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AARI Final Report

Created for:

Alberta College of Occupational
Therapists

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This report is result of the combined efforts and expertise of many dedicated Occupational Therapists and others who represent ACOT as registrants, staff, and council members.

GLOSSARY

AARI	Acting Against Racism & Intolerance
ABR	Anti-Black Racism
AEI	Anti-Racism, Equity & Inclusion
AO	Anti-Oppression
AR	Anti-Racism
ACOT	Alberta College of Occupational Therapists
ACOTRO	Association of Canadian Occupational Therapy Regulatory Organizations
COE	Code of Ethics
DEI	Diversity, Equity & Inclusion
ERG	Employee Resource Group
OT	Occupational Therapists
SOP	Standard of Practice

Anti-Black Racism: Prejudice attitudes, beliefs, stereotyping, and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement. Anti-Black racism is deeply entrenched in Canadian institutions, policies, and practices, to the extent that anti-Black racism is either functionally normalized or rendered invisible to the larger white society. Anti-Black racism is manifested in the legacy of the current social, economic, and political marginalization of African Canadians in society, such as the lack of opportunities, lower socio-economic status, higher unemployment, higher health inequities, significant poverty rates, and overrepresentation in the criminal justice system.

Anti-Oppression: The work of actively challenging and removing oppression perpetuated by power inequalities in society, both systemic oppression and individual expressions of oppression.

Anti-Racism: A process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities.

Black: A social construct referring to people who have dark skin colour and/or other related racialized characteristics. The term has become less of an indicator of skin colour and more of racialized characteristics. Diverse societies apply different criteria to determine who is Black. A person with African ancestral origins, who self identifies, or is identified, as Black, African or Afro-Caribbean. The word is capitalised to signify its specific use in this way.

Cultural Humility: Defined as a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of their own beliefs and cultural identities (Yeager & Bauer-Wu, 2013).

Cultural Safety: A concept that emerged in the late 1980s as a framework for the delivery of more appropriate health services for the Maori people in New Zealand. A commonly used definition is: *An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge, and experience of learning together.*

It is also recognized as an outcome. Used this way, it is defined as the outcome of interactions where individuals experience their cultural identity and way of being as having been respected or at least not challenged or harmed. It is determined by the recipient of a service or the participant in a program or project and includes:

- Respectful relationships.
- Equitable partnerships that appreciate that all parties have the right to influence the terms of engagement.
- The quality of the engagement.

Equity: Both a **process** (fair, inclusive, and respectful treatment of all people) and a **goal** (equitable outcomes for all groups). Equity does not mean treating people the same without regard for individual differences. Instead, it recognizes that treating people differently is sometimes necessary to achieve equitable outcomes. Efforts to achieve equity must therefore begin with an analysis of the context in which inequity operates. This analysis will inform the design of programs and policies tailored to address the root causes and consequences of inequity. These initiatives must be developed in collaboration with community partners who can help identify appropriate strategies for promoting equity.

First Nations: Is a term used to describe Indigenous peoples of Canada who are ethnically neither Métis nor Inuit. First Nations people are original inhabitants of the land that is now Canada, and were the first to encounter sustained European contact, settlement, and trade (Gadacz, 2019). This term came into common usage in the 1970s and '80s. While "First Nations" refers to the ethnicity of First Nations peoples, the singular "First Nation" can refer to a band, a reserve-based community, or a larger tribal grouping and the status Indians who live in them. For example, the Stó:lō Nation (which consists of several bands), or the Tsleil-Waututh Nation (formerly the Burrard Band) (University of British Columbia, n.d.).

Inclusion: An approach that aims to reach out to and include all people, honouring the diversity and uniqueness, talents, beliefs, backgrounds, capabilities, and ways of living of individuals and groups.

Indigenous: Means "native to the area" and refers to Indigenous people internationally. A commonly used term in the United Nations and international human rights literature. In Canada, it is a collective term that encompasses three distinct groups: First Nation, Métis, and Inuit peoples.

Intersectionality: Coined by critical race theorist and professor Kimberlé Crenshaw in 1989 to describe when two or more oppressions overlap in the experiences of an individual or group, creating interconnected barriers and complex forms of discrimination that can be insidious, covert, and compounded.

"___ism": Harmful beliefs, behaviors or institutional practices by a group or person with power directed against specific groups, rationalized by an underlying belief that certain people are superior to others. Examples include ageism, anti-Semitism, audism, cis-sexism, classism, ethnocentrism, heterosexism, racism, sexism, shadism, and sizeism.

Inuit: The Indigenous peoples of the circumpolar region known as Inuit Nunangat. The territory covers the land, ice and water of Nunavut, Nunatsiavut (Northern Labrador), Inuvialuit Settlement Region (Northern Yukon and Northwest Territories) and Nunavik (Northern Quebec). Inuit means "the people" in Inuktitut. You do not need to say, "The Inuit" or "Inuit people," just "Inuit." When speaking about one person from this region, use the word "Inuk." For two persons, use "Inuuk," and if you are referring to three or more people use "Inuit" (no "s" is required for plural).

Marginalization: To relegate individuals or groups to an unimportant or powerless position within a society or group by excluding them from meaningful participation and/or confining them to the outer edges of society.

Métis: Refers to people of mixed First Nation and European ancestry and descendants of the historic Métis Nation. "Métis means a person who self-identifies as Métis, is distinct from other Indigenous peoples, is of historic Métis Nation Ancestry and who is accepted by the Métis Nation" (Métis Nation of Ontario, 2021).

Microaggression: The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership. In many cases, these hidden messages may invalidate the group identity or experiential reality of target persons, demean them on a personal or group level, communicate they are lesser human beings, suggest they do not belong with the majority group, threaten and intimidate, or relegate them to inferior status and treatment.

Oppression: The obvious and subtle ways dominant groups unjustly maintain status, privilege, and power over others, using physical, psychological, social or economic threats or force. Frequently an

explicit ideology is used to sanction the unfair subjugation of an individual or group by a more powerful individual or group, which causes injustices in everyday interactions between marginalized groups and the dominant group

A system that maintains advantage and disadvantage based on social group memberships and operates, both intentionally and unintentionally, on individual, institutional, and cultural levels.

Forms of oppression: Sexism, Racism, Heterosexism, Cis-genderism, Classism, Colourism, Ableism, Ageism, Lookism, Faithism.

Racialized person(s): “Race” is the socially constructed differences among people based on characteristics such as accent or manner of speech, name, clothing, diet, beliefs and practices, leisure preferences, places of origin and so forth. The process of social construction of race is called racialization: “the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life.” Recognizing that race is a social construct, using the terms “racialized person” or “racialized group” is preferred over the more outdated and inaccurate terms “racial minority”, “visible minority”, “person of colour”, or “non-White” (Ontario Human Rights Commission, n.d.).

Racial discrimination: There is no fixed definition of racial discrimination. However, it has been described as any distinction, conduct or action, whether intentional or not, but based on a person’s race, which has the effect of imposing burdens on an individual or group, not imposed upon others or which withholds or limits access to benefits available to other members of society. Race need only be a factor for racial discrimination to have occurred (Ontario Human Rights Commission, n.d.).

Racism: An ideology that either directly or indirectly asserts that one group is inherently superior to others. It can be openly displayed in racial jokes and slurs or hate crimes, but it can be more deeply rooted in attitudes, values and stereotypical beliefs. In some cases, these are unconsciously held and have become deeply embedded in systems and institutions that have evolved over time. Racism operates at several levels, in particular individual, systemic and societal (Ontario Human Rights Commission, n.d.).

Structural Racism: The history and current reality of institutional racism across all Canadian institutions. The racism within various institutions combines to create a system that negatively impacts racialized communities.

THE AARI PROJECT

The Alberta College of Occupational Therapists (ACOT) established its Acting Against Racism and Intolerance (AARI) Project in recognition that systemic racism and discrimination are embedded within Canadian society and its institutions. This is evidenced by the disparate social and economic outcomes of historically marginalized and oppressed communities, namely Black, Indigenous, and racialized people. The overall goal of the project was to develop and support an organizational culture that is free from racism, and inclusive of equity seeking groups.

Through undertaking this necessary work, ACOT acknowledges a need to examine and address the ways in which systemic racism manifests within the College and the profession, impacting OTs, staff, patients, and other stakeholders. This report, based on a series of consultations with members from an Advisory Panel and Committee appointed to help inform and guide the project, data obtained through a survey of ACOT registrants along with an environmental scan, review and research of internal policies and legislations, outlines several recommendations for ACOT to consider towards its anti-racism, equity, and inclusion efforts.

Throughout the AARI project, analysis was undertaken to identify and clarify the level of knowledge, skill, and commitment to this work across ACOT. Through consultations, an environmental scan and registrant survey, a baseline awareness of anti-racism, equity, and cultural safety, as each relates to ACOT policies, procedures, and OT practice, was developed to ensure the implementation of strategies will be effective and sustainable. Across all areas of exploration, consultation, and research, the consultants made key observations regarding the commitment and motivation for this work.

