the following from poor to excellent:

- Appropriate supervision, direction and support
- Availability of tools and resources to perform job effectively
- Benefits
- Career advancement
- Communication between you and your manager
- Opportunity for growth
- Recognition of your work
- Relationships with your co-workers
- Salary
- Team dynamics and work relationships
- Vacation and time off
- Work environment and corporate culture
- Work/life balance
- Workload / educational assistance.

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While the responses to the questionnaire for people who left MLHU over 2018 and 2020 were overwhelmingly positive, some respondents identified a number of areas that as poor, needs improvement, or fair. Employees are able to provide comments on the survey to provide further details on the concerns with the organization. If they do want to share their concerns, the employee is also able to request an exit interview or if employer is aware of concerns the employer may request an interview.

Recommendation 25: It is recommended that the exit survey include questions about equity, diversity, and inclusion to allow MLHU to better understand the experiences of Indigenous staff and those from the equity-seeking groups and how these experiences may contribute to them leaving the organization.

Recommendation 26: It is recommended that on an annual basis Human Resources summarize information from both the exit survey and exit interviews to present to the senior leadership team to identify areas of concern and efforts taken / plans to address the identified concerns.

Harassment and Discrimination Policy

This policy is intended to facilitate “compliance with the freedom from harassment and discrimination provisions of the Ontario *Human Rights Code* (the Code) and the Occupational Health and Safety Act (OHSA).”

This policy was assessed against the Ontario Human Rights Commission’s guide for developing anti-harassment and anti-discrimination policies¹⁷ as well as the Canadian Human Rights Commission’s guide¹⁸ This assessment found the following strengths of the policy:

- Defines discrimination and harassment, including association or relationship with a person identified by one of the protected grounds
- Specifies that harassment or discrimination in any form will not be tolerated, condoned, or ignored
- Identifies retaliation and reprisal as well as complaints made in bad faith as violations of the policy
- Specifies that gender-based harassment is also considered sexual harassment
- Identifies the responsibilities of the Board of Health and Senior Leadership Team, directors and managers, and all workers, and
- Defines terminology, including discrimination, harassment, workplace, and sexual harassment.

¹⁷ <http://www.ohrc.on.ca/en/policy-primer-guide-developing-human-rights-policies-and-procedures/5-anti-harassment-and-anti-discrimination-policies>

¹⁸ <https://www.chrc-ccdp.gc.ca/eng/content/anti-harassment-policies-workplace-employers-guide>

Findings

The policy can be strengthened to better align it with the requirements of the Ontario Human Rights Commission and best practices by explicitly addressing the following:

- Defining condonation, failure to accommodate, poisoned work environment, and interference and identifying them as violations of the policy
- Specifying that the policy also applies to behaviours that arise out of employment and occur at or away from the workplace, and during or outside working hours, provided that such occurrences have some negative effect on the working relationship; and also to communications via telephone, email, or other electronic communications
- Indicating that people may experience discrimination and harassment based on the intersection of multiple grounds of discrimination (“intersectionality”)
- Noting that while the definition of harassment states a “course of conduct,” a single significant incident may be sufficiently offensive to meet the definition of harassment
- Specifying the organization’s responsibility to take action to:
 - Educate employees about the policy and their right to work in an environment that is free from harassment and discrimination
 - Develop a complaint process
 - Hold managers accountable for working with Human Resources to respond to and resolve complaints of harassment
 - Ensure that all reports of workplace discrimination and harassment are appropriately investigated
 - Provide for the monitoring and evaluation of the application of the policy, such as the collection and analysis of employee comments, feedback from investigators and managers, and information collection through exit interviews to inform the monitoring and review of the policy
- Specifying that managers have a responsibility to:
 - Model the behaviours they expect from employees
 - Be aware of what’s happening in the workplace
 - Respond to and resolve complaints of harassment
 - Address issues that they become aware of regardless of whether employees make a complaint
 - Keep a record of all discussions with employees who raise concerns under this policy as well as their response to the situation
- Specifying the rights of complainants and respondents in the investigation process (e.g., the right of the complainant to have a person of their choice accompany them)

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during the process, to be informed about the progress of the complaint, etc.; and the right of the respondent to be informed of the complaint, to be given a written statement of the allegations and to respond to them, etc.)

- Specifying that Human Resources should annually prepare a report for the Senior Leadership Team on the number and type of complaints and any trends and systemic issues that ought to be addressed proactively
- Specifying a time frame within which a complaint can be made (e.g., 6 months after the incident)
- Stating that efforts should be made to resolve the concern at the earliest possible stage in a collaborative and respectful manner through offering Alternative Dispute Resolution, where appropriate, and as recommended by the OHRC
- Delineating the monitoring and evaluation of the application of the policy, such as the collection and analysis of comments and feedback from employees and investigators
- Specifying that properly discharged responsibilities relating to employee work requirements, such as performance appraisals, instruction and counselling, and job duties, do not constitute harassment, and
- Providing an overview of the investigation process, including the timelines within which an investigation will be initiated, that a written report will be prepared, the situations in which investigations will be conducted by a third party, and where and by whom investigation reports will be maintained.

Recommendation 27: It is recommended that the Harassment and Discrimination Policy be updated to better align it with the requirements of the Ontario Human Rights Commission and best practices.

Procedure for Reporting and Responding to Complaints of Harassment/ Discrimination

This procedure supports the implementation of the Harassment and Discrimination Policy. It specifies what employees can do if they feel they have experienced discrimination or harassment, including speaking to the person responsible for the behaviour, reporting the behaviour to a manager, director, or Human Resources, and keeping a written log of the behaviours. It goes on to provide the process for investigation and resolution, corrective and disciplinary action, reporting to regulatory bodies, and support for workers experiencing or affected by harassment or discrimination.

Findings

No issues were identified with this procedure.

Workplace Violence Policy

This policy facilitates the Health Unit's compliance with the *Occupational Health and Safety Act*, with the goal of minimizing "the possibility of violent incidents occurring in MLHU

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workplaces, including domestic violence, and to ensure that incidents of workplace violence are responded to and managed appropriately.”

The policy:

- States MLHU’s commitment to preventing workplace violence and protecting workers from all sources of workplace violence, including domestic violence
- Empowers workers not to enter, or remain in, any situation in which they feel their safety is at risk from violence, attempts at violence, or threats of violence, including verbal aggression and intimidating behaviours that the worker believes could cause physical injury
- Commits the Health Unit to investigate all reported incidents and complaints of workplace violence, including domestic violence, and
- Shares information relating to workplace violence, including the potential risk of workplace violence arising from domestic violence, with respect for the confidentiality, privacy, and dignity of the workers and others involved.

Findings

No issues were identified with this policy.

Employee Engagement Survey

MLHU periodically conducts an employee engagement survey. The survey asks employees to rate their experiences at the Health Unit in a number of areas, including:

- Employee engagement
- Employee enablement
- Authority and empowerment
- Clear and promising direction
- Collaboration
- Confidence in leaders
- Development opportunities
- Pay and benefits
- Performance management
- Quality and customer focus
- Resources
- Respect and recognition
- Training
- Work, structure, and process.

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Based on the responses, the organization creates Effectiveness Profiles that arrange people into four different groups based on levels of Engagement and Enablement and compares the size of these groups to established benchmarks. The data is used for MLHU to develop action plans based on the results.

The 2017 report identified the highest dimensions as:

- Quality and customer focus (74% favourable)
- Resources (71%)
- Respect and recognition (69%)
- Clear and promising direction (68%)

The lowest dimensions are identified as:

- Developmental opportunities (54%)
- Confidence in leaders (51%)
- Collaboration (46%)
- Work, structure, and process (44%)

Policy Gaps

A number of policy gaps were identified in MLHU's employment policy framework.

Employment Equity Policy

MLHU does not have a policy that commits the organization to creating a diverse workforce, equitable policies and practices, and an inclusive organizational culture. Such a policy would also identify the groups identified for employment equity because they experience persistent and systemic discrimination in employment, and specify the Health Unit's commitment to closing any identified gaps in representation for Indigenous peoples and for the equity-seeking groups.

This policy would also commit MLHU to various actions to implement the policy and identify the roles and responsibilities of senior leaders, managers, and employees to support its implementation.

Recommendation 28: It is recommended that MLHU develop an Employment Equity Policy.

Religious Accommodation

The Ontario *Human Rights Code* requires that MLHU accommodate employees based on any human rights protected ground, including religion, short of undue hardship. The common workplace issues related to religion concern dress code, time off for religious observance, provision of prayer space, as well as scheduling of breaks, shifts, and interviews.

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In addition, the Health Unit can ensure that it acknowledges a wide variety of religious and cultural celebrations to create a sense of inclusion for all employees, but also to educate employees about the diverse religions and cultures of staff and the communities served.

In addition, the Health Unit can promote inclusion by adopting a policy to avoid scheduling meetings on major religious holidays. This saves employees from having to ask for individual accommodation and saves the organization the time and resources required to reschedule these meetings.

Recommendation 29: It is recommended that the Health Unit address religious accommodation, either within the Accommodation Policy or through a separate Religious Accommodation Policy, and state its legal obligation to provide religious accommodation, short of undue hardship, including breaks, prayer space, scheduling of shifts, and scheduling of interviews. The policy should identify the roles and responsibilities of human resources, managers, and employees. It should also clearly state that any reprisal against an employee for requesting or receiving accommodation is a violation of the policy.

Recommendation 30: It is recommended that the Health Unit educate employees about a variety of religious and cultural celebrations.

Recommendation 31: It is recommended that the Health Unit share a calendar of significant religious holidays and communicate to managers that they should refrain from scheduling meetings on major religious holidays.

Use of Traditional Medicines Policy

The Ontario *Human Rights Code* requires that MLHU accommodate Indigenous employees' desire to smudge or engage in pipe ceremonies, short of undue hardship. This may include changing the ventilation or fire-safety features of a room to allow for the practice of smudging in a timely and safe way, in consultation with the landlord(s).

Recommendation 32: It is recommended that the Health Unit develop a Smudging and Pipe Ceremonies Policy that supports the organization's legal obligation to protect, promote, and facilitate Indigenous traditions and ceremonies, including smudging and pipe ceremonies, in support of the Health Unit's commitment to reconciliation. The policy should identify the roles and responsibilities of human resources, managers, and employees, and also be aligned with the procedures of the Scent Free Policy. It should also clearly state that any reprisal against an employee for requesting or receiving accommodation is a violation of the policy.

Preferred Names and Pronouns

For many reasons, a person may choose to use a name (sometimes known as a preferred name, chosen name, a nickname, or a name-in-use) that is different from a person's legal name. There are many reasons why someone may use a preferred name. It may be to

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reflect gender identity, using a nickname they have grown up with, using shortened versions of their name, going by an Canadianized name, or distinguishing oneself from someone with a similar name. In addition, allowing people to identify their preferred gender pronouns is a way of promoting inclusion for transgender and genderqueer people.

MLHU could support the use of preferred names and pronouns by developing a Preferred Name and Pronoun Policy, and also encouraging staff to include their pronouns on their email signature. There may be circumstances (e.g., when conducting a reference check, for payroll, etc.) when a legal name is required. These circumstances should be addressed in the policy and procedures.

Providing education to staff is also important to establish norms of respect in the organization and to ensure that all staff understand that using preferred names and pronouns signals their willingness to be inclusive to everyone.

Recommendation 33: It is recommended that MLHU develop a policy and procedures for employees to identify, upon hiring (and potentially even interviewing), if they have a preferred name that is different than their legal name, as well as procedures to support the use of their preferred name unless use of one's legal name is required.

Recommendation 34: It is recommended that MLHU educate staff about the use of preferred names and pronouns.

Transitioning in the Workplace Policy

The process of a transgender individual publicly changing their gender presentation in society is known as "transitioning." The transitioning individual usually changes their name, clothing, and appearance to coincide with their gender identity. This process may also encompass physical changes resulting from hormone therapy and gender confirmation surgery.

Because of existing stereotypes both in the workplace and society in general, many transgender individuals simultaneously face difficult situations and interactions in their personal, professional, family, and financial lives. This can lead to high stress levels, particularly when individuals are in the initial stages of transitioning.

As such, it is important that the individual be supported to work with their manager and human resources representative in an open and honest way to allow a smooth transition in the workplace. It is also imperative that the organization have a policy and guidelines to support this transition. This policy should recognize that each individual transitioning is dealing with a set of unique circumstances that will require a customized plan.

Recommendation 35: It is recommended that the Health Unit develop policies and related guidelines to support transgender employees who may be transitioning at work.

Recommendations Applicable to All Policies

The policy review also identified a few issues applicable to all MLHU policies.

Recommendation 36: It is recommended that the policy review process be used as an opportunity to ensure compliance with equity-related legislation, that equity, diversity, inclusion, and Indigeneity are woven into the fabric of all policies, and that this be used as an opportunity to use gender-neutral language in these policies.

7. Recruitment and Selection Processes and Practices

The purpose of the recruitment process is to attract a diverse pool of qualified applicants to fill vacant positions. An organization's method of recruitment contributes greatly to the diversity of its workforce. For example, the diversity among applicants in response to a vacancy advertised in a national newspaper will likely be different from the diversity among applicants in response to a job opening advertised by word of mouth through existing employees.

The selection process includes activities designed to identify a qualified candidate for appointment to a vacant position. Selection systems are closely linked to the recruitment system — the recruitment system provides the candidates who go through the selection process.

The nature of the selection process renders it susceptible to systemic barriers and individual biases. Consequently, it is important to ensure that only clearly defined job-related criteria are used to assess candidates at each stage of the process and that steps are taken to mitigate gender, cultural, and personal biases. These biases can impact not only who is selected for an interview, but also how merit is assessed and how candidates are viewed against these established criteria.

While a formal process does not guarantee the complete elimination of subjectivity, it does help to reduce the level of subjectivity. Without a formal selection process in place, individuals may unintentionally work against the organization's human rights obligations and its efforts to diversify the workforce.

The components of the recruitment, hiring, and selection process discussed in this section include:

1. Job postings
2. Advertising job openings
3. Selection criteria
4. Prescreening
5. Assessment of candidates

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6. Background checks
7. Making the hiring decision, and
8. Competition files.

7.1 Job postings

The wording of the information contained in a job ad has the effect of limiting or broadening the applicant pool. In addition to describing the duties of the job, organizations with equity programs typically include wording that presents them as an organization that is welcoming to applicants from diverse communities, backgrounds, and identities, which helps to attract job seekers from Indigenous communities and the equity-seeking groups.

In addition, other information on the job ad supports candidates from Indigenous communities and the equity-seeking groups to learn more about the job opening and to apply for the position.

Content and language used

The job ads reviewed were written in clear, unbiased language and included the following information:

- The division the person will work in
- Job duties
- Educational requirements
- Experience, e.g., minimum 5 years of purchasing or related experience in a public sector environment is required
- Qualifications, including professional registrations
- Required skills, e.g., computer, interpersonal, negotiation, and effective verbal and written communication skills, and
- The duration of the position, if temporary.

While MLHU job postings specify the pay type (e.g., salary versus hourly wage), the actual salary range is not included in the job postings. Instead, individuals selected for a prescreening interview are told of the salary at that time or are asked about their salary expectations. Including the salary range on the job ad, as many public sector organizations do, helps job seekers decide whether or not to apply for the position.

Recommendation 37: It is recommended that the salary range be included on each job posting.

Equity Statement

The Employment Opportunities webpage includes MLHU's equity and accommodation statement:

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The Middlesex-London Health Unit is an equal opportunity employer that is committed to inclusive, barrier-free recruitment and selection processes.

While MLHU's equity statement speaks to the selection process, there is no stated commitment to diversifying the workforce to reflect the diversity of, and to better serve, the increasingly diverse Middlesex-London community.

MLHU's equity statement could be reworded to be more encouraging to Indigenous applicants and those from the equity-seeking groups. For example, some organizations word their equity statements in the following way:

[This organization] is committed to equity in employment. As an equal opportunity employer, we are committed to establishing a qualified workforce that is reflective of the diverse population we serve. We encourage applications from Indigenous peoples, racialized people, persons with disabilities, and those who identify as LGBTQ2S+.

Recommendation 38: It is recommended that MLHU update its equity statement to reflect a stronger commitment to attracting and hiring job seekers from Indigenous communities and the equity-seeking groups.

Accommodation Statement

The Employment Opportunities webpage also includes the following accommodation statement:

Accommodations are available, upon request, to support potential applicants with disabilities throughout the recruitment process. Should you require accommodation, please contact our Human Resources Department at 519-663-5317 or at accessibility@mlhu.on.ca.

A similar statement is also included on the individual job ads:

Accommodations are available, upon request, to support potential applicants with disabilities throughout the recruitment process. Should you require accommodation, please indicate in your cover letter and we will work with you to meet your accessibility needs.

The accommodation process used by MLHU during the selection process is not consistent with Section 23 of the AODA Integrated Standards.¹⁹ The standard states that during a recruitment process, an employer shall notify job applicants when they are individually selected to participate in an assessment or selection process that accommodations are available upon request in relation to the materials or processes to be used.

¹⁹ <https://www.aoda.ca/integrated/#raosp>

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In addition, requiring an applicant to disclose their need for accommodation in their cover letter could impact how the résumé is read and whether the applicant is invited for an interview. Persons with disabilities may also be hesitant to disclose the need for accommodation prior to making it to the interview stage, as they may feel that the disclosure could impact whether or not they are selected for an interview.

While MLHU must meet specific requirements under the AODA, it also has a legal duty under the Ontario *Human Rights Code* to provide accommodation in the selection process based on any human rights protected ground.

Recommendation 39: It is recommended that MLHU's accommodation statement be revised as follows:

MLHU is committed to providing accommodations based on any human rights protected ground throughout the recruitment and selection process. If you require accommodation, please notify us when contacted for an interview and we will work with you to meet your needs.

Recommendation 40: It is recommended that MLHU revise its process so that the description of the selection process is made available to all candidates and that they are then asked, when invited for an interview, whether they require accommodation based on any human rights protected ground to participate in the process.

7.2 Advertising job openings

Employment Opportunities webpage

MLHU uses its Employment Opportunities webpage as one means of advertising job openings to the public. This review found several positive aspects to MLHU's website that would encourage job seekers from Indigenous communities and the equity-seeking groups to apply to a position with the Health Unit. The link for the Career and Volunteer Opportunities webpage is accessible from the homepage and is therefore easy for job seekers to locate and access. The MLHU webpage provides information about the organization, its programs and services, clinics and classes, and location. The Employment Opportunities page also provides access to available job postings, information for applicants, and a link to the Candidate Portal through which they can apply for positions. The webpage states:

Please note: applicants will need to create an online account to apply. We do not accept unsolicited résumés.

The statement on the MLHU webpage about not accepting unsolicited résumés is not consistent with the organization's Recruitment and Hiring Policy. The policy states that "unsolicited résumés will be reviewed by Human Resources and the appropriate

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Director/Manager, who will decide whether or not to retain the application for six months on the basis that the candidate may be suitable for positions that become available.”

MLHU’s Employment Opportunities webpage could better support job applicants by providing additional information, including:

- Information on the selection process and what a candidate should expect if invited for an interview, and
- Information for foreign-trained professionals on how to have their academic credentials evaluated.

Recommendation 41: It is recommended that an FAQ section be added to answer a range of questions applicants may have about the selection process, including what to expect if invited for an interview and how foreign-trained professionals can have their academic credentials evaluated.

Recommendation 42: It is recommended that the proposed FAQ section also address questions that job seekers may have about requesting accommodation, such as “What is accommodation?” and “Will asking for accommodation affect MLHU’s hiring decision?” Examples of the types of accommodations that may be provided could be included to help job applicants understand whether they should be requesting accommodation. Job seekers should also be informed that accommodation will be provided based on any human rights protected ground, including disability, family status, and religion.

