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EQUITY, DIVERSITY AND INCLUSION ACTION PLAN

Promoting Equity. Celebrating Diversity.
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Together we need to create an environment where everyone feels comfortable being themselves, is engaged and empowered to share their ideas. Our most innovative ideas can be realized when everyone feels truly appreciated and welcome to share their perspectives. Our capacity to deliver on our vision of 'Healthier Children. A Better World.' is dependent on our ability to provide an inclusive space for everyone in the SickKids community.

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Dr. Ronni Cohn
President & CEO
The Hospital for Sick Children

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Acronyms and Abbreviations

AODA	-	Accessibility for Ontarians with Disabilities Act
ASC	-	The Hospital for Sick Children Accessibility Steering Committee
CCDI	-	The Canadian Centre for Diversity and Inclusion
CIHR	-	Canadian Institutes of Health Research
CRC	-	Canadian Research Chairs
EDI	-	Equity, Diversity and Inclusion
EDIAP	-	The Hospital for Sick Children CRC Equity, Diversity and Inclusion Action Plan
EDISC	-	The Hospital for Sick Children Equity, Diversity and Inclusion Steering Committee
FDDO	-	Faculty Development & Diversity Office
FDGs	-	Four designated Canadian employment equity groups

- The four groups are currently Women, Visible Minorities, Persons with Disabilities and Members of the Indigenous community. It is anticipated that members of the LGBTQ+ community will be added.to the groups.

LGBTQ+	-	Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning, Intersex, Asexual, Ally.

- An umbrella term that is used to refer to the community as a whole. Often shortened to LGBT or LGBTQ, but not as a means to exclude other identities.

NSERC	-	Natural Sciences and Engineering Research Council
EDIO	-	The Research Institute of the Hospital for Sick Children, Equity Diversity and Inclusion Office
RI	-	SickKids Research Institute
RISE	-	The Research Institute Staff Engagement Committee
RTC	-	Research Training Centre
SickKids	-	The Hospital for Sick Children
SME	-	Subject Matter Expert
SOAHAC	-	Southwest Aboriginal Health Access Centre ().
SSHRC	-	Social Sciences and Humanities Research Council
SSuRe	-	SickKids Summer Research Program
StAR	-	Student Advancement Research Program
TASHN	-	Toronto Academic Health Sciences Network
U of T	-	The University of Toronto
U of T, DAC	-	Diversity Advisory Council at the University of Toronto
U of T, FoM	-	The Faculty of Medicine at the University of Toronto
WCAG	-	Web Content Accessibility Guidelines

Land Acknowledgement

We acknowledge the land we are meeting on is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

Background and Introduction

The Hospital for Sick Children (SickKids) has enjoyed a long-standing commitment to the principles of Equity, Diversity and Inclusion (EDI). Historically, our work has been built on the conviction that our collective success depends on an our ability to create synergies towards meeting the needs of our diverse community. Premised on an understanding that incorporating issues of EDI into our work is not only a worthwhile ambition, but an absolute necessity; and informed by a policy framework intended to create and maintain a diverse, equitable and inclusive work environment through research, advocacy, awareness raising and policy intervention, SickKids has signaled its intention to create an environment of inclusion. SickKids' President and Chief Executive Officer – Dr. Ronald Cohn – observes that:

> *Together we need to create an environment where everyone feels comfortable being themselves, is engaged and empowered to share their ideas. Our most innovative ideas can be realized when everyone feels truly appreciated and welcome to share their perspectives. Our capacity to deliver on our vision of '*Healthier Children. A Better World.*' is dependent on our ability to provide an inclusive space for everyone in the SickKids community.*

These sentiments echo the SickKids 2015-2020 Strategic Plan - *Building Connections, Accelerating Impact* - which notes that *our success will depend on the ongoing engagement and collaboration of a broad community of people...*and the creation of a culture of Diversity through which excellence can be achieved. The Plan lists among its six strategic directions, *Empowering People,* which is designed to, inter alia, *develop and support our people in a fair, accountable and learning-based environment by recruiting and retaining a highly skilled, engaged and diverse workforce.*

The EDI Action Plan

The research enterprise at SickKids greatly benefits from funding support through the federal Tri-Agencies, (Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC] and Social Sciences and Humanities Research Council of Canada [SSHRC]), and Tri-Agency programs including the Canada Research Chairs Program (CRCP). As a condition of eligibility for funding through these agencies, SickKids needs to maintain a defined EDI Action Plan which promotes an enabling environment for diversity and inclusion that complies with accepted EDI standards and protocols.

The *SickKids EDI Action Plan* (EDIAP) is designed to engender a robust EDI culture across the research enterprise at SickKids, which recognizes the multiple identities and intersectionalities of our trainees, staff, and faculty, some of whom hold a Canada Research Chair (CRC) appointment.

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The EDIAP is intended to establish a framework to:

1. adopt a best practice approach to equity, diversity and inclusion;

2. harness the synergies and build on the strengths of our diverse workforce;

3. identify, address and remove persistent systemic biases and barriers, which undermine EDI best practice, and impede research excellence;

4. ensure our Canada Research Chairholders are representative of individuals from the current Four Designated Canadian employment equity Groups (FDGs), including persons with disabilities, Indigenous Peoples, members of visible minorities/racialized persons and women, and the LGBTQ+ community.

Guiding Principles

The Hospital for Sick Children (SickKids) CRC Equity, Diversity and Inclusion Action Plan (EDIAP) represents a unique opportunity for SickKids to enhance awareness of equity, diversity and inclusion impacts on our work. Specifically, our goals are to strengthen employee engagement, increase creativity, improve decision-making, promote improved health outcomes and support funding opportunities. To maximize the impact of the Action Plan, it is guided by the following principles:

1. Leadership for Equity

Despite initiatives aimed at addressing inequity and a developing policy framework to ensure EDI best practice, evidence suggests that systemic biases and barriers to inclusion persist within the institution. The EDIAP demonstrates SickKids' commitment to incorporating mainstream EDI best practices into its policies, principles, structures, systems, programs, customs, practices and operations, to:

a. improve recruitment, retention and inclusion of under-represented demographic groups;

b. implement policies and processes to remove barriers and organizational practices that do not optimally promote, support or enable inclusion;

c. create processes, structures and governance frameworks conducive to equity of opportunity, accessibility and EDI best practice.

2. Diversity as Excellence

SickKids has been recognized as one of Canada's top 100 employers (2019), Canada's top family-friendly employers (2019) and greater Toronto's top employers (2019). An enhanced focus on diversity, equity and inclusion is essential to further enrich our institutional culture of vibrant, world-leading medical research. In this regard, the SickKids Action Plan mandates us to:

a. acknowledge the multiple identities of its trainees, staff, and faculty;

b. adopt an EDI informed approach to decision-making using an intersectional lens tailored to the needs of under-represented and equity seeking groups;

c. identify and address biases and stereotypes predicated on race, ethnicity, gender, sexuality, sexual identity, ability, immigration status and nationhood;

d. value the distinctiveness of Indigenous rights, entitlements and issues, in relation to other under-represented and equity seeking groups, as separate from broader EDI work;

e. emphasize the importance of education, relationship-building, and reconciliation to advancing Indigenous priorities.