- ACOT council, staff, and registrants are overwhelmingly committed to this work and see this work as important. ACOT leadership has taken intentional and thoughtful approaches to this project, and Advisors and Committee members provided valuable and practical advice, feedback, and guidance.
- Across ACOT (staff, council, registrants), there are varying degrees of awareness and education regarding anti-racism, equity, and inclusion, which create the opportunity to bring the broader population up to a meaningful baseline. Working towards this baseline is important because it will expand the dedicated involvement from a small few to a broader base and identify additional diverse and creative needs and opportunities.
- While most people are dedicated to this work, it is important to be aware of the people who are not. Resistance was evidenced throughout the survey from a small number of registrants who expressed both disdain for this project, and racist and discriminatory thoughts and behaviours. This demographic should not halt the work, but it will be important to consider using education and communication, along with clear expectations through policies and procedures, as ways to encourage personal growth and learning.

In line with effective change management processes such as the Prosci ADKAR model, this report responds to the areas of preparing the organization for change by crafting a vision and plan (Prosci, n.d.). The insights and findings will set the organization up for success by being able to monitor, measure, and evaluate changes throughout implementing and embedding policy, procedural, and behavioural changes across ACOT.

Since AARI is a foundational measure of this kind taken by ACOT, it is important to recognize the scope of the work completed by the consultants. Given the infancy of this work, and efforts at this large of a scale across ACOT, much of the work could be described as: exploratory towards setting a baseline and defining a foundation of anti-racism, equity, and cultural safety efforts. While the consultants applied an intersectional analysis within the parameters of the project, the defined scope was intended to address issues of racism more specifically. In respect to this, the Advisors and Committee members were made up individuals with experiences of racism. These groups provided integral guidance and oversight, which appropriately and meaningfully set the standards for the recommendations to address issues of racism, equity, and cultural safety. Moreover, the scope of the consultants' efforts focused on the needs and experiences of registrants and the public. Some of ACOT's internal-facing policies and procedures were analyzed with respect to their impact on carrying forward specific anti-racism work, but in-depth analysis of internal systems was not the focus.

Regarding future work, the consultants recommend a few potential avenues to consider. One area to consider is completing a broader organizational DEI audit that assesses internal policies and practices for equitable practices. This work might include completing an equity assessment tool (See Appendix 1) and reviewing human resource policies (i.e., parental leave, vacation, disability leave, recruitment and hiring practices, accommodation standards, etc.). Additionally, as is mentioned briefly in the recommendations, expanding ACOT's anti-racism work to be more broadly inclusive and equitable will strengthen the intersectional impact of this work. By including individuals (i.e., as committee members, working group members, targeted survey respondents, etc.), ACOT can gain a deeper understanding of intersecting forms of oppression and the unique experiences and challenges those create. For example, while the number of survey respondents with a disability and those that are non-binary was low, their experiences hinted at potentially high rates of discrimination. It could be beneficial to complete more targeted outreach and engagement with such individuals to provide a more intersectional interpretation of issues, opportunities, and strategies.

SUMMARY OF RECOMMENDATIONS



ACCOUNTABILITY

Convene a community of practice that combines lived experience and expertise of anti-racism, equity, and cultural safety. This will help to center accountability and transparency through collaborative work across registrants, the public, and other key stakeholders.

Track, monitor and evaluate outputs and outcomes on activities completed through the work. Collect and review data that reviews diverse representation numbers and the experiences of registrants.

Develop responses to #18 and #19 Calls To Action/Health Recommendations within the Truth and Reconciliation Report. Engage with First Nations, Inuit, and Métis communities and peoples to establish partnerships, goals, and learning objectives and work with Indigenous Occupational Therapists to determine ways to integrate cultural models of practice into ACOT's Standards of Practice.

Create a unique complaints process for experiences of racism & discrimination to improve accountability and mechanisms of oversight. The process should embody principles of access, accountability, and trauma-informed practice so that it responds to regularly cited issues within the complaints processes, such as: retaliation, inaccessibility, low accountability, and inflexibility.



POLICIES AND PRACTICES

Expand the focus of AARI to have a stronger intersectional analysis that better addresses equity and inclusion for people with disabilities and gender diverse individuals. This will respond to the intersectional needs of clients and registrants. While the number of respondents who identified as having a disability were statistically too low to consider significant, the survey suggests a deeper analysis and understanding of experiences of ableism and discrimination against persons/people with a disability should be considered more specifically.

Update the Code of Ethics and Standards of Practice to reflect equity, anti-racism, and cultural safety. Amend Code 1.2, add a new Code, and add a Standard of Practice that defines a demonstrated commitment to anti-racism, equity, and cultural safety.

Improve staff and council representation and competencies. For the council, define what "balanced" make-up is, complete targeted outreach to new council members, and provide mentorship in their roles. Create job performance expectations and eventually provide staff and council an anti-racism and equity tool to guide processes and decision-making when designing new policies, practices, systems.



LEARNING AND DEVELOPMENT

Develop strategic partnerships to improve the pathway of learning and development of all incoming and current Occupational Therapists, and other health professions. These partnerships should include but are not limited to: The University of Alberta, Alberta Federation of Regulated Health Professions, and Colleges of interdisciplinary professions that work in relation to Occupational Therapists (i.e., nurses and doctors).

Update the annual registration to (a) include a mandatory course on the application of anti-racism, equity, and cultural safety in practice, and (b) mandate 1 of 3 learning goals prescribed to learning about equity, anti-racism, and cultural safety. Key topics that should be addressed within the course include anti-racism, equity, cultural humility, and intersectionality.

Provide regular learning and development for staff, council, and registrants, on specific topics that help them to implement key standards of practice. These topics should include understanding race and racism in health care; power privilege and oppression (in the workplace); equity vs equality; anti-racism and cultural safety in practice. To ensure the quality of this learning, work with community organizations and representatives that can build in learning opportunities that highlight and provide exposure to diverse communities and the challenges they face.



SECTOR LEADERSHIP

Use channels of influence to build awareness of ACOT's efforts and promote education, learnings, and impact, within and outside of the college. This can be done through several channels (i.e., national working groups and conferences) and online by creating an educational page on the website that hosts quality learning resources and a glossary of key terms.

Provide materials to employers to promote the positive impacts of the work and effective ways forward. Share key learnings, promising practices, and provide access to tools and resources produced to support application within employment spaces.

TIMELINE OF WORK

The work was initiated in November 2020 and completed by the end of September 2021.



CONSULTATIONS WITH COMMITTEE MEMBERS & ADVISORS

Ongoing consultations with an ACOT appointed Advisory Panel and Committee, both composed of registered OTs with lived experience of racism, were key to moving the AARI project forward. The Advisory panel identified the desired objectives and outcomes of the project to help guide the efforts of the Committee in carrying the word forward. The consults were facilitated virtually using Microsoft Teams and/or Zoom and took place between October 2020 and August 2021. A total of 3 sessions were facilitated with the Advisory Panel and 4 sessions were convened with the Committee. The aim of these sessions was to create a trauma-informed space for participants to share their lived experiences, professional insights, and reflections to help direct the project’s trajectory. A psychologist was available to participants through Insight Psychological. The following is a summary of the findings from each consult.

Advisory Panel Consultations

DATE	ACTIVITIES	MAIN FINDINGS
OCTOBER 29, 2020	<ul style="list-style-type: none"> ● Introduction to the AARI Project, role of the consultants, advisors, and committee. ● Established guidelines for a brave, trauma-informed space. ● Advisors participated in a “Mapping” exercise, responding to 3 questions: <i>What is working well within ACOT in relation to racism and oppression? What are some worries (gaps in addressing this area)? What are some next steps?</i> 	<ul style="list-style-type: none"> ● Advisors affirmed ACOT’s AARI project and identified a need for the development of anti-racism policies. ● Concerns were raised over lack of diverse representation across ACOT, lack of repercussions for “unsafe practices,” and a need to consider cultural safety in practice. ● Suggested improvements: (+) board diversity, include cultural safety and anti-racism in competencies and registration, improve OT curriculum.
JANUARY 26, 2021	<ul style="list-style-type: none"> ● Advisors watched a video and engaged in a reflective discussion on the social construction of race. ● Discussion on the language and terminology used for the AARI project. ● Shared findings from the review and analysis of ACOT policy documents. 	<ul style="list-style-type: none"> ● Advisors shared insights into language preferences for AARI regarding: Anti-racism, anti-oppression, racialized vs BIPOC, prejudice, intolerance and discrimination, cultural humility, and cultural safety.
JULY 14, 2021	<ul style="list-style-type: none"> ● Findings from the ACOT registrant survey were shared with the Advisors. ● Advisors provided feedback and reflections on the draft recommendations for ACOT council. ● Invitation to participate in the presentation to ACOT council. 	<ul style="list-style-type: none"> ● Advisors reflected on how the findings coincided with their professional and personal experiences of racism as OTs. ● Advisors indicated their overall approval of the recommendations draft and valuable feedback.

