



Request for Proposal

Project No. 2022-05

Anti-Racism Strategy

Huron Perth Public Health

Closing Date and Time: June 30 2022 at 1300 hours EST

Location: Huron Perth Public Health

653 West Gore Street, Stratford, ON Canada N5A 1L4

77722B London Road RR #5, Clinton, ON Canada N0M 1L0

barb Leavitt | Director Population Health
Huron Perth Public Health
653 West Gore St, Stratford, ON N5A 1L4
Telephone | 519-271-7600 ext. 3258
Email | jpauli@hpph.ca
Issued | June 30, 2021

PURPOSE

The Huron Perth Health Unit (HPPH) is seeking an experienced consultant to initiate and advance anti-racism strategic approaches for Huron Perth Public Health.

HPPH has an internal Anti-Racism Working Group that is responsible for developing and oversight of the organization’s internal Anti-Racism Strategy. The successful consulting firm will work collaboratively with this group to implement the actions in the Strategy with staff, management and the HPPH Board of Health from September 2022 to May 2023.

The Anti-Racism Strategy has three areas of focus and requires a Consultant to support the work of the Anti-Racism Working Group, including:

Focus Area	Purpose	Deliverables
<p><i>Internal to HPPH:</i></p> <p>HPPH culture and learning</p>	<ul style="list-style-type: none"> • Create awareness of public health’s responsibility to reduce racism within our programs and services; internal policies and our own behaviours and beliefs (staff, leadership, BOH and partners) • Use of best practices and strategies that produce a long term commitment to culture change sustainability 	<ul style="list-style-type: none"> • Identify learning needs and facilitate staff education and training related to anti-racism (may be through Team or Department Strategic Planning) • Develop, implement and evaluate an anti-racist, anti-oppressive, and culturally safe education and learning strategy (includes orientation of new staff) for all HPPH departments, teams, staff, board members, students and volunteers (appropriate for their roles).
<p><i>Internal to HPPH:</i></p> <p>Program and service review/assessment including evidence based decision making and data collection</p>	<ul style="list-style-type: none"> • Support integration and application of intersectional lens (the intersection with other social determinants of health and other forms of systemic discrimination and oppression) along with anti-racist/anti-oppressive approaches into HPPH program planning, monitoring and evaluation • Support integration of anti-racist practices to decision-making processes about programs and services 	<ul style="list-style-type: none"> • Development of tool(s) and resources • Provide best practices, consultation and feedback for: <ul style="list-style-type: none"> ○ Ethical surveillance, collection, analysis and dissemination of race-based data ○ Planning, implementing and evaluating programs and services that alignment with anti-racist and anti-oppressive approaches ○ Using tools & processes to ensure accessible, inclusive and culturally safe programs and services
<p><i>Internal to HPPH:</i></p> <p>Organizational/ Administrative</p>	<ul style="list-style-type: none"> • Modify applicable existing systems policies, practices using anti-oppressive approaches including: human resources; Board of Health; 	<ul style="list-style-type: none"> • Organizational anti-racism policy • Review of existing HPPH policies and practices to ensure an up to date, explicit and accountable focus

policies and decision making	<p>Internal program policies and practices</p> <ul style="list-style-type: none"> • Establish a mechanism and process for ongoing policy review and evaluation using the anti-racism/anti-oppressive approaches. 	<p>on racism (e.g. human resource policies, recruitment and hiring practices, Board of Health policies, orientation policies, and internal procedures)</p> <ul style="list-style-type: none"> • Develop a process for creation and review of policies and procedures
------------------------------	---	---

BACKGROUND

According to the Ontario Public Health Standards (OPHS) Health Equity Guideline:

“Health Equity means that all people can reach their full health potential without disadvantage due to social position or other socially determined circumstance, such as ability, age, culture, ethnicity, family status, gender, language, race, religion, sex, social class, or socioeconomic status. Systemic differences in health status exist across population groups, and these are often referred to as health inequities. Health inequities are health differences that are:

- Systematic, meaning that health differences are patterned, where health generally improves as socioeconomic status improves;
- Socially produced, and therefore could be avoided by ensuring that all people have the social and economic conditions that are needed for good health and wellbeing; and
- Unfair and/or unjust because opportunities for health and well-being are limited

Health is influenced by a broad range of factors, including social determinants that affect the conditions in which individuals and communities live, learn, work, and play.”

(Ministry of Health and Long-Term Care, 2018)

Racism is one social determinant of health and, “racism within institutions and society influences how opportunities for health and wellbeing are distributed” (National Collaborating Centre for Determinants of Health [NCCDH], 2018). Race is an idea created by humans, and has no basis in biology (NCCDH, 2018). “It is an idea developed by societies to create and categorize differences among groups of people based on physical features like skin colour and hair texture and sometimes culture and religion” (NCCDH, 2018). “Race is used to create and maintain a social hierarchy with human value assigned based on how close one is to Whiteness” (NCCDH, 2018).

“Racism functions at multiple levels and through various forms to create and reinforce beliefs, prejudices and stereotypes, and to normalize discriminatory practices” (NCCDH, 2018). This includes cultural racism, which refers to values and beliefs that maintain a racial hierarchy (e.g., stereotypes and unconscious-bias). As well as structural racism, which refers to a system that creates and reinforces racial inequities (e.g., institutional practices, history, and public policy) (NCCDH, 2018).

