

 Regional HIV/AIDS Connection	Health Equity Position Statement	Policy Number: Page: 1/2
	Original: June 2025 Revised: Replace:	Approved by:

Regional HIV/AIDS Connection (RHAC) is dedicated to positively impacting the lives of individuals and diverse communities living with, systemically at-risk for, and affected by HIV/AIDS and hepatitis C virus (HCV).

Our value statement, *the courage to do what is right*, reflects our understanding that it takes courage for systemically oppressed communities—who experience health inequities and are disproportionately affected by HIV/AIDS/HCV—to speak out and have their voices heard and valued. We are committed to amplifying these voices and to being bold, purposeful and proactive in pursuing the priorities of people impacted by HIV/AIDS/HCV and fighting stigma and discrimination.

With this foundational understanding, we embrace Ontario Health’s *Equity, Inclusion, Diversity and Anti-Racism Framework*, outlined briefly here:

Ontario Health is committed to advancing equity, inclusion and diversity and addressing racism. In order to achieve better outcomes for all patients, families, and providers within Ontario’s health system, we must explicitly identify and address the impacts of anti-Indigenous and anti-Black racism as part of our commitment.

This framework builds upon our existing legislated commitments and relationships with Indigenous peoples and Francophone communities, and recognizes the need for Ontario Health to take an intersectional approach to this work.[1]

Ontario Health identifies the following concepts and definitions in mobilizing health equity work across the province, which are included here to support shared understanding and language for mobilizing health equity work throughout our organization:

Anti-Racism

An anti-racism approach is a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, reduce and remove the racially

inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.

Anti-Black Racism

The policies and practices rooted in Canadian institutions such as education, health care, and justice that mirror and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination towards Black people and communities.

Anti-Indigenous Racism

Anti-Indigenous racism is the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous Peoples within Canada. It includes ideas and practices that establish, maintain and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.

Diversity

The range of visible and invisible qualities, experiences and identities that shape who we are, how we think, how we engage with and how we are perceived by the world. These can be along the dimensions of race, ethnicity, gender, gender identity, sexual orientation, socio-economic status, age, physical or mental abilities, religious or spiritual beliefs, or political ideologies. They can also include differences such as personality, style, capabilities, and thought or perspectives.

Equity

Unlike the notion of equality, equity is not about sameness of treatment. It denotes fairness and justice in process and in results. Equitable outcomes often require differential treatment and resource redistribution to achieve a level playing field among all individuals and communities. This requires recognizing and addressing barriers to opportunities for all to thrive in our society.

Health Disparities

Differences in health access, experience or outcomes in a way that is systematic, patterned and preventable.

Inclusion

Inclusion recognizes, welcomes and makes space for diversity. An inclusive organization capitalizes on the diversity of thought, experiences, skills and talents of all of our employees.

Intersectionality

The ways in which our identities (such as race, gender, class, ability, etc.) intersect to create overlapping and interdependent systems of discrimination or disadvantage. The term was coined by Black feminist legal scholar Dr. Kimberlé Crenshaw and emerged from critical race theory to understand the limitations of “single-issue analysis” in regards to how the law considers both sexism and racism. Intersectionality today is used more broadly to understand the impact of multiple identities to create even greater disadvantage.

Structural Racism

Is a system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white privilege and disadvantages associated with colour to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.

Systemic Racism

Organizational culture, policies, directives, practices or procedures that exclude, displace or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.[2]

Endnotes:

- I. [1] Ontario Health, “Ontario Health’s Equity, Inclusion, Diversity and Anti-Racism Framework,” 2020,
<https://www.ontariohealth.ca/sites/ontariohealth/files/2020-12/Equity%20Framework.pdf>.
- II. [2] Ibid.