Implementation Guide

Organizational Stigma Assessment Tool

Creating more supportive services and environments for sexual health, harm reduction, and sexually transmitted and blood-borne infections (STBBI)

Acknowledgements

FOR MORE INFORMATION, CONTACT:

Canadian Public Health Association
404-1525 Carling Avenue
Ottawa, ON K1Z 8R9

T: 613-725-3769
STBBI@cpha.ca
www.cpha.ca
Facebook.com/cpha.acsp
@CPHA_ACSP

Centre for Sexuality
700-1509 Centre St SW
Calgary, AB T2G 2E6

T: 403-283-5580
info@centreforsexuality.ca
www.centreforsexuality.ca
facebook.com/CalgarySexualHealthCentre
@YYCsexualhealth

IMPLEMENTATION GUIDE:
ORGANIZATIONAL STIGMA ASSESSMENT TOOL

The following resources were consulted and/or adapted in the development of the Organizational Stigma Assessment Tool:

Canadian Public Health Association. (2020).
Trauma- and violence- informed care toolkit for reducing stigma related to sexually transmitted and blood-borne infections.

Canadian Public Health Association & Canadian HIV/AIDS Legal Network. (2017).
Reducing stigma and discrimination through the protection of privacy and confidentiality.

Community Addictions Peer Support Association & Canadian Public Health Association. (2023).
Organizational assessment tool for substance use and stigma.

Chief Public Health Officer of Canada. (2019). Addressing stigma: Towards a more inclusive health system – The Chief Public Health Officer's report on the state of public health in Canada 2019. Public Health Agency of Canada.

EQUIP Health Care. (2021).
Rate your organization: 10 strategies to guide organizations in enhancing capacity for equity-oriented health care. Vancouver, BC.

EQUIP Health Care, Community Addictions Peer Support Association. (2022).
Rate your organization: Harm reduction and reducing substance use stigma. A discussion tool. Vancouver, BC.

EQUIP Health Care, San'yas Anti-Racism Indigenous Cultural Safety Program (2022).
Rate your organization: Addressing anti-Indigenous racism. A discussion tool. Vancouver, BC.

Harmony Johnson (sɛ𝓴akəs) & Julie Sutherland.
A conceptual framework for Indigenous cultural safety measurement. National Collaborating Centre for Indigenous Health.

Pacific AIDS Network (in development at time of publication). Organizational stigma assessment cycle.

Palmer, I., Egan, M., Popiel, M. (2024).
IDEAL Community Consultations: Intersectionality, episodic disability and access to health services, community supports and employment in Canada: Executive Summary. IDEAL Community Consultation Team.

CONTENTS

IMPLEMENTATION GUIDE:
ORGANIZATIONAL STIGMA ASSESSMENT TOOL

Introduction

The prevention, diagnosis, treatment, and management of sexually transmitted and blood-borne infections (STBBI), such as HIV, hepatitis, chlamydia, gonorrhea, syphilis, and human papillomavirus, are important public health issues. However, stigma and discrimination within health and social service settings often complicate public health efforts by acting as barriers for those who try to access and use STBBI-related services.[1]

Stigma and discrimination within health and social service settings arise from the attitudes, values, beliefs, and practices of individuals, in addition to organizational policies, procedures, culture, and environment.[2] STBBI-related stigma is also shaped by other related and intersecting forms of stigma and discrimination, such as substance use stigma, anti- 2SLGBTQIA+ and anti-trans discrimination, colonization, racism, ableism, and sex work stigma, among others.

Reducing stigma and discrimination within health and social service settings requires a multifaceted approach. In considering responses to STBBI-related stigma and its intersections, it is necessary to acknowledge the historical and ongoing impacts of colonization, racism, gender inequities, and other forms of structural violence on communities that are disproportionately impacted by STBBI and stigma.[3]

The Organizational Stigma Assessment Tool (the Tool) was developed to support health and social service organizations in addressing stigma and creating more supportive and inclusive services for their communities. The online course "Implementing an Organizational Stigma Assessment" can also be used to support the implementation of this Tool.

---

[1]Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., McLean, R., Michell, H. M. H., Nelson, L. E., Sapag, J. C., Siraprapasiri, T., Turan, J., & Wouters, E. (2019). Stigma in health facilities: Why it matters and how we can change it. BMC Medicine, 17(25), 1-15.

[2]Nyblade, L., Mingkwan, P., & Stockton, M. A. (2021). Stigma reduction: An essential ingredient to ending AIDS by 2030. Lancet HIV, 8, e106-113.

[3]Birberk, G. L., Bond, V., Earnshaw, V., & El-Nasoor, M. L. (2019). Advancing health equity through cross-cutting approaches to health-related stigma. BMC Medicine, 17(4), 1-5.

Evidence Base and Development Process

The Tool was originally created by the Canadian Public Health Association (CPHA) in 2017. It was developed based on key informant interviews, focus groups, and a scan of existing resources about reducing stigma related to sexuality, substance use and STBBI through organizational change. As part of CPHA's project Engaging Community to Scale and Evaluate Stigma Reduction Interventions, the Tool has been updated and re-released in partnership with the Centre for Sexuality (C4S), a community-based organization delivering programs and services to support healthy sexuality across the lifespan.

Since 2022, CPHA and C4S have worked with individuals and organizations across Canada to update the Tool and ensure its relevancy for a range of health and social service organizations. This collaboration has included:

- A series of three virtual focus groups conducted in October 2022 with people with lived and living experience (PWLE) of stigma related to sexuality, substance use, STBBI and intersecting issues from across Canada.

- A scan of peer-reviewed and grey literature on promising practices for organizational change to address stigma within sexual health and harm reduction services.

- A review of existing tools that support health and social service organizations in providing safer, more inclusive services.

- A set of professional development workshops with health and social service professionals to share knowledge and promising practices for addressing STBBI-related stigma.

- Feedback on a draft version of the Tool from 20 health and social service professionals and/or PWLE with expertise in the areas of sexuality, substance use and/or STBBI. Feedback was collected through a survey and key informant interviews between December 2023 and May 2024.

- Insights and experiences from four community partners across Canada who piloted the Tool and the supporting resources within their own organizations in Spring 2025.

Supporting Resources

The following documents are designed to support you through the organizational assessment process:

The Organizational Stigma Assessment Tool (the Tool) is what you will use to review current policies and practices at your organization and identify priorities for change. It provides a list of indicators to help you assess your organization's strengths and challenges related to STBBI stigma, as well as some associated actions to consider taking to address and improve on each indicator. The Tool assesses organizations across five areas:

1. Policies and Procedures
2. People and Culture
3. Organizational Spaces
4. Programs and Services
5. Ongoing Evaluation, Improvement, and Accountability

The Implementation Guide includes the information you will need to plan for and use the Tool, including background on the development of the Tool, areas for consideration in completing the Tool (e.g., who should be involved, how to collect feedback), and supporting resources to help you implement the changes identified through the assessment process. An interactive online course complements the Implementation Guide and provides additional support, key considerations, and tips for implementing the Tool.

The Executive Summary is a shorter (5 page) document containing high-level information about the Tool and the process to complete it. This resource is designed to be shared with leadership and others (such as partner organizations) to start a conversation about the benefits and possibilities of using the Tool within your organization.

