

Equity and Anti-Racism Strategy

July 2023



July 6, 2023

Message from Minister

We are pleased to introduce the Province of Nova Scotia's Equity and Anti-Racism Strategy that will address systemic hate, inequity, and racism in the public sector. This strategy builds on the commitments made in the Dismantling Racism and Hate Act.

A first of its kind in Canada, our strategy represents an important step forward in eliminating the systemic barriers that currently exist within public sector policy and programs. It identifies actions we can take to build a society that is more inclusive, and embeds equity and anti-racism in what we do as a government.

The Office of Equity and Anti-Racism (OEA) engaged with Nova Scotians on definitions of specific types of racism and discrimination to be addressed in the strategy, including ableism, anti-Asian racism, anti-Black racism, anti-Indigenous racism, antisemitism, gender and sexuality-based discrimination, Islamophobia and xenophobia.

More than 1,200 Nova Scotians were consulted through in-person and on-line sessions between January and February 2022. OEA also heard from more than 70 community organizations. Substantial feedback was received and incorporated into the strategy.

The whole province benefits when everyone has meaningful and equal access to opportunities and resources.

Honourable Brad Johns

Minister responsible for the Office
Equity and Anti-Racism



Executive Summary

The Dismantling Racism and Hate Act (the Act) was passed on April 1, 2022. It was drafted by an All-Party Committee and informed by engagement with Nova Scotians, especially underrepresented and underserved communities, who shared their concerns, fears, hopes, and needs.

The Act requires government to develop a provincial, all-of-government strategy to address systemic hate, inequity, and racism. This strategy responds to community feedback and addresses concerns raised by the following underrepresented and underserved communities:

- Mi'kmaw and Persons of Indigenous Descent
- African Nova Scotians and Persons of African Descent
- 2SLGBTQIA+ Community
- Gender Communities
- Newcomers (Immigrants and Refugees)
- Faith-based Communities
- Persons with Disabilities

Section 1: Actions for All Nova Scotians

This section contains actions and initiatives that address the needs and concerns of the communities mentioned above as well as their intersecting identities. This section highlights how systemic hate, inequity, and racism will be addressed in the public policy process, through the collection and use of equity- and race-based data and through enhanced action on hate-motivated crimes and acts of hate. This section also speaks to how the province will work with prescribed public sector bodies as well as municipalities and villages to address these issues.

Section 2: Actions for Specific Underrepresented and Underserved Communities

This section includes actions and initiatives that address the specific needs of underrepresented and underserved communities. This section highlights the key actions to support the communities mentioned above.

Section 3: Definitions of Specific Types of Systemic Hate, Inequity, and Racism

The Office of Equity and Anti-Racism (OEA) engaged with underrepresented and underserved communities on definitions that describe the systemic hate, inequity, and racism these communities experience. These definitions will be used within government to guide the work of the strategy.

Section 4: Public Engagement – A New Way to Engage

All of government's work to develop this strategy, including the appendices, is grounded in community engagement. This section highlights how OEA approaches community engagement and how we will work with departments and offices across government to implement this approach.

Section 5: Moving Forward with Accountability

This section speaks to the approach government will take to be accountable to the public. Measures and indicators to evaluate the strategy are under development.

Appendix A: Health Equity Framework

This appendix includes a health equity framework, developed and implemented through community engagement. The Health Equity Framework was developed by the Department of Health and Wellness (DHW) in partnership with community and with support from OEA.

Appendix B: Psychological Health and Safety in the Workplace Strategic Approach

This appendix includes a plan developed by the Department of Labour, Skills and Immigration (LSI) to develop actions and initiatives, identified through community engagement, to address psychological safety, including systemic hate, inequity, and racism in workplaces within the province. This work is being led by LSI with support from OEA.

Introduction

The Dismantling Racism and Hate Act (the Act) was passed on April 1, 2022. It was drafted by an All-Party Committee and informed by engagement with Nova Scotians, especially underrepresented and underserved communities, who shared their concerns, fears, hopes, and needs.

In response to community feedback, the Act focuses on identifying and addressing systemic hate, inequity, and racism within government policy and programs that appear neutral but have the effect of disadvantaging underrepresented and underserved groups, and can be perpetuated by a failure to identify, monitor, and correct disparities and inequities. To develop the Act and strategy, the Office of Equity and Anti-Racism engaged with over 1,200 Nova Scotians and over 70 community organizations. More information on what we heard during these engagements can be found at oeaengagement.ca

One of the key requirements in the Act is the creation of a provincial, all-of-government strategy to address systemic hate, inequity, and racism. This strategy is divided into five sections with two appendices, based on the requirements in the Act.

- Section 1: Actions for All Nova Scotians
- Section 2: Actions for Specific Underrepresented and Underserved Communities
- Section 3: Definitions of Specific Types of Systemic Hate, Inequity, and Racism
- Section 4: Public Engagement —A New Way to Engage
- Section 5: Moving Forward with Accountability
- Appendix A: Health Equity Framework
- Appendix B: Psychological Health and Safety in the Workplace Strategic Approach

Who are considered underrepresented and underserved?

- **Underrepresented:** An underrepresented community refers to a group of people who are not adequately represented or have limited presence or visibility in certain domains or contexts, such as social, political, economic, educational, or cultural spheres. These communities typically experience marginalization, discrimination, or exclusion due to various factors, including race, ethnicity, gender, sexual orientation, disability, socioeconomic status, or other characteristics.
- **Underserved:** The term “underserved” implies that the community is not receiving/has not received an adequate level of support or attention from institutions, organizations, or government agencies. This lack of access can manifest in various areas, including health care, education, employment, housing, transportation, and social services.

The strategy will be reviewed every five years with community to ensure the strategy remains relevant to the communities government serves.

The strategy includes unique actions and initiatives focused on specific underrepresented and underserved communities, including

- Mi'kmaw and Persons of Indigenous Descent
- African Nova Scotians and Persons of African Descent
- 2SLGBTQIA+ Community
- Gender Communities
- Newcomers (Immigrants and Refugees)
- Faith-Based Communities
- Persons with Disabilities

Section 1: Actions for All Nova Scotians

This strategy includes actions and initiatives to address systemic hate, inequity, and racism, and to support underrepresented and underserved communities and the intersectionality between and amongst them.

Embed Equity and Anti-racism in Policy-making

OEA is working to bring an equity and anti-racism lens to the forefront of government decision-making by creating an equity impact assessment (EIA) tool to be applied to new legislation, policies, and regulations. The EIA will support departments in identifying and addressing systemic racism by guiding them through a process that meaningfully engages with communities that are or may be impacted by the proposed policy and asks questions that help to examine the impacts. OEA will begin to implement the EIA across government in 2023/24 to support a change in how policy and programs are developed.

OEA will also conduct equity evaluations on existing government policies and programs to identify systemic barriers to equity and actions to dismantle those barriers.

Create Equity and Race-based Data Standardization

OEA will develop an equity and race-based data standard for use across government. This will enable and require consistent data collected, usage, and management of equity and race-based data across government. The standard will include data on underrepresented and underserved groups and will be created in 2023/24, with implementation beginning in 2024/25.

This data will be collection and used, with communities, to develop policies and programs that better meet the needs of underrepresented and underserved communities.

The equity and race-based data standard will highlight the difference between race, which is a social construct around physical attributes, and ethnicity, which is a multi-dimensional concept around cultural identity, and the importance of recognizing the difference between the two. It also highlights the significance of recognizing the importance and distinction of self-identification and perception.

More Effectively Address Acts of Hate and Hate-motivated Crimes

In 2023/24, the Department of Justice (DOJ) will work with the Nova Scotia Human Rights Commission and communities to address community concerns relating to how hate-motivated crimes under the Criminal Code of Canada and the Nova Scotia Human Rights Act are reported and handled, and concerns relating to acts of hate that may not meet the criminal threshold.

Involve Prescribed Public Sector Bodies in Addressing Hate, Inequity, and Racism

Public sector bodies, as well as municipalities and villages, will be asked to create plans to address systemic hate, inequity, and racism. In 2023/24, government will determine which public sector bodies will be prescribed under the Act. OEA will support them to develop and implement their equity and anti-racism plans. This work will be aligned with requirements for prescribed public sector bodies under the Nova Scotia Accessibility Act.



