

Excellence Through Quality Improvement Project (E-QIP)

Unlock the Power of Data

Collecting and Using Data to Drive Equity Plans

November 21st, 2024



Land Acknowledgement



Purpose and Objectives

This webinar series is intended to enhance the knowledge and skills of participants to:

- increase their understanding of data and data literacy
- advance their abilities to analyze and use data to improve the planning and delivery of mental health and addiction services (MHA).

In this sixth webinar in the series, participants can expect to:

1. Explain the importance of data collection for equity initiatives

- Understanding equity (definition, historical context of inequities)
- The role of data in identifying disparities, setting measurable goals and tracking progress towards equity

2. Identify key data types and sources for equity planning

- Specific types of data that are valuable for equity initiatives
- Qualitative and quantitative methods for both staff and client data
- Why collecting data is essential for developing and implementing effective equity plans

3. Building a Data Equity Culture



The Importance of Data Literacy

- Data literacy skills are designed to be used for application purposes: What are the data **telling** you? How are you **using** the data? What can be **done** with it?
- A critical skill for the 21st Century, as more and more people and organizations embrace data as a language to communicate with
- Use of data to inform local and regional planning, system efficiency and measurement-based care
- Use of data for integrated care, bundled service models and cross-sector planning (e.g., OHTs)
- Importance of an organizational culture that focuses on quality improvement and accountability

Remember, data is power.



Your Presenter Today...

Shereen Rampersad

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Services and Housing In the Province

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Who We Are - SHIP

SHIP has championed the fundamental right of housing for over 30 years.

SHIP is a nonprofit, accredited, housing and health service provider. For over 30 years, we have been delivering services to the Region of Peel, County of Dufferin, West Toronto and most recently the Region of Waterloo. We promote the well-being of vulnerable and at-risk populations, and we work closely with individuals in our community, enabling them to embrace their full potential.

SHIP's Profile



Our Mission
We work to support those with mental health and addiction challenges to increase their quality of life and live to their full potential through safe, affordable community-based housing and services

Our Vision
Quality Housing
Quality Services
Quality Lives

Our Values
Compassion, Hope,
Inclusion, Respect and
Professionalism



SHIP's Strengths

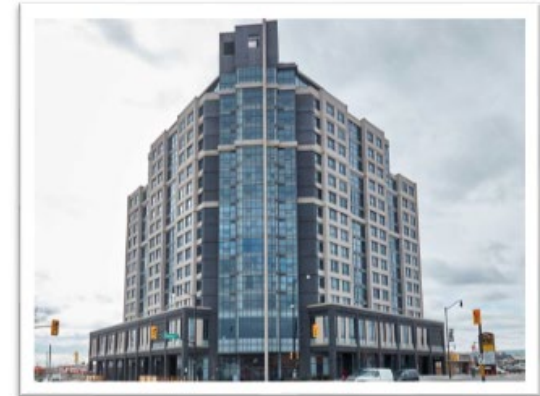
Our People

Always proud to say I work at SHIP

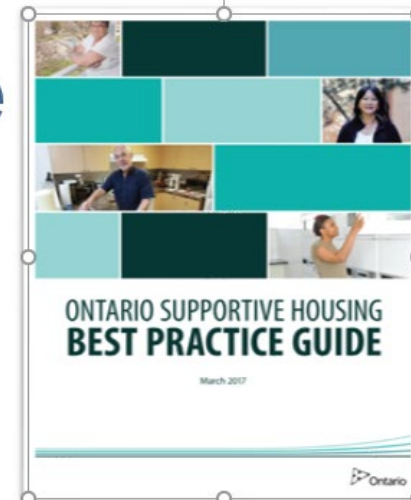
I feel privileged to be an employee of SHIP