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3. Evidence-based Policy Development

Data collection and analysis is critical to inform a comprehensive understanding of the contexts, manifestations and experiences that may result from inequities, underrepresentation and exclusion. We will use qualitative and quantitative data to measure, monitor, understand and report challenges and progress on EDI issues.

The EDIAP requires us to generate and analyze relevant baseline, longitudinal data on:

a. faculty, staff and trainee experiences related to equity dimensions including, but not limited to, race, ethnicity, gender, sexuality, sexual identity, ability, immigration status and nationhood;

b. institutional biases and barriers that discourage or prevent members of under-represented and equity seeking groups from career advancement;

c. outcomes of best practices implemented to counter systemic barriers, explicit and unconscious biases, and inequities in the organization. using defined EDI targets, strategies and indicators to improve immediate and longer term outcomes.

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Operationalizing the EDI Action Plan

1. Definitions

EQUITY

- The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

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

DIVERSITY

- The presence of a wide range of human qualities and attributes within a group, organization, or society. The dimensions of diversity include, but are not limited to, ancestry, culture, ethnicity, gender, gender identity, language, physical and intellectual ability, race, religion, sex, sexual orientation, and socio-economic status. (http://www.edu.gov.on.ca/eng/policyfunding/equity.pdf)

- The presence of difference. This can refer to people of various races, genders, socioeconomic status, sexual orientation, religions, ethnicity, or national origins, mental or physical abilities. When applied to an organization, diversity should include cognitive diversity (diversity of ideas) and cultural diversity. (https://medium.com/@krysburnette/its-2019-and-we-are-still-talking-about-equity-diversity-and-inclusion-dd00c9a66113)

INCLUSION

- The act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate with equal access to opportunities and resources embrace differences and offers respect in words and actions for all people.

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2. Targets

SickKids' mission to *improve the health of children and youth* requires collaboration with public and private partners, locally and globally. SickKids is a teaching hospital affiliated with the University of Toronto (U of T), and CRCs are appointed through U of T. As such, in order to meet the specific eligibility requirements of the CRC, SickKids will work in collaboration with U of T.

Targets to increase the diversity of CRC chairholders from four designated groups are set nationally[1]. Working in tandem with the University of Toronto and its affiliates including three campuses, eighteen academic divisions, 125 appointing units, and nine affiliated hospitals, SickKids will continue our efforts to exceed national targets (see table below).

Canada Research Chairs at U of T & Affiliated Hospitals[*]						
Designated Group	**Target Percentage**	**Target in Chairs**	**Number of Self Identification**	**No Response**	**Occupancy % Including No Response**	**Gap # of Chairs**
Women	32%	85	99	4	38%	No Gap
Visible Minorities	15%	40	56	9	21%	No Gap
Persons with Disabilities	4%	11	13	8	5%	No Gap
Indigenous Persons	1%	3	5	6	2%	No Gap

[*]Based on U of T self-identification information from 263 filled CRC appointments as of July 2019
Source: http://www.research.utoronto.ca/crc/#designatedGroups

Through its policy framework, programming, principles, structures and systems, SickKids will work towards compliance with the new CRC targets (i to iv below) established in the addendum to the 2006 Settlement Agreement, by the 2029 deadline.

i.	Women	50.9%
ii.	Visible minorities	22%
iii.	Persons with Disabilities	7.5%
iv.	Indigenous Peoples	4.9%

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[1] Full information on the determination of targets for the four designated groups can be found on the CRC website: https://www.chairs-chaires.gc.ca/program-programme/equity-equite/index-eng.aspx

3. Strategic Priorities

The EDIAP is designed to inform the efforts of the SickKids Research Institute (RI) – through its policy frameworks, programming, principles, structures, systems and personal spheres of influence – to harness the benefits of diversity and inclusion; as well as to identify and address institutional barriers facing members of under-represented groups.

EDIAP provides the blueprint to incorporate an equity, diversity and inclusion lens into the day to day activities of the organization based on the following strategic priorities and objectives:

Investment in EDI Infrastructure

- Increase the awareness of the benefits of EDI across the research enterprise through the development of an enhanced:
  - EDI Infrastructure
  - EDI Policy Framework.

Development of an Inclusive Recruitment Policy Framework

- Increase transparency and accountability in the management of the CRC program, to attract a diverse pool of applicants.
- Recruit and Support Members of the four designated Canadian employment equity groups (FDGs).
- Continue and develop best practices towards the creation of an inclusive environment.

EDI Research and Data Collection for Strategic Planning

- Collect EDI data to identify gaps around systemic barriers to equity, inclusion, human rights, and diversity; and recommend and advocate for appropriate strategies to respond to these issues and gaps.

The Inclusive Management of Canada Research Chair Allocations

- Develop recruitment and retention best practices and policies, which support inclusion.

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EDI Objectives and Measurement Strategies

The SickKids RI is committed to championing diversity across the research enterprise through its advocacy and awareness raising, research, policy interventions, activities and initiatives.

> **Objective 1.** Enhance EDI Infrastructure to Create and Maintain a Diverse and Inclusive Environment

1.1 Increase awareness of the benefits of integrating EDI across the research enterprise

1.2 Build capacity around integrating EDI concerns across the research enterprise

1.3 Engage in institutional research to identify and communicate EDI challenges and solutions

1.4 Complete policy review to address systemic biases and barriers to inclusion

1.5 Develop and deploy a communications strategy to share key EDI messages throughout the RI using multiple platforms

Environmental Scan

1. EDI Infrastructure – The Equity Diversity and Inclusion Steering Committee

An essential agent for building the EDI landscape at the SickKids RI is the Equity, Diversity and Inclusion Steering Committee (EDISC). First convened in September 2018, the EDISC provides a governance structure for EDI activities across the research enterprise, and a platform for discussion equity, diversity and inclusion work across the breadth of research nodes and departments. EDISC members serve as EDI advocates and champions, use their influence in their respective spheres of operation to facilitate the incorporation of EDI into the management of their respective portfolios; provide leadership consistent with best-practice principles of EDI and challenge the organization to embed and continuously improve EDI practices and approaches. The Committee is guided by its mission to:

> *promote and champion mainstreaming equity, diversity and inclusion into the structure, systems, policies, programs, customs and practices across the research enterprise at the Hospital for Sick Children (SickKids) towards the creation of an environment in which everyone is made to feel recognized, respected, valued and validated; and out of which Excellence through Diversity is achieved.*

Comprised of members across the research enterprise, the Committee will define and approve limited-term Working Groups to investigate specific issues and make recommendations to the broader Committee for deliberation and adoption.

2. The Office of Equity Diversity and Inclusion

Since 2019 considerable investment has been made by the RI in relation to EDI. Most significantly was the establishment of the Equity, Diversity and Inclusion Office (EDIO) and the appointment of an EDI Program Manager, in April 2019, within the Faculty Development & Diversity Office (FDDO).

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The EDIO is mandated to promote, champion and facilitate the mainstreaming of principles and best practices of equity, diversity and inclusion into the structure, systems, policies, programs, customs and day to day operations of the Research Institute; and across the research enterprise.