Section 2: Actions for Specific Underrepresented and Underserved Communities

Intersectionality is defined as the complex, cumulative way in which the effects of multiple forms of discrimination (for example, racism, sexism, and classism) combine, overlap, or intersect, especially in the experiences of marginalized individuals or groups. An individual may hold many intersectional identities across various groups. While the actions and initiatives in this section relate to specific communities, many actions and initiatives consider the intersecting identities of those they serve.

Actions and initiatives with the Mi'kmaw and Persons of Indigenous Descent in Nova Scotia



Community Services will continue to work in partnership with Mi'kmaw Family and Children's Services to address meaningful implementation of the calls to action regarding children in care and culturally appropriate placements for Mi'kmaw children, as well as to implement preventive initiatives to avoid children being brought into care.

Tajikeimik is the organization recently created to lead health transformation for Mi'kmaw communities. It will continue the process to enable the Mi'kmaq of Nova Scotia to take control of the design and delivery of services to improve overall health for Mi'kmaw individuals and communities.

Office of L’Nu Affairs and the Advisory Council on the Status of Women are investing \$1.4 million in 2023/24 toward a first-of-its-kind resilience centre in Millbrook First Nation to be run by the Nova Scotia Native Women’s Association.

Department of Justice—The Mi’kmaw Legal Support Network (MLSN), a community-led organization that works to ensure the fair treatment of Mi’kmaq and other Indigenous People in the criminal justice system, is an important DOJ partner. For the five-year period ending March 31, 2028, DOJ’s financial contribution to MLSN programs and services will total \$4.42 million. DOJ is working together with Indigenous organizations, including Mi’kmaw leaders and the Office of L’nu Affairs, to develop an Indigenous Justice Action Strategy. DOJ, in partnership with Public Safety Canada under the federal First Nations and Inuit Policing Program, fund eight police officers to promote public safety in Mi’kmaw communities in Nova Scotia (\$5.677 million is dedicated in the current fiscal year and a further \$18.78 million is committed for fiscal years 2024/25 to 2026/27), and DOJ provides \$100 thousand to support anti-racist and ethics training for law enforcement.

Department of Advanced Education will lead the development of a memorandum of understanding (MOU) between the province and universities that prioritizes partnerships with Mi’kmaq and Indigenous people and continues the commitment to advance the [Truth and Reconciliation Commission’s](#) calls to action that pertain to post-secondary education in Nova Scotia. Several initiatives are planned or underway across Nova Scotia’s post-secondary institutions to improve the recruitment and retention of Mi’kmaw and Indigenous students.

Education and Early Childhood Development will address systemic barriers that exist in policies, programs, and services using the guiding principle of Etuaptmumk/Two-Eyed Seeing (see Section 4 for explanation). Supported by this guiding principle and by community, EECD will

- co-create, with other departments, regional centres, and educational partners, ways to decolonize and indigenize when addressing systematic barriers
- be guided by Mi’kmaw Elders, knowledge holders, educators, and community partners, in creating wskitkamu-guided learning experiences that are Mi’kmaw centred and grounded in Netukulimk (a cultural concept based on achieving adequate standards of community nutrition and economic wellbeing that does not jeopardize the integrity, diversity, or productivity of the environment).
- make Three Braid Training mandatory for all school administration in 2023/24. The training will provide staff with background information and strategies to support incidents of racism and discrimination in their schools.

Environment and Climate Change worked with OEA to create a panel to provide recommendations to government on how to address environmental racism. The panel’s work will focus on environmental racism experienced by Mi’kmaw communities as well as historic African Nova Scotian communities.

Actions and initiatives with African Nova Scotians and Persons of African Descent in Nova Scotia

In their engagement with OEA, historic African Nova Scotian communities and Persons of African Descent in the province communicated their need to see government meaningfully tackle racism, bias, and discriminatory practices. Examples of current and planned initiatives include the following:

Community Services is implementing a new Child and Family Well-being Practice Framework which has inclusion, diversity, and equity as its guiding principles and is a transition to a decolonized framework with a prevention focus.



Office of Healthcare Professionals Recruitment is supporting a number of organizations working to recruit and retain diverse health-care providers from within their communities.

Department of Justice is developing an African Nova Scotian Justice Action Plan in collaboration with Persons of African Descent, including African Nova Scotian communities and African Nova Scotian Affairs. The plan will be released in 2023 and will also help to address recommendation 4.17 in the Halifax, Nova Scotia: Street Checks Report, which calls for government to address racial bias in other parts of the criminal justice system beyond street checks. DOJ has invested an additional \$4.1 million in the community-led African Nova Scotian Justice Institute to help develop policy and programs to address overrepresentation and anti-Black racism in the justice system.

Environment and Climate Change—as mentioned in the previous section, ECC worked with OEA to create a panel to provide recommendations to government on how to address environmental racism. The panel's work will focus on environmental racism experienced by Mi'kmaw communities as well as historic African Nova Scotian communities.

Education and Early Childhood Development will partner with community-based organizations such as the Delmore "Buddy" Daye Learning Institute and Black Educators Association to provide additional supports to children and families to address and prevent further harm and trauma experienced as a result of systemic barriers within the education system.

Municipal Affairs and Housing is working to remove systemic barriers and support community-based housing opportunities in four African Nova Scotian communities through an MOU with the Preston Area Housing Fund. This MOU includes transferring up to 50 provincially owned housing units in Cherry Brook–Lake Loon, North Preston, East Preston, and Westphal to the non-profit organization, along with \$3.5 million to support the sustainable operation of the units.

African Nova Scotian Affairs within the **Communities, Culture, Tourism and Heritage** is

- expanding its regional offices to have more touchpoints with African Nova Scotian communities,
- increasing funding available for African Nova Scotian community organizations to support initiatives, and
- leading the Land Titles Initiative, which provides residents in five historic African Nova Scotian communities with free legal services and other supports to clarify title to their land.

Actions and initiatives with the 2SLGBTQIA+ Community



The 2SLGBTQIA+ community shared with OEA the urgent requirement for a lead organization within government tasked with working with the community to address their needs. Examples of current and planned initiatives related to this include the following:

Office of Equity and Anti-Racism will be assigned as the lead within government tasked to work with the 2SLGBTQIA+ community to address their needs. OEA will work with community over the next year to develop an action plan to address needs identified by the community.

As part of its work on an equity- and race-based data standard, OEA will work with the 2SLGBTQIA+ community to promote the collection and appropriate use of data for this community as well as supportive and beneficial research. The standard will highlight the intersecting identities between and amongst underrepresented and underserved communities.

Health and Wellness has increased funding to expand prideHealth across the province in response to the need to implement comprehensive training programs for health-care professionals to ensure respectful and inclusive care for all 2SLGBTQIA+ individuals. PrideHealth supports primary health care for members of the 2SLGBTQIA+ community and provides resources to Nova Scotia Health and IWK Health staff.

The department is creating a strategy for the provision of safe and culturally appropriate gender-affirming care and gender-affirming surgery for transgender and gender diverse people that helps align their physical appearance with their gender identity. Increased funding is being provided to allow more transgender and gender diverse people be able to receive the care they need.

Education and Early Childhood Development is requiring mandatory anti-racism and anti-discrimination training for all school-based administrators. This training includes information about the 2SLGBTQIA+ community.

Actions and initiatives related to Gender Communities

Government recognizes the need to support all genders—men, women, non-binary, and trans individuals—who have concerns about their well-being, safety, and/or the safety of others. In addition to the action plan for the 2SLGBTQIA+ community, below are examples of other current and planned initiatives for this community:

All government departments and offices are working to respond to the recommendations to address gender-based violence from the Mass Casualty Commission.

Department of Justice is developing proposed amendments to the Victims' Rights and Services Act.

The Advisory Council on the Status of Women is working with Women and Gender Equality Canada to establish a bilateral agreement to support the implementation of the National Action Plan to End Gender-Based Violence. In partnership with the federal government, the council is increasing funding to help organizations that support women experiencing gender-based violence meet increased demand for services, and are also making an impact through GuysWork Program.

Advanced Education is addressing gender-based violence on campus by requiring all universities to review their sexual violence policies every three years, while engaging in ongoing public review and updates to ensure student involvement.