Our Housing



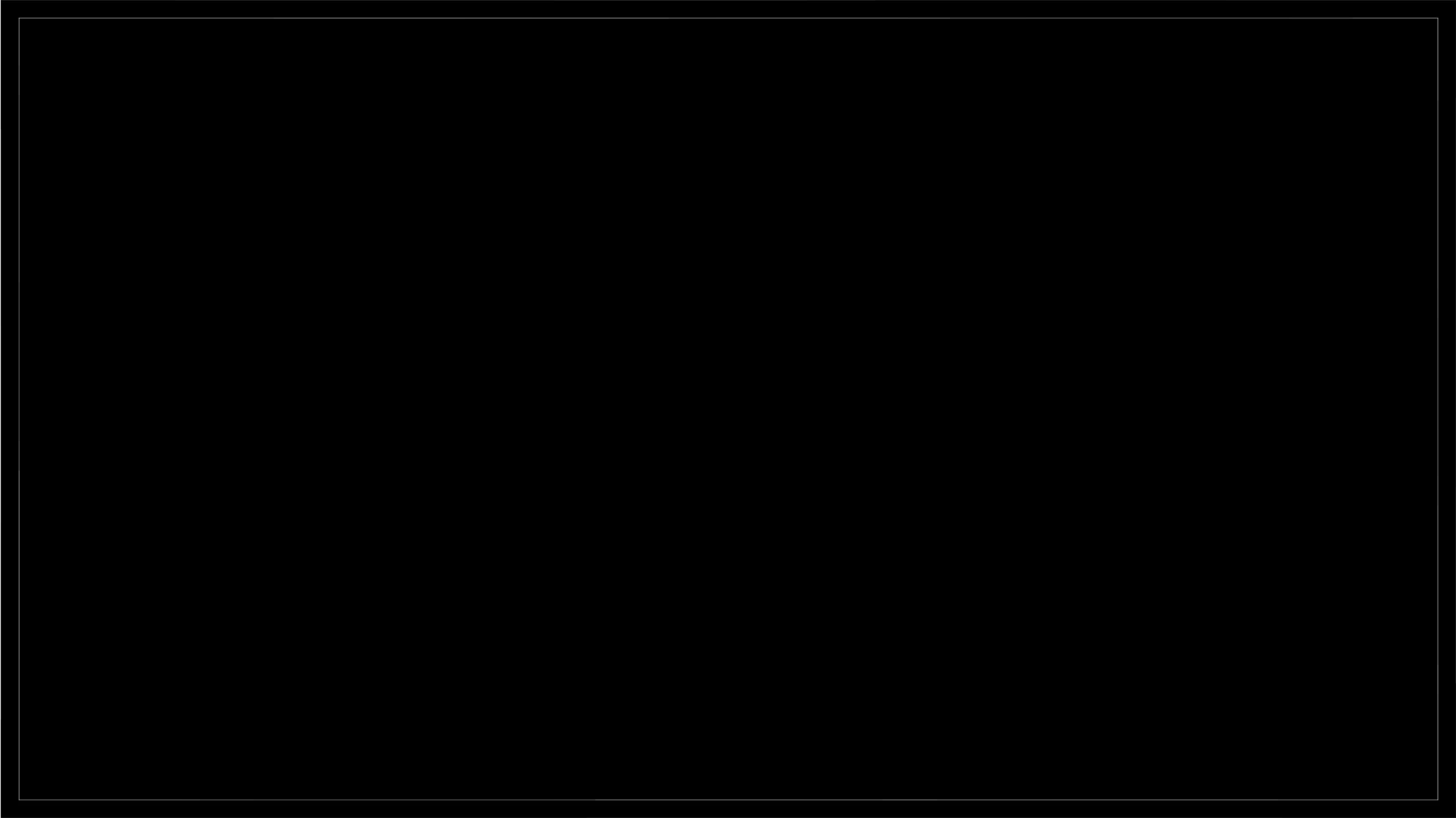
Our Service



Understanding the “WHY”

We Ask Because You
Matter

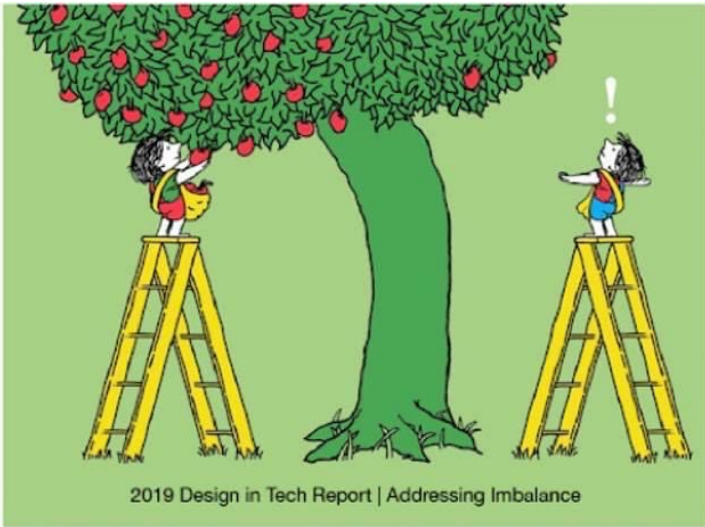
What is Equity?





2019 Design in Tech Report | Addressing Imbalance

INEQUALITY



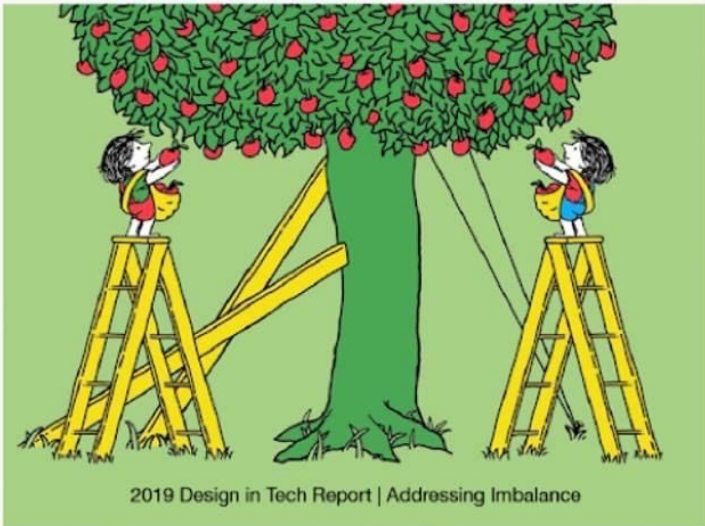
2019 Design in Tech Report | Addressing Imbalance

EQUALITY



2019 Design in Tech Report | Addressing Imbalance

EQUITY



2019 Design in Tech Report | Addressing Imbalance

JUSTICE

**Let's Talk
Justice**

Poll

Which of the following historical studies are you familiar with?



Historical Context of Data Inequity

Indigenous Community:

-Sixties Scoop

“Western ‘science’ has been a major tool to justify and sustain processes of colonization, serving as a tool to justify racist policies of subjugation (Kovach, 2010). Additionally, data collection through government agencies has even been used against communities to pathologize and take action against them, such as when it has been used to extract children from their families in the residential school system and the ‘60’s scoop.”

Black community:

-The Tuskegee Syphilis Study (1932-2004)

“Rather than simply observing and documenting the natural progression of syphilis in the community as had been planned, the researchers intervened: first by telling the participants that they were being treated (a lie), and then again by preventing their participants from seeking treatment that could save their lives.”

