HEALTH EQUITY AND INCLUSION FRAMEWORK FOR EDUCATION AND TRAINING

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Purpose

The purpose of this framework is to promote an equitable and inclusive learning environment and to embed a health equity lens into the planning, development and delivery of education and training initiatives. When we build training that fosters a sense of belonging and empathy, a sense of inclusivity is established (Imperial College, 2021). Learning environments and experiences should respect, relate to and reflect learners. This allows the learner to immerse themselves in the learning environment with a sense of trust and confidence (Dewsbury & Brame, 2019). Embedding health equity into training and education also reinforces that health equity is a key component of quality care and should be the foundation of everything we do (Ministry of Health and Long Term Care, 2019).

The proposed framework:

- promotes learning environments and experiences that respect learner diversity, accommodate learners with different abilities and needs, foster inclusion and are free of biases and stereotypes
- integrates equity and inclusion in the planning, development and implementation of educational and training initiatives
- recognizes health inequities and considers the needs of vulnerable and marginalized populations
- follows ADDIE model of instructional design.

Who should use the framework?

This framework is for anyone who is involved in the process of designing, developing and/or delivering training, courses and curriculum for health professionals. This includes all types of education and training: continuing professional development (CPD), staff and leadership capacity building, and other educational opportunities.

Equitable and inclusive learning environment

Learners come from different educational and professional backgrounds, with differing learning needs and preferences. They also have various and multiple identities: related to their race, ethnicity, gender, age, sexual orientation, ability and other aspects that affect their identity.

An equitable and inclusive learning environment refers to educational approaches, learning locations, contexts and experiences that:

- ensure accessibility for all learners
- use inclusive and respectful language
- respect learner diversity
- are free of stereotypes and bias based on gender, race, ethnicity, culture, religion, age, ability or other identities.

Health equity lens

Groups that are socially disadvantaged based on characteristics such as income, gender, sexual orientation, race or disability are more likely to experience poor mental health due to greater exposure to negative life events and everyday stressors. Inequity in mental health and substance use care puts these groups at a further disadvantage in terms of their mental health.

Health inequities are differences in the health status between population groups that are systematic, unnecessary, unfair and avoidable (Whitehead, 1992). They are deeply rooted in social determinants of health.

Health equity refers to the opportunity for all people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are (HQO, 2016).

Using a health equity lens means acknowledging and addressing health inequities. When planning, designing, developing, delivering or evaluating any training, we recommend that, as a minimum, the training and development team consider the following questions:

Does the training consider risks, experiences and needs of vulnerable or marginalized population groups[1] including Indigenous peoples, age-related groups, immigrants, refugees, ethnocultural and racialized (IRER) groups, linguistic groups, different genders?

Does the training address inequities in health status, health outcomes or quality of care[2] among population groups?

Does the training support equity-based improvements in program or service delivery, decision making or resource allocation?

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[1] Vulnerable and marginalized subpopulations may include: Indigenous peoples; age-related groups; people with disabilities; immigrant refugees, ethno-cultural and racialized (IRER) groups; Francophone; homeless people; low income people; religious/faith communities; rural/remote or inner-urban populations; LGBTQ+ groups (MOHLTC, 2012).

[2] High-quality care is safe, timely, effective, efficient, equitable and patient centred (Institute of Medicine, 2001).