Actions and initiatives with Newcomers (Immigrants and Refugees)

Government departments will continue to expand the languages materials that are available to ensure they are reaching as many Nova Scotians as possible. Examples of other current and planned initiatives for newcomers include the following:

Labour, Skills and Immigration with the **Office of Acadian Affairs and Francophonie** is implementing an action plan to address the growing francophone-newcomer community, focusing on how to attract and support them in Nova Scotia.

Labour, Skills and Immigration provides almost \$9 million in funding to 22 organizations across the province for newcomer settlement services and programming. The department continues to administer the Provincial Nominee Program and the Atlantic Immigration Program, which support skilled foreign workers and international graduates from Canadian institutions to gain permanent residence in Nova Scotia.

Health and Wellness has increased funding to the Newcomer Health Clinic in Halifax to add a social worker and family practice nurse to the clinic, as well as a coordinator to help refugee families with children navigate services through IWK Health.

Nova Scotian Apprenticeship Agency funds Immigrant Services Association of Nova Scotia (ISANS) to provide a Workplace Trades Practical Assessment program for internationally trained workers living in Nova Scotia. The program assesses an individual's skills to enable recognition of prior learning and training and connects participants with paid employment that leads to a continued apprenticeship opportunity and, ultimately, trades certification.

Employment Nova Scotia funds ISANS to provide employment assistance services to unemployed immigrant individuals living in Nova Scotia in the Halifax Regional Municipality area to help them search for, obtain, and maintain employment.

Actions and initiatives with Faith-Based Communities

In their engagement with OEA, faith-based communities communicated their need to see government meaningfully tackle the rise in hate toward these communities. Examples of current and planned initiatives for this community include the following:

Department of Justice will work with the Nova Scotia Human Rights Commission, as well as faith-based communities, and other underrepresented and underserved communities, to address concerns about the growing rates of hate-motivated crimes and concerns regarding acts of hate.

In response to concerns from the Muslim community regarding policing services, the department worked with the Canadian Council of Muslim Women to provide two workshops to police in Nova Scotia: (1) A Digital Anti-Racism Education Workshop: Countering Cyberhate and (2) A Digital Anti-Racism Education Workshop: Anti-Islamophobia. The department has maintained its relationship with the council and will consider future trainings that may be appropriate.

Actions and initiatives with Persons with Disabilities

In their engagement with OEA, persons with disabilities communicated their need to see government continue to meaningfully tackle bias and discriminatory practices. Examples of current and planned initiatives for this community include the following:

Accessibility Directorate is leading work to support government’s commitment to be an accessible Nova Scotia by 2030. This work includes standards that government, public sector bodies, and private sector organizations must adhere to in areas such as the built environment, communication and education, and goods and services. All government departments have worked with the Accessibility Directorate to develop their own accessibility commitments and are currently implementing these.



Community Services and the Disability Rights Coalition participated in a collaborative process to develop an agreement to remedy findings of systemic discrimination in the delivery of supports to persons with disabilities. These recommendations were guided by the “Technical Report” of the Independent Experts released in April 2023. The Board of Inquiry Chair for the Nova Scotia Human Rights Commission issued a decision on June 29, 2023 requiring the implementation of the agreement.

Municipal Affairs and Housing—Access to affordable and accessible housing is a pressing issue. In response to these concerns, the department is working to develop more housing options for older Nova Scotians and people with disabilities. One project is in Windsor, Nova Scotia, where, under the Land for Housing Initiative, the province is providing the Affordable Housing Association of Nova Scotia with 3.3 hectares of provincially owned land to enable the construction of 105 townhouses and units that meet the needs of seniors and people living with disabilities.

Service Nova Scotia is renewing the government-wide Sign Language Interpreter Services for Deaf and Hard-of-Hearing Persons policy and procedure statement to ensure that the government can effectively communicate with members of the Deaf, deaf and hard-of-hearing community.

Section 3: Definitions of Specific Types of Systemic Hate, Inequity, and Racism

This section includes definitions for several types of racism and discrimination. These definitions will be used within government when doing equity and anti-racism work. These definitions have been created with the communities they serve.

Ableism

Ableism is a belief system that throughout history has marginalized, dehumanized, and devalued persons with disabilities (diagnosed or undiagnosed), people perceived to have a disability, or people who are viewed as abnormal, or less than, based on a difference in body or mind. It often rests on the assumption that people with disabilities are inferior and need to be “fixed,” “rehabilitated,” or “adapted to fit in,” and it defines people only by their disability. Ableism is the unfounded valuation of able-bodiedness and able-mindedness over bodies deemed “other” in any way. Ableist attitudes are responsible for the disabling social, economic, political, and/or environmental barriers in society that limit opportunities for persons with disabilities to live and participate fully in society.

Anti-Asian Racism

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from discrimination, stereotyping, hate, and injustice directed at peoples of Asian heritage, based on assumptions about their ethnicity and nationality.

Anti-Asian racism has a long history in Canada that includes events such as the Japanese internment camps, the Chinese “head tax,” and other anti-Asian sentiments. Stereotypes such as “model minority,” “exotic,” or “mystic” are rooted in Canada’s long history of racist and exclusionary laws, and often mask racism faced by peoples of Asian heritage, while erasing their historical contributions to building Canada.

The term “Asian” encompasses a wide range of identities originating from the continent of Asia. In Canada, these groups are often classified as East Asian, Southeast Asian, South Asian, and West and Central Asian.

Anti-Black Racism

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that establish, maintain, unjustly enrich, and perpetuate power imbalances or disempowerment, systemic barriers, and inequitable outcomes that stem from discrimination, bias, stereotypes, hate, and injustice directed at people of African descent or those perceived to be, and is rooted in their unique history and the dehumanizing experience of enslavement caused by the oppressive legacy of colonialism.

Anti-Black racism is deeply entrenched in Nova Scotian institutions, policies, and practices, to the extent that Anti-Black racism is either functionally normalized or rendered invisible to the larger society. Anti-Black racism is manifested in the current social, economic, and political marginalization of Persons of African Descent, including, but not limited to, racially motivated violence, unequal opportunities, lower socio-economic status, poor health outcomes, higher unemployment, underrepresentation in leadership positions, poor education outcomes, significant poverty rates, and overrepresentation in the criminal justice system.

Anti-Indigenous Racism

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from colonization, discrimination, stereotyping, hate, and injustice directed at Indigenous people and the legacy of colonial policies and practices in Canada.

Systemic anti-Indigenous racism continues to persist in the overrepresentation of Indigenous peoples in provincial criminal justice and child welfare systems; poor outcomes in education, well-being, and health; and higher rates of violence, especially toward women and girls.

It is also manifested in current and historical discriminatory federal policies, such as the Indian Act, residential day school, and the residential school system. Through settler colonial practices, and documents, such as the Doctrine of Discovery, Indigenous land, language, and culture has been systemically and intentionally taken and continues to be used without authority from or meaningful input from Indigenous peoples.

Antisemitism

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that can and have led to inequitable outcomes and insecurity that stem from discrimination, stereotyping, hate, and injustice directed at Jewish individuals or those perceived as Jewish.

Prejudice toward Jewish people has existed in Canada since European colonizers arrived. The Jewish community continues to be the victims of higher rates of violence, verbal and written harassment and vandalism in reported hate-motivated crimes, and rates have been on the rise in the 21st century. Hate-motivated crimes and acts of hate toward the Jewish community escalate in times of economic downturns as the result of negative stereotypes and conspiracy theories about the role the community plays in these events.

Gender-based Discrimination

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from discrimination, negative stereotyping, hate, and injustice directed at people based on the gender they identify as and how they express that gender or how others perceive their gender.

Gender-based discrimination has existed in Nova Scotia since Europeans landed on its shores. Women were not considered persons under the law, which has led to laws and policies restricting their rights, protected those who commit gender-based violence, created a gender-pay gap, and poor educational and health outcomes based on gender. Due to how embedded the colonial idea of gender has become, much of the discrimination which is currently faced often is unseen, such as society's reliance on women's unpaid labour, gendered workplace dress-codes, and a lack of mandatory training on trans-bodies.

Islamophobia

Islamophobia is based on misconceptions and fear that are motivated by ideology, politics, and religion. This fear is directed at symbols and markers of being a Muslim and Muslim institutions. In addition to individual acts of intolerance and racial profiling, Islamophobia can lead to viewing and treating Muslims as a greater security threat on an institutional, systemic, and societal level, with mental health implications for those impacted. Islamophobia can be found online and in virtual spaces and can disproportionately impact women due to the visibility of their Muslim faith when wearing a headscarf/head covering.