Historical Context of Data Inequity

Black community:

-Sims' Gynecological Research

“Sims’ research was conducted on [enslaved Black women](#) without anesthesia, medical ethicists, historians and others say his use of enslaved Black bodies as medical test subjects falls into a long, ethically bereft history that includes the [Tuskegee syphilis experiment](#) and [Henrietta Lacks](#). Critics say Sims cared more about the experiments than in providing therapeutic treatment, and that he caused untold suffering by operating under the racist notion that Black people did not feel pain.”

- Henrietta Lacks

“Lacks was a Black woman. The hospital where her cells were collected was one of only a few that provided medical care to Black people. None of the biotechnology or other companies that profited from her cells passed any money back to her family. And, for decades after her death, doctors and scientists repeatedly failed to ask her family for consent as they revealed Lacks’s name publicly, gave her medical records to the media, and even published her cells’ genome online”

- **Scientific Racism**

“One of the most effective tactics used to justify anti-Black racism and white supremacy has been scientific racism. Through the years, scientific racism has taken many forms, all with the goal of co-opting the authority of science as objective knowledge to justify racial inequality”

- **Colonization**

- **Seventh Generation Principle & Intergenerational**

- **Trauma**



Mistrust of systems

Mistrust of data collection

**Tools of
Inequity**

Poll

Why you collect client demographic data?



Collecting and Applying Inclusive Data

Why Does Collecting Demographics Information Matter?

Client demographic data assists us in **connecting and aligning** the unique needs of our clients based on their identities which better enables us to provide services tailored to meet those needs

The goal of collecting client demographic data is to **improve care in a broader scope**, this data can be a powerful tool in **dismantling systemic barriers** that exist for clients within our services



Collecting and Applying Inclusive Data

We can use demographic data to:

- identify inequities
- develop policies and practices to speak to these inequities
- monitor and evaluation our interventions
- hold ourselves accountable for improving outcomes
- Facilitate system level changes

Demographic data can be used to inform prevention, intervention and strategies to **protect human rights**



How to Collect Equity Based Data

Training, Process and Analysis
for Sociodemographic Data

Data Equity Training Program

- 1 Development of a training program that is required training for all direct service staff
- 2 Review:
 - technical aspects of data collection
 - link demographics data to social determinants of health
 - discuss the WHY of data collection and WHAT we do with information
- 3 Discuss the HOW:
 - asking questions vs. making an offer

How to Make the Offer

Asking the Questions or Making the Offer?

- It can be challenging to ask questions about a client's personal information. Using an **empathetic approach** and the skills that we have developed in **motivational interviewing** is the best place to start.
- **Keep in mind** that you are requesting information from clients that they may not be comfortable sharing based on many factors including: culture, stigma, stereotyping, anxiety, and current symptoms. Clients declining to answer is their right and not a reflection on staff's efforts.
- Always explain the **WHY** of collecting this information from clients and provide options of how the client can share with you ie: "Do you mind telling me a little about where you are from and we can talk about the needs you may have based on how you identify? This will help me to understand what types of services I can provide that will best meet the needs you tell me about."

Ontario Mental Health and Addictions: Provincial Data Set (PDS)

Date of Birth
Birth Sex
Gender Identity
Sexual Orientation
Country of Birth
Citizenship Status
Year of Arrival
Pre-Existing Condition(s)

Veteran Status
Highest Level of Education
Employment Status
Income Source
Total Household Income
Relationship Status
Number of People Income Supports
Residence Type
Legal Status

Indigenous Status
Primary and Additional Ethnicities
Religion
Language
Preferred Language of Service Delivery
Preferred Official Language (English or French)
Francophone Status

PDS = Social Determinants of Health

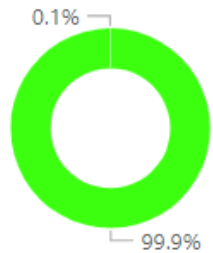


Data Equity Dashboard

SHIP EDI Demographics Alignment Dashboard

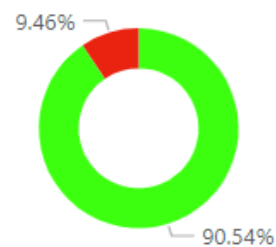
DOB Alignment

● Aligned ● Unaligned



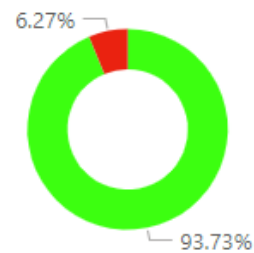
Gender Alignment

● Aligned ● Unaligned



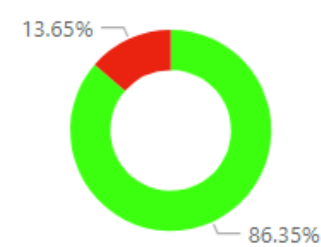
Indigenous Origin Alignment

● Aligned ● Unaligned



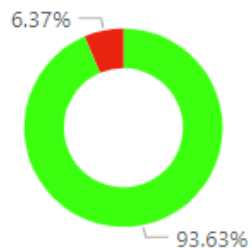
Relationship Status Alignment

● Aligned ● Unaligned



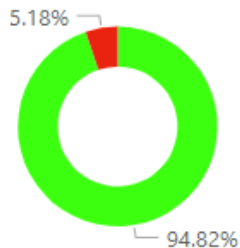
Ethnic Origin Alignment

● Aligned ● Unaligned



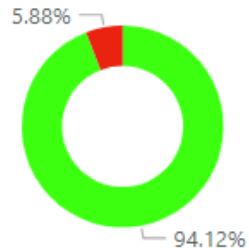
Language Alignment

● Aligned ● Unaligned



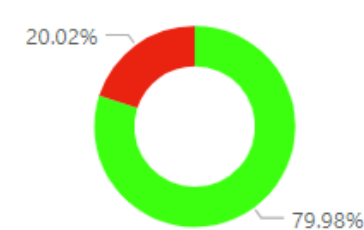
Sexual Orientation Alignment

● Aligned ● Unaligned



Francophone Alignment

● Aligned ● Unaligned



At the start of the Data Equity project, we were at **54%** alignment rate for demographic information inputted into the client record management system.

