

1. What is an Equity Impact Assessment?

An equity impact assessment is a tool used to evaluate the potential and actual effects of policies, programs or projects on different groups and communities. It is a process to analyse how groups or communities may be affected, positively or negatively, based on identity factors such as race, gender, ability etc. The intent of the process is to identify disparities in distribution of benefits and burdens across various groups, with the intent to remediate or lessen the disparity by making changes to “the status quo”. In the healthcare field, equity impact assessments are frequently being conducted with a sole focus on disparities among patient groups. The Health Profession Regulators of Ontario (HPRO) Equity Impact Assessment builds on this work with its primary focus on regulatory practices and their positive and negative impact on groups and communities of applicants, registrants, or those that leave their health profession prematurely.

2. How does this set of Equity Impact Assessment tools (i.e., assessment markers and guidance) relate to other models of policy and process development and review?

These tools are intended to contribute an EDI, intersectional and anti-racism lens to policy and process development and review. They will align with established frameworks and models currently in use by Regulatory Health Colleges. Colleges are also encouraged to adapt them as needed to align with their own processes.

3. How often should we conduct an equity impact assessment as described in the tools?

Equity impact assessments are a means to identify areas for improvement and inform next steps. Assessments would likely align with strategic planning and reporting. Colleges may choose to tackle process and/or structural markers in one, two or all CPMF domains at once. Depending on magnitude of actions identified, Colleges may wish to allow enough time for improvements to be implemented and take root before doing a follow-up assessment.

4. How do I speak to my Council about why this matters?

It can be challenging to generate buy-in and confidence in using the tools and reporting on EDI and anti-racism. Quantitative or qualitative evidence directly related to your College or profession will be helpful in describing gaps in your College’s current outcomes, and in identifying opportunities for improvement in current practices. If evidence is unavailable, utilize similar data from other health professions or draw from research conducted into the health professions. A good practice is also personal storytelling, demonstrating empathy and humility. Storytelling supplements an evidence-informed approach by humanizing what may otherwise be an abstract conversation. The tools contain a helpful PowerPoint presentation summarizing key speaking points. In addition, the research report prepared at the outset of this project, provides helpful context.

5. Is there an overall score? How do we measure year-over-year progress?

The organizational self-assessment grid and markers are a curated list of good practices in EDI and anti-racism specific to Health Regulatory Colleges. The materials are designed for two purposes: (a) to assist with CPMF reporting on EDI and anti-racism, and (b) to provide Colleges with a starting point to self-assess their readiness, provide the basis for further action, and to document progress. For simplicity, the self-assessment grid and markers use checkboxes. If you would prefer more nuance, we recommend a qualitative scale such as: 1 - no action or being explored; 2 - partially met or in progress; 3 - fully met or completed.

6. Is there a requirement for us to report our full assessment details?

No. The tools are designed to support your College’s own EDI and anti-racism assessment and planning. While the findings will be helpful in various reporting contexts, such as CPMF or communicating with stakeholders, they are not designed to be prescriptive or a formalized set of requirements.

7. How were the materials developed? What research or expertise has informed them?

An initial view of the issues was developed and summarized in a previous report commissioned by HPRO with Dr. Javeed Sukhera. The current materials were developed by a team of experienced consultants in the field of EDI and anti-racism, and are informed by a literature review and EDI tools such as the Global Diversity, Equity and Inclusion Benchmarks (GDEIB). Health regulatory Colleges were involved in the development through consultations, workshops and review/piloting. The project was directed by a Steering Committee representing nine HPRO member Colleges.

8. What if we find that some of the markers are not applicable to our College or what if we find some markers are missing?

The organizational self-assessment grid was developed with the needs of different Health Regulatory Colleges in mind. Each College is encouraged to apply or adapt the tools to your specific needs and your staff or financial resources. This could mean that you disregard the markers that are not directly relevant to your particular situation, or you can add markers for work you are doing that demonstrates or supports your progress in these areas.

9. The CPMF Technical Specifications Document gives detailed definitions and calculations for quantitative reporting. Does this Equity Impact Assessment provide the same level of specificity?

At the inactive and reactive levels, it will be rare to determine quantitative indicators of equity impact; reporting will likely focus on structural and process markers, such as the existence of a policy or the delivery of EDI training. As Colleges engage in EDI and anti-racism and move into proactive and progressive levels in some of the domains, quantitative outcomes become attainable. The disparity formulas in the guidance on conducting an Equity Impact Assessment in Domains 5 and 6 are approaches that are analogous to some of the CPMF Technical Specifications.

10. How do patients fit into this equity impact assessment?

These tools focus on the health regulatory Colleges' mandates outlined in the Health Professions Act, 1991; specific professional statutes; the *Fair Access to the Regulated Professions and Compulsory Trades Act, 2006*; the *Ontario Human Rights Code, 1990*; and other related legislation and regulation. The tools are intended to support health regulatory Colleges in the protection of the public through the fair and equitable admission and regulation of their professionals. Other tools exist to conduct health equity impact assessments that focus on patient access and outcomes. For example, the Ministry of Health has developed a health equity impact assessment decision support tool for identifying how a program, policy or similar initiative will impact population groups in different ways.

11. We are involved in various EDI activities such as efforts to create an inclusive work environment within our College – is there a place to reflect those efforts in this assessment?

The tools are aligned with the CPMF reporting framework; you may wish to add a section on additional considerations related to EDI, or include them in the existing domains as supplemental content. Colleges are free to adapt the tools to be most meaningful for their situation.

12. What comes next? How can our College continue to be engaged in this process?

HPRO will review and evaluate the tools on an ongoing basis. It is expected that revisions to the markers and the guidance will be appropriate as health regulatory Colleges apply the tools and progress on their EDI and anti-racism journeys and as society's and professions' perceptions of EDI and anti-racism evolve. There are a number of ways you can become engaged in this process. Connect with HPRO networks, contribute to knowledge sharing (see the templates for Case Studies), explore possible additional offerings of Unconscious Bias sessions, contribute your insights and feedback to future revisions.