The EDIO assumes responsibility to develop the strategic EDI agenda at the RI; and make recommendations on appropriate initiatives and interventions to support the maintenance of a diverse and inclusive working environment, out of which excellence through diversity can be achieved. The EDIO assumes responsibility to:

a. identify and execute activities that support principles of equity, diversity and inclusion;

b. build capacity to promote diversity awareness and knowledge;

c. reduce systemic biases and barriers to an inclusive workplace at the Research Institute;

d. enable the recruitment and retention of a highly skilled, engaged and diverse workforce;

e. ensure the implementation of the EDI Action Plan, in accordance with CRC targets.

The work of the Office rests on following three pillars described in detail below:

1. Research and Policy Development

2. Capacity Building

3. Communications

The Office of EDI - Pillar 1: Research and Policy Development

The EDIO has responsibility to:

- Review organizational policies and educational programming to ensure that the policy framework at the Research Institute supports the agency's vision as a centre of excellence through Diversity and Inclusion.
- Identify and prioritize (new) initiatives to improve diversity and inclusion at the Research Institute.
- Oversee the development and implementation of institutional data collection to inform policy; and the development of appropriate EDI impact assessment activity.
- Provide technical advice on institutional responses to policy and strategic initiatives to ensure that EDI targets are met; particularly in relation to the implementation of the EDI Action Plan.

❖ Key Developments

a. To develop data-driven policy, the EDIO implemented the *Voice of Research Survey* from March to June 2019, which collected demographic, quantitative as well as qualitative, experience-based data on staff, faculty, trainees and volunteers at the Research Institute; and generated pertinent baseline data in relation to EDI indicators.

The Survey data indicate that currently the Research Institute exceeds federal targets in for representation of Women (54%) and Visible minorities (25%). However, the RI lacks Indigenous members; no one self-identifes as belonging to an Indigenous community.

Of note, the data reflects trends observed in the 2017 SickKids Employee Engagement Survey, in which fewer than five persons self-identified as belonging to the "First Nation, Inuk, or Métis (Indigenous) communities".

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Data from the Survey also suggested that qualitative differences in the experience of various groups of persons exist at the Research Institute, which may compromise efforts at inclusivity.

In general, the findings point to the need for:
- concerted efforts to recruit members of the Indigenous community as well as person with disabilities through an on-going and long-term strategy designed to mitigate any existing and potential systemic barriers, which prevent full participation from members of these (or any) communities.
- additional research to be completed on persons with disabilities at the RI.
- capacity building and sensitivity training to enhance the climate of inclusion.

b. The leadership at the RI is cognizant that diversity is essential to excellence, and that recruiting diverse pools of applicants and guarding against bias in their assessment increases the chances of recruiting the best candidates possible. To this end, the EDIO has compiled *Enhancing Diversity in the Workplace: A Guide to Inclusive Recruitment*, which is a detailed procedural manual for inclusive recruitment best practices to guide all RI recruitment searches. The EDIO meets with Chairs and Managers of recruitment committees at their inception to assist them in implementing EDI best practices throughout the recruitment process.

c. The EDIO has been instrumental in developing resources to ensure that EDI concerns have been appropriately and adequately mainstreamed into the training philosophies and plans of RI Faculty in the development of their labs, teams and programs to promote an enabling environment for diversity and inclusion, in compliance with accepted EDI standards and protocol; and congruent with federal requirements for the inclusion of the four designated Canadian employment equity groups.

The Office of EDI - Pillar 2: Capacity Building

The capacity building mandate of the EDIO outlines its responsibility to:
- Establish and implement programs that build diversity awareness, knowledge, understanding, skills and leadership competencies towards the creation of a diverse and inclusive environment.

❖ Key Developments

a. In June 2019, the EDIO successfully completed training around issues of inclusivity for the leadership of the hospital in collaboration with the Departments of Pediatrics and Human Resources. The training focused on the ways in which leadership could champion the integration of equity, diversity and inclusion into the structure, systems, policies, programs, customs and practices at the hospital and Research Institute. Feedback from training evaluations indicated an interest in building further ability among the leaders in *Unconscious Bias, Championing Diversity* and *Addressing Micro-aggressions.*

b. Training on Allyship is scheduled for SickKids Leadership in December 2019.

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The Office of EDI - Pillar 3: Communications

In addition to its research and capacity building portfolios, the EDIO works to:

- Actively engage internal and external partners and stakeholders around issues of EDI, to create a sustainable inclusive environment.

❖ Key Developments

a. The EDIO has established a framework of collaboration with other departments at SickKids currently engaged in work related to issues of EDI to facilitate:

   – a coordinated communications approach to disseminate strategic EDI objectives across the research enterprise;

   – resource sharing;

   – capacity building towards the creation of an inclusive environment.

b. The Office launched three poster series in July 2019: *From the Diversity Desk*, *Conversations on Diversity* and *Today we Celebrate*, which build awareness around EDI issues, offers insight into how intersectionality impacts our lives and celebrates days of significance, respectively.

Indicators and Timelines

RATIONALE	PROGRESS INDICATORS	TIMELINES
CAPACITY BUILDING		
Capacity Building is necessary to change awareness, build knowledge and skills; and affect behaviour in relation to EDI best practice. It will provide recipients with the relevant knowledge, skills and values that allow them to contribute to the creation of an inclusive environment in which persons feel themselves to be valued. Capacity Building works best if there is a strong element of awareness-raising as well as skills-building. Otherwise, there is a danger that techniques will be learnt, but prejudicial attitudes will still remain, or that awareness will be raised, but work practices will not change.	❖ The development of a comprehensive capacity building curriculum and training schedule for the Executive Leadership and all members of staff of the RI, which provides training around keys EDI issues including, but not limited to, intersectionality, unconscious bias, allyship, advocacy, cultural competence, micro-aggressions, accessibility, the Indigenous Community and the LGBTQ+ community ❖ The development of EDI training modules for inclusion on the I-Learn Platform ❖ The creation of a resource learning center, which houses a repository of EDI resources for RI Staff ❖ The on-going development of resources for researchers to: a. integrate concerns of EDI into their respective research designs; b. consider EDI best-practice in the composition of their labs, teams and programs.	

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RATIONALE	PROGRESS INDICATORS	TIMELINES
RESEARCH and POLICY REVIEW & DEVELOPMENT		
To effect institutional change, an in-depth and intersectional understanding of equity, diversity and inclusion have been integrated into the operations of the Research Institute is necessary.	❖ The review and revision of organizational policies to ensure that the policy framework at the Research Institute supports the agency's vision as a center of excellence through Diversity and Inclusion.	– On-going – On-going
An in-depth and intersectional understanding of EDI forms an integral part of the institution's self-assessment; and is critical towards both the identification of any EDI gaps to be addressed and the documentation of best-practices and lessons learned.	❖ The development of an on-going, research program to generate and analyze relevant demographic and qualitative baseline data around EDI concerns to: a. identify areas of inequity, systemic biases and institutional barriers; b. establish areas of priority for course correction and future practice; c. develop and review EDI targets, strategies and indicators to improve EDI metrics; d. review and develop policy to enhance inclusion; e. develop an EDI Assessment Tool and Scorecard of key measures; to be reviewed on a quarterly basis. ❖ An increased number of Canada Research Chairs: a. submitting grants in which concerns of EDI have been integrated ❖ engaging in inter-disciplinary and non-traditional research areas, with potential outcomes for broad applicability and impact on as wide and diverse a cross section of (Canadian) communities possible.	– December 2019

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RATIONALE	PROGRESS INDICATORS	TIMELINES
COMMUNICATIONS		

Our EDI strategy requies a coordinated communications strategy, to disseminate institutional priorities and messages to the multiple constituents, audiences and stakeholders of the RI.	❖ The development of a comprehensive Communications Plan to:
	
	  a. actively communicate key EDI messages throughout the RI across various platforms;
	  b. engage internal and external partners and stakeholders around issues of EDI, in compliance with federal EDI requirements.
	