ADDIE model

The ADDIE model is a five-step instructional design process used to develop training for adult learners. The model has five stages: analyze, design, develop, implement and evaluate. Each stage has a deliverable that feeds into the next stage. Evaluation takes place at every phase.
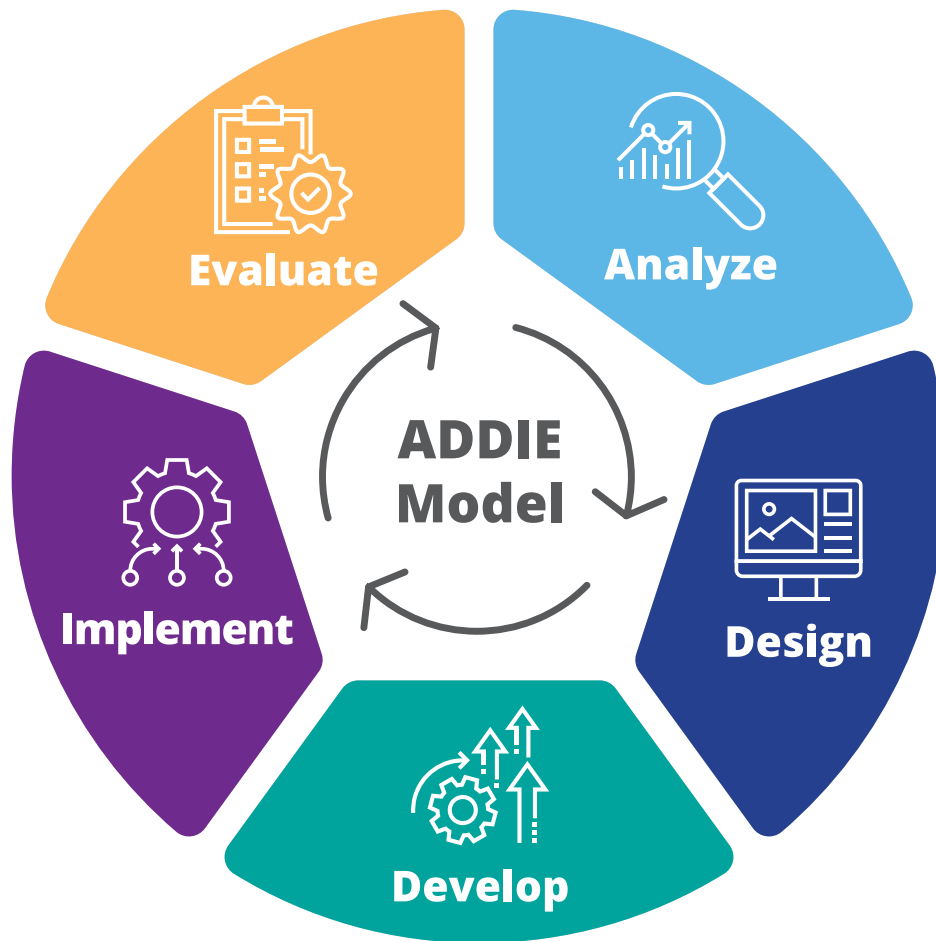
Health equity and inclusion framework

The Health Equity and Inclusion Framework provides a checklist of questions to consider at each stage of the education and training development process. In addition, the framework includes concrete examples for team members' reference.

Development team members should consult the framework both at the beginning of development and throughout the project's development in order to integrate and consider an equity and inclusion lens at each stage of the ADDIE process.

Analyze

In the analysis phase, the instructional goals and objectives are established, the learning environment and the learning needs are identified, and the suitability and feasibility of the training is determined.

Questions to consider	Example considerations
Is the intended training appropriate and feasible for the intended audience in terms or geographic location, ability, access to technology, resources, work schedule, etc.?	Learners from rural areas may not be able to attend an in-person training due to work, personal obligations, and cost. An online option would allow learners to attend from different geographical locations at a lower cost. In-class training can prove costly if travel is necessary for learners who live outside the area where it is taking place. Using technology can present issues with bandwidth, access to technologies, data, and connectivity. The course registration fee may not be affordable to a wide audience. When possible, try to keep the registration fee as low as possible and/or provide a discount to learners from community-based organizations.

Questions to consider	Example considerations
Does the planning committee represent the intended audience and include representatives of patients and families or people with lived experience?	Representatives of patients and families or people with lived experience and individuals who represent the learners taking the training should can contribute and review questions to the needs assessment.
Are the subject matter experts (SMEs) unbiased, objective and inclusive?	SMEs, speakers and/or planning committee members should disclose any potential conflict(s) of interest that may have an impact on the training. SMEs and speakers should not be demonstrate personal feelings or prejudice.

