Moving towards a future with Health Equity for all: Addressing Systemic Racism through action, accountability, and authenticity

Final Report from the Working Group on Individual and Systemic Racism within the Faculty of Health

February 2022
Land Acknowledgment

York University acknowledges its presence on the traditional territory of many Indigenous Nations. The area known as Tkaronto has been care taken by the Anishinabek Nation, the Haudenosaunee Confederacy, the Wendat, and the Métis. It is now home to many Indigenous Peoples. We acknowledge the current treaty holders and the Mississaugas of the Credit First Nation. This territory is subject of the Dish with One Spoon Wampum Belt Covenant, an agreement to peaceably share and care for the Great Lakes region. We also acknowledge that this region, is a place of great significance to many Black communities whose histories and presence has been forgotten and largely erased. And let us also acknowledge that many among us are descendants of, or have direct experience of, the forms of colonization, violence, and displacement from across the globe, past and present.
February 10, 2022  
Written by Ann Pottinger & Sean A. Hillier

“Although it is clear that decolonization of the mind is essential, my wonder is who will engage in this process with non-Indigenous educators and will they accept or resist it? My hope is that most will accept such a mindset. Educational leaders must model agentic thinking and work to resist deficit thinking. As an Indigenous person, I have to believe that decolonization is possible within education; however, it is a daunting task.”

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Acknowledgment: We are grateful for the dedicated work of Kourtnie Rodney-Brown, Administrative Assistant to the working group, Keisha Gobin, Graduate Assistant to the working group, and all those who took time to thoughtfully and sincerely engage in this work with us.

We appreciate and acknowledge Dr. Judith MacDonnell, Associate Professor School of Nursing, former Associate Dean for Students, Faculty of Health for her leadership and initial guidance to the co-chairs in deliberating the scope of our work, influencing the framework and principles we used, posing critical questions for the scoping literature review, and writing the introduction to the scoping review.

Disclaimer: The authors’ views expressed in this publication do not necessarily reflect the views of York University or the Faculty of Health.

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Executive summary.

Individual and systemic racism have serious negative impacts on health and wellbeing. Racism is embedded in the structures and processes of academic and other institutions which perpetuate and are underpinned by colonization. The Faculty of Health (FoH) acknowledges the existence of racism and as such Dean McDonald commissioned a working group to review and prepare a report on individual and systemic racism. We were specifically asked to foreground and pay particular attention to the issues and concerns related to anti-Black and anti-Indigenous racism, with the deliverable being the recommendations contained in the report.

To achieve our goal, the working group sought to capture experiences, opinions, and recommendations towards individual and institutional practices and behaviours related to racism within the FoH. The group based our recommendations on broad comprehensive consultations with the FoH community to provide recommendations that are actionable and specific to our community.

In parallel to these consultations, our group requested and provided parameters for a scoping literature review to answer our questions: How is the occurrence of institutional racism in post-secondary institutions within Canada impacting the lives of racialized people, and to what extent are areas of impact addressed? We also sought to identify effective strategies for addressing racism in post-secondary education settings and gaps in the literature.

One hundred and fifty-six (156) individual participants took part in one of the three options: open forums, individual meetings, and survey. The consultation provided us with examples that the existence of individual and institutional racism within our FoH community. These consultations and subsequent analysis led us to identify several overarching areas for which action is required. These areas include: curriculum, faculty supports, policy, student-led supports, and who researches and teaches about what and whom.

Additionally, the results of the review illustrate that institutional racism exists across post-secondary institutions and shares similarities in the manifestation, extent, and nature of its impact on the lives of racialized people. Within institutions, racism is not always explicit or overt, rather it is enshrined and obscured within institutional structures and processes and experienced by racialized students and faculty in nuanced yet significantly negative ways. These impacts range from feeling unsafe, unrepresented, excluded, and burdened.

There was a notable lack of literature on the perspectives of Black students in post-secondary institutions. The one article that addressed Black students' experiences, particularly Black males' experiences, included stereotypes and negative narratives but only as manifested in elementary schools.

In doing this work, we highlighted four overarching ideals which tie our work and recommendations together, they are: Attention, Action, Accountability, Authenticity. Based on this work we have provided 29 recommendations in the following key areas:

1. Representing: Leadership and Hiring of Staff & Faculty
2. Revamping Curriculum: Acknowledging and Diversifying Knowledges
3. Representing and Establishing Credibility
4. Resourcing: Success Supports and Resources
5. Reporting and Responding: Wholistically Addressing Instances of Discrimination
6. Recording Data and Reacting: Data Collection and Decision Making
Representing: Leadership and Hiring of Staff and Faculty

The Faculty of Health should:

1. Prioritize the connection between racism and health throughout all of its work, and in particular racism and poor health outcomes.
2. Implement a dedicated leadership oversight group to advance the work of faculty in the area of equity, diversity and inclusion (EDI).
3. Designate a senior FoH leader through the creation of a senior academic leadership position to ensure the implementation and integration of these recommendations and to provide ongoing oversight, evaluation, and improvements.
4. Create a leadership team to identify key positions, people, and committees across the FoH who will report to the Review and Implementation Group for the review, response, and implementation of specific recommendations within their areas as detailed in this report.
5. Establish a standing Faculty Council EDI/anti-racism Oversight and Advisory Committee to provide guidance and direction when needed, on all EDI and anti-racism efforts within the FoH.
6. Hire and promote more racially diverse individuals in academic and staff management positions. This includes formal leadership positions: the Dean and all staff in their office; Associate Deans and College Heads; Chairs and Directors; and Executive/Administrative Officers and Operations Managers.
7. Examine and implement a process for equity-based hiring/appointments for faculty and administrative positions within and across the FoH. The implementation of such a process will require collaboration and negotiation though the collective bargaining process with the unions.
8. Emphasize, within the hiring process, diversity of knowledges and worldviews that move beyond Western science. Hiring advertisements should place focus on attracting excellence within a field of study and place emphasis on those who can bring other worldviews into the learning environment. This may mean hiring individuals with terminal degrees lower than a PhD and supporting them in achieving tenure and promotion without the requirement of a higher degree.

Revamping Curriculum: Acknowledging and Diversifying Knowledges

9. Establish a system and processes to conduct a comprehensive review of programs to examine and identify systemic biases in the curriculum.
10. Co-create culturally safe learning spaces. Although we, as a faculty and individual units often 'say we are already doing this', many said they do not experience cultural safety.
Representing and Establishing Credibility

11. Address matters of representation and credibility in terms of "who gets to say what about whom".
12. Encourage and offer professional development for course directors to adopt an antiracism framework within their classes. Indigenous and racialized students clearly told us they are unlikely to be engaged in the classroom when they do not feel their perspectives and experiences are validated. Failure to acknowledge racism does not reflect the reality of racialized people and does not provide opportunities for non-racialized people to learn and appreciate such realities. FoH cannot be a leader and innovator by solely adhering to a Western/Eurocentric worldview regarding how knowledge and evidence is generated and disseminated.

Resourcing: Success Supports and Resources

13. Provide resources for racialized caucuses who are undertaking significant work within the areas of anti-racism, Indigenization, and EDI. These groups are to be led by and for the specific groups they represent and for whom they advocate.
14. Designate Faculty, Staff and other resource persons and financial resources to student-led groups to address EDI matters within their groups. These groups are seeking guidance and resources to address such matters and to be more inclusive groups.
15. Support and require each School/Department to implement, monitor and evaluate mentorship programs for Faculty and Staff that encompass diverse models of mentoring.
16. Require that Schools and Departments designate specific resources to support BIPOC junior faculty throughout the Tenure and Promotion process and in their academic, teaching, and research development.
17. Provide additional support programs and allocate resources that specifically focus on racialized staff professional development, career advancement, and to their meaningful engagement and contribution of their knowledge and experience.
18. Support scholarships, representation, and fields of study and recruitment of Black, and Indigenous students to undergraduate and graduate programs. FoH is advised to implement a session for Black and Indigenous individuals on applying to and accessing funding for graduate school. We recommend that these events are widely circulated within and external to academic spaces. The proportion of students who are Black and Indigenous is lower in graduate programs in comparison to undergraduate programs.
19. Advise the graduate program to make recommendations to the Faculty of Graduate Council to amend their admission requirements to remove the Graduate Record Examination (GRE) for their respective programs, as this requirement does little to assist in the application decision making while providing a financial and burdensome requirement.
20. Initiate literacy training and awareness campaigns for all faculty and staff on human rights, equity, inclusion, and anti-racism concepts and ally-ship. This should be mandatory training for all new incoming faculty and staff. Create an emblem that those who have been trained can use to indicate that they have been trained, invite dialogue, and welcome others into their spaces. The connection between health and racism should be made explicit in training.
21. Initiate a series of ongoing yearly events, interactive lecture series and open forums on anti-racism and the connection between health and racism. We received favourable feedback on the open forums that we hosted as part of this work.
22. Ensure that actions taken in response to the recommendations in this report do not come at the expense of students through increased pricing of course content, modules, tuition, and course related materials.
Reporting and Responding: Wholistically Addressing Instances of Discrimination

23. Implement an in-person and online system for safe reporting of incidents of racism. This system should include reporting of other forms of discrimination and violence, including micro-aggressions which are considered acts of violence. FoH community members require, including incidents they experience within the faculty, university, and practicum/field placements.

24. Launch an awareness campaign on the process and benefits of reporting incidents of racism. Training and awareness campaigns should also include the incident reporting process and available resources.

25. Co-create a just culture of collecting, monitoring and reporting information as well as events of racism and discrimination.

26. Develop and integrate conflict resolution and restorative justice approaches that are inclusive of policies, procedures, and trained personnel to support members in the FoH who experience racism and discrimination.

27. Present quarterly to the FoH Council a summary analysis (disaggregated and anonymized) of incidents involving racism and other forms of discrimination and violence. This analysis must include the following categories: type of incident; quantity of incidents; school, department and whether in a practicum setting involved in an incident; actions taken and outcome summary.

We must be cognizant of the significant work racialized, Black, and Indigenous Peoples are required to perform that goes beyond the work expected of other colleagues.

Recording Data and Reacting: Data Collection and Decision Making


29. Audit and provide data on the percentage of Faculty (full and part-time) and staff that are Indigenous, Black, and racialized.

The work needed to address the findings in this report must be appropriately resourced. We must be cognizant of the significant work racialized, Black, and Indigenous Peoples are required to perform that goes beyond the work expected of other colleagues and beyond their areas of research and move into speaking as a voice of a population. This work must be appropriate, meaningful, and duly compensated and recognized during faculty tenure and promotion and staffing promotions.
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Ann Pottinger, she/her (RN, MN) is an assistant professor (Teaching Stream) in the School of Nursing, Faculty of Health, York University, where she is a Course Director for the undergraduate mental health nursing course and the Coordinator for the International Educated Nurses (IEN) Post Registered Nurse Program. Ann has extensive experience in providing nursing care, in both hospital and community settings, to diverse clients and families who have experienced mental illnesses and addictions. She has focused on care approaches that honour the values and preferences of diverse individuals and groups. Ann has held clinical and leadership positions at the Centre for Addiction and Mental Health (CAMH) including Staff Nurse, Advanced Practice Nurse, Director of Quality, Patient Safety and Risk, and Clinical Director. As an educator, Ann has co-designed mental health, cultural competence, and health equity curricula which she has delivered to inter-professional health care providers.

Sean Hillier, he/him (PhD) is a queer Mi’kmaw scholar and a registered member of the Qalipu First Nation. He is an assistant professor and York Research Chair in Indigenous Health Policy & One Health in the Faculty of Health of York University. He is also the Associate Director of the Centre for Indigenous Knowledges and Languages and Special Advisor to the Dean of Health on Indigenous Resurgence. He is Co-Chair of the Indigenous Council of York University. Additionally, Sean is a Board Member of the Native Canadian Centre of Toronto and the AIDS Committee of Toronto (ACT). Dr. Hillier’s collaborative research program spans the topics of Indigenous Health Policy & Governance focussing on understanding Infectious Disease and Antimicrobial Resistance through a One Health approach. He continues to work in the area of HIV research and is an Investigator with the CIHR Canadian HIV Trials Network. He has successfully received a total of more than 10 external grants from the three federal granting agencies.
About the working group.