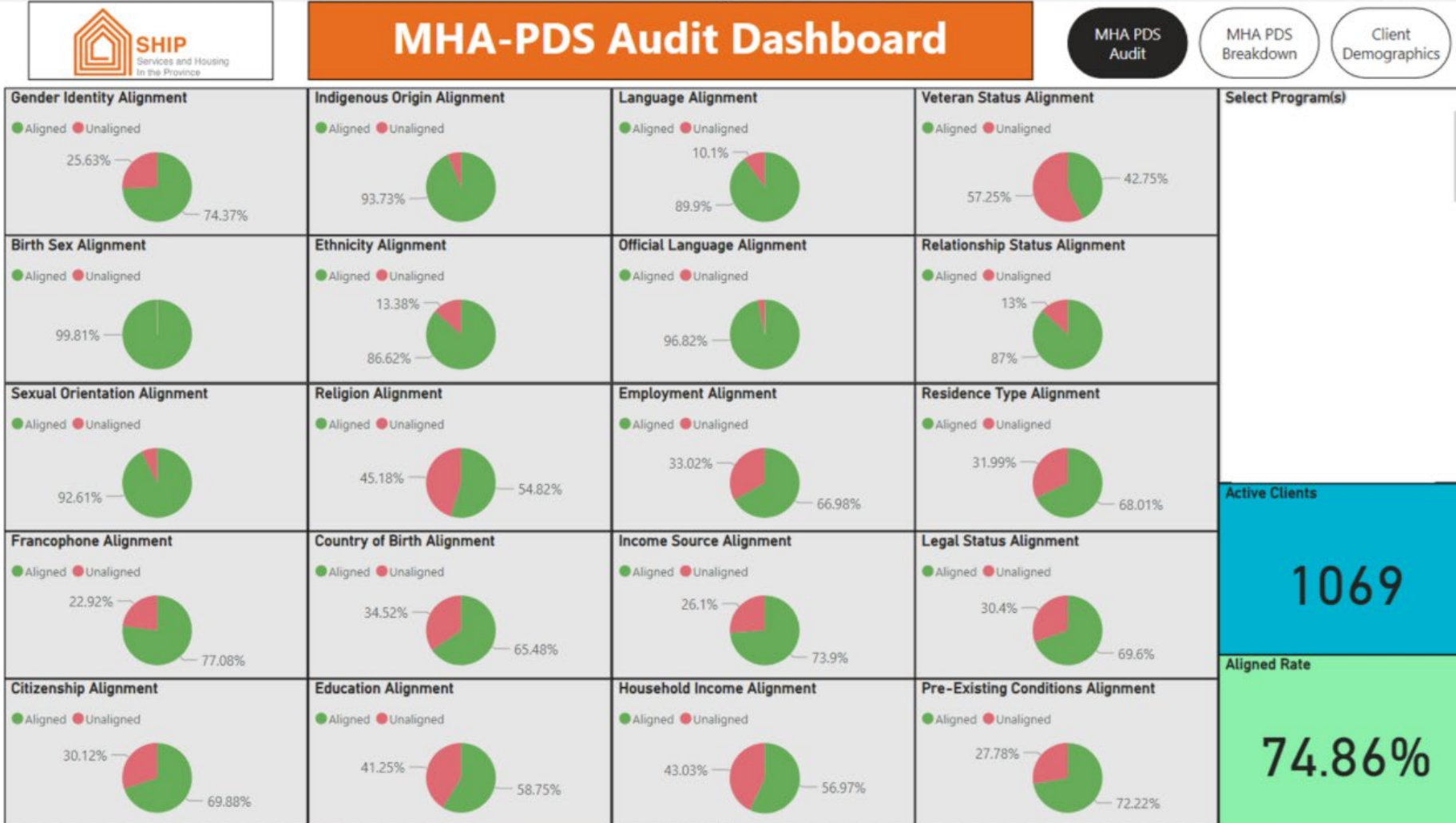
After staff training and implementation of the EDI Dashboard, the alignment rate increased to **91.6%** within 6 months.

91.6%

t Rate



Updated Data Equity Dashboard



Dashboard is interactive and updates every night. All programs is the default view, however specific programs can be selected and by support worker