Design

In the design phase, the outputs from the analyze phase are used to select the instructional method and strategies and to design the learning experience and materials needed to support the learning.

Questions to consider	Example considerations
Are the context, backgrounds, experience, availability and needs of the target audience considered?	Poor connectivity and low bandwidth can affect a learner's ability to watch online videos, download materials, and engage in online discussions. Online environments are not always easy to navigate and should include an orientation for learners who are unfamiliar with it. A self-paced online course with a live interactive session at the end may be more appropriate for learners with unpredictable work schedules than a highly structured course with scheduled live sessions or learning activities.

Questions to consider	Example considerations
Are there alternative solutions provided to learners with technological or location-related challenges?	Alternative solutions may include providing web conferencing tools to learners from remote communities to attend the face-to-face course virtually or ensuring that online content is downloadable and printable.
Are the learning activities designed to accommodate different of learning preferences, abilities, challenges, interests and background knowledge?	Include different type of learning activities that align with learning objectives and consider learner characteristics. • For example, in interprofessional education, consider the specific professional background, roles and scopes of practice of team members. Include alternatives to posting responses where everyone can view them to accommodate people with social anxiety.
Is the learning environment[3] and materials accessible to all learners regardless of age, disability or other factors including AODA standards.[4]	Accessibility requirements to consider include: • colors and contrast are accessible to low-vision and color-blind learners • documents are accessible and can be read by a screen reader • alternative text is included for all visual content • size and type of font is accessible • text equivalents, alt-text are provided for every audio and video content (transcripts or captions) • audio descriptions of visual information for visually impaired learners are provided.

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[3] Learning environment refers to educational approach, location and context in which learning occurs.

[4] Accessibility for Ontarians with Disabilities (AODA) Standards. https://aoda.ca/what-is-the-information-and-communications-standards/.

Questions to consider	Example considerations
	Design different learning activities and tasks that accommodate different learning preferences and are relevant to real-life situations: • **Visual**—outlining processes, watching videos, • **Auditory**—listening to videos or audios, participating in group discussions • **Kinesthetic**—playing learning games, writing reflection Ensure that selected authoring tool complies with accessibility standards. Learners having trouble with visual elements in a training may require images to be developed using universal design principles to use colours and fonts that are easy to read.

If the training is in person, provide ASL interpreters to hearing impaired learners.

The AODA, Web Content Accessibility Guidelines (WCAG) 2.0 and the PDF/UA (ISO 14289-1) standard cover a wide range of recommendations for making content more accessible to people with disabilities.

Develop

The development phase focuses on the development of the course content, learning activities and learner assessments that are accessible for all learners and integrate diversity inclusion and equity.

Questions to consider	Example considerations
Is plain language[5] used throughout the training material?	Use plain language (CAMH, 2015): • Instead of using "adverse", use "harmful." • Instead of using "initial", use "first." • Instead of saying "on the other hand", say "in contrast" or even just "in addition." Plain language also includes using sentences that are short, clear and to the point. Try to include one or two ideas per sentence. While we are aiming for concise writing, sometimes writers will try to fit too many complicated ideas into one sentence to shorten the word count, when the ideas need a full paragraph. For example: • A brief multinational survey on problem gambling was completed by three thousand service users who had endorsed at least two indicators of problem gambling and who self-reported several adverse effects on their relationships and well-being. This is not plain language: • It contains too many ideas in one sentence. • The sentence is too long and hard to read. • The sentence includes clinical jargon ("endorsed", "adverse effects", "service users"). • There are too many descriptors ("brief multinational survey") being used before the nouns.