Committee Member Consultations

DATE	ACTIVITIES	MAIN FINDINGS
NOVEMBER 5, 2020	<ul style="list-style-type: none"> ● Introduction to the AARI Project, role of the consultants, advisors, and committee. ● Established guidelines for a brave, trauma-informed space. ● Advisors participated in a “Mapping” exercise, responding to 3 questions: <i>What is working well within ACOT in relation to racism and oppression? What are some worries (gaps in addressing this area)? What are some next steps?</i> 	<ul style="list-style-type: none"> ● Committee members commended ACOT for their proactive leadership in this work. ● Concerns shared about the lack of support provided to OTs experiencing racism and unclear guidelines for professional practice to address it. ● Suggested areas for improvement: ACOT to potentially partner with higher education and training, develop standards of practice to center the safety of OTs.
FEBRUARY 1, 2021	<ul style="list-style-type: none"> ● Committee watched video, “11 ways race isn’t real” and engaged in a reflective discussion on the social construction of race. ● Committee asked to consider the language and terminology used for the AARI project. ● Consultants shared findings from review and analysis of ACOT policy documents. ● Discussed planning for ACOT registrant survey. 	<ul style="list-style-type: none"> ● Committee shared that video was “eye-opening” and impactful in its exploration of social/political construction of race. ● Concepts discussed in relation to the AARI project: Anti-racism, anti-oppression racialized vs BIPOC, prejudice, intolerance and discrimination, cultural humility, and cultural safety.
JUNE 24, 2021	<ul style="list-style-type: none"> ● Findings from the ACOT registrant survey shared with the Committee ● Feedback on the draft recommendations for ACOT council was collected via “jam board” activity asking for: <ul style="list-style-type: none"> ○ Suggested changes ○ Additions ○ Removals 	<ul style="list-style-type: none"> ● Committee indicated their approval of the recommendations draft, lots of feedback concerning improving OT education and training around cultural safety and anti-racism. ● Draft report was amended based on the Committee's suggestions and updated in preparation for the final Advisory Panel meeting.
AUGUST 4, 2021	<ul style="list-style-type: none"> ● Committee reviewed the timelines for the implementation of AARI project recommendations. ● Invitation to participate in final presentation to ACOT council. 	<ul style="list-style-type: none"> ● Committee shared insights about council recruitment process and how this gets defined. ● Consensus around the importance of the AARI project and the Committee to help continue to push the work forward. ● Committee invited to provide final edits for recommendations.

Education and Training for ACOT Staff and Council

To prepare the ACOT council and staff to receive the recommendations for change, it was determined that more discussion, education, and training around key concepts related to anti-racism, equity, and inclusion, as it relates to OT practice, was needed. Through recognizing this, two educational sessions with ACOT council were planned and developed in partnership between the consultants, Advisory and Committee members.

Council Education Session: April 27, 2021

Advisors and Committee members collaborated with consultants to: identify relevant topic areas and concepts for Council to explore and facilitate a presentation to Council in the form of mini workshops and discussions. Below are the topics that were presented to ACOT council:

1. Case study and reflective discussion to recognize the social construction of race and its impact in OT practice.
2. Case studies to deconstruct examples of racism and its impact on anti-racism focus and responsibilities.
3. Brief presentation and discussion how ACOT practices can lead to cultural safety by practicing anti-racism.

Staff Education Session: May 18, 2021

This training focused on building and enhancing ACOT staff's knowledge base and understanding of concepts including: the social construction of race, race and socialization, the function of racism in society, and what it means to be an ally to equity seeking groups. Using educational videos, reflective discussions, and OT practice scenarios, staff were invited to explore further learning and share their insights on the topic areas.

ENVIRONMENTAL SCAN SUMMARY

The goal of facilitating an environmental scan was to gain an understanding of the efforts (present and future), barriers, challenges, and learnings of colleges and associations taking on anti-racism work. The information gleaned from the environmental scan will be used to support and guide the Alberta College of Occupational Therapists in creating an organizational culture that is free from racism and discrimination. It will also be shared with the participating interviewees to support a network of knowledge sharing across dedicated regulatory colleges.

The colleges/associations were contacted via email and telephone interviews were arranged for a mutually agreed upon time. Alternatively, a survey was provided to individuals who were unable to participate in an interview, though none opted into the survey. A total of 6 regulatory colleges and 1 association were interviewed between December 2020 and February 2021:

1. Audiologists and Speech Language Pathologists of Alberta
2. Registered Psychotherapists of Ontario
3. College of Audiologists & Speech Language Pathologists Ontario
4. College of Dietitians Ontario
5. Health Professions Regulators of Ontario
6. College of Dietitians of British Columbia
7. Physiotherapy Association of British Columbia

All colleges recognize that organizational and culture change does not occur without challenges or barriers. One challenge identified across every college is resourcing the work. Limited monies and balancing time, human resources, and existing workloads is an ongoing challenge. In general, some concerns regarding fear of “*messing up*,” fear of perfectionism slowing action, and fear of backlash, were expressed in various ways across most interviews. Colleges raised questions around how to deal with resistance, how to engage effectively and appropriately with racialized or equity seeking registrants without causing further harm, and how to define the scope of the regulator and its jurisdiction.

Beyond concerns surrounding this work, the environmental scan revealed that colleges are committed in their efforts towards building organizational cultures and regulatory practices that are free of racism and inclusive and safe for Black, Indigenous, racialized, and equity-seeking communities. At the time of the *Environmental Scan*, many colleges were in the early stages of this work. All identified that the work will be long term and will involve institutional and foundational changes. Colleges indicated that a realistic framework and a common language to ground a clear understanding of the work is required, and some identified needing a set of competency and attributes for committee registrants dedicated to the work. Overwhelmingly, the key areas of intervention identified across the participating colleges included: *ongoing communication; staff/council/registrant education; research, analysis, and data collection; expanding professional representation; changing staff and council composition and competencies; updating policies and practices; shifting organizational culture.*

SURVEY SUMMARY

To recognize the introductory point of this work at ACOT, it was important to establish a baseline understanding of where the organization and registrants were regarding both the demographic make-up, as well as their Anti-Racism, Equity, and Inclusion (AEI) knowledge, skills, and experiences. The survey was designed with the understanding that the baseline would help to inform recommendations and trajectory setting, and to be a part of the long-term work by providing a tool (survey) that could be reused or repurposed to gauge and track progress and inform planning of future work.

A mixed-method survey design was used, with both qualitative and quantitative questions incorporated. A total of 47 questions were divided into 4 sections: Demographics, Experience within Education & ACOT, Workplace Experiences of Anti-Black Racism/Anti-Racism (ABR/AR) and Gauging Knowledge and Understanding of AEI.

Qualitative findings were analyzed using a phenomenological design to understand the essence of participant's experiences and understandings of ABR/AR within their work as OTs. This method was selected to allow for consultants to work and report the data in an open way, approaching with curiosity – phenomenology lends itself to permitting participants and consultants to contribute to the interpretive process.

Acknowledging the sensitivity of the content being explored, careful consideration was taken to ensure respondents knew that the information shared would remain confidential and that raw data would only be reviewed by consultants. Intentional emphasis was made to ensure that information would be disseminated thematically and aggregated prior to being shared with the college.

Survey Limitations

When the survey results were shared with both the Advisory and Committee panels, the overwhelming anecdotal responses were agreement that the survey results reflected their experiences and suggested insights that were difficult to see but “not surprising.” While it is helpful to recognize this outcome, and that the survey produced critical insights, it is important to recognize its limitations. There were over 350 survey respondents, all of which were voluntary. Because it was a voluntary survey, different groups of people may have completed it at different rates and the respondents may not be representative of ACOT registrant demographics. Since we don't have detailed estimates of the demographics of the group of people we surveyed, the ability to validate the representativeness of the survey is limited. Moreover, since this survey was completed for the first time, if repeated we propose adjusting some of the questions to better elicit responses of interest from respondents, since initial responses have highlighted strengths and gaps in knowledge and awareness. As such, subsequent rounds of the survey may be more supportive of the insights ACOT is seeking, as respondents will have increased comprehension of engagement with key survey concepts.

Survey Demographics

This section queried the identity dimensions of respondents – Indigenous identity, race, age, disability, 2SLBTQ+, gender, as well as practice setting. This information provided an understanding of who members of the college are and was useful in allowing for the disaggregation of the data to highlight the different experiences of different populations within the larger group. It allowed for an enhanced understanding of the group's particular characteristics, equity monitoring, issues, needs and pattern

detection. This was particularly useful with a group such as this, given the low representation of equity-seeking groups, whose experiences and voices needed to be deliberately amplified so as not to be outweighed by the majority.

Experience within Education & ACOT

Centering the idea that “you can't really know where you are going until you know where you have been,” (Maya Angelou) this section took a retroactive look at how respondents experienced their educational experiences – including integration of AEI concepts within their education and understanding experiences and perceptions of helpfulness of ACOT policies and procedures. The purpose was to pull out promising practices and ready-made educational materials that should be introduced and enhanced in future project planning.

Workplace Experiences of Anti-Black Racism/Anti-Racism

These questions respond specifically to the purpose of the AARI project. This segment examined instances of either experiences of witnessing or experiencing disrespectful behaviour and microaggressions – expounding on who the perpetrators were, the settings, and which identity dimension was affected. This section was particularly important to support identifying realistic recommendations that highlighted high need areas and responded to the status of knowledge and skill across registrants.

Gauging Knowledge and Understanding of AEI

This section explored the confidence and preparedness of respondents to identify and address these issues. It also gauged their overall interest and motivation in ACOT, and themselves with moving the project forward. Respondents were able to identify what they perceived to be main challenges and support required to carry on this work. Findings from this area ensure that a learning trajectory and future planning is informed by registrants existing knowledge base, their strengths to lean on and gaps to address.

GENERAL SURVEY FINDINGS

Survey findings provided a strong understanding needed to establish the baseline, as it was set out for. Findings will be organized in the section breakdown explicated above. It is important to note that this project focused on anti-racism. The project primarily invited experiences of racism and did not facilitate dialogue on other identities in the same way. Findings tell us racism is the main issue, the findings also hint that there are exacerbated issues across other and intersecting identity domains, namely: disability and sexual orientation, gender identity and expression. This would need to be explored further to be able to provide more in-depth insights.

