

A Framework *for* Addressing Racism in Specialized Geriatric Services

August 2021



ACKNOWLEDGEMENTS

The following Framework was developed by members of the Equity, Diversity and Inclusion (EDI) Task Group. This group included clinicians and administrators from specialized geriatric services in the Central East Region of Ontario.

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- Sabeen Ehsan, Seniors Care Network
- Brandi Flowers, Geriatric Assessment and Intervention Network (GAIN)
- Stacey A. Hawkins, Seniors Care Network
- Kelly Kay, Provincial Geriatric Leadership Ontario (PGLO)
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- Angie Saini, Carefirst Seniors & Community Services Association
- Rhonda Schwartz, Seniors Care Network
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HOW TO CITE:

Seniors Care Network (2021, August). A framework for addressing racism in specialized geriatric services.

Seniors Care Network: Port Hope, ON.

BACKGROUND & SCOPE

In response to the reports of racism experienced by our specialized geriatric services (SGS) colleagues, Seniors Care Network convened an Equity, Diversity and Inclusion Task Group in June 2020. Over the next few months, the Task Group met on a periodic basis to attain a better understanding of this concerning issue. *A Framework for Addressing Racism in Specialized Geriatric Services* and an accompanying Resource Guide were developed to facilitate SGS community's responses to incidents of racism. Seniors Care Network is thankful to our colleagues who contributed to formulating this action-oriented Framework and shared their lived experiences with racial discrimination during group discussions.

Our work does not end here; we recognize that discrimination comes in many forms. This document will be adapted overtime to cover other forms of discrimination. Seniors Care Network is committed to working with our programs and partners to foster an inclusive and non-discriminatory culture across Central East SGS and beyond.

CONTEXT

Staff working in SGS can be as ethnoculturally diverse as the population they serve. However, they may not be protected against racism and bigotry from clients, care partners and/or colleagues. Although SGS staff may work within organizations that already have equity, diversity and/or inclusion-promoting policies in place, these policies may not encompass nuances relevant to the specialized geriatric population. For example, SGS staff can be exposed to individuals who potentially hold racist views which are more likely to be expressed as a result of disinhibition related to certain health conditions.

Racialized staff may be at a higher risk of experiencing comments or actions that are belittling, demeaning or insulting. However, racialized staff are not solely responsible for correcting these behaviours. It is the collective responsibility of all staff members to support their colleagues and respond to racist behaviours in a timely and appropriate manner.



DESCRIPTION

The Framework recommends taking a seven-step approach to appropriately addressing racism in the workplace (See Figure 1). Although designed for SGS, the Framework is also applicable to non-SGS settings.

Figure 1- Action Framework for Addressing Racism

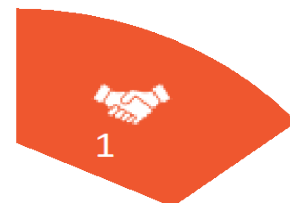


- 1) Commit to addressing it
- 2) Learn about it
- 3) Identify it
- 4) Ask about it
- 5) Name it! Callout, Call in
- 6) Respond to it
 - Check in
 - Trade off
 - Report it
- 7) Reflect on your response to it

The seven recommended steps are further described below.

STEP 1- COMMIT TO ADDRESSING IT

A cross-organizational commitment to addressing racism is fundamental to creating an ethno-culturally inclusive environment. An organization's zero-tolerance towards racial discrimination should be explicitly communicated and reflected through relevant statements, policies, decisions and practices. Administrative and clinical leadership should lead by example and play their role in facilitating a non-discriminatory workplace.



Seniors Care Network's *Equity, Inclusion and Diversity Statement* reaffirms our commitment to fostering an equitable and inclusive culture across our network.

"We believe that creating a respectful and safe environment is the shared responsibility of Seniors Care Network, and our network of specialized geriatric services, including administration, fellow staff, clinicians, clients, and visitors.

We are committed to fostering an inclusive culture that is reflective of the diversity of the communities we serve.

We do not tolerate and will actively respond to all forms of discrimination, including but not limited to the display of prejudice and/or bias towards an individual's ability, age, ethnicity, gender, nationality, race, religion, sexual orientation, citizenship, or community membership.

We will work to create environments that are free from discrimination, harassment, intimidation, and disrespectful behaviour towards our clients, clinicians, staff, and visitors. We are committed to monitoring and supporting our network partners to address any behaviour that does not foster a safe and supportive environment, including the application or creation of any relevant policies, procedures, and practices.