[5] Writing is clear, concise, well-organized, and appropriate to the subject and intended audience. Plain language should avoid professional and discipline-specific jargon unless defined. It should also avoid casual language (e.g., idioms, slang).

Questions to consider	Example considerations
	Re-written in plain language: A short survey was given to people experiencing problem gambling in Canada, the United States, and Mexico. Three thousand people were included in the survey. In order to participate, people must have reported experiencing two signs of problem gambling. According to the survey results, most participants reported experiencing harmful effects on their relationships and well-being due to their gambling. This is plain language: • The sentences are short and easy to read. • Each sentence contains 1–2 ideas. • Language is clear and to the point. • The content is the same and no ideas were removed, but it is easier to read quickly and to understand the meaning.
Is the language respectful, non-discriminatory and inclusive[6]?	Several style guides have approved the use of the singular "they" to refer to someone whose identity is unknown or who is non-binary and uses "they/their/them" pronouns. • Instead of using "he/she", use either the specific noun (e.g., the client) or use "they" (APA, 2020). Capitalize ethnicities and races (e.g., Black). Do not capitalize "white".

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[6] Language that uses vocabulary that avoids exclusion and stereotyping and is free from descriptors that portray individuals or groups of people as dependent, powerless, or less valued than others. It avoids all sexist, racist, or other discriminatory terminology. https://www.queensu.ca/styleguide/inclusivelanguage.

Questions to consider	Example considerations
	Always use person-first language where possible, unless the community you are discussing prefers another form. Never define someone by their mental health disorder or disability. For example:
	• Use "a person experiencing problem gambling" not "a problem gambler."
	• Use "a person with schizophrenia" not "a schizophrenic."
	• Use "a person with limited mobility" or "a person who is quadriplegic" not "a quadriplegic."
	• An exception is the Deaf community. Some members of the Deaf community prefer to be identified as Deaf with a capital D. They prefer to be referred to as a Deaf person rather than a person who is deaf or a person who is hearing impaired. This may not be true of all Deaf people, however, and is best to be fact-checked according to your source or people with lived experience.
	Use "Indigenous Peoples" not "Indigenous People" as the term refers to multiple cultures and communities not a singular type of people. Avoid the term "Aboriginal" unless directly quoting sources that use it, as it was a term that was imposed on Indigenous Peoples by the Government of Canada (Charles, 2021).

Questions to consider	Example considerations
	Be careful to not lump groups into certain categories when speaking about them unless the content requires it (Newton, 2021; Charles, 2021). For instance, give extra consideration to using terms like BIPOC or Indigenous Peoples (Younging, 2018), as these terms refer to a variety of peoples and cultures. Ask yourself, "Which cultures are you specifically discussing?" Sometimes it's better to be more specific rather than rely on over-arching terms. When creating learning activities or introducing people, use pronoun introductions or include pronouns in the descriptions. Someone may identify with the gender "woman" but use "she/they" pronouns or "they" pronouns. Never assume the pronouns of an individual and make sure this is reflected in the writing.
Does the content,[7] including learning activities, demonstrate considerations and respect for racial, ethnic, cultural, gender diversity as well as other identities?	Consider if mentioning gender, race, age or sexual orientation sheds light on key aspects of the issue being discussing. If using scenario-based learning, highlighting a character's race, religion, ethnicity, culture, age, ability, or sexual orientation should be meaningful. A character's identity can illustrate important aspects of the content or data, such as racialized individuals' experience systemic racism and inequitable access to mental health resources. Race can affect an individual's access to mental healthcare. Otherwise, drawing on a character's identity can be seen as tokenism. For example:

[7] Language that uses vocabulary that avoids exclusion and stereotyping and is free from descriptors that portray individuals or groups of people as dependent, powerless, or less valued than others. It avoids all sexist, racist, or other discriminatory terminology. https://www.queensu.ca/styleguide/inclusivelanguage.