Survey Demographics

Survey responses revealed that most respondents identified as cis-hetero white women working in hospital or other public, team-based settings. Age ranges were quite evenly split across three grouped surveyed ranges – under 34, 35 – 44 and 45+. Data was collected and break’s identity identification by: Indigenous Peoples of North America, persons of a racialized group, disability, 2SLGBTQ+, gender, as well as practice setting and student vs not.

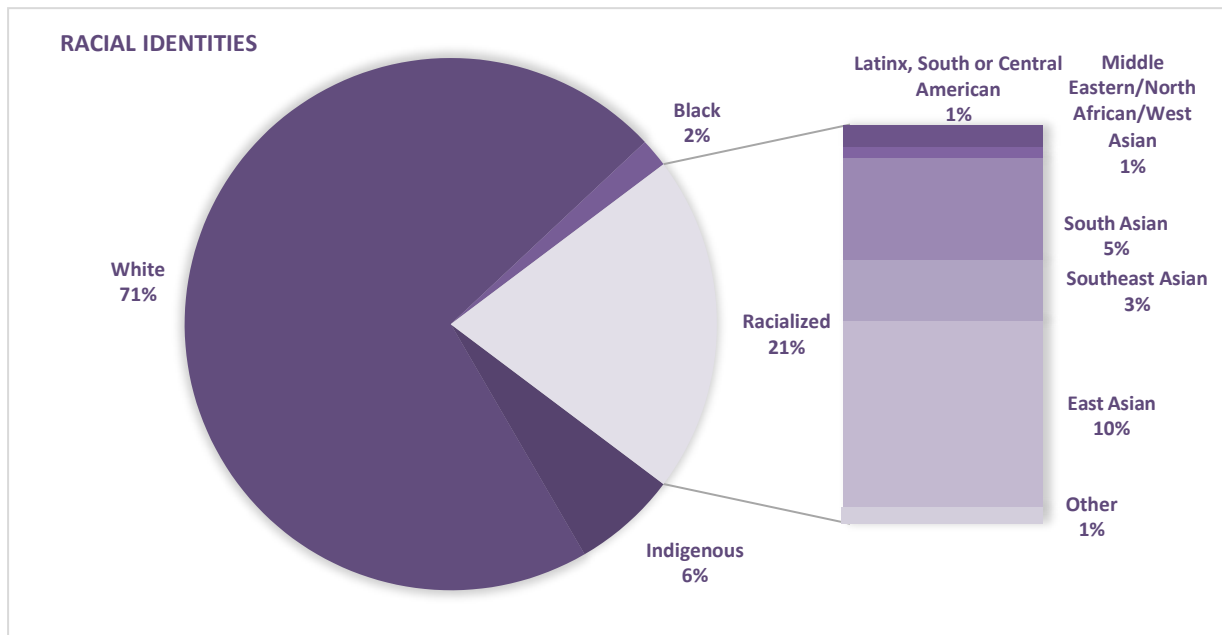


Figure 1: Racial Identities Breakdown

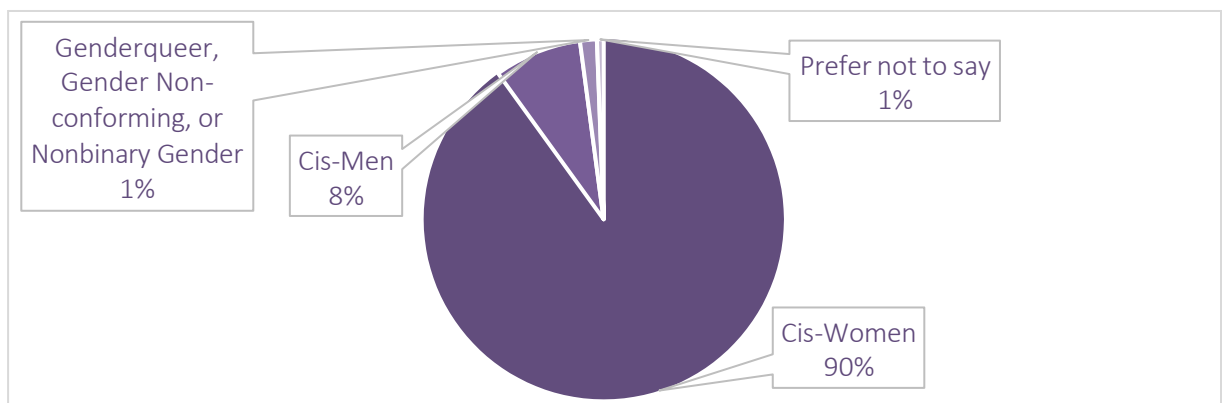


Figure 2: Gender Breakdown

Cis-gendered women make up most respondents as highlighted in the chart. These findings, along with the qualitative reporting speak to the gendered nature of this work. Many reported experiences highlight the challenges faced related to gender in terms of team and peer dynamics as well as value and treatment.

Experience within Education & ACOT

This section highlighted what respondents found to be useful in their education including specific classes and training that focused on topics related to AEI. It also included different skills that are strong proponents of social justice education, such as: centering engagement, relationship building, critical self-reflection, and discussion.

Conversely things that were highlighted as unhelpful were outdated learning, lack of diversity/representation, and a lack of practical application of learning and opportunities in general. Respondents spoke to the impact of this – importantly how these have historically and currently led to racism and discrimination, both for clients and OTs. Many respondents reported feeling that learning was often not practical or specific to populations that they were serving. Some reported seeking outside learning opportunities or on the job learning in conjunction with supplemental learning provided by employers to enhance their skills and confidence.

Less than half of respondents reported seeking guidance and support from ACOT, and even fewer reported reaching out to deal with issues involving racism/discrimination. This could be explained by the reported lack of understanding ACOT policies. A promising finding was reference to a recent increased trust and reliability felt towards ACOT, which aligned with a change in personnel and leadership at the college.

Workplace Experiences of Anti-Black Racism/Anti-Racism

Respondents reported witnessing and experiencing disrespectful behaviour and microaggressions from sources including clients, colleagues, and professional peers.

Gender based discrimination was both high and predicted given the feminized population, although still troubling. Respondents reported challenges of navigating spaces with “boy’s club mentalities” and gender consistently came up across questions of reasons for witnessing and experiencing disrespectful behaviour and microaggressions.

Despite a markedly lower number of respondents identifying as non-white, race-based discrimination and gender-based discrimination were reported at a comparable rate. (Figure 3: 1/5 racialized OTs were disrespected based on their race)



An overwhelming finding was the existence of toxic work environments predominantly within hospital, interdisciplinary team, and group settings. Respondents reported experiencing belittling comments, patronizing, dismissive body language, gossip, minimizing skills, experiences and opinions, passive aggressiveness, and poor communication skills. In line with this, over two-thirds of disrespectful behavior was reported as coming from peers or colleagues. While managers and supervisors were

found to be less likely to be the source of disrespectful behavior, respondents noted this was often due to the lack of connection and day-to-day interaction which allowed for these instances to happen without being noticed and addressed.

Along with identity-based discrimination and oppression, qualitative reporting highlighted the positional challenges faced by OTs in these settings, particularly in multi-service teams where hierarchically they held less power. Oftentimes this discrimination came from other members of those teams – specifically nurses and doctors. Both white and racialized OT's experienced disrespectful behaviour based on their skills and professional judgement. Qualitative findings indicated that disrespectful behaviour related to race overlapped with questioning of capacity, educational background, and professional ability.

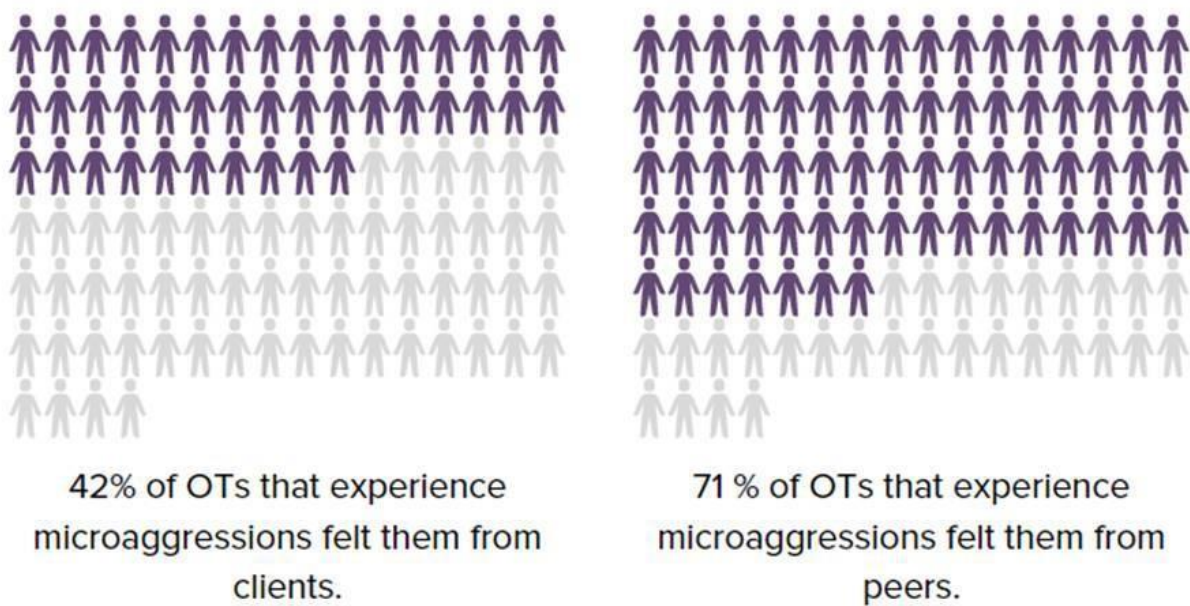


Figure 4: Microaggressions

Microaggressions were more common in school or education practice settings, more likely to be experienced by those aged 44 and under, and racialized OTs were two times as likely as their white counterparts to experience any.