Recommendation 43: It is recommended that the Recruitment and Hiring Policy and/or the information on the Employment Opportunities webpage be revised to ensure consistency between policy and practice with respect to the handling of unsolicited résumés.

Advertising job openings

Broader advertising is conducted through online employment websites and professional associations for specialist and professional positions.

Outreach recruitment

Outreach recruitment has been a valuable, practical, and successful tool for many employers to reach members of diverse communities and ensure greater diversity within the applicant pool. Not only does outreach recruitment encourage a more diverse applicant pool for the positions currently vacant, but it also signals to those from diverse communities, backgrounds, or identities that the organization is welcoming to people like them, which could then increase the likelihood that they may consider applying to job openings in the future. Without the relationship building that is inherent in outreach recruitment, job seekers may hear about specific job openings but not apply if they

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perceive the organization to be a “closed shop” and unwelcoming to people from their community, background, or identity.

Many of the employees with whom we spoke for this review shared their perception that MLHU staff do not reflect the diversity of the region’s population. They shared their view that this lack of diversity doesn’t result from barriers in the hiring process, but instead reflects the lack of diversity in the applicant pool. Managers who expressed a commitment to creating a more diverse workforce felt that they often don’t have a diverse applicant pool from which to hire.

While some outreach recruitment has been conducted for specific positions, including sharing job ads with community agencies, MLHU does not routinely engage in outreach recruitment in order to increase diversity among its applicant pool.

Recommendation 44: It is recommended that MLHU engage in targeted outreach recruitment to attract applicants from diverse communities, backgrounds, and identities, particularly Indigenous and racialized applicants.

Police Records Check

The Employment Opportunities webpage states that “All offers of employment are conditional upon successful candidates providing a clear Police Vulnerable Sector Check.”

This statement conflicts with the Vulnerable Sector Screening Policy in two ways. First, the policy states that only employees, students, and volunteers who might have contact with clients that are part of a vulnerable population in the course of their employment or during a public health emergency will be required to provide a PVSC upon being hired and an annual Offence Declarations thereafter. Second, in the event that the PVSC identifies an issue in the employee’s background, the policy outlines a process for the employee to submit a written explanation of the circumstances to Human Resources and for an appropriate course of action to be considered given the circumstances of the situation. As such, the employee is not necessarily required to have a clear PVSC.

The requirement that all job seekers provide a criminal record check for any position with the Health Unit is unnecessary and could violate the Ontario *Human Rights Code*. The Ontario Human Rights Commission states that a job candidate’s record of offences should be considered only if it is job related:

Employers must look at a person’s record of offences and consider whether the offence would have a real effect on the person’s ability to do the job and risk associated with them doing it. Employers can refuse to hire someone

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based on a record of offences only if they can show this is a reasonable and *bona fide* qualification.²⁰

Furthermore, the Ontario Human Rights Commission states that if the organization wants a police records check as part of its hiring process, it must be prepared to justify the decision using “the test set out by the Supreme Court of Canada for assessing whether a policy, practice or requirement is reasonable and *bona fide*.”²¹ Requiring a criminal record check for every position could fail this test, as it is not a bona fide job requirement.

Moreover, stating the need for a criminal record check on each job ad could create barriers to job seekers who may want to apply to the Health Unit, but feel that their criminal record would preclude them from employment. This would impact job seekers from the trans, Black, and Indigenous communities in particular, as they disproportionately have encounters with police because of racial profiling;²² face transphobia and racism in the criminal justice system,²³ resulting in criminal convictions for minor offenses and/or survival-based crimes (e.g., trespassing); and face structural racism, which places them at risk of criminalization.

Recommendation 45: It is recommended that the information contained on the Employment Opportunities webpage regarding Police Vulnerable Sector Checks be consistent with the organization’s policy.

Recommendation 46: It is recommended that the proposed FAQ section of the website indicate that a criminal record is not in itself a barrier to hiring. Instead, the FAQ should indicate that if a qualified candidate has a criminal record, Human Resources will consider the nature, date, and extent of the criminal record to assess whether the candidate is suitable for the position. This section can also state MLHU’s acknowledgement that that the criminal justice system historically and presently perpetuates injustices and barriers for specific groups, and that the Health Unit will keep this in mind when assessing candidates.

²⁰ Ontario Human Rights Commission. http://www.ohrc.on.ca/en/code_grounds/record_of_offences

²¹ Ontario Human Rights Commission. <http://www.ohrc.on.ca/en/iv-human-rights-issues-all-stages-employment/6-requesting-job-related-sensitive-information>

²² See: Ontario Human Rights Commission. (2003, October 21). *Paying the price: The human cost of racial profiling*. <http://www.ohrc.on.ca/en/paying-price-human-cost-racial-profiling>;

²³ See: Government of Ontario. (1995). *Report of the Commission on Systemic Racism in the Ontario Criminal Justice System*. Retrieved from <http://www.ontla.on.ca/library/repository/mon/25005/185733.pdf>; Rankin, J., Winsa, P., & Ng, H. (2013, March 4). Unequal justice: Aboriginal and black inmates disproportionately fill Ontario jails. *Toronto Star*. Retrieved from https://www.thestar.com/news/insight/2013/03/01/unequal_justice_aboriginal_and_black_inmates_disproportionately_fill_ontario_jails.html

7.3 Selection criteria

Our review of job ads indicates that the selection criteria specified on the job ads appear to be consistent with the requirements of the job.

Qualifications

The review of competition files found that questions related to the candidate's ability to work with a diverse group of co-workers, deliver services to a diverse group of clients, conduct research or analyze data through an anti-oppressive lens, or manage a diverse group of employees were not typically asked in interviews. In fact, we found only one file that included knowledge of health equity or ability to work with a diverse community as qualifications for the position. While reference was made to working with "individuals and families who are at risk and/or experiencing challenges" or knowledge of additional languages, no mention was made about the need for experience working with diverse cultural communities or working with people from diverse gender or sexual identities. Most notably, questions related to this competency were not asked in competitions for frontline health care positions or for leadership and supervisory positions.

Driver's Licence

Our review of job ads indicated that a number of positions included a requirement for "a valid driver's license and access to reliable transportation." For these positions it was clear that regular travel throughout the community was a requirement of the job.

In addition, in many of these cases, the pre-screening interview was appropriately used to confirm this information by asking the candidate the following question:

This position requires travel throughout London and Middlesex County, and also requires transporting equipment (i.e. portable chair), instruments, and supplies. Do you have regular access to a reliable vehicle?

Equivalencies

In our consultations, concerns about credentialism were raised as a barrier to the hiring of a more diverse workforce. In order to overcome this barrier, many organizations indicate in their job postings the education and experience requirements needed for a position and then state "or equivalent education and years of experience."

Recommendation 47: It is recommended that job descriptions and job ads indicate that qualified candidates must have the skills and knowledge needed to work with an increasingly diverse population as well as the skills related to and knowledge of health inequities, how they are perpetuated, as well as how to address them, specific to the requirements of the job.

Recommendation 48: It is recommended that an equivalent combination of education and years of work experience, informal and volunteer experience, as well as lived experience be

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accepted for positions that do not require a specific degree, certificate, or professional designation, and those engaging in hiring are educated regarding assessing and considering equivalency, with screening and recruitment tools reflecting this.

7.4 Prescreening

Initial prescreening is conducted by Human Resources staff. Depending on the position, hiring managers may participate in the initial screening step or may review the candidates deemed qualified in order to identify which candidates to invite for an interview.

The screening is based on the minimal requirements (e.g., education and experience) listed in the job ad. For internal postings of unionized positions, there is no flexibility on the prescreening criteria, as the educational and experiential requirements have been negotiated with the bargaining unit.

A completed prescreening form was included in some but not all competition files. In some cases, a prescreening tool was included but was left blank.

In addition, while most of the prescreening process appeared to focus on the qualifications and skills required for the position, in some cases the information on the prescreening form indicated that criteria not related to the candidates' skills and abilities were considered. These included comments such as "referred by [name]" and "currently unemployed."

For most of the competitions reviewed, it appeared that a prescreening telephone interview was conducted. The questions were used in many cases to confirm educational requirements, driver's licence and access to reliable transportation, ability to work a flexible schedule (if required), salary, and start date if hired. While the telephone interview appears to focus on confirmation of the qualification and skills for the position, in a few cases it appears that it was used to assess non-job-related criteria, such as whether the applicant had "positive energy," which is not only highly subjective, but can be culturally biased.

In addition, questions such as "Can you tell me what interests you about working in public health?," "Why are you interested in making this career move?," and "Why are you interested in MLHU?" were asked. Not only are these not job-related questions, but the assessment of the "right" answer can be highly subjective.

In addition, because the salary was not included in the job postings reviewed, the prescreening telephone interview was used to inform candidates of the salary range for the position. For example, some form of the following was included in many of the files reviewed:

The compensation range for this position is \$22.70/hour to \$28.38/hour. Is this in alignment with what you're looking for?

However, in other files, candidates were asked about their salary expectations. Given that these positions have established salary ranges, asking for salary expectations may negatively impact candidates new to Canada or new to the sector who may not be familiar with appropriate salary ranges. In addition, it may further perpetuate gender and racial wage gaps. As previously recommended in this report, the salary range for the position should be disclosed in the job ad to help job seekers make the decision about whether or not to apply for the position.

Recommendation 49: It is recommended that the Human Resources Department ensure that the prescreening of résumés and the prescreening telephone interview are used to assess whether candidates possess the required skills and abilities for the job.

7.5 Assessment of candidates

In a formal assessment process, interview questions are designed to assess each candidate against job duties and qualifications. The general practice is to establish interview questions that probe whether the candidate possesses the skills and abilities needed for the job; identify a score and weight for each question or category of questions; and ask the same questions of all candidates.

Consistency in the interview questions helps to ensure that staffing decisions are based on a fair assessment of the candidate's skills and abilities against job-related criteria rather than an interviewer's subjective assessment of the candidate.

Studies have shown that the more subjectivity there is in a hiring process, the less likely women are to be successful in the process.²⁴ This finding likely also holds true for Indigenous candidates and those from the equity-seeking groups. Other studies have found that bias and error on the part of the interviewer is a key reason why the candidate who is most likely to perform well in the job is not always hired.²⁵ Without the standardization of the interview process — and supported by adequate training — interviewers may make hiring decisions based on “gut feeling” and intuition, which could have a negative effect on the hiring of individuals from Indigenous communities and the equity-seeking groups, who may be qualified and well suited to the job.

For decades, research studies in Canada and the United States have been conducted on the impact of gender, race, and ethnicity on various aspects of employment. This research suggests that both conscious and unconscious biases influence interactions with and the

²⁴ Polisar, J., & Milgram, D. (1998, October). Recruiting, integrating and retaining women police officers: Strategies that work. *The Police Chief*, 1998, 42–53. Retrieved from https://www.iwitts.org/images/media/Milgram_ThePoliceChief_Oct1998.pdf

²⁵ Bohnet, I. (2016, April 18). How to take the bias out of interviews. *Harvard Business Review*. Retrieved from <https://hbr.org/2016/04/how-to-take-the-bias-out-of-interviews>

assessment of job candidates. When comparing men and women with the same employment background, evaluators tended to rate the men higher in various areas, including job performance and leadership ability. Some studies have found that when there was a hiring decision to be made, men of equal skill and ability were more likely to be hired over their female peers. The same was found in studies that compared the assessment of White and Black men. Some studies also found that higher hiring criteria were set for women and Black men than for their White male counterparts. In Canada, there is also evidence that the qualifications and work experience of immigrants are also undervalued, and that biases against those with “ethnic-sounding” names negatively affect the ability of job applicants to be considered for positions for which they are fully qualified.²⁶

To minimize the effect of bias on candidates from diverse communities, backgrounds, and identities, organizations typically strive to ensure diverse interview panels. Doing so increases the validity of the interview as a primary selection tool and decreases the differences in outcomes between the candidates from various groups. Having a diverse interview panel also decreases the likelihood of gender or cultural bias in the interview process and, in turn, increases the fairness — and perceptions of fairness — of the process.²⁷

In addition, interviewers, no matter how well intentioned, may also tend to favour those who are more like them, as well as those they know on a personal basis or with whom they have previously worked. A diverse interview team would help to mitigate any such bias.

7.5.a Interviews

In order to ensure consistent practice and a bias-free hiring process, many organizations have developed guidelines for managers. These guidelines are regularly updated and

²⁶ See for example:

Henry, F. (1985). *Who gets the work?: A test of racial discrimination in employment*. Urban Alliance on Race Relations;

Banerjee, R., Reitz, J. G., & Oreopoulos, P. (2017, January 25). Do large employers treat racial minorities more fairly? A new analysis of Canadian field experiment data. University of Toronto. Retrieved from <http://www.hireimmigrants.ca/wp-content/uploads/Final-Report-Which-employers-discriminate-Banerjee-Reitz-Oreopoulos-January-25-2017.pdf>

Cruickshank, A. (2017, December 26). Black job seekers have harder time finding retail and service work than their white counterparts, study suggests. *Toronto Star*. Retrieved from <https://www.thestar.com/news/gta/2017/12/26/black-job-seekers-have-harder-time-finding-retail-and-service-work-than-their-white-counterparts-study-suggests.html>

²⁷ See for example:

Reynolds Lewis, K. (2017). Diversity interview panels may be a key to workplace diversity. *Working Mother*. Issue 45. Retrieved from <https://www.workingmother.com/diverse-interview-panels-may-be-key-to-workplace-diversity>

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provide the expectations and supports needed to carry out various hiring processes, including:

- General instructions for hiring
- Interview preamble
- Template for interview questions
- What to do before, during, and after the interview to support candidates to do their best, and
- Instructions for feedback, where applicable.

The HR Department has developed information and conducted a detailed presentation for members of the leadership team which outlines their roles in the recruitment process and that of human resources staff. This information includes:

- Best practices to candidate screening
- Recruitment process flow, from vacancy to new hire or transfer
- How to prepare for the interview
- The interview process
- What to do after the interview is complete.

The documents also specify recent changes in the recruitment process to ensure consistency and to guard against biases impacting decisions throughout the process.

HR also provides tips at the beginning of interviews for anyone who has not been on an interview panel previously, such as remaining consistent with questions and sticking to the tool, do not ask any personal questions that are related to a Code-protected ground.

While the documents provide valuable guidance, they could be strengthened by:

- Referencing the Ontario *Human Rights Code* (not the Canadian *Human Rights Act*) and the legislation the Health Unit must comply with
- Including all 16 Code-protected grounds, including family status, gender identity, and gender expression
- Ensuring compliance with Employment Standards of the AODA
- Providing the interview questions in writing to the candidate
- Providing additional information to support candidates from diverse backgrounds, communities and identities, e.g., micro-affirmations, types of interview questions to avoid, when probing may be needed, etc.

Recommendation 50: It is recommended that recruitment and selection guidelines be updated to address the identified issues to ensure consistent interview practices that

comply with MLHU policies, best practices for bias-free hiring, the Ontario *Human Rights Code*, as well as the AODA.

7.5.b Use of an interview panel

The review of the competition files indicates that interview panels of two or more individuals are consistently used in the hiring process.

Human Resources reports that typically the interview panel is made up of the hiring manager, another manager in the Division who has familiarity with the role/work, and Human Resources. They report that the size of the interview panel has been reduced in order to create a safer space for candidates.

7.5.c Interview questions

For the most part, the review of the competition files found that the interview panel asks many good interview questions designed to allow job candidates to demonstrate the skills and abilities needed for the job. There was also a good mix of theoretical/knowledge, situational, and behavioural questions.

However, we also found some questions that did not assess a candidate's skills and abilities to do the job and which may be biased against Indigenous candidates and those from the equity-seeking groups. These include questions in the following categories:

Culturally biased questions. These interview questions may be difficult for candidates from certain cultural groups to answer because they require the candidate to “sell themselves,” which is frowned upon in some cultures. These questions included:

- What is your greatest strength you would bring to us? How will this strength help you perform in this position?
- What top three skills or strengths do you possess that would make you the ideal candidate for this position?

Questions not relevant to assessing the candidates' skills and abilities for the job. In some cases, questions were asked that would not help the interview panel to assess whether the candidate would be able to effectively carry out the duties of the job. In addition, the scoring of these questions is subjective. These questions included:

- Why are you interested in working within the Public Health field, specifically?
- Please tell us why you are interested in this position, and how it fits with your short-term and long-term career goals?
- What do you need from your manager to be most successful in this role?
- Reflecting on all the past positions that you have held, which did you enjoy the most and why?

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- How does a part-time position fit with your career goals and current time commitments?
- How would your co-workers describe you and what it is like to work with you?

Questions that require insider knowledge of the Health Unit and ask for information that the organization should provide to the candidate. In some cases, the job candidate was asked questions about the position that they would not necessarily know the answers to unless they had previously worked in the position or department, or had connections to staff within the Health Unit. In some cases, this information would have been best provided to the candidate in the discussion about the position and its roles and responsibilities. These questions included:

- What is your understanding of the [team] and the work that we do here?

Questions related to equity or diversity competencies. In only a few of the competition files reviewed did we find a question related to the candidate's ability to work with diverse groups, and it was specific to addressing the needs of those with limited English language ability.

In many competition files, the interview questions were not accompanied by related "look fors" to help the interview panel consistently score each candidate. In some cases, the look fors were not related to the candidate's skills and abilities to do the job. For example, in one case, the candidate was asked to review the highlights of their professional and academic experience, and demonstrate how this had prepared them for the position they had applied for. For this question, one of the look fors was "why jobs have changed."

Recommendation 51: It is recommended that all interview questions be closely linked to the assessment of the skills and abilities of the candidate as it relates to the job. Interview questions should be reviewed to ensure that they do not create any cultural barriers to candidates from diverse communities, backgrounds, and identities, and cross-referenced with the job postings to ensure there is fidelity between the questions and the skills and qualifications laid out in the job posting.

Recommendation 52: It is recommended that 'look fors' be prepared for each interview question to ensure that the assessment of the candidate's responses is consistent for each panel member.

Recommendation 53: It is recommended that all interviews include at least one question to assess the candidate's demonstrated commitment to health equity and ability to work with clients from diverse communities, backgrounds, and identities.

7.5.d Scoring and interview notes

Keeping good notes on the candidate's responses to the interview questions is critical in order to fairly assess the candidate against the skills and abilities to do the job. These notes will also be critical to defending the organization's hiring decisions should it be challenged through a grievance or human rights complaint. In addition, the interview panel should understand the implications of including comments unrelated to the candidate's skills and abilities to do the job, and should understand that these characteristics should not be considered when assessing whether a candidate is qualified for the job.

The research suggests that it is best practice for each member of the interview panel to independently score each candidate before discussing their scores with others on the panel. When interviewers know that they will be required to discuss and be accountable to the other panel members for their score, they become more objective and thorough in their scoring. This process also allows each interview panel member to independently score each candidate without being influenced by the perceptions of others, particularly someone more senior to them.

The review of the competition files found that they included interview forms that contained the interview questions and a rating scale (e.g., 1-poor, 2-fair, 3-good, 4-excellent). However, these forms did not always include 'look fors' for each question to support consistent and fair scoring of candidates' responses.

Members of the interview panel often did not score candidates' responses to the interview questions. When scoring was done, they were not totalled, and no summary was provided for the candidates who were interviewed.

Without scoring the candidate's responses to the interview questions, members of the interview panel may base their assessment on factors unrelated to the candidate's skills and abilities to do the job. In addition, without basing decisions on the scores, candidates from diverse communities, backgrounds, and identities are put at a disadvantage, as they may be judged on their non-verbal behaviours or other factors, rather than their skills and abilities to do the job.