We will maintain an Equity and Inclusion Committee that will proactively develop and implement initiatives aimed at promoting equity, diversity, and inclusion across our network. These efforts will be guided by evidence of successful approaches that act to remove barriers to inclusion.

We will offer and encourage allyship and mentorship so that all members of our network are treated in a fair and ethical manner, with dignity and support."

STEP 2- LEARN ABOUT IT

- **Racism** is a belief that one group is superior to others¹. Racism can be openly displayed in racial jokes, slurs or display of hate or violence. It can also be rooted in values, attitudes and stereotypical opinions¹.
- **Unconscious bias** refers to social stereotypes about certain groups of people that individuals form outside their own conscious awareness². Unconscious bias is far more prevalent than conscious prejudice².
- **Racial discrimination** includes any action, intentional or not, that has the effect of singling out persons based on their race, imposing burdens on them and not on others, or withholding or limiting access to benefits available to others¹. Racial discrimination can be overt or subtle. **Racial harassment** is also a form of discrimination and includes comments, jokes, name-calling, display of pictures or behaviour that insults, offends, or puts one down because of their race and other related grounds¹.
- **Privilege** refers to *“unearned social power accorded by the formal and informal institutions of society to all members of a dominant group. Privilege is usually invisible to those who have it, but nevertheless puts them at an advantage over those who do not have it.”*³



Learning about racism and racial discrimination is an important step towards addressing it. It is important to educate oneself and others about where racism stems from, and how it impacts racialized communities. Organizations should consider offering both individual and team-based learning opportunities. The EDI Task Group has compiled several resources to assist SGS teams in their learning (*See Appendix – Equity Diversity and Inclusion Resource Guide*).

Everyday Racism is a game/education app, which challenges players to live a week in the life of a racialized individual. For information click:

[Everyday Racism \(alltogethernow.org.au\)](https://alltogethernow.org.au)

¹ Ontario Human Rights Commission (2021). Racial discrimination. Retrieved from: [Racial discrimination \(brochure\) | Ontario Human Rights Commission \(ohrc.on.ca\)](https://www.ohrc.on.ca)

² University of California San Francisco (2021). Office of Diversity and Outreach. Retrieved from: [Unconscious Bias | diversity.ucsf.edu](https://diversity.ucsf.edu)

³ Colours of Resistance Archive (2013). “Privilege”. Retrieved from: [Glossary | Racial Equity Tools](https://www.coloursofresistance.com)

STEP 3- IDENTIFY IT

The next step is to identify incidents of racial discrimination at the workplace and to determine if there are any patterns to them. Observed or experienced instances of racism (both overt and subtle) should be documented and examined. Staff should also reflect individually, and collectively as teams to identify the prevalence of unconscious bias and its potential impact on our everyday behaviours and others.



Suggested team activity:

Every team member to:

- document two examples (stories) of racial discrimination from their workplace over the past week, and
- provide a count of incidents of racism they experienced or observed over the past week.

Potential outcomes of similar activities include:

- enhanced team recognition of the prevalence of racism
- opportunity for self-reflection
- building empathy
- fostering a culture of action-taking, and
- gathering data to make the case for change.

STEP 4- ASK ABOUT IT

Asking colleagues about their experiences with racism and **listening** to their responses further deepens one's understanding of this complex subject.

However, racialized colleagues must feel able to discuss, validate and process their experiences without judgement and bias.

As previously mentioned, SGS staff can be exposed to individuals who potentially hold racist views which are more likely to be expressed due to disinhibition related to health conditions (such as dementia).



Responding to such situations can be challenging. Following are some situations that were brought up during EDI Task Group discussions.

- *“How do you respond to a 90-year-old woman with dementia and multiple health concerns in your care who tells you to go back to the boat you came from? Well... you tell her, “as soon as I finish what I am doing, I will go back to the boat”. You try to lighten the situation, you laugh, you distract, or you leave.”*
- *“I can’t speak for everyone, but I agree it is so much easier to be understanding, patient, and to take things lightly when you are working with someone who has cognitive impairment, than when it is received in a subtle or non-subtle way from an educated community partner, colleague, supervisor, and or care partner.”*

Check in with your staff to re-evaluate existing processes and identify opportunities for correction.

STEP 5- NAME IT! CALL OUT, CALL IN

Many people find ‘calling out’ racism at work challenging due to the risk of upsetting the transgressor and/or negatively impacting one’s relationship with them⁴. However, calling racism out may be imperative in letting someone know that their behaviour is unacceptable, or interrupting it to avoid further harm⁵.