Poll

1. Do you collect other data outside of demographic data?
2. Do you collect data for both staff and clients?



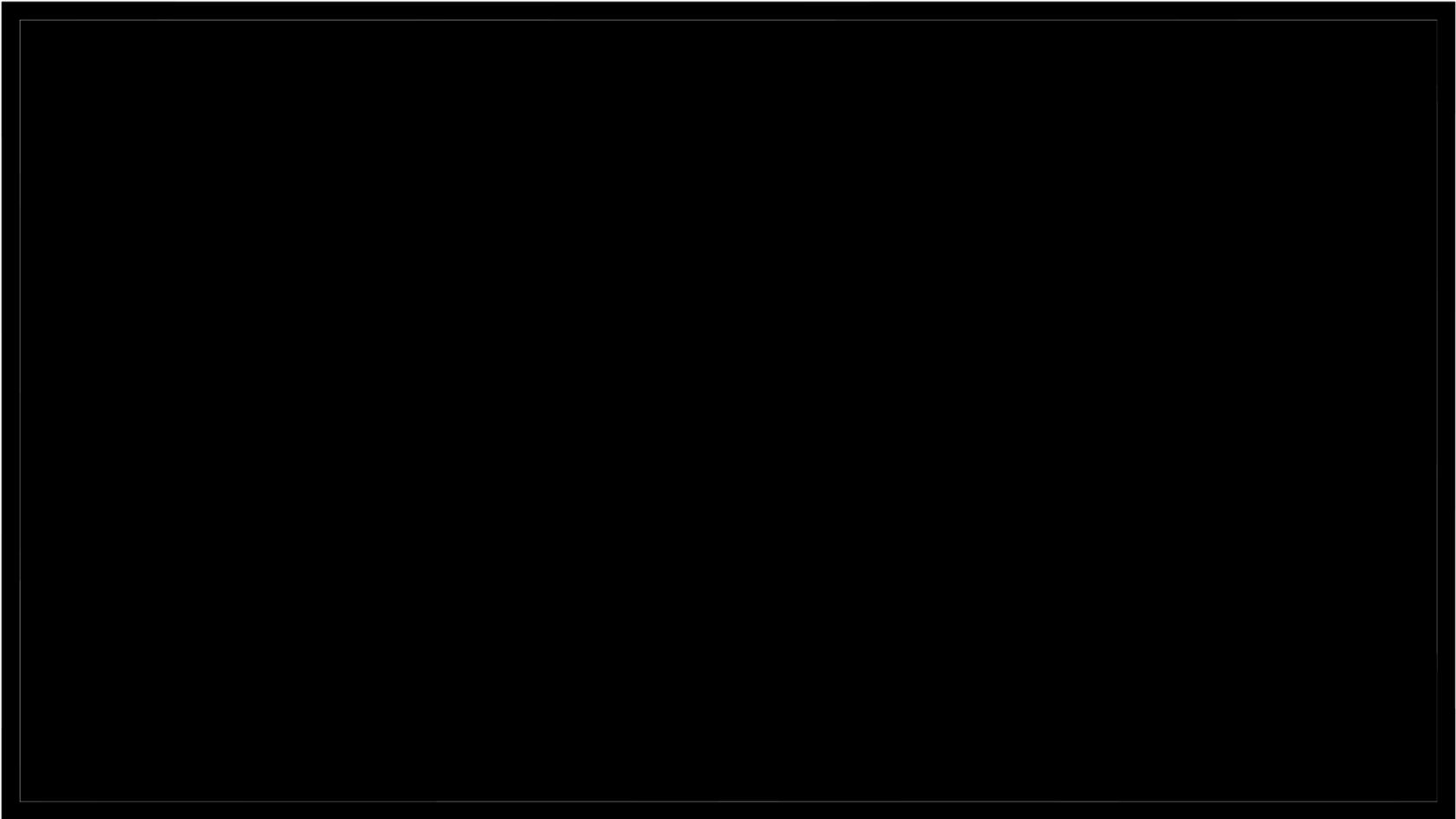
Going Beyond Demographics

- Quantitative and qualitative – both are important to provide context
- Staff and Client focused data
- Health equity data
- Social and structural determinants
- Belonging
- Reconciliation
- Intersectionality

Health Equity Data

HEIA (Health Equity
Impact Assessment)

What is Health Equity? (Video)



What is Health Equity?

Health Equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives. To achieve health equity, we must treat everyone equally and eliminate avoidable health inequities and health disparities.

HEALTH EQUITY FRAMEWORK

Social, economic, and environmental conditions affect health in a number of ways. Learn more from the framework below:



Social Conditions
Social inequities occur when a person or group is treated unfairly because of race, gender, class, sexual orientation, or immigration status.



Economic Conditions
Institutions such as governments, churches, corporations, or schools use their authority to create unequal opportunities among groups of people.



Environmental Conditions
Where you live affects your health. Lower income neighborhoods tend to be in poor social, economic, and physical conditions.



Health Behaviors
Smoking, poor nutrition, and lack of exercise are all behaviors that may lead to poor health. Health Knowledge also influences health behaviors.



Disease or Injury
Chronic disease or injury can result from inequities and health behaviors. Genetics also influences health differences.



Mortality
Your social status, education, where you live, and health behaviors all affect life expectancy.

AFFECTED BY ACCESS TO
QUALITY HEALTHCARE



What is the HEIA?

- Health Equity Impact Assessment (HEIA) helps to align services/policies/programs with need, enabling better health outcomes
- HEIA is a structured method to include equity in health planning and decision making
- HEIA is a practical tool for assessment and decision support
- It helps to anticipate and address any unintended health impacts that a plan, policy or program might have on vulnerable or marginalized groups within the general population
- It builds on existing work and creates greater transparency and consistency in the way that equity is being considered across the health system
- The end goal of the HEIA is to achieve health equity and eliminate disparities in health

HEIA Template

HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations*	b) Determinants of Health	Unintended Positive Impacts.	Unintended Negative Impacts.	More Information Needed.	Identify ways to reduce potential negative impacts and amplify the positive impacts.	Identify ways to measure success for each mitigation strategy identified.	Identify ways to share results and recommendations to address equity.
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic or social isolation, under-served areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation, (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

* NOTE: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e. Aboriginal women).

