



Brant Community Healthcare System

# **Diversity, Equity, Inclusion and Belonging Roadmap**

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2025 - 2030

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# CHARTING OUR PATH TO EQUITY AND BELONGING

Over the past 18 months, Brant Community Healthcare System (BCHS) has made significant progress in embedding Diversity, Equity, Inclusion, and Belonging (DEI-B) into our culture. This work is not a one-time initiative. It is an ongoing commitment to transforming how we operate, how we provide care, and how we lead.

Diversity is a fact, equity is the goal, inclusion is the practice, and belonging is the outcome. By placing belonging at the centre, we make DEI-B not only aspirational but lived. When people feel they belong, they engage more fully, collaborate more meaningfully, and thrive.

This roadmap builds on the Current State Report and is grounded in more than 100 hours of staff and community input through surveys, focus groups, and leadership priorities. It aligns with the BCHS 2025–2030 Strategic Plan and the Ontario Health Equity, Inclusion, Diversity, and Anti-Racism Framework. In January 2025, the Senior Leadership Team confirmed the key focus areas that will guide the next phase of this strategy.



I Belong at BCHS and Beyond -  
Creating an Inclusive Culture Piece by Piece  
[bchsys.org/IBelong](https://bchsys.org/IBelong)

## LOCATIONS



### Brantford General Hospital

200 Terrace Hill Street  
Brantford, ON N3R 1G9  
519-751-5544



### Willett Urgent Care Centre

238 Grand River Street N  
Paris, ON N3L 2M7  
519-442-2251



[bchsys.org/DEI-B](https://bchsys.org/DEI-B)



[deib@bchsys.org](mailto:deib@bchsys.org)



Updated Oct. 2025

# KEY PRIORITIES FROM STAFF AND COMMUNITY INPUT

In addition to direction from the Senior Leadership Team, staff and community voices shaped this roadmap. Through surveys, focus groups, and engagement sessions such as Pizza and Perspectives, several priorities emerged as central to building a culture of equity and belonging.



## Inclusive Care and Identity

Implement systems for preferred names, phonetic guides, respectful communication, and improved transition processes, with a focus on trans and Indigenous patients.



## Spiritual and Cultural Care

Renew and promote spiritual care spaces, expand visibility of services, and ensure leaders model cultural and spiritual inclusivity.



## Training, Education, and Motivation

Expand access to learning through shorter formats, peer-led networks, alignment with professional standards, and dedicated education time.



## Communication Channels and Tools

Strengthen communication through digital screens, translation supports, reliable platforms, and visible leadership messaging that uses inclusive language.



## Equity, Representation, and Belonging

Foster allyship, expand the “I Belong” campaign, create confidential reporting channels, and equip leaders to address bias and discrimination.



## Systemic Barriers and Solutions

Introduce gender-affirming services, central resource hubs, supports for staff with neurodivergence, and acknowledgement of broader social contexts.

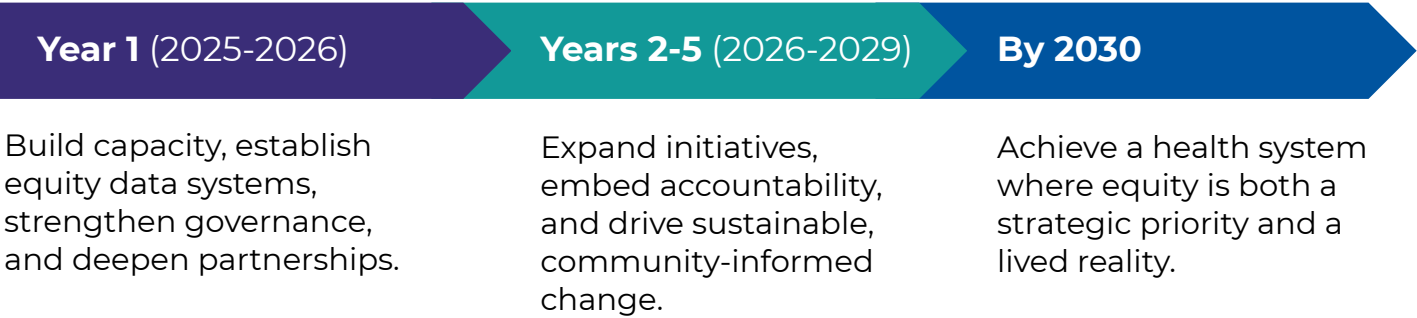


## Leadership and Accountability

Establish DEI-B champions across departments, embed direct engagement by leaders, and close the loop on staff feedback with transparent reporting.

# ROADMAP OVERVIEW

The DEI-B Roadmap provides a phased approach to embed equity and belonging across BCHS. It connects our vision to action through four strategic pillars: People, Patients, Partnerships, and Progress. It also integrates the 11 action areas of the Ontario Health Equity, Inclusion, Diversity, and Anti-Racism Framework.



## A Three-Pronged Approach to DEI-B Advancement

- 1 Internal Systems Change:** Build equity data infrastructure, strengthen inclusive leadership, update policy frameworks, and embed trauma-informed care.
- 2 External Engagement and Visibility:** Position BCHS as a sector leader through partnerships, thought leadership, awards, and Celebrate & Engage events.
- 3 Strategic Resourcing and Innovation:** Secure funding and support through grants, partnerships, licensing opportunities, and a strong business case aligned with the BCHS Strategic Plan and Quality Improvement Plan (QIP).

