

“ We will be bold,  
strategic and  
relentless... ”

This Charter is a commitment to action by the Association of Ontario Health Centres and its member agencies to recognize and confront barriers to equitable health.

We understand health equity to be an approach that includes policies and interventions that address discrimination and oppression with a goal of eradicating social inequality and disadvantage for the purpose of reducing differences in health outcomes.

We recognize access to the highest attainable standard of health as a fundamental human right. We recognize health as a state of complete physical, mental, social and spiritual wellbeing.

We recognize that many health problems are not just medical or biological; they are caused by social conditions that affect access to resources and power. In our society, access to resources and power is often constrained by poverty, racism, sexism, homophobia, transphobia, ageism, ableism and other forms of social exclusion, which are often interconnected. We particularly recognize the impact that racism has had – and continues to have – on creating poverty, social exclusion and health inequity for racialized individuals and communities.

We affirm that Aboriginal and Francophone communities have distinct and specific histories, needs and constitutionally protected rights. We recognize the distinct health needs of populations living in rural, remote or isolated settings, as well as in impoverished urban neighbourhoods. We also recognize the distinct health needs and rights of people who are uninsured or without documented status. The causes of health inequity are systemic and persistent. We will be bold, strategic and relentless in challenging them.

We commit ourselves to reducing health inequities by improving our own practices and challenging other institutions and the broader community.



# HEALTH EQUITY C H A R T E R

## In our own practices, we will identify, name and confront inequity by:

- ▶ Assigning priority to population groups who have the greatest health needs and least access to services.
- ▶ Involving the communities we serve in the design and delivery of our programs.
- ▶ Developing anti-racism/anti-oppression strategies to identify, name and confront practices that reproduce oppression within our organizations.
- ▶ Developing human resource policies and practices designed to ensure that the diversity of the communities we serve is reflected at all levels – volunteer, staff, management, and board - in our organizations.
- ▶ Ensuring our policies, procedures and staff training meet the linguistic, cultural and other needs of the diverse communities we serve.
- ▶ Developing evaluation strategies that measure health equity efforts and health equity results, and using the evaluation data to continually improve health equity practices.
- ▶ Using equity as a measure of quality in delivering people-centred care.
- ▶ Sharing best practices and lessons learned in achieving health equity results.

## In our work within the broader community, we will identify, name and confront inequity by:

- ▶ Collaborating with health partners and the broader community to ensure equity as an underlying goal of the health system.
- ▶ Supporting and collaborating with community groups who are challenging the social conditions that cause health inequities.
- ▶ Documenting the causes of, impacts of and potential solutions to health inequities.
- ▶ Advocating for public policy responses proposed by communities to reduce health inequities.
- ▶ Contributing to building an integrated, high-performing health system with health equity as one of its underlying principles.