Recent events and the very troubling incidents and pain experienced by Black, Indigenous, Jewish, Muslim, Asian, and Queer communities point to the need to raise awareness for all systemic racism and colonial aspects embedded in all social institutions. These events continue despite Canada’s progress in and commitment to human rights. The most recent groundswell of activism and support across communities in Canada and beyond shines a light on the need to create spaces for dialogue and action to address inclusion and equity with a goal of improving the everyday lives of our communities.

President Lenton and Vice-President Cote-Meek have issued numerous statements condemning hateful acts, and similar statements of solidarity have been put out by the FoH. These have created opportunities for the FoH to consider its collective responsibilities to uphold the rights of equity seeking communities. Relevant questions include “How am I as an individual implicated in these processes?” and “How are ‘we’ as a faculty implicated in these processes?” It is imperative to address these questions to support student success and well-being and to understand better what makes for empowering: student experiences and learning about communities, meaningful student support, and conditions that foster inclusive environments where we “live, work and play.” Our answers to these questions is essential to the creation of an environment in which all FoH faculty, staff, and students can thrive and generate knowledge and community-based research that aims to improve the lives of our communities.

Dean McDonald commissioned the creation of a working group that focuses on anti-Black and anti-Indigenous Racism to facilitate dialogue about power and privilege and to ask questions such as “who is visible?” and “whose voices are heard?”

These processes would take into account the diversity within and across BIPOC communities in relation to race, class, gender, sexual orientation, ability and other intersections and how this impacts the lived experiences of members of these communities.

These processes would place an importance on the need to understand BIPOC communities’ histories of trauma, as well as stories of community resistance to and resilience in the face of colonialism and systemic oppressions embedded in the fabric of our social institutions -- including higher education.

These processes could consider how the FoH demonstrates accountability to these communities in ways that include opportunities for creating spaces for dialogue and anti-racist education, curricular change, hiring and other organizational policies, leadership, and other strategies to foster broader social change.

As part of a broader Faculty strategy to address equity, inclusion, and racism, we must prioritize those processes that foster the meaningful community collaboration and organizational change required to achieve social justice.

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York University was founded in 1959, and is the second largest university in Ontario and the third largest in Canada. The Faculty of Health (FoH) is committed to creating positive change for our students, our communities, and the world around us through teaching and research excellence to keep more people healthier for longer. The FoH, founded in 2006, comprises six Schools/Departments, offering a variety of undergraduate, graduate, and professional degree programs – Global Health, Health Studies (Policy, Management, and Informatics), Kinesiology & Health Science, Neuroscience, Nursing, and Psychology.

Our commitment to excellence is demonstrated through our faculty, who are nationally and internationally recognized experts, through our leading-edge research, and through local and international partnerships to improve health outcomes locally and globally. In addition, students engage in experiential education opportunities to build their learning in a range of settings beyond the classroom. More than 300 faculty support 9,000 undergraduate students, 500 graduate students, and have educated more than 30,000 alumni worldwide.

The stated goal of our faculty is to design and test ways to dramatically improve our capacity to keep more people and their communities healthier, longer. Healthier populations ease the load on healthcare systems, allowing resources to be redirected to those most in need. To reach this goal, we know we must move beyond traditional boundaries in health care, medicine, and public health. We must work to create a total health system - emphasizing the social determinants of health, prevention and health promotion, as well as treatment. A foundation of this goal is ensuring equitable access to education grounded on the principles of Health Equity, one that we currently lead in with an established graduate program dedicated to those principles.

The Faculty of Health seeks to embody the principles of Equity, Diversity, and Inclusion (EDI). Through our local commitment, we serve the student population via our association with Calumet and Stong colleges and going far beyond to engender world citizens, establishing ties in India, Southwest Asia, China, South America, and Africa. Closer to home and, as part of York Region, we believe the FoH has a distinct advantage in being closely allied to this growing community. With about 46% of the region comprised of immigrants, York Region is an authentic example of global diversity in our own backyard.

The principles of EDI are even more important as we look to the future and the creation of a new School of Medicine that will focus on training family and community doctors in integrated settings. The model of care we look to provide is expected to create greater health equity for diverse communities in the Greater Toronto Area (GTA) and underserved communities across Canada, including the more than one million Ontarians without access to primary care.

Now is our time to become the leader in Health Equity in all that we do, but we must first turn the microscope inward to ensure that we create and nurture an environment that fosters equity for all.
Research Purpose.

Equity, diversity, inclusion are core values of the Faculty of Health and York University. The FoH recognizes all that is happening globally and stands with our communities in the everyday struggles they face. We acknowledge that systemic racism shapes the lives of students, staff, and faculty members within the FoH and the larger institution. As part of a larger equity, inclusion, and anti-racism strategy, Professors Pottinger and Hillier were therefore invited to establish and co-chair a working group on systemic and individual racism within the Faculty.

To this end, we as a working group, sought to capture experiences, opinions, and recommendations towards individual and institutional practices and behaviours related to racism within the FoH. This working group was asked to develop a set of actionable recommendations, based on broad and comprehensive consultations with the FoH community, to help move us forward in addressing systemic racism more broadly. Additionally, we were asked to foreground those issues and concerns related to anti-Black and anti-Indigenous racism.

Some have questioned the need to create a specific focus on anti-Black and anti-Indigenous racism. We want to be clear that our task was to look at Individual and Systemic Racism within the FoH. However, given ongoing concerns internal and external to the university, it was clear that a focus on hearing some of the most marginalized and often overlooked voices was warranted. The deaths of Black and Indigenous Peoples across North America at the hands of police was a chief reason for the creation of this working group. Further, we saw examples of gross negligence and repeated
instances of Indigenous Peoples in Canada dying as a result of racism while trying to access healthcare.

Within our own institution, while we have robust Affirmative Action policies in place within our own institution to address representation, we still fall drastically short in securing Black and Indigenous faculty members. One must ask, why? As an institution, we have fallen from 1.6% Indigenous faculty in 2016 to just 0.8% in 2020 – a 50% decrease institution-wide. While we have seen increases in Indigenous faculty at York in the past six years, these are not keeping pace with overall increases in our faculty complement. Indigenous staff representation fares even worse, making up 0.9% of Non-Academic staff. In 2020, racialized groups made up just 18.6% of all faculty at York - a drop from 21.3% in 2018. While 33% of all staff at York are racialized (compared to 30% of our external community), many of our schools or departments in the FoH have less than 3% of their complement comprising Black faculty and many of those are neither full-time nor tenure track (York University Institutional Dashboard 2020-2021). We have also failed to keep pace with student enrolment that reflects the make-up of Toronto, with Indigenous students comprising just 0.69% (359) of all enrolments in 2018 (The Economic and Social Impact of York University, 2020).

It is for these reasons that the working group intentionally set out to ensure the voices of Black and Indigenous Peoples were heard throughout this consultation process.
Evaluation Methods.

To complete this work, the co-chairs determined early on that an open, transparent, and equity focused approach was needed to engage broadly with FoH community members.

Accordingly, the co-chairs first met with each of the Schools and Departments and leadership team and put out a wide-ranging call for participation on the working group.

Given the high demand to participate in the group and the need to ensure diverse voices-based representation from equity groups in addition to the diversity of community members and Schools/Departments, it was determined we would have two groups. We established a core working group and a broader advisory group. Upon forming the working and advisory groups, we endeavoured to determine this work’s purpose and desired outcomes. Specifically, how we would proceed to develop and deliver back to the FoH a set of comprehensive and actionable recommendations based on broad consultations to help the Faculty move forward in addressing systemic racism broadly, while also foregrounding anti-Black and anti-Indigenous racism.

The working and advisory groups spent six meetings determining the best methods and approaches to gather the data required to answer the questions being posed. The group identified the need to conduct a scoping review to examine the extent and nature of the literature on institutionalized racism in Canadian universities, with a focus on Indigenous and Black Peoples.
**Scoping Review**

Through the review, we sought to answer the questions: How is the occurrence of institutional racism in post-secondary institutions within Canada impacting the lives of racialized people, and to what extent are areas of impact addressed?

Scoping reviews enable the investigation of wide-ranging research questions when a systematic mapping of the available evidence in literature is necessary. The working group decided that the review would be conducted in parallel to the group’s work to gather data within the FoH. The review is reported in accordance with the reporting guidelines provided in the 2015 statement in Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA-P) (Moher et al., 2015) and can be found in Appendix 1. It adheres to the methodological framework developed by Arksey and O’Malley (2005), which was further developed by Levac and colleagues (2010), and reported as per the PRISMA Extension for Scoping Reviews (PRISMA-ScR) 2018 statement (Tricco et al., 2018).

**Consultation Frameworks**

We used the following factors to inform the framework that would underpin our engagement strategy and methods. Specifically, we focused on:

1. Building community capacity, seeking to address issues of representation and fostering visibility of community members;
2. Identifying issues of authority-and considering who has the authority to speak on behalf of community members (e.g. creating co-chairs who represent the Black and Indigenous communities);
3. Associate Deans have the admin role in helping to create change in the organization based on the consultation report and recommendations to enhance organizational accountability;
4. Identifying and addressing issues of “ownership of knowledge” in considering who “owns” the outputs (e.g., report on the consultation done with the Black and Indigenous communities—the options for the co-chairs and working group members to publish manuscripts based on this process/report);
5. Addressing ethical issues, including the sensitivity of data collection and ensuring the appropriate use of data (e.g. Indigenous research);
6. Ensuring we recognized the impact of historical trauma on community members in relation to participation in a workgroup focused on systemic racism and which foregrounds anti-Black and Indigenous racism; and finally,
7. Supporting members in creating safer spaces for sharing their voices.

With these factors in mind, the working group devised a set of questions to be asked uniformly across all participants who participated in either the focus groups or the online survey. These questions were then discussed by the advisory group prior to being finalized. Additionally, working and advisory groups developed a comprehensive outreach and participation strategy to direct the work of the co-chairs in data collection.

Before gathering any community feedback, the Co-Chairs arranged meetings with key stakeholders. These meetings aimed to introduce the Co-Chairs to the community and detail the work being done, and inform members of the forthcoming invitations to participate in the work. As a result, the Co-Chairs met with the FoH Council, the executive/leadership team, each of the Schools/Departments during their monthly meetings and held two open town halls.
Following these, invitations were sent broadly across the FoH to participate in three different ways: 1) in a specific focus group, 2) in an online survey, or 3) in a one-on-one meeting with the Co-Chairs. Regardless of how community members chose to participate, all were given the same instructions and asked the same question.

Participants were introduced for the purpose of completing the survey or being part of the focus group. A land acknowledgment was then either written or spoken (depending on the format). Participants were then given a list of mental health resources they could access if any of the questions or discussion caused them distress. Additionally, participants were told they could end participation at any time. Participants were asked to complete an anonymous voluntary self-identification survey. This information helped track and understand the demographics of the FoH community who shared their experiences, feedback, and recommendations. These questions consisted of the following:

1. What is your relationship to the Faculty of Health?
2. Which School/Department are you affiliated with?
3. What is your gender identity? Select all that apply.
4. How do you identify ethnically? Select all that apply.
5. How do you identify your sexual orientation? Select all that apply.
6. Do you have any physical or invisible disability?
7. How long have you lived in Canada?

Following this, participants were given a standard statement to ‘reflect upon’ before answering each of our questions:

“We are meeting today on behalf of the Faculty of Health working group on Individual and Systemic Racism. While this group has a specific focus on hearing about Anti-Black and Anti-Indigenous Racism, the report will not be limited to only this and we therefore want to hear about all your diverse experiences. We are here to hear from you and about your recommendations on how we can make the Faculty of Health a safer place for all people. We have been asked to deliver a report with actionable recommendations in the short, medium, and long term to help address issues of racism. With all of this in mind, we would like to ask you a few overarching questions.”