	❖ Redevelop and launch of the online presence of the EDIO, as a critical repository for EDI resources for creation of an inclusive environment, in compliance with Canada's Web Content Accessibility Guidelines (WCAG),
	
	❖ Develop resources for researchers to embed EDI in recruitment and research design (ORS, DHR).
	
	❖ Review communications publicizing the University's CRC policies and EDI Action Plan to ensure that they express the importance of diversity to research excellence (Research Communications).
	
	❖ Review communications publicizing CRC renewals and nominations to ensure that all emphasize merit and research excellence (Research Communications).
		– December 2019
		
		– December 2019

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2.1   Increase transparency in the management of the CRC program, to enhance diversity

2.2   Complete a review of administrative processes for recruiting senior scientists and CRCs

2.3   Review recruitment process for compliance with inclusive recruitment best practice

2.4   Encourage CRC applicants and nominees to complete the Voluntary equity survey

2.5   Develop an online guide to CRC nominations

Environmental Scan

To broaden our demographic composition, and welcome members of the four federally designated employment equity groups, efforts are underway to increase the transparency of the recruitment process; and attract the broadest possible pools of applicants.

   ❖ *Key Developments*

The Office of EDI Pillar 1: Research and Policy Development

The Faculty Development & Diversity Office (FDDO) established the *Faculty Recruitment Guidelines* in July 2017 to inform the Research Institute-initiated faculty search process. The Guidelines were developed as part of a robust recruitment framework for each of the 7 Research Programs across the RI to ensure consistency across recruitment processes as well as to harmonize recruitment efforts to:

   – Practices of the Canada Research Chairs Program;

   – Research Institute's Equity, Diversity & Inclusion Practices; and

   – Canada Immigration standards (where applicable).

The Guidelines were updated in 2019 to include a *Conflict of Interest and Confidentiality Agreement,* as a clear demonstration of the institution's commitment to meeting the highest ethical and integrity standards in its recruitment processes; and in order to continue to merit the trust and confidence of the research community.

 a. In July 2019, the EDIO compiled *Enhancing Diversity in the Workplace: A Guide to Inclusive Recruitment*; a detailed procedural manual of inclusive recruitment best practices to guide all RI recruitment searches, which offers guidance on the best ways in which considerations of equity, diversity and inclusion can be mainstreamed into each stage of the recruitment process.

 b. The FDDO, through a neutral third party contractor, administers the Voluntary Equity and Diversity Survey, to all applicants to faculty positions, which:

   - provides an opportunity to collect data on important equity dimensions among applicants;

   - captures data to better assess how to attract applicants from underrepresented groups;

   - determines the extent to which efforts at increased inclusion are reflected in an increasingly diverse pool of applicants.

The Office of EDI Pillar 2: Capacity Building

a. All faculty, Program Heads and Program Managers with responsibility for recruitment generally; and the nomination of Canada Research Chairs, specifically; are required to complete unconscious bias training.

   To confirm the completion of the requisite unconscious bias training, attestation forms must be signed by all faculty, Program Heads and Program Managers responsible for recruitment processes.

   Additionally, Conflict of Interest and Confidentiality statements must be signed.

b. Search committees have been provided with a list of resources around inclusive recruitment practices, including, but not limited to:

   − What You Don't Know: The Science of Unconscious Bias and What to Do About it in the Search and Recruitment Process.

     https://www.aamc.org/what-we-do/mission-areas/diversity-inclusion/unsconcious-bias-training

   − Unconscious Bias Resources for Health Professionals.

     https://www.aamc.org/initiatives/diversity/322996/lablearningonunconsciousbias.html

   − The Science of Unconscious Bias: What Can We Do About It?

     https://www.youtube.com/watch?v=49APcds4wAo

   − Understanding Unconscious Bias in the Health Professions and How to Mitigate It.

     https://www.aamc.org/professional-development/affinity-groups/gip/webinar-unconscious-bias

   Furthermore, all faculty, Program Heads and Program Managers involved in the CRC nomination process are required to complete the online training module developed by the national CRC Secretariat.

The Office of EDI Pillar 3: Communications

a. As an affiliated hospital of the University of Toronto, through which CRCs are appointed, the management of the CRC program is also informed by the *Guide to the Administration of Canada Research Chairs at the University of Toronto.*

   (http://www.research.utoronto.ca/crc/administration/)

   The Guide, which was completed and shared with the University community as of November 2018, is available online and serves as a "living" document that will be updated as needed and shared with all U of T affiliated hospitals.

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Indicators and Timelines

RATIONALE	PROGRESS INDICATORS	TIMELINES
REVISION of RECRUITMENT PROCESS		
RESEARCH and POLICY REVIEW & DEVELOPMENT		
Diversity is a key driver of innovation and is central to excellence in scientific research. If efforts to enhance institutional excellence are to be successful, an enabling policy framework - through which to achieve a more equitable, diverse, and inclusive research community - is essential.	❖ The development, implementation and on-going revision of a robust and cohesive recruitment strategy, to broaden the pool of prospective CRC candidates, which: a. emphasizes the importance of diversity; b. engages the EDI Program Manager as a Subject matter expert (SME); c. adequately prepares members of Search Committees to engage in inclusive recruitment practices; d. offers insight into how conflicts of interest and issues of confidentiality impact inclusive recruitment processes; e. uses equity data to better attract applicants from underrepresented groups; and f. is informed by current iterations of the *Guide to the Administration of Canada Research Chairs at the University of Toronto.* ❖ The development and on-going review of procedural manuals to inform inclusive recruitment practices, including: a. inclusive recruitment best practices; b. templates for hiring rubrics in support of equitable and inclusive hiring practices; c. exhaustive distribution lists for recruitment advertisements, which will reach a broad and diverse audience.	– On-going ⊕ A review will be completed in 2020, subsequent to the release of the CRC Program's EDIAP 2.0
CAPACITY BUILDING		
In order for change to be sustainable and effective the individual and institutional capacity to recognize the need for change and nature of the change(s) required, must be addressed.	❖ The completion of training by all Program Heads and Program Managers with responsibility for recruitment in relation to: a. Fundamental EDI concepts b. Unconscious Bias c. Inclusive recruitment best practices d. Conflict of Interest	–

COMMUNICATIONS		
In order to effect sustainable institutional change, an effective communications strategy is required to communicate messaging around strategic priorities; allow persons to feel listened to and valued, raise awareness and shift perspectives and keep stakeholders	❖ The development of communications regarding the Voluntary Equity Survey ❖ The development and implementation of a self-identification survey for new and existing Chairholders ❖ The development of an on-going, research program to generate and analyze relevant demographic and qualitative baseline data around EDI concerns to: a. identify areas of inequity, systemic biases and institutional barriers	– On-going

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Objective 3. Recruit Members of the Four Designated Canadian employment equity Groups (FDG)

3.1   Improve the institutional response to existing and potential systemic barriers to inclusion

3.2   Develop and implement strategies to recruit and support members of the four current designated Canadian employment equity groups

3.3   Develop Strategies to Recruit and Support Persons with Disabilities to CRCs

3.4   Develop Strategies to Recruit and Support Indigenous CRCs

3.5   Additional Strategies to Recruit and Support Women Faculty and CRCs

3.6   Additional Strategies to Recruit and Support Visible minority Faculty and CRCs

Environmental Scan

SickKids is committed to increasing the representation of the four designation Canadian employment equity Groups (FDG) across the institution; by identifying and appropriately responding to institutional barriers facing members of these under-represented and equity seeking groups.