Questions to consider	Example considerations
	• You are developing a scenario that shows a character struggling with depression and problems with substance use. You decide the character should be Black and from an urban area. However, the scenario does not provide information on why the character's race or location is important to know. Instead, you've decided to input these details to show "diversity." By not providing any meaningful rationale for the character's race or location, you are engaging in tokenism. Furthermore, associating a racialized individual with drug use in an urban centre can be viewed as stereotypical.
Is the content free of stereotypes and bias based on gender, race, ethnicity, culture, religion, age, sexual orientation, ability and other identities?	Unconscious bias is something we all have. Selecting images that reinforce stereotypes or biases toward certain populations can upset learners. These images may not promote health equity or accurately reflect the experiences of certain populations. As a result, these images may hinder the learning experience with the image detracting from the information shared in the training.

Stereotypes are based on the idea that everyone within a certain group shares the same characteristics. For example, ethnic groups are not a homogeneous group. There are significant between- and within-group differences based on religion, country of origin, socio-economic status, education, etc.

For example, when writing about occupations, do not provide irrelevant information about people's gender.

When writing about families, include same sex parents. |

Questions to consider	Example considerations
	If mentioning people in general, use gender-neutral language. However, if mentioning a specific group, it is usually relevant to discuss gender.
Does the visual and audio material (illustrations, images, videos, audios) reflect racial, ethnic and cultural diversity, and gender fluidity?	An audio clip of a character in a scenario should not be recorded using an accent related to their place of origin, unless it is directly related to the scenario (e.g., depicting the use of interpreters in a clinical setting) and is not fake. Address multiple and intersecting identities, such as race, gender and sexual orientation. Avoid using stereotypical images or visuals such as images of doctors as men and nurses as women. In order to be gender inclusive, it may be a good idea to have more than one person in the images to reflect diversity.
Does the content recognize social determinants of health?	Developing a role-play scenario should recognize the social determinants of health by allowing the learner to demonstrate how the social determinants of health affect them or their clients. This allows the learner to create a true depiction of how they deliver care and how their clients receive/access care. • For example, if you want to depict what it is like for a potential client seeking mental health services, create a role play that allows learners to see the many different types of clients they may encounter.

Questions to consider	Example considerations
	• You may want to create client profiles with different demographic characteristics, which affect how and when they access care (e.g., a client profile may reflect someone with little formal education facing financial hardship. The learner may want to consider the cost of transportation for the client to the clinical setting or use plain language to explain clinical concepts).
Does the content consider risks, experiences and needs of vulnerable and marginalized populations?	Work with representatives of patients and families or people with lived experience to develop characters and examples that are respectful and realistic of vulnerable and marginalized populations.
Does the content promote health equity?	Allow learners to identify opportunities in the content to advance health equity. When creating content, identify opportunities to highlight issues of health equity.

• For example, during an in-class session on creating affordable and accessible mental health services, the facilitator may pause and ask learners to identify opportunities to demonstrate the ways in which health equity can create this. Learners may reflect on their own experiences or feedback from the clients they service. |

Implement

The implementation phase involves the testing and rollout of the training.

Questions to consider	Example considerations
Have you established ground rules for interaction to ensure learners are inclusive respectful towards one another, diverse opinions and perspectives throughout the training?	Create spaces and mechanism (e.g., online forums or in-class discussions) for faculty and/or learners to contribute opinions and perspectives and express concerns. Before contributing, provide learners with a list of ground rules to follow, which allows for respectful interaction.
Is the learning environment respectful and supportive?	Facilitators or course developers can offer messages of support to learners before they engage with one another in an online or in-class training. These messages can explain importance of recognizing and respecting the different experiences of each learner.
Does the learning environment promote diversity?	The learning environment should offer a range of ways for learners to participate in the training, such as didactic teaching, interactive activities, and the opportunity for learners to use their own experience as a way to make the training meaningful to them.
Is the support in place to help address the needs of learners?	A self-directed online course or facilitate in-class/online course should provide learners with a point of contact for any issues they are experiencing, whether it be technological or content specific.

