Final Report from the Equity, Diversity and Inclusion Plan Working Group

Submitted to the Dean's Executive Committee
By Equity, Diversity and Inclusion Working Group: Co-chairs: Onye Nnorom and Ike Okafor
In partial implementation of the Faculty of Medicine's 2018-2023 Academic Strategic Plan

September 17, 2020

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

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Acknowledgement of Traditional Land

The sacred land on which the Faculty of Medicine operates has been a site of human activity for thousands of years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, Toronto is also the home to Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this important traditional territory.

The Equity, Diversity and Inclusion Plan Working Group (EWG) acknowledges colonization as a social determinant of health and a driver of inequities, within and outside of healthcare. A land acknowledgement is a small but important aspect of decolonization, because we recognize Indigenous inhabitants of the land, as we strive toward reconciliation. The EWG report herein addresses inequities experienced by numerous groups, including Indigenous peoples. We also recognize the distinct needs and history of Indigenous peoples in Canada that has led to the creation of a distinct strategy, keeping with the principle of self-determination, within the Faculty of Medicine. This has led to the establishment of the Office of Indigenous Medical Education and the Faculty of Medicine's Indigenous Strategy. We encourage all readers of this text to also read and engage with the Indigenous Strategy and the Truth and Reconciliation Calls to Action.

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Preamble to the Faculty of Medicine EDI Action Plan

This EDI Action Plan was originally approved for endorsement by the Faculty of Medicine Dean's Executive team in late December 2019. While the Office of Inclusion and Diversity was in the midst of collaboratively planning for a late Spring launch of the plan, the world shifted almost overnight. First, in late March 2020, the COVID-19 virus resulted in an unprecedented pandemic in Canada. Along with the pandemic came further reminders of the disproportionate health disparities faced by Indigenous, Black, racialized, poor, 2SLGBTQIA+ communities, people with disabilities, and other marginalized groups in Canada, highlighting how structural oppression in our society continues to operate in our systems and institutions, including, and especially in, health care.

Then, the ongoing pandemic of racism once again reared its head in an overt incident of police brutality that led to the graphic and widely publicized murder of an innocent Black man named George Floyd. George Floyd was killed in Minneapolis on May 25, 2020, spurring global protests and activism led by the Black Lives Matter (BLM) movement that openly called out continued systemic racism and violence towards Black communities in North America and around the globe. George Floyd was killed in the USA, but we are aware that the legacy of systemic racism is alive and well in Canada. This new societal surge of acknowledgement, recognition, commitment, and action to combat anti-Black and anti-Indigenous racism specifically has come about after generations of activism calling upon our systems to address and respond with urgency and vigour.

Both the Truth and Reconciliation Commission Calls to Action (2015) and the United Nations Working Group of Experts on People of African Descent (2017) have already formally highlighted with concern the enormous healthcare gaps and issues in representation and education in health care (among other systems) for Indigenous and Black peoples in Canada, and the urgent need to address these gaps.
As we now proceed to launch this EDI Action Plan in Fall 2020, the Equity, Diversity and Inclusion Working Group strongly recommends that the Faculty explicitly contextualize equity, inclusion and diversity work along with the centering of anti-Black racism, anti-Indigenous racism, and anti-oppression, as priority areas of focus, responsibility, and collective action. This is urgent work, and we recommend using this plan as a tool to reinforce the Faculty's Excellence through Equity commitment to be a global "change force for equity," and to take action now.

1.   Executive Summary

1.1 Context
The University of Toronto's Faculty of Medicine (FoM) has identified *Excellence through Equity* as one of three pillars of the [Academic Strategic Plan 2018-2023.](#) The Equity, Diversity and Inclusion Plan Working Group (EWG) was struck in January 2019 at the direction of the decanal sponsor Dr. Lisa Robinson, Associate Dean, Office of Inclusion & Diversity. The purpose of the EWG is to identify opportunities and make recommendations that will be the basis for the Faculty's first comprehensive equity, diversity and inclusion (EDI) plan.

The EWG undertook research & information collection and consulted broadly to help achieve the project objectives. Three subgroups were struck by the EWG:
- EDI Environmental Scan subgroup;
- EDI Collaborations & Partnerships subgroup; and
- EDI Wise Practices[1] for EDI Campaigns

1.2 Summary of the Findings
- Environmental Scan:
  - Many departments and units have EDI activities (e.g. Diversity Mentorship Program) in place at the student and/or faculty level with various degrees of measurements of outcomes
  - The target population(s) of the EDI initiatives do not seem to closely align with FoM priority groups listed in the [Diversity Statement](#), which are: Indigenous, Black, and the economically disempowered
  - EDI Leads welcome collaboration for sharing programming practices
- Collaborations and Partnerships Mapping:
  - There are a number of excellent collaborations and partnerships that have been forged by a variety of different units and departments, and these can be built upon going forward and shared centrally. Examples include:
    - EDI-focused Pathway & Mentorship Programs
    - EDI Educational Events
    - EDI-focused committees or events
  - Barriers experienced by those who engage in EDI activities within the Faculty of Medicine include:
    - Logistical Issues
    - Resource Allocation
    - Lack of EDI expertise and training
    - Lack of consistency in EDI roles, resources, practices within the FoM
- Promising Practices for EDI Educational Campaigns
  - The "*We All Belong*" EDI communications campaign that was developed by the Faculty of Medicine has provided a starting point for an important discussion. Based on the review of other EDI campaigns, promising practices include:
    - Ensuring all stakeholders (learner, staff, faculty) are engaged

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[1] [1] Proposed by Indigenous scholars, "Wise practices are best being defined as locally-appropriate actions, tools, principles or decisions that contribute significantly to the development of sustainable and equitable social conditions. It incorporates the understanding that a "best practice" in one situation should not automatically be regarded as replicable in other similar situations and describing this as an ill- founded "cookie cutter" presumption. Source: Cynthia Wesley-Esquimaux and Brian Calliou, 2010. http://communities4families.ca/wp-content/uploads/2014/08/Aboriginal-Community-Development.pdf

- ▪ Communicating via numerous media platforms (printed education materials, online, social media, etc…)
- ▪ The messages should include personal, diverse narratives and relevant data

1.3 Summary of Recommendations for the EDI Plan

The EWG has made ten recommendations for the EDI Plan as well as a proposed work plan (Appendix 5). The recommendations are:

Immediate Priority/Short Term:

1. **Recommendation**: Establish EDI leads in every department and unit throughout the faculty & allocate resources to support the staff, faculty (including status-only faculty) and learners to improve EDI within the Faculty of Medicine, including administrative support and protected time to leads implementing initiatives related to this plan
   Responsibility: Office of the Dean
   Timeframe: 6 months

2. **Recommendation**: Disseminate the results of the "Voice of the…" surveys to the Faculty of Medicine community
   Responsibility: Office of the Dean, Human Resources
   Timeframe: 6 months

3. **Recommendation**: Establish the Diversity Advisory Council as an advisory committee to the Dean and Dean's Executive with the responsibility for overseeing the implementation and monitoring of the EDI Plan. Add a standing report from the DAC into Faculty Council meeting agendas (under Reports from the Dean's Office) for regular reports on EDI plan implementation and progress
   Responsibility: Office of Inclusion and Diversity (OID)
   Timeframe: 6 months

4. **Recommendation**: Mandate the Diversity Advisory Council to review the EDI Plan every five years and renew and/or revise it as necessary
   Responsibility: Diversity Advisory Council
   Timeframe: 6 months

5. **Recommendation**: Create a costed proposal to establish a structured and well-resourced EDI research collaboration hub
   Responsibility: Office of Inclusion and Diversity (OID), Diversity Advisory Council
   Timeframe: 6 months

6. **Recommendation**: Establish a model for systemic transformation and a framework for continuous quality improvement based on that model for the Faculty of Medicine
   Responsibility: Diversity Advisory Council (with the support of external consultants)
   Timeframe: 1 year

Longer Term:

7. **Recommendation**: Implement a well-resourced "We All Belong" campaign throughout the Faculty
   Responsibility: Office of Inclusion and Diversity (OID)
   Timeframe: 1 year

8. **Recommendation**: Expand pathways, recruitment and retention programs for learners and faculty members across the Faculty of Medicine
   Responsibility: Office of Health Professions Student Affairs, Office of Inclusion and Diversity (OID), and Recruitment/Admissions Units across all programs
   Timeframe: 1 year

9. **Recommendation:** Create recruitment, retention and promotions programs for administrative staff across the Faculty of Medicine
   Responsibility: Human Resources, Office of Inclusion and Diversity (OID)
   Timeframe: 2 years

10. **Recommendation:** Facilitate interdisciplinary and interprofessional collaboration and partnerships ("ecosystem of collaboration")
    Responsibility: Office of Inclusion and Diversity in collaboration with all Faculty stakeholders
    Timeframe: Ongoing

1.4 Critical Considerations

Power: The Faculty of Medicine must consistently recognize that issues of power dynamics, power imbalances, and hierarchy operate in the academy and throughout health care institutions. For example, although learner, staff and faculty member mistreatment exists in the learning and work environment, very few individuals come forward to report for fear of retaliation and negative repercussions for their future learning and career trajectories. In addition, the Faculty of Medicine is made up of a number of health professions sectors dedicated to clinical and/or research (medical trainees, rehab sciences, occupational therapy, physical therapy, speech language pathology, basic sciences, physician assistants, medical radiation), all of whom deserve equitable access to the Faculty's resources.