Sexuality-based Discrimination

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from discrimination, negative stereotyping, hate, and injustice directed at people based on the sexuality they identify as and how they express their sexuality. This also includes those who are perceived to be part of the 2SLGBTQIA+ community.

Discrimination against people based on their sexuality has a long history in Nova Scotia and throughout Canada. How 2SLGBTQIA+ communities express their love and sexuality was criminalized, leading to violent and harmful interactions with police, systematic expulsion of gay men and women from the public service, and the denial of the right to marry until 2005. The legacy of these laws are disproportionate rates of poverty and homelessness, violence, and higher rates of suicide.

Xenophobia

Conscious, unconscious, intentional, unintentional, personal and/or institutional ideas, language, attitudes, practices, and policies that establish, maintain, and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from attitudes, prejudices and behaviour that reject, exclude, and often vilify persons based on the perception that they are outsiders or foreigners to the community, society, or national identity.¹

Xenophobia has a history of being rooted in Canadian policy. Amendments and exclusionary acts to the Immigration Act pushed anti-immigration sentiments throughout the early 20th century.² In the post-war era, toward the end of the 20th century, two causes are thought to have driven the resurgence of xenophobia: new migration and globalization. The fear of newcomers—those perceived to be outsiders or foreigners, often migrants, refugees, asylum-seekers, displaced persons, and non-nationals—as competitors for jobs and public services such as social welfare, education, and health care, made them targets of hate and violence.³

¹ International Migration, Racism, Discrimination and Xenophobia a Publication Prepared By: International Labour Office (ILO) International Organization for Migration (IOM) Office of the United Nations High Commissioner for Human Rights (OHCHR). World Conference Against Racism, Racial discrimination, Xenophobia and Related Intolerance (WCAR), Aug. 2001.

² Algonquin College. "Inclusion Infusions: History of Xenophobia in Canada." Algonquin College Inclusion & Diversity, 24 Apr. 2020, www.algonquincollege.com/diversity/2020/04/24/inclusion-infusions-history-of-xenophobia-in-canada/.

³ United Nations Educational, Scientific and Cultural Organization. "Xenophobia | United Nations Educational, Scientific and Cultural Organization." Wayback.archive-it.org, United Nations Educational, Scientific and Cultural Organization, 2017, [wayback.archive-it.org/10611/20171126022534/http://www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/xenophobia/](http://www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/xenophobia/). Accessed 16 June 2023.

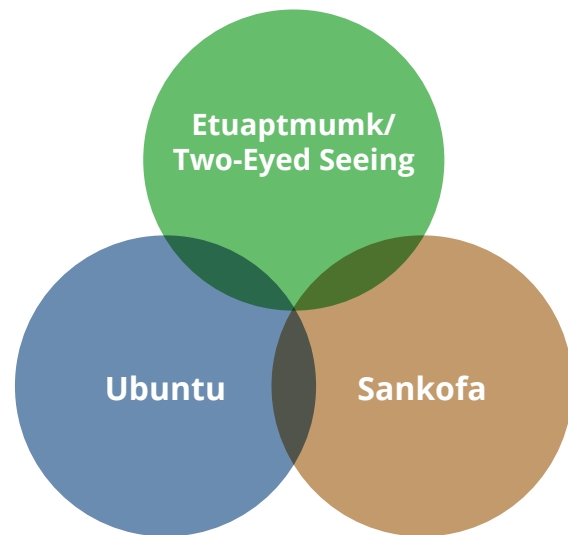
Section 4: Public Engagement—A New Way to Engage

Community engagement can significantly increase awareness on important issues, ensure a diversity of voices are heard, and empower communities to have greater autonomy to participate in informing the policies, legislation, programs, services, and decisions that may impact their lives. Government’s commitment to engagement is enshrined in the Act with its requirements for OEA to create a community network and to have all of government’s work informed by community engagement.

OEA’s Engagement Philosophy

OEA’s approach to engagement incorporates three community concepts: Etuaptmumk/Two-Eyed Seeing, Sankofa, and Ubuntu.

Two-Eyed Seeing—refers to learning to see from one eye with the strengths of Indigenous ways of knowing and from the other eye with the strengths of Western ways of knowing and to use both eyes together. Elder Albert Marshall emphasizes that Two-Eyed Seeing requires groups to weave between each respective way of knowing, as Indigenous knowledge may be more applicable than Western in certain situations and vice versa.⁴ It brings together two or more ways of knowing to allow a diverse group of people to use a variety of understandings to improve the world.



⁴ Bartlett, C., Marshall, M., & Marshall, A. (2012). Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2(4), 331–340. <https://doi.org/10.1007/s13412-012-0086-8>

What does this mean when engaging with community?

- Two-eyed Seeing can be helpful for engagements as it encourages ongoing self-reflection of one's inherent biases and beliefs about Persons of Indigenous Decent and culture by learning about oneself in relationship to the communities where one lives and the people with whom one interacts.⁵ It encourages an openness and honouring of beliefs, customs, values, and worldviews of non-Western cultures.
- It can be useful for recognizing and taking truthful stock of privileges, power dynamics, and imbalances and can be advanced by a desire to fix those power imbalances, in partnerships with Indigenous peoples, to challenge and dismantle inequitable structures.

Sankofa—is a principle derived from the Akan people of Ghana and is often used as a lesson that one should remember the learnings from the past to inform and improve our present and lay the foundation for positive progress in the future. The word “Sankofa” literally means “to return and retrieve it” in the Akan Twi language, but the meaning of Sankofa is more broadly expanded upon in this Akan proverb: “*Se wo were fi na wosankofa a yenkyi*” translated from the Akan language to mean “it is not taboo to go back and fetch what you forgot.”

The power of Sankofa centres around this: to know history and your heritage is to know your current self, the world around you, and how to better both. As a concept it symbolizes a quest for knowledge, requiring us to reach into the past, recover its richest lessons, most instructive models, and best practices, and put them in the service of the present and future.⁶ Sankofa is a commitment to healing, and to understanding that we cannot move forward without acknowledging and rectifying the past.

What does this mean when engaging with community?

- Sankofa can be helpful for engagement by embedding institutional accountability. It calls for a truthful reckoning with the past to acknowledge and take ownership of our own history of institutional policies and practices, and the continued impacts of systemic hate, inequity, and racism, as barriers to engagement and prosperity. It means asking self-examining questions to reveal how hate, inequity, and racism are being perpetuated in our systems and practices and taking the necessary actions to dismantle and transform inequitable and racist structures.

⁵ Antoine, Asma-na-hi, et al. “Indigenization, Decolonization, and Reconciliation.” Opentextbc.ca, 5 Sept. 2018. Creative Commons Attribution-NonCommercial 4.0 International License, opentextbc.ca/indigenizationcurriculumdevelopers/chapter/indigenization-decolonization-and-reconciliation/#:~:text=Decolonization%20refers%20to%20the%20process. Accessed 16 June 2023.

⁶ Karenga, Dr. Maulana. “Practicing Sankofa: Seasons of Struggle and Change.” Los Angeles Sentinel, 18 Feb. 2021, lasentinel.net/practicing-sankofa-seasons-of-struggle-and-change-2.html. Accessed 2023.

Ubuntu—is a word from the phrase “*umuntu ngumuntu ngabantu*” in the Zulu and Xhosa languages, which literally means that a person is a person through other people. It is often demonstrated through the philosophy “I am because you are,” which teaches oneness, that to be human is to recognize that the humanity and well-being of others is inseparably bound with our own.

As a guiding principle, Ubuntu acknowledges human interconnectedness, our interwoven past, present, and futures, embedded within a code of conduct to show “humanity toward others.” The spirit of Ubuntu is essentially to be humane and ensure that human dignity is always at the core of our actions, thoughts, and deeds when interacting with others.

To have Ubuntu is to show care and concern for our neighbours.⁷ The ethical values of Ubuntu include respect for others, helpfulness, community, sharing, caring, trust, and unselfishness. Furthermore, Ubuntu emphasizes that community is one of the building blocks of society and gives priority to the well-being of the community as a whole.⁸

What does this mean when engaging with community?

