

EDI Committee Meeting Minutes

Date: Wednesday April 16th, 2025

Time: 1:00pm

Location: Microsoft Teams

Present: Ben Deignan, Beverly Jones, Flora Ennis, Hayley Francis, Peter Szota, Ruby Latif, Theresa Vidal

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| **Item** | **Agenda** | **Lead** |
| 1.0 | Welcome, Introductions  Review minutes from March 19th  Agenda Review   * Minutes accepted | Flora |
| 2.0 | Status of 2024-25 Project  Organizations with no LMS (Norfolk FHT, PrimaCare, CMHA, Southcoast Wellness, ARTC, SOAR, Senior Support Services, Alzheimer Society   * 103 Thinkscape seats have been assigned. * 73 have started the training (up from 63) * 48 have completed it (up from 38) * Still 25 people didn’t accept * Reminders went out following last meeting   Organizations with an LMS (BCHS, GRCHC, NGH/NHNH, Community Paramedics, St Joseph’s, Woodview) we all offered the files containing the modules.   * **GRCHC**: Successfully uploaded and will be available to staff on April 21st. The training will be optional. * **St. Joseph’s Lifecare Centre**: Successfully uploaded the files and will roll out Cultural Humility to all staff beginning in June. Considering the other four modules for leadership. * **NGH/NHNH**: Have not yet uploaded the modules but are working towards it. Plan to roll out first to leadership, then to all staff as part of their annual training requirements. * **Woodview**: Uploaded three modules. Encountering a problem with the Allyship file (awaiting more details). 80 people have completed Cultural Humility, 70 have completed Bias, and 31 have completed Microaggressions (issue with course completion status). * **Participation Support Services**: Successfully uploaded and plan to roll out to staff as part of yearly training requirements, with a deadline at the end of August. * **BCHS**: Modules have been pushed out to all staff. All leaders have completed Cultural Humility. The overall completion rate is 38%. * **Community Paramedics**: Declined participation, citing similar training from the county already in place and lack of time.   Questions for follow up email/ survey: how many have participated, is it mandatory and timeline.  ***Action: Hayley create a survey with these questions and send out.*** | Hayley |
| 3.0 | 2025-26 Project Proposal     * The DEI-B maturity grid received 10 responses, and averages were captured on a scale of 1-4 for each dimension. One suggested improvement was to simplify the color coding. Overall, the project was categorized in the yellow area. Capacity building was discussed, and the next steps include supporting the completion of maturity grid assessments. * BCHS modules have been pushed out to all staff, and accreditation efforts are ongoing with medical affairs. Efforts are being made to achieve accreditation, and all leaders have completed cultural humility training, with an overall completion rate of 38%. * It was suggested to soften the language when calling out specific organizations who have declined to participate. * The importance of framing things positively was emphasized. * Monetization of assets: Ben has initiated a conversation with Ontario Health about potentially making these modules available broadly outside of the OHT which may provide the ability to self-fund further work.   Plan for 2025/2026   1. Filling the coordinator role 2. Adding and enhancing the suite of education opportunities, setting aside funds to add other modules and identifying the best opportunities in the short term. 3. In-person conference-type events. 4. Re-establishing the CoP. There were previously issues around lack of commitment. Ideas to bring in a speaker, providing resources, supporting organizations after they have completed the maturity grid. Ruby, Theresa, Jaleesa to take offline.   ***Action Items:***   * ***Create project charters for the above plans to bring to ELG. Small group take offline*** * ***Ben to make edits to end of year report and bring to ELG*** | Ben, Ruby |
| 4.0 | LMS Solution   * Organizations that didn’t have an LMS are all now managed under a provider called SURGE. We set up OHT as an organization that has a set number of seats under the LMS. This allows us to include primary care practices that aren’t FHTs or CHCs. This allows us the opportunity for scaling and reporting consistency. * We will have it for the next 1-2 years and we will have to develop a plan that works alongside the project proposal. We can keep using Thinkscape until the end of December but will need to fully shift to SURGE at some point. This will provide enough seats for all staff from the 6 organizations, plus 250 agnostic licenses. * SURGE does not have course design capabilities. * Discussion around whether it is necessary to make a public statement confirming our commitment to this work. * Ruby suggests a charter of inclusion instead of a commitment statement and recommends reminding ELG of the framework and their commitments. * Consider adding to the challenges and considerations section of the report. | Ben |
| 5.0 | Next Steps and Wrap Up   * Bring final report and project charters to ELG in May. * Next Meeting – May 21st | All |