Social Justice & Anti-Oppression Principles: The Faculty of Medicine must consciously and explicitly uplift equity, diversity, and inclusion within its culture. We acknowledge that oppressions are embedded in the dominant culture and institutions in ways that are so pervasive that they are often invisible. The goal of social justice and principles of anti-oppression must underpin all that we do in implementing this plan.

Support for other facets of the Academic Plan: The EDI plan must support other facets of the academic plan, including but not limited to: (1) Health and Wellbeing in Everything We Do; (2) The Indigenous Strategy; (3) Infrastructure, Policies and Technology that Compel Collaboration and Support Sustainability, (4) Groundbreaking imagination.

Communication & Transparency
Although the systems transformation process would result in the identification of meaningful outcomes and/or processes to share with stakeholders and the EDI Educational campaign would provide an opportunity for sharing narratives, there is benefit in sharing available data prior to the official launch of the EDI Plan. This includes sharing data from the *Voice of the*… Survey and evaluation and outcome data from the Faculty of Medicine's EDI pathway programs which have been effective in strengthening diversity in the Dean's Report and Vitals website.

People Development
It is important for EDI work to be central in all aspects of development of people within the Faculty, such as health and well-being initiatives for learners, staff and faculty members, as well as curriculum and professional/faculty development. It should be acknowledged that those who are underrepresented/minoritized in the faculty face greater barriers to equitable learning and career

development, and these barriers should be addressed. For example, the "minority tax[2]" or "cultural tax" is experienced by underrepresented learners, staff and faculty members on a daily basis as they are called on to take on much of the burden of EDI work without adequate support or resources (e.g. status-only faculty in the rehab sciences sector who identify as Indigenous and/or Black).

2.   Context of Report

The Faculty of Medicine at the University of Toronto is committed to excellence and innovation in all that it does. Diversity embodies mutual respect, multiple perspectives, and serves as a catalyst for change resulting in health equity. For women and individuals from historically marginalized groups in healthcare and biomedical science who disproportionately experience exclusionary and inequitable behaviours and systems may face additional challenges that prevent individuals from achieving their potential, and the very best from rising to the top in healthcare and biomedical science. Equity, diversity, and inclusion are necessary for excellence in healthcare.

Further, as Dean Trevor Young has noted:

> "There is a growing body of literature that tells **us diversity in medicine results in better medicine.** For example, greater diversity in medical classes leads to doctors with a greater ability and sensitivity to serving diverse communities. Ensuring that many different ethnic and racial groups are represented within the profession also broadens the scope of care and concern for unique health conditions that affect specific populations. We need to take further steps to address this issue, not simply because it's a good thing for us to do — though that wouldn't be the worst reason — but to advance our medical education."

Dean Young's words apply beyond Medicine to all the health professions and health sciences. Today, the Faculty of Medicine at the University of Toronto is highly diverse, but still, students, trainees, and faculty do not reflect the socio-demographic diversity of the University of Toronto as a whole, nor of the Greater Toronto Area in which we live. In 2018, the Faculty of Medicine conducted a series of surveys, termed "*Voice of the...*" in which faculty, students, post-graduate trainees, staff and fellows were asked to describe their experiences with a focus on equity, diversity and inclusion. Survey findings confirmed that members of historically (and currently) marginalized groups disproportionately experience inequitable access to educational and professional opportunities, along with discrimination, incivilities, and exclusionary systemic processes. Furthermore, data on the equity experiences of Black and Indigenous people, who are key priority groups recognized within the Faculty of Medicine, were challenging to report due to their significant under-representation within the Faculty.

Our data shows that the inequities experienced by learners, staff and faculty are often gendered in nature, and although some progress has been made in the area of gender equity within the Faculty there remains much more work to be done. In addition, minoritized genders who also identify as being a member of another minoritized/underrepresented group, such as Black, Indigenous, and other racialized women, women with disabilities, LGBTQ2S women, and women from minoritized faith groups (e.g., Muslim) experience additional barriers and instances of inequitable treatment. Although gender must continue to be a key focus in EDI work across the Faculty, this focus should not occur at the expense of moving forward to address the unique experiences of other minoritized/underrepresented groups, including those with intersectional identities.[3]

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[2] "minority tax"—the burden of extra responsibilities placed on minority faculty in the name of diversity.

[3] https://hbr.org/2019/07/do-your-diversity-efforts-reflect-the-experiences-of-women-of-color

In its pursuit of excellence, the Faculty of Medicine understands it must be deliberate in its efforts to find, accept, retain, promote, and provide leadership opportunities for the best learners, staff, and faculty. The Faculty of Medicine understands that it must pro-actively identify and remove systemic barriers in order to redress the persistent underrepresentation of individuals from Indigenous, Black, and other marginalized communities, and of women in leadership positions in healthcare and biomedical science.

The University of Toronto's Faculty of Medicine has identified *Excellence through Equity* as one of three pillars[4] of the [Academic Strategic Plan 2018-2023.](#) Under the leadership of Dean Trevor Young, the Faculty seeks to:

> Make inclusion and equity essential components of how we define and foster excellence in scholarship, practice and health outcomes. Individuals across the Faculty of Medicine, regardless of how they identify, will be invited to have a voice and be empowered to effect change. Our environment will draw in and draw on our global outlook through diverse perspectives from a range of disciplines. Our graduates will be internationally recognized as a change force for equity.

The [Equity, Diversity and Inclusion Plan Working Group](#) (EWG) was struck in January 2019, composed of diverse faculty, staff, and students, at the direction of decanal sponsor Dr. Lisa Robinson, Associate Dean, Inclusion & Diversity. The [purpose](#) of the EWG is to make recommendations for the creation of a comprehensive equity, diversity, and inclusion (EDI) plan for the Faculty with specific with strategies to expand EDI programming and campaigns across the faculty with an interdisciplinary lens.

2.1 Defining Equity, Diversity and Inclusion

A definition of EDI was determined by the EWG:
EDI Definitions[5]*

EQUITY

Implies fairness, impartiality, even-handedness. A distinct process of recognizing differences within groups of individuals, and using this understanding to achieve substantive equality in all aspects of a person's life.

DIVERSITY

Diversity embodies mutual respect, multiple perspectives, and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences including but not limited to Indigeneity, socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age.

INCLUSION

Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is to create a climate that fosters accessibility, belonging, respect, and value for all and encourage engagement and connection throughout the institution and community.

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[4] The Academic Plan seeks to establish the Faculty of Medicine's learners, graduates, faculty, staff and partners as an "unparalleled force for new knowledge, better health, and equity." To achieve this lofty vision, the Faculty will focus on three domains: unparalleled collaboration, extraordinary discoveries with real world impact, and excellence through equity.

[5] It should be noted that EDI definitions are not static and simplistic but rather dynamic and adaptive. Although the definitions highlighted above were agreed upon in a particular time and place by the EWG it should be acknowledged that they are complex, multi-faceted and ever-changing.