SickKids will adopt an intersectional approach to the recruitment and retention of Chairholders from equity-seeking groups, allowing the Hospital to better support faculty members who self-identify in one or more of the four designated groups.

❖ *Key Developments*

Strategies to Recruit and Support Persons with Disabilities to CRCs

The strategic direction of EDI at SickKids provides a road map for the creation of a healthy, barrier-free and socially responsible environment. SickKids is committed to creating an environment compliant in all accessibility standards; and in which all its stakeholders have equal access to services and information; are aware of their rights and responsibilities to promote an accessible and inclusive environment with and for persons who have disabilities; and have an equal opportunity to contribute to the success of the organization.

Premised on the Accessibility for Ontarians with Disabilities Act (AODA), and informed by the work of the SickKids Accessibility Steering Committee and 2017 – 2021 Accessibility Plan, the hospital has initiated research, developed policy, implemented protocols and considered in its built environment the need to meet the unique needs of all persons generally, and those with disabilities specifically, to facilitate and enhance full participation.

Aware that the need for accommodation may sometimes be temporary, with a sudden onset, the Occupational Health and Safety Department works with members of staff who may require a temporary accommodation at work; and assistance with reintegration into the workplace.

Care was given to the development of the built environment during the construction of the SickKids Peter Gilgan Centre for Research and Learning (opened in 2013), to support the inclusion of diverse populations, including persons with disabilities.

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Currently, embedded in the plans for _Project Horizon,_ our campus redevelopment initiative, are purposeful and proactive strategies for accommodation, including contracting the services of an Accessibility consultant.

These plans are intended to ensure a culture of inclusion grounded on a workplace model, which is committed to promoting collaboration, innovation; and the provision of the tools and spaces all staff need to excel at their work.

SickKids is committed to ensuring that its staff, trainees, and volunteers are adhering to:

a. Service standards

   In this regard, staff, trainees and volunteers have received training around:

   – Communicating effectively with people with disabilities

   – Accommodating the needs of people with disabilities

   – Accessing and utilizing resources in a timely manner to enhance communication (such as amplifiers, computers, interpretation services, etc.)

   – The importance of embracing excellence in customer service delivery

b. Integrating accessibility standards

   Integrating accessibility standards throughout SickKids by:

   – creating and implementing hospital-wide accessibility policies, plans, and training

   – improving access to employment by making the hiring process accessible, and creating accommodation and emergency response plans for staff with disabilities

   – facilitating the safe return to work of injured or ill staff

   – making our information and communication accessible to patients and families with disabilities by making our new website currently in development compliant with federal web content accessibility guidelines.

A look at the culture of accessibility at SickKids can be found on Social Media _here._

Strategies to Recruit and Support Indigenous CRCs

SickKids is committed to collaborating with its stakeholders to identify, prioritize and implement improvements to ensure accessible, culturally appropriate services for members of the Indigenous community as patients and family members; as well as faculty and staff members.

SickKids has implemented initiatives towards creating a more culturally safe organization for the Indigenous communities, through:

a. Dialogue & Reconciliation

   As a first step on the path of reconciliation a public statement acknowledging the injurious aspects of the hospital's history with Indigenous peoples was released in August 2018.

   Also, in 2018 SickKids engaged with 12 Indigenous service providers in Toronto, and consulted with 19 peer organizations, to share best practices for providing culturally competent services for Indigenous populations.

Conversations provided insights into negative and positive experiences that Indigenous peoples encountered when visiting SickKids, pointed to areas for improvement as a culturally safe organization and provided the framework for the development of our Indigenous health strategy.

b. Land Acknowledgement

In September 2018, the hospital adopted a land acknowledgment policy. The policy provides guidelines for the where, when, how, and who of how the policy should be used, as well as supporting material to ensure understanding of the history and rationale behind it.

c. Capacity Building

– To date, 93 SickKids employees, including executives, managers, administrators and clinical staff, have completed Indigenous Cultural Safety Training, an eight-week online program administered by the Southwest Aboriginal Health Access Centre (SOAHAC).

– A Cultural Competence E-Learning Module Series has also been developed, comprising a series of 15 open-access multimedia and interactive e-learning modules; designed to increase the accessibility to and dissemination of cultural competence educational resources.

– In March 2018 the leadership team completed the KAIROS Blanket Exercise, a unique, participatory history lesson – developed in collaboration with Indigenous Elders, knowledge keepers and educators – that fosters truth, understanding, respect and reconciliation among Indigenous and non-indigenous peoples in Canada. The hospital is currently exploring options to engage more staff in this exercise.

d. Outreach

SickKids has also invested resources in the development of the TeleLink Mental Health/Telepsychiatry Program. The program is committed to high quality, evidence-based child and adolescent mental health and psychiatry services in Indigenous and remote contexts in Ontario and Canada. This involves not only extensive direct TeleLink psychiatry services to children and families, with the support of in-community mental health and medical providers, but it also involves the development of longer standing relationships with local services and teams.

e. Mentorship

Mentorship programs also exist at SickKids to facilitate access to opportunities of under-represented groups. Chief among these is the UofT's Community of Support, which supports students who have, by virtue of their demography, encountered systemic barriers at every stage of their journey to medical school.

Despite these initiatives and activities, findings from the 2019 *Voice of Research* Survey and 2017 SickKids Employee Engagement Survey point to gaps in meeting federal targets in relation to the Indigenous community.

SickKids is committed to building skills and capacity, particularly among youth and university students from Indigenous communities to enable them to engage in medical research at SickKids and develop opportunities to excel in STEMs-oriented opportunities.

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These capacity building efforts are part of SickKids response to the Truth and Reconciliation Commission of Canada's Calls to Action, which require organizations to identify and close the gaps in health outcomes, as well as the increase of the number of Indigenous professionals working in the health-care field.

Strategies to Recruit and Support Women Faculty and CRCs

Findings from the 2019 *Voice of Research* survey indicated that the hospital is meeting gender parity targets. However, the data also indicate female attrition at more senior levels of the organization, and a lack of representation of the full diversity of women as Chairholders. Taken in combination these may be indicative of systemic barriers to women's participation at the higher (better paid) levels of the RI.

SickKids is committed to addressing these gender disparities; as well as to responding to the systemic challenges to participation that exist for women who identify as members of multiple equity-seeking groups.