- Ubuntu is helpful in engagement for creating focus on recognizing and rooting into our shared humanity while appreciating differences and the greater innovation, creativity, and strategic thinking that comes with a variety of worldviews, experiences, and perspectives. As a lens for engagement, Ubuntu serves as a reminder to seek to repair and (re)build trust and respectful relationships with intention, to ensure that human dignity is always at the core of our considerations, policies, legislation, practices, and decisions. Relationships are a priority and must be honoured as a crucial part of gaining trust, credibility, and access to community.

Engaging with Communities

To support OEA and all government departments in their engagements, OEA will create a public engagement guidebook. The guidebook will provide key steps and considerations for all types of engagements to ensure they are effective, accessible, and inclusive.

Community Network

To increase dialogue between the community and government, as well as, in some cases, work to remedy long-standing harm and further develop relationships, OEA is building what the Act refers to as a “community network” (CN).

⁷ Hynum, Rick. “The African Concept of Ubuntu Should Be at the Heart of Human Rights.” Sullivan Foundation, 12 Feb. 2020, sullivanfdn.org/ubuntu/.

⁸ New World Encyclopedia. “Ubuntu (Philosophy) - New World Encyclopedia.” www.newworldencyclopedia.org, [www.newworldencyclopedia.org/entry/Ubuntu_\(philosophy\)](http://www.newworldencyclopedia.org/entry/Ubuntu_(philosophy)).

Based on initial community feedback, the CN aims to promote community-driven connection and collaboration between and among communities in addressing systemic hate, inequity, and racism through sustained community-government dialogue, partnership, and resource sharing across the province using a phased approach to implementation. In alignment with this community feedback, the network will initially serve three key functions:

1. Creating Connections
2. Providing Information and Supports
3. Providing Tools and Resources

Section 5: Moving Forward with Accountability

Being accountable to the communities government serves is paramount. OEA will enable and facilitate public reporting and accountability for equitable and anti-racist outcomes. In addition to an annual report to the House of Assembly by July 31st of each year, OEA is building a public-facing dashboard to report on government's progress in relation to key measures and indicators.

The Act requires public reporting requirements, including measures and indicators to evaluate the strategy's effectiveness. This work is under development.

Section 6: Conclusion

Government began this journey by developing legislation using a novel All-Party Committee approach. This is the first Act of its kind in the country to include a large scope of both underrepresented and underserved communities, and the first time in Nova Scotia's history that all parties have come together to collectively draft an act.

The strategy marks the next step in this journey. We heard from underrepresented and underserved Nova Scotians about their lived experiences, fears, and hopes. We reflected on what we heard. We reflected on what's come before and what's happening now.

This strategy responds to that feedback with action. We look forward to working with communities to implement this strategy and will keep the public apprized of our progress.

Together we can make the change we seek.

Appendix A: Health Equity Framework

Executive Summary

The Nova Scotia Health Equity Framework is a guide the Nova Scotia Government, health practitioners, and health system partners will use to identify, reduce, or eliminate the reasons—such as racism and discrimination—why people from some communities do not receive the same level of health care as others. This framework sets out the actions we will take to help us transform our health system and achieve the goals in Nova Scotia’s Action for Health plan.

The framework is based on two principles: 1) EDIRA, which stands for equity, diversity, inclusion, reconciliation, and accessibility, and 2) anti-racism/anti-oppression (ARAO). Together, these two principles emphasize a person’s or community’s history and lived experiences—that means they ask us to find out when, where, and why the racism and/or discrimination started. They also call for everyone to receive the same level of respect and dignity whenever and wherever they access health services. A person’s race, gender, ethnicity, language, religion, and ability should not affect the treatment they receive.

The Department of Health and Wellness, along with our health system partners, led the development of this framework. As part of the process to develop it, we met with underrepresented and underserved communities, held public online surveys, and reviewed existing health inclusion strategies and best practices research from other provinces.

The framework has three key themes: 1) Patient Experience, 2) Health Human Resources, and 3) Health System Policies and Practices. It includes actions under each of these themes.

Some of the actions under those key areas include

- **improving reporting systems for racism and discrimination.** We will create a safe, effective system so we can identify, report, and address racism and discrimination incidents when they happen at hospitals and health-care locations.
- **conducting a health system policy audit.** We will review health policies, procedures, and operations to identify and remove inherent racist and discriminatory practices.
- **implementing trauma-informed and person-centred care.** We will get regular input and feedback from underrepresented and underserved patients and families, and apply it to system designs, staff training, and programs.
- **increasing focus on equity-based data.** We will use evidence, statistics, and data to support key initiatives that improve health equity outcomes.
- **removing red tape and barriers that affect various equity communities.** For example, we will make it easier for

- o internationally trained health workers to get their credentials recognized
- o patients who speak other languages to access interpretive services
- o people who need gender-affirming care to receive it
- **increasing equity representation in health leadership and frontlines.** We will build a health-care workforce that reflects the increasing diversity of all the people who live in this province.
- **establishing a health equity framework partnership charter.** All core health system partners, health institutions, and community partners, will commit to this charter and to the actions in this framework.

The Department of Health and Wellness is accountable for ensuring the actions and priorities identified in this Health Equity Framework are implemented. We will do this by tracking actions with our partners, measuring the progress of these actions, and engaging with the communities. We will also publicly report on progress on a regular basis.

Introduction

Nova Scotia is home to over 100 cultures and ethnicities from around the globe and is encouraging more people to immigrate here so we can reach a population goal of two million people by 2060.

Currently, many newcomers to the province are coming from South and South-East Asia. Nova Scotia also has the highest rates of gender diversity per capita in the country, and nearly one in five Nova Scotians identifies as having a disability.

But even as Nova Scotia is becoming more multicultural and diverse, our health system is still founded on old colonial practices and public-sector policies. These practices and policies have caused historical and current damage to those who do not share that colonial heritage, such as Mi'kmaw and African Nova Scotian communities. This damage includes trauma that spans many generations, poorer health status for people from these communities, and distrust in the health system.

When the Office of Equity and Anti-Racism held engagement sessions to develop the Dismantling Racism and Hate Act, they learned the health care system had a serious issue with racism and discrimination and needed to address those issues. In particular, they learned people from underrepresented and underserved communities often do not achieve the same health outcomes as others because they do not get the same treatment, the same level of care, or have the same access to care.

Health-care staff and physicians from these communities also experience racism and discrimination from patients seeking care, as well as from their co-workers and workplaces. On

top of that, they face unique barriers and obstacles to being recruited for jobs in the health-care profession and advancing in those jobs once they get them.

As a result, a system that is supposed to benefit the health of the people in these communities is often doing the opposite. That's why the Dismantling Racism and Hate Act required government, in collaboration with all health partners and in consultation with underrepresented and underserved communities, to develop this **Health Equity Framework**.

The experiences we heard during our engagement sessions to develop this framework are challenging and upsetting. They prove that exclusion, marginalization, and mistreatment happen in Nova Scotia – and that is a heavy weight to read and acknowledge. But it's even heavier for those who have experienced them first-hand.

We encourage readers to understand that this document contains many examples of experiences that may be triggering for those who have experienced similar trauma.

However, our journey toward eliminating racism and oppression in our health system starts by acknowledging these truths. Together, we can then begin to shoulder some of the weight that our First Peoples, historic communities, neighbours, care givers, and colleagues have been carrying for generations, while improving the health-care experience for all Nova Scotians.

What Is the Health Equity Framework?

Nova Scotia's Health Equity Framework is a guide that will help make the health system as beneficial and effective as possible for all Nova Scotians. It will help us identify, reduce, or eliminate the reasons why some communities do not receive the same level of health care as others.

There are many factors that influence a person's health outcomes, such as where they live, their level of education, their level of income, and more. However, the initial scope of our work will focus on the health-care system itself. Over time, we will collaborate with the Office of Equity and Anti-Racism and other government departments to expand this scope so it includes a greater focus on the social and structural determinants of health.

This framework

- considers all EDIRA and ARAO elements when making improvements to the health system
- guides us to incorporate ARAO principles across the health system
- focuses on addressing how the health system creates health inequities, anchored by the social and structural determinants of health
- provides clear, measurable outcomes with indicators/metrics so we can assess progress

This Health Equity Framework is also an important initiative under Solution Six of government's Action for Health plan, which says government must address the factors affecting health and well-being. The priority actions in this framework are at the core of the work laid out in Action for Health and are absolutely necessary for us to transform the health system in our province. The approach detailed in this framework is in line with government's Equity and Anti-Racism Strategy, which calls for coordinated action, community engagement, and accountability to Nova Scotians.