EDI ACTIVITIES

EDI activities may include any programs, initiatives, guidelines/policies, or systemic change strategies designed for students, staff, faculty, and/or community partners which seek to create, enhance and/or promote demonstrable impact in the area of EDI, and/or to better understand EDI (within a respective department/unit). EDI activities also include demonstrated and completed achievements in these areas.

*Adapted from the Following Sources:
Association of American Medical Colleges (AAMC) Group on Diversity and Inclusion:
https://www.aamc.org/members/gdi/
Ontario Human Rights Commission - Glossary of Human Rights Terms:
http://www.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms

3. Research & Analysis

Between January and July 2019, the EWG undertook research and information collection to help achieve the project objectives. Research was conducted by individual EWG members, as well as by three subgroups struck by the EWG:
- EDI Environmental Scan subgroup;
- EDI Partnerships & Collaborations Mapping subgroup; and
- EDI Wise Practices for EDI Campaigns

3.1 FoM Environmental Scan

The purpose of the Environmental Scan of the Faculty of Medicine was to inform objectives:
1. Inventory (and develop) potentially relevant EDI initiatives / interventions / programs
2. Review of current resources across the Faculty
3. Establish an EDI community of practice

3.2 Method

Nana Lee, Director of Mentorship and Graduate Professional Development for Graduate Life & Science Education (GLSE), Faculty of Medicine, contacted all departmental 26 Chairs, of which 16 responded with the contact information of their respective EDI leaders. It is unclear whether or not the 10 departments that did not respond have EDI leaders, or if this was the reason for the lack of response.

Among the 16 departments, the Chairs identified 45 EDI leaders in their departments. These leaders were sent an EDI activity survey which was completed by 21 respondents from 13 departments, six clinical and seven basic research: Anesthesiology, Biochemistry, Family and Community Medicine, Immunology, Laboratory Medicine and Pathobiology (LMP), Medical Biophysics, Medicine, Molecular Genetics, Occupational Science and Occupational Therapy, Paediatrics, Physical Therapy, Psychiatry, and Surgery.

3.3 Findings

- Most EDI roles identified in the survey were held by faculty members, rather than staff, learners, or trainees
- Conceptualization of EDI activities varied widely, from a focus on EDI competencies for patient care, to chairing EDI committees, developing EDI strategic plans, teaching EDI-related curricular content or producing publications on EDI in healthcare
- Some departments have faculty members who are appointed specifically to address EDI
- The existing EDI programs focus primarily on the following populations: gender (women), ability, foreign-trained clinicians, sexual orientation, gender identity, and allyship
- In cases where EDI initiatives were evaluated, the intervention had been predominantly curricular/educational content

- Most EDI Leads feel the EDI initiatives are either moderately effective or they did not know enough to determine whether or not it is effective in improving equity, diversity, and inclusion
- Many EDI Leads feel that the FoM is making progress overall, in moving towards improving EDI
- Many EDI Leads also feel that they would benefit from learning about the work of others and sharing some of their own successes with other groups within the FoM
- Very few EDI Leads are aware of any formal evaluation of EDI programs in their department or statistical data related to EDI

3.4 Analysis and Observations

Many departments have EDI activities in place at the student and/or faculty level with various degrees of measurements of outcome. Although there were many educational initiatives, there was a paucity of programs focused on measurably increasing EDI as a final outcome.

Overall, the target population(s) of the EDI initiatives do not seem to align with FoM priority groups listed in the Diversity Statement, which are: Indigenous, Black, and the economically disempowered.

Some EDI Leads mentioned they welcome collaboration for sharing programming wise practices, such as the Bridging Program and Women in Academic Psychiatry Trainee Program. Another idea about co-projects includes: "Training programs could be better coordinated. For example, each department does not need to organize their own session of the Provost's Unconscious Bias training." Many mentioned that the work to encourage/mentor students from many backgrounds to become Canada's scientific and healthcare leaders should start with outreach at younger ages, such as grade or high school.

4.   EDI Partnerships & Collaborations Mapping

The EDI Partnerships Mapping sub-group mapped out (to the extent possible) EDI-related relationships, collaborations and partnerships among the Faculty of Medicine's various units and departments, as well as external to the Faculty. The purpose of the mapping was to better understand where and how EDI work happens across the Faculty and also determine areas for the establishment, growth, and/or expansion of interdisciplinary programs.

4.1 Method

In order to complete this task, Ike Okafor and Anita Balakrishna, whose main portfolios include EDI work within the FoM, consolidated lists of the ongoing partnerships with a variety of FoM units, departments and external stakeholders of which they are currently aware and/or have been involved in. They also conducted deeper dive interviews with several units, departments, and student groups in order to gain a more comprehensive understanding of the success, challenges, and overarching themes regarding partnership on EDI issues at FoM. Finally, they used the relevant results of the data collected from the EDI Scan Task-Group of the EWG to identify key themes to inform the recommendations. The framework through which this working group explored these areas included both the Excellence through Equity pillar of the FoM Academic Strategic Plan, but also the Ecosystem of Collaboration pillar. It should be noted that what is captured in this final report and Appendix 3 is not a reflection of every single EDI-related partnership and/or collaboration across the Faculty but rather a snapshot based on the information available at this time based on the group's limited methodology and time constraints.

4.2 Findings

There are a number of excellent collaborations and partnerships that have been forged by a variety of different units and departments, and these can be built upon going forward and shared centrally (see Diagram in Appendix 3). Otherwise there is a risk of departments engaging in inefficient, siloed duplication of efforts. A more collaborative, systemic approach will help "[fuse] the diverse strengths of [the FoM] network" as highlighted in the description of the Ecosystem of Collaboration (pillar 1). Some examples of these types of programs include:

- Pathway and Mentorship programs for aspiring and present learners:
  - Summer Mentorship Program & Community of Support program for prospective health sciences students (OHPSA) and sound practices for including community and student stakeholders in program design
  - Diversity Mentorship Program for MD students (Office of Inclusion & Diversity)
- EDI training and development sessions:
  - Cultural safety & allyship training modules for students, staff and faculty (e.g. BSAP, MD Program, Dept. of Medicine, Dept. of Occupational Science and Occupational Therapy)
  - Incorporation of EDI and unconscious bias principles and training into admissions and search committee processes for new faculty and/or leaders (Academic Affairs, MD Program, Dept. of Medicine)
- EDI-focused committees & events:
  - Student and faculty led EDI committees (Dept. of Occupational Science & Occupational Therapy, Dept. of Medicine)
  - Annual Inclusion & Diversity Day (The Hospital for Sick Children, Dept. of Paediatrics, Office of Inclusion & Diversity)

4.3 Analysis and Observations

Some of the key perceived barriers to the establishment of interdisciplinary/interprofessional programs, partnership and collaborations in EDI have been identified as the following (based on verbatim statements from select collaborator interviews):

- Logistical challenges:
  - "red tape" and bureaucracy that no longer serves the organization (e.g. discrimination/harassment complaint process, colonial models of power and hierarchy that do not take into consideration Indigenous and other communities' ways of knowing, being, and doing, such as restorative justice practices in complaints resolution protocols)
  - FoM is so large and decentralized that it is difficult to know "who is doing what" - communication and information sharing is a challenge
  - The work moves at a very slow pace because of the hesitation to partner
  - Misalignment of EDI policies across various levels, which makes it difficult to reinforce (e.g. learner mistreatment policies at Faculty of Medicine, MD program, TAHSN)
- Resource allocation:
  - Minimal human and monetary resources to do the work (i.e. do it in a way that is most impactful) and lack of access to tools, resources and the "know how" to "do the doing" of EDI work, and in particular inequitable access to EDI central resources across the Faculty's professional departments
  - little or no academic credit for EDI work
  - Expectations for minoritized populations to do all the EDI work – need more allyship
- Lack of access to EDI expertise
  - Not everyone understands the "equity lens" and resistant attitudes and experiences of discomfort in openly talking about EDI issues
  - It is difficult to quantify success in the EDI realm – daily practices of inclusion often not recognized or measured
- Lack of consistency
  - EDI resources not represented and/or allocated equally among the different disciplines and professions in the FoM
  - Portfolios aligned with key EDI areas don't always have EDI specifically integrated into the description
  - Being judged harshly by others - when leading on EDI work it is important to be consistent and not contradict, but a more forgiving environment should be created to acknowledge bumps along the way

Based on the information and feedback gleaned from this task-group's work, it will be important to do a deeper dive into the various partnerships and collaborations that have been successful throughout the Faculty in order to help mitigate barriers and challenges that are perceived to exist.