A Note About Language

The language we use can have a powerful impact on the people who interact with our organizations or access our services, and can contribute to stigma. Although we have been intentional about the language used throughout this Tool, the terms selected may not resonate with everyone. We encourage careful and critical thinking about the words we use and the unintended meanings they can communicate. Your organization may choose to use different terms, but this should not be a barrier to using the Tool.

Our understanding of respectful and inclusive language changes as societal views change and individuals and communities choose to redefine their own identities. It's important to keep in mind that the respectfulness and inclusivity of language about a particular group must be determined by the group itself.

Some of the terms used throughout this Implementation Guide are defined below. Definitions for other terms used in this Implementation Guide and the Tool itself can be found in the glossary included at the end of the Tool (Appendix A).

People with lived and living experience (PWLE)

Throughout this document, the term "people with lived and living experience (PWLE)" will be used to refer to individuals who have direct personal knowledge and firsthand understanding of stigma related to sexuality, substance use, and STBBI. This could encompass many experiences, such as living with HIV or another STBBI, experiencing stigma related to substance use, or experiencing harmful assumptions about one's sexual practices or relationships. Stigma related to sexuality, substance use and STBBI is also impacted by intersecting forms of discrimination based on factors such as a person's race/ethnicity, culture, sexual orientation, gender identity, disability, and socioeconomic status, among others. In the Tool, emphasis is placed on the importance of engaging with PWLE. This may refer to service users, volunteers, or staff within your organization, as well as members of the wider community that you serve who are impacted by STBBI-related stigma and its intersections.

Service users

The term "service users" will be used in this document to refer to people who interact with your organization to access health and/or social services. Your organization may typically use other terms such as patients, clients, or consumers. Research shows that preferred terms vary greatly from person to person and between contexts in which people are seeking care (e.g., hospital, primary healthcare, social services)[4]. Service users is used here because it can apply to both health and social service settings, and to the range of programs and services that organizations may provide. However, it is important to note that this term has potential limitations. The term "service users" defines individuals by this one aspect of their life, negating the other important roles and identities that a person holds (e.g., parent/caregiver, business owner, neighbour). Note that this term may not be inclusive enough of those who have been refused services or who are unable or unwilling to access services, for example, due to stigma.

[4]Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barre, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. BMC Medicine, 17(31), 1-13.

Stigma

Stigma is a dynamic social process of devaluing people who possess (or are perceived to possess) certain characteristics or who belong to a particular group (e.g., based on STBBI diagnosis, substance use, race, culture, sexual orientation, gender identity, socioeconomic status, or physical, intellectual or cognitive ability). By distinguishing groups of people from others we inadvertently devalue some and perceive others as superior. Stigma creates and maintains social and health inequities in ways that allow those who do not possess the stigmatized attribute to maintain a position of greater power and privilege than those who do. Stigma has the potential to limit positive outcomes and opportunities in multiple life domains (e.g., relationships, health, social, economic status)[5,6].

We will use the following terms throughout this document to describe the different roles involved in the assessment process:

Internal Champion(s)

The individual or group within your organization who is responsible for leading the assessment process by convening the Working Group, sharing the Tool, and participating in action planning.

Working Group

Staff and stakeholders (e.g., community members, advisory group members) who are responsible for coordinating the assessment process.

Assessment Participants

Everyone who is asked to complete the Tool (e.g., staff, volunteers, board members, community members).

[5]UNAIDS. (2015). Treatment 2015. Joint United Nations Programme on HIV/AIDS.

[6]Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. Social Science & Medicine, 57(1), 13–24.

Overview of the Assessment Process
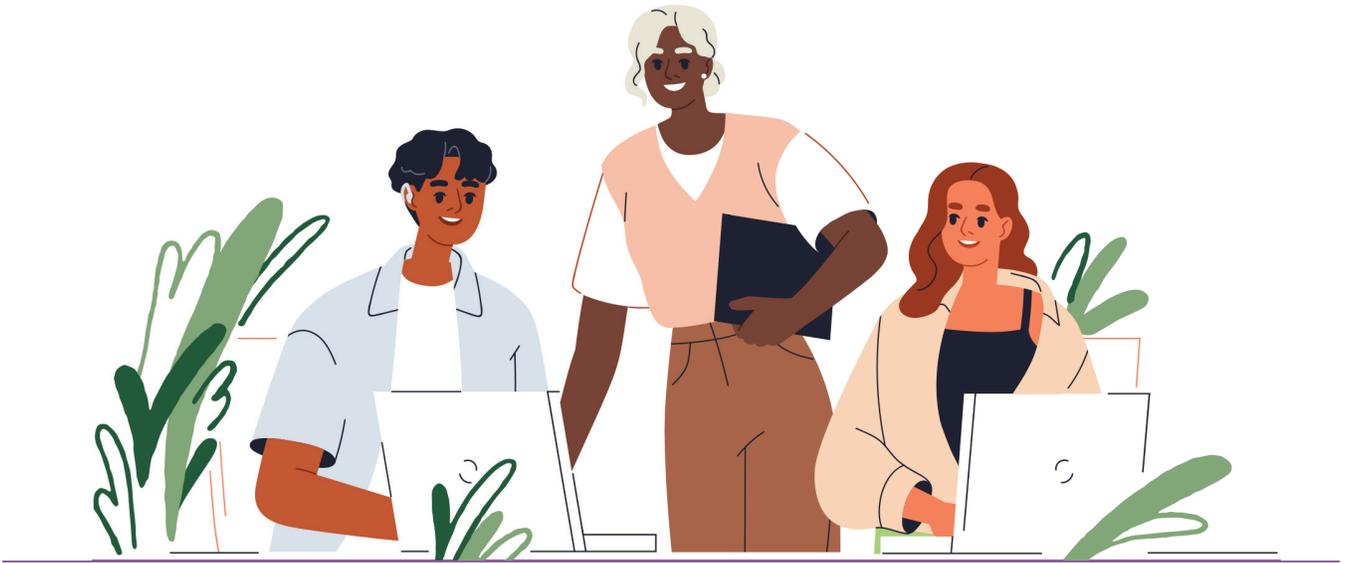
Who should complete the assessment?

The Tool is targeted at organizations that provide STBBI-related services, but all health and social service settings have a role to play in preventing and addressing stigma.

Research shows that stigma is experienced across a broad range of settings, from primary care to hospitals, social services, and dental offices.[7,8] We encourage all organizations to assess the Tool and its indicators for fit and relevance to their services.

Why complete the assessment?

The long-term goal of the assessment process is to reduce stigma related to sexuality, substance use, and STBBI at all levels of an organization, ultimately leading to an environment where service users feel welcomed and respected when seeking care, and where staff and volunteers are supported in providing care.

The Tool helps health and social service organizations identify the policy, environmental, and cultural factors that contribute to stigma and discrimination and affect individuals' access to and use of available programs and services.

[7]Deering, K. N., Logie, C., Krüsi, A., Ranville, F., Braschel, M., Duff, P., & Shannon, K. (2021). Prevalence and Correlates of HIV Stigma Among Women Living with HIV in Metro Vancouver, Canada. AIDS and behavior, 25(6), 1688–1698.