Participants were then asked the same three broad questions:

1. Tell us about your experiences in the Faculty of Health?
2. Thinking about your experiences as a member of the Faculty of Health, we wish to hear what actions could be taken to make it more welcoming to all.
   a. What specific steps do you feel need to be taken in the short, medium, and long-term to achieve this?
   b. Do you have any recommendations to tackle systemic racism and discrimination in the Faculty of Health?
3. Finally, we would like you to imagine that the Dean were here sitting in front of you today, what would you tell them that would help inform their decision-making on how we move forward?
Participants

156 individual participants took part in one of the three options – however, this number does not include follow-up engagements with and feedback from the FoH executive/leadership team, each of the Schools/Departments during the monthly meetings, and an additional open town hall that took place during data collection and where people also shared feedback captured in his report. Of the 156 participants, 69 participated across 22 separate forums (focus groups,) 8 participated in one-on-one meetings, and 79 completed the online survey. Of the 156, 62 of the 77 focus group/one-on-one participants completed the self-identification survey, and all survey participants completed the self-identification survey.

Forum Demographics: Membership

- Students: 52%
- Faculty (Full-Time): 21%
- Staff: 10%
- Faculty (Contract or Part-Time): 10%
- Other or Unspecified: 5%
- Alumni: 2%

Forum Demographics: Department/School

- Kinesiology: 11%
- Health Policy: 13%
- Other or Unspecified: 15%
- Global Health: 6%
- Nursing: 19%
- Psychology: 36%
- Nursing: 19%

Forum Demographics: Ethnic Identification

- White: 20%
- Black: 26%
- East Asian: 5%
- Middle Eastern, Jewish, West Asian: 4%
- Southeast Asian: 1%
- Other or Unspecified: 16%
- Hispanic/Latin American: 2%
- Indigenous: 2%
- Multiracial: 2%
- South Asian: 22%
Upon conclusion of each open forum or individual meeting, audio recordings were transcribed and uploaded into the software program SQR*NVivo 2020. The transcripts were then coded within the software program. This approach was chosen at the request of the working and advisory groups to better quantifiably understand the issues facing individuals within the FoH. This process was especially important for the recommendations that came from participants, as we all recognized that not every recommendation may be implemented, so there was a desire to have a detailed understanding of what were the most pressing needs so they could inform the most important advocacy work that needs to happen.

NVivo was launched in 1999 and “was named for ‘in vivo’ coding – that is, naming a category directly from a participant’s own words” (Bringer, Johnston, & Brackenridge, 2004, p. 248). Researchers have a substantial variety of choices in the tools they use within the NVivo program, allowing them the ability to code and dissect their research. We focused on categorizing based on key words extracted from participants’ comments.

The use of analytical software allowed us to organize data and process its analysis efficiently, including the quick processing of large amounts of data and fast retrieval of keyword searches. This quick data processing was particularly helpful when engaging with the working and advisory groups, as we could provide specific context and results quickly during our meetings or when asked for clarification. The use of this program also includes detailed audit records of the research process at every stage of the analysis (Bringer et al., 2004).

This specific method was chosen because it allowed for the use of anti-colonial and anti-racist worldviews in forming the basis of the coding and analysis. It allowed for non-Western worldviews to be incorporated and our understanding of knowing and being to be used as the basis of how the data were framed and then coded.

All of this underscored the importance of a holistic balance of the mental, physical, emotional, and spiritual to frame how the coding was done and the importance of what was conveyed.
Coding for this research started with creating analytical codes and categories directly from the data which is the "analytical process through which concepts are identified, and their properties and dimensions are discovered in the data. These should be representative of the data itself [sic] and cover a wide range of observations" (Hutchison et al., 2010, p. 284). The data analysis process started with reading the transcripts and coding each statement, concept, or idea that emerged from the Participants’ comments, thereby highlighting and labelling them as a ‘node’ within NVivo. “Nodes are similar to codes in constant comparison analysis (described in detail below). Thus, nodes are what a researcher uses to place meaning on different parts of the text” (Leech & Onwuegbuzie, 2011, p. 74). After the coding process began, a description was created for each of the nodes to ensure a clear understanding of its context and use for subsequent coding. A member of the research staff started initial coding; then Professor Hillier completed a detailed review and additional coding, it was then checked and verified by Professor Pottinger.

The coding of transcripts allowed for systematic comparisons. “Making comparisons at every stage of the analysis (e.g. within and between cases or over time) helps to establish analytical distinctions by identifying variations in the patterns to be found in the data” (Hutchison et al., 2010, p. 284). Systematic comparisons can be done using ‘tree nodes.’ “Tree nodes are groupings of nodes. As more nodes are created, the researcher can organize the nodes into tree nodes” (Leech & Onwuegbuzie, 2011, p. 74). Then we could create axial coding (Corbin & Strauss, 1990), the process by which we could then relate categories to other categories and their subcategories (Kendall, 1999). “The purpose of axial coding is to begin the process of reassembling data fractured during open coding. During axial coding the initial codes are scrutinized to ascertain how some of the identified categories relate to one another and to the overall phenomenon” (Hutchison et al., 2010, p. 291).

Eventually, after the first 15 focus groups, density and/or saturation was achieved, as no new codes were made. “It is commonly accepted that there must be evidence of theoretical density or depth to the observations presented” (Hutchison et al., 2010, p. 284). After saturation was achieved, the remaining transcripts were coded and compared for themes and density of opinion.
Results.

Twenty-five (25) articles met our inclusion criteria - 24 published articles and one unpublished article by PhD students. 70% (n=18) of the articles reported on studies, and most of those studies used a semi-structured one-to-one interview, questionnaire, or survey methodology.

The remaining articles could be categorized as theoretical, observational, or reflexive in the form of ‘self-study.’ Self-study involves critical examination of one’s experience in relation to their identities within a specific context or structure. For example, giving voice to and critically examining one’s experience of being Black in an academy (McNeil, 2011). All articles spoke to the Canadian context, with most related to post-secondary education. The articles also importantly captured or addressed experiences of Indigenous students and racism and to a lesser extent, racism and the faculty experience. Of particular relevance to the FoH were those articles specific to the education of healthcare professionals and, more specifically, the relationship to stereotypes of Indigenous Peoples and the need to include Indigenous knowledges in curricula.

Findings from Scoping Literature Review

While some key themes that surfaced in the scoping literature review were mirrored in the information obtained through FoH engagement, the FoH participants provided information that helped us to contextualize and better understand the themes within our specific work, thus allowing us to formulate recommendations. The full scoping review can be found in Appendix 1.
The results of the review illustrate that institutional racism exists across post-secondary institutions and shares similarities in the manifestation, extent, and nature of its impact on the lives of racialized people. Within institutions, racism is not simply or necessarily explicit or overt. Rather, it is enshrined and obscured within institutional structures and processes and experienced by racialized students and faculty in nuanced yet significantly negative ways that affect multiple aspects of their lives, ranging from feeling unsafe, unrepresented, excluded, and burdened.

Some impacts specific to faculty include how their work is evaluated and rewarded, and how devaluation of their labour is expressed through experiences of being overworked, underpaid, and doing unpaid work. One important gap in the literature is the absence of studies on the experiences and impact of racism on non-teaching staff who often have significant contact with students and who are critical to carrying out the administrative functions of post-secondary institutions. There was also a notable lack of literature on the perspectives of Black students in post-secondary institutions. The one article that addressed Black students’ experiences, particularly Black males’ experiences, included stereotypes and negative narratives but only as manifested in elementary schools.

The three main themes from the scoping review are, therefore: 1) the maintenance of positions of power through colonized academia structures and processes to define and shape knowledge, 2) the reliance on Western and Eurocentric values in curricular, pedagogy, and research that consistently devalues and burdens Indigenous and racialized peoples, and 3) the lack of content in health professional education programs on Indigenous history, ways of knowing, and the impact of trauma on health and wellbeing.

“Within institutions, racism is not simply or necessarily explicit or overt. Rather, it is enshrined and obscured within institutional structures and processes and experienced by racialized students and faculty in nuanced yet significantly negative ways that affect multiple aspects of their lives.”

Results of FoH Engagement

While the working group was tasked with providing the Faculty of Health with a list of actionable recommendations, we, the working group, felt it was important to place some context to those recommendations by highlighting aspects of the major findings gleaned from forums and surveys. This section seeks to provide context to the recommendations that follow. However, because we were tasked with providing back actionable recommendations, and given the findings detailed in the literature review, we will limit our discussions to focus on those aspects we found most significant or impactful.

Our major findings are grouped into nine major themes (Context, Curriculum, Examples of Racism/Discrimination, Faculty Supports, Impactful Quotes/statements, Policy, Recommendations, Student Led Supports, and Who Researches and Teaches about What and Whom). From these nine major themes, 60 additional subthemes / nodes emerged (a complete list of themes can be found in Appendix 2). We briefly detail eight of the nine themes below, and ‘impactful quotes’ are threaded throughout each section as this was meant to serve as a reference guide to illustrative comments made by participants.
Across 133 references, these data points allowed us to establish a narrative out of the comments made by participants. This covered two significant areas for participants who noted ‘bad things’ that had happened to them in their day-to-day interactions with the FoH. These ranged from the burdens imposed on BIPOC faculty and staff to a lack of effort by the FoH to addresses issues of racism and discrimination faced by our community members. One Faculty member noted: “We really need to get all faculty on board, we need an overarching commitment, because BIPOC are emotionally, mentally, spiritually drained. If you don’t know what emotional labor is then you are probably in a privileged position”.

However, there were also many comments about ‘positive things’ happening within the FoH including the hiring of more BIPOC faculty members, the integration of anti-oppressive teaching methods in the classroom, and EDI initiatives within the colleges. One student noted: “Through the colleges, I did do an anti-racism training. Without those trainings I wouldn’t be as effective in my peer leadership role or having those conversations”. This experience of burden was also a theme in our scoping review of the literature. Further, in a recent study over 88% of the participating nurses (n=171) and nursing students (n= 34) reported that they experienced individual and institutional racism and 63% indicated that racism affected their mental health ranging from moderate to strongly severe (Cooper Brathwaite, A, et al. 2022).

Many participants also discussed how intersecting forms of oppression and discrimination impacted their work within the Faculty. These included frequent issues people faced when seeking accommodations in teaching or the workplace. Many discussed the positive impacts of community but highlighted how a lack of transparency by FoH leadership created a place where privilege was maintained only for certain people. Importantly, there were many instances of participants who discussed how they thrived ‘in spite of’ the many barriers they faced.

**Curriculum**

One of the most coded aspects coming from our consultations was curriculum and pedagogy within the FoH. This discussion focused on three main areas: barriers faced by people within the education setting; issues of cultural safety; and the integration of different worldviews and knowledge systems. Students, for example, frequently discussed instances of racism and discrimination within the classroom that left them feeling demotivated and at times not wanting to continue in courses or their programs.

Discussions of cultural safety in the classroom was a repeated theme. This included students and faculty who stated there was a general discomfort and lack of preparedness by instructors to tackle discussions or instances of racism and discrimination within the classroom setting. One student noted: “Black and racialized nurses should feel safe and there should be measures in place to ensure this, including identifying that this space is
a welcoming and safe space for Black and racialized people”. Another student noted: “as a nursing student, we learn about illnesses, common in textbooks, they don’t teach us how to assess Black people. Even with jaundice, a Black person cannot be yellow, but those are the only symptoms outlined. We learn about indigenous racism but not Black racism. I had a friend who’s [sic] nursing clinical instructor didn’t say anything to protect her from the racism of nurses at her clinical.” Several students noted issues of tokenism and how they are expected to speak about the traumas of their family or people when it’s a topic being covered in the classes. This was especially pronounced for Black and Indigenous students who were expected to take on the role of educator within a classroom setting when instructors lacked knowledge in the area, or who were forced to confront incorrect and stereotypical information being taught about race.