5.   Literature Search on Wise Practices for EDI Educational Campaigns

The Faculty of Medicine has established the "*We All Belong*" educational campaign, in part, to build a sustained and committed effort to collectively promote a community environment where all are respected and valued for who they are. The [Faculty's Academic Strategic Plan](#) has identified the expansion of this campaign as one of its goals.

Led by Barry Trentham (OS&OT), the Wise Practices[6] for EDI Communications Educational Campaigns Subgroup was tasked with identifying exemplary EDI educational campaigns that could inform the expansion of the FoM's *"We All Belong"* campaign. The task group also aimed to glean any evaluation information on the various EDI communications educational campaigns.

To these ends, a PubMed literature search was completed in addition to web-based reviews of existing campaigns at 10 of the major teaching hospitals in the GTA, major medical schools across the country, major community health organizations within the GTA and a number of large private organizations (major banks). Follow-up searches for any available evaluation information were done for several more notable campaigns (e.g., Mount Sinai's, *Are you an Ally?*). In addition, the *Voice of the*... learner surveys in spring 2019 tested responses to campaigns that emphasize diversity vs equity vs inclusion.

5.1 Findings

The subgroup was not successful in finding informative evaluation information, although Nythalah Baker (Director, Equity, Diversity and Inclusion, UTM) provided some general lessons from the literature on Positive Space Campaigns (see Appendix 4). Despite the lack of evaluative information, a number of well-known or otherwise notable campaigns were identified and are listed in Appendix 4. Additional information on related EDI initiatives (not necessarily communications campaigns) were made available to the Equity Working Group for more general use.

5.2 Analysis

The "*We All Belong*" communications campaign has provided a starting point for an important discussion, but it must be reinforced by more educational and training components in order to acknowledge and allow a variety of diverse narratives to gain voice. In our review of wise practice at other institutions (Appendix 4) and in discussions by this working group, the following have been identified as important elements for consideration in developing and implementing such a campaign:

The Audience:
Ensure all stakeholders (medical, health professional, and scientific learners, faculty and staff)
- See themselves represented in the campaign;
- Ensure all members of the Faculty of Medicine can engage in learning through a multimodal approach, including in-person and online modules
- Engage learners and student representatives in the design and implementation
- Offer follow-up opportunities for dialogue (e.g., UTM's EDI Lunch Dialogues)

The Medium:
- The campaign should be present in all learning environments, both those on campus as well as at clinical sites
- The campaign should include use of adult education theory and evidence and multi-media formats (e.g., on-line videos linked to social media, posters, events, buttons/stickers) that can be additionally used for in-class educational purposes with links to useful reading, teaching resources

- Include a speakers' series (open to medical and health professional learners, staff and faculty) that will provide a forum for internal and external experts to discuss research and insights on EDI issues
- Represent the diversity of health professions and disciplines who are part of the Faculty of Medicine

The Message:
- Be provocative (e.g., illustrate inequities) including use of first-person narratives and powerful artistic imagery (e.g., *I, Too, am Harvard* campaign) that inspire debate (beyond feel-good stories)
- Illustrate impacts of named privilege as well as naming various forms of discrimination (e.g., University of San Francisco, *Check Your Privilege* campaign; City of Saskatoon billboard campaign)
- Activities should provide links to student supports and resources
- Include an evaluation component even if limited to process outputs only (e.g., web-site visits, #s of events and attendees, cross faculty engagement in planning and participation)
- specify and conduct formal message testing with the target audiences to identify the most effective messaging

6.   Recommendations

The ten recommendations are based on the research and analysis conducted to date, plus the need to move forward with the implementation of EDI initiatives.

6.1 Recommendation One: Establish EDI leads in every department and unit throughout the faculty & allocate resources to support the staff, faculty (including status-only faculty) and learners to improve EDI within the Faculty of Medicine, including administrative support and protected time to leads implementing initiatives related to this plan

Responsibility: Office of the Dean
Timeframe: 6 months

Discussion:
Every department and unit within the Faculty of Medicine should have at least one EDI lead (i.e. faculty and/or staff member within the department with resources and support to do the work). The Office of Inclusion and Diversity should provide support for training EDI leads across the Faculty. Findings could be shared at an annual symposium for EDI leads to present their work, attend workshops, build capacity, and share practices for optimizing EDI throughout the Faculty of Medicine. EDI leads and other stakeholders leading initiatives related to this plan need to be provided with greater administrative support and protected time to implement them. It is critically important to address the minority tax on faculty, staff, and learners from underrepresented/minoritized groups, who contribute their time and expertise to advance EDI work by providing sustainable resources and leadership training.

6.2 Recommendation Two: Disseminate the results of the "Voice of the…" surveys to the Faculty of Medicine community

Responsibility: Office of the Dean, Human Resources
Timeframe: 6 months

Discussion:
There is a need to develop a platform for sharing the results of the *Voice of the*… surveys in a safe and timely manner, so that faculty, staff and learners can understand the successes and challenges with regards to EDI within the Faculty of Medicine. After sharing the most recent survey results, the Faculty must continue to invest resources in collecting EDI-related data in a systematic way, analyzing and sharing

the data with all community members, creating programming and initiatives that respond to the data, and continuing to engage all stakeholders to provide feedback and collaborate on the EDI Plan.

6.3 Recommendation Three: Establish the Diversity Advisory Council as an advisory committee to the Dean and the Dean's Executive with the responsibility for overseeing the implementation and monitoring of the EDI Plan. Add a standing report from the DAC into Faculty Council meeting agendas (under Reports from the Dean's Office) for regular reports on EDI plan implementation and progress.

Responsibility: Office of Inclusion and Diversity (OID)
Timeframe: 6 months

Discussion:
It is proposed that the Diversity Advisory Council (DAC) formally report as an advisory body to the Dean and the Dean's Executive. In addition, the DAC should be provided with the opportunity to regularly participate in Faculty Council meetings in order to report on the EDI Plan's progress and new activities. The rationale for these steps are two-fold. First, it will ensure an accountability and reporting relationship in order to monitor the implementation of the EDI Plan. Second, regular representation from the Diversity Advisory Council in Faculty Council deliberations will help ensure that a lens on equity, diversity and inclusion is considered on an ongoing basis when creating new policies, practices and programs developed within the Faculty of Medicine. To help achieve this, the Associate Dean, Inclusion and Diversity is an ex-officio member of the Faculty Council Education Committee whose mandate is "to safeguard the standards and quality of the programs with regard to Admissions, Awards Financial Aid, and Curriculum and Evaluation."

6.4 Recommendation Four: Mandate the Diversity Advisory Council to review the EDI Plan every five years and renew and/or revise it as necessary

Responsibility: Diversity Advisory Council
Timeframe: 1 year

Discussion:
As part of its mandate, it is proposed the Diversity Advisory Council undertake a review of the EDI Plan every five years. This review should evaluate the effectiveness of the plan, consider new and/or emerging priorities, and the resources dedicated to advancing equity, diversity and inclusion in the Faculty of Medicine. Stemming from this review, a new or revised EDI Plan should be delivered to Faculty Council and the Dean's Executive Committee for consideration and approval.

6.5 Recommendation Five: Create a costed proposal to establish a structured and well-resourced EDI research collaboration hub

Responsibility: Office of Inclusion and Diversity (OID), Diversity Advisory Council
Timeframe: 6 months

Discussion:
The establishment of a structured, well-resourced collaborative research hub with a focus on EDI would foster excellence and innovation in this area, while supporting the key initiatives recommended by the EWG. Grounded in anti-oppression principles and theory, the proposed entity would be created through a process of extensive consultation with key stakeholders, including within the Faculty of Medicine, University of Toronto, and community organizations, amongst others. In creating this collaborative research hub, a position statement should be created which helps align the proposed work of the research hub with social justice and anti-oppression principles. The Faculty of Medicine should make a commitment to engage community stakeholders thoughtfully throughout the creation and governance of

the new entity and should create new ways of acknowledging and valuing EDI-focused research and its practical applications in the health sciences and other disciplines. The proposed research hub could undertake interdisciplinary scholarship and identify appropriate methodology for EDI-related research in medicine and the health sciences, and develop and deliver EDI-related education programs and training modules for professionals in the health sciences and biomedical sciences, including learners, faculty, and staff in U of T Medicine. The work of this unit would also demonstrate commitment to the [Dimensions Program & Charter](#) and the [University of Toronto's Canada Research Chair Equity, Diversity and Inclusion Action Plan](#). This proposed entity would aim to focus on expanding the potential for leading on EDI research in the health sciences and work alongside the Office of Inclusion and Diversity. The historical barriers and sources of oppression created and perpetuated by the health sciences research community should be acknowledged as a starting point. The Office of Advancement should fundraise to support the creation and maintenance of the collaboration hub.