[8]Donnelly, L.R., Bailey, L., Jessani, A., Postnikoff, J., Kerston, P., & Brodani, M. (2016). Stigma experiences in marginalized people living with HIV seeking health services and resources in Canada. Journal of the Association of Nurses in AIDS Care, 27(6): 768-783.

What types of changes might result from using the Tool to address stigma?

Throughout this process, your organization will foster open discussions which ensure that a range of perspectives are heard (e.g., staff and volunteers in different roles within the organization, service users and community members with lived and living experience of stigma). This will support the development of both short- and longer-term actions to address stigma, which can:

• **Create a more welcoming and inclusive environment for service users**

- Placing emphasis on recovery and wellness-oriented principles and models of care (e.g., harm reduction, trauma- and violence-informed care and avoiding the fragmentation of care and services (e.g., promoting continuity of care, holistic care, appropriate referrals).

• **Increase competency and support of staff and volunteers**

- Providing ongoing opportunities for staff and volunteers to participate in professional development on various topics (e.g., stigma reduction, Truth and Reconciliation, diversity, equity, and inclusion)

- Offering flexible work policies and benefits to accommodate staff and volunteers' diverse needs related to STBBI, substance use, sexual orientation, gender identity, etc.

• **Increase community engagement and accountability**[9]

- Involving community members in collecting evaluation data and determining priorities for action

- Increasing communication and transparency with communities about evaluation and improvement efforts

[9]Harris, J. I., Leskela, J., Lakhan, S., Usset, T., DeVries, M., Mittal, D., Boyd, J. (2019). Developing organizational interventions to address stigma among mental health providers: A pilot study. Community Health Journal, 55, 924-931.

Assessment Process

There are three phases involved in implementing the assessment:

PHASE 1
Planning and preparation

- Understand needs of the community

- Ensure organizational readiness

- Identify who should participate

This phase involves preparing for the organizational assessment. This will help your organization to identify where and how this assessment process fits within existing organizational policies and processes, and what steps need to be taken to ensure the assessment is safe and empowering for all involved.

PHASE 2
Completing the assessment

- Reflect on and rate each indicator

- Review and discuss responses

- Identify priority areas for action

This phase entails implementing the Tool to complete the assessment. The Tool includes key indicators and suggested actions for stigma reduction, as well as a rating scale that can be used by organizations to identify their strengths and challenges. This implementation guide, and accompanying online course, provides some areas for consideration and suggestions to help your organization complete the Tool.

PHASE 3
Developing an action plan

- Identify who should participate

- Deepen understanding of the priority areas

- Identify solutions and a plan to implement them

- Evaluate, share and celebrate your progress

This phase focuses on developing an Action Plan that addresses the priority issues identified through the organizational assessment. An Action Plan Template is available and can be used to keep track of progress on short- and longer-term goals to reduce STBBI stigma.

Phase 1 – Planning and Preparation
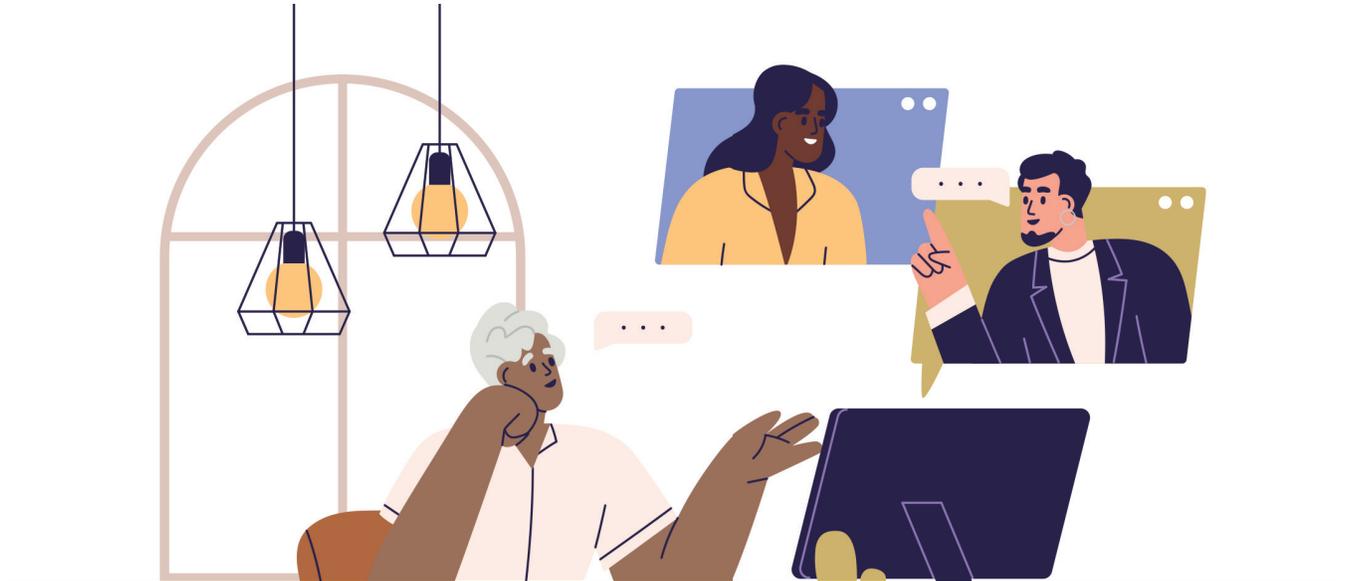
1.1 Bring together a Working Group

To begin the assessment process, bring together a Working Group consisting of those who are invested and interested in the work of stigma reduction. The Working Group should include the staff and stakeholders (e.g., community members, advisory group members, service users) who are responsible for coordinating the assessment process[7]. Note that members of the Working Group may also be Assessment Participants. When establishing the Working Group, effort should be made to incorporate a diversity of perspectives by including:

- Decision makers (e.g., Executive Director, managers)
- Staff
- Service users
- Volunteers

Be thoughtful about power dynamics when determining the role of leadership representatives in the Working Group (e.g., communicating with Assessment Participants, facilitating meetings, action planning).

> **Note:**
> It may be helpful to assign an 'Internal Champion' to facilitate communication between the Working Group and the Assessment Participants. The Internal Champion is responsible for leading the assessment process and ensuring the steps of the organizational assessment are carried out.

Phase 1 – Planning and Preparation

1.2 Ensure organizational readiness

Before committing to using the Tool, it is important to consider your organization's readiness to undertake the assessment and implement organizational changes to address stigma.[10]

This includes a) ensuring that adequate human and financial resources can be committed to the process, b) making sure that the organizational culture and processes will be supportive of participants engaging in open and vulnerable conversations, and c) identifying the learning needs of all those involved (e.g., leadership, staff, volunteers, community members) prior to completing the assessment.

a) Time and resource preparation

In preparing to use the Tool, consider the available resources, including human resources, time, and financial resources. The Tool might be used differently by organizations depending on organizational context and available time and resources. For example, this might look like:

- The full organization completing all sections of the Tool
- The full organization focusing on select section(s) of the Tool
- A subset of the organization (e.g., particular teams) completing all sections of the Tool
- A subset of the organization focusing on select section(s) of the Tool

The amount of time and resources required will depend on the size of your organization, and the decisions you make about the assessment process. Please note that your Action Plan will require additional, ongoing financial and human resources. Working Group members will be asked to dedicate time to planning and implementing the assessment process, facilitating meetings, and participating in action planning. Less time will be required from Assessment Participants, as they will only be asked to attend meetings and complete the Tool.