Finally, many participants discussed how the faculty is steeped deeply in Western knowledge systems to the objectification and suppression of Indigenous, Eastern, and other worldviews and knowledge systems. One student noted: “The curriculum needs to be reflective of student lived experiences. Indigenous, Black, sexual orientations, abilities, etc. all experiences. In Kine for sure, it is just a very colonial way of looking at health and we need to expand it if we want to remain relevant.” Another stated: “all I’ve experienced so far in my program is the Western tradition. When other cultures/perspectives are included, it is appropriation. Commitment and acceptance therapy and mindfulness is appropriated from Eastern traditions and not does not give their origins credit in course material but passed off as Western knowledge. It’s very ‘you guys have been saying that this works for thousands of years but we only agree now that we have studied it’.”

Faculty Supports

This theme reflected in 22 references speaks primarily to challenges faced by faculty members in accessing supports within the FoH. These range from topics of cultural competency education for faculty who wish to integrate issues of EDI within their teachings to the lack of support for equity seeking groups in being successful in their pre-candidacy and candidacy phases.

One member of the faculty noted there is a need for mentorship and support of Black employees: “Mentorship and support for Black faculty and staff. We need to prepare staff for full-time academic and leadership positions”.

Another noted: “There is nothing put in place to mentor or assist you to grow or move up the ladder. This is getting to me so much; it has started to affect my brain. You are there for years and years and you are no better off than someone who started yesterday, with the same pay. When you really think about that, it is troubling. There should be something put in place, so that person can move from one level to the next”.

Policy

Institutional policies are at the heart of all that we, as faculty, do within our research, teaching, service, in that they mandate how our staff operate, and how our students learn and engage within the community. It is foundational that we examine how these policies not only play into issues of EDI, but may also have unintended consequences. A major theme that came out is 17 first-hand accounts of how policy – related to an equity issue, had a negative impact on them. These included: how the institution’s affirmative action policies do little to improve hiring outcomes for Black faculty members and create confusion around and a lack of opportunity to lodge complaints related to instances of discrimination; how the Tenure and Promotion process favours traditional forms of knowledge creation and dissemination and does not reflect much of the labour of BIPOC faculty; how financial policies impact the ability of BIPOC faculty to do strong community engaged research; how policies limit compensation for community members and guests who advance equity within our classrooms; and how a lack of transparency through data metrics helps to cover up systemic issues of discrimination within the faculty and broader institution.
Student-Led Supports

Our discussions with student leaders provided greater details about how student-led groups and their leaders are helping to fill a void in EDI-based education within the FoH. These efforts include the creation of student groups that focus on equity seeking peoples, as a place for them to gather, share information – including those professors and classes that are ‘safe’ to provide mentorship opportunities and counselling supports to one another and their peers across programs and the faculty.

This is summed up by one student who said “BSIP (Black Students in Psychology) has been paving the way, creating a home for Black students to share their experiences. Without them I wouldn’t have found any Black people in my program. Now BSIP is a staple, and they are becoming very influential”. Additionally, students talked about the need to see themselves better represented in positions of leadership within schools/ departments and the larger faculty. One student stated: “I think a big change would be seen through the students; people look up to people in these positions and university can be an intimidating environment. They should have spaces for people like me. Spaces specifically for BIPOC students to take up positions on councils. I wanted to create change. Students have a lot more power than they realize. I expect a lot more diverse BIPOC student voices to be heard”. However, student leaders said they need more supports from their schools/ departments and the broader faculty to continue their good work. They asked for financial supports, mentorship from faculty and staff, and access to resources that could help them in their equity objectives. One student leader stated: “resources [needed include] having a guest speaker, giving us a foundation to start with, helping with events, providing us expert advice to make sure we’re giving the best possible information, someone to help guide and mentor us, or assist us would help”.

Who Researches and Teaches about What and Whom

An unexpected but interesting theme which emerged during our consultations was that of who gets to research and teach about what and whom. What this means is that there were ongoing concerns about how some non-BIPOC faculty took up space and resources to teach and research about BIPOC communities, with at times limited engagement with those communities.

One faculty member stated: “The problem is that White people make the claim that ‘I can work with Black people’ or ‘I can work with Indigenous Peoples’ and ‘I can cover all these groups’. I think its recognizing that we need to be much more particular about who says they can do what and with whom. They are appropriating Black and Indigenous people, and this helps to create a career for themselves in the same colonial fashion. Established Black scholars should be working with emerging Black researchers, it can’t just be anybody. I have seen how Black people have been disadvantaged by people who know absolutely nothing about them. Black people aren’t recognized, and yet we have White colleagues who get to be an expert in Blackness and Indigenous knowledges”.

There appeared to be wide ranging concerns about non-Black and non-Indigenous faculty teachings courses – many mandated through professional colleagues - that were wholly or substantially about those groups. The concerns rested not on an objection of predominantly White faculty teaching these courses but that as a faculty we have not created sufficient capacity for Black and Indigenous scholars to come into the academy to fill these roles.

One Faculty member said: “They wanted to Indigenize the curriculum in Nursing, how can you have a program that has to teach Indigenous content and courses and not have any Indigenous faculty?”
Examples of Racism

In total, we coded a total of 76 first-hand examples of racism (ranging from dismissing of expertise, issues with campus security, and systemic violence), tokenism, and ‘why leadership is needed’. These examples helped to provide context to and support for the proposed recommendations that follow. The dismissing of expertise was detailed by one faculty member who noted: “People aren’t always receptive to your feedback, even if that’s your clinical area of expertise, because there is no sense of safety there, so people are hesitant to speak up.” Another faculty colleague said: “I’ve heard a lot of comments like ‘Oh, you have a Ph.D.?’. There are constantly microaggressions happening here.”

Far less subtle, students detailed instances of being followed by campus security and being questioned about why they were there. One Black student noted that after a negative interaction with campus security they lodged a complaint but never had any follow-up, even after reaching out to the Dean’s office. Others noted significant issues of systemic violence, and this was particularly pronounced for non-management staff members who noted that almost all of the staffing leadership in the FoH is White, that complaints of racism are never dealt with, and that there are never opportunities for racialized staff to move up. Instead, White staff are hired from outside the organization to replace management positions when there are vacancies.

Issues of tokenism was another theme that ran through faculty, staff, and student comments. Faculty noted being asked to do things (give many guest lectures, sit on committees, etc.) merely because they were racialized. However, when they were asked to sit on committees with responsibility, their voices were dismissed or drowned out. Staff noted that they heard management discuss the need to hire more contract workers and that administration positioned staff who were ‘of colour’ as a way to escape being labelled racist within their hiring process and not have grievances filed. Additionally, students noted how they are tokenised in classroom settings and are expected to speak on behalf of their people when instructors lack knowledge in a subject area.
Recommendations.

The Faculty of Health Working Group on Systemic and Individual Racism, which has focused on hearing the voices and experiences of Black and Indigenous community members, has been working for over 14 months to build strong community relationships through information sessions, open forums, and meetings with a broad and diverse group of students, staff, and faculty to deliver this report.

Overall, we have heard there is substantial work to be done in the FoH to make it a safer place for all. We heard unequivocally that the FoH could be and should be a national leader in health equity and anti-racism - the future of healthcare – but that work must start internally with us and our practices. At York we aim to uphold our Motto: Tentanda Via: The way must be tried. This report sets the goalposts for the FoH to try a new path that will assist in bringing renewed excellence while focusing on equity in the areas of teaching, research, and student success. In doing this work, we have come across four overarching ideals which tie all of our work and recommendations together, they are: Attention, Action, Accountability, Authenticity. While these thematic ideals permeate all that is found within this report, we have also organized it into the following key areas that were also illuminated:

- Representing: Leadership and Hiring of Staff & Faculty
- Revamping Curriculum: Acknowledging and Diversifying Knowledges
- Representing & Establishing Credibility
- Resourcing: Success Supports & Resources
- Reporting and Responding: Wholistically Addressing Instances of Discrimination
- Recording Data and Reacting: Data Collection and Decision Making
The FoH is well-positioned to improve and lead anti-racism work within our own faculty, at the university level, nationally, and globally. One main area for leadership is in communicating the urgency for action through linking racism with health and health outcomes. The linking of racism, trauma, colonization, and other “isms” with health can be advanced through teaching, research, and service within the FoH. It is crucial that such leadership begins with addressing issues of racism and other “isms” within the faculty.

The FoH is encouraged to acknowledge and learn from its own limitations, act on such learnings, leverage it, lead others, and aim to leap toward a new and inclusive reality. The current search for a Dean and efforts to fill existing faculty vacancies present a crucial and timely window of opportunity to strengthen the foundation to catalyze the work that needs to be done. While the FoH continues to meet its York University Faculty Association (YUFA) requirements under the racialized Affirmative Action category for the hiring of faculty, there is a need to review more discrete identities, including Black and Indigenous Peoples who are especially absent within our workforce and/or do not reflect the makeup of our student body.

In order to achieve the recommendations set forth in this report, we are proposing to the Faculty of Health Council the creation of a Review and Implementation Group that will review, respond, and create a process for prioritizing recommendations and leads their implementation.

1. Prioritize the connection between racism and health throughout all of its work, and in particular racism and poor health outcomes.
   a. To accomplish this task, the FoH must aim for local, national, and global leadership in health equity through its curricula, scholarship, research, and knowledge exchange that focuses on racism, other isms’, and health as demonstrated throughout its IRP & policies. Like other forms of violence, racism is an assault on a person’s dignity, health, and their full participation in our community. It is devastating, traumatic and long-lasting. We must tackle this issue with the same rigour as other forms of violence.

2. Implement a dedicated leadership oversight group to advance the work of faculty in the area of EDI.
   a. We recommend a non-academic role be dedicated to the coordination of the recommendations contained within this report that spans across roles, responsibilities, and schools. An “all of faculty approach” is required.

3. Designate a senior FoH leader through the creation of a senior academic leadership position to ensure the implementation and integration of these recommendations and to provide ongoing oversight, evaluation, and improvements.
   a. The advice of this working group is for the creation of a new Associate Dean Equity role that encompasses a broad portfolio so as to bring an ‘all of Faculty’ approach to this work.
   b. The Dean should put forth a request to the Provost for the creation of a new Associate Dean role focused on Equity to advance the work of faculty in this area. We recommend this role be filled by a member of a historically marginalized equity seeking group.

4. Create a leadership team to identify key positions, people, and committees across the FoH who will report to the Review and Implementation Group for the review, response, and implementation of specific recommendations within their areas as detailed in this report.
5. Establish a **standing Faculty Council EDI/anti-racism Oversight and Advisory Committee** to provide guidance and direction when needed, on all EDI and anti-racism efforts within the FoH.

6. Hire and promote **more racially diverse individuals** in academic and staff management positions. This includes formal leadership positions: the Dean and all staff in their office; Associate Deans and College Heads; Chairs and Directors; and Executive/Administrative Officers and Operations Managers.
   - To achieve this goal, the FoH may need to initiate and collaborate with CUPE/YUSA and other relevant stakeholders to seek ways to implement an Affirmative Action process for the hiring and promotion of staff members.

7. Examine and implement a process for **equity-based hiring/appointments** for faculty and administrative positions within and across the FoH. The implementation of such a process will require collaboration and negotiation through the collective bargaining process with the unions. Therefore, we recommend:
   - The FoH Council pass a hortative motion requesting that the institution engage the respective unions in examining and implementing/revising a process for equity-based hiring.
   - To achieve this goal, we recommend that the Dean, in parallel, engage in conversations with the Provost, YUFA & CUPE about AA hiring thresholds and Black/Indigenous priority needs within the FoH.
   - To achieve this goal, we recommend Faculty & Staff holding roles within their unions bring this matter to their union leadership for discussion & action.

8. Emphasize, within the hiring process, diversity of knowledges and worldviews that move beyond Western science. Hiring advertisements should place focus on attracting excellence within a field of study and place emphasis on those who can bring other worldviews into the learning environment. This may mean hiring individuals with terminal degrees lower than a PhD and supporting them in achieving T&P without the requirement of a higher degree.