Health Equity Action Plans



Health Equity Action Plan 2024/25

Program:



HEIA Info	Priority #1	Priority #2
Population Impacted		
Social Determinants of Health		
Unintended Impacts		
Mitigation Plan	Action: Action:	Action: Action:
Monitoring Plan		
Outcome Measurements		



- Partnership with MCIS which provides language interpretation services in person and through telephone in the client's preferred language
- Service dogs/Therapeutic animals at SSCS, PYV
- Tenancy agreements closer to home
- Enhancing language around services and how we support clients
- Health Equity Charter posted at all SHIP locations
- Health Quality Ontario poster presentation in 2017 on Health Equity
- Plan to engage clients and families using the Client and Family Engagement Framework

SHIP's Health Equity Charter



Health Equity Charter

“Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are. A high-quality health system recognizes and respects social, cultural and linguistic differences.” – Health Quality Ontario, 2017

Services and Housing in the Province (SHIP) is committed to identifying, recognizing, actioning and overcoming barriers to equitable health for all. We endeavor to integrate the principles of health equity so our community can access and experience the best care regardless of one's age, race, culture, language, religion, gender, sexual identity, family status, ability, socio-economic status, immigrant status, and other relevant life experiences such as homelessness, mental health and addictions. SHIP will ensure that the most vulnerable and marginalized have equitable access to care through our efforts to collect and use meaningful data and ensure those from equity deserving groups are represented as partners in their health care.

The Health Equity Charter acknowledges that achieving equity is a gradual change process, requiring continued reflection, combined efforts and joint initiative. We will strive to reduce health disparities as a shared system responsibility by integrating SHIP's 2022-2026 Strategic Plan aim of committing to EDI, Anti-racism, Anti-oppression and Health Equity into our People, Culture and Systems approaches.

Maximize Engagement

SHIP will partner with staff, clients, families, landlords and other stakeholders in order to improve health and system outcomes.

Leadership

Health Equity will be supported by leadership at all levels within SHIP ensuring that

Building a Data Equity Culture

Equity Assessment Tool
Staff Surveys
Focus Group Process

Equity Assessment Tool for New and Current Policies and Procedures

Persons impacted because of:	How may these persons be impacted:	
	Positively	Negatively
<input type="checkbox"/> Age (e.g., children, youth, seniors)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Race, Colour, Ancestry, Ethnicity, Culture, Place of Origin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Indigenous Ancestry (First Nations, Inuit, Metis)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nationality, Citizenship, Immigration Status	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disability (e.g., persons with physical, mental, cognitive, auditory, visual, addiction, psychological disabilities, or disorders, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Creed Beliefs (e.g., Muslim, Jewish, Hindu, Buddhist, Indigenous Spirituality, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Orientation (e.g., gay, lesbian, queer, bisexual, pansexual, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Linguistic Origin (e.g., persons whose first language is not English or French, persons who use ASL or have different literacy levels)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gender Identity, Gender Expression (e.g., two-spirit, female, transgender, non-binary, gender fluid, gender-queer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Socioeconomic Status (e.g., low income, precarious employment, housing or residing in priority neighborhoods, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Family Status and Marital Status (e.g., single parent, childcare, adoption, foster parents, diverse families, chestfeeding, parental leaves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Body Image (e.g., body size, appearance, body art, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>

Staff Belonging Survey

Question: How are you able to be your authentic self at work?

Responses (119)	%	Actions
Unable to because feel unsafe		
Use <u>humour</u> ; passion and professionalism; personal responsibility		
Support from team and colleagues/leader		
Participating in EDI related activities; <u>self care</u>		

Question: If not able to be your authentic self, what are the barriers you experience?

Responses (78)	%	Action
Judgement from others; fear of being judged; fear of reprisal		
Lack of support, lack of trust and no follow through; non supportive leadership		
Levels of stress; burnout		
Lack of understanding of diverse needs: cultural, ability		

Question: What are the aspects of workplace culture that contribute positively to your sense of belonging?

Responses (120)	%	Action
EDI Initiatives and work		
Supportive team, colleagues, leaders		
Employee appreciation/acknowledgement		
Communication and trust		

ABR Survey



- As a first step to addressing Anti-Black Racism (ABR) and working towards better serving the needs of Black communities the Mississauga OHT organizations administered the Anti-Black Racism (ABR) self-assessment survey to staff members in the OHT to help identify their current state, capacity and opportunities to meaningfully address ABR.
- SHIP participated in this survey
- The Institute of Better Health (IBH) collected, analyzed and reported results and shared back data.
- A total of 98 people working at SHIP filled out the survey.
- SHIP is now using the results to identify quality improvement efforts to meaningfully address ABR in their organizations.

ABR Action Plan Process

Process

1. BIPOC Caucus ERG reviewed the survey results and bucketed them out in reds and yellows
2. Looked for overarching themes in the responses and if the action is directed at clients, staff or overall SHIP processes
3. Developed an Action Plan Commitment Statement
4. Prepared a draft plan that articulated the priority areas, actions, timelines, responsibility and metrics

.....consultation.....