6.6 Recommendation Six: Establish a model for systemic transformation and a framework for continuous quality improvement based on that model for the Faculty of Medicine

Responsibility: Diversity Advisory Council (with the support of external consultants)
Timeframe: 1 year

Discussion:
As part of the Faculty of Medicine's EDI Plan, significant and innovative changes in practice throughout the entire Faculty of Medicine is required. Best practice supports the development of a model for systematic transformation (e.g. Theory of Change Model or a Logic Model) in such circumstances, which makes explicit how proposed interventions (initiatives /programs) are expected to lead to intended outcomes. Other large institutions, including academic centres like Harvard University, have used such models to successfully implement their EDI strategies. Hence, Glenys Babcock, Research & Methodology Lead, recommended this as a critical first step and it was supported by the EWG co-chairs.

Such a model would inform the following objectives:
    1) Articulate long-term and medium-term targets;
    2) Establish criteria for selecting EDI initiatives;
    3) Delineate expected inputs, outputs, and logic chain for each individual initiative;
    4) Monitor, evaluation, and provide feedback on effectiveness of each initiative;
    5) Develop a framework for continuous quality improvement; and,
    5) Identify additional resources required, if any.

Part of this effort should include conducting a more comprehensive environmental scan of internal and external EDI activities, including one-on-one interviews. This would also involve a formal scoping review of related academic and gray literature. The scope of the environmental scan and literature reviews EDI initiatives / interventions should be broad and go beyond faculties of medicine, academia, and Canada to identify relevant promising[7] and wise practices globally.
This should be led by a working group of the Diversity Advisory Council along with external consultants. The DAC should also be enabled and empowered to monitor and report back to the Dean's Executive on the progress of the plan and make recommendations with regard to key priorities and resources required.

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[7] Promising Practices are defined as "programs with "preliminary information" indicating "potential for becoming a research-based or consensus-based practice."

Source: Washington State Institute for Public Policy. 2012. http://www.wsipp.wa.gov/ReportFile/1332/Wsipp_Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices_Full-Report.pdf

6.7 Recommendation Seven: Implement a well-resourced "We All Belong" campaign throughout the Faculty

Responsibility: Office of Inclusion and Diversity (OID)
Timeframe: 1 year

Discussion:
It is recommended that the Faculty of Medicine conduct an on-going educational and promotional campaign that promotes equity, diversity and inclusion. This campaign should be directed by a working group of the Diversity Advisory Council. The working group should include student, learner, faculty, and staff representatives. This effort should be supported by the Office of Communications and the Office of Inclusion and Diversity, and funded by the Office of the Dean. The activities undertaken as part of this campaign should be reported annually in the Dean's Report.

The physical spaces and facilities of the Faculty of Medicine represent an important opportunity to create a connection with all members of our community and in the process advance equity. Our hallways can be used to showcase diversity, highlight the EDI work of learners, faculty and staff, and an actual physical space for the Office of Inclusion and Diversity should be created to bring together underrepresented/minoritized groups and allies to congregate/hold dialogues and discussions/plan events. An environmental scan of all the FoM buildings can be done and recommendations made to make existing spaces more welcoming, inclusive and accessible (e.g. gender neutral or single user washrooms in MSB) and new buildings can be designed with these concepts in mind. Physical spaces and facilities could also be included in the EDI campaign.

6.8 Recommendation Eight: Expand pathway, recruitment, and retention programs for learners and faculty members across the Faculty of Medicine

Responsibility: Office of Health Professions Student Affairs, Office of Inclusion and Diversity (OID), Recruitment/Admissions Units across all programs, Office of the Dean
Timeframe: 1 year

Discussion:
New resources need to be developed to support expansion of Pathway and Mentorship programs for aspiring and current learners (e.g. Community of Support, Diversity Mentorship Program), and creating admissions initiatives (e.g. BSAP and ISAP within the MD program) to complement mentorship initiatives. A strategy to reduce medical school and health profession program application-related costs needs to be developed and implemented and the availability of financial support for students once they enter Faculty of Medicine programs should be examined. The specific barriers, needs and requirements of graduate students and learners in the rehabilitation sciences should also be considered. Finally, all programs within the Faculty of Medicine should be tracking the diversity and experiences of inclusion of admitted and returning students to ensure these programs are impacting student diversity and contributing to student success and retention. In addition, wellness is an important component of effective programming on retention for all learners, and in particular, those who are underrepresented/minoritized.

There must be a lens and comprehensive efforts made to see the journey from pre-medical/health professions and/or health sciences student/junior researcher to faculty as a continuum that is inter-related and academic institutions must be intentional about increasing diversity at all levels. This recommendation includes the creation of a comprehensive strategy to support, retain and promote underrepresented and minoritized post-doctoral fellows, medical trainees, and junior faculty members. The strategy should also include a harmonized process to create equitable searches and promotions processes in order to ensure that equity and excellence are recognized as being directly connected.

6.9 Recommendation Nine: Creating recruitment, retention and promotion programs for administrative staff across the Faculty of Medicine

Responsibility: Human Resources, Office of Inclusion and Diversity (OID)
Timeframe: 2 years

Discussion:
Similar to learners and faculty members, administrative staff at the Faculty must feel valued, included and supported in the environment. Aligned with the University of Toronto's Office of Human Resources and Equity, the Faculty should create processes, resources and supports to address issues of equity, diversity and inclusion for administrative staff. Specifically, equitable recruitment processes, opportunities for meaningful mentorship, and recognition of the contributions of diverse talent must be firmly embedded within the culture of the organization.

6.10 Recommendation Ten: Facilitate interdisciplinary and interprofessional collaboration and partnerships ('ecosystem of collaboration')

Responsibility: Diversity Advisory Council & Office of Inclusion and Diversity
Timeframe: Ongoing

Discussion:
The key strategy for ensuring the success of the EDI plan is the development of partnerships for the implementation and expansion of initiatives and for resource sharing. Through the mapping EWG completed, it has become clear that EDI work at the Faculty of Medicine should take place in a framework of interdisciplinary and interprofessional collaboration and partnership. An "ecosystem of collaboration" can be built and supported by the Faculty of Medicine through the sharing of resources, information, wise practices, and strategies to mitigate barriers and challenges. It is recommended that U of T Medicine continue to explore and map out the wide array of partnership and collaborations on EDI taking place in order to identify where wise practices can be built upon to translate into Faculty-wide engagement, and establish new resources to sustain and grow specific collaborative work. In particular, it is important to consider and highlight the voices of administrative staff and to acknowledge the importance of leveraging their expertise and know-how in supporting the learning and work environment. Building the capacity for effective collaboration and partnerships requires a willingness to acknowledge and respond to critical considerations of power imbalances and hierarchies across the Faculty.

7.   Critical Considerations

Power, Social Justice & Anti-Oppression Principles
A recognition of power and a commitment to the principles of anti-oppression will underpin all that we do in implementing this Project. We acknowledge that oppressions are embedded in the dominant culture and institutions in ways that are so pervasive that they are often invisible. Deep-rooted racism, sexism, homophobia, ableism, Islamophobia, anti-Semitism, classism, and other forms of oppression cause pain and humiliation and have far-reaching consequences. Each prevents equity of opportunity. The Faculty of Medicine must consciously and explicitly uplift equity, diversity and inclusion in all that we do. Medicine itself is structured hierarchically and is highly influenced by Western and biomedical ways of knowing. To be true to principles of anti-oppressive practice, we must turn a critical lens on our own privileged social positions. A critical reflexive approach is needed to examine how Medicine's powerful structures and dominant perspectives can perpetuate structures that silence diverse ways of knowing, service provision and healing practices.