Further, without scoring of the candidate's responses, the Health Unit could have difficulty justifying their hiring decision should it be challenged through a grievance or a human rights complaint.

Our review of the competition files did find that some panel members included notes in the file indicating that they had assessed candidates on criteria other than their skills and abilities to do the job. These comments included:

- Good fit

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- Not a good fit for our culture
- Enthusiastic and energetic
- Spoke clearly
- Concerns re: eye contact
- Has a good attitude and pleasant disposition
- Did not shake hands
- Comes across slightly arrogant
- Candidate required prompting to provide response
- Positive attitude and upbeat energy
- Candidate seems to be looking for a stepping stone to another job
- The candidate is not currently working, and
- This person's current address is in [city].

These comments suggest that cultural differences may be impacting how candidates are assessed, with those acculturated to the dominant culture being preferred. Judging candidates based on these characteristics may also put those with certain disabilities at a disadvantage.

While not consistently found in the files reviewed, we found that in a few cases, candidates who appear to be well liked by some panel members, but who did not have the required skills and abilities, were preferred for the position. For example, in one file it was noted that the candidate did not have the requisite skills and abilities, but "she could gain valuable skills in this job." In another file, concerns were raised, as the candidate needed many questions repeated multiple times. In this case, the panel member noted, "While he has the knowledge, there would be a substantial learning curve."

Also concerning is that while questions were not consistently asked about a candidate's ability to work with vulnerable or diverse communities, some panel members made assumptions about whether some candidates held this competency. As one person noted, "He comes across as arrogant. Concerns about working with vulnerable populations." Notable, however, is that questions were not asked about the candidate's experience, knowledge of, or ability to work with vulnerable populations.

Recommendation 54: It is recommended that Human Resources staff and those who sit on hiring panels be provided with guidance on the need to consistently score candidates' responses to interview questions and how the consideration of "fit" and various behaviours could be biased against Indigenous candidates and candidates from the equity-seeking groups.

Recommendation 55: It is recommended that all members of a hiring panel be provided with instructions on the importance of keeping complete, verbatim notes on candidates' responses to interview questions to support their ability to accurately assess each candidate.

Recommendation 56: It is recommended that all those involved in the hiring process be provided with training and ongoing support about bias-free, non-discriminatory hiring and the impact of unconscious bias, to ensure that only factors that are relevant to the candidates' ability to do the job are considered in the hiring process.

Recommendation 57: It is recommended that interview panel members be required to independently score the candidate's responses to each question, prior to coming to a consensus with the other panel members.

Recommendation 58: It is recommended that the scheduling of the interviews include sufficient time after each interview to appropriately score each candidate.

Recommendation 59: It is recommended that a rubric be developed to support consistency in scoring the responses of interviewees by providing additional guidance for members of the interview panel.

7.5.e Tests

Various organizations supplement interviews with written and practical tests in the selection process as a more objective measure of a candidate's knowledge, skills, and abilities.

Some competition files reviewed indicated that a test to assess skills and demonstrate knowledge was included to support the assessment of the job candidates, including a written test and a presentation. While it is good to include a practical assessment of a candidate's skills and abilities, the scoring of these assessments was not included in the files. As such, it is unclear whether all candidates were fairly scored against the same criteria, how well each person did on the test, and how this score was considered in the final assessment of each candidate. Without concrete and specific guidelines for the scoring of tests used in the hiring process, the scoring of candidates could be affected by the individual biases of those assessing the candidates.

In some cases, candidates were asked to assess their computer skills. A test of their skills would provide a more accurate assessment of these skills.

Recommendation 60: It is recommended that a scoring template be developed for each test used in the hiring process, to support the consistent scoring of all candidates and to limit the impact of biases on the assessment of candidates. The test scores should also be used in the assessment of candidates and when making the final hiring decision.

Recommendation 61: It is recommended that the completed test scoring templates be retained in the competition files.

Recommendation 62: It is recommended that the marking of tests incorporate the best practice of anonymous scoring (e.g., the markers do not know the names of the candidates) in order to reduce the impact of bias.

Recommendation 63: It is recommended that when tests are included in the selection process, that candidates are informed of how they will be scored, e.g., content, how information is organized, grammar and spelling, etc.

7.6 Reference checks

Reference checks are conducted following interviews and before an offer of employment is made. The reference check forms reviewed include some good questions designed to assess how the candidates performed in previous positions as well as the soft skills they would bring to the position. However, none of the reference checks reviewed included a question on equity and diversity.

Recommendation 64: It is recommended that reference checks include a question, appropriate for the position, on the person's demonstrated commitment to health equity and ability to work with clients from diverse communities, backgrounds, and identities.

7.7 Making the hiring decision

In our review of competition files, we did not find an overall scoring sheet that totalled the scores from the interview and the test for each candidate interviewed. As such, it is unclear who the highest-scoring candidate was and which candidate was offered the position.

Furthermore, while MLHU states on job postings that it is an equal opportunity employer, there doesn't appear to be any guidance provided to hiring managers about whether and how diversity is to be considered in the hiring process.

In some files, the offer letter to the successful candidate was included. However, while the AODA requires that the successful candidate be notified of the policies for accommodation of employees with disabilities, the letters made no reference to accommodation.

Recommendation 65: It is recommended that the proposed Employment Equity Policy commits MLHU to creating a more diverse workforce and is supported by procedures and guidelines about how diversity is to be considered in the hiring process.

Recommendation 66: It is recommended that managers receive ongoing communication and education about MLHU's commitment to diversifying the workforce, the value that diversity brings to the Health Unit, and managers' roles and responsibilities to support this corporate objective.

Recommendation 67: It is recommended that MLHU offer letters be updated to inform the successful candidate of the organization's accommodation policy and the process for requesting needed accommodation based on disability and any other human rights protected ground.

Recommendation 68: It is recommended that the onboarding process be reviewed through an equity lens to ensure that new employees are consistently welcomed by the organization, understand key policies, acclimatized to their role and the organization, and supported to contribute their best.

7.8 Competition files

A complete competition file allows the organization to document the hiring process and justify the interview panel's hiring decision should it be challenged through a grievance or human rights complaint. This documentation also allows for an accurate and thorough debriefing of all candidates should it be requested.

Typically, a competition file includes the following:

- Job posting
- Prescreening spreadsheet that documents the criteria used to screen applicants and develop a short-list for an interview
- Applications (résumés, cover letters) received for those who were invited for an interview
- Testing and related assessments for those who were interviewed
- List of selection panel members
- Interview questionnaires and guides for each panel member
- Scoring summary sheet for the interview process
- Completed reference checks
- Verification of post-secondary education credentials for positions that require post-secondary education; copy of licenses and/or designations for positions that require licenses and/or designations
- Indication of who the successful candidate is, and
- Correspondence related to the competition, providing rationale for decisions such as when offers are declined or candidates withdraw from the process.

While many competition files had much of this information, many did not include all information related to the hiring and selection process. Including a checklist would help to ensure that all necessary information is included.

Recommendation 69: It is recommended that a checklist be created to identify what information is to be maintained in the competition files and to ensure that each file is complete when closed.

8. Office Space

8.1 Accessibility

The Ontario *Human Rights Code* prohibits discrimination on the basis of disability. Persons with disabilities have the right to equal treatment in accessing services, and organizations have the responsibility to make their facilities accessible for both clients and employees. Failure to provide equal access to a facility could constitute discrimination under the Code.

The Ontario Human Rights Commission makes it clear in its Policy and Guidelines on Disability and the Duty to Accommodate²⁸ that facilities must be built or adapted to accommodate persons with disabilities in a way that promotes their integration and full participation. It recognizes that barrier-free design and inclusion-by-design helps to fully integrate persons with disabilities into the workplace.

Inclusive and barrier-free design means that when constructing new office space, design choices should be made that do not create barriers for persons with disabilities. Where barriers exist, organizations should actively identify and remove them. Where undue hardship prohibits the immediate removal of the barrier, interim or next-best measures should be put in place until more ideal solutions can be attained or phased in.

While the *Human Rights Code* applies to facilities that fall under the *Building Code*, the Commission recognizes that most business, designers, and builders are aware of only the minimal accessibility requirements of the *Building Code* and not the higher obligations for accessibility mandated by the *Human Rights Code*. The *Human Rights Code* has primacy over all other legislation in Ontario. While an organization might be in compliance with the *Building Code*, it could still be in violation of the *Human Rights Code*. Reliance on the relevant building codes has been rejected as a defence to a complaint of discrimination under the *Human Rights Code*.²⁹

The AODA requires that all Ontario public sector organizations prepare a multi-year accessibility plan, update it at least once every 5 years, and post the plan on their website. While it appears that MLHU has been making some effort to make its communications, services, and hiring practices accessible, an accessibility plan does not appear to have been prepared, despite being referenced in MLHU's Accessibility for Ontarians with Disabilities

²⁸ <http://www.ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability>

²⁹ In *Quesnel v. London Educational Health Centre (1995)*, 28 C.H.R.R. D/474, an Ontario Human Rights Tribunal stated that compliance with building codes does not, in itself, justify a breach of human rights legislation.

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Act - Integrated Accessibility Standards Regulation Policy. The Plan provided for this review was updated in 2019. MLHU's plan is not posted on its website as required by the AODA.

The plan requires organizations to assess their level of accessibility, including its facilities, identify barriers to accessibility, and set priorities for the removal of barriers. Public sector organizations must consult with people with disabilities when developing their plans. If an organization has an accessibility advisory committee, the committee must be included in the consultation process.

While an accessibility audit is beyond the scope of this review, our visit to the MLHU staff offices at Citi Plaza raised a number of accessibility concerns. This office space was recently constructed and a great deal of attention was given to creating hot desking, collaborative workspace, and "telephone booth" rooms to enable staff to hold private telephone conversations. However, the same consideration was not given to ensuring that these spaces are accessible. Some accessible features are in place, such as:

- Ramp to enter the office space
- Elevator
- Door handles rather than door knobs.
- Accessible signage for the washrooms, and
- Accessible washroom stalls.

However, some other accessible features are missing, including:

- Automatic washroom door openers, and
- Inaccessible telephone booths.

In addition, a number of rooms, including manager offices and the library, have sliding doors that may not be accessible to wheelchair users or those with other mobility challenges.

Human Resources reports that an accessibility audit was conducted for MLHU office spaces.

Recommendation 70: It is recommended that MLHU post its Multi-Year Accessibility Plan on the Health Unit's website as required by the AODA.

Recommendation 71: It is recommended that MLHU ensure that the issues identified in this section were identified by the accessibility audit and that the removal of the identified barriers are included in the accessibility plan.

8.2 Gender-inclusive washrooms

Under the Ontario *Human Rights Code*, a transgender person has the right to access washrooms based on their lived gender identity. This includes people who are in the

process of gender transition, regardless of the stage of transition. The employer must accommodate the employee short of undue hardship.³⁰

Many organizations are proactively providing gender-neutral washrooms in the workplace by providing washroom facilities that can be used by someone of any gender, which can either be single-user or multi-stall washrooms. Gender-inclusive washrooms are important for people whose appearance does not conform to what is commonly expected for men or women. Providing gender-inclusive washrooms for staff will help reduce the stares, questions, comments, verbal harassment, and physical violence that individuals who are trans or genderqueer often experience when they try to access washrooms.

Some organizations address the need for gender-inclusive washrooms by allowing all employees access to the single-user gender-neutral accessibility washroom normally reserved for use by persons with disabilities. Changes to the Building Code Regulation, effective January 1, 2015, require at least one universal washroom in all new buildings or major renovations, and, for multi-storey buildings, at least one for every three floors.³¹

The first floor washrooms at Citi Plaza are all single-user washrooms. The second floor at Citi Plaza does not have any single-user washrooms. The Strathroy location has two single-user washrooms, which are gendered.

Recommendation 72: It is recommended that the signage of the two single-user washrooms at the Strathroy location be changed to be gender-inclusive, such as by saying simply “washroom.”

Recommendation 73: It is recommended that MLHU consider installing single-user gender-inclusive washrooms on the second floor at Citi Plaza.

Recommendation 74: It is recommended that MLHU educate employees about why gender-inclusive washrooms are important, about the rights of transgender employees, and setting expectations of acceptable workplace behaviour related to gender diversity.

8.3 Prayer room

Employers have a positive “duty” under the law to accommodate an employee’s religious observances, where doing so would not cause the employer undue hardship. The Citi Plaza office does include a prayer room, with a foot washing station for Muslim users.

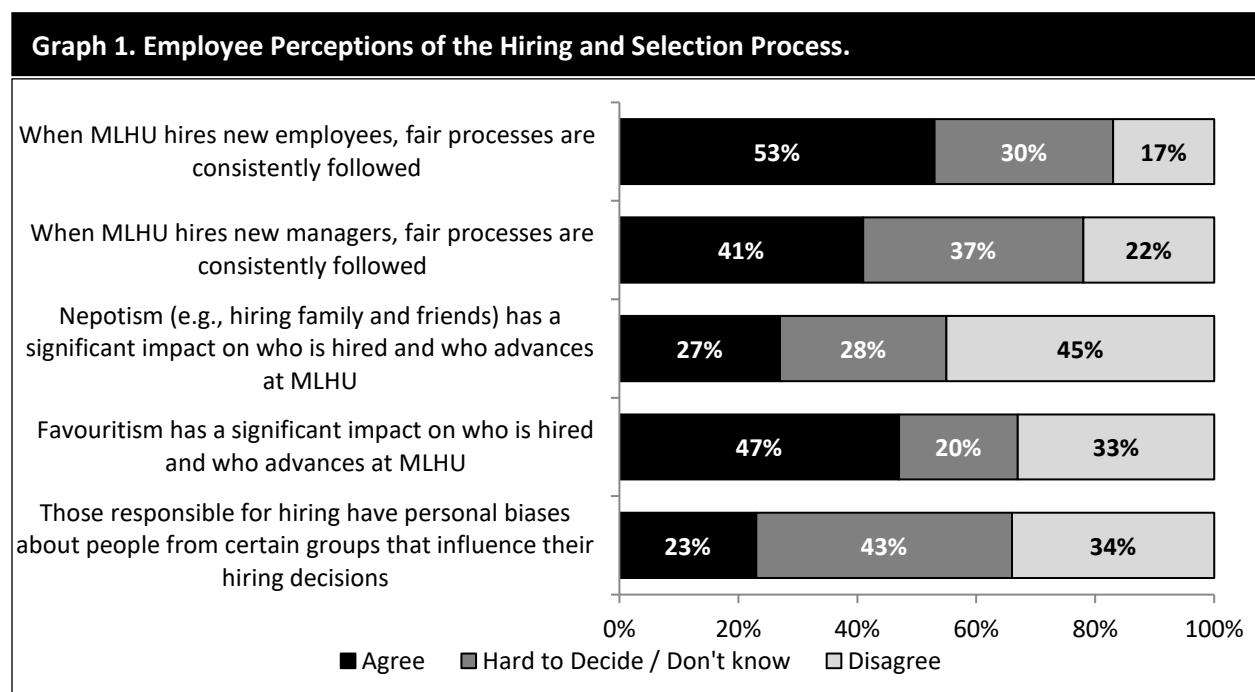
³⁰ <http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression/13-preventing-and-responding-discrimination>

³¹ <http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression/13-preventing-and-responding-discrimination>

9. Employee Perspectives

9.1 Perceptions of the hiring and selection process

Throughout the consultations, employees were asked about their perceptions of the hiring and selection process. The results from the employee survey, as shown in Graph 1, indicate that survey respondents, when they do have an opinion about the hiring and selection process, do not have much confidence that fair processes are consistently being followed. In response to the survey questions, a large proportion of survey respondents checked the “Don’t Know” option, as they may not participate in the hiring process or don’t have an opinion about the process.



As Graph 1 shows, only 53% of the 134 survey respondents agreed that when MLHU hires new employees, fair processes are consistently followed, while 17% did not agree. Furthermore, only 41% agreed that fair processes are followed when new managers are hired, compared with 22% who disagreed. About one-third had no opinion.

Through comments on the survey and in the focus groups, a number of participants shared concerns about unfair and inconsistent hiring practices. Many shared their perceptions that the lack of diversity at the Health Unit suggests that there are biases, whether intentional or not, operating in the hiring and selection process. Some also shared their perception that senior leaders manipulate the hiring process to ensure their preferred candidate is hired. This includes modifying qualifications, waiving certain qualifications, or hiring without a competition.

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Some also felt that the hiring process itself allowed for biases to be triggered and decisions to be made based on these biases, whether consciously or unconsciously. As such, they felt that the Health Unit could do more to focus the hiring process on one's skills and abilities to do the job, by anonymizing résumés so that factors such as applicant names, university names, and any other information that could trigger an unconscious bias would be excluded from consideration.

About a quarter of respondents (27%) reported the belief that nepotism has a significant impact on who is hired and who advances at MLHU. While about another quarter (28%) were unsure, slightly less than half (45%) did not agree that nepotism has a significant impact on who is hired and who advances at MLHU.

While only a quarter thought nepotism had a significant impact, almost half of respondents (47%) agreed that favouritism has a significant impact on who is hired and who advances at MLHU. One-third (33%) did not agree, while 20% offered no opinion.

The largest group of respondents (43%) reported that they were unsure whether those responsible for hiring have personal biases about people from certain groups that influence their hiring decisions; 23% agreed that this was the case, while 34% disagreed.

Throughout the comments on the survey, employees shared a range of perspectives about the hiring and promotion process at MLHU, including:

Perceptions that hiring is fair

Many employees had no concern about the hiring process and felt that it was effective at fairly hiring new employees to the organization.

A number of survey respondents also shared their perspective that if there is a lack of diversity in the MLHU workforce, it is due to the lack of qualifications or lack of desire to work at the Health Unit rather than any barriers within the hiring and selection process itself. As one person commented:

Discrimination in HR processes is clear and explicit — and based entirely on the professional qualifications required of MLHU staff. These requirements themselves limit inclusion of a fully representative cohort of our society.

Perceptions that systemic biases exist in the hiring process

Many other survey respondents shared their perception that systemic biases exist within the Health Unit's hiring process, and are evident in the hiring outcomes:

I think that our hiring processes are not robust enough to say that there is no discrimination that can occur.

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My answers are based on history — lack of these groups represented in senior positions makes me believe these groups cannot get hired and/or advance to senior positions as easily as others.

Structural barriers

Some also shared their perception that structural barriers are the main cause of any underrepresentation at the Health Unit, this includes barriers for particular groups to gain the required skills and qualifications to work at MLHU. As they noted:

I believe that the underrepresentation of Indigenous people has to do with fewer opportunities to advance education to the level that is required to be a lucrative position at MLHU.

In terms of nursing, it is at times difficult to hire from diverse groups because qualified candidates who are interested in public health are not always available — an example of a need for upstream solutions as well as midstream/downstream (e.g., public health and university programs need to find ways to reach out to and recruit Indigenous high school students; college of nursing needs to make the certification process less laborious for internationally trained RNs).

Other groups experiencing disadvantage

Employees were asked to rate the extent to which they feel that particular groups of employees could just as easily be hired and/or advance within the Health Unit.