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**Revamping Curriculum: Acknowledging and Diversifying Knowledges**

9. Establish a system and processes to **conduct a comprehensive review of programs** to examine and identify systemic biases in the curriculum.
   - Deliberate on how the process and review are inclusive of and responsive to learner input and feedback.
   - Determine if race/racism is viewed and presented as a public health issue?
   - Identify gaps in knowledge and integration of often overlooked racialized and Indigenous scholars within course content.
   - There is a need to scaffold course content starting in year-one that has particular focus on equity within health theory and practices.

10. Co-create **culturally safe learning spaces**. Although we, as a faculty and individual units often ‘say we are already doing this’, many said they do not experience cultural safety. Paths forward to address these gaps and promote safer learning environments should include, and not limited to:
   - Teaching specifically about Black, Indigenous and other racialized health beyond a single lecture or module. The presentation of symptoms, distribution of illness, etc all are impacted by race. Engagement of diverse learning spaces must start from year one and be built across the curriculum.
b. Stop focussing solely on vulnerabilities and deficits for groups of people, instead including content on resilience and in particular collective resilience.

c. Undertaking an assessment of the frequency of and how diverse learners are engaging and interacting in our learning environments.

d. Using teaching situations whereby students do not become the example for the class or are expected to share their experiences of “isms” and traumas. This approach is frequently used to overcome shortcomings within the learning environment, including a lack of diverse instructors.

e. The need for individual faculty members to reflect on the extent to which their courses and research include and take up diverse knowledges, readings, individuals, and historical context of oppression.

Representing & Establishing Credibility

11. Address matters of representation and credibility in terms of “who gets to say what about whom”. There is ongoing concern about who gets to speak on behalf of certain groups and for whom. There are so few Black and Indigenous scholars, yet there are many courses focused on this topic that are being taught by non-Indigenous and non-Black people. There needs to be great attention to who is speaking for and on behalf of others.

   a. Consider how Indigenous, Black, and other racialized People are recognized and celebrated within the faculty.

   b. Resources are needed in the FoH for the active and ongoing inclusion of Indigenous knowledge keepers/Elders.

12. Encourage and offer professional development for course directors to adopt an antiracism framework within their classes. Indigenous and racialized students clearly told us they are unlikely to be engaged in the classroom when they do not feel their perspectives and experiences are valid. Failure to acknowledge racism does not reflect the reality of racialized people and does not provide opportunities for non-racialized people to learn and appreciate such realities. FoH cannot be a leader and innovator by solely adhering to a Western/Eurocentric worldview regarding how knowledge/evidence is generated and disseminated.

   a. Individual instructors are encouraged to review their current course offerings for content and revise as necessary by integrating diverse worldviews and sources of knowledge and shift away from content that reproduces and perpetuates Eurocentrism and colonization. The degree to which the connection is made between health and racism.

   b. Professors are encouraged to be transparent and state their pedagogical approach and frameworks to students, along with their strengths and limitations.

Resourcing: Success Supports & Resources

13. Provide resources for racialized caucuses who are undertaking significant work within the areas of antiracism, Indigenization, and EDI. These groups are to be led by and for the specific groups for whom they advocate and represent.

14. Designate Faculty, Staff and other resource persons and financial resources to student-led groups to address EDI matters within their groups. These groups are seeking guidance and resources to address such matters and to be more inclusive groups.

15. The FoH is to support and require each School/Department to implement, monitor and evaluate mentorship programs for Faculty and Staff that encompass diverse models of mentoring.
Additionally, we should include formal support for Indigenous, racialized and/or marginalized students to access faculty supervisors/mentors who are willing to supervise upper-year undergraduate, graduate, and postdoc students.

Where diverse mentors do not exist, FoH should seek such mentors within the community through co-mentorship and academic/community partnerships that are formally recognized.

Require that Schools and Departments designate specific resources to support BIPOC junior faculty throughout the Tenure and Promotion process and in their academic, teaching, and research development.

Provide additional support programs and allocate resources that specifically focus on racialized staff professional development, career advancement, and to their meaningful engagement and contribution of their knowledge and experience.

Support scholarships, representation, and fields of study and recruitment of Black, and Indigenous students to undergraduate and graduate programs. The Faculty is advised to implement a session for Black and Indigenous individuals on applying to and accessing funding for graduate school. We recommend that these events are widely circulated within and external to academic spaces. The proportion of students who are Black and Indigenous is lower in graduate programs in comparison to undergraduate programs.

Advise the graduate program to make recommendations to the Faculty of Graduate Council to amend their admission requirements to remove the GRE for their respective programs, as this requirement does little to assist in the application decision making while providing a financial and burdensome requirement.

Initiate literacy training and awareness campaigns for all faculty and staff on human rights, equity, inclusion, and anti-racism concepts and ally-ship. This should be mandatory training for all new incoming faculty and staff. Create a symbol that those who have been trained can use to indicate that they have been trained, invite dialogue, and welcome others into their spaces. The connection between health and racism should be made explicit in training.

Initiate a series of ongoing yearly events, interactive lecture series and open forums on anti-racism and the connection between health and racism. We received favourable feedback on the open forums that we hosted as part of this work.

Ensure that actions taken in response to the recommendations in this report do not come at the expense of students through increased pricing of course content, modules, tuition, and course related materials.

The FoH must implement a local reporting system for acts of discrimination and violence (and other incidents) for students, faculty, and staff. This policy must include a clear way to report to a neutral 3rd party, the process for investigation, decision making/findings, mediation, and accountability. This process should include the option for anonymous reporting, which may or may not include an investigative part, but will be tracked for patterns or recommendations for change.

Implement an in-person and online system for safe reporting of incidents of racism. This system should include reporting of other forms of discrimination and violence, including micro-aggressions which are considered acts of violence. FoH community members require, including incidents they experience within the faculty, university, and practicum/field placements.
24. Launch an awareness campaign on the process and benefits of reporting incidents of racism. Training and awareness campaigns should also include the incident reporting process and available resources.

25. Co-create a just culture of collecting, monitoring and reporting information as well as events of racism and discrimination. Just Culture is a concept that is foundational to the patient safety discipline and practice and the reporting of errors. This approach focusses on system accountability rather than on the blaming and shaming of individuals. Yet, this approach does not promote a blame-free culture. Just culture is about shared accountability in which organizations are accountable for the design of their systems and for responding in a fair manner to the behaviors of the people within their system and holds them accountable for reporting of incidents. It is underpinned by systems thinking (Patankar & Brown, 2019), which emphasizes that generally mistakes are not solely caused by individuals but by faulty designs and organizational cultures. The just culture approach holds individuals, who are a component of the system, accountable for high risk and reckless behaviors, willful violations, and gross negligence.

26. Develop and integrate conflict resolution and restorative justice approaches that are inclusive of policies, procedures, and trained personnel to support members in the FoH who experience racism and discrimination.

27. Present quarterly to the FoH Council a summary analysis (disaggregated and anonymized) of incidents involving racism and other forms of discrimination and violence. This analysis must include the following categories: type of incident; quantity of incidents; school, department and whether in a practicum setting involved in an incident; actions taken and outcome summary.

Recording Data and Reacting: Data Collection and Decision Making

Data collection and analysis are needed to understand the size and nature of issues with which the FoH is challenged and to monitor and measure progress of actions. We require transparency in policies and processes around reporting discrimination matters by students, staff, and faculty.

28. Design a method of collecting demographic and other data, including:
   a. incoming and continuing students to disaggregate student retention and graduation rates, students who are unsuccessful (or those with lower grade point averages) within programs; and
   b. staff and faculty hiring and retention, grievances, human rights complaints, reported issues of discrimination and how they were resolved (or not).
   c. metrics for student admissions and success, faculty and staff hiring and retention, and complaints and resolutions.

29. Audit and provide data on the percentage of Faculty (full & part-time) and staff that are Indigenous, Black, and racialized. Some questions aimed to get specific and relevant data include, but are not limited to:
   a. What is the average and range of length of time of service?
   b. Over the last 10 years, how many part-time faculty & staff have acquired full-time positions or promotions? How have they progressed through the ranks/ promotions? Within that number, how many of those positions went to each identifiable group?
   c. How many faculty and staff positions have resulted in failed searches? What factors contributed to failed searches. How many applicants and what were the identities and qualifications of applicants/candidates for failed searches.
The work needed to address the findings in this report must be appropriately resourced. We must recognize and be cognizant of the significant work racialized, Black, and Indigenous Peoples are required to perform that goes beyond the work expected of other colleagues and beyond their areas of research and move into speaking as a voice of a population. This work must be appropriate, meaningful, and duly compensated/recognized during faculty tenure and promotion and staffing promotions.
Next steps and conclusion.

More than one hundred and fifty faculty, staff, and students within the FoH community participated in open forums and surveys hosted by our working group. Participants were highly engaged and made meaningful contributions. Many who came to the open forums expressed concern that a larger proportion of their peers did not participate or did not feel sufficiently safe to participate.

Of note, several racialized students prefaced the sharing of those experiences with comments about their good experiences or the benefits of having a diverse student body. As the discussion progressed, likely reflective of increasing comfort levels, these students started to share negative experiences. Some students stated that because they are new to their program and have only been exposed to a virtual learning environment, their experiences within the Faculty of Health were limited. There was an overall consensus that racism and other forms of discrimination exist within the FoH and across the institution. Some people stated that they attended the forums to support their learning about racism. Overall, people expressed a positive view of the forums and many suggested that such forums and the approach used could serve as a future model for discussions concerning EDI.

Non-White individuals conveyed their experiences of racism and other forms of discrimination and their negative impacts. Several racialized faculty and staff indicate that they experience and are repeatedly exposed to microaggressions; the silencing of their knowledge and perspectives on committees, including EDI committees within their departments. Most White individuals who participated in open forums articulated their positions of privilege and said while they have
not experienced racism, they have observed or heard about instances of racism from their peers. Several racialized faculty and staff indicate that they experience and are repeatedly exposed to microaggressions; the devaluation of their knowledge and silencing of their perspectives during meetings including EDI committee meetings within their departments.

Some common themes surfaced in almost all open forums when participants responded to the three (3) open-ended questions. The need for a “whole of Faculty” approach to addressing racism, the lack of representation among faculty and staff of the diverse student body; absence of indigenous and other forms of knowledge in curricula; the need for authenticity and transparency in decision making; and lack of understanding of how incidents are reported and the nature and outcome of reported incidents of racism; an evaluation of hiring practices for faculty and staff within the Faculty, and the need for more attention to accessibility issues.

While some of these themes also emerged in the scoping review, the participation of the FoH community members contributed to a deeper and contextualized understanding of these themes and ways that they may be addressed. This work and the processes undertaken has resulted in 29 recommendations from our working group.

As a result of the work, we have made 29 recommendations, that we have organized into the following 5 key areas that were also illuminated throughout our work.

1. Representing: Leadership and Hiring of Staff & Faculty
2. Revamping Curriculum: Acknowledging and Diversifying Knowledges
3. Representing and Establishing Credibility
4. Resourcing: Success Supports and Resources
5. Reporting and Responding: Wholistically Addressing Instances of Discrimination
6. Recording Data & Reacting: Data Collection & Decision Making

To achieve the recommendations set forth in this report, we recommend the creation of a Review and Implementation Group that will review, respond, and create a process for prioritizing recommendations and their implementation. We encourage continued emphasis and reflection on the four overarching ideals which tie all of our work and recommendations together, they are: Attention, Action, Accountability, Authenticity

Following preparation of this report, on February 9, 2022, The Registered Nurses Association of Ontario’s (RNAO) Black Nurses Task Force (BNTF) released a report on Acknowledging, Addressing and Tackling Anti-Black Racism and Discrimination Within the Nursing Profession.

The report represents the work of BNTF and includes recommendations for reducing racism-related barriers in academic and health care settings. We recommend additional review of these recommendations, as several apply to our setting and mirror many of the issues identified through our work that inform this report.