Questions to consider	Example considerations
Are facilitators/faculty comfortable discussing issues such as sexual orientation, discrimination and inequities as they relate to mental health?	During the implementation phase, facilitators should review all content and express any feelings related to the content. Facilitators should be prepared to respond to any questions or comments related to the content. A learner may ask the facilitator why a character in a scenario is acting in a stereotypical way based on their sexual orientation. The facilitator can do several things to address this concern: • Facilitators should first recognize their social location and be honest about it with the group. • They should validate the comment by continuing the discussion with the learner and their peers, asking them how they feel about the representation of the character. • The facilitator can manage the organization of the conversation, but should not interfere with people expressing their own thoughts and feelings. • Facilitators should then thank everyone for participating in the conversation. A facilitator should be aware of the barriers that may be created by failing to engage in discussions of inequities or bias:

Questions to consider	Example considerations
	• A facilitator may be unaware of the ways in which microaggressions, racial discrimination, and racial profiling exist in mental healthcare. They also may be unaware of how multiple identities such as race, ability, gender, sexual orientation and related structures of oppression and discrimination intersect and often reinforce each other to produce health inequities. • A lack of knowledge in this area can affect training if learners approach facilitators with questions related to these racial issues and disparities. If the facilitator fails to acknowledge and reflect on them, a barrier between them and the learner is created, which may prevent the training from being effectively delivered.
Can facilitators self-reflect on their own identity, social location and privilege?	Facilitators who are able to reflect on their own identities and privileges are able to reduce barriers in training and better understand the learners and content.

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Evaluate

Evaluation is the process of collecting information at every phase and using that information to improve your training.

Evaluation measures the quality, efficiency and effectiveness of the training.

Questions to consider	Example considerations
Does the training evaluation capture feedback related to an inclusive learning environment?	Include post-training evaluation questions that ask learners about whether or not the learning environment encouraged them to use their own voice and integrate their experiences into the training.
Does the training evaluation include specific questions related to health equity?	Include post-training evaluation questions that ask leaners if they felt the training was accessible and/or to identify barriers that prevented them from engaging in the course.
What changes to the training can be made to make it more equitable and inclusive?	After reviewing post-training evaluation surveys, develop a plan to implement learner feedback. Work with people with lived experience to understand how to implement learner feedback to create a more equitable and inclusive training.

Mitigation

No matter where you are in the training development process, you can always apply an equity and inclusion lens and make improvements.

Acknowledgements

We would like to acknowledge the expertise, feedback and contributions of our colleagues, partners and stakeholders during the development of this framework.

Resources

Resource	Description
Government of Ontario. (April 19, 2016). *Accessibility for Ontarians with Disabilities Act.*	A statute that outlines how to improve accessibility for Ontarians with physical and mental disabilities.
European Institute on Gender Equity. (2021). *Gender-sensitive communication.*	A guide on how to choose between gender-neutral and gender-sensitive language.
Edgoose, J., Davis, S. et. al. (2018). *A Guidebook to the Health Equity Curricular Toolkit.* Parkway Leawood, KS: Health Equity Team for Family Medicine for America's Health.	A toolkit to help improve equity in communities through the development of knowledge and skills.
Instructional Designers of Penn State. (n.d.). *Instructional Designer's Handbook.*	An overview of the ADDIE model of instructional design.
Ministry of Health and Long-Term Care. (2019). *Health Equity Impact Assessment (HEIA).*	An overview of the HEIA tool and how it works. The site contains several tools and resources related to using HEIA.
Plain Language Association International (PLAIN). (2021). *What is plain language?*	An overview of how wording, structure, and design contribute to plain language development.
United Nations. (n.d.). *Online Learning Framework: Promoting Shared Standards and Providing Guidance for the Development of Online Learning Solutions at the United Nations.*	A framework to help guide the design and development of online training, while using a health equity lens.

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