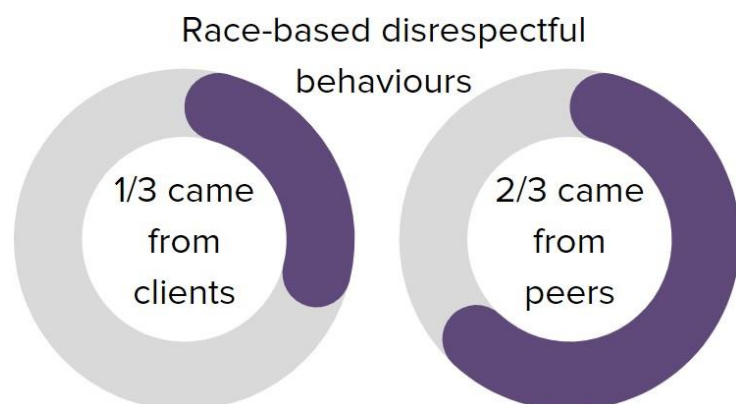


Figure 5: Disrespectful Behaviours

Gauging Knowledge and Understanding of AEI

When specific questions were asked that gauged confidence level in identifying, addressing, responding to discrimination and racism, no one category had most respondents sitting in extremely confident or not at all confident (Figure 6). Most respondents across the questions selected somewhat confident which aligned with general findings of inconsistent awareness and competency that was experienced in education as well as placement and workplace experiences. There were a high number of participants that identified feeling very confident about identifying and knowing what to do when racism and discrimination happen on the job, however, these numbers did not carry into the confidence in addressing and actioning that knowledge. These questions provide a good baseline of where people are at and would be important to reassess after more work is completed to measure and evaluate growth.

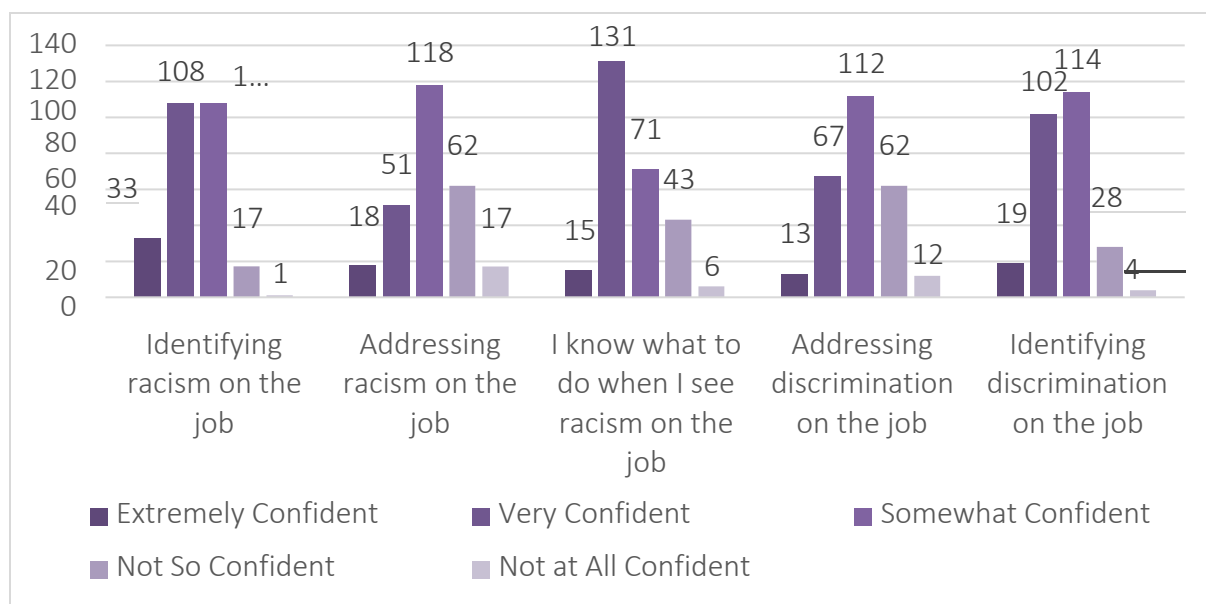
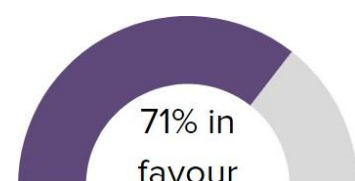


Figure 6

A majority (71%) of respondents reported believing that ACOT should be addressing AEI issues. Among the groups that were more likely to be in favor of this were those practicing in school/education and in private practice, younger OTs (34 and under), as well as racialized OTs.



The main obstacles for ACOT to address issues of racism and discrimination, overwhelmingly selected by white and racialized respondents were limitations of power and influence of the college, problems being connected to people's personal values and behaviours, and how complex and deep-rooted the problems are.

Resistance to this project predominantly came from white, older OTs. These participants often cited believing that this work was not needed as OT principles and values should automatically lead to equity in practice. Many of these respondents also report not receiving much AEI education or training. Other respondents in this age and race group who did believe in the work lamented the harmful impact of practicing without an AEI framework and the personal and self-led learning that happened at an

advanced stage of their “journey.” It stands to reason that a lack of exposure to and education around the reality of racism and its detrimental impacts has contributed to an overall lack of awareness and understanding of gaps.

Throughout the survey, respondents identified and expressed strong support for addressing the racism and health inequities faced by Indigenous Peoples. Respondents also qualitatively shared more examples of having clients that are Indigenous than Black and racialized people. They often struggle to feel confident in providing culturally safe care to Indigenous Peoples, because of a lack of training and education in these areas.

BRINGING IT TOGETHER: DETAILED RECOMMENDATIONS

We determined what activities are attached to what phase based on when the work should be initiated and not completed by. Considerations to determine this are based on: priority of the work and requirements of foundational efforts to enable future efforts. For example, working groups need to be convened in Phase I to enable the work to take place across all 3 phases. Some of the work will require sustained efforts, and it will be important to assess the impacts of the work ongoing to identify the need and feasibility of future work. It is reasonable that based on key learnings from activities completed in Phase I, work in Phase II and III will be adapted to reflect new realities or insights. The phases are multiple years so that ACOT leadership can determine feasible work planning based on staff capacity and resources available.

PHASE I: 1-3 years



Expand the focus of AARI to have a stronger intersectional analysis that better addresses equity and inclusion for people with disabilities and gender diverse individuals.

- 1.1 While this project is specific to race and intolerance, experiences shared through consultation and surveys show a need for the project foundation to apply a stronger intersectional approach to create safe, inclusive, and equitable environments that affirm the dignity and uphold the human rights of Black, Indigenous, racialized, 2SLGBTQ+, persons/people with disabilities and religiously diverse people.
- 1.2 The number of respondents who identified as having a disability were too low to consider significant, and still, the survey suggests a deeper analysis and understanding of experiences of ableism and discrimination against persons/people with a disability should be considered as an additional project.



Convene a community of practice that combines lived experience and expertise of anti-racism, equity, and cultural safety.

- 2.1 Identify stakeholders, champions, and sponsors that will bring a combination of anti-racism, equity and cultural safety expertise and lived experience to maintain accountability and to ensure sustainability of the work. These individuals should be compensated for their efforts. Consider: registered Occupational Therapists, members of the public, council members, University staff/faculty/Masters students'/PhD students, etc.
- 2.2 Led by the Registrar and Committee Chair, convene a community of practice or working group(s), made up of these stakeholders to engage in project planning and delivery.



Use channels of influence to build awareness of ACOT's efforts and promote education, learnings, and impact, within and outside of the college.

- 3.1 These channels might include national working groups, interdisciplinary conferences, social media, etc.
- 3.2 Communicate to registrants in an on-going manner by committing a portion of the website to promote current project status, priority actions, and updates. Make sure to include a direct line of communication to the College that identifies the college lead in this work (i.e., the registrar). The website should include free educational materials: a glossary of key terminology (i.e., anti-racism, equity, cultural safety, discrimination, etc.) and external links to videos/podcasts/readings/etc. Quality resources should be developed by people with lived experiences or from specific communities, are accessible, and are no more than 10 years old. Include a note that explains that these are not exhaustive materials and further personal research, and learning should be completed.



Update the Code of Ethics and Standards of Practice to reflect equity, anti-racism, and cultural safety.