Nova Scotia's health system works well for many – but not for all. Right now, many people in this province will never reach their full health potential. Our goal is to break down the barriers related to race, culture, gender, sexual orientation, religious association, disability, language, geography, or any other characteristic that stands in the way of Nova Scotians achieving health.

EDIRA stands for Equity, Diversity, Inclusion, Reconciliation, and Accessibility. These core concepts and principles are at the heart of an equity-based approach.

- **Equity** – refers to an approach that ensures everyone has access to the same opportunities.
- **Diversity** – is defined as the many ways we are unique and different from one another while distinguishing ourselves as individuals and identifying ourselves as belonging to a group or groups.
- **Inclusion** – refers to the intentional, ongoing efforts and actions to ensure that people with different identities actively participate in all aspects of the work of an organization and/or society.
- **Reconciliation** – is a process of healing relationships that requires public truth sharing, apology, and commemoration that acknowledges and redresses past harm.
- **Accessibility** – is a physical, mental, intellectual, or sensory impairment that, in the interaction with a barrier, hinders an individual's full and effective participation in society.

Anti-Racism Anti-Oppression (ARAO) Principles are guides to identifying, understanding, and taking systemic action against racist and oppressive practices. These principles call for us to take a deep examination of the colonial influences in our system and put robust structures and leadership in place to raise up and support diverse communities. ARAO requires honest, real community engagement, examination of bias and power imbalances, and true valuing of diversity so we can eliminate racism and oppression.

A Community-led Approach to Health Equity

This framework was developed in partnership with the communities identified in the Dismantling Racism and Hate Act, which include

- Mi'kmaq and people of Indigenous descent
- African Nova Scotians and people of African descent

- 2SLGBTQIA+ communities
- Newcomers (immigrants, refugees)
- Faith-based communities
- Persons with disabilities

This framework also includes Acadian and Francophonie communities in recognition of their concerns that health services, supports, and resources have not been available in French.

Project Leadership and Guidance

Under the Health Authorities Act, the Department of Health and Wellness oversees and is accountable for Nova Scotia's health system. Our core health system partners include Nova Scotia Health, IWK Health, the Department of Seniors and Long-term Care, the Office of Addictions and Mental Health, and the Office of Healthcare Professionals Recruitment.

The Department of Health and Wellness led the development of this framework along with our core health system partners, health leaders from across the province, and experts in evaluation and measurement. We also worked in close collaboration with underrepresented and underserved communities.

Background Research

Before developing this framework, we reviewed existing research on health equity work that is being done in Nova Scotia and in other parts of Canada. We reviewed many documents, including important reports such as *The Health & Wellness of People of African Descent in Nova Scotia* (2019) (commonly referred to as the "Waldron Report") and *The Provincial Diversity and Inclusion Framework* (2017–20), which was developed jointly by Nova Scotia Health and IWK Health.

The information we gathered from these sources provided guidance on how we should develop the framework and emphasized the importance of including community voice and lived experience. Thanks to this information, we were able to start our discussions with the communities by first reflecting on what we had already learned from those who had taken the time and effort to raise their voices to government. As a result, we did not need to ask communities to repeat what they have said before.

Engaging with Communities

We held 58 initial engagement conversations with partners at the health system and community partner level. These partners included equity-focused community-based organizations, post-secondary institutions, community health boards, Nova Scotia Health's staff from underrepresented and underserved communities, and others. We added to this the learning we

had collected from health-care workers while developing government's Action for Health plan. See Appendix A for details.

These engagements also brought attention to important intersectional characteristics, such as people from more than one underrepresented and underserved community who also live in rural areas, are across the age spectrum, and who live in all regions of the province.

Public Engagement

For our general public engagement, we hosted English and French surveys on the Engage4Health online platform and received over 1,100 responses. We also put up displays at 80+ community libraries across the province so people could participate in person.

Three Key Themes

The feedback we received from participants revealed three overarching themes for the areas that require priority action:

- **Patient Experience**
- **Health Human Resources**
- **Health System Policies and Practices**

Although this document is organized according to these three themes, this in no way suggests that we did not hear the specific experiences of individual communities. We will work with individual communities to ensure the unique concerns we heard regarding racism and discrimination are addressed.

Community Validation of Themes

We wanted to make sure the communities agreed with the themes and actions we were proposing for the framework, so we held a series of 17 additional reflection engagement sessions with underrepresented and underserved community leaders and health system partners. We also re-engaged the public through the Engage4Health platform. We shared the key themes as well as the initial set of priority actions, and asked if they were accurate and represented the communities' and public's views.

There was general support for the themes and actions, and community members provided additional feedback, context, and experience, which was incorporated into the framework.

We appreciate each and every person who came to an engagement session or shared their experience and feedback with us online. This framework is the result of your input and partnership.

Patient Experience

“A nurse wouldn’t draw blood from a darker-skinned man because she ‘couldn’t see a vein,’ but yet they are taught to palpate for a vein. Providing culturally safe care should be tied to performance reviews.” Participant

What We Heard from the Communities

Participants across all communities told us they did not feel safe in the health-care system.

This experience ranged from being the target of verbal abuse to being concerned about the level of treatment they were receiving. Some said they were not able to access safe treatment.

For example, many participants from the Mi’kmaw, African Nova Scotian, and newcomer communities said health-care professionals often used bias, racist, derogatory language when speaking to them and also dismissed or misdiagnosed their concerns. They also said they had longer wait times for treatment compared to people who are not from underrepresented or underserved communities, and had been denied medication or treatment based on stereotypical thinking.

Many participants living with disabilities told us they faced physical and attitudinal barriers: these ranged from feeling unwelcome, misunderstood, stigmatized, and not having accessibility services (such as ASL), to not being able to physically access buildings and offices. People from this community told us they frequently asked for accommodations (again, such as ASL) but that those accommodations were not provided.

Some 2SLGBTQIA+ participants told us that health-care providers have refused to treat them, and there were no repercussions for that. They also described the system as being outdated and still operating with a rigid view of gender identity, expression, and sexuality (e.g., only two options available on patient charts: male or female). Women told us they also experience discrimination and misogyny when seeking care. Persons with an intersectional identity – meaning they belong to more than one underrepresented/underserved community—have distinct negative experiences that combine sexism, misogyny, and racism.

Language was another major issue. Participants from Acadian and Francophonie communities said health care is not readily available in French either for in-person service or through other communications, such as websites. Newcomers also said they had challenges getting health-care service in their first language. Some participants told us they had not followed through with treatment, such as medication, because they had not understood what the health-care provider had told them. Both communities suggested that interpreters needed to be made available, but were also concerned that having an interpreter present impacts their privacy in health care.

Participants said health-care providers do not understand the cultural needs of their communities. For example, newcomers told us that the system needs to do a better job of providing culturally sensitive mental health- and trauma-informed care, especially for refugees.

Participants from several communities, including the Mi'kmaw and African Nova Scotia communities, said mental health supports were not readily available in their communities.

Many participants told us they often travel great distances to access health care either because it is not available in their community or is not available in a way that respects their culture or community. We heard this from members of the Mi'kmaw, African Nova Scotian, and 2SLGBTQIA+ communities. Some told us they do not seek care at all because of this.

Participants from all communities told us they are frustrated that they do not have a way to complain about mistreatment in the health-care system that will actually bring about a solution.

Finally, they said they are tired and stressed out by the need to constantly advocate for proper care and to have to educate the people around them about what it's like to be from an underrepresented, underserved community.

What are we doing now to address some of these concerns?

- Government has provided increased funding for Indigenous patient and family navigators who can support Mi'kmaw and Indigenous community members through their care journey.
- We have taken several steps to improve access to gender-affirming care. The application process for gender-affirming surgeries has been significantly streamlined in recent years. Fewer referrals are now required and can be provided by a broader range of providers than ever before.
- The Nova Scotia Brotherhood, which helps African Nova Scotian men access and navigate the health-care system, has been expanded, and the Nova Scotia Sisterhood was established to provide similar supports to women of African descent.
- A range of primary care options are now available for Nova Scotians who do not have a dedicated primary care provider. These include the increased availability of virtual care and walk-in clinics for those on the Need a Family Practice Registry, as well as more primary care services being available at community pharmacies across the province.
- Government has provided increased funding to support Pride Health to deliver important navigational support to 2SLGBTQIA+ communities across the province.