Alternatively, in some situations, there might be an opportunity to engage the transgressor in a reflective and educational private discussion, i.e., ‘calling in’⁵. Depending on the circumstances:

- be prepared to say, “that’s not okay!”
- give persons, including those with cognitive impairment, the opportunity to understand that their behaviour is not correct, and to learn from it.



⁴ Menzies, F. (2020). How to call out sexism or racism at work. Retrieved from: [How to call out sexism or racism at work \(linkedin.com\)](https://www.linkedin.com/pulse/how-call-out-sexism-racism-work-men-zies/)

⁵ Creative Equity Toolkit (2021). *Call out & call in racism*. Diversity Arts Australia and British Council. Retrieved from: [Call out & call in racism | Creative Equity Toolkit](#)

REFLECTIVE EXERCISE- WHAT WOULD YOU DO?

Scenario 1: A client asks for another clinical team member to assess them, because the last two times they were assessed by “the brown girl,” and the “the little oriental girl,” they didn’t get their driver’s license reinstated.

Scenario 2: The news reports that a Muslim has committed a crime. After seeing the article, a colleague turns to you, knowing you’re Muslim, and says, “what is wrong with **your** people?”

Scenario 3: A colleague points to two groups of young people standing outside of a convenience store. One group is White, and one group is Black. Your colleague jokes, “which group are you more afraid of?”

Helpful Resource: [Interrupting-Bias -Calling-Out-vs.-Calling-In-REVISED-Aug-2018-1.pdf \(racialequityvtnea.org\)](#)

STEP 6- RESPOND TO IT

Staff can play a pivotal role in supporting their racialized colleagues by appropriately responding to acts of racism. Response(s) include one or more of the following:



- Check-in: Checking in with coworkers is an important step towards becoming a better ally⁶. Check-ins can be done **after** an incident (by asking “are you okay?”) or **before** an anticipated challenging encounter (by asking “are you up for that?” – or – “can I do that for you?”)
- Trade off: Colleagues can enable a trade off when an individual expresses discrimination, including behaviours resulting from disinhibition. Since discriminatory behaviour can have a negative impact on a therapeutic relationship, racialized staff should be empowered to end a clinical encounter with a client/care partner displaying racist behavior. Managers or supervisors should also provide opportunities for reassignment, if requested.

⁶Connley, C. (2020). 5 ways to start being a better ally for your black coworkers. Retrieved from: [How to be a better ally for your black coworkers \(cnbc.com\)](#)

- Telling a racialized individual that they're “being overly sensitive” or “playing the race card” is dismissive and unhelpful. Instead, colleagues should encourage and participate in documenting and reporting the incident by following the organization’s reporting policies. A narrative of each incident, including micro-aggressions, should be recorded. These records may be used to demonstrate patterns to others.

STEP 7- REFLECT ON YOUR RESPONSE

Leadership and Management should ensure timely debriefing of incidents of racism. Incident data should be critically appraised to identify how staff members/teams responded to such incidents. Additionally, mechanisms for evaluating the effectiveness these responses should be identified and implemented. Lessons learnt (what worked well, what could be done differently, etc.) should be shared with staff. In light of these lessons, clear processes that facilitate transparency, learning, growth and correction should be outlined in consultation with experts and facilitators⁷. Organizational policies & processes should be re-evaluated on an ongoing basis.



OTHER THINGS TO CONSIDER

- Create a continuing professional development plan for continuing your/your team’s learning.
- Include equity, diversity, and inclusion content in team orientation.
- Create an ongoing forum to facilitate learning, open discussion, supportive reporting, and learning.
- Review policies, strategic mandates, and processes through the lens of equity, diversity, and inclusion.

⁷TIME’S UP Foundation (2021). TIME’S UP Guide to Equity and Inclusion During Crisis. Building an Anti-Racist Workplace. Retrieved from: [Building an Anti-Racist Workplace - TIME’S UP Foundation \(timesupfoundation.org\)](https://timesupfoundation.org)

IN SUMMARY

A cross-organizational commitment to addressing racism is fundamental to creating an ethno-culturally inclusive environment. Learning about racism and racial discrimination is an important step towards addressing it. It is vital to educate oneself and others about where racism stems from, and how it impacts racialized communities. Asking colleagues about their experiences with racism and listening to their responses further deepens one's understanding of this issue. Calling racism out may be imperative in letting the transgressor know that their behaviour is unacceptable or interrupting it to avoid further harm. In some situations, there might even be an opportunity to engage the transgressor in a reflective, private discussion, i.e., 'calling in'. Staff can also play a pivotal role in supporting their racialized colleagues by appropriately responding to acts of racism (e.g., by checking on them, trading off and/or reporting the incident). Lastly, we need to reflect on our responses both collectively and individually to help inform our future actions. Leadership and Management should be committed to implementing the necessary policies and processes that facilitate transparency, learning, growth and correction. Policies, strategic mandates and processes should be reviewed through the lens of equity, diversity and inclusion on an ongoing basis.