- 4.1 Apply gender neutral language by changing his/her language to their/they/them.
- 4.2 Add a new Standard of Practice: Demonstrate commitment to equity and cultural safety. (See Appendix 2)
- 4.3 Align updates to the Standards of Practice by working with Indigenous Occupational Therapists to determine integration and acceptance of cultural models of practice in ACOT's Standards of Practice.
- 4.4 Change Code of Ethic 1.2 to: Providing services and maintaining relationships that do not stereotype or discriminate against their clients or colleagues based on race, ethnicity, religion/spirituality, gender identity or expression, sexual orientation, disability, age, marital status, or socioeconomic status.
- 4.5 Add a new Code of Ethic: Developing and maintaining relationships with clients and colleagues that recognize and respect heritage, identities, values, beliefs, customs, and preferences that may be different than their own.
- 4.6 Update Code of Ethic examples to support registrants' interpretations of the updated ethics and across all Code of Ethic scenarios, include diverse identifying information about the Occupational Therapist and clients or colleagues so that reflection and consideration of social and cultural identities are considered across various practice situations.



Improve staff and council representation and competencies.

ACOT Council:

- 6.1 The ACOT Bylaws (3.4 c. iv.) states specific attributes and skills needed to maintain a *balanced* Council → 'Balanced' is undefined and should be strengthened to specify representation and competency standards. (See Appendix 3)
- 6.2 Update the council application for future council recruitment, according to predetermined representation and competency standards and goals.
- 6.3 To effectively welcome and integrate these new members, create, and facilitate a mentorship plan and process.
 - Create a targeted engagement and outreach strategy that engages directly with registrants and potential candidates and identifies potential future candidates from their time of graduation or through other networks, to have

a sustainable succession plan. For example, a network of engaged OTs has been created through the AARI project and could be desirable future council candidates. (See Appendix 4)

- To maintain equitable access to Council positions, consider a majority virtual Council to save on travel and cost restrictions and barriers.

6.4 Council's Code of Conduct should include the same principles as ACOT's updated and new Codes of Ethics, to ensure Council's commitment to model these skills in both its conduct and decision-making.

ACOT Staff:

6.5 Update staff job descriptions and all job postings to reflect knowledge, skills and attributes related to anti-racism, equity, and cultural safety. (See Appendix 5)

6.6 Update specific job description expectations for staff that have power and responsibilities to carry forward this work. (See Appendix 6)

ACOT Staff and Council:

6.7 When interviewing staff and council members, include at least 1 question related to anti-racism, equity and inclusion, fitting for the requirements within their role. (See Appendix 7)



Provide learning and development for staff, council, and registrants.

7.1 Create and mandate a course specific for Occupational Therapists on cultural safety that all registrants must complete. Key concepts that make up a cultural safety framework include anti-racism, equity, cultural humility, and intersectionality.

- New registrants take this at time of registration.
- Course completion certificates are shared with ACOT as proof of completion.

7.2 Provide regular and ongoing professional learning opportunities on specific topics.

- To deliver quality learning and development, intentionally partner with community organizations and representatives that can build in learning opportunities that highlight and provide exposure to diverse communities and the challenges they face.
- Topics that should be included, in order of priority are *Equity 101: implicit bias, microaggressions, intersectionality; Power, privilege, and oppression; Understanding and managing power and privilege in the workplace; Equity vs Equality in health care; Practicing cultural humility and cultural safety; Trauma-informed care; For ACOT staff: Assessing and designing anti-racist and culturally safe policies and practice.*



Develop responses to #18 and #19 Calls To Action/Health Recommendations within the Truth and Reconciliation Report.

8.1 Engage with First Nations, Inuit, and Métis communities and peoples to establish partnerships, goals, and learning objectives.

8.2 Establish a network of Indigenous stakeholder organizations and/or individuals to guide and oversee ACOT's work:

- Leverage current community connections to increase involvement.
- Support regional working groups on Reconciliation with Indigenous Peoples.

8.3 Work with the University of Alberta to increase access for new and existing Occupational Therapists to audit ready-made courses specific to Indigenous worldviews, Indigenous models of practice, Truth and Reconciliation, etc.



Monitor and evaluate outputs and outcomes.

- 9.1 Develop progress targets and milestone checkpoints.
- 9.2 Regularly complete a portion of the anti-racism, anti-discrimination, inclusion, and equity survey at time of registration to determine progress as experienced by registrants and identify evolving needs. Make sure to disaggregate responses from underrepresented groups for an equitable analysis. (See Appendix 8)
 - Complete this survey every year or two years.
 - After this work begins you might identify peaks from this baseline in terms of experiences of/witnessing racism and discrimination. This can sometimes indicate that issues are increasingly being surfaced rather than suppressed, representing progress along the continuum of change.
 - Leverage existing data and research from universities and practitioners regarding promising practices.
- 9.3 Evaluate targeted initiatives (i.e., trainings) to increase awareness and understanding and address outcome disparities. Collect data that reviews diverse representation numbers and experiences. Even when a training hosted by ACOT does not specifically focus on equity, anti-racism, and cultural safety, include personal learning and reflection that encourages application of equity, anti-racism and/or cultural safety to the topic, to continue encouraging its application across all areas of practice.
- 9.4 Track training participation of staff, registrants, and council to include in output reporting. If possible, at annual registration collect data on what training registrants participated in over the past year and report on it through communications strategy.

PHASE II: 4-6 years



Update the annual registration process.

- 10.1 Mandate that 1 of 3 annual learning goals prescribe learning about equity, anti-racism, and cultural safety in practice and provide a critical reflection tool to guide their daily practice. (See Appendix 9)



Use channels of influence to build awareness of ACOT's efforts and promote education, learnings, and impact, within and outside of the college.

- 11.1 Provide a clear and simple descriptor of the differentiation of responsibilities between ACOT and employers when responding to issues/experiences of racism and discrimination.



Develop strategic partnerships to improve the pathway of learning and development of all incoming and current Occupational Therapists, and other health professions.

- 12.1 These partnerships should include but are not limited to: The University of Alberta, Alberta Federation of Regulated Health Professions, and Colleges of interdisciplinary professions that work in relation to OTs (i.e., nurses, doctors). The goals of these partnerships should be to:

- Build alliances and shared understanding of needs and activities related to racism, discrimination, equity, and cultural safety.
- Work on development of educational resources for all health professionals.
- Improve efforts to meet the Standards of Practice and Code of Ethics updates.
- Determine ways to collaborate in collectively improving professional practices and relationships.
- Save on limited resources. Partnerships within and across professions are a great way to share resources and expertise so that each individual organization isn't repeating work completed in another.

12.2 University partnerships should focus on several unique aspects to engage collaboratively throughout an OT's training and professional lifespan. (See Appendix 10)



Provide regular learning and development for staff, council, and registrants.

13.1 Create and share brief videos and educational tools (i.e., micro-lessons) about how to respond to issues of racism and discrimination (a) from a client and (b) from a peer/colleague.

PHASE III: 7-9 years



Improve staff and council representation and competencies.

14.1 For ACOT staff and council, create an anti-racism and equity tool that is used to guide processes and decision-making when designing new policies, practices, systems or making decisions. The tool should include several questions to consider and processes to validate decisions and outcomes as anti-racist and equitable.



Create a unique complaints process for experiences of racism & discrimination, that embodies principles of access, accountability, and trauma-informed practice.

15.1 This process needs to be unique so that it responds to some of the biggest barriers of reporting such incidents, including retaliation, inaccessibility, low accountability, and inflexibility. See Appendix 11 for several key considerations to this process.



Provide materials to employers to promote the positive impacts of the work.

16.1 One of the concerns and challenges raised in this work are the power dynamics between employers and the college. While the college does not dictate employer policies or practices, ACOT could share its work (i.e., equity reflection tools, updates to hiring practices, insights from committee/advisory, etc.) and learnings across employers to influence their awareness and practices.

APPENDICES

Appendix 1: Equity Assessment Tool Examples

Here are three documents and examples that can be used to research organizational equity assessment approaches and tools:

- a. [University of Victoria: Health Equity Tool](#)
- b. [Government of Ontario: Health Equity Impact Assessment](#)
- c. [Race Forward: An Introduction to Race Equity Assessment Tools](#)

Appendix 2: Standard of Practice

STANDARD: DEMONSTRATE COMMITMENT TO EQUITY AND CULTURAL SAFETY

The occupational therapist shall:

- a. Acknowledge and respect the impact that their own heritage, identities, values, beliefs, customs, and preferences can have on their practice and on clients whose background and values may be different than their own.
- b. Educate themselves on the historical injustices and current challenges faced by First Nations, Inuit, and Métis peoples in Canada, and acknowledge their role in providing safe, equitable and culturally safe care.
- c. Educate themselves on the systemic issues that impact individuals' access and experiences in health care and that create health inequities (i.e., racism, transphobia, xenophobia, ableism), and acknowledge their role in providing safe, equitable and culturally safe care.
- d. Ensure they have adequate training, experience, and supervision to provide culturally safe and compassionate care, that engages clients in defining safety, with respect for a clients' race, ethnicity, religion/spirituality, gender identity or expression, sexual orientation, disability, age, marital status, or socioeconomic status.
- e. Develop and maintain relationships that demonstrate mutual trust and respect for clients and colleagues' heritage, identities, values, beliefs, customs, and preferences that may be different than their own.
- f. Acknowledge and remedy situations that are inappropriate, discriminatory, racist, or culturally unsafe through personal action or accessing support from ACOT.
- g. Report to ACOT's Complaint Process if they observe an Occupational Therapist that does not demonstrate respect for clients or colleagues' heritage, identities, values, beliefs, customs, and preferences. *(This channel can eventually be the racism & discrimination complaints process).*

Appendix 3: Council competencies and representation

- a. Competency: Update the council's competency matrix to include the following strengths and attributes: anti-racism, human rights, equity and inclusion, cultural safety in practice.
- b. Representation: Update council representation goals to better reflect the make-up of the Alberta population. The demographics of racialized populations include Indigenous = 7+%, Black = 3+%, Racialized 20+% (population demographics are dated from the 2016 Census).