> **Ensure fair compensation:**
> It is important to provide financial compensation to any PWLE who are engaged in the assessment process. Standards for compensation may vary based on geography and role, however guidance from the BCCDC (2018) suggests a rate of at least $30/hour.

A good place to start is to identify where and how the assessment process can fit within timelines for existing organizational priorities and processes. Ideally, the Tool can be incorporated into regular quality improvement practices, rather than being seen as an "extra" process. This can help organizations use time and resources efficiently and increase investment from across the organization. It is important to establish buy-in from leadership early to make sure that adequate staff time and necessary financial resources (e.g., compensation of PWLE) are accounted for.

---

[10]Shann, C., Martin, A., Chester, A., & Ruddock, S. (2019) Effectiveness and application of an online leadership intervention to promote mental health and reduce depression-related stigma in organizations. Journal of Occupational Health Psychology, 24(1), 20-35.

Phase 1 – Planning and Preparation

b) Consider organizational culture and processes

In addition to authorizing and championing stigma reduction efforts, those in leadership roles (e.g., management, board of directors) have a key role and responsibility to reinforce a culture of respect, inclusivity, and ongoing learning and improvement.[11] The culture, existing structures, and processes of an organization will influence how the Tool will be used and rolled out, so it is important to consider these factors when planning your assessment process. This can include:

- **Privacy and Confidentiality:** Think about how to ensure privacy and confidentiality of potential participants' responses, and if there are any limits to this confidentiality. It is integral to be transparent about how confidentiality will be protected and respected and outline any limits to this confidentiality.

- **Broader Organizational Culture:** Consider the broader organizational culture around providing and receiving feedback. For some organizations, there may be hesitation to discuss critical feedback at different levels of the organization, or across the board. In others, individuals might feel more comfortable expressing their opinions without fear of negative consequences. An awareness of this culture will inform how to utilize and implement the Tool.

> There are multiple ways to collect feedback through the Tool and deciding which of these to use will also be informed by the organization's culture. For example, providing opportunities for anonymous responding can promote more open and honest sharing, but can also limit your ability to follow up on feedback where needed. Confidentiality may also be limited if feedback is collected from a small group of people, even if responses are submitted anonymously.
>
> Overall, it is important to take the time to explore these considerations within the structure and culture of your organization to determine what is the best fit. It will be important to communicate details about the process to Assessment Participants in advance. This could be done at the Orientation Meeting (see Section 2.1) so that those who will take part in completing the Tool can ask questions and share concerns.

[11]Kerr, J., Lelutiu-Weinberger, C., Nelson, L., Turan, J. M., Frye, V., Matthews, D. W., Leddy, A. M., Jackson, S. D., Boyd, D., & Hightow-Weidman, L. (2022). Addressing intersectional stigma in programs focused on the HIV epidemic. AJPH, 112(S4), S362-S366.

Phase 1 – Planning and Preparation

c) Consider power dynamics

While support from leadership will be necessary, it is crucial that other members of the organization have meaningful opportunities to contribute to and direct the process as well. Be thoughtful about power dynamics when determining the role of leadership representatives in each phase. Consider:

- **If organizational leaders are present during group meetings, will staff feel comfortable sharing their opinions?**

   Depending on your organizational culture, it might be helpful to have meetings without organizational leaders present.

- **If organizational leaders are in charge the Action Plan process, will the plan ultimately reflect the priorities of staff and service users?**

   While buy-in from leaders is essential, it is important to have representation from various levels of the organization involved in the assessment process.

d) Ensure foundational knowledge of stigma and stigma reduction

Prior to completing the assessment, it's important for everyone involved, including leadership, staff, volunteers and/or community members, to reflect on their existing knowledge and awareness of stigma. For example[12]:

- Does everyone who will be involved have a clear understanding of stigma related to sexuality, substance use and STBBI (e.g., what it is, what contributes to stigma)?

- Do Assessment Participants have knowledge of how STBBI stigma intersects with other forms of oppression such as racism, colonization, anti-2SLGBTQIA+ or anti-trans/ discrimination, ableism, classism, etc.?

It's important that everyone involved has a common appreciation for the importance of stigma reduction efforts, and an awareness that efforts need to be sustained and re-evaluated over time. The Working Group and Assessment Participants need to reflect on their own attitudes and values before completing the Tool to ensure they are aware of their own potential biases and the ways in which those biases may impact their work.

> At the end of this document, the _Ongoing Learning and Professional Development_ section lists various knowledge and capacity building opportunities that may be helpful to your team prior to starting the assessment process.

---

[12]Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., Pescosolido, B., Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. BMC Medicine, 17(7), 1-15.

Phase 1 – Planning and Preparation

1.3 Reflect on the needs of the community and those accessing services

Before using the Tool, it is helpful to reflect on the needs of the current populations you serve and the community at large, and on potential factors contributing to stigma and discrimination amongst service users and the wider community. The following questions can help guide some of these reflections:

- What is the role of your organization in the community?

- What is the profile of existing service users (e.g., do you work with specific populations or communities)? Why do you think these individuals come to you for services?

- What members of the community, if any, are not coming to your organization? In your view, why are they not accessing your services?

- What barriers might be impacting community members' access to your services? Are there processes in place to understand, address, and reduce these barriers?

- How does your organization meaningfully engage with PWLE and the community at large? Do you have existing protocols for community engagement, especially when it comes to providing feedback on the organization and its programs and services? How can you involve PWLE and those accessing services in this organizational assessment process?

If some people in your community are not seeking services from your organization, they may be experiencing some form of stigma, they may be choosing to access services elsewhere, or they may not be accessing services at all. The best way to understand your community's needs is to reach out to these people/groups and create opportunities for meaningful engagement.[13] If your organization does not have a relationship with a particular group, consider partnering with another organization or volunteer group that does. See A Note on Community Engagement below for further discussion.

---

[13]Knaak, S., Livingston, J., Stuart, H., & Ungar, T. (2020). Combating mental illness- and substance use-related structural stigma in health care. Ottawa, Canada: Mental Health Commission of Canada.

Phase 1 – Planning and Preparation

1.4 Identify who should complete the Tool

Before getting started, it is important to identify and decide on who should participate in the assessment using the Tool. Those who are identified to complete the Tool are referred to as "Assessment Participants".

> The Internal Champion should engage with the Working Group to identify who will complete the assessment, provide them with information about the assessment process, and disseminate the Tool.

Ideally, you will plan to engage the entire "chain" of staff and volunteers along the process. This should include members from across the organization and from various hierarchical positions, such as[14]:

- human resources staff
- front-line staff
- volunteers
- administrators
- intake staff

Senior leadership must be involved in the process to ensure support for staff and volunteers in completing the assessment, and in developing and implementing the Action Plan. If it is not possible to engage the entire chain of staff and volunteers in completing the assessment, consider asking a smaller, representative group of staff and volunteers to complete the Tool and bring their responses to the larger group for further discussion and action.

[14]Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barre, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. BMC Medicine, 17(31), 1-13.