The SickKids Research Training Centre and Faculty Development Office will support women faculty to be better positioned to take advantage of leadership opportunities through mentorship programs aimed at helping scientific staff develop their skills in areas such as grant writing, leadership development, mentorship, occupational health and safety, people management, performance management, financial management and commercialization of intellectual property.

Additionally, recruitment, retention and promotion policies must now consider the ways in which women's career trajectories are impacted by reproductive choices and participation in the Care Economy; and modify the traditional metrics used to assess career trajectories, which may be biased towards men.

Strategies to Recruit and Support Visible minority Faculty and CRCs

While the number of racialized faculty is on the increase, there is evidence that visible minorities encounter levels of discrimination at the institution, which prevents their full participation and compromises their ability to excel at their work.

Efforts at making accommodations for visible minorities have included mentorship programs designed to expose under-represented youth to experiences in STEM; and inspire youth from these groups to become the next generation of innovators. For instance, the Manulife Kids Science and Technology community outreach program engages middle and high school youth who are at-risk or lack equitable access to interactive science experiences. This includes Indigenous youth living in remote Ontario communities; the newcomer and visible minority youth who predominate in the underserved neighborhoods of Toronto and surrounding areas; and youth receiving medical care at SickKids, who may live with disabilities. Kids Science has reached >16,000 students to date and expanded in 2016 to include the Student Advancement Research (StAR) Program.

The StAR Program provides an internship at SickKids (in research and clinical shadowing) for Black, Filipino, and Indigenous high school students in an effort to broaden their perspectives of science and technology and guide them through the process of attaining higher education and employment in the field.

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Indicators and Timelines

RATIONALE	PROGRESS INDICATORS	TIMELINES
RECRUIT MEMBERS OF THE FOUR DESIGNATED GROUPS (FDG)		
Efforts at inclusion demand strategic efforts to include members of the Four designated Canadian employment equity groups	❖ Increased recruitment of members of the four designated groups to Chairholder opportunities, to meet and exceed equity targets for the four designated groups	− December 2019 − December 2029
	❖ The generation of applicant pools that are diverse, in accordance with inclusive recruitment best practices	− On-going

	❖ The development of a long-term strategy, developed in collaboration with the broader SickKids organization to:
	
	  a. recruit and retain members of the Indigenous community;
	  b. train existing staff in cultural competence strategies;
	  c. address issues around the built environment (E.g. Smudge Rooms) to accommodate the Indigenous community;
	  d. integrate Indigenous ways of knowing into health care and research protocol at the Hospital.
		− On-going

	❖ The development of an Accessibility compliant policy framework, which speaks to:
	
	  a. the built environment;
	  b. a communication strategy and access to information;
	  c. sensitivity training and capacity building.
		− On-going

	❖ Complete research to determine and document the qualitative experiences of women in the organization in relation to:
	
	  a. access to funding and gendered pay gaps;
	  b. mentorship and networking options;
	  c. female representation at the higher levels of the organization, which may serve as a deterrent for females to pursue a career in Science, concerned about the implications for Work-Life balance;
		− On-going

RATIONALE	PROGRESS INDICATORS	TIMELINES
	d. discouragement (active or passive) to pursuing post-graduate work; e. bias in hiring practices, which benefit males; f. accommodation for reproductive choices and participation in the Care Economy.	
	❖ The continued delivery of career development workshops and mentoring opportunities for visible minorities	– On-going

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Objective 4.   Build on Current Initiatives and Collaborations which foster Equity, Diversity and Inclusion

Environmental Scan

Cognizant that a commitment to equity, diversity, and inclusion requires more than satisfying equity targets, SickKids commitment towards the creation of a diverse and inclusive environment, is evidenced both through its policy and institutional framework, as well as through its various EDI outreach initiatives, partnerships and collaborations; all of which are intended to raise awareness around issues of diversity, enhance institutional diversity and create a culture in which all staff feel welcomed, valued and validated. These include:

❖ *Key Developments*

The EDI Steering Committee

The RI Equity, Diversity and Inclusion Steering Committee (EDISC) was established in 2018, as a governance structure for EDI activities; and to provide leadership consistent with best-practice principles of equity, diversity and inclusion across the research enterprise.

The EDI Office

As part of the Faculty Development Office, the Equity, Diversity and Inclusion office was established to develop a strategic EDI agenda for the RI; in support of a diverse and inclusive working environment, out of which excellence through diversity can be achieved.

The Voice of Research Survey

Designed to collect both demographic or intersectional and qualitative or experiential data on staff at the Research Institute, findings from the Voice of Research Survey will be used to identify the specific ways in which barriers to inclusion exist at the RI; and offer recommendations as to how these barriers may be addressed.

The LGBTQ Advisory Committee

The LGBTQ Advisory Committee comprises staff volunteers and allies focused on LGBTQ inclusiveness at the Hospital. Though officially formed in April 2016 individual members have been actively engaged around issues of inclusion at SickKids for many years. The Committee is guided by its mandate to create an enabling environment:

> *in which to honor and celebrate all staff, patients and families engaged with the Hospital who represent the LGBTQ2S communities…Through its awareness raising, capacity building and advocacy activities…dedicated to an environment at the Hospital for Sick Children in which everyone feels authentically welcomed and included, irrespective of sex, gender, gender identity, gender expression, sexuality, sexual expression or any other social organizing factors or categories of difference.*

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The Advisory Committee remains cognizant that improved health outcomes and increased health equity is possible only through respectful and affirming care to staff, patients and families. Such care is reliant on a robust framework of policies, principles, structures, systems, programs, customs, practices and day to day operations, which champion diversity and demand inclusivity.

The Accessibility Steering Committee

The SickKids Accessibility Committee is guided by its mandate to provide leadership in the establishment and implementation of the Accessibility agenda at SickKids. It provides strategic direction to enhance accessibility at the Hospital; and works to ensure that all requirements of the Accessibility for Ontarians with Disabilities Act (AODA) are fulfilled.

The Committee is specifically responsible for:
- sensitization around accessibility legislative requirements, initiatives, and issues;
- implementation of the Hospital's Accessibility Plan;
- review and endorsement of key documents related to Accessibility (e.g. policies, education materials);
- identification of barriers to services and facilities, and recommendations to remove these barriers;
- review and documentation of accessibility best practices, monitoring progress, and evaluating outcomes of accessibility initiatives.

SickKids 2017-2021 Accessibility Plan

Developed by the Accessibility Steering Committee, the 2017 – 2021 Accessibility Plan was designed to inform SickKids' advancements in meeting the requirements of the Accessibility for Ontarians with Disabilities Act (AODA). The plan outlines the specific requirements of the AODA and how SickKids will actively work on removing barriers for its stakeholders who also identify as people with disabilities. The Accessibility Plan will provide the opportunity for all patients and their families, staff, volunteers, and members of the community to identify needs related to their disabilities and ensure that these needs are accommodated in a manner that supports the dignity of the individual. This will be reflected in the hospital through the implementation of training and specific policies and procedures that incorporate measures to identify and remove barriers for people with disabilities.

Initial training has already been provided to staff and volunteers to raise awareness about the AODA, the issues and barriers encountered by people with disabilities, and the responsibility of everyone at the hospital in removing those barriers.

