Canadian Centre for Accreditation
Excellence in community services
Centre canadien de l'agrément
L'excellence en matière de services communautaires

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

Why Accreditation Based on the Principles of Equity and Inclusion is Essential

Canadian Centre for Accreditation, 2020

Canadian Centre for Accreditation
Excellence in community services
Centre canadien de l'agrément
L'excellence en matière de services communautaires

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

Contents

Canadian Centre for Accreditation
Excellence in community services
Centre canadien de l'agrément
L'excellence en matière de services communautaires

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

Background

Issue

The current Pandemic has laid bare the impact of how populations that are more vulnerable across many domains are at risk and both differentially and most severely impacted. COVID-19 does not flatten these disparities, it amplifies them.[1] However, this provides an opportunity to acknowledge, reflect on, measure and put in place systems to redress these inequities.

'The health of the most vulnerable people among us is a determining factor for the health of all of us, and, if we aren't prepared to see that, we'll never, ever be prepared to confront these devastating challenges to our humanity.'[2]

Facts

- Ontario's Anti-Racism Directorate's 2017 community consultations found that people who identify as Black face more barriers in gaining employment in the formal sector, and high proportions of Black people work in the informal sector or belong to the "gig economy."
- It was reported on July 2, 2020 that 'there are now over 800 confirmed cases of COVID 19 among migrant farm workers in Ontario with more than half in the Windsor area.' [3]And they were expected to work if asymptomatic even if tested positive.
- As the number of new daily COVID-19 cases in Toronto were dropping, the death toll from another public health crisis (opioid overdoses) continued to rise, unnoticed except for those who experienced this directly, bore witness or chose to see.
- Black populations experience disproportionately higher rates of poverty and poorer health outcomes.
- Black and Indigenous communities are overrepresented in the criminal justice system, which outbreaks disproportionately impact.
- Black people are more likely to be subjected to discretionary police stops.[4]

[1] Camille Orridge, Senior Fellow at the Wellesley Institute and long-time advocate for health equity data to be collected.
[2] Frank Snowden, Professor of Medicine, Yale University and author of '*Epidemics and Society; From the Black Death to the Present*' 2019.
[3] June 28, 2020, Globe and Mail
[4] In 2017 – 79% of young black men said that they were stopped by police in public for no apparent reason

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

- Social determinants of health (SDOH) such as gender, socioeconomic position, race /ethnicity, occupation, indigeneity, homelessness and incarceration, play an important role in risk of COVID -19[5] and other illnesses in the perpetuation of inequitable treatment and poorer health outcomes.
- In Toronto 83% of COVID-19 cases identified as being from racialized groups, compared to 52% of the general population who identified as racialized.[6]
- 71% of people who were hospitalized with COVID-19 symptoms from racialized groups[7]
- As of April 30, 2020, there was a higher percentage of confirmed positive COVID-19 tests in neighbourhoods with the highest ethnic concentration:
    - Neighbourhood quintiles with the highest ethnic concentration (41% vs 8%), greatest material deprivation (24% vs 17%) and lowest income (26%vs 16%)[8].
- Structural inequities contribute to increased risk from COVID-19 in Black Latino and other ethnic minority and low-income populations. These findings are consistent with observed social and racial inequities noted during the 2009 H1N1 pandemic in Canada.

Analysis

At this time, 'all disparities have been exacerbated in every sector of life', [9]

- Social Determinants of Health are defined as 'factors beyond an individual's biology and behaviours' (Public Health Ontario) Race is a determinant of health[10].
- Examples of structural social inequities are: colonization, racism, social exclusion and repression of self-determination experienced by First Nations, Metis, Inuit and Black communities.
- Members of marginalized populations are forced to work in essential services and precarious occupations such as Personal Support Work, Migrant work, service work (cashiers, factories, food packing plants, seasonal work, long term care facilities).
- Individuals who live in or access congregate settings including shelters, prisons, long term care facilities, multiple- generational family dwellings especially in low income communities are at more risk.
- Health and social service supports are inequitably accessible to vulnerable groups who are racialized, poor, disabled, homeless, members of LGBTQ communities, migrant workers, the elderly, undocumented and non-insured.

[5] (Public Health Agency of Ontario) SYNOPSIS 05/24/2020 COVID-19 – What We Know So Far About… Social Determinants of Health

[6] July 30, 2020, Globe and Mail
[7] Race-based data in Toronto (Michael Garron Hospital)
[8] Ibid
[9] Ruth Goba, Human Rights lawyer, Panel facilitated by Across Boundaries, Mental Health and Racism...July 2, 2020
[10] Kuame Mackenzie

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

"The collection of race-based data is not the outcome,". "The outcome is to have the information and use the information to reduce disparities. That's the goal.[11]

Recommendations

1. **Identify and Act**
   We are all at differential risk during this pandemic. The opportunity is not to admonish but to identify, reflect on and begin to address the reasons we are experiencing such profound illness, losses of life and disruptions in our local, provincial and global communities. And then evaluate, accredit and plan and act ongoing, using tools and frameworks that are culturally appropriate, effective and honoured.