Phase 1 – Planning and Preparation

1.5 Consider how people with lived and living experience (PWLE) and community members will be involved

At this stage, you will also need to determine how PWLE will be meaningfully involved in completing the Tool and/or developing the resulting Action Plan. It is likely that some staff members and volunteers who will be participating in the process will have their own lived experience of sexuality, substance use, and STBBI-related stigma. It is important to be mindful of this when discussing the issue of stigma within your organization. It is also important to ensure that diverse perspectives from the communities who are accessing services are represented in the process, while avoiding tokenistic engagement.[15]

Where possible, Assessment Participants should also include service users. If your organization has an advisory committee of service users familiar with its internal policies and operations, it may be feasible for them to complete the entire Tool. If not, a modified or shortened version of the Tool could be provided to service users who wish to provide input into the organizational assessment.

You could also consider inviting service users to participate in a broader discussion to identify priorities (e.g., making decisions to prioritize certain subsections or indicators of the Tool) and collaborate with leadership, staff and volunteers to find solutions (e.g., through developing and implementing the Action Plan).

Partnering with organizations that represent and work with communities impacted by STBBI stigma is another way to ensure that community voices are represented in your process.[16] PWLE and community members could be involved in many ways, including as:

- Assessment Participants who complete the entire Tool or specific sections of the Tool that are relevant to them,
- Members of the Working Group who guide the assessment process, and/or
- Co-developers of the Action Plan.

Once you have determined who will be invited to take part and have clearly communicated the rationale, expectations, and next steps, you'll be ready to move on to assessing your organization using the Tool.

---

[15]Tolu Feyissa, G., Lockwood, C., Woldie, M., Munn, Z. (2018). Reducing HIV-related stigma and discrimination in healthcare settings: A systematic review of guidelines, tools, standards of practice, best practices, consensus statements and systematic reviews. Journal of Multidisciplinary Healthcare, 11, 405-416.

[16]Batey, D. S., Whitfield, S., Mulla, M., Stringer, K. L., Durojaiye, M., McCormick, L., Turan, B., Nyblade, L., Kempf, M., & Turan, J. M., (2016). Adaptation and implementation of an intervention to reduce HIV-related stigma among healthcare workers in the United States: Piloting of the FRESH workshop. AIDS Patient Care and STDs, 30(11), 519-527.

A note on community engagement

Involving PWLE in discussions, decision-making, and the design of services or policies is crucial because they can provide valuable insights, perspectives, and recommendations that people who do not possess lived experience might not fully grasp.[17] When setting out to address stigma within your organization, it is important to identify what communities of PWLE should be involved and how you will reach them. This will vary based on the services and programs your organization provides, existing relationships you have with communities, and relationships you wish to build or strengthen to improve or expand services. Keep in mind that lived experience must be valued and compensated equally to other forms of expertise.[18] In addition to financial compensation, ensure that engagement is of direct benefit to community members (e.g., consider opportunities to help design, implement and/or evaluate services or programming that directly benefit the community as well as opportunities for training, relationship building, and growth).

Does your organization have existing relationships, processes or policies to support meaningful community engagement? In the absence of a formal policy, you may need to discuss your approach with a manager or organizational leadership.

Due to the power differentials that exist between health and social service systems/organizations and the communities that access services, it is crucial to create grounds for meaningful, as opposed to tokenistic, community engagement.[19] Meaningful engagement implies equal power and accountability between community members and health professionals, an orientation toward community members as decision-makers, and an intent to build genuine relationships and transform services and systems in line with community needs. Tokenism, on the other hand, is driven by the personal or professional motivations of the organization and its actors. This might look like engagement with an intent to maintain or validate existing plans and decisions (often with engagement occurring too late for participation to make a meaningful impact), or involvement only of a restrictive subset of individuals that is not representative of the population demographics. Both meaningful engagement and tokenism can exist on a spectrum, and it is important to consider where your organization's efforts are landing and how they align with how community members wish to be involved.

Additional resources on meaningfully engaging community and PWLE are available in the Supporting Resource section on page 34.

---

[17]Public Health Agency of Canada (2019). *Addressing stigma: Towards a more inclusive health system.*

[18]Becu, A. & Allan, L. (2018). *Peer payment standards for short-term engagement.* BC Centre for Disease Control.

[19]Majid U. (2020). The Dimensions of Tokenism in Patient and Family Engagement: A Concept Analysis of the Literature. *Journal of Patient Experience, 7*(6), 1610–1620.

Phase 2 – Completing the Assessment Using the Tool

As discussed in Phase 1, there are various ways that organizations can approach completing the Tool. Ultimately, the process used to complete the Tool should be reflective of the time and resources available to you (e.g., the number of individuals involved in the process, the amount of time that can be dedicated to the assessment). The general steps for completing the assessment process are:

2.1 Hold an Orientation Meeting

Before completing the Tool, the Working Group is encouraged to hold an Orientation Meeting (1-2 hours) with Assessment Participants to provide an overview of STBBI stigma, the intended outcomes of the assessment, and the process for completing the Tool. This will be an opportunity for participants to clarify any questions they may have about the process or their involvement. A discussion guide and PowerPoint presentation template are available to support the facilitation of this meeting.

Encourage everyone involved in the process (e.g., identified staff, volunteers, community members) to reflect on their own attitudes, values and beliefs related to STBBI and stigma prior to completing the Tool.[20] This can be done during the Orientation Meeting where participants are introduced to the assessment process. Depending on what works best for your organization, you could consider providing time for participants to complete the Tool during the Orientation Meeting.

---

[20]Knaak, S., Livingston, J., Stuart, H., & Ungar, T. (2020). Combating mental illness- and substance use-related structural stigma in health care. Ottawa, Canada: Mental Health Commission of Canada.

Phase 2 – Completing the Assessment Using the Tool

2.2 Complete the Tool

Provide time and space for Assessment Participants to complete the Tool in a group meeting, or on their own. On average, it takes about 30 minutes to 1 hour to complete the Tool. The Internal Champion or Working Group member(s) who are leading the process should ensure a supportive, constructive environment, so that those asked to complete the Tool feel they can respond openly to the assessment questions.

Overview of the Tool

Sections

The Tool assesses organizations across the following five sections:

1. Policies and Procedures
2. People and Culture
3. Organizational Spaces
4. Programs and Services
5. Ongoing Evaluation, Improvement, and Accountability

Indicators

The Tool includes 24 indicators across five sections. These are detailed statements that highlight best and promising practices in reducing organizational stigma. Examples of these indicators include:

Indicator 1.3 Your organization reviews its policies and protocols regularly and revises/amends as needed.

Indicator 3.3 Spaces are designed and used in a way that provides privacy.

Indicator 5.1 Feedback is regularly collected from service users/community members, staff, and volunteers.

Phase 2 – Completing the Assessment Using the Tool

Overview of the Tool

Rating Scale

Assessment Participants are asked to provide a rating for each indicator, and are given space to add notes or reflections on potential actions that can be taken. The following rating scale is used throughout the Tool:

1 - No Recognition: We have not been aware of the indicator and no specific steps or discussion have taken place.

2 - Recognition: We have not yet addressed this indicator directly but have acknowledged it.

3 - Partial Integration: We have recognized this indicator and are starting to work on it (planning, discussion phases).