Support for other facets of the Academic Plan

A. Health and Wellbeing in Everything We Do

Analysis of the *Voice of the...* survey data collected from several units across the Faculty of Medicine found that specific socio-demographic subgroups are experiencing social exclusion and will need additional support and resources, if the Faculty is to create a more inclusive environment. *Voice of the…*survey should also be expanded to include all programs under the Faculty of Medicine.

We can begin by addressing the intersectionality of racial trauma and micro-aggressions with student, physician, and staff well-being and creating more transparency/harmony around reporting and responding to/addressing complaints and concerns about discrimination, harassment etc. for learners, staff and faculty. This can also be aligned with initiatives developed to address the "culture of silence" in medicine when it comes to mistreatment.

Decreasing the minority tax on underrepresented/minoritized (e.g. leading departmental equity initiatives with inadequate resources) by aligning existing resources, creating new sustainable resources and training of leadership will also have a positive impact on increasing health and well-being in everything we do. The EDI Initiative leads will need to harmonize with the Faculty of Medicine Wellness initiatives to ensure that wellness and wellbeing includes EDI as a core pillar.

B. Infrastructure, Policies and Technology that Compel Collaboration and Support Sustainability
1. Establishment of an Extra-Departmental Unit, Level C (EDU-C). (see details above)
2. An "ecosystem of collaboration" can be built and supported through the sharing of resources, information, promising practices, and strategies to mitigate barriers and challenges
3. Aligning strategic goals with various FOM divisional strategic or operational plans
4. Leveraging software to reduce the workload associated with the coordination of mentoring programs *(e.g. programs like MentorCity which help minimize administrative time related to 1-1 mentor-mentee matching)*
5. Identifying additional resources for sustainability

C. Indigenous Health Strategy

It is crucial that the EDI Plan and any future EDI strategies do not subsume any form of Indigenous Health Strategy and/or continued Faculty response to the Truth and Reconciliation Calls to Action. Indigenous initiatives must remain distinct and well-resourced in their own right. The EWG has asked the Indigenous Strategy Working Group to provide a summary of their proposed action items to highlight in this plan in order to reinforce the need for distinct resources in this area:

Recently, a Memorandum of Understanding (MOU) has been secured with Women's College Hospital where the development of a centralized Indigenous collaborative learning/working space has begun to take shape. It is projected that this space will be ready by October 2019. An architect has been enlisted to help the space evolve over the next several months. The partnership with WCH, going forward, will be pivotal in cultivating a learning and working environment in which is culturally safe and where Indigenous history, values and knowledge are intrinsic -embedded in our existing colonial structures. This collaboration/partnership will be integrative and synergistic as we move forward in the development of policies, curricula and programs guided by Indigenous voices and wise practices.

By the start of 2020 we will strive to establish/complete the following:
1. *Academic Advisory Circle*
2. *Community Advisory Circle*
3. *Elder's counsels (one within WCH and one shared between the FoM and Dalla Lana's Waakebiness-Bryce Institute for Indigenous Health)*
4. *Formal and informal partnership agreements -both academic and community based*
5. *Detailed report based on visits with centres of excellence within Canada and abroad*

Metrics and data points are currently under review.

<u>Communication & Transparency</u>
An often-neglected element of institutional initiatives such as this is the communication of findings. The Faculty of Medicine must be committed disseminating EDI findings in a variety of formats for a variety of stakeholder audiences, in a proactive manner.

Although the systemic transformation process would involve the identification of meaningful of outcomes and/or processes while the EDI Educational Campaign would provide an opportunity for sharing narratives, there is benefit in sharing available data prior to the official launch of the EDI Plan. The EWG has recommended sharing data from the *Voice of The…* Survey so that the issues are better understood throughout the Faculty of Medicine. Furthermore, evaluation and outcome data from the Faculty of Medicine's EDI pathway programs, which have strengthened diversity, should also be shared publicly. These indicators could be shared with the community through the Dean's Annual Report and through the Vitals website prior to the official launch of the Plan.

Appendix 1: Equity Working Group (EWG) Terms of Reference

Committee Name:	Equity Working Group (EWG)
Authority:	EWG is an ad hoc, advisory working group within the Faculty of Medicine sponsored by Lisa Robinson, Associate Dean, Inclusion & Diversity.
Length of Term:	The EWG term will run from Jan –Sept 2019, unless required to extend the term at the request of the sponsor and/or Dean's Executive team.
Purpose:	To make recommendations for the creation of a comprehensive equity, diversity and inclusion (EDI) plan and to make recommendations with specific strategies to expand EDI programming and campaigns across the faculty with an interdisciplinary lens.
Specific Areas of Responsibility:	Consult widely, make recommendations and, where in scope and resources permitting, develop proposals/project plans to: ● Make recommendations on the creation and implementation of a comprehensive EDI plan across the faculty ● Ensure that EDI strategies develop and enhance interdisciplinary programs ● Expand the "*We All Belong"* campaign across the faculty For issues/recommendations that are not in scope, the working group should communicate with the relevant individuals/offices.
Membership:	Rochelle Allan (U of T Law), Glenys Babcock (PGME), Nythalah Baker (UTM Equity Officer), Anita Balakrishna (OID), John Croutch (U of T Indigenous Initiatives), Jayne Danska (SickKids Research), Arno Kumagai (DoM), Nana Lee (GLSE), Liam Mitchell (MedComms), Stella Ng (SLP/CFD), Sharon Straus (DoM), Barry Trentham (OT), Sally Abudiab (RSI student), Steven Cho (MD Student), Priya Dhir (MD Student), Pascal Djiadeu (Post-Doctoral Fellow, SMH), Lina Elfaki (MD Student), Melissa Galati (IMS PhD Candidate), Justin Lam (Resident Physician), Nazia Peer (Post-Doctoral Fellow, SMH), Alina Zgardau (IMS Graduate Student), Stephanie Zhou (Resident Physician)
Co-Chairs:	Ike Okafor and Onye Nnorom
Procedures for Decision-Making:	Generally, decisions are arrived at by consensus following discussion. When consensus is not established and a decision is required, the co-Chairs may choose to conduct a vote allot, with a simple majority deciding the matter. A vote may be conducted during a meeting by electronic means.
Responsible/Reports to:	Reports through its co-Chairs to the Dean's Executive Committee and the Education Vice Deans.
Schedule:	Bi-monthly, or at the call of the co-Chairs
Staff Support:	Anita Balakrishna, Diversity Strategist, Faculty of Medicine
Approval:	Dean's Executive Committee

Appendix 2: EWG Task Subgroup: FoM EDI Environmental Scan (Questionnaire)

February 2019

Q1.   To start, could you please confirm that you are affiliated with the University of Toronto Faculty of Medicine and have some role related to equity, diversity and inclusion.

¦ UofT Faculty member with EDI role

¦ UofT Staff member with EDI role

¦ UofT Student / Resident / Clinical Fellow / Learner with EDI role

¦ I am not affiliated with the UofT Faculty of Medicine

¦ My work does not relate to equity, diversity and inclusion initiatives

Diversity embodies mutual respect, multiple perspectives, and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as indigeneity, socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age

Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is to create a climate that fosters accessibility, belonging, respect, and value for all and encourage engagement and connection throughout the institution and community.

What are EDI ACTIVITIES? EDI activities may include any programs, initiatives, guidelines/policies, or systemic change strategies designed for students, staff, faculty, and/or community partners which seek to create, enhance and/or promote demonstrable impact in the area of EDI, and/or to better understand EDI (within a respective department/unit). EDI activities also include demonstrated and completed achievements in these areas.

*Adapted from the Following Sources Association of American Medical Colleges (AAMC) Group on Diversity and Inclusion: https://www.aamc.org/members/gdi/ Ontario Human Rights Commission Appendix 1: Glossary of Human Rights Terms: http://www.ohrc.on.ca/en/teaching-human-rights-ontario-guide-ontario-schools/appendix-1-glossary-human-rights-terms

Thank you so much for your willingness to do this survey. It is intended only for U of T Faculty of Medicine faculty, staff and trainees!