“Several racialized faculty and staff indicate that they experience and are repeatedly exposed to microaggressions; the devaluation of their knowledge and silencing of their perspectives during meetings including EDI committee meetings within their departments.”
References.


Appendix 1

Scoping Literature Review*

The university is a knowledge enterprise. Although much progress has been made towards human rights in Canada, and Canada is seen as a haven for many who have experienced discrimination, there is compelling evidence that systemic racism is entrenched in higher education even among those institutions with institutional commitments to enhancing equity and policies in place such as affirmative action. This dynamic persists in Canada and beyond. Both a 2013 international UK conference “Building the Antiracist University” and a special 2017 issue of Race, Ethnicity and Education papers shared the aim of how to move into the 21st century while building on gains of the 20th. Some findings suggested that while some universities had moved forward with diversity and equity policies and strategies, such actions appeared to have limited positive impact. In part, many authors (Henry, 2017; Law, 2017; Pirbhai-Illlich, Martin, & Pete, 2017), point to the neoliberal and global context which has shaped all institutions, including universities, as relevant with its focus on efficiencies, reporting on performance indicators, and other accountability measures as integral to the often-subtle ways that racialization occurs.

In the introduction to the 3rd edition of their book, Racism in the University, Henry and Tator (2009) notes that although there has been a plethora of recommendations to address racism in universities that has been documented for over two decades, there is continued resistance to change. In a subsequent 2017 book authored by Frances Henry and other colleagues, The Equity Myth; Racialization and Indigeneity at Canadian Universities, they called for a significant overhaul of the university system, with attention to organizational culture and structures and policies as well as pedagogical approaches to address the range of concerns that contribute to exclusion from and marginalization within academia. Henry and colleagues’ (2017) research with racialized faculty identified barriers within hiring processes, even with affirmative action policies in place, as well as problems with complaints processes despite equity policies. Racialized faculty often identified a cold or unwelcoming organizational climate and raised concerns about their perceived fit with their disciplines and units. Faculty also noted the undervaluing of their contributions and ability to fully participate in academic life as a result of their limited visibility and voice in classrooms and decision-making contexts, as well as in leadership and career opportunities.

Strategies to foster equity are inextricably tied to notions of the purpose of education. Underlying discourses about equity and inclusion are tied to perspectives about social difference such as multiculturalism and goals of assimilation or melting pots as desirable that contrast with a valuing of the affirmation of distinct communities and need for individuals and groups to examine their respective power and privilege (Henry and Tator, 2009). Critical theorists view education as a mechanism for meaningful social change (Collins, 2019); and for the historical involvement of communities in social movements to advance human rights for women, racialized, Indigenous, LGBTQQI, and people living with disabilities (Hankivisky, 2020).

Calls for decolonizing all social institutions including educational institutions have emerged through processes such as the Truth and Reconciliation Commission (2015) and which point to the need for comprehensive and concerted action to move forward. The following quote from the University of Victoria Centre for Youth & Society (ND) offers insight into a

*The introduction to the scoping review was written by Dr. Judith MacDonnell as part of an unpublished paper (MacDonnell, 2020).
range of strategies that are needed at both the individual and institutional levels, but emphasize that:

“Nowadays, colonialism is more subtle, and is often perpetuated through curriculum, power relations, and institutional structures. ... Perhaps the most essential part of decolonization is continual reflection. Schools should be willing to reflect on curriculum, power dynamics, their own structuring, and any action undertaken on behalf of their students.” (Key Points section).

Research Question and Methodology

This scoping review was done to methodically examine the extent and nature of the literature on institutionalized racism in Canadian universities. Scoping reviews enable the investigation of wide-ranging research questions when a systematic mapping of the available evidence in literature is necessary.

This review is reported in accordance with the reporting guidelines provided in the 2015 statement in Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols (PRISMA-P) (Moher et al., 2015). It adheres to the methodological framework developed by Arksey and O’Malley (2005), which was further developed by Levac and colleagues (2010), and reported as per the PRISMA Extension for Scoping Reviews (PRISMA-ScR) 2018 statement (Tricco et al., 2018).

We sought to systematically identify, explore, summarize, and map the relevant evidence regarding racism in post-secondary institutions, how it manifested and its impact. For example, how does racism impact individuals’ overall health, and well-being, including the impact on their psychological, academic, and financial aspect of their lives. Specific objectives were to:

1) develop a descriptive overview of the standing academic literature on institutionalized racism in Canadian universities; and 2) identify gaps in evidence and recognize areas for further research inquiry. We used the Problem, Interest, and Context (PIC) framework for qualitative studies to highlight evidence eligibility criteria, further frame the research question, and develop our search strategy. Accordingly, our problem was identified as institutional racism in post-secondary institutions in Canada, the interest was in instances of racism and the areas of impact identified in the current literature, and the context was the relevant literature compiled from Canadian studies. How does the occurrence of institutional racism in post-secondary institutions within Canada impact the lives of racialized people, and to what extent are the impacts addressed in the existing pool of Canadian literature?

Eligibility Criteria

The domains used to determine eligibility for the studies reviewed were study design, population, definition of interest, years of publication, and language (Table 1). Study design included published articles, original research, qualitative studies, mixed-methods study designs, reviews, and books or book chapters that address life experiences, practices, organizations, or structures associated with institutionalized racism.

The study populations included were Indigenous and Black people affiliated with a Canadian university, including staff, faculty, and students.

The literature reviewed is from studies in institutional racism published from 2010-2021. Finally, this scoping review included studies published in English only because of limited resources for translation.
### Table 1. Eligibility criteria for the scoping review

<table>
<thead>
<tr>
<th>Description</th>
<th>Include</th>
<th>Exclude</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study design</strong></td>
<td>Pertains to data collection methods</td>
<td>Published articles, original research, qualitative studies, mixed-methods study designs, abstracts, reviews, and books or book chapters.</td>
</tr>
<tr>
<td></td>
<td>Studies that address human lives or life experiences, practices, organizations, or structures associated institutionalized racism</td>
<td>Studies that address animals, plants, or the natural environment</td>
</tr>
<tr>
<td><strong>Study population</strong></td>
<td>Pertains to the context of the study</td>
<td>Indigenous and Black populations in Canadian universities.</td>
</tr>
<tr>
<td></td>
<td>Must define, integrate, or mention racialized groups</td>
<td></td>
</tr>
<tr>
<td><strong>Definition of interest</strong> (literature content)</td>
<td>Pertains to how the literature addresses institutionalized racism</td>
<td>Must define, integrate, or mention institutionalized racism within Canadian universities or academia</td>
</tr>
<tr>
<td><strong>Year of publication</strong></td>
<td>2010-2021</td>
<td>&lt;2010</td>
</tr>
<tr>
<td><strong>Languages</strong></td>
<td>English</td>
<td>Publications not written in English</td>
</tr>
</tbody>
</table>
Appendix 1

Information Sources

The search used sensitive concept-based strategies designed for each database from inception to April 1st, 2021. Potentially relevant studies published in English were searched in the following electronic databases: Medline, ERIC, Social Sciences Abstracts and Sociology, and PsycINFO.

Search strategy

The search strategy was developed in consultation with a Health and Science Librarian at York University. The literature search strategies were developed using medical subject headings (MeSH) and relevant keywords, which were adapted to each of the databases. These search terms were defined using the PIC framework question while employing a berry-picking tactic of the literature, as described by Booth (2008) and proposed by Bates (1989), which aimed to increase the likelihood of retrieving materials relevant to the research question. Table 2 presents an example of search terms used in the scoping review search strategy. Boolean logic and operators (i.e., ‘and’, ‘or’, ‘not’) were used to combine and refine search terms and concepts. An example of the search strategy conducted in Medline (Ovid) is shown in Table 3. EndNote citation manager for regulating bibliographies and complete references was used to manage records retrieved through the search. Search terms derived from Booth (2008) method of literature berry picking.

Table 2. Search Terms Example

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<th>Relevant keywords</th>
<th>Search terms</th>
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<td>How does the occurrence of institutional racism in post-secondary institutions within Canada impact the lives of racialized people, and to what extent are the impacts addressed in the existing pool of Canadian literature?</td>
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<td>Indigenous Peoples</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>African American</td>
</tr>
<tr>
<td></td>
<td>Racism</td>
<td>Racism</td>
</tr>
<tr>
<td></td>
<td>Prejudice</td>
<td>Prejudice</td>
</tr>
<tr>
<td></td>
<td>Social discrimination</td>
<td>Social discrimination</td>
</tr>
<tr>
<td></td>
<td>Faculty</td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td>Graduate</td>
<td>Graduate</td>
</tr>
<tr>
<td></td>
<td>University</td>
<td>University</td>
</tr>
<tr>
<td></td>
<td>Canad*</td>
<td>Canad*</td>
</tr>
<tr>
<td></td>
<td>Post-secondary</td>
<td>Post-secondary</td>
</tr>
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<td></td>
<td>Canada</td>
<td>Canada</td>
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### Table 3. Search strategy for Medline (Ovid) database

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<tr>
<th>Search step</th>
<th>Search term</th>
<th>Records received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Alaska Natives/ or American Native Continental Ancestry Group/ or Ethnopharmacology/ or exp Indians, North American/ or exp Inuits/ or Health Services, Indigenous/ or Indigenous Peoples/ or Medicine, Traditional/ or Shamanism/</td>
<td>32883</td>
</tr>
<tr>
<td>2</td>
<td>African Americans/ or African Continental Ancestry Group/</td>
<td>89037</td>
</tr>
<tr>
<td>3</td>
<td>Prejudice/ or Racism/ or Social Discrimination/ or Social Isolation / or Social Marginalization/ or Stereotyping/</td>
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</tr>
<tr>
<td>4</td>
<td>Education, Dental, Graduate/ or Schools, Health Occupations/ or Schools, Medical/ or Schools, Nursing/ or Schools, Pharmacy/ or Schools, Public Health/ or Schools, Veterinary/ or Students, Dental/ or Students, Medical/ or Students, Nursing/ or Students, Pharmacy/ or Students, Premedical/ or Students, Public Health/ or Students/ or Universities/</td>
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## Table 3. Search strategy for Medline (Ovid) database (Continued)

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</tr>
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<tbody>
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<td>&quot;Newfoundland and Labrador&quot;/ or Alberta/ or British Columbia/ or Canada/ or Manitoba/ or New Brunswick/ or Northwest Territories/ or Nova Scotia/ or Nunavut/ or Ontario/ or Prince Edward Island/ or Quebec/ or Saskatchewan/ or Yukon Territory/ and/3-5</td>
<td>162961</td>
</tr>
<tr>
<td>6</td>
<td>and/3-5</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>1 and 6</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>2 and 6</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>(first nation* or indigen* or (nativ* adj5 (people* or person*)) or aborigi-nal* or inuit* or metis* or trib*).mp.</td>
<td>56916</td>
</tr>
<tr>
<td>10</td>
<td>(african* or blacks* or negro* or colo?red).mp.</td>
<td>242000</td>
</tr>
<tr>
<td>11</td>
<td>(racial* or racism or discriminat* or prejudice* bigot* or chauvinis* or intoleran* or victimi?).mp.</td>
<td>372649</td>
</tr>
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</table>
### Table 3. Search strategy for Medline (Ovid) database (Continued)

<table>
<thead>
<tr>
<th>Search step</th>
<th>Search term</th>
<th>Records received</th>
</tr>
</thead>
<tbody>
<tr>
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<td>((universit* adj5 (faculty or instruct*)) or professor* or researcher* or student* or graduate*).mp.</td>
<td>586916</td>
</tr>
<tr>
<td>13</td>
<td>(alberta<em>or british columbia</em>or manitoba* or new brunswick* or newfoundland<em>or labrador</em> or northwest territor* or calgar* or canad* or Charlottetown* or Edmonton* or Frederickton* or Halifax* or Iquluit* or nova scotia* or nunavut* or ontari* or Ottaw* or prince edward island* or quebec* or Saskatchewan* or Regina* or St John* or Toronto* or Van-couver* or Victoria<em>or Whitehorse</em> Winnipeg* or Yellowknife* or yukon territor*).mp.</td>
<td>241588</td>
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<tr>
<td>14</td>
<td>1 or 9</td>
<td>79010</td>
</tr>
<tr>
<td>15</td>
<td>2 or 10</td>
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<tr>
<td>16</td>
<td>3 or 11</td>
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<td>17</td>
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<td>And/16-18</td>
<td>530</td>
</tr>
<tr>
<td>20</td>
<td>14 and 19</td>
<td>36</td>
</tr>
<tr>
<td>21</td>
<td>15 and 19</td>
<td>22</td>
</tr>
</tbody>
</table>
Selection of Sources of Evidence

Two levels of screening were done for this review: a title and abstract review, and a full-text review. For the first level of screening, a research assistant carried out the search through electronic databases and maintained a record of searches. Researchers met to discuss screening and addressed questions concerning the screening process. The inclusion criteria were further specified until agreement was reached. In the second level of screening, the research assistant independently assessed the full-text articles to determine if they met the inclusion/exclusion criteria. Throughout the screening process, the research team met bi-weekly to discuss concerns and justify the exclusion of articles (Levac et al., 2010). See Table 4 for a flow diagram of our selection process as per the PRISMA-P statement.