As Graph 2 shows:

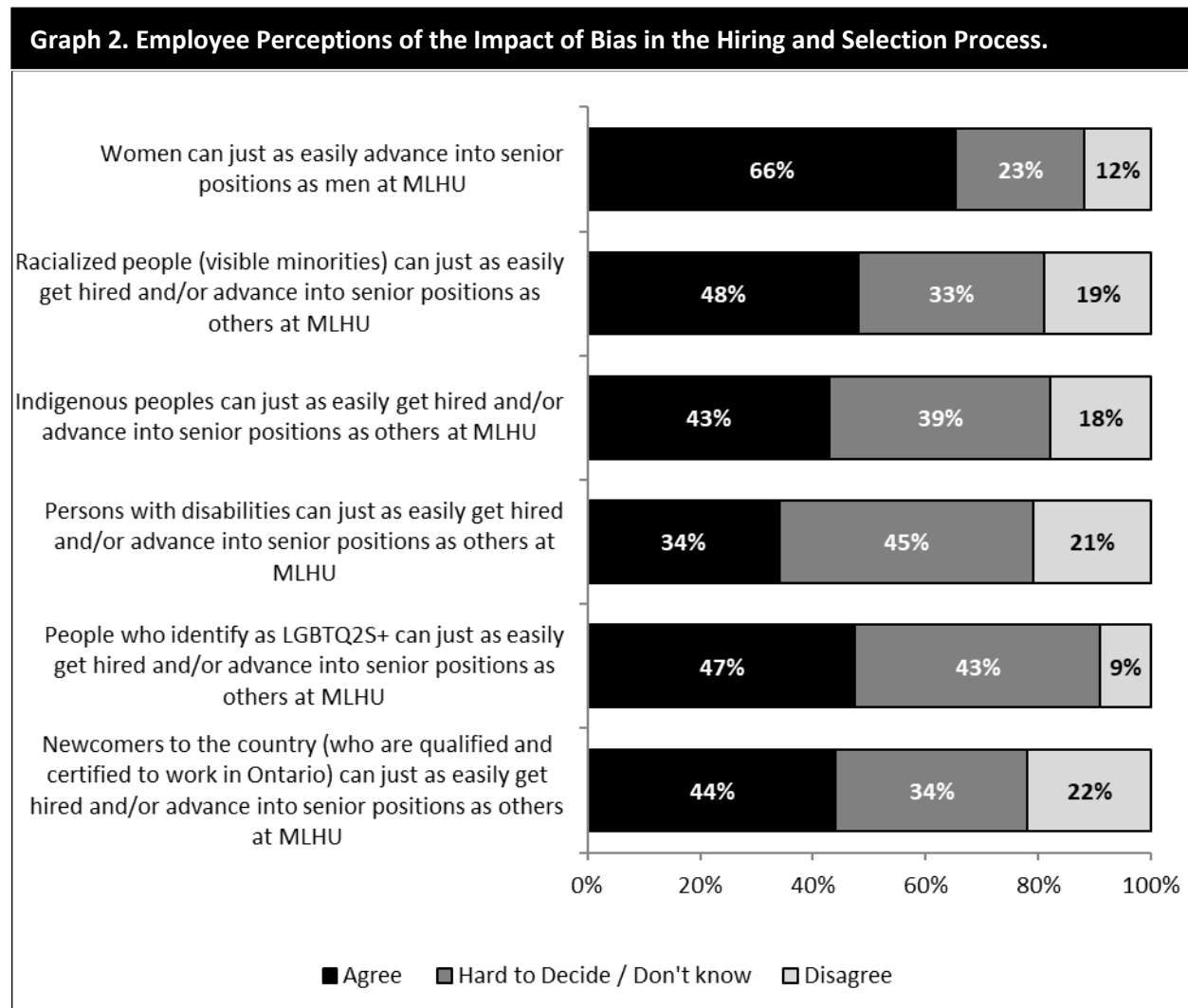
- 66% believe that women can just as easily advance into senior positions in the Health Unit as men
- 48% believe that racialized people can just as easily get hired and/or advance into senior positions as others
- 43% believe that Indigenous peoples can just as easily get hired and/or advance into senior positions as others
- 34% believe that persons with disabilities just as easily get hired and/or advance into senior positions as others
- 47% believe that those who identify as LGBTQ2S+ can just as easily get hired and/or advance into senior positions as others, and
- 44% believe that qualified newcomers can just as easily get hired and/or advance into senior positions as others.

Concern about who is hired was raised a number of times in the focus groups and interviews, with employees sharing their perception that lesser qualified men have been

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hired over fully qualified women, and that biases about Indigenous peoples and members of the equity-seeking groups impacts their ability to be hired at MLHU.

In addition, some shared their experiences of hiring managers sharing concerns about the accent of a candidate or about the pronunciation of a candidate's name, suggesting that newcomers are often screened out of the hiring process for reasons unrelated to their skills and abilities to do the job.



Throughout the focus groups and the online survey, employees also shared their concern that Health Unit staff do not reflect the diversity of the community and that there is more that could be done to increase diversity at MLHU:

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MLHU could actually hire a diverse staff. Have the... management staff more reflective of the people in Canada, i.e. visible minorities, those with disabilities, etc.

Continue to hire staff who speak multiple languages, especially Arabic! MLHU would really benefit from an Arabic-speaking nurse and family home visitor.

If you look at the Senior Leadership, no diversity. Same applies at the management level, I'm guessing there are probably 30 management staff and only 2 are of a different background. HR needs to institute a tracking and reporting system to measure the diversity and inclusion.

Purposely hire people with more diverse backgrounds and current experiences. Make sure that job postings go to places where more diverse applicants will see them. Demonstrate in job postings that diversity is welcome and supported.

Recommendation 75: It is recommended that changes to the hiring and selection process be communicated to employees to increase their confidence in the hiring process.

9.2 Perceptions of opportunities for advancement

Research consistently shows that Indigenous peoples and members of equity-seeking groups remain concentrated in lower-level positions within organizations despite their skills, abilities, and education. These studies confirm that upward mobility continues to be a problem even in organizations in which these groups are well represented and even when they have qualifications, skills, and abilities comparable to those of their counterparts.³²

In many organizations, access to developmental opportunities plays a powerful gatekeeping function and limits the ability of Indigenous employees and employees from

³² See for example:

Ngué-No, F., & McKie, D. (2018, March 31). *Local black Canadians face 'systemic barriers' to senior-level jobs, critics say*. CBC News. Retrieved from <http://www.cbc.ca/news/canada/ottawa/black-population-ottawa-increase-barriers-work-1.4600403>

The Conference Board of Canada. (2013, December 19). *Young women face barriers to workplace advancement*. Retrieved from http://www.conferenceboard.ca/press/newsrelease/13-12-19/young_women_face_barriers_to_workplace_advancement.aspx

Catalyst. (2007, June 15). *Career advancement in corporate Canada: A focus on visible minorities*. Retrieved from <http://www.catalyst.org/knowledge/career-advancement-corporate-canada-focus-visible-minoritiessurvey-findings>

Diversity Institute. (2012). *Diversity leads. Women in senior leadership positions: A profile of the Greater Toronto Area (GTA)*. Retrieved from https://www.ryerson.ca/content/dam/diversity/reports/DiversityLeads_Gender_2012.pdf

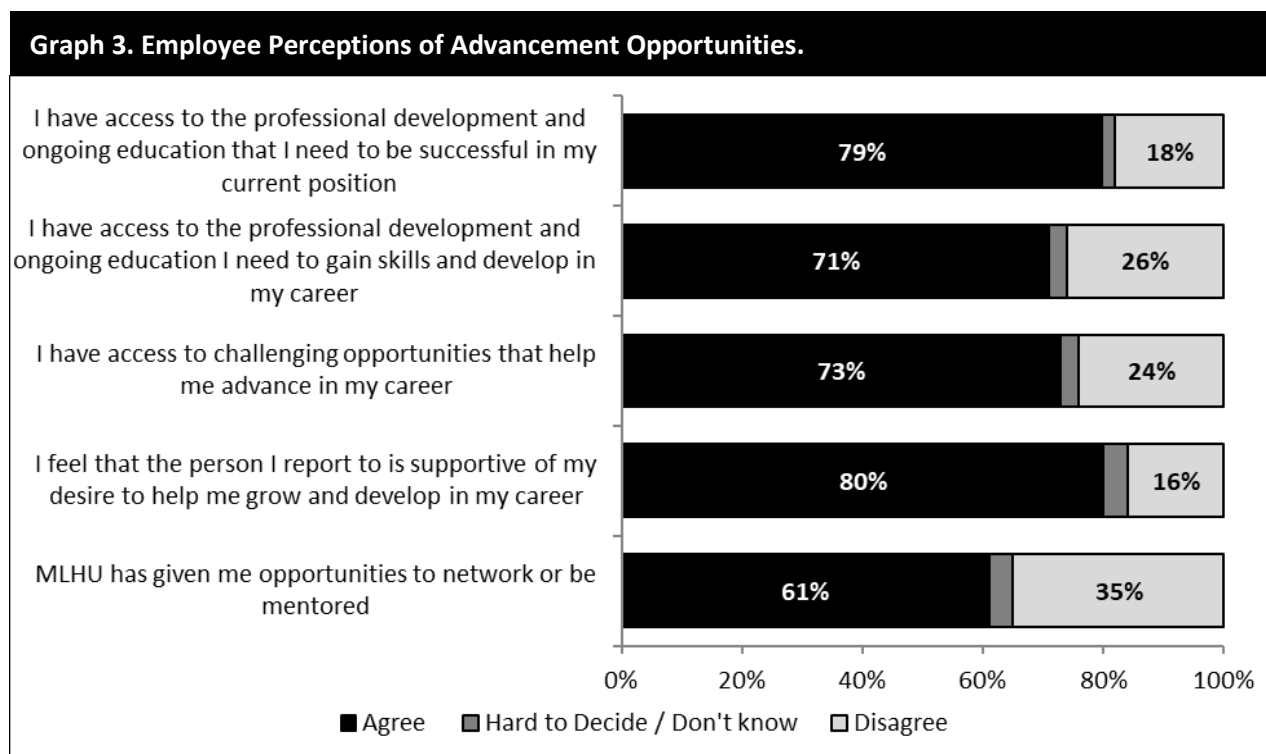
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the equity-seeking groups to advance into senior positions within the organization. Limited access to training and development opportunities and to temporary assignments can be a barrier to advancement for Indigenous employees and those from the equity-seeking groups.

The issues that affect the upward mobility of Indigenous employees and employees from the equity-seeking groups are connected to and overlap with many of the issues discussed and recommendations made in other sections of this report.

The Workplace Equity and Inclusion Survey asked employees to share their perceptions about their opportunities for advancement. As Graph 3 shows, for the most part, employees were positive about their access to professional development, ongoing education, and opportunities, and feel that they have the support of the person they report to in order to grow and develop in their career.

As the graph shows, 79% of survey respondents agreed that they have access to the professional development and ongoing education they need to be successful in their current position, and 71% feel they have access to the professional development and ongoing education they need to gain skills and develop in their career. In addition, 73% feel that they have access to challenging opportunities that would help them advance in their career.



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Overall, 80% feel that the person they report to is supportive of their desire to advance their career, and 61% believe MLHU has given them opportunities to network or be mentored.

However, some employees who participated in the consultations shared their concern that not all employees were able to learn about and apply for opportunities at the Health Unit. Instead, they felt that managers continued to tap their favourites to take on these coveted opportunities. Many feel that one's ability to advance at the Health Unit was not solely based on one's skills and abilities:

It's who you know....not what you know that gets you hired and advanced within this agency.

I find that sometimes job postings are worded to target specific people for the position.

I do not feel that the opportunities for advancement and career development are equitable across the organization. I have been very lucky to receive much support to develop, however, I do not think that this is the reality for all.

Many employees who participated in the consultations shared a desire for ongoing learning and development. As one person noted:

My current position is largely consumed by patient interactions — which is wonderful! I also crave work time that is dedicated to education / enrichment / learning / networking.

However, they note that a reduction in the Health Unit's budget has resulted in limited time or money to be able to access ongoing learning:

The biggest limitation to our ability to learn is time. Staff capacity building is offered internally or externally but there is often no time to attend.

Sometimes we have opportunities, but we cannot capitalize on them because we lack the resources/tools/support staff to do our jobs.

Others shared that opportunities for ongoing learning are not available to all employees nor are they consistently supported by their manager:

Current manager has a habit of giving opportunities only to staff they like or is friends with. These opportunities include professional development opportunities (e.g. conferences, workshops, etc.) and special roles in day-to-day work (e.g. new projects). If they do not like you, they will give you a heavier workload, which results in no time to attend any professional development opportunities.

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I have gotten confused about what I can apply for and not apply for, so I gave up even asking. There is no support for learning. It is unclear what parameters exist for professional development.

9.3 Working conditions

This section examines aspects of the workplace that make employees feel welcomed and valued and that allow them to fully contribute to the organization. These aspects include accommodation, work environment, as well as violence, harassment, and discrimination prevention efforts.

The Canadian Human Rights Commission has identified the examination of attitudes and behaviours within an organization as a key component of an Employment Systems Review. The Commission notes that, without this analysis, significant barriers can be missed by the organization, particularly when negative attitudes, stereotypes, and corporate culture play an important role in staffing.³³

While an unwelcoming work environment negatively affects the equity-seeking groups, it can also have implications for other employees and the organization as a whole. Unhealthy workplaces have been linked to low productivity, high absenteeism, high turnover, high legal costs, and many hours of staff time needed to deal with a host of employee issues. Studies have also found that employees who work in workplaces that are not welcoming and inclusive are more likely to leave for other jobs, take extended leaves of absence, and retire early.³⁴ Unhealthy workplaces also negatively affect the mental health of employees,³⁵ with mental health becoming the leading cause of short- and long-term disability absences.³⁶

³³ Employment Systems Review: Guide to the Audit Process. Canadian Human Rights Commission. December 2002.

³⁴ See for example:

John Samuels & Associates. (2006, March). *Summary report on engagement sessions for a racism-free workplace*. Human Resources and Skills Development Canada. See also: Gandz, J. (2005). *A business case for diversity*. Canadian Department of Labour.

Bailey, S. (2014, May 20). *Why diversity can be bad for business (and inclusion is the answer)*. Forbes. Retrieved from <https://www.forbes.com/sites/sebastianbailey/2014/05/20/why-we-should-prioritize-the-i-in-d-and-i/#2e8461da600d>

³⁵ Mental Health Works. (2016, February 19). *How can the workplace contribute to or create mental health problems?* Retrieved from <http://www.mentalhealthworks.ca/how-can-the-workplace-contribute-to-mental-health-problems/>

³⁶ Chai, C. (2017, May 5). *500,000 Canadians miss work each week due to mental health concerns*. Global News. Retrieved from <https://globalnews.ca/news/3424053/500000-canadians-miss-work-each-week-due-to-mental-health-concerns/>

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A work environment that is known to be unwelcoming to Indigenous employees and those from the equity-seeking groups can also pose challenges to an organization that is trying to recruit from these communities. Being seen as an unwelcoming employer within diverse communities could make it extremely difficult to hire top talent from an increasingly diverse labour market. On the other hand, being seen as an organization that welcomes diversity has become increasingly important as employees from the Baby Boom generation begin to retire in larger numbers and employers compete for recruits from a more diverse population and from younger generations that are much more comfortable with, and welcoming of, diversity.

Various pieces of legislation place legal obligations on all organizations to create workplaces that are free from violence, harassment and discrimination. Furthermore, the Ontario *Human Rights Code* and the AODA require organizations to provide accommodation to current and prospective employees, short of undue hardship. While accommodation is to be provided based on any human rights protected ground, it is most frequently requested on the basis of disability, religion, family status, sex (related to pregnancy and breastfeeding), age (related to disability), and gender identity.

In addition, where organization-wide barriers exist, employers are expected to actively identify and remove them rather than deal with individual requests for accommodation. Where undue hardship prohibits the immediate removal of the barrier, interim or next-best measures should be put in place until more ideal solutions can be attained or phased in.

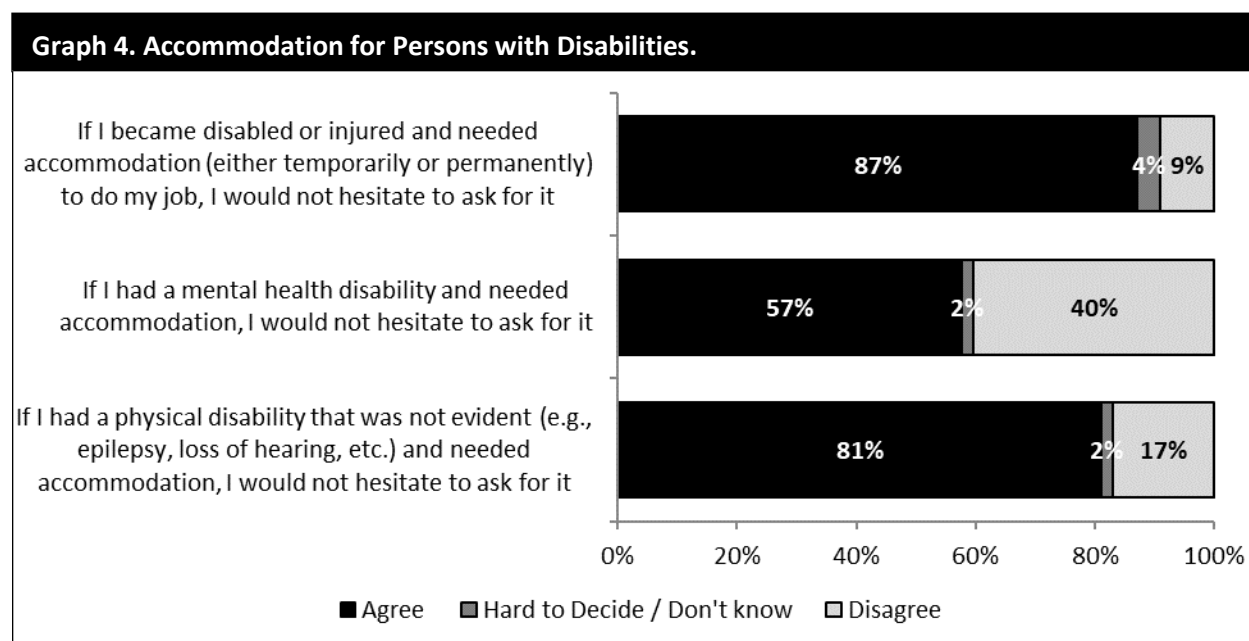
9.3.a Accommodation for persons with disabilities

The Ontario *Human Rights Code* prohibits discrimination on the basis of disability. In addition to complying with the Code, the Health Unit must also comply with the requirements of the AODA to make the organization and its services accessible to students, staff, and members of the community who have a disability. Failure to provide equal access to a facility or equal treatment in employment or client service could violate the AODA and/or be a form of discrimination under the Code.

Accessibility and accommodation are fundamental and integral parts of the right to equal treatment in the workplace. This requirement may mean that certain aspects of the workplace or the duties of a job may have to be changed to accommodate any employee protected by the Code. Providing accommodation to employees creates: a work environment that is flexible in how and when work is completed; a physical environment that allows all individuals to have equal access to the workplace and work tools; and an environment in which all employees are able to fully engage in the work environment.

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The Workplace Equity and Inclusion Survey asked employees about accommodations for persons with disabilities. Graph 4 shows employee responses to these questions.



The response to questions about whether employees would hesitate to request accommodation based on various types of disabilities reflects remaining stigma about mental health issues. As the graph shows, 87% of employees indicated that, if they became disabled or injured and needed accommodation to do their job, they would not hesitate to ask for it, while 9% indicated that they would hesitate to ask for this accommodation. A smaller proportion (57%) indicated that they would not hesitate to ask for accommodation if they had a mental health issue or a physical disability that was not evident, while 40% indicated that they would hesitate to ask for accommodation if this were the case.

The majority of survey respondents (81%) indicated that if they had a physical disability that was not evident and needed accommodation, they would not hesitate to ask for it.