Please click on the exit box below

Q2.   Thank you! Over the past 12 months, what has been your role in Equity, Diversity and Inclusion initiatives in your department, or elsewhere at the University? [OPEN TEXT BOX]

Q3.   What specifically does your department have in place or is considering implementing with respect to Equity, Diversity and Inclusion? [OPEN TEXT BOX]

Q4.   Does your Department do any formal evaluation of any of your EDI programs / initiatives?

¦ Yes

¦ No

¦ Not sure

Q5.   Are you yourself involved in the evaluation process? [OPEN TEXT BOX]

¦ Yes

¦ No

Q6.   Could you please describe the EDI evaluation process. [OPEN TEXT BOX]

Q7.   Is anyone else involved in EDI evaluation processes in your Department?

¦ Yes

¦ No

¦ Not sure

Q8.   Could you please provide the names and email addresses of other people in your Department who are involved in EDI evaluation processes? (This will help ensure we have talked to everyone in the Faculty engaged in these activities.) [OPEN TEXT BOX]

Q9.   Is there anyone else in your Department involved in EDI-related work? If yes, could you please provide their names and email addresses here.

Q10. As far as you are aware, are there any EDI initiatives that are not currently underway but are being considered for development / implementation by your Department?
¦ Yes there are
¦ None that I know of

Q11. Could you please tell us about the EDI initiatives that are being considered? [OPEN TEXT BOX]

Q12. As far as you are aware does your department have any survey or statistical data related to EDI in your department?

	Yes	No	Not sure
Faculty	¦	¦	¦
Staff	¦	¦	¦
Learners	¦	¦	¦

Q13. How effective do you feel your Department's initiatives are in terms of improving equity, diversity and inclusion?
¦ Extremely effective
¦ Very effective
¦ Moderately effective
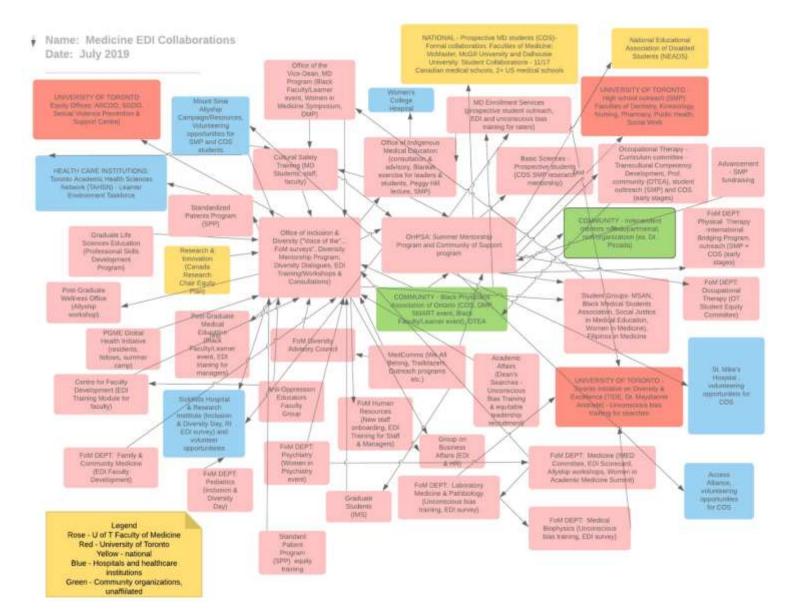¦ Slightly effective
¦ Not effective at all
¦ Don't know enough to say

Q14. Last Question: Is there anything else you would like to tell us about your Department's EDI initiatives, or about your own EDI work or interests? [OPEN TEXT BOX]

 Thank you for answering our questions!!! Your input is tremendously valuable.

Equity through Excellence

Name: Medicine EDI Collaborations
Date: July 2019

Legend
Rose - U of T Faculty of Medicine
Red - University of Toronto
Yellow - national
Blue - Hospitals and healthcare institutions
Green - Community organizations, unaffiliated

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[8] Please note that this map is not reflective of <u>all</u> EDI related partnerships and collaborations across the Faculty of Medicine. The map represents a specific snapshot in time and consists of relationships of which the EWG Collaborations & Partnerships Subgroup was informed and aware at the time of creating this report.

Final Report from the Equity, Diversity and Inclusion Plan Working Group   Page | 26

Contributors: Ike Okafor & Anita Balakrishna

Sources: EDI Scan Task-Group Data/Results, OHPSA & OID partnership lists, select collaborator interviews

Introduction and Background:
The Equity, Diversity and Inclusion (EDI) sub-group on EDI collaborations and partnerships was tasked with mapping out (to the extent possible) EDI-related relationships among the Faculty of Medicine's (FoM) various units and departments as well as external to the Faculty in order to better understand where and how EDI work happens across the Faculty and also determine areas for the establishment, growth, and/or expansion of interdisciplinary programs. The development of interdisciplinary programs has been identified as one of the key priorities under the Excellence through Equity pillar of the FoM 2018-2023 Academic Strategic Plan.

In order to complete this task, Ike Okafor and Anita Balakrishna, whose main portfolios include EDI work within the FoM, consolidated lists of the ongoing partnerships with a variety of FoM units, departments and external stakeholders of which they are currently aware and/or have been involved in. They also conducted deeper dive interviews with several units, departments and student groups in order to gain a deeper understanding of the success, challenges, and overarching themes regarding partnership on EDI issues at FoM. Finally, they used the relevant results of the data collected from the EDI Scan Task-Group of the EWG to identify key themes to inform the recommendations. The framework through which this working group explored these areas included both the Excellence through Equity pillar of the FoM Academic Strategic Plan, but also the Ecosystem of Collaboration pillar. It should be noted that what is captured in this final report and appendix is not a reflection of every single EDI-related partnership and/or collaboration across the Faculty but rather a snapshot based on the information available at this time based on the group's limited methodology and time constraints.

Results & Discussion: There are a number of excellent collaborations and partnerships that have been forged by a variety of different units and departments, and these can be built upon going forward, rather than recreating what already exists and is being done well. This approach to moving forward will help "[fuse] the diverse strengths of [the FoM] network" as highlighted in the description of the Ecosystem of Collaboration pillar[1]. Some examples of these types of programs include:

- the Summer Mentorship Program & Community of Support program for prospective health sciences students (OHPSA) and sound practices for including community and student stakeholders in program design
- the Diversity Mentorship Program for MD students (Office of Inclusion & Diversity)
- cultural safety & allyship training modules for students, staff and faculty (ex. BSAP, MD Program, Dept. of Medicine)
- the incorporation of EDI and unconscious bias principles and training into admissions and search committee processes for new faculty and/or leaders (Academic Affairs, MD Program)
- student and faculty led EDI committees (Dept. of Occupational Therapy, Dept. of Medicine)
- Annual Inclusion & Diversity Day (SickKids Hospital, Dept. of Pediatrics, Office of Inclusion & Diversity)

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[1] FoM Academic Strategic Plan 2018-2023, https://medicine.utoronto.ca/asp

1

Some of the key perceived barriers to the establishment of interdisciplinary programs, partnership and collaborations in EDI have been identified as the following (based on verbatim statements from select collaborator interviews):

- "red tape" and bureaucracy that no longer serves the organization
- FoM is so large and decentralized that it is difficult to know "who is doing what" - communication and information sharing is a challenge
- Minimal human and monetary resources to do the work and to do it as well as required and lack of access to tools, resources and the "known how" to "do the doing" of EDI work
- The work moves at a very slow pace because of the hesitation to partner
- Not everyone understands the "equity lens" and resistant attitudes and experiences of discomfort in openly talking about EDI issues
- EDI is not represented equally among the different disciplines in the FoM
- Expectations for minoritized populations to do all the EDI work – need more allyship
- It is difficult to quantify success in the EDI realm – daily practices of inclusion often not recognized or measured
- Misalignment of EDI policies across various levels, which makes it difficult to reinforce (e.g. learner mistreatment policies at Faculty of Medicine, MD program, TAHSN)
- Portfolios aligned with key EDI areas don't always have EDI specifically integrated into the description
- Being judged harshly by others - when leading on EDI work it is important to be consistent and not contradict, but a more forgiving environment should be created to acknowledge bumps along the way

Based on the information and feedback gleaned from this task-group's work, it will be important to do a deeper dive into the various partnerships and collaborations that have been successful throughout the Faculty in order to help mitigate barriers and challenges that are perceived to exist.