2. **Vaccine Research**
   At the same time, scientists will continue working to create a vaccine and advise on mitigation and prevention strategies. But 'a vaccine will not eliminate racism'.

3. **Leadership**
   Leaders must continue to have the courage to stare down the inequities that have existed in our policies, systems and structures. And begin by establishing principles to call out inequities, inform a truly equitable, accessible and effective healthcare and social service system focused on building quality through equity.

4. **Who to consult?**
   Ensuring any reflecting, planning and implementing must include people with lived experience along with workers, professionals and systems thinkers to achieve short term, medium term and longer- term results through understanding the implications across stratified systems.

5. **Accreditation as a tool**[12]
   To date, we have not leveraged evaluative tools like accreditation for services, programs, communities, systems and structures to identify, plan and address the racism, discrimination and othering that has now put us all at risk. Without pandemic response strategies and accreditation standards firmly grounded in ethical frameworks[13] we will continue to be exposed to greater harms that affect our collective health, dignity and sense of worth.

[11] Camille Orridge, a senior fellow at the Wellesley Institute and advocate for health equity data collection

[12] Why Accreditation Matters Now? The Canadian Centre for Accreditation Website (appendix)

[13] Frameworks that account for the inequitable risk of people who are black, indigenous, disabled, homeless, migrant workers, poor, newcomers, substance users and members of LGBTQ communities,

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

Appendices

The Canadian Centre for Accreditation [14]

CCA is an independent non-profit organization offering accreditation, rooted in the Community and specifically tailored to community-based health and social services across Canada. We offer accreditation founded on recognized best practices in governance, leadership and management, and in program areas including child and youth services, community-based primary health care, community mental health and addictions, community support, and family services.

Locally respected and internationally recognized

- Founded by associations with over 100 collective years of accreditation experience
- Accredit over 200 organizations ranging in size from 6 to 300+ staff in urban, rural, and remote settings
- Extensively familiar with the unique Canadian community services landscape
- Led the way in developing standards for children's mental health and community-based primary health care
- Has standards in unique areas, such as Youth Justice and Aboriginal services
- Recognized by governments across the country, Ministries of Health, Social Services, Children and Youth and other Canadian funders
- Accredited by ISQua, the International Society for Quality in Healthcare, the only accrediting program for national accrediting bodies

Through our holistic and responsive approach CCA ensures that the accreditation process is more than a formality. It's a path to growth. Because when local health and social service providers thrive, not only are they better positioned to help those they serve, Canadian communities thrive, also.

We believe that quality isn't just about ticking boxes. Sector-appropriate standards, rooted in a community context and approach, are important in engaging organizations in quality improvement. Accreditation is granted for four years. But from the start, organizations are supported with clear expectations and supplemental learning including the training of peer reviewers, support for accreditation leads within organizations and an extensive resource library. With competitive fees, personalized guidance, and no additional charges for training, our clients find the accreditation process itself an invaluable investment.

[14] https://www.canadiancentreforaccreditation.ca/who-we-are/index.html

Canadian Centre for Accreditation
Excellence in community services
Centre canadien de l'agrément
L'excellence en matière de services communautaires

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

Why Accreditation Matters Now[15]

'Epidemic diseases are not random events that afflict societies capriciously and without warning. ( ) Every society produces its own specific vulnerabilities. To study them is to understand a society's structure, its standard of living and its political priorities. Throughout history, epidemics turned pandemics have recurred, resulting inevitably in significant losses of life.'[16]

We are all wondering what the full impact of the pandemic will be. How much longer will we have to stay apart? What strategies and tools will continue to be created or leveraged to help us navigate the challenges? What are we learning as we anticipate the *next time*? And how will we ensure that what is moral and just is foundational to how we strategize as we *plan for the worst and hope for the best*. Within our organizations, programs, services and systems Accreditation that examines how we are doing and where we need to go can help us get there.

So, what does that reveal about *our* social structures, standard of living, health and political priorities?

Consider the 1918/19 Influenza pandemic, when 3% of the world's population died, and the 1956/58 H2N2 that resulted in 2 million deaths. Both inequitably affected people who were vulnerable across many domains, including race, income, gender and access to healthcare. Similarly, many of us currently recognize the impact of HIV, Ebola and Cholera as diseases that have not disappeared but continue to challenge science and research because they resist eradication and simultaneously remain a threat to marginalized communities around the world. So, we must ask who is most at risk during *this* highly contagious pandemic? And what can we learn, take responsibility for and then act to redress?

Health justice and equity form the bedrock of community-based health and social systems everywhere, and these are articulated in the principles and elements of the social determinants of health[17]. The inequitable distribution of resources that ignores and increases risk for specific populations contributes to the inevitable perpetuation of endemic diseases that can become pandemic, putting everyone in jeopardy.