A number of employees shared their concern about the Health Unit's requirement for a medical note for any type of accommodation related to disability. The Ontario Human Rights Commission states that requests for accommodation should be accepted in good faith and requests for medical information should be made only when the disability and need for accommodation are not known or obvious. The Ontario Human Rights Commission, states that where possible, an employer must make genuine efforts to provide needed accommodations without requiring a person to disclose a diagnosis, or

otherwise provide medical information that is not absolutely necessary.³⁷ In addition, the employer is required to bear the cost of any required medical information or documentation.

Recommendation 76: It is recommended that MLHU only request a medical note when information on limitations and abilities are required for accommodation planning.

Recommendation 77: It is recommended that MLHU continue to educate employees and managers about mental health issues to destigmatize mental health to increase the likelihood that employees will seek and receive the needed accommodations.

9.3.b Religious accommodation

The Ontario *Human Rights Code* requires MLHU to accommodate employees based on any human rights protected ground, including religion. Typically, issues related to religion arise in the workplace with respect to dress code, time off for religious observance, breaks, prayer space, scheduling of shifts, and scheduling of interviews.

The Workplace Equity and Inclusion Survey asked employees whether they understand that employees can request religious accommodation; 65% agreed with this statement, while 21% said that they didn't know or were not sure that they can. A further 13% disagreed when asked whether they understand that employees can request religious accommodation.

In the comments to the survey, some shared that they have requested and received religious accommodation. Some also mentioned that the recent installation of a prayer room was a step in the right direction with respect to religious accommodation.

9.3.c Work/life balance and accommodation of family responsibilities

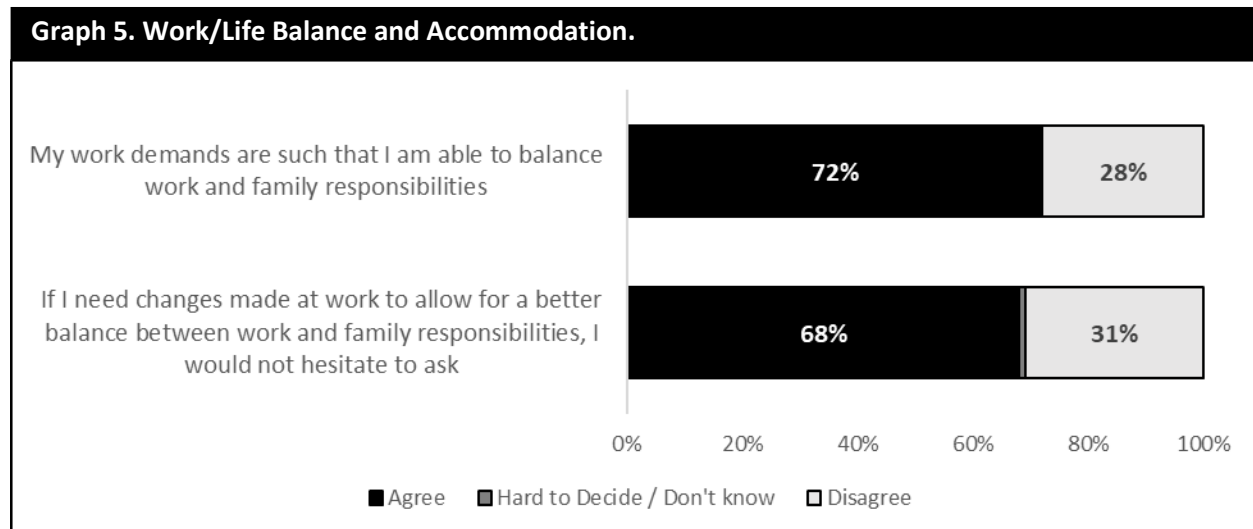
Employers also have a duty to accommodate employees based on family status. Under the Ontario *Human Rights Code*, family status means the status of being in a parent-child relationship. As such, accommodation of family responsibilities could include accommodating the need to care for children as well as parents.

In Canadian society, women continue to bear the primary responsibility for child and elder care. As such, they continue to struggle to balance the demands of their careers with caring for their families. Workplaces that are not supportive of women with family responsibilities can limit the ability of female employees to contribute their best to their work and also limit their ability to advance in the organization.

³⁷ <http://www.ohrc.on.ca/en/policy-preventing-discrimination-based-mental-health-disabilities-and-addictions/13-duty-accommodate>

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Graph 5 shows employee responses to questions on the Workplace Equity and Inclusion Survey about work/life balance and accommodation for family responsibilities.



As the graph shows, although 72% of respondents agreed that they are able to balance work and family responsibilities, about one-third of employees (28%) feel they cannot. The survey also asked respondents whether, if they needed changes made at work to allow for a better balance between work and family responsibilities, they would hesitate to ask. A majority (68%) of survey respondents indicated that they would not hesitate to ask, while about one-third of employees (31%) indicated that they would hesitate to ask for the needed accommodation.

Some employees noted that the Health Unit's lack of flexibility around work hours has limited employee's ability to use alternative work arrangements as an accommodation. While they indicate that there is a process in place now to allow for greater flexibility, challenges remain. While work hours are established in the collective agreements, the duty to accommodate prevails over private arrangements such as collective agreements. While a "**substantial** departure from the normal operation of the collective agreement may amount to undue interference and may accordingly constitute undue hardship"³⁸ both the employer and the union have a duty to accommodate. In some situations, "the union may need to be flexible with the application of its own collective agreement, which may include waiving certain provisions, like a posting requirement or seniority provision."³⁹

³⁸ https://www.chs.ca/sites/default/files/uploads/duty_to_accommodate_frequently_questions.pdf

³⁹ <https://cupe.ca/what-duty-accommodate-0>

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Employees shared varying experiences (pre-COVID-19) of being able to balance their work and life responsibilities. Some felt that they were better able to have a good work/life balance prior to the pandemic:

Before COVID the work was balanced. COVID changed that and there was no longer balance. For a short time this is understood as we are here to make a difference. This has gone on long enough and action to correct balance was not soon enough.

However, others shared that some staff were experiencing burnout prior to the COVID-19 pandemic and that since the COVID-19 pandemic began, staff are experiencing higher rates of burnout. They attribute this not only to the demands of the job during the pandemic, but also due to what they feel are unreasonably long shifts (11 hours) they are required to work within their 70 hour, two week pay period, coupled with the demands of their family lives. A number of employees shared that they have not felt supported by the Health Unit to be able to cope in this difficult time. In fact, some feel that the Health Unit has been uncaring and inflexible. They shared that while some employees are able to get medical notes to receive accommodation based on a disability, the Health Unit has been inflexible in accommodating employees for family care responsibilities. While Human Resources reports that staff have not taken medical leaves relating to the demands of the pandemic, some employees shared their perception that the demands of the job and the inflexibility of the Health Unit have resulted in many employees taking leaves due to burnout. Some also shared their own feelings of burnout and their concerns being met with a lack of empathy:

8 months working on the COVID team I have expressed mental health and family concerns, all have fallen on deaf ears, only for the employer to tell me to reach out to family and EAP – Not good enough.

There is a lack of empathy for employees when there is a personal problem brought forward to HR — we are only seen as workers, and as long as the work is done it doesn't matter what our personal family situation is.

Employee comments indicate that one's work/life balance and ability to receive family-related accommodation is based on one's manager and that, although accommodation processes are clearly outlined, these processes may not be consistently put into practice across the organization. Some also noted experiencing barriers to receiving family-related accommodation:

I would not hesitate to ask, however follow-through beyond the manager level is lacking. I do not feel my concerns are being heard or taken seriously. In

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some cases I feel they are being negated. I was made to feel like the problem child.

Reflecting on my answers it is interesting that I would feel supported if need support/accommodations around physical or mental health but not around family needs, which in reality is the most demanding piece of my life. At times I feel that our policies do not reflect the work-life balance that we teach to other agencies as part of health promotion.

Some shared that while the Health Unit does have a wellness program, the organization fails to take employee wellbeing seriously. They feel that the Health Unit could take a more strategic approach to wellness that reflects a deeper understanding of the issues that deplete employee well-being. As one person commented:

I think MLHU talks about this, but does not have a good understanding of the practical things that can be done in a workplace to help support staff. Focus seems to be on easy, low-hanging fruit. An example would be, before our move, before the pandemic - morale was low, feelings of burnout were high, often because so many tasks were dumped on us simultaneously on top of our regular work load. Our feedback was asked for and ignored...another waste of time. Communication was often poor. The response at MLHU seemed to be trivial - let's have a barbeque! - instead of dealing with the real issues - better procurement, more staff in the right places -i.e. Communications so there was not such a backlog. Acknowledge the time needed to develop and implement some of the strategies you asked for - I could go on.

Some employees shared concerns about asking for any type of accommodation at the Health Unit. Some employees shared that asking for accommodations can mean that you would be seen as not being considered a team player or “up to the challenge” of working at the Health Unit, which are both valued at MLHU. Some also shared that employees who are precariously employed, e.g., part-time or temporary, would be less likely to ask for accommodation.

Some employees shared that they have requested and received the needed accommodation, and have no concerns about the process. As some noted:

Accommodation was granted without question. No issues.

My manager showed empathy, understanding, and a willingness to see and work within my abilities.

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However, there were also those who shared negative experiences of the accommodation process:

Very disappointed in the process of requesting accommodation - was requested to complete forms and seek dr. approval to return to or be away from work on an urgent basis - was difficult to secure appts with health care professionals at the last moment - would have preferred to communicate accommodation needs with manager and not someone who I have never met in HR.

I have experienced stress when asking for accommodations because it feels like a fight over whose interpretation over the collective agreement is more right. In the past I have just stopped asking.

It is not always easy to get accommodations and when I've had accommodations in the past, colleagues not on my team commented on said accommodations.

Consultation participants revealed that informal accommodation requests appeared to be better handled than those who engaged with the formal accommodation process. In many cases, participants did not have confidence in the process and felt that whether they received accommodation was based on the relationships between the particular people involved rather than being based on an adherence to a policy. They also noted, however, that inconsistencies occurred in the approval of accommodations, with not all accommodations being considered or provided.

Recommendation 78: It is recommended that HR staff and leadership receive additional and ongoing training on MLHU's duty to accommodate, the principles of accommodation, and the accommodation process to ensure that accommodation is provided, based on any human rights protected ground, consistent with the Ontario *Human Rights Code*.

Recommendation 79: It is recommended that all employees receive education and information on accommodation, MLHU's duty to accommodate, the principles of accommodation, and the accommodation process so that they are able to fully participate in the accommodation process. They should also be informed of who they can go to should they not be receiving the needed accommodation.

9.4 Respectful work environment

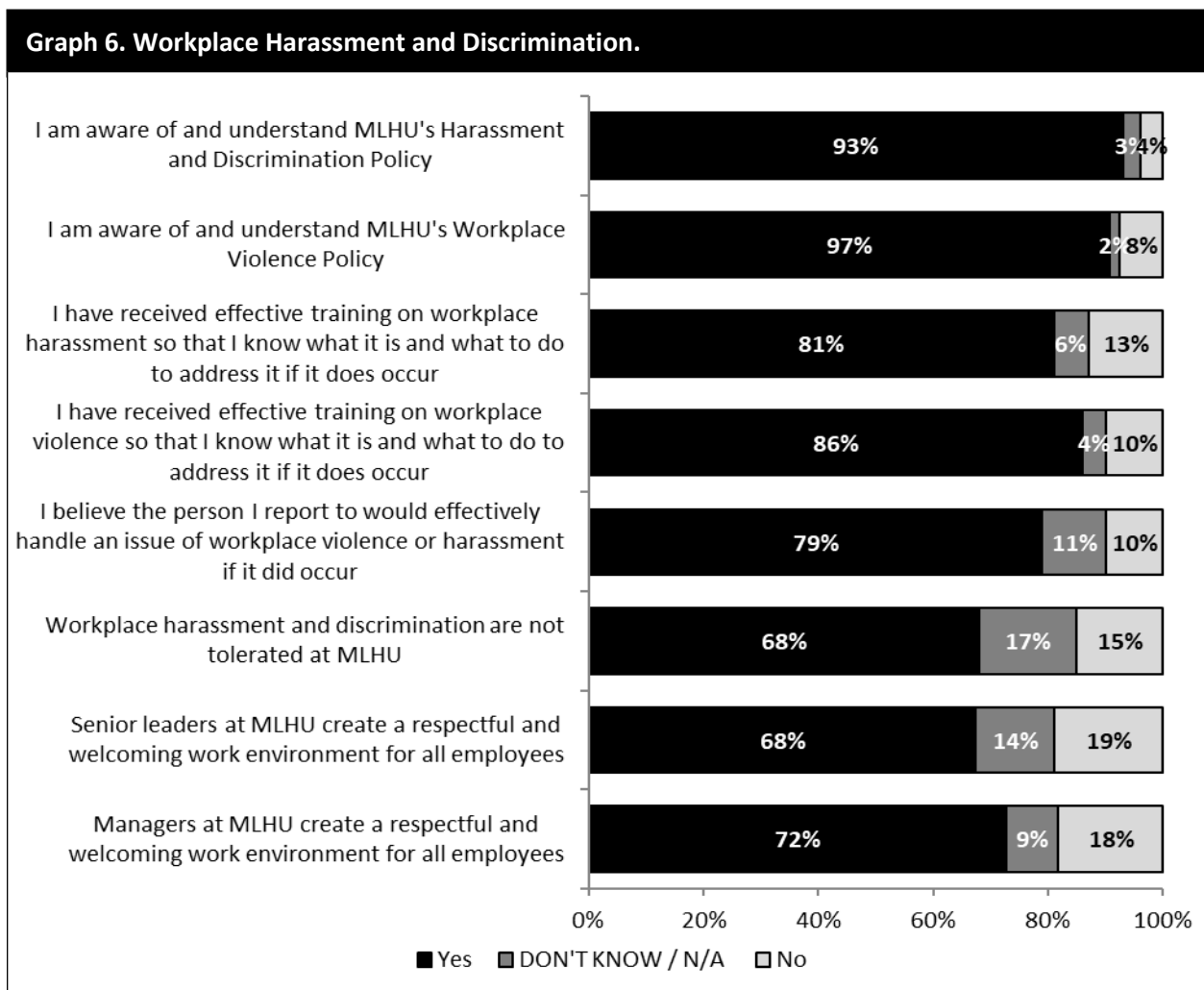
The Workplace Equity and Inclusion Survey also asked employees to share their perspectives about harassment and discrimination in the workplace.

As Graph 6 shows, employee responses to the survey indicate that MLHU has done a good job of educating and training employees about its harassment and violence prevention

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policies. The vast majority of employees (93%) who responded to the survey reported that they are aware of and understand MLHU's Harassment and Discrimination Policy. An even larger proportion (97%) reported that they are aware of and understand MLHU's Workplace Violence Policy. In addition, 81% of survey respondents indicated that they have received effective training on workplace harassment, and 86% indicated that they have received effective training on workplace violence so that they know how to effectively handle an issue if it does occur.

A similarly large proportion of employees (79%) reported that they feel the person they report to would effectively handle an issue of workplace violence and/or harassment if it did occur, and 68% of survey respondents reported that harassment and discrimination are not tolerated at MLHU.



In the comments about their experiences of harassment and discrimination, a number of employees shared their concern that managers have ignored inappropriate behaviours

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and have therefore permitted these behaviours to continue and negatively impact the working environment. As some noted:

It is more common than one would think and is not taken as seriously as it should be. More than once has a concern been brought to a manager with the end result being in turned back on the "victim" for resolution.

From my experience what I see the most is the subtle insensitive comments and behaviour that are often allowed to continue unaddressed over many years. People experiencing this have not been very well supported when they bring this forward and often feel stigmatized. You are caught in the middle because by reporting that person it makes it difficult to continue working in that environment.

Overall the organization is good, it is the few people who are allowed to continue get away with poor behavior that sours the workplace.

In my experience when inappropriate comments or behaviors are reported to management in hopes of action - the incidents are brushed off and not dealt with this in turn allows for the behavior to continue and makes for a very toxic and unpleasant work environment. Managers are more concerned with being everyone's friend and keeping the peace instead of addressing the issues.

In the consultations, a number of employees raised their concerns about the work culture of the Health Unit, which one person described as a being "very Christian, cis, White normative in culture and celebrations." These employees pointed to a greater need to acknowledge and celebrate non-Christian religions and the various cultures of employees. They noted that this could serve to increase the knowledge and comfort level of staff from diverse communities, thereby impacting not only working relationships but also enable staff to better serve an increasingly diverse community.

Some also shared concern that employees did not have a clear understanding of harassment, with some identifying performance management as harassment. While management has the legal duty to consistently and fairly manage the performance of staff, in and of itself, it is not considered to be harassment. However, it can be deemed to be harassment if employees are held to a different standard or if an employee is micromanaged as a form of reprisal for raising human rights or other concerns. In this case, use of the performance management process can be discriminatory.

Some consultation participants shared their discomfort in witnessing or experiencing harassment or inappropriate behaviours themselves and how helpless they felt to intervene. Some employees shared that their fear of reprisal and impact on job security were reasons for not intervening or reporting an issue. A strong determinant of whether

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one intervenes or reports an incident appears to be the manager. Some had confidence in particular managers to address the issue. They felt that other managers lacked the knowledge and skill, while others were seen as bullies themselves. 72% of survey respondents reported that managers create a respectful and welcoming work environment for all employees. Slightly fewer (68%) reported that senior leaders at MLHU create a respectful and welcoming work environment for all employees.

In the comments to the survey, some expressed concern about experiencing reprisal from their manager if they report an issue. Some employees also shared concerns about making a complaint about a manager, as they feel that the process favours managers over employees. A number also shared their concerns about the inappropriate behaviours of managers themselves, which has a particularly negative impact on the work environment and also demonstrates to employees which behaviours will be tolerated in the workplace. The impact of these behaviours can be long lasting even after the person exhibiting the behaviours has left the organization. As employees commented:

Specific manager bullying employee over a course of multiple years with no real ramifications for manager afterwards. No follow-up with employee conducted. [Someone] expressed laughter, when employee expressed emotional impact the bullying had caused. Employee was told to go to EAP to address feelings. Instead of addressing the issue, employee made to feel like problem was the employee's feelings and not the bullying behavior.

I was harassed and bullied by a manager for months and did not feel like there was anything I could do. Then the manager and director both harassed and bullied me in a meeting. I have never felt so disrespected in my professional career.

Survey respondents in a people management role were also asked whether they feel sufficiently equipped to handle issues of workplace harassment and discrimination. Of the 18 people managers who responded to the survey, the majority reported feeling equipped to do so:

- 72% reported having the knowledge, tools, and resources to effectively deal with workplace harassment and discrimination
- 83% reported that they have the knowledge, tools, and resources to create a welcoming and inclusive workplace
- 78% reported that they have the knowledge, tools, and resources to manage a diverse workforce and support all employees equitably, and
- 94% reported that the person they report to supports them to create a welcoming and inclusive workplace.

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A few provided comments about the supports and resources they need to create a respectful and inclusive workplace:

I welcome the opportunity to learn more.