Recommendation: Through the mapping that this task-group has done it has become clear that EDI work at the FoM should take place in a framework of interdisciplinary collaboration and partnership. An "ecosystem of collaboration" can be built and supported through the sharing of resources, information, wise practices, and strategies to mitigate barriers and challenges. It is recommended that the FoM continue to explore and map out the wide array of partnership and collaborations on EDI taking place in order to identify where wise practices can be built upon to translate into Faculty-wide engagement, and establish new resources to sustain and grow specific collaborative work.

ATTACHED APPENDIX: MAP OF EDI COLLABORATIONS

Appendix 4: EWG Task Subgroup: Wise Practices for EDI Communications Campaigns

Faculty of Medicine, Strategic Planning
Equity, Diversity and Inclusion Working Group: *Wise Practices for EDI Communications Campaigns Task-Group*
July 5, 2019

Contributors:
Staff and Faculty: Barry Trentham (Faculty-OS &OT), Nythalah Baker (Equity and Diversity Officer, UTM), Liam Mitchell (Communications)
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Introduction and Background:
The Equity, Diversity and Inclusion (EDI) sub-group on wise practices for EDI campaigns was tasked with identifying exemplary EDI campaigns that could inform the expansion of the *"We All Belong"* campaign. The task group also aimed to glean any evaluation information on the various campaigns. To do this a PubMed literature search was completed in addition to web-based reviews of exiting campaigns at 10 of the major teaching hospitals in the GTA, major medical schools across the country, major community health organizations within the GTA and a number of large private organizations (major banks). Follow-up searchers for any available evaluation information were done for several more notable campaigns (e.g., Mount Sinai's, *Are you an Ally?*). The task force was not successful in finding informative evaluation information though Nythalah Baker (Equity and Diversity Officer, UTM) provided some general lessons from the literature on Positive Space Campaigns. Despite the lack of evaluative information a number of well-known or otherwise notable campaigns were identified and are listed in Appendix A. Additional information on related EDI initiatives (not necessarily campaigns) were made available to the EDW Strategic Planning Committee for more general use. Based on the findings of this search and insights from those involved in the development of the "*We All Belong*" campaign, we provide the following recommendation:

Search Strategy:
The search terms used for the PubMed literature search were:

Initially:
equity diversity inclusion
equity diversity inclusion practices
equity diversity inclusion initiatives
equity diversity inclusion programs

Second "going deeper" search:
diversity medical school evaluation
diversity campaign evaluation
antiracism (0 results)
equity indicators
diversity indicators (gave ++ results around bioscience)
inclusion medicine indicators
inclusion indicators (gave ++ results around bioscience)
inclusion medical school indicators
inclusion AND medical school AND indicators

Other than the literature search, website scans (using equity, diversity and inclusion as search terms) were done on the following:
   a) All Canadian Universities that have either/or medical/health sciences/rehab department/faculties
   b) Top ten teaching hospitals in Toronto
   c) City-level governments- focus on all provincial capitals
   d) Few examples of community level health organizations, so for Toronto, check VHA, YMCA, Toronto Family Services
   e) Private sector: l5 major banks

Universities Canada EDI website was searched for resources:
https://www.univcan.ca/priorities/equity-diversity-inclusion/

Recommendation: It is recommended the Faculty of Medicine conduct an on-going educational and promotional campaign that promotes equity, diversity and inclusion. This campaign should be directed by a working group of the Diversity Advisory Council. The working group should include student, faculty and staff representatives. This effort should be supported by the Office of Communications and the Office of Inclusion and Diversity, and funded by the Office of the Dean. The activities undertaken as part of this campaign should be reported annually in the Dean's Report.

Discussion: The Faculty of Medicine has established the "*We All Belong*" campaign, in part, "to commit ourselves — both individually and collectively — to ensuring we are building and sustaining a community where everyone feels welcomed and respected." (ref) The Faculty's Academic Strategic Plan has identified the expansion of this campaign as one of its goals. This campaign has provided a starting point for an important discussion, but it must be reinforced by more educational and training components. In our review of wise practices at other institutions and in discussions by this working group, the following have been identified as important elements for consideration in developing and implementing such a campaign:
   ● Ensure all stakeholders see themselves represented in the campaign;
   ● Ensure all members of the U of T Medicine community can engage in learning through a multimodal approach, including in-person and online modules;
   ● The campaign should be present in all learning environments, both those on campus as well as at clinical sites;
   ● Include a speakers' series that will provide a forum for internal and external experts to discuss research and insights on EDI issues;
   ● Represent the diversity of health professions and disciplines who are part of the Faculty of Medicine;
   ● The campaign should include multi-media formats (e.g., on-line videos linked to social media, posters, events, buttons/stickers) that can be additionally used for in-class educational purposes with links to useful reading, teaching resources;
   ● Be provocative (e.g., illustrate inequities) including use of first person narratives and powerful artistic imagery (e.g., I, Too, am Harvard campaign) that inspire debate (beyond feel-good stories);
   ● Illustrate impacts of named privilege as well as naming various forms of discrimination (e.g., University of San Francisco, Check Your Privilege campaign; City of Saskatoon billboard campaign);
   ● Engage learners and student representatives in the design and implementation;
   ● Offer follow-up opportunities for dialogue (e.g., UTM's Equity & Diversity Office Lunch Dialogues);
   ● Activities should provide links to student supports and resources; and
   ● Include an evaluation component even if limited to process outputs only (e.g.. web-site visits, social media metrics, #s of events and attendees, cross faculty engagement in planning and participation)

Appendix 5: Proposed Work Plan

To maximize achievement of the Faculty's vision over the next 4 years, the Equity Working Group has developed a comprehensive EDI Project Plan that includes primary and secondary research, selection and implementation of initiatives, monitoring and evaluation, resourcing, accountabilities, organizational supports, and communication of findings.

A fundamental challenge for the EWG is determining our target diversity, equity, and inclusion outcomes (goals) are currently while identifying areas for future exploration. Determining the Faculty's current target outcomes is one of the core tasks of the EWG.

To move successfully towards the vision of Excellence through Equity, the EDI Plan has six specific objectives. Some will be pursued simultaneously and some sequentially as per the Project Work Plan. EDI 'Initiatives' will focus on historically and currently marginalized groups and on the Faculty's priority groups.

The six objectives are to:
1. **Develop and Implement a Model for Systemic Transformation**
   a) Articulate long-term and medium-term target outcomes for the EDI Project [brainstorm / environmental scan]
   b) Explicate logic chains for how EDI initiatives will achieve the target outcomes, and imbed a continuous improvement feedback mechanism
   c) Identify metrics for measuring resource inputs, initiative outputs, and progress towards achievement of target outcomes
   d) Conduct evaluation of progress towards the EWG outcomes at regular intervals, and provide feedback for continuous improvement
2. **Inventory and Select EDI Initiatives**
   a) Inventory (and develop) potentially relevant EDI initiatives / interventions / programs [internal and external environmental scan, scoping literature review]
   b) Gain a rich understanding of current knowledge and wise practices that link EDI initiatives and programs to improvements in EDI [internal and external environmental scan, literature review]
   c) Establish criteria for selecting initiatives for this Project (e.g., link to outcomes, FoM priority needs, feasibility of principles-based international partnerships, anticipated outputs, effectiveness, available expertise, synergies, self-sustaining, self-expanding, etc.)
   d) Select initiatives [EWG / Dean's Executive Committee]
3. **Implement and Monitor Each EDI Initiative**
   a) Delineate the expected inputs and outputs of each initiative, and logic chain that links initiative outputs to one or more EWG systemic transformation model outcomes
   b) Implement the initiatives
   c) Monitor, evaluate, and provide quality improvement feedback at regular intervals
4. **Ensure Necessary Resources and Structures are in Place to Support the Successful Attainment of Project Objectives (e.g., (tools, people, partnerships, etc.).**
   a) Review of current resources across the Faculty
   b) Identify additional resources required
   c) Work with central University partners to ensure education, outreach and resources are provided to strengthen EDI initiatives, and to hold leaders accountable for supporting EDI
5. **Sew Fertile Seeds; Grow Strong Roots**
   a) Establish an EDI community of practice
   b) Disseminate findings and transfer knowledge widely
   c) Institutionalize effective initiatives of the EWG with continuous quality improvement reporting and feedback mechanisms