The Research Institute Staff Engagement Committee (RISE)

The Research Institute's Staff engagement committee organizes events which celebrate the diversity of the Research Institute community. Of significance, the One Community event of July 2019 celebrated the various nationalities of the RI with a celebration of music, fashion and cuisine.

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Revised SickKids.ca Website

In compliance with Canada's Web Content Accessibility Guidelines (WCAG), the SickKids.ca website is being revised to meet accessibility standards by 2021.

Mentorship

Several initiatives exist at the Hospital to attract and build capacity among under-represented groups:

- SickKids Manulife Kids Science & Technology outreach program (Kids Science) was created to educate and inspire youth through interactive science experiences. It engages middle and high school youth who are at-risk or lack equitable access to interactive science experiences. This group includes children who receive medical care at SickKids, children who live in disadvantaged neighborhoods in Toronto and surrounding areas, and children from remote Ontario communities. Kids Science has reached >16,000 students to date and was expanded in 2016 to include the Student Advancement Research (StAR) Program.
- The StAR Program provides an internship at SickKids (in research and clinical shadowing) for Black, Filipino, and Indigenous high school students; intended to broaden their perspectives of Science and Technology, and guide them through the process of attaining higher education and employment.
- The SickKids Summer Research (SSuRe) program, provides orientation, scientific seminars and career networking opportunities for ~300 undergraduate students. This 15-week summer program culminates in a Symposium Day with prizes for the top poster and oral presentations. A focus of the SSuRe program is providing an entry into research for students from racialized or economically disadvantaged communities, in partnership with the American STEMPREP program, SickKids' StAR program, and the University of Toronto MD Program's Community of Support (COS) program.

Partnerships and Collaborations

The University of Toronto is a member of the National Center for Faculty Development & Diversity. As an affiliated Hospital, SickKids Chairholders have access to a range of professional development and mentorship resources and tools, many of which are targeted to diverse faculty.

In an effort to learn and share best practices, the Hospital partners with the University of Toronto's Faculty of Medicine on several initiatives, designed to enhance inclusive environments. These include:

a. Diversity Day

Hosted in collaboration with the University of Toronto since 2017, Diversity Day is designed to help members of the University of Toronto's Faculty of Medicine and affiliated hospitals to:

- understand issues of diversity in health care professions;
- learn about opportunities to advance diversity issues;

  understand how issues of diversity are applicable to faculty, students and trainees in the health care professions; who represent diverse communities.

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The 2020 edition of Diversity Day, *We All Belong*, is scheduled for April 2020.

b. The University of Toronto Diversity Advisory Council and Equity, Diversity and Inclusion Working Group

Comprised of a combination of University of Toronto faculty members, staff, and learners at the Faculty of Medicine as well as U of T community members and representatives from TAHSN partners, the Diversity Advisory Council explores issues and gaps around systemic equity, inclusion, human rights, and diversity at the Faculty and recommend and advocate for appropriate strategies to respond to these issues and gaps.

c. The University of Toronto Community of Support

The Community of Support (COS) is a collaborative and longitudinal initiative that supports students who have, by virtue of their demography, encountered systemic barriers at every stage of their journey to medical school.

d. Other resources to which the Hospital community has access through the University of Toronto include the University's:

- Anti-Racism and Cultural Diversity Office;

- Sexual and Gender Diversity Office;

- First Nations House and Aboriginal Student Services;

- Accessibility for Ontarians with Disabilities Act (AODA) Office ;

- TIDE program: (Toronto Initiative for Diversity and Excellence);

- Office of Indigenous Initiatives.

Indicators and Timelines

RATIONALE	PROGRESS INDICATORS	TIMELINES
BUILD on EDI INITIATIVES		
A commitment to equity, diversity, and inclusion requires more than satisfying equity targets. It requires substantial investment in both the policy framework of the institution as well as in the day to day activities and initiatives designed to create a culture of inclusion through which synergies are encouraged and excellence is achieved.	❖ Build on Current Initiatives and collaborations which foster Equity, Diversity and Inclusion	– Ongoing

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Management of Canada Research Chair Allocations

Canada Research Chairs are initially allocated to and managed by the University of Toronto in partnership with nine affiliated hospitals in the Toronto Academic Health Sciences Network (TASHN).

The Vice-President, Research and Innovation, in consultation with the Vice-President & Provost, is responsible for managing the University's allocation of CRCs, including the distribution of Chairs (by Tier and Council) across affiliated hospitals and academic divisions.

At SickKids, the Chief of Research, in consultation with the Associate Chief of Faculty and subject matter experts, is responsible for managing SickKids' allocation of CRCs. Strategic considerations, including scientific complement planning to advance strategic priority areas of research, are taken into consideration.

To ensure that CRC expertise and resources are used to enhance the interdisciplinarity of the research agenda at the RI, and advance strategic research priorities, Chairs allocated to SickKids are not allocated to specific Research Programs.

Nomination, Advancement, Renewals & Phase-Out of Chairs

Nomination

In compliance with inclusive recruitment best practice, the SickKids RI has established clear criteria for the nomination, appointment and renewal of Canada Research Chairs, which are communicated to chairholders both at the beginning of their appointments as well as during the course of their terms, as necessary.

As part of the RI's CRC 2019 review process, criteria for Tier 1 and Tier 2 CRC renewals were developed; and are posted on the SickKids website.

Based on a combination of CRC program-specific requirements and SickKids specific criteria, the renewal criteria were established by an RI team comprising the Associate Chief, Faculty Development; Senior Manager, Research Training Centre & Faculty Office; Senior Controller, Research Infrastructure & Capital; Supervisor, Grant Development Office; and Senior Grants Officer, Research Awards and Financial Services, and was approved by the RI's Chief of Research.

Advancement and Renewal

Six months before eligibility for renewal, Chairholders are asked to submit their CRC Curriculum Vitae (CV) for review. A reviewing panel, including the RI team mentioned above, assesses each Chairholder's eligibility for renewal, based on the established Checklists.

In general, once the established criteria for renewal are met and the level of performance in research is maintained, SickKids allows the Chair to be renewed once.

Of note, the Hospital does not have an established mechanism for the advancement of Tier 2 CRCs to Tier 1 CRCs; and advancement from a Tier 2 to a Tier 1 CRC is not a guarantee. This is made explicit at the outset of every Tier 2 nomination. In the instance that a Tier 1 CRC becomes available, and there is no active recruitment for a Scientist position scheduled, all eligible Scientists are considered equally.

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The absence of an advancement mechanism is deliberate and aligns with the Federal CRC Program's EDI practices, which aim to increase transparency within the program and which also require firm targets to increase nationally the number of chair holders from the FDG's.

Institutional Support for Chairholders

Resource Support

The conditions of employment and institutional support at SickKids are negotiated at the time of appointment; based on a determination of the optimal resources required for the Chairholder to successfully undertake a research program within their discipline; taking account of the resourcing provided for other faculty in similar disciplines.

Additionally, SickKids provides an award payback to each Tier 1 and Tier 2 Chairholder, determined by their CRC Tier level. All CRC nominees are required to sign an acceptance letter that outlines the additional award payback provided to Chairholders.

All CRC nominees are required to sign a nomination acceptance letter, letter that outlines the additional award payback provided to Chairholders, which is forwarded to the Research Services Office at the U of T along with documentation from the academic division or department outlining the institutional support provided to the Chairholder. This letter has been reviewed as part of U of T's EDI Action Plan.