Table 4, PRISMA 2009 Flow Diagram
Synthesis of results

A flow diagram congruent with PRISMA-ScR guidelines was used to report the review searching strategy and inclusion/exclusion pathway. To provide a descriptive summary of the literature, data were collated, stored, and charted using NVivo™ 1.5. To qualitatively describe study characteristics, a narrative and flexible strategy was employed to summarize and synthesize review findings on domains addressed in the retrieved literature. The literature was first organized into five categories: 1) Faculty, 2) Staff, 3) Students, 4) Curriculum, and 5) Policy, and thereafter organized using grounded theory. The initial five categories listed were provided by the Co-Chairs of the Working Group based on their preliminary discussion regarding key areas for inquiry. Grounded theory involves the methodological manner of collecting and analyzing data such that the theory through the systematic identification of themes derived from the categorization of data.

In this scoping review we examined the existing literature on institutionalized racism in Canadian universities with a focus on Black and Indigenous peoples. We sought to systematically identify, explore, summarize, and map the relevant evidence regarding racism in post-secondary institutions, how it manifested and its impact. For example, how does racism impact individuals’ overall health, and well-being, including the impact on their psychological, academic, and financial aspect of their lives. Specific objectives were to: 1) develop a descriptive overview of the standing academic literature on institutionalized racism in Canadian universities; and 2) identify gaps in evidence and recognize areas for further research inquiry. We used the Problem, Interest, and Context (PIC) framework for qualitative studies to highlight evidence eligibility criteria, further frame the research question, and develop our search strategy. Accordingly, our problem was identified as institutional racism in post-secondary institutions in Canada, the interest was in instances of racism and the areas of impact identified in the current literature, and the context was the relevant literature compiled from Canadian studies. Specifically, we sought to answer the question: How does the occurrence of institutional racism in post-secondary institutions within Canada impact the lives of racialized people, and to what extent are the impacts addressed in the existing pool of Canadian literature?

Twenty-five (25) articles met our inclusion criteria – 24 published articles and one unpublished article by PhD students. 70% (n=18) of the articles reported on studies, and most of those studies used a semi-structured one-to-one interview, questionnaire, or survey methodology. The remaining articles could be categorized as theoretical, observational, or reflexive in the form of ’self-study.’ Self-study involves critical examination of one’s experience in relation to their identities within a specific context or structure. For example, giving voice to and critically examining one’s experience of being Black in an academy (McNeil, 2011). All articles spoke to the Canadian context, with most related to post-secondary education. The articles also importantly captured or addressed experiences of Indigenous students and racism, and to a lesser extent racism and the faculty experience. Of particular relevance to the FoH were those articles specific to the education of healthcare professionals and, more specifically, the relationship to stereotypes of Indigenous peoples and the need to include Indigenous knowledge in curricula.

The main overarching themes from the scoping review are: 1) the maintenance of positions of power through colonized academia structures and processes to define and shape
Appendix 1

Continued

knowledge, 2) the reliance on Western and Eurocentric values in curricular, pedagogy, and research that consistently devalues and burdens Indigenous and racialized peoples, and 3) the lack of content in health professional education programs on Indigenous history, ways of knowing, and the impact of trauma on health and wellbeing.

The results of the review indicate that institutional racism exists across post-secondary institutions and shares similarities in the manifestation, extent, and nature of its impact on the lives of racialized people.

Within institutions, racism is not simply or necessarily explicit or overt. Rather it is enshrined and obscured within institutional structures and processes and experienced by racialized students and faculty in nuanced yet significantly negative ways that affect multiple aspects of their lives ranging from feeling unsafe, unrepresented, and excluded to feeling burdened.

Some impacts specific to faculty include how their work is evaluated and rewarded, a devaluation of their labour as expressed in the notions of being overworked, underpaid, and doing unpaid work. One gap in the literature is the absence of studies on the experiences and impact of racism on non-teaching staff who often have significant contact with students and are critical to carrying out the administrative functions of post-secondary institutions.

As well, the perspectives of black students in post-secondary institutions were not reflected. One article addressed Black students’ experiences and in particular Black males’ experiences that include stereotypes and negative narratives in elementary schools.

Colonized Academia, Power, and Knowledge

Colonized Academia refers to how the power of Western or Eurocentric values and thinking is entrenched within academic institutions, structure, processes, policies, and operations to maintain its power; and in so doing determines what constitutes knowledge, how it is constructed and reproduced, and who gets rewarded and acknowledged. The need to decolonize academia was a recurring theme in the literature.

The constructing and privileging of such knowledge do not reflect, for example, Indigenous ways of knowing. Criticisms of current efforts to decolonize and Indigenize the academy were also highlighted. In essence, these efforts are underpinned by and viewed through the lens of colonization. David Barnard, Chair of Universities Canada refers to decolonising campuses as “blending western science with indigenous knowledge, recognizing that there are different ways of knowing and learning and integrating Aboriginal perspectives into Canadian scholarship and learning” (Goar 2015 in Almeida and Kumalo, 2018, p. 13). The overarching efforts and goals of decolonising Canadian campuses are, however, still grounded in and reproduce colonial thinking. They suggest that such efforts represent an “additive” model that supplements existing processes of knowledge production and exchange which are underpinned by the supremacy of whiteness. Almeida and Kumalo (2018) suggest that Indigeneity initiatives aimed to decolonize academic institutions reproduce modes of being and knowing as prescribed by whiteness and coloniality. The maintenance of a colonial agenda thus serves as a barrier to the effective implementation of Indigenous medical education (McNeil, 2011) though its reinforcement of stereotypes and its influence on learners’ attitudes and knowledge.
Effective decolonising requires authentic power sharing with Indigenous Peoples through partnerships that respect Indigenous knowledge, lifeways, research methodologies, and cultural protocols (Mitchell et al., 2018). An increased representation and participation of Indigenous Peoples in academic spaces, honouring Indigenous knowledge, and the reflection of this knowledge in curricula and research methodologies are crucial to collaborative and collective efforts to decolonize and transform academia (Mitchell et al., 2018.)

Reliance on Western and Eurocentric Values

The reliance on Western and Eurocentric values in curricular, pedagogy, and research that consistently devalues and burdens Indigenous and racialized peoples is closely related to and underpinned by colonized academia. They shape the structures, processes, and systems within the academy. Western and Eurocentric values when visible are viewed as universal and systematically disadvantages or oppresses racialized people primarily because the shape structural design that perpetuate power imbalances whereby those in power maintain that power. The literature review highlights the impact of these structures on non-White faculty and students, and the underrepresentation of Indigenous and Black faculty members who are burdened by and experience racism within these structures.

The hiring and tenure and promotion processes are seen as powerful components of structural racism that negatively impact non-White faculty. Henry et al., (2017) used qualitative and quantitative methods to conduct a 4-year national study of racialization and Indigeneity at Canadian universities. As part of their examination on the interrelated ways in which racism takes place, one area in which they analyzed data was representation related to hiring, tenure and promotion practices, and the attitudes and practices of administrators responsible for equity policy and practice. Their analysis of census data indicates that racialized and Indigenous professors are both under-represented and earn lower wages than their White counterparts, even after controlling for variables such as years of service and academic level.

While differences in productivity have been provided as one explanation, Henry et al., (2017) indicate that their data clearly suggest that racial inequality in representation and earnings cannot be readily dismissed solely by productivity differences. Henry et al., (2017) note that despite Employment Equity policies that shape all Canadian university job postings, racialized faculty expressed skepticism regarding the role of equity considerations in hiring decisions.

Further, an examination of these faculty members’ tenure and promotion found that racialized faculty were less likely to be awarded these benchmarks. However, even if they do manage to earn them, there is a marginal difference in the length of time it took the achievement.

The survey also showed that racialized faculty members perceive tenure and promotion to be influenced as much by ‘soft’ metrics such as personality, civility, and collegiality, as by ‘hard’ metrics like publication and the acquisition of funding through grants (Henry et al., 2017). It appears that racialized faculty recognize that their academic production might matter less than network biases, such as who they know and how they get along with them. (Henry et al., 2017).

Further, Indigenous and racialized faculty members convey their experiences of sitting in hiring committee meetings and being part of conversations where they observed affinity,
network, and accent biases such that who one knew (or did not know) and having a ‘foreign’ accent served as invisible barriers to faculty appointments. Having a ‘foreign’ accent was considered a problem because students would not be able to understand the speaker (Henry et al., 2017).

In relation to burden and burdensome workload, Indigenous participants reported carrying much heavier service loads than their mainstream counterparts. Styles (2020) analyzed data from a research project to examine the ways two Ontario universities were implementing the 94 calls to action in the TRC Report (2015) and found that Indigenous faculty were not protected in the tenure and promotion processes, nor did they always receive appropriate guidance in navigating those processes in which academia’s colonized realities are embedded. The analysis also revealed that Indigenous faculty are burdened by an intensely pervasive expectation that they do the hard work of reconciliation for others while simultaneously trying to do their own work and strive for those necessary tenure milestones (Styres, 2020).

The notion of burden manifests in various ways and is emotionally taxing. Burdensome work is that which is most often unpaid, unseen, and undervalued. Indigenous students described their involvement in multiple committees and policy meetings geared at improving curriculum, support, and services for Indigenous students.

One example is a social work student who dedicates time to a committee working at increasing the Indigenous content within the social work curriculum (Bailey 2020). An Indigenous graduate student indicated that due to the exclusion of Indigenous peoples and topics from their exam reading lists and their research focus is on Indigenous issues, they have had to do twice the work of other graduate students to achieve their own research goals. (Bailey 2016). These examples invite reflection on how the work and activities of Indigenizing the Academy are resources.

Other forms of burden include the burden of representation and the need to accommodate whiteness. Racialized people are often called up to represent a group despite the diversity within that group. As well, Indigenous undergraduate students experience discomfort when they are put in the position of cultural expert (Styres, 2020), for example, when issues are referred to them in the absence of curricular Indigenous content (Clark et. al, 2014.)

Racialized and Indigenous scholars are often asked to mentor a diverse student population, but such work taxes their time, and their numbers are insufficient to address the needs of a future generation. (Henry et al 2017).

This expectation and practice lead to over-extension, exhaustion, hardships, and demoralization all of which contribute to a feeling of isolation from peers (Bailey, 2020, Styres, 2020). The notion of accommodating whiteness is illustrated when a Black faculty is to support an equity, diversity, and inclusion” (EDI) initiative that ignores the particulars of anti-Black racism.