# ROADMAP GOALS

## Internal Systems Change

(Data Infrastructure, Leadership, Policies, Trauma-Informed Care)

### Implement Workforce Self-ID Equity Infrastructure

Year 1 (2025-2026) | **Year 1 (Complete)**

The self-ID campaign and confidential form are being finalized. The focus is on strong messaging and encouraging staff participation. Monitoring of response rates will continue, but integration into the HR dashboard has been deferred.

### Roll Out Patient Demographic Data Collection

Year 1 (2025-2026) | **Year 1 (Complete)**

Demographic data collection is now part of patient intake workflows. Staff have been trained, monitoring processes are in place, and the data is being used for quality improvement.

### Design and Implement a DEI-B Dashboard

Year 1 (2025-2026) | **Year 1 (Complete)**

A dashboard will be built to track workforce and patient equity data, supporting transparency and leadership accountability.

### Conduct Equity-Focused Policy Audit

Years 1-3 (2025-2028) | **Rollout Years 2-3 (In Progress)**

Policies are being reviewed with an equity and anti-racism lens. Language will be updated and systemic barriers removed, with training provided to policy owners.

### Establish DEI-B Steering Committee

Year 2 (2026-2027) | **Rollout Year 2**

A Steering Committee is being formed to oversee implementation, with membership, Terms of Reference, and meeting cadence in development.



## Deliver Inclusive Leadership Programming

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**Year 1** (2025-2026) | **In Progress**

Provide training on inclusive leadership, bias, and allyship is being rolled out. Feedback from participants will refine the program over time.

## Buddy Program - Internally Trained Professionals

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**Years 1-2** (2025-2027) | **Rollout Years 1-2 (In Progress)**

In partnership with Peer Support, implement a buddy system that will support new hires and equity-seeking staff. A pilot will run in 2026, with broader implementation by 2027.

## Two-Year DEI-B Impact Survey

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**Baseline Year 2** (2026); Follow-up by 2030 | **Rollout Years 2 and 5 (In Progress)**

The baseline survey will launch in 2026 to measure belonging and equity outcomes, with a follow-up survey scheduled for 2030.

## Inclusive Language Guide

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**Year 2 Pilot** (2026-2027) | **Publish Year 2 (In Progress)**

The guide is being drafted with ERG and partner input. Once finalized, it will be rolled out across templates, training, and communication channels.

## DEI-B Modules (Anti-Racism Focus)

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**Year 1 Development** (2025-2026) | **Rollout Year 2 (In Progress)**

Modules are in development with experts. Leader pilots are set for 2026, followed by full rollout in 2026–2027.

## Cultural Safety - Indigenous Health Modules

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**Year 2** (2026-2027) | **In Progress**

# ROADMAP GOALS

## External Engagement and Visibility

(Partnerships, thought leadership, Celebrate & Engage events)

### Support Work with the Brantford Brant Ontario Health Team (BBNOHT)

Annual 2025-2030 | **Continual**

BCHS is actively collaborating with BBNOHT partners to align DEI-B initiatives and share resources regionally.

### Deliver Celebrate, Educate, and Engage Events

Annual 2025-2030 | **Continual**

BCHS continues to deliver cultural and equity-focused events annually, including Diwali, ADHD Awareness Month, and Black History Month.

### Spiritual Care 101 Sessions

Years 1-2 (2025-2027) | **In Progress**

Starting in September 2025 with a session on Indigenous Health and Well-Being, BCHS will deliver a multi-faith series that highlights diverse perspectives on spiritual care. Subsequent sessions will cover Hinduism, Islam, Judaism, and Sikhism. These sessions are designed to strengthen cultural and spiritual inclusivity across the organization.

### Activate Academic and Community Partnerships

Annual 2025-2030 | **Continual**

Partnerships with Laurier and community organizations are being formalized, with pilot initiatives launched and learnings shared across the sector.

## Leverage Student Placements to Support DEI-B Implementation

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Annual 2025-2030 | **Continual**

Student placements will provide capacity for projects and integrate new knowledge into practice.

## Enhancement Projects - Welcome Mural and Display Case

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Years 3-5 (2027-2030) | **In Progress**

A mural and display case will be co-designed to visibly demonstrate belonging and community partnership within BCHS.

## Position BCHS as a Thought Leader Through Publications and Presentations

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Years 2-5 (2026-2030) | **In Progress**

Case studies, op-eds, and presentations at conferences will share BCHS's progress and influence sector dialogue.



## **LIMITATIONS AND SUPPORT**

This roadmap sets out an ambitious and necessary direction, but it is important to acknowledge its limitations. Achieving lasting equity and belonging requires resources, time, and continuous learning. BCHS faces constraints in staffing capacity, funding availability, and system alignment that may affect the pace of implementation. Measurement of progress depends on self-identification and voluntary participation, which may limit the completeness of data. DEI-B work is also influenced by broader societal and policy shifts that are beyond the control of BCHS. Recognizing these realities ensures that our strategy remains adaptive, transparent, and grounded in what is achievable while continuing to aim for transformative change.

## **CONCLUSION AND CALL TO COMMITMENT**

This roadmap is both a vision and a responsibility. Embedding DEI-B into every part of BCHS is not the work of one department or a single leader. It requires the collective commitment of our entire organization and partners.

The goals outlined are ambitious, and success depends on consistent action, accountability, and collaboration across all levels. Every staff member, physician, volunteer, leader, and community partner has a role in creating a system where diversity is respected, equity is advanced, inclusion is practised, and belonging is lived. Together we can ensure that BCHS not only meets its strategic goals but also demonstrates what a truly inclusive healthcare system can look like for the communities we serve.