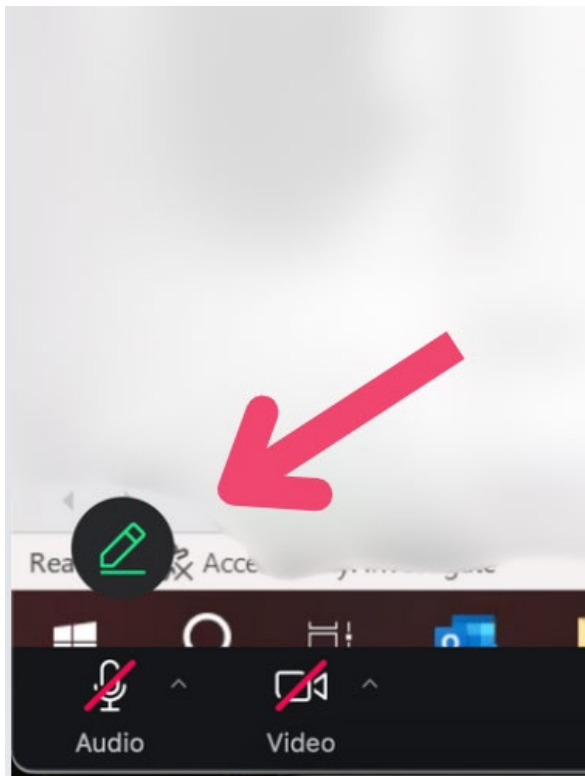
Safe Spaces for Black Staff:

- Platform for Black staff to review and provide feedback on the ABR Action Plan
- Sessions took place virtually and in-person: August 2023
- Sessions conducted by Black staff for Black staff
- Purpose was to elevate the concerns of employees directly impacted by the actions on the Strategy



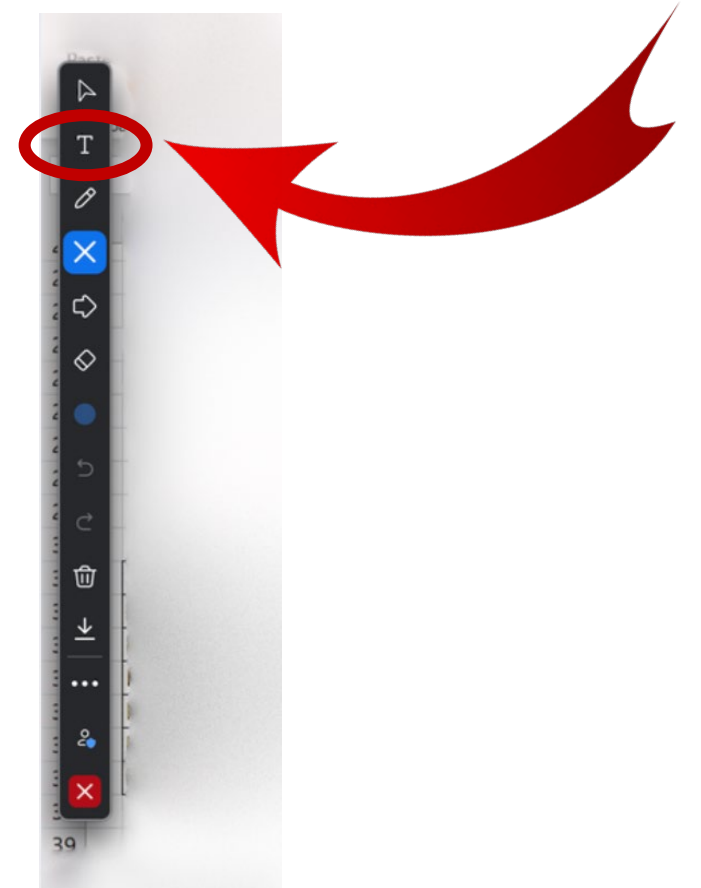
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Click the Annotation icon in the bottom left-hand corner of the shared screen



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The Annotation Toolbar will appear on the left-hand side of your screen, and you can begin annotating using any of the tools available!



Data Equity Culture - Poll

What other data equity measures are you taking to develop a data equity culture?

Takeaways

- ✓ Ensure representation at the table for decision making around changes for an informed approach
- ✓ Build in client and staff voice wherever possible
- ✓ Develop and build sound data collection processes
- ✓ Refer to your data to ensure changes are evidence based
- ✓ Take your time and build foundation pieces using inclusive tools
- ✓ Remember an equitable approach requires intentional, meaningful action informed by those most impacted



Questions and Curiosities



Please provide your feedback!





Advancing QI & Measurement Community of Practice (CoP)



February 14th, 2025

Equity in Quality Improvement Planning

This session will focus on actionable steps to ***integrate equity within organizational culture, improve data practices, and ensure that QI efforts are inclusive and effective***. Experts from SHIP will share insights and experiences in developing and integrating an equity-focused approach within their quality improvement and data practices. They will highlight lessons learned and practices from the mental health and addictions (MHA) sector, with a specific focus on housing services.

This session is ideal for professionals committed to advancing equity through data-driven QI and for those looking to foster an inclusive data culture within the mental health and housing support fields.

E-QIP's **Community of Practice (CoP)** fosters QI knowledge and experience, and measurement capacity through sharing among community mental health and addiction organizations.

To learn more about our CoP or if you would like to join, visit our [website](#) and complete our short [registration form](#).



Unlocking the Power of Data 106 – Part 2

**Turning Data into Action:
Driving Equity through
Decision-Making,
Collaboration and
Improvement**



Unlock the Power of Data

Elevate your Data Literacy with the Excellence Through Quality Improvement's Webinar Series

We are excited to launch the seventh webinar for E-QIP's Data Literacy series.

Tuesday February 18th, 2025 (EST)

10:00 am to 11:30 am

[REGISTER HERE!](#)

In this next installment of our Data Literacy series, participants will hear from Shereen Rampersad and Allan Chong of Services and Housing in the Province (SHIP) where participants will:

1. Learn how organizations use equity-related data to make informed decisions and drive positive change.
2. Discover strategies for using data to guide team discussions and align on equity-focused priorities.
3. Understand how to present data to secure funding and resources for equity initiatives.
4. Explore how data informs and enhances Quality Improvement efforts for equitable outcomes.