In this case, the faculty either takes a listening stance or isolates oneself by insisting on a sustained focus on anti-Black racism (Coburn, 2020). Coburn (2020) asserts that “Black presence is acceptable, even obligatory, as the face of institutionalized equity measures is quickly labeled ingratitude, even construed as irrational” (p. 476). Maron (2019) also shares a participants quote that illuminates what it means to accommodate whiteness:
Appendix 1

“We follow a specific set of guidelines: how we speak, how we dress, how we talk, how we teach the lesson … they want us to be Native people wearing White men’s clothing. They want us to have assimilated. You work within a colonial system so you have to act in the way all the other teachers act, or you haven’t passed the bar. So I swallowed the ‘gift of Whiteness,’ that very colonial view of what is ‘teacher adequate.’” (Maron, 2019, p. 325-326).

A barrier and burden for African/Black scholars is that they encounter blocks to the “…knowledge production processes through continuously being made to occupy the role of apprentice to Western knowers and their epistemological frameworks.” (Almeida & Kumalo, 2018, p.4).

These blocks are linked to the colonized academy and its power to shape knowledge and determine what constitutes knowledge. The suggestion is that African knowledge and ways of knowing are not acknowledged and therefore these scholars are apprentices as opposed to knowers because knowers are those who use frameworks consistent Western values and approaches.

The dominance of and reliance on Eurocentric values also shapes and are reflected in physical spaces and impact the safety or lack of safety experienced in such spaces. Murals, statutes, and artwork and the privileging on certain aspect of history are in physical spaces. Colonial representations are pervasive in university spaces and usually have a traumatizing effect on Indigenous individuals. Such representations can be in the form of statues or plaques erected in green spaces that are planted like flags that perpetuate colonial power relations and reinforce myths of colonial claims (Styres, 2020). Non-Indigenous faculty and students in one study generally lacked awareness of the challenges posed by the various artworks installed around the university and rarely mentioned art as an issue of concern (Styres 2020).

Dedicated Indigenous spaces play an important role in meeting the safety needs of Indigenous students. Smith & Varghese 2016 used a case study approach to identify the role of a dedicated indigenous space at one Ontario university.

Through their analysis of data from semi-structured interviews they identified three key roles of the space: 1) to build a sense of community 2) to foster and enhance Indigenous identity, and 3) to provide a safe space for Indigenous students. They concluded that not only did the centre provide safe space to explore one's identity, but it also served as a counter space to resist inaccurate stereotypes and build resilience through education and raising awareness across the campus. Dedicated physical case may also serve as a support and provide counter-space to help students from other groups with the issues they face daily, for example, Black students. Smith and Varghese (2016) also uncovered that physical location then has an ability to further marginalize these populations, particularly when centres are located on the fringes of campus or are separate from other student services. One of their findings is that the separation led to difficulty for students to locate the space and access the specific services they were seeking.

Lack of Content in Health Professional Education Programs

The review highlights the lack of Indigenous history, ways of knowing, and the impact of trauma on health and wellbeing in the education of clinicians. Indigenous spirituality and its connection to healing and wellness and their views on healing
were not included in health education undergraduate programs. This lack of content is inseparable from the notion of colonized academia. Curricular content in the areas of Indigenous history, colonization and its impact are either sparse or absent even in health education programs, despite the connection of these with health and health outcomes. Diverse sources of knowledge do not appear to guide curricular development, nor are they reflected in curricula.

Moreover, curricula are underpinned by a colonial agenda that serves to maintain and perpetuate this agenda that has a strong influence on learner knowledge. Curricula can be delivered formally with explicit learning objectives with scheduled activities as well as informally with unscheduled interactions in a hidden manner under the influence of established norms and policies of the institution (McKivett et al., 2019). Yeung et al., 2018 indicate the importance of how medical [health education] schools influence students’ attitudes through both formal, and informal ‘hidden’ curriculum that is embedded in the culture of institutions and their leadership.

Curricula should, however, include learning about one’s own social location, particularly in relation to positions of power and privilege which is a requirement for establishing optimal therapeutic relationships between HCPs and clients (Beavis et al., 2015). Without the skills to critically reflect, examine and deconstruct the Western dominance, racism and ethnocentrism underpinning healthcare practice, Canadian-trained healthcare providers (HCPs) involved in global health initiatives are at risk of becoming agents of colonialism in other contexts (Beavis et al., 2015).

Styres (2020) study uncovered the theme of ‘purposeful ignorance’ as an aspect of Indigenous students’ experience within the learning environment. Purposeful ignorance refers to spaces of non-knowing that produce and reproduce abuses related to ignorance and power relationships Dilley and Kirsch’s (2017) cited in Styres, (2020.) Ignorance is perpetuated by maintaining a series of intentions and avoidances that affirm the future state of settlers (Tuck and Yang, 2012 cited in Styres, 2020). The study found that “…Indigenous students had to endure course content containing racist, stereotypical and traumatic representations under the guise of academic freedom.” (Styres, 2020, p. 163).

The data analysis showed that “instructors steeped in purposeful ignorance failed to comprehend the complex and nuanced stories of Indigenous people’s dispossession of lands and the continued impacts of colonization.” (Styres, 2020, p. 163). Purposeful ignorance was also connected with the practices of mainstream faculty using Indigenous students in their courses to educate the class about Indigenous perspectives and what it means to be Indigenous (Styres, 2020).

While concepts such as purposeful ignorance, hidden negative stereotypes, and the lack of representation in colonized curricular impact Black students in unique yet similar ways, none of the studies within this scoping review addressed Black students and curricula.

The three overarching themes serve as the foundation and vehicle for Racism that is experienced by Indigenous students. Bailey (2016) provided one example from an Indigenous student, a study participant, who said they never had anyone be outwardly racist. Yet, the student shared a situation where they had been openly mocked by their non-Indigenous roommates in residence for preparing a special poultice for an injury. This
situation resulted the student moving to a new residence, yet this student “… still defined it as a ‘subtle’ form of racism.” (Bailey, 2016, p. 1268.) Another young Indigenous female participant whose appearance is White stated: “…I’ve had people say to me that they’ve always wanted to talk to a Native person, but they don’t know how to approach them…or I’m less scary than other Native people’…” (Bailey, 2016, p.1266.) A male Indigenous student indicated that just his presence can cause people to avoid interaction and said that the looks he gets are suggestive of the one doing the looking being fearful of the mere presence of that student (Bailey, 2016).

One of the strongest themes identified from a pilot survey of students at an Ontario university was the continued placement of Indigenous people in the past (Godlewska et al 2017). Clark et al (2014) found that Indigenous students felt as if non-Indigenous students on campus thought that their Indigenous identity was incompatible with a technologically complex society.

Additionally, Indigenous student participants in one study believed their peers accused them of receiving unearned benefits and subsequently unfair advantage. They connected such ‘jealous accusations’ as originating in racial stereotypes (Clark et al 2014.)

In another study at a Canadian university that examined the views of undergraduate medical students regarding Canadian Indigenous stereotypes, students spoke frankly of the belief among their medical peers that Indigenous people “…receive unjust advantages or ‘special treatment’, citing the ‘unfair’ practice of setting aside seats in medical school or offering free tuition for Indigenous students as examples” (Ly & Crowshoe, 2015, p. 616).

Racialized faculty also experience racism in the Canadian university environment. For example, an Indigenous professor explained how the non-Indigenous students were uncertain about interacting with him and said that some students were reluctant in approaching him with questions which he attributed to intimidation because he was Indigenous (Bailey, 2016).

McNeil (2011), is a Black professor who described students’ discomfort with her “Blackness” and how they marked her “…personal characteristics and discursive practices as aberrant … rather than her Blackness” (p.139). She stated, “Reportedly, I was too strong and needed to be modified, subdued, and toned down” (p.139). Coburn (2020) asserts that Black researchers are “…forced to state and defend their scholarly credentials, expertise, and legitimacy, while the experiences of antiBlack racism the researcher has brought to light, go unrecognized and unchallenged” (Coburn, 2020, p. 475).

In addition to the three overarching themes discussed, the literature highlighted factors and practices could serve as barriers and opportunities to improving (decolonizing) post-secondary.

**Barriers and Opportunities**

One barrier to decolonizing post-secondary institutions mentioned in the literature, is the ineffectiveness of many existing equity committees and equity plans Henry et al., (2017). While equity committees were effective in raising concerns about inequities and proposing remedies, they did not have mandates to ensure implementation. Equity plans were often put forward with little consultation, and not always enforced. Consequently, in many universities, senior administrators are being mandated to provide oversight of equity. “This strategy was assessed to be the most effective
in furthering equity, as well as ensuring a systemic approach in which different constituencies are accountable for equity; however, senior administrators reported that resistance to their efforts limited their success. (Henry et al., 2017, p. 308).

Another issue of concern in the literature are the different ways that racism is addressed within the three dominant frameworks used to address inequity.

These three frameworks are: 1. human rights, 2. equity, and 3. diversity frameworks. Human rights frameworks emphasize the government requirements such as such as the need for employers to have anti-harassment and anti-discrimination policies. Equity frameworks use a wider mandate to address systemic discrimination, and diversity frameworks evolved as a backlash to equity frameworks and associated with less conflict (Henry et al., 2017). Henry et al., indicates that in their national study most universities (35 of 49) had dedicated offices to address harassment in the workplace and enhance equity. However, these offices tended to focus on faculty and staff concerns, leaving student issues to be dealt with by Ombudspersons, Student Services, or Deans (Henry et al., 2017).

An area for post-secondary institutions to consider is the negative impact of lateral violence and being mindful of how practices may perpetuate such violence. One such practice could be consistently supporting the traditional practices of one group within a community and excluding the traditions of other groups. Lateral violence refers to behaviours that are harmful that is aimed at peers as opposed to main adversary. Some members of a non-dominant group may take on behaviours of the dominant (or the oppressor, or behaviours rooted in colonialism) and oppress others in their community. Policies are needed to include various groups within a community.

Housing discrimination can be a significant issue for Indigenous students and potentially hinders their academic success. Motz and Currie (2019) found that housing discrimination was most strongly associated with Post Traumatic Stress Disorder (PTSD) intrusive recollection symptoms in their study. This could be referred to as a form of re-traumatization.

The results of their qualitative findings suggest that Indigenous students experience housing discrimination that was racially targeted and often blunt (Motz & Currie 2019). Therefore, this is one area for consideration in supporting Indigenous students and promoting their academic success.

A promising practice or opportunities in the literature relates to the offering of educational workshops. Henry et al., 2017 found that despite the inability of such workshops to reach most members of the university community, they were assessed to be effective in shifting some aspects of institutional culture. However, changing the influence of ‘whiteness’ remained a challenge (Henry et al., 2017).

Mitchell et al, 2018 identifies some significant opportunities for post-secondary institutions. These opportunities the development of course content on Indigenous history and issues by Indigenous people, across the curriculum. (Mitchell et al, 2018).

Beavis et al 2016 also propose that Indigenous educators should be directly involved in the design, review and teaching of curriculum related to Indigenous history, tradition, and current issues. Styres (2020) recommends compulsory Indigenous focused courses for all degree programs as an important first step.
and propose that these courses be taught only by Indigenous course instructors. McKivett et al., 2019 discuss the benefit of enabling medical [health] educators to work with different epistemologies and ontologies respectfully and effectively, finding the strengths of each while developing innovative curricula initiatives, another consideration for curricular.

Summary and Conclusion

The literature indicates racism exists in post-secondary institutions, is perpetuated by structures and processes that are rooted in colonization. Racism is embedded within curricula and other processes, for example, in the faculty hiring process. The wellbeing of students and faculty are negatively impacted with these impacts ranging from feelings of burden, feeling undervalued, unpaid or underpaid labour, and challenges in professional advancement. The need to transform curricular and embrace diverse ways of knowing were identified. The voices and experiences of Black students and non-teaching staff in post-secondary institutions were not reflected in the literature we reviewed and present areas in which research is needed.
Appendix 1

References


Appendix 1

References (Continued)


Appendix 1

References (Continued)


University of Victoria Centre for Youth and Society (ND). https://www.uvic.ca/research/centres/youthsociety/assets/docs/briefs/decolonizing-education-research-brief.pdf

## Appendix 2

### Nvivo Coding

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