We will take the following system-level priority actions to address the patient experience:

- Implement a safe, effective system for identifying, reporting, and addressing incidents of racism and discrimination against patients. This includes the (re)development and enforcement of associated policies.
- Work with communities and sectors to address stigma and bias in health service provision. The initial focus will be on substance use, addictions, mental illness, weight bias/size-ism, and ageism.
- Engage Mi'kmaw communities and Indigenous peoples to identify and address anti-Indigenous racism in specific health system facilities.
- Collaborate with community partners to improve the availability of health system navigators and advocates among Mi'kmaw and Indigenous communities.
- Engage Black and African Nova Scotian communities to identify and address anti-Black racism in specific health system facilities.
- Engage historic African Nova Scotian communities to improve access to mental health and addictions supports in their communities.
- Work with Black and African Nova Scotian communities to improve access to primary care.
- Collaborate with the trans community to further improve access to gender-affirming care.
- Work with physicians and other care providers to improve access to safe, effective primary care services for the 2SLGBTQIA+ community.
- Collaborate with Acadian and Francophone communities to develop greater access to health system services in French.
- Collaborate with disability communities to ensure people with disabilities have equitable access to health services, and to address barriers related to technology, transportation, and the physical environment.
- Improve the availability and continuity of interpretation services throughout the health system and explore how health system information could be delivered in various languages that reflect the increasing provincial diversity.

Health Human Resources

“We need people who have different lenses and representations in high levels rather than just people who have read about equity...” Participant

What We Heard from the Communities

Participants across all communities who work in the health-care system told us that the workforce, particularly leadership, does not reflect the diversity of the community it serves and this lack of representation leads to many issues.

They said the system needs to do a better job of recruiting members from underrepresented, underserved communities – including Acadian and Francophone communities. Health-care spaces also need to remove barriers for members from the disability community. These barriers could be physical or attitudinal. All communities said they need opportunities to advance to leadership roles within the health system.

We were told there is a lack of training in cultural competency, cultural humility, accountability, and EDIRA for health-care workers. Participants from the Black Nova Scotia, African Nova Scotian, and Mi'kmaq communities said racism is prominent in the education and training system and their members are not supported to thrive in these programs. We also heard that more training needs to be provided to IWK Health staff and physicians so they have the tools and resources they need to appropriately treat Indigenous children.

Participants from all communities described themselves as being caught in the middle: they experience bullying, microaggressions, and discrimination based on their race, gender, and/or ability from the public on one side and from their co-workers and managers on the other.

They also have no effective, formal complaint process. Managers also told us they do not have adequate tools and the support they need to identify racism and discrimination, or to address it.

Participants said the Pride Network, which includes and supports 2SLGBTQIA+ employees within Nova Scotia Health and IWK Health, has been under-resourced for years while at the same time facing increasing demand for its support, and that hospitals should also provide advocates for Black and African Nova Scotian patients.

While progress has been made in speeding up the process so internationally trained health-care professionals can get their education and credentials recognized, some newcomer health professionals are still finding the process challenging and are leaving Nova Scotia as a result.

What are we doing now to address these concerns?

- The Department of Health and Wellness, Nova Scotia Health, and IWK Health have created leadership positions in their organizations that focus on EDIRA and have begun building teams with representation from underrepresented and underserved communities.
- In collaboration with government, all health-care licensing bodies are working to increase the speed of their international application process. Some changes have already been implemented and there is an immediate pathway to licensure for nurses applying to Nova Scotia from the Philippines, India, Nigeria, USA, UK, Australia, and New Zealand, and for American Board-certified physicians.
- Government has partnered with the NS College of Physicians and Surgeons on the Welcome Collaborative, a support program for internationally educated doctors coming to Canada to work.
- IWK Health has partnered with Tajikeyimik and Dalhousie University to develop training for health system staff rooted in the concept of Etuaptmumk, or two-eyed seeing (a worldview that brings together the two perspectives of Indigenous knowledge and Western science), to better serve Indigenous patients. The modules in this training focus on cultural safety, Mi'kmaw culture and language, the harmful legacy of racism and colonialism to the Mi'kmaw people, and trauma-informed clinical care.
- The Department of Health and Wellness has developed the Leadership Equity Action Program, which will support staff from underrepresented and underserved communities to advance to leadership roles in the department.

We will take the following system-level priority actions to address health human resources:

- Work with health system partners to ensure EDIRA and diverse perspectives are represented at each organization's leadership level.
- Implement a safe, effective system to identify, report, and address incidents of workplace racism and discrimination. This includes the (re)development and enforcement of associated policies.
- Further encourage underrepresented and underserved communities to enter health professional training programs by exploring ways to address barriers, increase accessibility of education programs, and engage communities.
- Take an equity-based approach to health workforce recruitment and retention and support successful employment.
- Support staff from underrepresented and underserved communities to move into more senior roles within the health system.

- Advance training in ARAO principles, trauma-informed care, person- and family-centred care, and cultural competency/humility for the existing health workforce and those in professional training programs.
- Collaborate with underrepresented and underserved communities to develop and deliver training materials that reflect specific community needs, histories, and cultural context.
- Create and foster safe spaces where staff and physicians from underrepresented and underserved communities can engage and share their experiences. Ensure employers/organizational leadership take appropriate action as a result.
- Ensure managers are provided with, and effectively use, training, tools, and supports to address racism and discrimination in their units.
- Continue to work with health professional regulators and associations to further reduce barriers and streamline the process for internationally trained physicians and health-care providers to have their credentials recognized.
- Advance a community-based, cross-sectoral approach to help internationally trained health-care providers settle in Nova Scotia.
- Work with community partners to create an environment that promotes efficient and accessible services in French. Increase the number of physicians and other care providers who can deliver health services in French.

Health System Policies and Practices

“Anglophones in the health system have the attitude that French-speaking patients ‘speak enough English’ so they don’t feel they need to provide services in French.” Participant

What We Heard from the Communities

Participants said the system needs to engage their communities and incorporate their input when planning services and determining how those services will be delivered.

For example, participants from the 2SLGBTQIA+ community said the health system and community partners need to work together to develop a comprehensive approach to gender, sexual, and reproductive health, including gender-affirming care, and have more sexual and gender-based health resources in rural areas.

Participants from Mi'kmaw communities said the health system needs to work with Mi'kmaw and Indigenous communities in a mutually beneficial, nation-to-nation relationship. They further said the system needs to increase access to traditional healing and practices for Mi'kmaq and Indigenous persons and that screening for suicide needs to be more intentional and available.

Members from other communities told us about the power imbalance Nova Scotia's family physician situation is creating. Patients who experience inappropriate care from a health-care provider feel they need to either stay, or leave and go on the Need a Family Practice Registry to find another source of care. Several Mi'kmaw participants told us health directors in their communities have been denied the right to advocate on behalf of their community members when they have a negative experience.

Finally, participants said more support is needed to collect race-based data to hold the system accountable.

What are we doing now to address these concerns?

- We are working with health system partners to develop a more comprehensive, coordinated approach to public engagement so we can use that input when developing health programming and policies.
- In spring 2023, Nova Scotia signed a trilateral memorandum of understanding with Tajiikeimik and Canada. This is an important step toward ongoing partnership and mutual support in transforming the design and delivery of health services serving the Mi'kmaq in Nova Scotia.
- The Department of Health and Wellness has established a Health Equity Partnership table made up of leadership from all core health system partners. This table oversees and collaboratively guides EDIRA-related work across Nova Scotia's health system.
- Nova Scotia Health (NSH) and IWK Health collaborated to develop an Accessibility Plan through extensive engagement with staff, patients, and families. The plan includes a wide range of recommendations to make NSH and IWK facilities and services more accessible to all Nova Scotians.

We will take the following system-level priority actions to address health system policies and practices:

- Ensure leadership of all health system partner organizations adopt the Health Equity Framework and commit to demonstrating how they will meet their obligations under the framework.
- Meaningfully engage with communities and partners when planning and delivering health system programs, services, and policies and reflect how this input is incorporated.