During the current coronavirus pandemic, we have an opportunity to rethink, rewrite and retest emergency and pandemic plans. We can discuss what we are learning and commit to ongoing improvement, as we face new threats to our communities, populations and existing health and social systems. It is only when we choose to search those places, intentionally hidden from view, that we can

[15] Ibid
[16] Frank Snowden, Professor of Medicine, Yale University. '*Epidemics and Society; From the Black Death to the Present*' 2019.
[17] A Conceptual Framework of the Social Determinants of Health defined by WHO 2010- e.g. safe housing, livable income, education, food access, gender and racial equity.

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

determine who is most at risk. This includes people who live rough, are poor, are housed in densely populated neighbourhoods, and where people are hidden away from public scrutiny: in prisons, mental health institutions, Indigenous communities, seniors' residences and institutions. Only then can we create effective health and public health strategies as we anticipate the inevitable *next* outbreak. As one doctor from a Vancouver hospital said, 'I have never read our Pandemic Plan and yet I know by heart the Codes of Orange, Blue and Red. But they did not help me this time.'[18]

And that is why an Accreditation model that is designed within an equity framework can contribute to creating a more just, inclusive health and service system. And, it is through recognizing the need for ongoing quality improvement in clinical, health, mental health and social services across populations, that antiracist, anti-oppression and principles of inclusion enshrined in policy and implemented in practise will actually matter, when we face the next pandemic.

'White people, I don't want you to understand me better; I want you to understand yourselves. Your survival has never depended on your knowledge of white culture.
In fact, it has required your ignorance.'[19]

The Canadian Centre for Accreditation. [20]

'Of all the forms of inequality,
injustice in healthcare is the most shocking and inhumane.' [21]

The year 2019/20 was ushered in with enthusiasm and creative energy celebrating the strengths, the learning and potential of CCA. Then the coronavirus arrived, eclipsing our plans and demanding we respond, pivot, reflect upon and meet the challenge of our lifetime. And this is now what we are doing. Learning from the past, taking responsibility in the present and playing an active role in building a more equitable future together. This is continuous quality improvement.

It is an intense time. We are now facing the fact there are many epidemics that have become pandemics, converging and impossible to ignore. We've been compelled to face the racism, discrimination and power differentials that we have accepted by normalizing inequity, moral injustice and dismissing the cries from marginalized populations to be seen and heard. As an Accreditation model built on the ethics and principles of community-based organizations, programs and services, we believe that it is by ensuring that the ongoing relevance and quality of the standards and measures CCA develops, we can contribute to refining the health and social systems upon which we all depend.

[18] White Coat Black Art 2020 May 30th, 2020, with Dr. Brian Goldman, ER physician, Mt. Sinai Hospital, Toronto.
[19] Ijeoma Oluo, 'White Fragility', R. Diangelo, 2018
[20] Annual Report 2019/20 (ED and Chair Message)
[21] Martin Luther King

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

To this end, we see the coronavirus as an invitation to encourage that quality improvement policies, practises, and systems of care and support are developed based on equity, inclusion and the voices of people with lived experience to inform and evaluate. Now is the time to drive quality improvement with intention and a renewed focus to be more conscious, just and equitable. We have also challenged ourselves with these same principles and used them to develop, pilot and create virtual options for training reviewers and engaging in "on-site" visits, which are now being used.

An Accreditation model like CCA, grounded in the principles and practices of equity and inclusion, embedded in and informed by community and held to account by the people with whom we work, is foundational. It is essential that we remain open to being perpetually challenged and to keep improving in response to the contexts we are experiencing. At this moment we know exactly why the values we espouse matter. Driving quality through the lens of equity, engaging with respect, courage and humility and enabling people to attain the best health possible can only be achieved through building equitable and accessible systems. That these systems are measured by an accreditation process built on equitable frameworks woven through the standards, modules, reviewer training, theory and practises is critical. We cannot ignore our responsibility to recognize organizations that understand thatequity matters, and to encourage others to be sensitized to and learn as we work towards creating a more just world together. In fact, failing to leverage this would be an opportunity and a responsibility missed.

At this time, CCA thanks those on the front lines and others who have supported them, who have continued to put themselves at risk, committed to healing, caring, supporting, listening and planning. With our visionary board, dedicated staff, committed reviewers, participating organizations and a focus on quality improvement, CCA continues to be prepared to engage with and respond to system change, deepening partnerships and transformative thinking as we consider our past and future priorities.

Chair and Interim Executive Director
Michelle and Lynne

'We must ( ) resist injustice and ()
rebuild a future that is' rooted in human rights and true equality'[22]

[22] Global Exchange – International Human Rights Organization

Canadian Centre for Accreditation
Excellence in community services
Centre canadien de l'agrément
L'excellence en matière de services communautaires

T 416-239-2448 F 416-239-5074
500A-970 Lawrence Avenue West, Toronto ON M6A 3B6
500A-970, avenue Lawrence Ouest, Toronto ON M6A 3B6
info@canadiancentreforaccreditation.ca
info@centrecanadiendelagrement.ca

Thinking about Healthcare Improvement

Race is not the issue, but racism is.