Concerns about Equity, Diversity and Inclusion

Currently the EDI Steering Committee is in the process of developing protocols, to receive, respond to and address complaints around issues of inclusion. These processes will leverage the strengths of the SickKids Department of Human Resources, faculty, staff and trainees to enable multiple mechanisms for SickKids members who experience marginalization, microaggressions, harassment or threats to safely communicate their concerns and be supported in identifying solutions to these issues.

Concerns or questions related to SickKids that are sent to the University of Toronto Office of the Vice-President, Research and Innovation at crc@utoronto.ca are reviewed and referred to the Dean, Faculty of Medicine and Vice Provost, Relations with Health Care Institutions.

Institutional Support for Administration of CRC Nominations

The nomination, advancement and renewal process of the CRC program at the RI is informed by the SickKids Research Institute Recruitment Guidelines, developed by the Faculty Office, which is used for all recruitment of scientists, including when a CRC nomination is a new recruit.

These Guidelines are supported by *Enhancing Diversity in the Workplace: A Guide to Inclusive Recruitment*, a detailed procedural manual of inclusive recruitment best practices compiled by the EDIO, which offers guidance on inclusive recruitment best practice for all RI recruitment and speaks to the ways in which unconscious bias can be mitigated throughout the recruitment and retention process.

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All administrators and staff involved in the recruitment of scientists, including CRC positions, are required to complete Unconscious Bias training using any one or a combination of the following resources:

- What You Don't Know: The Science of Unconscious Bias and What to Do About it in the Search and Recruitment Process;

- Unconscious Bias Resources for Health Professionals;

- The Science of Unconscious Bias: What Can We Do About It?;

- Understanding Unconscious Bias in the Health Professions and How to Mitigate It.

Administrators and staff must attest completion of Unconscious Bias training to their respective Search Committee Chairs; as well as sign a conflict of interest and confidentiality agreement.

Additionally, all faculty and staff involved in the CRC nomination process are required to complete the online training module provided by the federal CRC Secretariat.

Collection of Equity and Diversity Data

Applicant Pool and Successful CRC Candidate Data

To comply with CRC requirements, and gain insight into the diversity of CRC applicants, the RI administers a brief voluntary diversity survey as part of the application process to determine the extent to which applications at each stage of the recruitment process fall into the FDGs.

The information obtained is kept confidential and access to data from the survey is limited to designated staff and can be accessed by no member of search committees or human resources.

The Survey has been designed and is administered paying careful attention to:

- the RI commitment to privacy and the principles of EDI;

- limit the number of people who can view this information;

- ensure privacy and confidentiality;

- encourage CRC nominees to complete the self-identification form;

- communicate the purpose of the data collection and how the information will be used.

EDI Data for Strategic Planning

As part of a broader mandate to meet and exceed targets established by the CRC in relation to FDGs, the Voice of Research Survey collected demographic as well as qualitative, experience-based data for all staff, faculty, trainees and volunteers at the Research Institute.

Findings from the Survey will be used to identify the specific ways in which barriers to inclusion exist at the RI; and offer recommendations as to how these barriers may be addressed.

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Retention and Inclusivity

Providing a Supportive and Inclusive Workplace

Through an evolving institutional EDI Policy framework, the Hospital for Sick Children is creating an environment in which best practice principles of inclusion are being streamlined and mainstreamed throughout the activities of the research enterprise.

Consequent to these efforts, systemic barriers to inclusion are systematically being removed; and considerations of equity, diversity and inclusion play a pivotal role in the retention of faculty; where all community members are supported and enabled in fulfilling their academic, research and employment goals.

Policies That Govern the Staffing of Canada Research Chair Positions

All Canada Research Chair holders are Scientists at The Hospital for Sick Children, with a faculty appointment at the University of Toronto. As such, there are policies at both institutions that govern their staffing. At SickKids, these include:

- Enhancing Diversity in the Workplace: A Guide to Inclusive Recruitment

- Relationship Disclosure & Management (Conflict of Interest)

- Appointments & Review of Scientific Staff

- Ethical Conduct of Research

- Criteria & Procedures for Promotion (Three-Year) Review in the RI

- Criteria & Procedures for Promotion (Six-Year) Review in the RI

- Criteria & Procedures for Ongoing Six-Year Renewal Review in the RI

- Guidelines for the Annual Assessment of Scientists in the RI

- Research Involving Human Participants

- Research Activities Involving Human Participants in the PGCRL

Additional relevant polices are captured in the University of Toronto's EDI Action Plan.

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Summary Statement

The Hospital for Sick Children Equity, Diversity and Inclusion Action Plan (EDIAP) signals the Hospital's commitment to mainstreaming best practices of equity, diversity and inclusion into the structure, systems, policies, programs, initiatives and day to day operations across the research enterprise.

Continued investment in EDI infrastructure, supported by capacity building around issues of EDI and the development and implementation of a robust EDI policy framework, will undoubtedly allow for the creation of an environment in which everyone is made to feel recognized, respected, valued and validated; and out of which excellence through diversity is achieved.

As EDI continues to be a central consideration in the administration of the CRC Program, the Hospital remains prepared to actively meet its December 2019 commitments, and eventually surpass its EDI targets, through the implementation of the EDIAP; towards the realization of its vision *'Healthier Children. A Better World.*

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APPENDIX: The Hospital for Sick Children Voluntary Diversity Survey

Equity and Diversity Questionnaire

CIHR is committed to ensuring that its programs and peer review processes result in the fair and impartial treatment of all participants. The Equity and Diversity Questionnaire gives CIHR the opportunity to collect data on important equity dimensions using a simple user-friendly form. CIHR did not previously collect such data from applicants, which limited their ability to monitor the equity performance of their programs. CIHR is confident that the data collected through the new questionnaire will allow them to support funding equity more effectively. For more information visit: http://www.cihr-irsc.gc.ca/e/50956.html

Please select the option that best describes you:

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender is usually conceptualized as a binary (girl/woman and boy/man) yet there is considerable diversity in how individuals and groups understand, experience, and express it.

What is your year of birth?

Field entered as year (i.e. 1977)

Do you identify as Indigenous; that is First Nation (North American Indian), Métis, or Inuk (Inuit)?

In Canada, an Indigenous person is someone who identifies as First Nation, Métis, or Inuk (Inuit).

Do you identify as a member of a visible minority?

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Visible minority includes persons who are non-Caucasian in race or non-white in colour and who do not report being Indigenous. Black (including African, West Indian/Caribbean, African Diaspora), Chinese, Filipino, Japanese, Korean, Non-White Latin American (including: indigenous persons from Central and South America, etc.), Non-White West Asian, North African or Arab (including: Egyptian; Libyan; Lebanese; Iranian; etc.), South Asian/East Indian (including: Indian from India; Bangladeshi; Pakistani; East Africa; West Indies/Caribbean etc.), Southeast Asian (including: Burmese; Cambodian; Laotian; Thai; Vietnamese; etc.), Other   Visible Minority Groups, Person of Mixed Origin (with one parent in one of the visible minority groups),

Are you a person with a disability?

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The Equity, Diversity and Inclusion Office

Research Institute

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