Public health has an important role in reducing systemic racism to ensure that those affected have equitable opportunities for health. Effective public health practice requires addressing health inequities at the individual, interpersonal, organization, community and societal level. Racism is an important public health issue impacting health inequities. “Indigenous and racialized peoples generally experience higher rates of poverty, precarious and under employment, discrimination and systemic disadvantages within housing, education, and public health systems” (NCCDH, 2018).

While the goal of this strategy is to explicitly address racism, we also acknowledge the intersection with other social determinants of health and other forms of systemic discrimination and oppression. There

are a number of public health documents that directly guide the work of health equity and anti-racism. The Ontario Public Health Standards outline the requirements for public health programs, services and accountability. These documents include the Foundational (Health Equity Standard) and Program Standards (Nine (9) Standards) and articulates specific requirements and outcomes related to health equity.

ABOUT HURON PERTH PUBLIC HEALTH

Huron Perth Public Health is Ontario's newest, publicly funded local public health agency, established in January of 2020 through the amalgamation of former Huron County Health Unit and former Perth District Health Unit; just two (2) months after legally amalgamating, and before operational merger could be completed, HPPH became the lead in the local response to the global COVID-19 pandemic.

HPPH, governed by an autonomous Board of Health, works with our community to promote and protect health and prevent illness, based on community need, evidence and law. HPPH is dedicated to delivering public health programs, classes and services in our community that are accessible for everyone. Huron and Perth counties cover 5,617 km², much of which is considered prime agricultural land, and are home to > 136,000 residents (2016 census), and also receive many visitors, with attractions including the spectacular Lake Huron shoreline as well as the world-renowned Stratford Festival Theatre.

COMPOSITION OF HPPH

The Board of Health is made up of nine (9) elected municipal representatives (from the Counties of Huron and Perth, the Town of St. Marys, and the City of Stratford, and two (2) provincial appointees). A Management Team of sixteen (16), which includes the Medical Officer of Health and Senior Leadership Team oversees public health services and provides direction to more than two hundred (200) full-time and part-time staff members.

PARTICIPANTS

This work will be led by the consultant with guidance and support from staff and manager of the Health Equity Team. Staff from across the organization, management, senior leadership and the board member will participate in various phases of the project.

TIMELINES

- May 24, 2022 RFP issued
- June 14, 2022 Intent to Submit proposal
- June 16, 2022 questions related to RFP by zoom, 3:00 to 4:00 PM | Zoom invite to follow once Intent to Submit is received
- June 30, 2022 13:00 hours EST | Due Date for Submissions for the project
- Proposal reviewed/evaluated by selection committee
- July 5 – 7, 2022 Interviews
- Selection committee recommendation
- Contract executed

SUBMISSIONS

Please respond by email to rfp@hpph.ca and include "Anti-Racism Project" in the subject line.

PROPOSAL REQUIREMENTS

- Please submit a letter of Intent to Submit a proposal by June 14, 2022
- Please submit a proposal no longer than four (4) pages in length, plus three (3) references

- Proposal must be received via email before 13:00 hours (1PM) EST on June 30, 2022

GUIDELINES FOR PROPOSAL CONTENT

Please provide a brief proposal outlining your approach, concept for the project, including project deliverables and your use of the funds budgeted for this project and how you would utilize and engage HPPH staff and Board of Health members in the project.

The proposal statement of work should be presented in a conceptual, high-level format, with the understanding that the actual scope of work will be refined after consultant selection. HPPH staff will work with the selected consultant to design the strategic planning process that aligns with HPPH staff and board resource and time constraints.

SPECIFIC PROPOSAL CONTENTS

- Name of firm
- Name and contact information for the consultant
- Description of relevant experience and qualifications
- Indication of availability during the project period
- Statement of work: brief response on approach to the project scope and the service process which includes a detailed project plan identifying the approach and methodology being proposed
- Fees and pricing: fees should be broken down into the various components of the scope of work
- References: provide three (3) significant, relevant, industry project references with contact information, and a description of the scope and services provided for the reference (not included in the four (4) page limit)

CONFLICT OF INTEREST

The Health Unit has a Conflict of Interest Policy governing all employees and medical staff. We ask that all Contractors respect the intent of this Policy and disclose any financial transactions, activities or relationships that may be viewed as a potential Conflict of Interest. If information has been previously disclosed, an update should be provided if changes or new activities are initiated.

PROPOSAL REVIEW AND ASSESSMENT

Consultants will be evaluated on the following criteria:

- Quality of proposed statement of work
- Relevant experience and qualifications
- Availability during project period
- Competitiveness of cost/proposal/hourly rate

Assessment

Technical proposal | 35%

- Project approach/methodology
- Proposed work plan

Management proposal | 35%

- Firm relevant experience
- Qualifications/experience of proposed key staff

Cost proposal | 30%

- Cost

Total | 100%

REFERENCES

Ministry of Health and Long-Term Care. (2018). Health equity guideline, 2018. Toronto, ON, Canada: Queen's Printer for Ontario.

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Health_Equity_Guideline_2018_en.pdf

National Collaborating Centre for Determinants of Health. (2018). Let's Talk: Racism and health equity. (Rev. ed.). Antigonish, NS, Canada: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. <http://nccdh.ca/images/uploads/comments/Lets-Talk-Racism-and-Health-Equity-EN.pdf>