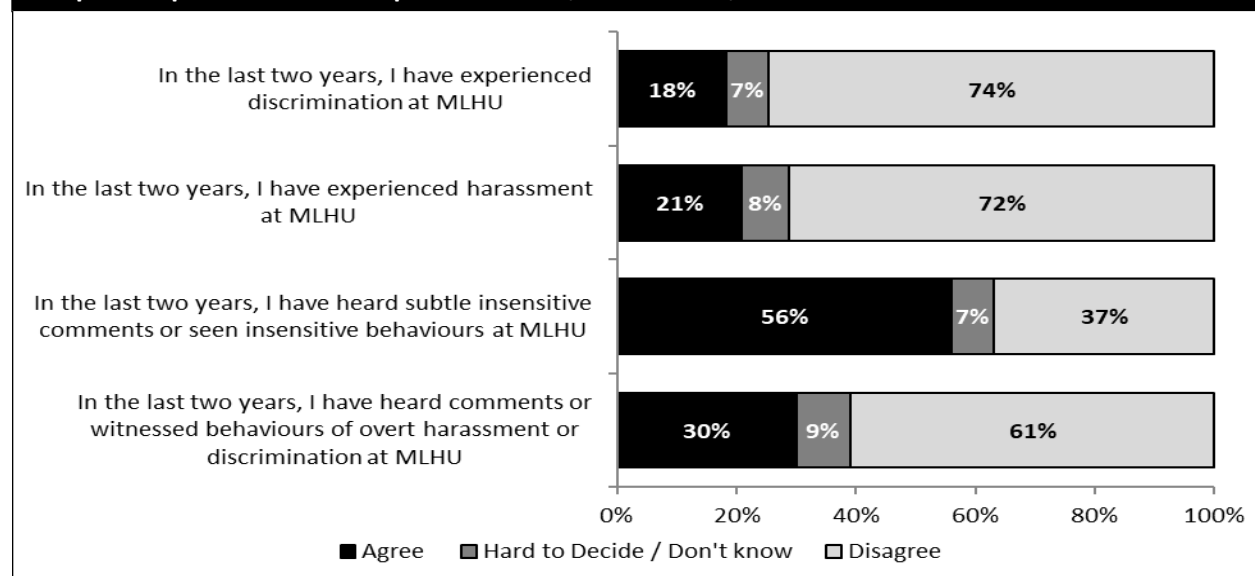
I stated that I do not have the knowledge and skills because I don't know what I don't know. I'd like to think I create a welcoming environment and deal with workplace harassment, but I do not know if I do this effectively.

There could be more specific education for managers to ensure we are creating a welcoming and inclusive workplace.

Despite this high level of confidence among managers who completed the survey, a number of staff shared their concerns about the ability of managers at all levels of the organization to address issues of harassment. They have shared bringing issues to the attention of managers, which were not addressed. They shared issues occurring in the presence of managers which were not addressed. By not addressing these inappropriate behaviours, not only have managers condoned the behaviours, they have allowed these behaviours to continue and have left staff in a potentially unsafe situation.

Employees were also asked to share their experiences of workplace violence, harassment, and discrimination over the previous 2 years. While few reported personal experiences of discrimination and harassment, larger proportions of survey respondents reported hearing or seeing subtle or overt harassment or discrimination at the Health Unit.

Graph 7. Experiences of Workplace Violence, Harassment, and Discrimination.



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As Graph 7 shows, only 18% indicated that in the last 2 years they have experienced discrimination at work, while a slightly larger proportion (21%) indicated that they have experienced harassment at work. However, more than half (56%) of respondents indicated that in the last 2 years they have heard subtle insensitive comments or seen insensitive behaviours at MLHU. In addition, about one-third (30%) have heard comments or witnessed behaviours of overt harassment or discrimination at MLHU in the last 2 years.

In the focus groups and interviews, some shared that the subtle ways in which people are made to feel unwelcomed, including expressions of microaggressions, impacts how staff are able to do their work. Others shared experiences of more overt and offensive behaviours by senior leaders or in the presence of senior leaders which were not addressed. Allowing these behaviours to occur, uninterrupted and unaddressed, sends the message that these behaviours are acceptable and condoned by senior leaders. Furthermore, staff have indicated that when these behaviours are perpetrated by senior leaders, they don't feel that they can have the behaviours addressed and must live with these behaviours.

In the focus group and interviews, some raised concerns that some racialized people are not fully welcomed into the workplace and experience difficulties integrating. Some also expressed concern that while many White staff may be comfortable providing health services to racialized communities they aren't necessarily as comfortable working alongside, or reporting to, racialized people. Some also shared feeling an underlying current of racism in the Health Unit, which contributes to turnover of racialized employees. There was also concern that the culture at the Health Unit was not one in which everyone is comfortable sharing their hidden identities and that it is not a safe space for all employees to be their authentic and full selves at work.

When asked to comment on their experiences, some respondents shared experiencing or witnessing offensive behaviours. Many characterized these behaviours as bullying rather than harassment. Their comments include:

I have had several unpleasant encounters with a colleague... where they yelled at me, told me I didn't know what I was doing and told me to figure out the problem on my own.

Since moving to Citi Plaza, staff have been heard saying insensitive things about the individuals who often walk through the mall. Staff seem afraid. I have heard staff say insensitive things about other staff.

I have not experienced any discrimination but have heard some experiences of people of colour, walking in the hallways and saying hello to people and

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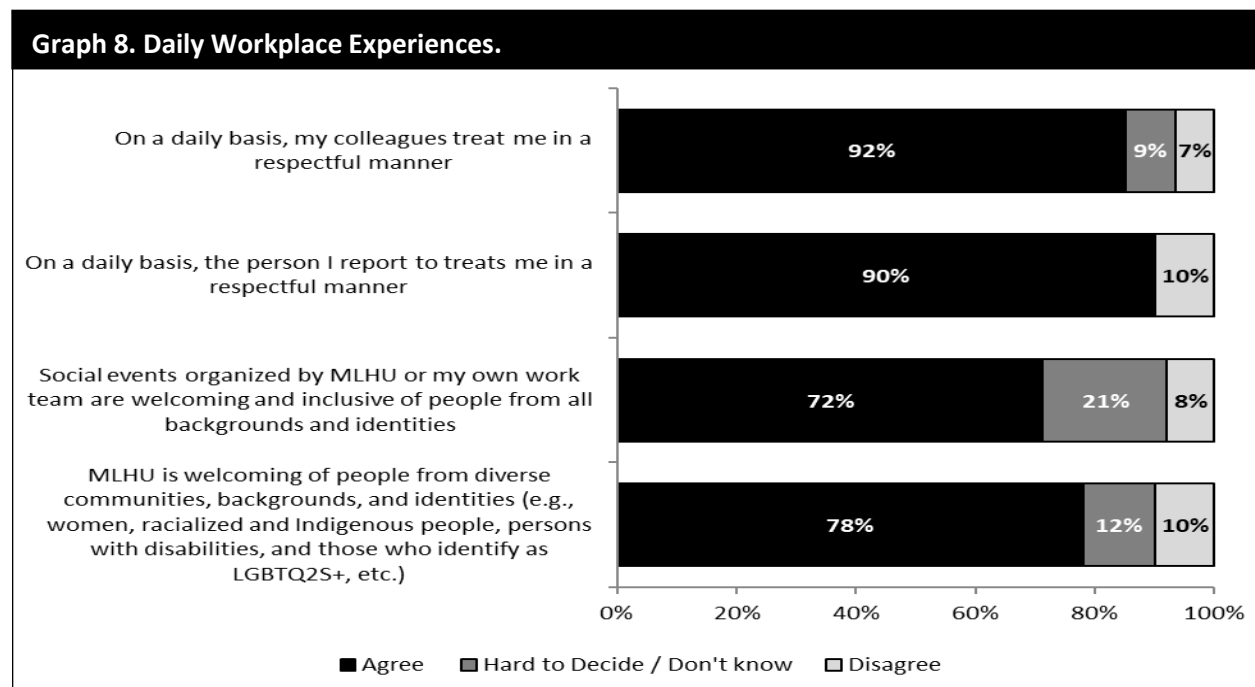
people not responding to them and feeling like it was because of the colour of their skin.

Comments were overhead by members of [one team] discriminating against a staff member who had a disability with disparaging comments in front of other employees.

Prior to moving to work from home some more overt "territorial" type behaviour was observed as staff moved into the new office space. The intent I believe was to ensure that the vision of the new office space was maintained but at times the physical actions (e.g. shoving chairs and moving personal items like coats/sweaters in cubicles) felt intimidating/harassing and could have been more respectfully communicated.

I have seen acts firsthand that I would not identify as harassment, but that are of a bullying nature, and from both staff and management. I feel these incidents come from a 'few' rather than 'many' but can have tremendous impacts on the culture of the workplace if not dealt with appropriately.

When asked about their daily workplace experiences, the majority report positive experiences.



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The vast majority (92%) of survey respondents agreed that on a daily basis their colleagues treat them in a respectful manner. A similar percentage (90%) agreed that the person they report to treats them in a respectful manner.

Most respondents (72%) indicated that social events organized by MLHU or their own work teams are welcoming and inclusive of people from all backgrounds and identities. 78% agreed that MLHU is welcoming of people from diverse communities, backgrounds, and identities (e.g., women, racialized people, Indigenous peoples, persons with disabilities, those who identify as LGBTQ2S+, etc.). In the focus groups and interviews, employees shared that not all Indigenous peoples and employees from equity-seeking groups experience a welcoming and inclusive community. In fact, some feel that the environment is not one in which they can share a hidden identity, such as that they live with a disability, that they identify as LGBTQ2S+, or practice a non-Christian religion.

Recommendation 80: Recognizing that a great deal of inappropriate behaviours can be stopped and their impact minimized if they are immediately addressed, it is recommended that employees and managers have access to training that provides them with the knowledge and techniques for intervening when they do witness or learn about these behaviours.

Recommendation 81: It is recommended that senior leaders and managers be reminded through ongoing communication, training, and other means of their legal duty to foster a respectful work environment, to lead by example, and to act to stop harassment and discrimination when they witness or hear about these behaviours.

Recommendation 82: It is recommended that the Health Unit ensure that it creates inclusive and safe workplaces that allow employees who identify as LGBTQ2S+ to bring their full selves to work. This should include visual displays of positive spaces as well as training for employees and managers about their roles and responsibilities to create inclusive and welcoming spaces for all employees.

9.5 Attitudes and corporate culture

Individual attitudes and corporate culture have an impact on the job performance and retention of Indigenous employees and employees from the equity-seeking groups. While some behaviours may not be deemed harassment or discrimination as defined by the Ontario *Human Rights Code*, they can nonetheless have a significant impact on the work environment. For example, negative attitudes toward equity and diversity, even when expressed out of ignorance, can affect the work environment and whether Indigenous employees and employees from the equity-seeking groups feel welcomed and included in the workplace.

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An understanding of employees' support of workplace equity, diversity, and inclusion efforts also helps to assess the organization's readiness for change and the strategies that will be needed to effect and sustain change. Many workplace equity, diversity, and inclusion efforts have been derailed by failing to measure an organization's readiness for change, undertaking too rapid a pace of change, and undertaking initiatives without first ensuring the needed understanding and buy-in from managers and employees. Implementing diversity programs without creating this foundation of understanding can create fear and resentment and lead to a backlash.

Organizations that are positioned to succeed in their workplace diversity and inclusion efforts have included diversity objectives in their business plans, integrated equity into procedures and practices, and displayed a high level of commitment and leadership from the top.

The Workplace Equity and Inclusion Survey asked respondents about their own commitment as well as their perception of MLHU's commitment to workplace equity, diversity, and inclusion. As the data shows, 91% of survey respondents agreed that workplace equity, diversity, and inclusion are important to MLHU. An even larger proportion of survey respondents (96%) feel that diversity in the workforce adds to MLHU's ability to better serve a diverse community. Nearly all respondents agreed that diversity in the workforce adds to the strength of the organization (98%) and that a workplace that welcomes and values diversity is important to them (97%).

In the focus groups and interviews, employees shared their support for workplace equity, diversity, and inclusion, which they saw as consistent with public health's commitment to health equity. They indicated that the training offered to date, the creation of the Health Equity Unit, and messaging from senior leaders have all been well received. They also point to the participation of the Chief Medical Officer in the recent Black Lives Matter demonstrations along with the identification of racism as a public health issue as demonstrated commitments by the Health Unit's leadership to anti-racism and anti-oppression.

They also shared that while they think the Health Unit is doing well with respect to health equity, that there wasn't a corresponding focus on workplace equity and that much more needs to be done to deepen the understanding of leaders and staff in this regard.

Many, however, shared their concerns about how the move to gender-neutral washrooms was handled as indicative that the Health Unit needs to take a more thoughtful and strategic approach to workplace equity, diversity, and inclusion. They felt that such a significant change should have been implemented with consultation and communication with staff. For many with whom we spoke, the issue was not the gender neutral

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washrooms, but the way in which they were implemented – without input or consideration for staff.

75% of survey respondents believe that MLHU's Senior Leadership Team behave in ways that demonstrate a commitment to equity, diversity, and inclusion, while 81% indicate that MLHU's managers behave in ways that demonstrate a commitment to workplace equity, diversity, and inclusion.

Employees noted that it is critical that senior leaders and managers develop a deeper understanding and commitment to workplace equity, diversity, and inclusion if any change is to be made at the Health Unit. Some shared that the commitment at the senior level was simply performative, as they have not seen this commitment operationalized nor creating a positive impact on their work experience. They felt that senior leaders and managers need to be provided with the tools and capacity to integrate equity, diversity, and inclusion into their management practices in order to not only create change, but also model the behaviours they expect of others. Some employees commented about the conservative nature of the organization, in a conservative community, and the need for the Health Unit to do more if it is to authentically engage in this work. Some shared that this work was performative for the Health Unit and that more needs to be done to embed it into the culture and work of the organization.

There were also some employees who shared their concern that because this work isn't embedded into the organization, engaging in conversations about equity, diversity, and inclusion may limit their opportunities for advancement.

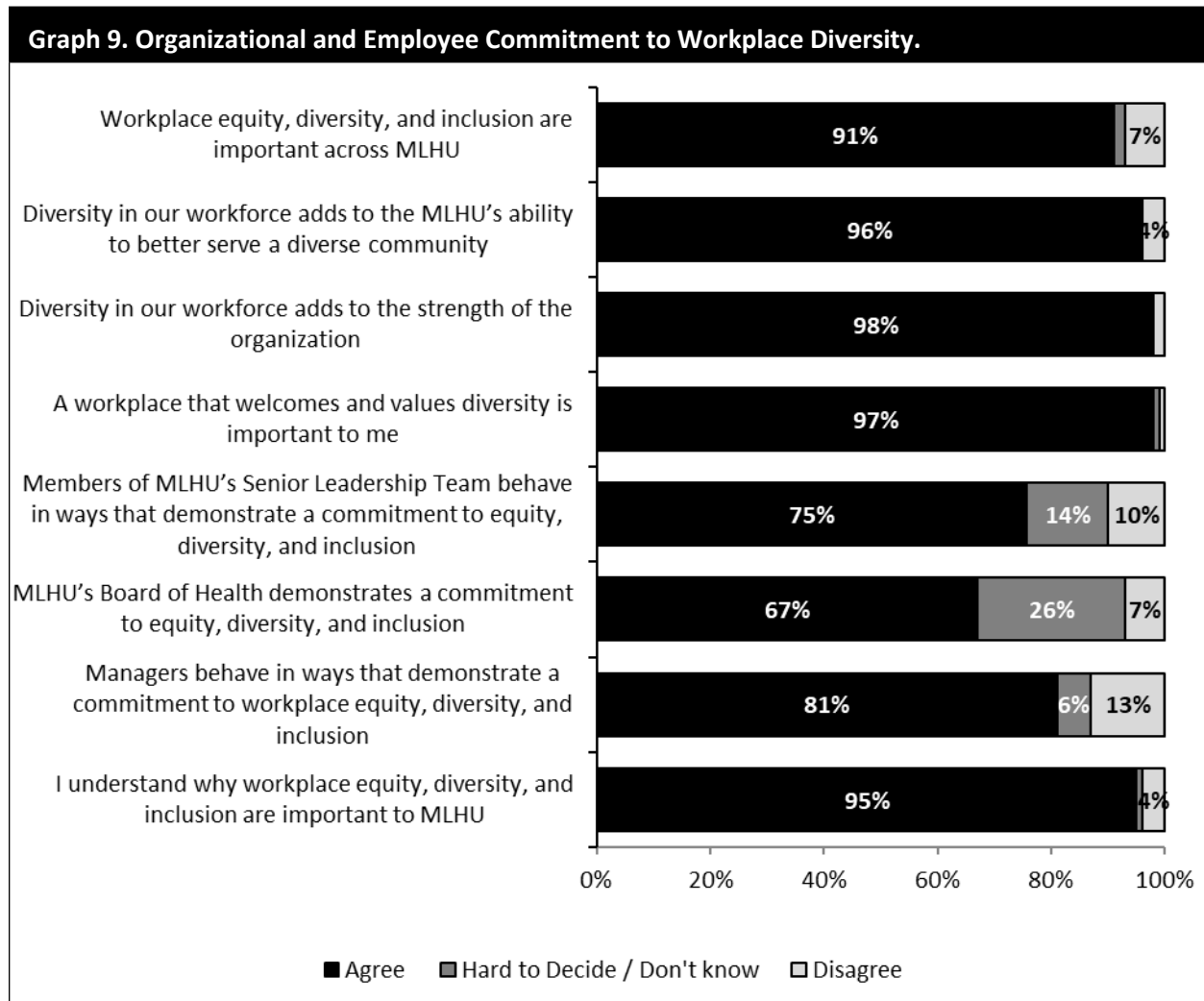
Some managers themselves noted that while they would like to engage in this work, a lack of knowledge and skills leaves them reluctant to engage in critical conversations about race or other aspects of diversity. Some also felt uncertainty that the organization would be supportive if they were to independently engage in these conversations.

The vast majority (95%) also indicated that they understand why workplace equity, diversity, and inclusion are important to MLHU. It is important to note that some employees expressed concern about this work or ignorance about what this work might entail. As some commented:

*Freedom of speech and thought are cornerstones to a democratic society.
Removing these is tantamount to an authoritarian regime.*

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Diversity and inclusion are important but it shouldn't overshadow having the most qualified person in a role.



Throughout the focus groups and the online survey, employees expressed their pride in working at MLHU and feel that MLHU does a good job of meeting the needs of a diverse community. However, there were those who felt that a greater focus was needed internally on the workplace and the work experience of employees. There were also those who shared their skepticism about this process. They commented that the Health Unit has held such consultations before and sanitized or omitted employee concerns in the final report or ignored concerns altogether. Many asked whether they would have access to the final report and wanted to know what will make this process different than previous similar projects. They also shared their desire for this work to not be a “project” but to be integrated into the ongoing work of the organization in order to make lasting change.

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They also shared the need for ongoing work to increase the level of understanding among staff and their level of comfort with these issues. They shared examples of discriminatory language, attitudes, and behaviours that have been allowed to persist and flourish within the Health Unit. They felt that while organizational policies and practices needed to change, there was also a need for a shift in personal understanding and commitment to these issues in order for authentic and meaningful allyship and inclusion to find a home at MLHU.

Recommendation 83: It is recommended that senior leaders and all people managers receive training to ensure they are able to lead and foster a work environment that values and is inclusive of Indigenous peoples and employees from the equity-seeking groups. This training should help senior leaders and people managers develop the competence and confidence to identify and address inappropriate behaviours when they do occur.

Recommendation 84: It is recommended that senior leaders and all people managers commit to, and be provided with, adequate supports, including anti-racism and anti-oppressive practice training, to enable them to demonstrate a greater personal and professional commitment to equity, diversity, and inclusion through behaviours and language that demonstrate inclusion and respect for all employees.

Recommendation 85: It is recommended that a communications/learning strategy be developed (which may include a newsletter, lunch and learns, and other informal methods of promoting knowledge, resources, tools, and practices, etc.) with the goal of:

- Increasing employee understanding of workplace equity, diversity, and inclusion
- Increasing employee understanding of barriers to hiring, advancement, and inclusion in the labour market generally and within the MLHU more specifically, addressing the facts and myths associated with workplace equity, diversity, and inclusion
- Defining key terms and concepts, and
- Developing and communicating a business case for workplace equity, diversity, and inclusion that links the organization's diversity and inclusion efforts to its ability to serve an increasingly diverse community.