Foundations to QI (IDEAS) e-Course

- ✓ Self-guided curriculum based on the Model for Improvement
- ✓ Incorporates a variety of learning tools including an MHA-based case study, videos, learning activities and knowledge checks
- ✓ Document your learnings in your personal course workbook
- ✓ 8-12 hours to complete
- ✓ Easy to enroll
- ✓ FREE!

Maintenant disponible
en français!

[CLICK HERE TO REGISTER!](#)



English



en français



Governance and Leadership Training



LEAD THE WAY TO BETTER QUALITY WITH FREE TRAINING FROM E-QIP!

QUALITY IMPROVEMENT (QI) TRAINING SPECIFICALLY CREATED FOR LEADERS AND BOARD MEMBERS OF MENTAL HEALTH AND ADDICTION PROVIDERS. ENHANCE YOUR QI ACUMEN THROUGH OUR CUSTOMIZED EDUCATIONAL EXPERIENCE

BONUS!
FREE BOARD TOOLKIT INCLUDED WITH TRAINING

LEARN HOW TO MAKE LINKS BETWEEN YOUR ORGANIZATION'S QI ACTIVITIES AND REGIONAL AND SYSTEM PRIORITIES

UNDERSTAND HOW YOUR BOARD CAN ADOPT QI IN YOUR ORGANIZATION: TO EMBED AN ANNUAL QI PLANNING CYCLE INTO YOUR BOARD ACTIVITIES, GUIDE AND REVIEW YOUR QI PLAN, AND BUILD QI CAPACITY

IDENTIFY STRATEGIES TO CULTIVATE A CULTURE OF QUALITY, APPLYING IHI'S FRAMEWORK: WHOLE SYSTEM QUALITY

MEET AND EXCEED ACCREDITATION STANDARDS BY REDUCING RISKS TO THE ORGANIZATION AND PROMOTING QUALITY IMPROVEMENT

CONNECT WITH US TODAY

WWW.E-QIP.CA

QUALITY@E-QIP.CA

LINKEDIN.COM/SHOWCASE/E-QIP

SCAN ME TO LEARN MORE OR REQUEST A TRAINING

Our governance and leadership training is **delivered to boards and senior teams** within an organization. We provide a general overview of quality improvement (QI), the provincial context, quality frameworks and how it can support organizational and strategic priorities. We also highlight the role of the board and senior leaders in setting and managing the quality agenda for your organization.

This training is customized to your organization's needs based on where you are in QI culture and in performance management and typically takes 90 minutes to deliver. [CLICK HERE TO LEARN MORE!](#)

To schedule a training session or If you would like more information about Governance and Leadership training options, please contact

The E-QIP team quality@e-qip.ca



Attention:
**Community-based
Mental Health &
Addictions agencies
in Ontario.**

Did you know that you can
access free consultation on
Quality Improvement and
Accreditation?

E-QIP's QI & Data Coaches can
help you make a *paw-sitive*
impact on your Quality
Improvement efforts.



E-QIP is pleased to offer **tailored quality improvement support** to community mental health and addiction organizations seeking to improve the quality of their mental health & addiction services, improve health outcomes and enhance client and family satisfaction. Consultations provide organizations with the opportunity to **receive support on an identified quality or data issue with one of our expert QI and Data coaches!**

[CLICK HERE TO REQUEST A CONSULTATION!](#)



THERE ARE MANY WAYS TO ENGAGE WITH E-QIP!

CONNECT AND IMPROVE

LEARN

- QI cycle and data literacy webinar series
- IDEAS - QI Foundations course (e-learning course)
- Agency specific governance and leadership training (customized based on need)

BE INFORMED

- E-QIP newsletter
- @EQIP_ON on Twitter
- E-QIP website

- Coaching consultations on quality improvement activities
- E-QIP Cohorts for QI and data coaching (6 to 7 months dedicated coaching for projects)
- Community of Practice (bi-weekly, 1-hour meetings)

-  e-qip.ca
-  @EQIP_ON
-  quality@e-qip.ca



linkedin.com/showcase/e-qip



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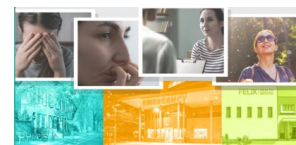


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www.e-qip.ca

[Foundations to QI\(IDEAS\) e-Course - REGISTER HERE!](#)





Resources and References

- <https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study>
- [https://afnigc.ca/wp-content/uploads/2024/01/Data Resources Report.pdf](https://afnigc.ca/wp-content/uploads/2024/01/Data_Resources_Report.pdf)
- <https://www.history.com/news/the-father-of-modern-gynecology-performed-shocking-experiments-on-slaves>
- <https://www.nature.com/articles/d41586-020-02494-z>
- <https://givingandvolunteering.ca/data-equity-in-canada-challenges-impact-and-solutions/#:~:text=Data%20equity%20means%20to%20ensure,ethical%20data%20practices%20for%20nonprofits.>

Resources and References

- <https://library.harvard.edu/confronting-anti-black-racism/scientific-racism>
- Black Health Primer: <https://www.bhec.ca/bhp>
- Indigenous Cultural Safety: <https://sanyas.ca/home>
- Health Equity: <https://nccdh.ca/resources/entry/health-equity-online-course>
- Gender Equity: https://rise.articulate.com/share/fN2unTLsmjfsTYUZTvicY_k8GGSCVc0t#/