4 - Substantial Integration: We are actively addressing this indicator and establishing processes.

5 - Complete Integration: We have addressed this indicator and processes are in place.

? - Unsure: We are not aware of our organization's stance, readiness, or practices in relation to the indicator (clarification may be needed).

N/A - Not Applicable: The indicator is not relevant to our organization, context, community and/or scope of services.

a) How will the Tool be provided?

You might provide a printed or digital copy of the Tool that can be collected anonymously.

Alternatively, you can use the Microsoft Forms Template to create an online form that Assessment Participants can submit anonymously.

Phase 2 – Completing the Assessment Using the Tool

b) When will the Tool be completed?

There are several options for when the Tool could be completed, including:

- **At the end of the Orientation Meeting.** Leave time at the end of the meeting to ensure Assessment Participants can complete the Tool and ask questions to members of the Working Group.

- **After the Orientation Meeting (on their own time).** Instruct Assessment Participants to independently reflect on the indicators and complete the Tool at their own pace.

- **At the beginning of the Debrief Meeting.** Give participants the opportunity to complete the Tool and then immediately engage in discussion about their ratings and reflections.

> **Give participants protected time (if possible):**
>
> Assessment Participants should be encouraged to take their time when reviewing indicators and reflecting on potential actions. Ensure that sufficient time is allocated, either during group meetings or in their individual schedules, to complete the Tool.

c) Will ratings or responses be collected? If so, how?

All Assessment Participants will be asked to complete the Tool and provide ratings for the indicators. Your organization may choose to anonymously collect these ratings and aggregate them to determine the average rating for each indicator. These averages can be shared with participants in a Debrief Meeting and used to inform action planning.

If you choose not to collect individual ratings, participants can instead share their ratings and/or overall reflections in a Debrief Meeting. The Working Group can use this information to inform action planning.

> **Consider your organizational culture:**
>
> Anonymously collecting responses is recommended for organizations where many individuals will be involved or in instances where staff/volunteers/community members may not feel safe or comfortable discussing their individual reflections and insights on organizational shortcomings in a group setting.
>
> If reflections on indicators are beings shared in a group setting, it is important to consider your organizational culture (e.g., whether individuals can openly and honestly discuss areas of improvement without fear of retribution) and how the privacy and confidentiality of all those involved may need to be protected.

Phase 2 – Completing the Assessment Using the Tool

2.3 Review the findings

If responses/ratings are collected from Assessment Participants, members of the Working Group should review the findings before holding the Debrief Meeting. The amount of time required to review findings will vary by number of Assessment Participants, but will likely require a minimum of 2-3 hours. Make note of indicators where there is consensus in overall ratings and consider any indicators that have a range of responses (i.e., there are marked differences in how participants rated the organization based on the indicator). Flag these indicators for further discussion with the group to identify if these are priority areas for action. Record general responses and outcomes of these meetings, which will inform priorities for action.

Remember to protect the privacy and confidentiality of those involved (e.g., only share aggregate findings with the group, be conscious of sharing quotes that may unintentionally identify an individual) and inform the team of any potential limits to confidentiality (e.g., in the event of small groups, through the sharing of quotes).

2.4 Hold a Debrief Meeting

After completing the Tool, a Debrief Meeting (2-4 hours) should be held where Assessment Participants are provided an open space to engage in discussion about the assessment process, the ratings they gave to the indicators, and any reflections they wish to share. As a group, you can review collective responses to the indicators and provide opportunities for reflection and discussion. Depending on the size of your organization, you might choose to hold multiple Debrief Meetings.

One of the greatest benefits of undergoing an organizational assessment process is that it can foster open discussion amongst people with many different perspectives and experiences with or within the organization (e.g., staff, volunteers, community members) about their various roles and opportunities to create a more positive environment. Opening up such discussions, however, requires vulnerability and sensitivity to differing points of view and consideration of power dynamics within the group.

Phase 2 – Completing the Assessment Using the Tool

2.5 Collect feedback from Assessment Participants

You may want to consider collecting information from Assessment Participants to understand their experience of completing the Tool. For example:

- Did they feel safe sharing their thoughts?
- Was a respectful environment created?
- Do they have suggestions on how to improve the process?
- Do they agree with the conclusions reached by the group?
- Are they feeling positive about the organization's ability to meaningfully address the priority areas?

These types of questions can be asked through a short follow-up survey or through more informal debrief conversations, depending on what feels most appropriate and feasible.

Finally, identify priority areas for action as a group. It may be helpful to outline immediate, short-term, and long-term goals and changes, which can inform the creation of an Action Plan in Phase 3.

Phase 2 – Completing the Assessment Using the Tool

Tips for holding group meetings:

The following suggestions can help you create safer, more constructive discussions:

- Establish Group Rights that guide engagement and participation in the discussion, particularly when it comes to privacy/confidentiality, navigating disagreement, etc.

- Provide summaries of responses and rating averages to promote anonymity in group debriefs.

- Centre discussions around organizational change that connect to the organization's mission, vision, grounding values, and strategic priorities to support stigma reduction.

- Be aware of the influence of leadership during group meetings and how power dynamics can affect participation. In some organizations, it may be more effective to meet with Assessment Participants without management or leadership present.

- For some organizations and contexts, it may be helpful to engage a facilitator who is external to the organization to review the data and lead discussions. This should be planned and budgeted for in the planning phase of the assessment.

Reflecting on the process and results

When reflecting on the results of the organizational stigma assessment, remember that it will not likely be possible for any one organization to score highly on all areas of the assessment. Don't get discouraged and do focus on the opportunities for growth!

Some indicators or actions might be less relevant to your organization depending on the nature of the services provided (e.g., drop-in versus scheduled programming; health care versus social services), staff capacity, focus of programming and services, etc. The score itself is only meant to help organizations in identifying priority areas for action; ultimately what is most important is to identify action items that will support safer, more inclusive workplaces for staff, volunteers and service users. Possible actions included in the Tool range from relatively simple and quick to implement, to those that are more complex.

Organizations are encouraged to identify priority areas that can be addressed in the short term, as well as those that require sustained effort over time. It's also possible that working on completing the Tool as a group and hearing perspectives from various staff, volunteers, service users, and community members will generate ideas for new indicators and action items that feel important to address. This is ok, and to be expected!

Phase 3 – Developing and Implementing an Action Plan

Based on the outcomes of the assessment, your organization should develop an Action Plan to address the priority issues identified in Phase 2. At this point, it will be integral for the Working Group to re-engage leadership and others with decision-making authority to ensure that your Action Plan has the support to move forward, and the necessary resources allocated. This plan should reflect the time and resources available to ensure that the plan's outcomes are reasonable and achievable. You might also consider other people or groups (e.g., service users, partner organizations) who should be involved in developing or reviewing the Action Plan to ensure that the goals are relevant to their needs.

A template Action Plan is available for you to use.

The steps below can help you develop an actionable and reasonable Action Plan:

3.1 Preparing the Action Plan

At this stage, the Working Group and other folks involved in action planning need to consider:

- Who has the knowledge, experience, and understanding of the priority issues to develop the plan?

- Who has the decision-making ability to implement priority actions for stigma reduction?

- Will you need to involve an outside group or organization for additional perspectives and/or expertise (e.g., an organization already working closely with communities most impacted by the priority issues)?