Recommendation 86: It is recommended that MLHU better support employees to understand the need and rationale for its equity, diversity, and inclusion efforts, by sharing this report and the resulting action plan with employees and providing regular updates with respect to implementation.

Recommendation 87: It is recommended that MLHU be proactive in its approach to inclusion, by emphasizing accessibility, equity, and inclusivity when developing employment policies, procedures, and practices.

Recommendation 88: It is recommended that MLHU conduct another Employment Systems Review in 5 years to assess progress and develop a new DEI Framework.

PART D: CONCLUSIONS & NEXT STEPS

As the COVID-19 pandemic has made clear, public health is a vital public service that contributes to the health and vitality of our communities. Those responsible for designing and delivering public health play a critical role in providing services critical to meeting the needs of underserved communities, typically Indigenous communities, racialized communities, gender and sexual diverse communities, and those who experience poverty.

Canada as a whole is becoming increasingly diverse as the population ages and the country relies more heavily on immigration for population and labour market growth. In addition, Indigenous peoples remain the fastest-growing communities in the country. To remain vibrant and growing, Middlesex-London must not only be welcoming and inclusive to all communities but must provide relevant and culturally appropriate programs to help these communities thrive.

As such, conducting this Diversity and Inclusiveness Assessment is an important step in the Health Unit's inward focus on workplace equity, diversity, and inclusion efforts. But while this is an important step, the thoughtful and well-coordinated implementation of the recommendations from this report, led by courageous leadership and appropriately resourced, is critical to making sustained change.

APPENDIX A — Documents, Policies, and Procedures Reviewed

Policies

Accessibility for Ontarians with Disabilities Act Policy (Integrated Accessibility Standards Regulation)
Alternative Work Arrangements Policy
Code of Conduct Policy
Conflicts of Interest and Declaration
Critical Injury or Fatality Policy
Employee and CERV Immunization Policy
Employee Incident Reporting Policy
Ergonomics Policy
First Aid Requirements Policy
Fit to Work — Impairment From Alcohol and Other Drugs
Harassment and Discrimination Policy
Inclement Weather Policy
Intimate Partner
Leave of Absence Policy
Long-Term Disability Policy
Occupational Health and Safety Policy
Performance Appraisal Policy
Progressive Discipline Policy
Recruitment and Hiring Policy and Guidelines
Retirement and Resignation Policy
Safe Return to Work and Accommodation Policy
Scent-Free Organization Policy
Sick Leave Policy
Vulnerable Sector Screening Policy
Workplace Violence Policy

Procedures

Procedure for Reporting and Responding to Complaints of Harassment/Discrimination
Return to Work (RTW) and Accommodation Procedures

Forms and Other Documents

Conflict Resolution — Initial Complaint Form
Corporate Code of Conduct
Functional Abilities Assessment Form
Measures to Assess and Control the Risk of Workplace Violence
Mental/Cognitive Abilities Assessment Form
Personal Safety Guidelines
Report on Health Equity Staff Capacity Building Activities (February 21, 2019)
Return to Work and Accommodation Plan
Strategic Plan (2015–2020)

APPENDIX B — Recommendations by Priority Area

Priority 1: Diversify the workforce at all levels

Recommendation 2: It is recommended that the Recruitment and Hiring Policy and Guidelines be revised to address the identified issues, to support an equitable hiring process, to support the diversification of Health Unit staff, and to ensure compliance with the AODA.

Recommendation 3: It is recommended that MLHU revisit the list of employees, students, and volunteers to determine which positions require the vulnerable sector check, a police records check, or neither. The development of a matrix to decide which position requires which check, based on the position's duties and responsibilities, would support consistency.

Recommendation 28: It is recommended that MLHU develop an Employment Equity Policy.

Recommendation 37: It is recommended that the salary range be included on each job posting.

Recommendation 38: It is recommended that MLHU update its equity statement to reflect a stronger commitment to attracting and hiring job seekers from Indigenous communities and the equity-seeking groups.

Recommendation 39: It is recommended that MLHU's accommodation statement be revised as follows:

MLHU is committed to providing accommodations based on any human rights protected ground throughout the recruitment and selection process. If you require accommodation, please notify us when contacted for an interview and we will work with you to meet your needs.

Recommendation 40: It is recommended that MLHU revise its process so that the description of the selection process is made available to all candidates and that they are then asked, when invited for an interview, whether they require accommodation based on any human rights protected ground to participate in the process.

Recommendation 41: It is recommended that an FAQ section be added to answer a range of questions applicants may have about the selection process, including what to expect if invited for an interview and how foreign-trained professionals can have their academic credentials evaluated.

Recommendation 42: It is recommended that the proposed FAQ section also address questions that job seekers may have about requesting accommodation, such as "What is

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accommodation?” and “Will asking for accommodation affect MLHU’s hiring decision?” Examples of the types of accommodations that may be provided could be included to help job applicants understand whether they should be requesting accommodation. Job seekers should also be informed that accommodation will be provided based on any human rights protected ground, including disability, family status, and religion.

Recommendation 43: It is recommended that the Recruitment and Hiring Policy and/or the information on the Employment Opportunities webpage be revised to ensure consistency between policy and practice with respect to the handling of unsolicited résumés.

Recommendation 44: It is recommended that MLHU engage in targeted outreach recruitment to attract applicants from diverse communities, backgrounds, and identities, particularly Indigenous and racialized applicants.

Recommendation 45: It is recommended that the information contained on the Employment Opportunities webpage regarding Police Vulnerable Sector Checks be consistent with the organization’s policy.

Recommendation 46: It is recommended that the proposed FAQ section of the website indicate that a criminal record is not in itself a barrier to hiring. Instead, the FAQ should indicate that if a qualified candidate has a criminal record, Human Resources will consider the nature, date, and extent of the criminal record to assess whether the candidate is suitable for the position. This section can also state MLHU’s acknowledgement that the criminal justice system historically and presently perpetuates injustices and barriers for specific groups, and that the Health Unit will keep this in mind when assessing candidates.

Recommendation 47: It is recommended that job descriptions and job ads indicate that qualified candidates must have the skills and knowledge needed to work with an increasingly diverse population as well as the skills related to and knowledge of health inequities, how they are perpetuated, as well as how to address them, specific to the requirements of the job.

Recommendation 48: It is recommended that an equivalent combination of education and years of work experience, informal and volunteer experience, as well as lived experience be accepted for positions that do not require a specific degree, certificate, or professional designation, and those engaging in hiring are educated regarding assessing and considering equivalency, with screening and recruitment tools reflecting this.

Recommendation 49: It is recommended that the Human Resources Department ensure that the prescreening of résumés and the prescreening telephone interview are used to assess whether candidates possess the required skills and abilities for the job.

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Recommendation 50: It is recommended that recruitment and selection guidelines be updated to address the identified issues to ensure consistent interview practices that comply with MLHU policies, best practices for bias-free hiring, the Ontario *Human Rights Code*, as well as the AODA.

Recommendation 51: It is recommended that all interview questions be closely linked to the assessment of the skills and abilities of the candidate as it relates to the job. Interview questions should be reviewed to ensure that they do not create any cultural barriers to candidates from diverse communities, backgrounds, and identities, and cross-referenced with the job postings to ensure there is fidelity between the questions and the skills and qualifications laid out in the job posting.

Recommendation 52: It is recommended that 'look fors' be prepared for each interview question to ensure that the assessment of the candidate's responses is consistent for each panel member.

Recommendation 53: It is recommended that all interviews include at least one question to assess the candidate's demonstrated commitment to health equity and ability to work with clients from diverse communities, backgrounds, and identities.

Recommendation 54: It is recommended that Human Resources staff and those who sit on hiring panels be provided with guidance on the need to consistently score candidates' responses to interview questions and how the consideration of "fit" and various behaviours could be biased against Indigenous candidates and candidates from the equity-seeking groups.

Recommendation 55: It is recommended that all members of a hiring panel be provided with instructions on the importance of keeping complete, verbatim notes on candidates' responses to interview questions to support their ability to accurately assess each candidate.

Recommendation 56: It is recommended that all those involved in the hiring process be provided with training and ongoing support about bias-free, non-discriminatory hiring and the impact of unconscious bias, to ensure that only factors that are relevant to the candidates' ability to do the job are considered in the hiring process.

Recommendation 57: It is recommended that interview panel members be required to independently score the candidate's responses to each question, prior to coming to a consensus with the other panel members.

Recommendation 58: It is recommended that the scheduling of the interviews include sufficient time after each interview to appropriately score each candidate.

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Recommendation 59: It is recommended that a rubric be developed to support consistency in scoring the responses of interviewees by providing additional guidance for members of the interview panel.

Recommendation 60: It is recommended that a scoring template be developed for each test used in the hiring process, to support the consistent scoring of all candidates and to limit the impact of biases on the assessment of candidates. The test scores should also be used in the assessment of candidates and when making the final hiring decision.

Recommendation 61: It is recommended that the completed test scoring templates be retained in the competition files.

Recommendation 62: It is recommended that the marking of tests incorporate the best practice of anonymous scoring (e.g., the markers do not know the names of the candidates) in order to reduce the impact of bias.

Recommendation 63: It is recommended that when tests are included in the selection process, that candidates are informed of how they will be scored, e.g., content, how information is organized, grammar and spelling, etc.

Recommendation 64: It is recommended that reference checks include a question, appropriate for the position, on the person's demonstrated commitment to health equity and ability to work with clients from diverse communities, backgrounds, and identities.

Recommendation 65: It is recommended that the proposed Employment Equity Policy commits MLHU to creating a more diverse workforce and is supported by procedures and guidelines about how diversity is to be considered in the hiring process.

Recommendation 66: It is recommended that managers receive ongoing communication and education about MLHU's commitment to diversifying the workforce, the value that diversity brings to the Health Unit, and managers' roles and responsibilities to support this corporate objective.

Recommendation 67: It is recommended that MLHU offer letters be updated to inform the successful candidate of the organization's accommodation policy and the process for requesting needed accommodation based on disability and any other human rights protected ground.

Recommendation 68: It is recommended that the onboarding process be reviewed through an equity lens to ensure that new employees are consistently welcomed by the organization, understand key policies, acclimatized to their role and the organization, and supported to contribute their best.

Recommendation 69: It is recommended that a checklist be created to identify what information is to be maintained in the competition files and to ensure that each file is complete when closed.

Recommendation 75: It is recommended that changes to the hiring and selection process be communicated to employees to increase their confidence in the hiring process.

Priority 2: Strengthen Human Resources policies and practices

Recommendation 4: It is recommended that MLHU update the Accessibility for Ontarians with Disabilities Act Policy to ensure that it fully complies with the AODA.

Recommendation 5: It is recommended that the Code of Conduct Policy be extended to apply to MLHU workplaces and the work experiences of Board members, employees, students, and volunteers.

Recommendation 6: The Corporate Code of Conduct should be updated, replacing the Golden Rule with Platinum Rule and adding gender identity, gender expression, and race as dimensions of diversity.

Recommendation 7: It is recommended that a Conflict of Interest Policy be developed to apply to address the need for all Health Unit employees to avoid perceived and real conflicts of interest, including conflicts of interest in the hiring and selection process.

Recommendation 8: It is recommended that the Safe Return to Work and Accommodation Policy and Procedures be updated to address the identified issues and better align it with the requirements of the Ontario *Human Rights Code*.

Recommendation 9: It is recommended that a separate Accommodation Policy be developed to address the Health Unit's obligation to provide accommodation based on any Code protected ground.

Recommendation 10: It is recommended that the proposed Accommodation Policy explicitly state that alternative work arrangements may be requested and provided as an accommodation based on any human rights protected ground, including disability and family status.

Recommendation 11: It is recommended that MLHU provide appropriate education and training to all managers about their duty to accommodate employees based on any human rights protected ground. This training should also help managers understand the range of physical and mental disabilities, both evident and non-evident, and the other human rights protected grounds for which accommodation may be requested and the types of accommodation that may be provided, including alternative work arrangements such as work from home, compressed work week, and alternate work hours.

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Recommendation 12: It is recommended that MLHU educate all employees about their rights regarding workplace accommodation and the process of obtaining said accommodation. MLHU should explain its legal obligations under the Ontario *Human Rights Code* as well as how accommodation helps employees to perform their best at work. When accommodation is presented in this context, employees will be less likely to view it as special treatment provided to some and not others. Employees should also understand the range of accommodation available, including alternative work arrangements such as work from home, compressed work week, and alternate work hours.

Recommendation 13: It is recommended that the return to work process ensure that, if needed, an individualized workplace emergency response plan is created for employees with a disability who require accommodations to evacuate their workplace in an emergency

Recommendation 14: It is recommended that MLHU work with the Ontario Nurses' Association to enhance Article 3.1 to include accommodation for other Code-related grounds.

Recommendation 15: It is recommended that the Remote Work Policies currently in development be reviewed through an equity lens.

Recommendation 16: It is recommended that the Leave of Absence Policy and the collective agreements be updated to remove gendered language.

Recommendation 17: It is recommended that the Leave of Absence Policy be updated to address leaves for employees who adopt a child or who are in a relationship with the parent of a child and intend to treat the child as their own.

Recommendation 18: It is recommended that the Leave of Absence be updated to state that a leave may be a form of accommodation and to state the Health Unit's commitment to comply with the Ontario *Human Rights Code* by providing accommodation to the point of undue hardship.

Recommendation 19: It is recommended that this policy reflect the availability of job-protected family medical leave and compassionate care leave allowed for through the *Employment Standards Act*.

Recommendation 20: It is recommended that the Ergonomics Policy be updated to reflect the Health Unit's obligation to provide new equipment as an accommodation based on any human right protected ground, short of undue hardship.

Recommendation 21: It is recommended that the Scent-Free Workplace Policy be updated to reflect the Health Unit's obligation to accommodate an employee with scent sensitivity, short of undue hardship.

Recommendation 22: It is recommended that the Performance Appraisal Policy be revised to address the AODA requirements that the accessibility needs of employees with disabilities be considered in the performance appraisal process.

Recommendation 23: It is recommended that the Retirement and Resignation Policy state that all exiting employees are to be provided with the exit survey, and specify that it is the formal interview which will be held at the request of the employer or employee.

Priority 3: Create a more inclusive and respectful organizational culture

Recommendation 24: It is recommended that the Retirement and Resignation Policy require that Human Resources summarize the information from exit surveys and interviews on an annual basis to identify any potential areas of concern for Indigenous peoples or members of the equity-seeking groups.

Recommendation 25: It is recommended that the exit survey include questions about equity, diversity, and inclusion to allow MLHU to better understand the experiences of Indigenous staff and those from the equity-seeking groups and how these experiences may contribute to them leaving the organization.

Recommendation 26: It is recommended that on an annual basis Human Resources summarize information from both the exit survey and exit interviews to present to the senior leadership team to identify areas of concern and efforts taken / plans to address the identified concerns.

Recommendation 27: It is recommended that the Harassment and Discrimination Policy be updated to better align it with the requirements of the Ontario Human Rights Commission and best practices.

Recommendation 29: It is recommended that the Health Unit address religious accommodation, either within the Accommodation Policy or through a separate Religious Accommodation Policy, and state its legal obligation to provide religious accommodation, short of undue hardship, including breaks, prayer space, scheduling of shifts, and scheduling of interviews. The policy should identify the roles and responsibilities of human resources, managers, and employees. It should also clearly state that any reprisal against an employee for requesting or receiving accommodation is a violation of the policy.

Recommendation 30: It is recommended that the Health Unit educate employees about a variety of religious and cultural celebrations.

Recommendation 31: It is recommended that the Health Unit share a calendar of significant religious holidays and communicate to managers that they should refrain from scheduling meetings on major religious holidays.

MIDDLESEX-LONDON HEALTH UNIT
Diversity and Inclusion Assessment: Employment Systems Review

Recommendation 32: It is recommended that the Health Unit develop a Smudging and Pipe Ceremonies Policy that supports the organization's legal obligation to protect, promote, and facilitate Indigenous traditions and ceremonies, including smudging and pipe ceremonies, in support of the Health Unit's commitment to reconciliation. The policy should identify the roles and responsibilities of human resources, managers, and employees, and also be aligned with the procedures of the Scent Free Policy. It should also clearly state that any reprisal against an employee for requesting or receiving accommodation is a violation of the policy.

Recommendation 33: It is recommended that MLHU develop a policy and procedures for employees to identify, upon hiring (and potentially even interviewing), if they have a preferred name that is different than their legal name, as well as procedures to support the use of their preferred name unless use of one's legal name is required.

Recommendation 34: It is recommended that MLHU educate staff about the use of preferred names and pronouns.

Recommendation 35: It is recommended that the Health Unit develop policies and related guidelines to support transgender employees who may be transitioning at work.

Recommendation 70: It is recommended that MLHU post its Multi-Year Accessibility Plan on the Health Unit's website as required by the AODA.

Recommendation 71: It is recommended that MLHU ensure that the issues identified in this section were identified by the accessibility audit and that the removal of the identified barriers are included in the accessibility plan.

Recommendation 72: It is recommended that the signage of the two single-user washrooms at the Strathroy location be changed to be gender-inclusive, such as by saying simply "washroom."

Recommendation 73: It is recommended that MLHU consider installing single-user gender-inclusive washrooms on the second floor at Citi Plaza.

Recommendation 74: It is recommended that MLHU educate employees about why gender-inclusive washrooms are important, about the rights of transgender employees, and setting expectations of acceptable workplace behaviour related to gender diversity.

Recommendation 76: It is recommended that MLHU only request a medical note when information on limitations and abilities are required for accommodation planning.

Recommendation 77: It is recommended that MLHU continue to educate employees and managers about mental health issues to destigmatize mental health to increase the likelihood that employees will seek and receive the needed accommodations.

Recommendation 78: It is recommended that HR staff and leadership receive additional and ongoing training on MLHU's duty to accommodate, the principles of accommodation, and the accommodation process to ensure that accommodation is provided, based on any human rights protected ground, consistent with the Ontario *Human Rights Code*.

Recommendation 79: It is recommended that all employees receive education and information on accommodation, MLHU's duty to accommodate, the principles of accommodation, and the accommodation process so that they are able to fully participate in the accommodation process. They should also be informed of who they can go to should they not be receiving the needed accommodation.

Recommendation 80: Recognizing that a great deal of inappropriate behaviours can be stopped and their impact minimized if they are immediately addressed, it is recommended that employees and managers have access to training that provides them with the knowledge and techniques for intervening when they do witness or learn about these behaviours.

Recommendation 81: It is recommended that senior leaders and managers be reminded through ongoing communication, training, and other means of their legal duty to foster a respectful work environment, to lead by example, and to act to stop harassment and discrimination when they witness or hear about these behaviours.

Recommendation 82: It is recommended that the Health Unit ensure that it creates inclusive and safe workplaces that allow employees who identify as LGBTQ2S+ to bring their full selves to work. This should include visual displays of positive spaces as well as training for employees and managers about their roles and responsibilities to create inclusive and welcoming spaces for all employees.

Recommendation 83: It is recommended that senior leaders and all people managers receive training to ensure they are able to lead and foster a work environment that values and is inclusive of Indigenous peoples and employees from the equity-seeking groups. This training should help senior leaders and people managers develop the competence and confidence to identify and address inappropriate behaviours when they do occur.

Recommendation 84: It is recommended that senior leaders and all people managers commit to, and be provided with, adequate supports, including anti-racism and anti-oppressive practice training, to enable them to demonstrate a greater personal and professional commitment to equity, diversity, and inclusion through behaviours and language that demonstrate inclusion and respect for all employees.