- Ensure EDIRA-related tools/processes are used when developing new programs, services, and policies.
- Perform reviews or audits of existing programs, services, and policies using EDIRA and ARAO principles and tools, and follow through with required changes.
- Support Mi'kmaw health directors, Elders, and knowledge keepers to advocate within the health system on behalf of their community members.
- Continue working with Taji'keimik and the federal government to develop and foster a respectful nation-to-nation working relationship between government and Mi'kmaw communities.
- Advance gender, sexual, and reproductive health.
- Continually review, prioritize, and bring forward recommendations from community- and EDIRA-based reports and submissions.
- Identify opportunities to build or improve internal health system data sources related to EDIRA-related initiatives and equity populations.
- Require all EDIRA-related initiatives to have processes to monitor and report on outcomes.
- Improve health system accessibility and quality of care for underrepresented and underserved communities by collaborating with organizations outside the health system.

Implementation and Accountability

In addition to core health system partners, the Health Equity Framework will be implemented across the health system in partnership with

- extended health systems and Government of Nova Scotia partners, including professional colleges, allied health professionals, unions, and other government departments
- key community institutions, including municipalities, community-based organizations, universities and colleges, community foundations, private companies and other large employers, social services, and other key institutions

Accountability

On an ongoing basis, the Department of Health and Wellness will monitor progress of all initiatives that are related to the framework and will collaborate with our partners to ensure those initiatives are successfully implemented.

We will collect data to make sure the actions are having the desired impact. See Appendix B for more information on some initial metrics that will be used to measure success.

Conclusion

In preparing this framework, partners from across the health system joined together in taking a long, hard, honest look at our system. Thanks to this process, we know where we've been, and where we want to be. Good work is already happening and changes are being made. And we now have a path forward to build on that work and create a system inclusive of all Nova Scotians.

We would like to thank everyone who engaged with us in creating this framework, especially the members of the underrepresented and underserved communities in the health system who work so hard to advocate for your communities. Your input is invaluable. Your voices are heard. This transformation is long overdue, but, thanks to you, it is happening. As we continue this journey we will remain open to and grateful for the guidance and knowledge Nova Scotians share with us.

Community Engagement Summary

Engagement period: October 2022 – June 2023

*NOTE – some organizations were engaged on more than one occasion.

Equity Group/ Community/ Sector	Meetings Held	Organizations Engaged/ Notes
Indigenous	3	Tajikeimik; Wabanaki Council on Disability; Mi'kmaq/ Indigenous Health Leaders
African NS and People of African Descent	12	Health Association of African Canadians; Association of Black Social Workers; United African Canadian Women's Association/African Diaspora Association of the Maritimes; African NS Community Leaders; Black Nurses Association of NS; Promoting Leadership for African Nova Scotians (PLANS); Whitney Pier ANS Community
2SLGBTQIA+	7	Pride Network; Youth Project (CB and HRM); Sexual Health NS; Gender Affirming Care NS; 2SLGBTQIA+ Community Leaders
People with Disabilities	1	Accessibility Directorate
Newcomers, Racialized, and Faith-Based Groups	5	YMCA Immigrant Settlement Services; CB Centre for Immigration; Halitube; Muslim Community Leaders; Atlantic Jewish Council
Acadian and Francophonie Groups	4	Réseau Santé; Acadian and Francophonie Community Leaders

Other Organizations	8	Antigonish Early Years Committee; Aberdeen Health Foundation; Antigonish Community Leaders; Equity and Indigenous Community Leaders; HEF Open House Community Reflection Meetings; Gov't of NB – Public Health; Ontario Health – IDEA division
Post-secondary/ Academics	4	Dalhousie University; NSCC School of Health and Human Services; Cape Breton University
Health-care Unions	1	NSGEU, NSNU, UNIFOR, CUPE (single meeting)
Health Professional Regulatory Bodies	5	Regulated Health Professionals Network; Doctors Nova Scotia; NS Continuing Care Assistant Advisory Committee; Health Association of NS; NS College of Social Workers
Community Health Boards	11	Eastern Shore/ Musquodoboit; West Hants; Cobequid; Southeastern; Central and East Pictou; Clare; Yarmouth County; Digby and area; Dartmouth; Halifax; Chebucto West
NSH Staff Engagement Sessions	14	All equity groups; Mi'kmaw/ Indigenous health system staff; NSH SSP Public Health
TOTAL	75	

Initial Outcomes and Performance Indicators

Outcomes	Performance Indicators
Greater representation of underrepresented and underserved groups within the health system leadership, including DHW, NSH, IWK, and other health system partners	% of leadership who identify as members of equity groups
	% of frontline staff and physicians who identify as members of equity groups
	% of administrative staff who identify as members of equity groups
	% of equity group candidates who applied for non-designated positions; are interviewed; are successful
Increased system accountability for poor patient experience	% of patient reports that identify racism
	% of patient reports that identify discrimination
Increased use of EDIRA-related tools/ processes in the development of new programs, services, and policies	% audited policies updated to incorporate EDIRA and anti-racism/anti-oppression (ARAO) principles
Community health partners have a greater level of involvement in addressing health disparities in health system	% of new initiatives incorporating EDIRA and ARAO principles that meaningfully engage with equity community-based groups
Improved health system accessibility and quality of care for underrepresented and underserved communities through collaboration and capacity building with organizations outside the health system	% initiatives that address health system accessibility and quality of care through intersectoral collaborations
Developed and/or improved internal health system data sources for EDIRA-related initiatives and equity populations	% incidence of chronic disease in equity groups compared to Nova Scotia general population

Appendix B: Psychological Health and in Safety in the Workplace Strategic Approach

This appendix includes a plan developed by the Department of Labour Skills and Immigration (LSI) to develop actions and initiatives, identified through community engagement, to address psychological safety, including systemic hate, inequity, and racism, in workplaces within the province. This work is being led by LSI and supported by the Office of Equity and Anti-Racism (OEA).

Objective

LSI's Safety Branch is exploring opportunities to develop and implement activities on workplace psychological health and safety to provide policy options for government to consider. This work is the result of government priorities related to mental health supports, joint priorities of LSI and the Nova Scotia Worker's Compensation Board (WCB), the Occupational Health and Safety Advisory Committee, and OEA. This appendix outlines the plan to achieve this objective and advance priorities related to psychological health and safety.

This plan outlines the three-step approach LSI is using to advance psychological health and safety in the workplace:

- 1. Research:** Conducting research and jurisdictional scans to understand current and emerging practices across Canada and internationally related to psychological health, as well as to understand lessons learned from Canadian jurisdictions that have already implemented policies related to psychological health in the workplace.
- 2. Engagement:** Undertaking engagement activities with our partners, sectors, and Nova Scotians. These engagements are planned to optimize participation via in-person, virtual, and survey opportunities to ensure a cross-section of perspectives and experiences are leveraged to inform policy options, including those from equity-deserving communities.
- 3. Policy Options:** Developing and presenting policy options to government for potential legislative, regulatory, and guideline reform or enhancement.

We continue to work with partners across the country in supporting the work of LSI and WCB contributing to a positive physical and psychological workplace culture of health and safety for Nova Scotians.

Research

There has been increasing attention to psychological health and safety in the workplace in recent years. Growing demand for mental health supports and experiences of employers and employees throughout COVID-19 highlighted the issues and psychological needs of the workforce. In Nova Scotia, population growth and diversification of the labour market also means that enhanced efforts are needed to ensure psychologically healthy and safe workplaces in support of Nova Scotians who are reporting experiences of racism and hate at work.

In January 2023, Canada became the 25th country in the world to ratify the International Labour Organization Convention No. 190. This convention is the first international labour standard to address violence and harassment in the workplace and affirms that everyone has the right to a world of work free from violence and harassment.

As of June 2023, LSI has completed jurisdictional scans within Canada to understand various policy positions and lessons for consideration in Nova Scotia.

Engagement

Engagements on psychological safety in Nova Scotia workplaces will build on the findings from OEA's engagements and LSI research. LSI will focus engagements on psychological safety in the workplace, such as bullying, harassment, and/or violence, which can be attributed to and include systemic hate, inequity, and racism. This work will be conducted in collaboration with others, including OEA.

Policy Options

In addition to the research and engagement, LSI will develop policy options to help improve psychological health and safety in the workplace.