- Is there clear involvement and/or communication with leadership to ensure access to required resources and consistency with organizational policies and direction?

Phase 3 – Developing and Implementing an Action Plan

a) Pick your priorities for action

It is better to take action in a few important areas than to scatter your efforts. You may consider what issues were prioritized or identified by Assessment Participants, which issues felt more urgent than others, where there are resources available, or what priorities have been specifically identified by community members and/or PWLE. There is no right or wrong place to start, so do what makes the most sense for your organization at the present moment. Remember that you can revisit the Tool and your Action Plan at any time and make modifications as needed.

b) Clarify the issues you are trying to address

Consider the comments captured during the organizational assessment and group meetings. Do you require more information or different perspectives on any priority actions? This might include information on how a proposed change will impact certain communities or how it aligns with provincial human rights legislation. Consider who you need to hear from and how you will gather this information.

c) Identify potential solutions to address the indicator(s)

Once you understand the issue(s), consider different potential solutions or actions:

- How have other organizations approached this issue?

- Are there opportunities to build on initiatives that are already happening in your organization or community?

- Are there potential challenges moving forward? How could they be addressed?

- What human and financial resources are needed to implement actions?

It may also be helpful to think about the roles of individuals who are involved. For some, advocating for change may be part of their daily practice, whereas others may not be as familiar with change efforts.

The Supporting Resources section (page 31) provides information and examples to support you in identifying and implementing solutions.

d) Develop the Action Plan

The plan should identify the indicator(s) in the Tool you are going to address, the outcome you are hoping to achieve, actionable steps that will be taken, who is responsible, and the time and resources required. This should include processes to track and assess short-, medium-, and long-term actions undertaken and their effectiveness (see the Template Action Plan).

Phase 3 – Developing and Implementing an Action Plan

3.2 Implementing the Action Plan

a) Circulate the Action Plan

Ensure that the Action Plan is shared with those who were involved in the assessment process. The people who participated in the organizational assessment need to know they were heard and see how their feedback is being addressed. You might also choose to share the Action Plan with staff, volunteers, service users, PWLE, community members, or organizations who may be interested in or impacted by the proposed actions.

> **Note:** The Action Plan will include specific details (e.g., budget requirements) that might not be relevant for all audiences. You might choose to provide an abbreviated or summarized version of the plan, depending on who you are sharing it with.

b) Check-in and evaluate progress on the Action Plan as a Working Group

As the Action Plan is implemented, the Working Group should review its progress regularly (e.g., quarterly meetings). This can include identifying successes, discussing ways to overcome challenges, or making necessary updates to the plan. This is an opportunity to adjust the plan over time and get creative to face evolving needs.

c) Celebrate your achievements!

Recognize the work that went into addressing the identified issue(s) and the people who contributed. Celebrating accomplishments will help to develop a positive organizational culture committed to reducing stigma related to sexuality, substance use, and STBBI at all levels of the organization.

d) Revisit the Tool at regular intervals

Plan to reassess the organization using the Tool at the one-year mark to make note of changes in organizational culture and practices regarding stigma reduction. The work of stigma reduction is not a one-time effort, but a continuous and ongoing process at organizations!

Supporting Resources

These resources have been compiled to support your team as you work through assessing your organization, selecting priority areas for improvement, and implementing your Action Plan.

You will notice that links to several of these resources are provided throughout the Tool and Implementation Guide.

They are organized into the following themes:

1. Sample Policy Statements and Related Documents
2. Responding to Acts of Stigma/Discrimination Experienced by Service Users and Staff
3. Organizational Culture and Readiness
4. Guidance on Respectful and Inclusive Language
5. Ongoing Learning and Professional Development
6. Advocacy, Collaboration and Partnership
7. Meaningful Engagement and Compensation of PWLE
8. Increasing Accessibility for Service Users, Staff and Volunteers
9. Emotional Support for Staff, Volunteers and Service Users
10. Physical Space
11. Tools/Guides for Implementing Evidence-Based Approaches
12. Collecting and Managing Service User Feedback and Complaints

Please note that these resources and examples are provided for information purposes only. It will be important to consider how to best tailor policies, procedures, forms, signage etc. to match your organization's unique context. For example, consider the type and size of your organization, what communities are served, the services provided and relevant provincial and territorial legislation. It may be necessary to consult a human resources specialist in the development of new organizational policies and procedures. Please also keep in mind that the resources provided here are not exhaustive, nor do they reflect all areas covered in the Organizational Stigma Assessment Tool.

Sample Policy Statements and Related Documents

Anti-Oppression Policy

- Access Alliance: Anti-Oppression Policy
  Access Alliance is a multicultural health and community services organization in Ontario

Clients Rights and Responsibilities

- Access Alliance: Client Rights and Responsibilities

- Saskatchewan Health Authority: Client Rights and Responsibilities

- Dr. Peter AIDS Centre: Community Agreement
  The Dr. Peter Centre is an HIV Service Organization in British Columbia

Privacy and Confidentiality

- Canadian Public Health Association (CPHA) (2017): Reducing stigma and discrimination through privacy and confidentiality

- HIV Legal Network: Know your rights: Privacy and Health Records

Commitment to Truth and Reconciliation

- Saskatchewan Health Authority: Commitment to Truth and Reconciliation

Program/Service Specific Policies

- EQUIP Health Care (2017): Equity-Oriented Treatment Agreements for Opiates or Controlled Drugs

- Canadian Centre on Substance Use and Addiction: Checklist for workplace policies on substance use stigma

Responding to Acts of Stigma/Discrimination Experienced by Service Users and Staff

- EQUIP Health Care (2017): Responding to Discrimination in the Workplace
  Adapted from: Ishiyama, I., Goodman, D., San'yas Indigenous Cultural Safety Training

- Healthcare Excellence Canada: Patient Safety and Incident Management Toolkit

- Antstey, K & Wright, L. (2014). Responding to discriminatory requests for a different care provider. Nursing Ethics, 21(1): 86-96.

- Warsame, R.M. & Hayes, S.N. (2019). Mayo Clinic's 5-Step Policy for Responding to Bias Incidents. American Medical Association Journal of Ethics; 21(6): E521-529.

Organizational Culture and Readiness

- BC Patient Safety & Quality Council: Culture Change Toolbox

Guidance on Respectful and Inclusive Language

- CPHA (2019): Language matters: Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma

- National Collaborating Centre for Determinants of Health. (2023). Let's Talk: Language of health equity. Antigonish, NS: NCCDH, St. Francis Xavier University.

