

- Pediatric services are lacking. They would often travel to London for services, children would not be placed in clean rooms, and would usually be sent to London.
- Not prepared to deal with pediatric or adolescent mental health. Struggle being able to use community hospitals with children. The hospital has not had a pediatrician in the past – this will depend on the urgency of the matter. Recruitment is a challenge. The hospital has a pediatric clinic now.
- The attitude of emergency services staff towards parents with kids going in there. The perception is that parents are going to the emergency for antibiotics. Encourage staff to review the chart to see the patient's history before seeing the patient. Judge people based on how the parents present themselves – treated differently in different situations. The perception is that you have to dress nicer if you want to get respect.
- Trying to focus on the patient experience to improve and make positive changes.
- Language is an issue going to the hospital concerning the presumption of heterosexuality. Not diverse and inclusive – the importance of seeing more community representation in hospital materials and publications.
- Have heard from trans individuals that they don't feel safe going to the Woodstock Hospital – they are referred to mental health services.
- Concerned about safety measures for children's mental health. Think that this is a systems issue. The community needs to know where the gaps in service are—putting kids at risk by putting them in adult mental health services. There is also bias around kids identifying as 2SLGBTQIA community. The hospital has been taking measures to help people understand this in relation to referring to individuals as they identify (i.e., names and gender to be included in care comments).
- Suggest making links available to resources pages on the Woodstock Hospital website. Hospital staff needs to know what is going on to be a part of them.
- There are many more resources in other cities than in Woodstock. It is frustrating that one main issue is that not many people want to participate and share stories, which results in being stuck in the ability to move forward meaningfully. This is a struggle in Oxford to move forward. Don't blame the service gap in the hospital; the population is

growing at a rapid rate, and it is difficult to keep up with changing demographics.

- Hearing stories of people being turned away at the hospital is frustrating. Turning away people that need to be admitted for care – why are they being turned away?
- Encourage diversity within the hospital. Are we encouraging a more diverse staff at the hospital? Once felt misjudged when son was brought in for a broken wrist – judgment based on their last names being different. Diversity comes in many different ways. Note that it is very common for people to have different last names.
- What is the Committee for Woodstock Hospital planning to do to keep up with growth and change in Woodstock? Will get back to the Committee on this. The hospital was built in 2011. More family physicians are needed in the community.
- Some issues are systemic – funding and government issues.
- Used Woodstock services – have experienced good service. A proportion of individuals will experience poor service – something to keep in mind when racialized individuals are receiving service. Have to be mindful of systemic challenges, prejudices, and unconscious bias that do exist for these individuals when they are receiving service.
- How are potential doctors and nurses being sought? Is there consideration given to the needs and care within the community? This can bring about systemic changes through recruitment. Still have students going into medical training – still being taught that folks with dark skin can tolerate more pain.
- Is DEI-related training provided to all staff? Are policies being reviewed through a DEI lens? Starting to do this now. The hospital has struggled to get feedback directly from the community. Prayer rooms are available at the hospital. There are some gender-neutral washrooms, but the main washrooms in the lunch room are not. Capital Project is looking into this. Signs that state gender-inclusive washrooms – under the men's and women's sides – give people the option to choose the gender of washroom they use. People will use the washroom of their choice.
- What are we doing well? Staff retention is very good, but turnover is very low. Treated respectfully and with kindness. Emergency wait times are very good, and appointments are scheduled on time. Appreciated coming into the hospital a couple of times and having an Ethiopian-

born doctor provide treatment – this was affirming care. Hospital has been able to secure documents of different cultural identities. Staff are trauma-informed and consider this when providing care.

- What can we do better? Have covered this for the most part.
- What are we doing to meet our community's needs over the next 3 years? What is being done to address systemic barriers? Training, recruitment, addressing biases, considering what is being taught in training and education of staff. Mental health for kids today is a significant concern, and more service is required. There needs to be an understanding of what is happening within the community. Language – consider how this is communicated when people need to seek care elsewhere.
- What matters to you most when it comes to your healthcare experience? People do not assume they know more about your medical health than they do themselves. Sometimes, there is a lot of minimizing. Ensure that staff are listening to patient concerns.
- Will be talking to different people at different facilities and demographics – Fanshawe College, Caressent Care

ii. Update on the Inclusion Charter & delegations (Township of Zorra)

Follow-up letters will be sent to area municipalities regarding support and endorsement of the Inclusion Charter. Area clerks have been asked to provide a report on what the implementation of the inclusion charter will look like locally. The Safe and Well Steering Committee will provide an update regarding this progress.

iii. Discuss enhancing the multi-cultural dynamics in cultural events (Tami & Pauline)

Previously, we discussed whether there is a way to create a multi-cultural event within the County. Unifor Hall is very supportive of DEI initiatives. We could consider what this may look like – is it more realistic to bring the social organizations together to discuss how we could do this as a whole?

Cultural Canvas, Sidewalk Days (Streetfest) – communication and advertising online were not representative of the community demographic. How can we look at this and discuss whether there would be an appetite for considering some planning? At this time, the Oxford County Carribean Association is still working on building its foundation. Would be interested in this in the future, but not now – in relation to resources.

Is there a way to get social groups within the County together to discuss what the community wants to see in a multi-cultural event? Something to remember moving forward – something like the Taste of Art (at the art galley).

iv. Review of the DEI Action Coalition Terms of Reference and Structure

Discussion took place regarding the frequency of committee meetings. The Committee decided that they will continue to meet monthly going into 2025. The Committee will not meet in December, July and August. They will meet all other months of the year and revisit the matter in September 2025. Joanna has offered to assist in taking minutes. Julie advised the Committee that she is not available to attend monthly meetings in the future to record minutes; however, she may be available to share this responsibility with another member.

The Committee noted the importance of focusing on specific goals and actions as detailed in the Safe and Well Oxford Community Safety and Well-being Plan (i.e., training, public education, and awareness). It was noted that participation via virtual meetings will remain available to committee members.

v. Update on the draft of the DEI Rubric and Self-Assessment Tool.

Ayesha shared the proposed changes with the Committee. She stated that when the Committee agrees it is needed and is ready to bring it forward for further discussion, Ayesha will bring the draft rubric and self-assessment tool forward. It was discussed that the document may be a very good resource for local businesses.

vi. Oxford County DEI Action Plan (Brainstorming /discussion)

- . [Diversity, Equity, and Inclusion Action Plan 2023–2027 \(niagararegion.ca\)](https://www.niagararegion.ca)
– SAMPLE

Developing a DEI Action Plan externally – will assist in setting goals and establishing a budget moving forward. Suggest that this be the Committee's focus for further discussion and input at the next meeting.

Discussion took place regarding the DEI website for the County – it was suggested that various resources be provided on the website for area municipalities, individuals, and local businesses. A lot of this information is available through other services and organizations.

For the next meeting, Ayesha will send links of the Perth and Niagara Region External Action Plans to the Committee and the framework draft that she and Pauline will develop. Through these sample Action Plans, the Committee would be able to make recommendations on what needs to be adopted from other Action Plans and what we can include that is County specific-considering the needs and issues of Oxford County.

7. Next Meeting Date – Monday, October 28th, 2024 at 5:00 p.m(Virtual).

8. Committee Member Check-out – Round Table

9. Adjournment

Resolution No. 3

Moved By
Seconded By

RESOLVED that the DEI Action Coalition meeting adjourn at 6:54 p.m.

DISPOSITION: Motion Carried

DRAFT