Recommendation 85: It is recommended that a communications/learning strategy be developed (which may include a newsletter, lunch and learns, and other informal methods of promoting knowledge, resources, tools, and practices, etc.) with the goal of:

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- Increasing employee understanding of workplace equity, diversity, and inclusion
- Increasing employee understanding of barriers to hiring, advancement, and inclusion in the labour market generally and within the MLHU more specifically, addressing the facts and myths associated with workplace equity, diversity, and inclusion
- Defining key terms and concepts, and
- Developing and communicating a business case for workplace equity, diversity, and inclusion that links the organization's diversity and inclusion efforts to its ability to serve an increasingly diverse community.

Recommendation 86: It is recommended that MLHU better support employees to understand the need and rationale for its equity, diversity, and inclusion efforts, by sharing this report and the resulting action plan with employees and providing regular updates with respect to implementation.

Recommendation 87: It is recommended that MLHU be proactive in its approach to inclusion, by emphasizing accessibility, equity, and inclusivity when developing employment policies, procedures, and practices.

Other Recommendations

Recommendation 1: It is recommended that the next iteration of the Health Unit's strategic plan consider more deeply the increasing diversity of the population served and how workplace equity, diversity, and inclusion support the organization to better meet the needs of a diverse community.

Recommendation 36: It is recommended that the policy review process be used as an opportunity to ensure compliance with equity-related legislation, that equity, diversity, inclusion, and Indigeneity are woven into the fabric of all policies, and that this be used as an opportunity to use gender-neutral language in these policies.

Recommendation 88: It is recommended that MLHU conduct another Employment Systems Review in 5 years to assess progress and develop a new DEI Framework.

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health; Emily Williams, CEO (Interim)

DATE: 2021 May 20

**COVID-19 RECOVERY RECOMMENDATIONS:
ORGANIZATIONAL AND INDIVIDUAL WELLNESS, AND SUSTAINING POSITIVE CHANGES**

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 25-21 re: “COVID-19 Recovery Recommendations: Organizational and Individual Wellness, and Sustaining Positive Changes” for information.*

Key Points

- COVID-19 recovery planning included looking at individual and organizational wellness, and opportunities to enhance and sustain positive changes.
- A staff survey conducted five months into the pandemic (61% response rate) provided significant input which was used to identify 54 recommendations for implementation.
- Some have already been implemented, some included in the provisional strategic plan, and others will be implemented as the organization moves beyond the pandemic.

Background

The MLHU Board of Health (BOH) received a report in June 2020 ([Report No. 08-20GC](#)) which outlined the five objectives of COVID-19 recovery planning initiated in May 2020, and information about the Return to Operations dashboard that was developed. In November 2020, the BOH received recovery recommendations related to Emerging and Priority Public Health Issues and approved five priority areas of focus for ongoing recovery ([Report No. 049-20](#)).

Work on the Recovery Planning Objectives #3 and #4 has continued progressively over the last ten months.

Planning Process and Survey Results

Two working groups were formed, with efforts made to have representation from leadership, staff, Unions, and divisions across the organization. Program evaluators were involved in both workgroups. The workgroups were relatively small and had some variability over time due to staff redeployments.

Both workgroups felt it was critical to gather information and input from across the organization to generate meaningful and relevant recommendations for each of the objectives being examined. It was determined an organization-wide survey would be used to gather this information. To ensure employees would feel comfortable to share their perspectives, an external consultant was asked to administer the survey and analyze the data, providing MLHU with aggregated responses.

In July 2020, five months into MLHU’s pandemic response, a survey was distributed to all employees, with 196 participants (61% response rate).

Consolidated and summarized results of the survey questions relevant to Recovery Planning Objectives 3 and 4 were provided by the external consultant. Workgroup members reviewed these and generated a list of recommendations, ensuring no judgement or prioritization of recommendations during this stage. Subsequently, workgroup members organized, discussed, more fully considered, consolidated, and refined the recommendations. At several intervals over many months, they were further reviewed and refined by workgroup members and the MLHU Leadership Team.

It was noted that, in addition to sharing specific recommendations for organizational and individual wellness, and what tools, technologies, work processes, human resource policies, communication strategies, and other organizational changes should be considered for ongoing implementation, some respondents shared overall reflections of their experiences since the pandemic response:

- Several respondents described a strong sense of pride that they felt in working at MLHU, noting how the organization has come together and rallied as an organization throughout the pandemic.
- Some respondents described a strong sense of staff cohesion and collaboration that has been fostered between staff and management.
- Some respondents commented they felt supported in their work at MLHU.
- Some staff also expressed their appreciation in having the opportunity to develop additional skill sets through their new roles in the pandemic response.
- Several respondents felt that MLHU has had a good response to the COVID-19 pandemic.

Individual and Organizational Wellness Recommendations

Recovery Planning Objective #3 was “To support employees to achieve optimal physical, mental, emotional, and social health and to facilitate organizational wellness during and after MLHU’s pandemic response.” This also included an intention to identify desired culture shifts and/or recent culture shifts that employees recommended the organization maintain.

Twenty recommendations have been identified, within the areas of health and safety, recognition, mental health and wellness, connectedness and cohesion, and other ([Appendix A](#)).

Enhancing and Sustaining Positive Changes Recommendations

Recovery Planning Objective #4 was “To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.”

Thirty-four recommendations have been identified in the areas of tools and resources, work processes, communications, human resources, and other organizational changes ([Appendix B](#)).

Five additional recommendations within Objective #4 were exclusively related to the COVID-19 program and these were shared with COVID-19 program leaders for timely implementation.

Next Steps

The Senior Leadership Team has reviewed and approved recommendations for submission to the Board of Health, and implementation of a significant number has already been initiated, with some incorporated in the provisional strategic plan. Implementation plans will be developed and/or confirmed, and mechanisms to support sustained and full implementation will be put in place. Some recommendations will take significant time to fully establish. The insights and input of employees across the organization were critical in identifying these recommendations, and employees will continue to be engaged to ensure the recommendations are brought to life.

This report was submitted by the Office of the Chief Nursing Officer.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

A handwritten signature in black ink, appearing to read 'E Williams'.

Emily Williams, BScN, RN, MBA
Chief Executive Officer (Interim)

Recovery Objective 3: Promoting Individual & Organizational Wellness

Objectives: To support employees to achieve optimal physical, mental, emotional, and social health post-pandemic and to facilitate organizational wellness during and after MLHU's pandemic response.
To identify recent culture shifts that employees recommend maintaining and/or desired culture shifts.

Key Recommendations	
Health and Safety	
1.	Provide regular communications to staff on health and safety topics of concern (e.g., COVID-19 exposure, psychological safety in the workplace. PTSD) through email, team meetings, and/or virtual Town Halls.
2.	Provide appropriate levels of de-escalation training for all staff.
3.	Establish measures of compliance with safety policies and support compliance, where needed.
4.	Regularly reinforce ergonomic safety education, and introduce additional tools and resources for ergonomic safety for staff working remotely and in office.
Recognition	
5.	Ensure opportunities for individualized recognition and celebration of key work-related (e.g. retirement) and personal milestones are available and meaningful to employees.
6.	Seek out opportunities to value and recognize staff contributions in all MLHU programs.
7.	Promote a sense of pride in individual and organizational work.
Mental Health and Wellness	
8.	Provide regular communications and evidence-based mental health resources to managers to support them in promoting mental wellness in themselves and their staff.
9.	Provide regular communications and evidence-based resources to front-line staff to support their mental wellness.
10.	Offer additional optional EFAP-provided group session(s) for all staff to debrief the pandemic experience, with open sessions and options for separate sessions for various groups/roles.
11.	Consider strategies to mitigate or address stress, burnout, and/or post-traumatic stress syndrome (PTSD) during times of organizational transition and redeployment.
12.	Ensure managers schedule intentional, regular, meaningful, and appropriate self-care/wellness check-ins with each employee (e.g., breaks & lunches, planned vacation, workload), assess needs, and implement strategies to support improved wellness where needed (e.g., during staff transitions).
Connectedness and Cohesion	
13.	Dedicate time and intentional effort to ongoing and new opportunities to enhance employee sense of connectedness and belonging within their own teams and beyond (including when returning to 'home' teams after COVID), for example: <ul style="list-style-type: none"> • Create optional 'Get to Know You' area (HUB/Dayforce) with personal and work-related information • Use team building strategies, including team planning and goal setting • Promote social connections and interactions among staff through virtual / in-person gatherings
14.	Continue offering optional Be Well activities.
15.	Explore the need and options for a mentorship program within and across teams.
16.	Be collectively intentional in language, decisions, communications, processes, and actions to support a culture of unity and cohesion in the organization.
Other	
17.	Continue to strengthen and demonstrate a culture of mutual trust across the organization (e.g., in words, actions, decisions, communications, processes, priorities).
18.	Continue to prioritize the mental and physical health of staff.
19.	Continue to strengthen and demonstrate a culture of mutual compassion and kindness across the organization (e.g., in words, actions, decisions, communications, processes, priorities).
20.	Ensure program/operational expectations and staffing resources are aligned (by increasing resources and/or adjusting expectations).

Recovery Objective 4: Enhancing & Sustaining Positive Changes

Objective: To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.

Key Recommendations		
Tools & Resources		
1. Continue and/or expand the use of the following software applications, and provide guidance, clarification of expectations, and education on their use and function:		
MS Teams	OneNote	OTN
Power Query	One Drive	SharePoint Excel
Adobe Pro	Dayforce	Check Market
Whisper	E-Fax	3CX
Microsoft Lens	WhatsApp	Case and Contact Management Database
2. Expand the range of options to meet client and community partner needs for connecting virtually (e.g. MS Team (for clients), Zoom, WebEx, etc.), provide needed decision-making guidance regarding the use of virtual interactions, and update related policy.		
3. Solve the outstanding issues experienced with 3CX or switch to a different application if unresolvable.		
4. Formalize the requirements, expectations and processes for remote-working staff to use MLHU equipment (e.g., monitors and office chairs) in home/remote locations, in alignment with the ABW (or commensurate) policy.		
5. Enhance the use of technology to maintain/augment staff and community health and safety, and to support social connection within the organization.		
Work Processes		
6. Transition paper-based processes <i>wherever possible</i> to electronic processes. Update policies (e.g., use of e-signatures, mobile scanning and sending, financial transactions, etc.), and provide staff education, as needed.		
7. Maximize interoperability of electronic processes and solutions (internally and externally) where possible.		
8. Ensure staff are involved in the design and improvement of new and existing tools and processes.		
9. Facilitate more collective and collaborative organizational work across teams, including the use of a shared workplan, to maximize knowledge & skills, consistency, efficiency, connections, and outcomes/impact.		
10. Increase opportunities for senior leaders to work / interact directly with staff.		
11. Continue client and staff screening for illness prior to all in-person interactions.		
12. Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.		
13. Ensure back-up staff training and scheduling in place wherever needed.		
Communications		
14. Continue weekly live virtual Town Hall meetings through Microsoft Teams.		
15. Ensure clear, consistent, and adequate communication from SLT to staff, including communication regarding organizational and SLT staffing changes		
16. Regularly determine the appropriate frequency of team level communications and meetings/huddles in order to facilitate timely communication, staff cohesion and connectedness.		
17. Maximize the use of the MLHU website for clients, community partners and staff, ensure it meets accessibility requirements, and keep it up to date.		
18. Continue to ensure communication to all staff prior to media releases to the broader community (I.e., organizational changes, important public health developments).		
19. Identify opportunities to enhance the use of social media in its various forms to appropriately support MLHU's work.		
Human Resources		
20. Normalize the option to work remotely (with appropriate supporting policy and communication) in situations where operational, service delivery, and accountability requirements allow.		
21. Normalize flexible options for hours of work, in situations where operational, service delivery and accountability requirements allow.		

Key Recommendations
Human Resources (continued)
22. Explore opportunities for cross-training on other programs / teams / divisions to support surge capacity needs (e.g. CCM, immunization, tobacco cessation, clinical services, etc.).
23. Consider ongoing implementation of supervisors at MLHU, where appropriate, with clarity in role expectations and distinction from the manager role.
24. Ensure managers define and clarify work roles, provide coaching, and establish consistency of practices and workload, particularly during transitions
25. Adopt, provide education and skill-building opportunities related to, and effectively implement a performance management framework and approach.
26. Continue use of an HR Staff Hotline for reporting illness; permit staff to work from home if <i>mildly</i> symptomatic, ensuring that 'permit' is not interpreted as 'expect'.
Other Organizational Changes
27. Structurally re-align the Population Health Assessment and Surveillance Team with the Program Planning and Evaluation Team, as part of a wholistic review of organizational restructuring.
28. Strengthen investment in comprehensive population health promotion (PHP) work (e.g., policy, community mobilization) and enhance organizationally coordinated and strategic approaches (e.g., mental health promotion, healthy eating, violence prevention).
29. Strengthen organizational capacity related to public health informatics (clinical and non-clinical) with focused, dedicated expertise.
30. Intentionally optimize roles, disciplines, knowledge/skills across the organization in alignment with public health mandate and core competencies.
31. Prioritize intentional, meaningful, and outcome-focused community partnerships, and ensure public health's role is clearly defined within each partnership.
32. Prioritize MLHU strategic planning to support implementation of the vision and mission and assist with prioritization of public health work.
33. Strengthen efforts to monitor and evaluate program impact and public health outcomes.
34. Review service delivery times and adjust as necessary to ensure MLHU is meeting client needs.



TO: Chair and Members of the Board of Health
FROM: Christopher Mackie, Medical Officer of Health
DATE: 2021 May 20

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR APRIL

Recommendation

It is recommended that the Board of Health receive Report No. 26-21 re: “Medical Officer of Health Activity Report for May” for information.

The following report presents activities of the Medical Officer of Health (MOH) for the period of April 5 – May 6, 2021.

To respond to the COVID pandemic, increased meetings and webinars were necessary to keep up with the ever-changing landscape. The MOH continued to participate in external and internal pandemic-related meetings. These included calls daily, every other day, or weekly with Middlesex County, the City of London, local health partners, the Association of Local Public Health Agencies (alPHa), the Ministry of Health, Ontario Health West, the Southwest LHIN, the Office of the Chief Medical Officer of Health, and Public Health Ontario. The MOH and Mayor Ed Holder hold bi-weekly COVID-19 virtual media briefings (Monday and Thursday), with the Warden of Middlesex County and a representative from London Health Sciences Centre attending once each week.

The MOH and the Associate Medical Officer of Health (AMOH), along with other team members, continue to host a weekly MLHU Staff Town Hall and present on many topics, including COVID-19.

The following events were also attended by the MOH:

- April 5** Interview with Bryan Bicknell (CTV London) regarding UWO outbreaks and vaccine eligibility
- April 6** Interview with Rebecca Zandbergen (CBC London) on the increase of cases in young people 18 to 22, and general updates on COVID-19 in the region
- April 7** Strategic planning discussion with Chairs Cassidy and Parker and Emily Williams
- April 8** Appeared on 1290 CJBK’s “Ask me Anything” to discuss COVID-19 matters
- April 9** Attended alPHa Board Meeting
Regular coaching session with Janine Higgins
- April 14** Call with Dr. Homer Tien, Chair of Vaccine Task Force on local vaccine rollout
Strategic planning discussion with Chairs Cassidy and Parker and Emily Williams
- April 15** Met with Member of Parliament, Lindsay Mathyssen to discuss questions about vaccine and COVID-19 from constituents
Attended Governance Committee and Board of Health meetings

- April 16** Appeared on the 5:30 p.m. live show “Power and Politics” (CBC) as a panelist with Mayor of Brampton, Patrick Brown on individual regions and how they are handling vaccine/COVID-19
- April 19** Participated in the SW MOH/AMOH Meeting
- April 20** Interview with Jane Sims (London Free Press) on vaccine supply and booking appointments
Interview with Randy Richmond (London Free Press) on Phase 2 and vaccination in pharmacies
- April 23** Regular coaching session with Janine Higgins
- April 27** Interview with Bryan Bicknell (CTV London) regarding the increase of cases in the region
- April 28** Interview with Jane Sims (London Free Press) on the increase in cases in the region
- April 29** Meeting with members of the Black community on building vaccine confidence
- April 30** Interview with Marek Sutherland (CTV London) regarding the vaccine appointments in the region
- May 3** Attended a meeting with other MOH’s to strategically discuss recovery
- May 4** Appeared on EVO TV’s “Real Talk, Straight Talk” to discuss COVID-19 within the Black community
Participated in Science Table Working Session, with the Ontario COVID-19 Science Advisory Table
- May 5** Met with Dr. Lawrence Loh (Peel) and Dr. Jennifer Loo (Algoma) to prepare for the upcoming invitation to attend a House of Commons Standing Committee on Health
Interview with Jane Sims (London Free Press) on NACI updates
Appeared on 980 CFPL to discuss vaccine and celebrating Mother’s Day safely

This report was submitted by the Office of the Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

CORRESPONDENCE – May 2021

- a) Date: April 7, 2021
Topic: National Childcare Strategy and the Licensed Child Care Network
#IAmEssential Campaign
From: Licensed Child Care Network
To: Board of Health Members

Background:

In February 2021, the Licensed Child Care Network launched the #IAmEssential campaign to increase the attention and awareness to further the call for a National Childcare Strategy. The campaign features local early years professionals, who have continued to support families during COVID-19, when childcare was essential for both those parents that could not work from home, as well as for some of those who were able to work from home. The London for All: A Roadmap to End Poverty (2016) report contained 112 recommendations to tackle poverty in our community. Under 6.0 Early Learning and Education, recommendation 6.6 calls the community to “Support development of [a] national childcare strategy”. As discussions with various community partners ensued, it was clear they were hoping the Middlesex-London Health Unit could significantly contribute to efforts to move this recommendation forward.

Recommendation: Endorse.

- b) Date: April 26, 2021
Topic: 2021 alPHa Annual Conference
From: Loretta Ryan, Executive Director, Association of Local Public Health Agencies
To: Board of Health Members

Background:

alPHa is pleased to announce that registration is now open for the 2021 Annual General Meeting and Conference: Ontario’s Public Health System: Challenges – Changes – Champions! alPHa is holding this online event with co-hosts the Northwestern Health Unit and the University of Toronto’s Dalla Lana School of Public Health. Due to COVID-19, this conference will be held via videoconferencing software on June 8th.

Recommendation: Receive.

- c) Date: April 26, 2021
Topic: Basic Income for Income Security during COVID-19 Pandemic and Beyond
From: Chair Kevin Marriott, Lambton Public Health
To: The Right Honourable Justin Trudeau, P.C., MP and The Honourable Chrystia Freeland, P.C., M.P.

Background:

At its meeting held on February 3rd, 2021, Lambton County Council received correspondence to the federal government from the Thunder Bay District Health Unit dated November 20, 2020 with respect to using a basic income to address food security. This letter expressed support for these efforts to provide income solutions to reduce food insecurity.

Recommendation: Receive.

- d) Date: April 29, 2021
Topic: Support for Decriminalization of People Who Use Drugs
From: Kingston, Frontenac and Lennox & Addington Public Health
To: The Honourable Patty Hajdu

Background:

At the KFL&A Board of Health meeting held on April 28, 2021, the following motion was passed: THAT the KFL&A Board of Health support the call for the decriminalization of people who use drugs as an evidence-informed approach that will address the unrelenting overdose crisis in our community and fully acknowledge that substance use is a health issue and not one of morality, will power or criminal justice. The opioid crisis continues to devastate communities across Canada. Urgent action is needed to address current drug policies that cause harm to people who use drugs and to disrupt alarming drug overdose trends across the country.

Recommendation: Refer to staff for a report.