- Public Service Alliance of Canada. (2022). Gender inclusive language toolkit

- Asian Network of People who use Drugs (ANPUD) & International Network of People who use Drugs (INPUD). (2020). Words Matter! Language Statement & Reference Guide

- University of British Columbia (2021): Indigenous Peoples: Language Guidelines

Ongoing Learning and Professional Development

HIV and hepatitis C prevention, testing, and treatment

- CATIE: Open Courses (free facilitated learning)

- CATIE: Self Directed Learning (free online courses)

- University of British Columbia Office of Continuing Professional Development (UBC CPD): HIV Testing in Primary Care (free online course)

- Terrence Higgins Trust (2023): Can't Pass it On (U=U) training

STBBI, sexuality, and substance use stigma

- Canadian Public Health Association (CPHA) (2021): Provide safer, more inclusive care for STBBI

- CPHA (2021): Exploring STBBIs and Stigma

- CPHA (2021): The training and education hub to address sexual health and harm reduction stigma (free workshop curriculum)

- Community Based Research Centre (CBRC) (2024): Confronting Ableism, Stigma and Bias in Sexual and Reproductive Health Care

- UBC CPD: Sexually Transmitted and Blood-borne Infections: Barriers to Screening

Cultural safety and anti-racism

- San'yas (2024): Anti-Racism Indigenous Cultural Safety Training Program

- UBC CPD: Indigenous Patient Led CPD (various online and in person trainings)

Gender and sexual diversity

- CBRC (2024): Intersectional Affirming Care

- UBC CPD: Optimizing Care for Gay, Bisexual, and other Men who have Sex with Men (gbMSM)

- UBC CPD: Gender affirming primary care (free online course)

Harm reduction, toxic drug poisoning prevention and response

- CATIE: Harm reduction fundamentals: A toolkit for service providers (free online course)

- BCCDC Harm Reduction Services: Take Home Naloxone Training (free online courses and resources)

Accommodating episodic disability in the workplace

- Realize: A range of online courses are offered

Advocacy, Collaboration and Partnership

- Women & HIV/ AIDS Initiative (2024): Growing Partnerships of Mutual Care

- National Collaborating Centre for Determinants of Health. (2015). Let's Talk: Advocacy and Health Equity. Antigonish, NS: NCCDH, St. Francis Xavier University.

- St Michael's Academic Family Health Team. (2017). Advocacy tool kit. Toronto, ON: St Michael's Hospital.

- Harm Reduction Nurses Association (2023): Health and social justice action in nursing

- Action Canada. Advocacy in Action: Healthcare providers are essential!

Meaningful Engagement and Compensation of PWLE

- Sarah Switzer; Sarah Flicker; Soo Chan Caruosone; Alex McClelland; Tatiana Ferguson; Neil Herelle; Derek Yee; Shelby Kennedy; Bahlelisiwe Luhlanga; Kamilah Apong; Amber Corrdick; Charlene Grant Stuart; Anne Marie DiCenso; Karen de Prinse; Adrian Guta; Suzanne Paddock; Carol Strike. (2017). Picturing Participation: Exploring Engagement in HIV Service Provision, Programming and Care. [Community Report]. Toronto.

- People with Lived Expertise of Drug Use National Working Group., Austin, T. & Boyd, J. (2021). Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. Harm Reduction Journal, 8(1)

- Canadian Association of People who use Drugs (CAPUD). (2021). Hear Us, See Us, Respect Us: Respecting the Expertise of People who Use Drugs. [Community Report].

- Becu, A. & Allan, L. (2018). Peer Payment Standards for Short Term Engagements. British Columbia Centre for Disease Control (BCCDC). [Report]. Vancouver, BC.

  Note: *the dollar amounts cited are likely to be outdated at 5 years post-publication, but this document includes some helpful discussion of general principles for compensation*

- National Collaborating Centre for Determinants of Health. (2021). Let's Talk: Community Engagement for Health Equity. Antigonish, NS: NCCDH, St. Francis Xavier University.

- Maguet, S., Laliberte, N., Moore, L. et al. (2023). An evaluation of the Compassion, Inclusion, and Engagement initiative: learning from PWLE and communities across British Columbia. Harm Reduction Journal 20, 89.

Increasing Accessibility for Service Users, Staff and Volunteers

- Palmer I, Egan M, Popiel M. (2024). IDEAL Community Consultations: Intersectionality, episodic disability and access to health services, community supports and employment in Canada. IDEAL Community Consultation Team.

Emotional Support for Staff, Volunteers, and Service Users

- AIDS Bereavement and Resiliency Program of Ontario (ABRO) (2016): Essential Tools for Support and Stability: Worker Resource Kit.

- ABRPO: Grounding: Getting present with yourself and others (online course)

- ABRPO: How to Support a Deeper Check-In with Colleagues, Peers and Community Members using a Holistic Model

- ABRPO: How to Support a Deeper Check-In with your Staff Team using a Holistic Model

Physical Space

- QMUNITY: Going beyond trans visibility: A simple guide for adopting gender neutral, universal washrooms

- Public Service Alliance Canada (PSAC) (2018): Gender Inclusive Washrooms in your workspace: A guide for employees and managers

- CATIE Ordering Centre *The CATIE Ordering Centre distributes HIV and hepatitis C resources free-of-charge to frontline service providers across Canada*

- EQUIP Healthcare: Equity walkthrough

Tools/Guides for Implementing Evidence-Based Approaches

Cultural safety and anti-racism

- EQUIP Health Care, San'yas Anti-Racism Indigenous Cultural Safety Program (2022). Rate Your Organization: Addressing Anti-Indigenous Racism. A Discussion Tool. Vancouver, BC.

- Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto. A.D., & Rackal, J. (2021). Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review. International Journal of Environmental Research and Public Health; 18(6): 2993.

Harm reduction and substance use health

- Working group on best practice for harm reduction programs in Canada (2021): <u>Best practice</u> <u>recommendations for Canadian programs that provide harm reduction</u> <u>supplies to people who</u> <u>use drugs and are at risk for HIV, HCV and other harms</u>.

- CATIE (2022): <u>Supportive practices for service providers working with people who use drugs</u>

- Equip Healthcare (2018): <u>Promoting Health Equity – Harm Reduction</u>

- CATIE & Dr. Peter Centre (2023): <u>Evolving models of supervised consumption services and overdose prevention sites in Canada</u>

Trauma and violence informed care

- Native Women's Association of Canada: <u>Transforming our response to sexual and reproductive</u> <u>health.</u>

- CPHA (2020): <u>Trauma and violence-informed care (TVIC) Toolkit</u>

Equity-oriented Care

- EQUIP Health Care. <u>Resources for Organizational and System Leaders</u>

STBBI, harm reduction, or sexual health guidelines and standards of care for equity deserving populations

- Public Health Agency of Canada (2024): <u>Sexually transmitted and blood-borne infections: Guides for health professionals</u>

- Native Women's Association of Canada (NWAC) (2023): <u>Increasing Safety and Quality in the</u> <u>Prevention, Testing and Treatment of STBBIs experienced by Indigenous women, Girls, Two-Spirit, Transgender, and Gender-Diverse People.</u>

- Rainbow Health Ontario (2020): <u>Trans Primary Care</u>

- Tan, D. H., Hull, M. W., Onyegbule, S. O., Ajiboye, W., Arkell, C., Baril, J. G., ... & Yoong, D. (2025). <u>Canadian guideline on HIV pre-and postexposure prophylaxis: 2025 update</u>. CMAJ, 197(41), E1374-E1391.

- Ontario HIV Treatment Network (2023): <u>PrEP for Cisgender Women.</u>

Collecting and Managing Service User Feedback and Complaints

- Alliance for Healthier Communities (2021): <u>Primary Care Patient Experience Survey</u>

- Alliance for Healthier Communities (2021): <u>Virtual Care Experience Survey</u>

- Access Alliance: <u>Complaints Form</u>