- c. According to provincial updates to board membership, inform the province of the final representation and competency framework and goals to guide assessment of publicly appointed members.

Appendix 4: Council recruitment

CURRENT	DESIRED
<ul style="list-style-type: none"> ● Ability to think strategically ● Understanding of the difference between oversight and supervision ● Familiarity with related legislation, regulations, Code of Ethics and Standards of Practice ● Varied perspectives amongst Council members based on one or more of: practice setting, practice role, years of experience, geographic region – we invite applications from across the province ● Strengths in one or more of: financial planning, strategic planning, communications, human resources, political acuity, legal, risk management, technology ● Board governance experience is desirable 	<ul style="list-style-type: none"> ● Ability to think strategically ● Understanding of the difference between oversight and supervision ● Familiarity of related legislation, regulations, Code of Ethics and Standards of Practice ● Varied perspectives and experiences amongst Council members based on one or more of: people who identify as First Nations, Inuit, or Métis, Black or racialized, registrants who work with x clients, who have between 2-5 years' professional experience, who work in rural settings, etc. <i>*The suggested list is to example specific and realistic targets and clearly naming those targets as selection criteria.</i> ● Strengths in one or more of: financial planning, strategic planning, anti-racism, human rights, equity and inclusion, cultural safety in practice, communications, human resources, political acuity, legal, risk management, technology

Appendix 5: Staff skills and job postings

- a. For all staff job descriptions, under Knowledge, Skills & Attributes include *Understanding of and commitment to anti-racism, equity, inclusion, and cultural safety.*
- b. Statements of inclusion on all job postings: *We welcome people who may not precisely match the job requirements to apply. ACOT is committed to creating an inclusive and barrier free environment where everyone, from any background, can do their best work. We welcome those who further diversity the skills and experience of our staff, including but not limited to, people who identify as Black, First Nations, Métis, and Inuit, racialized, persons with disabilities, and persons of any age, sexual orientation, gender identity or expression. ACOT will work with the appropriate parties to ensure that accessibility is a reality for all. Should you require accessibility-related assistance or accommodation, please contact xx.*
- c. Include hiring salary ranges in all job postings.

Appendix 6: Staff job descriptions

- a. Complaints Director: Ability to use an anti-racism and equity framework when assessing and analyzing complaints and making decisions.
- b. Director, Policy and Practice: Develop and maintain understanding of anti-racism and equity knowledge and practice for Occupational Therapists.
- c. Registrar: Ability to use an anti-racism, equity, and inclusion framework in leadership, strategic planning, and decision-making.

Appendix 7: Example interview questions (this list is not exhaustive)

- a. Please describe the differences between diversity, inclusion, and anti-racism, and provide an example of how your background and experience has prepared you to be effective in an environment that is striving to be diverse, inclusive, and anti-racist?
- b. Can you give us an example of how you integrated diversity, inclusion and/or anti-racism into the design of a policy or practice program? What was the situation and how did that focus affect the process and the outcome?
- c. *Listen for:*
 - *Diversity is about representation.*
 - *Inclusion is about safety and belonging.*
 - *Anti-racism is about challenging and changing behaviours and structures that uphold racism.*
 - *Traits of self-awareness, humility, empathy, and curiosity.*
 - *Focus to understand, not assume.*
 - *Recognition that races, culture, language, disability, etc. can impact how a person experiences access, respect, acceptance, opportunities.*
 - *Ability to name some of their own privileges and how that impacts their perspectives and understanding (i.e., because I grew up white and middle class, I always trusted that health care providers had the best intentions for my well-being and were never concerned about being treated poorly or having to get a second opinion because of my race/culture).*
 - *Experience identifying and rectifying when something was wrong, harmful, or inappropriate.*
 - *Experience recognizing when people were being excluded and worked to change the environment, so they were included.*

Appendix 8: Registrant Survey Questions

Demographics

What is your main practice setting?	<ul style="list-style-type: none">● Solo practice● Residential care facility● Rehabilitation hospital/facility● Visiting agency/business● Mental health hospital/facility● Post-secondary education/institute● Assisted living residence/private● Association/government/para-government● Education
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	<ul style="list-style-type: none"> • Industry/Manufacturing and Commercial • General hospital • School or school board • Community health centre • Group professional practice/clinic • Home care • Other (public) • Other (private)
Are you an OT student?	<ul style="list-style-type: none"> • Yes • No
<p>Indigenous Peoples of North America. For the purpose of this census, Indigenous Peoples of North America refers to individuals who consider themselves to be First Nations, Inuit, or Métis of North America.</p>	
Do you identify as an Indigenous Person?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say
If you answered “yes” to question one, please select all that apply:	<ul style="list-style-type: none"> • First Nation • Métis • Inuit • Prefer not to say • Prefer to specify another (option to write in)
<p>Persons of a Racialized Group. The process of social construction of race is called racialization: “the process by which societies construct races as real, different and unequal in ways that matter to economic, political and social life.”</p> <p>It is important to note, for the purpose of this survey “race” does not refer to an individual’s citizenship, language, or religion. Additionally, those who identify as biracial or mixed race are encouraged to select all of the designated groups they may identify with.</p>	
Please select all that may be applicable to you	<ul style="list-style-type: none"> • Indigenous North American descent (e.g., First Nations, Inuit, or Métis of North America.) • Black (e.g., African descent; Continental African; African-Canadian; African-American; Afro Caribbean; Afro-Latinx; etc.) • Middle Eastern/North African/West Asian descent (e.g., Arab; Persian; Afghan; Armenian; Egyptian; Iraqi; Iranian; Jordanian; Lebanese; Palestinian; Syrian; Turkish; Kurdish; etc.) • East Asian descent (e.g., Chinese; Japanese; Mongolian; North Korean; South Korean; Taiwanese; etc.) • Southeast Asian descent (e.g., Burmese; Cambodian; East Timorian; Filipino; Indonesian; Laotian; Malaysian; Singaporean; Thai; Vietnamese; etc.) • South Asian descent (e.g., Bangladeshi; Bhutanese; Indian; Maldivian; Nepali; Pakistani; Sri Lankan; Indo Caribbean; etc.)

	<ul style="list-style-type: none"> • White (e.g., European descent; British; French; Hungarian; Irish; German; Greek; Italian; Polish; Portuguese; Spanish; Ukrainian; African White; Caribbean White; etc.) • Latinx, South, or Central American descent (e.g., Latinx American; Indigenous Person from Central and South America; etc.) • Prefer not to say • Person of another racialized group (Please specify)
What is your age range?	<ul style="list-style-type: none"> • 21 and Under • 22 to 34 • 35 to 44 • 45 to 54 • 55 to 64 • 65 and Over • Prefer not to say
Do you identify as a person with a disability?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say
Do identify as 2SLGBTQ+?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say
How do you describe yourself?	<ul style="list-style-type: none"> • Female • Male • 2 Spirit • Trans Female / Trans Woman • Trans Male / Trans Man • Genderqueer, Gender non-conforming, Nonbinary Gender • Prefer not to say • Different identity (please specify)

Experience within Education & ACOT

How would you rate your OT education to understanding racism and discrimination in relation to OT practice?	Likert: Extremely useful to not useful at all
In your OT education what was most helpful?	
In your OT education what was least helpful?	
How would you rate your level of understanding of the following? <ul style="list-style-type: none"> • Complaints Process • Code of Ethics • Standards of Practice • Jurisdiction of ACOT vs your employer 	Likert: Extremely well to not at all
Have you requested general support or guidance from ACOT?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say
Have you requested general support or guidance from ACOT to deal with issues involving racism and/or discrimination?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say

If yes, was ACOT’s support or guidance helpful?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say • Please describe
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Workplace Experience of anti-Black Racism and anti-racism

<p>Disrespectful behaviour may include rude or discourteous behaviour (e.g., swearing, dismissive body language), gossip (e.g., "talking behind your back"), minimizing your skills, experience, and opinions (e.g., belittling, demeaning, patronizing, condescending), or other behaviour.</p>	
<p>In the past 12 months, have <u>you</u> experienced disrespectful behaviour at work?</p>	<ul style="list-style-type: none"> • Yes • No • Prefer not to say <p>**Option to elaborate</p> <p>If yes (check all that apply)</p> <ul style="list-style-type: none"> • From clients? • From peers or colleagues?
<p>If yes, what aspect of your identity was the disrespectful behaviour addressing?</p>	<ul style="list-style-type: none"> • Race • Gender • 2SLGBTQ+ • Religion • Ability (mental, physical, developmental) • Professional competency • Other: please specify
<p>In the past 12 months, have you witnessed disrespectful behaviour towards others at work?</p>	<ul style="list-style-type: none"> • Yes • No • Prefer not to say <p>**Option to elaborate</p> <p>If yes (check all that apply)</p> <ul style="list-style-type: none"> • By clients? • By peers or colleagues?
<p>If yes, what aspect of their identity was the disrespectful behaviour addressing?</p>	<ul style="list-style-type: none"> • Race • Gender • 2SLGBTQ+ • Religion • Ability (mental, physical, developmental) • Professional competency • Other: please specify
<p>Microaggressions are subtle but offensive comments or actions directed at a member of a marginalized group, that is often unintentionally offensive or unconsciously reinforce a stereotype.</p>	

In the past 12 months, have you experienced any verbal slights, indignities, put downs, insults, or unnecessary criticisms on the job (i.e., microaggressions)? (Regarding race, gender, sexual orientation, etc.)	<ul style="list-style-type: none"> • Yes • No • Prefer not to say **Option to elaborate If yes (check all that apply) <ul style="list-style-type: none"> • From clients? • From peers or colleagues?
If yes, what aspect of your identity was the microaggression addressing?	<ul style="list-style-type: none"> • Race • Gender • 2SLGBTQ+ • Religion • Ability (mental, physical, developmental) • Professional competency • Other: please specify
In the past 12 months, have you witnessed any verbal slights, indignities, put downs, insults, or unnecessary criticisms on the job (i.e., microaggressions)? (Regarding race, gender, sexual orientation, etc.)	Yes No Prefer not to say **Option to elaborate If yes (check all that apply) By clients? By peers or colleagues?
If yes, what aspect of their identity was the microaggression addressing?	<ul style="list-style-type: none"> • Race • Gender • 2SLGBTQ+ • Religion • Ability (mental, physical, developmental) • Professional competency • Other: please specify

Gauging knowledge and understanding of DEI

Are the issues of racism, anti-Black racism, and discrimination something that ACOT should be addressing?	<ul style="list-style-type: none"> • Yes • No • Prefer not to say • Please describe:
I feel confident in identifying racism on the job	Likert: Extremely confident – not at all confident
I feel confident in addressing racism on the job	Likert: Extremely confident – not at all confident
I know what to do when I see racism happening on the job	Likert: Extremely confident – not at all confident
I feel confident in identifying discrimination on the job	Likert: Extremely confident – not at all confident

I feel confident in addressing discrimination on the job	Likert: Extremely confident – not at all confident
I know what to do when I see discrimination happening on the job	Likert: Extremely confident – not at all confident
Rate your level of confidence to advocate for yourself, when experiencing racism and/or discrimination.	Likert: Extremely confident – not at all confident
Rate your level of confidence to advocate for a fellow OT (including OT students), when observing them experiencing racism and/or discrimination.	Likert: Extremely confident – not at all confident
Rate your level of confidence to advocate for a client, when observing them experiencing racism and/or discrimination.	Likert: Extremely confident – not at all confident
I regularly reflect on my personal biases to inform my practice	Likert: Extremely confident – not at all confident
I regularly reflect on systemic issues, such as racism and discrimination within health care, to inform my practice	Likert: Always - Never
I know how to build relationships of mutual trust with racialized clients and colleagues	Likert: Strongly agree – strongly disagree
I know how to build relationships of mutual trust with gender nonbinary and Trans clients and colleagues	Likert: Strongly agree – strongly disagree
Additional comments	Open ended

What do you see as the biggest 3 obstacles to ACOT achieving change with regards to racism and discrimination? [Select 3]

- How complex and deep-rooted the problems are
- That these problems are connected to people's personal values and behaviours
- The limitations of power and influence of the college (i.e., versus employers)
- Not knowing who oversees leading these efforts (at ACOT, within employment, etc.)
- OTs, clients, staff and/or council members varied level of knowledge and understanding
- OTs, clients, staff and/or council members varied levels of interest and commitment
- Differences in OT practice settings
- Lack of diversity within the profession, college, and population
- Other (please fill in): _____

Please choose the top 5 areas of change that you believe will have the greatest impact on ACOT's ability to implement anti-racism, anti-discrimination and culturally safe practices, structures and systems and ensures ACOT registrants, staff and council are skilled to implement these practices.

- Update Standards of Practice
- Update Code of Ethics and examples
- Update Continuing Competency objectives, structure, and content

- Update the Complaints process
- Create complaints process specific to racism & discrimination
- Provide topic specific training and coaching to ACOT registrants, ACOT staff & ACOT Council
- Provide practice resources about anti-racism, anti-discrimination, and cultural safety (i.e., reflective guides)
- Diversify representation and/or anti-racism and inclusion competencies of ACOT council and/or staff
- Help to increase diversity within Occupational Therapy in Alberta
- Collaborate with other professional colleges to enhance anti-racism and inclusion efforts
- Work with Universities to improve curriculum and training OT students
- Other (fill in): _____

Do you believe you have potential to effect positive change in your work-life?	<ul style="list-style-type: none"> • Yes • No • Maybe • I don't know
What tools, resources, or supports would help to improve your competency around racism and discrimination?	Open ended

Appendix 9: Annual learning goals

- When framing the updated annual learning goals, use it as an opportunity to express collective commitment to ongoing learning and development around health equity and cultural safety with the aim to foster a positive and encouraging learning environment. Create an accountability oversight process to review registrant commitment to annual learning goals:
 - Consider annual randomized auditing of 5-10% of registrants' achievement of their learning goals. This auditing could be completed by a peer panel of individuals with lived experience and/or an understanding of anti-racism and equity.
 - Determine appropriate response, starting first with education, and potential penalties should the audited goals not be addressed or achieved.
- Provide a critical reflection tool for Occupational Therapists to use as a guide in their daily practice.

Appendix 10: University partnerships

Partnerships with Universities should focus on several unique aspects to engage in anti-racism efforts collaboratively and throughout the whole learning journey (student recruitment – certification – ongoing practice):

- Data collection of student demographics and registrant demographics to aid in diversifying and improving recruitment efforts for the profession (data to be presented through a disaggregated and intersectional analysis).
- Increasing the representation of Black, Indigenous, and racialized students into the Occupational Therapy profession.
- Increasing the representation of gender-diverse students into the profession.

- d. Increasing the representation of students with disabilities into the profession.
- e. Collaborating on research projects that relate to improving the professions understanding of and practices related to racism, equity, and cultural safety.
- f. Support the University to provide Black, Indigenous, and racialized students greater mentorship and support from Black, Indigenous, and racialized Occupational Therapy registrants. This might include (a) Black, Indigenous and racialized students' ability to select proctors, or (b) creating unique communities of practice for racialized students to connect with racialized Occupational Therapists over the course of their training.
- g. Engage in or advise on efforts to improve curriculum to meet the updated Standards of Practice and Code of Ethics expectations.
- h. Several registered Occupational Therapists cited specific University accredited courses that address topics of race, identity, and cultural safety. Consider working with the Alberta Federation of Health Professions to determine a pathway of access for currently registered Occupational Therapists to audit University of Alberta courses to support the learning and development of current registrants.

Appendix 11: Racism and discrimination complaints process

- a. Ensure that the Complaints Director and Hearing Director are competent in applying anti-racist, trauma-informed and equity frameworks in their approaches to managing the complaints process (assessment, engagement with involved peoples, etc.).
- b. Whenever recruiting new membership, increase the diversity and representation of the Complaints Review Committee to include people with lived experience of racism and/or discrimination.
- c. When assessing Complaint Review Committee and Hearing Tribunal members, like staff interview questions, assess for comprehension and commitment to equity, anti-racism, and trauma-informed practice.
- d. Provide an equity reflection and assessment tool that is used to guide the complaint assessment and review process.
- e. Provide mandatory training to the Complaint Review Committee and Hearing Tribunal members, on applying trauma-informed responses throughout a complaints process and application of anti-racist and equity analysis when reviewing complaints (specific to the equity assessment tool, cited above).
- f. Identify and share information of community-based agencies that can provide direct, trauma-informed mental health and/or legal support to people involved in a complaints process.
- g. Create and promote a clear and simple process flow chart of the process ([see TDSB flow chart example](#)).
- h. To ensure that this process is fair and accessible to the public, it is recommended that ACOT engage public participants particularly Black, Indigenous, and racialized communities, to give guidance and feedback to the structure and access needs of this process. Public engagement can happen through: patient relations department or other contacts at AHS, community-based agencies (i.e., Friendship Centres, Family Centres, etc.), OTs that self-identify and can help promote this work across networks, and social media. When designing an accessible and accountable process, consider the following:

- **Languages other than English:** Can key documents be translated into highly spoken languages? Can a promotional ASL video be produced? Can ACOT provide culturally safe translators?
 - **Internet access:** Is there a clear phone number to call in lieu of email/mailed submission?
 - **Written literacy:** Can people submit complaints by video/audio file? Can ACOT provide transcription services?
 - **Anonymous reporting mechanisms**
- i. Consider the divisions of responsibility between ACOT and employers and include clear and understandable pathways so that people submitting complaints don't give up because of a confusing process, or experience confusion over responsibilities between employer and college.
 - j. Consider sharing this process with employers, organizations, and agencies so that they understand ACOT's procedures and can promote them in workplaces.
 - k. Complaints submitted through this channel should be reported in annual reports separately from other complaints to ensure accountability and transparency to the public and registrants. Outcomes should share the domains of identity that were discriminated against (i.e., race, disability, sexual orientation, etc.).
 - l. Establish a whistleblower policy and procedure that promotes a culture of transparency and accountability and gives Occupational Therapists a concrete way to share their concerns.

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