REFERENCES

- Ontario Human Rights Commission (2021). Racial discrimination. Retrieved from: Racial discrimination (brochure) | Ontario Human Rights Commission (ohrc.on.ca)
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- TIME’S UP Foundation (2021). TIME’S UP Guide to Equity and Inclusion During Crisis. Building an Anti-Racist Workplace. Retrieved from: Building an Anti-Racist Workplace - TIME'S UP Foundation (timesupfoundation.org)



Appendix- Equity, Diversity and Inclusion Resource Guide

Version: August, 2021



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Background

Seniors Care Network is committed to supporting our colleagues working in specialized geriatric services (SGS), in collaboration with their host organizations, to address the racialized treatment of staff, clients, care partners and/or visitors.

In June, 2020, upon reports of racism experienced by our colleagues, Seniors Care Network convened a small task group to lead and advise on an appropriate equity, diversity and inclusion action plan for Central East SGS. Members of the Task Group included:

- Sarah Dolsen, Northumberland Hills Hospital
- Sabeen Ehsan, Seniors Care Network
- Brandi Flowers, Geriatric Assessment and Intervention Network (GAIN)
- Stacey A. Hawkins, Seniors Care Network
- Kelly Kay, Provincial Geriatric Leadership Ontario (PGLO)
- Logika Rasalingam, Alzheimer Society of Durham Region
- Angie Saini, Carefirst Seniors & Community Services Association
- Rhonda Schwartz, Seniors Care Network
- Kerry Shudall, Peterborough Regional Health Centre

To support the work of the Task Group, the Seniors Care Network team compiled a variety of helpful resources. These resources were reviewed and leveraged to develop *A Framework for Addressing Racism in Specialized Geriatric Services* and an accompanying Resource Guide.

The Resource Guide is aimed to assist SGS teams in their learning about equity, diversity and inclusion, and informing their individual, team and/or organization's response to such untoward incidents

Policy Review

Approximately 18 equity, diversity and inclusion related policies were gathered from across SGS host organizations and reviewed for guidance in the SGS context. Documents reviewed were from the following organizations:

- Ontario Shores Centre for Mental Health Sciences (Ontario Shores)
- Campbellford Memorial Hospital (CMH)
- Ontario Centre for Learning, Research and Innovation in Long-term Care (Ontario CLRI inLTC)
- University Health Network
- Mount Sinai Hospital
- Northumberland Hills Hospital
- Health Sciences North
- The Ottawa Hospital

Key Learnings:

- All organizational policies reviewed commit to embracing diversity, protecting human rights and maintaining a safe workplace environment.
- This commitment is demonstrated by upholding, adhering to, and living out the values of the organization and its related code of conduct when engaging with others (patients, residents, clients, volunteers, staff, caregivers, community partners/members, etc.).
- All organizations provide definitions for terms used.
- Employees are expected to agree and sign a code of conduct.
- Mitigating systemic barriers to employment were highlighted by one organization (CMH), though not consistently described across all documents.
- Employees are expected to report breaches of the code of conduct to their “supervisor”.
- Employee reporting is not clearly identified (i.e., face to face, email, anonymous, on behalf of someone else) and follow-up is not fully described (e.g. what happens when I report? What happens if I report but no action is taken/agreed upon?).
- Employees are expected to seek support when confronted with violence, harassment, discrimination but the mechanism to obtain support is not always clearly outlined.
- Potential for employees to be subject to harassment, violence or discrimination against patients/clients was outlined by CMH. In their policy document, patients can be deemed as “prone to violence” and responses from the organization can include minimal to more severe actions on a case by case basis (including discharge from hospital or legal action).
- There is a lack of clearly identified guidance or procedure(s) for employees who are confronted with discrimination from patients/clients. Policies focus on violence or patients “prone to violence” based on a number of specific diagnoses, addictions/drug-use, crisis/receiving bad news, or previous acts of violence.
- Patient preference is addressed in UHN’s Patient Preference Guideline – see [Example](#)
- **Missing across all documents is outlined support or guidance for employees who are confronted with discrimination from patients/clients who have a diagnosis of dementia or other cognitive disability. Outstanding questions are: What do organizations do to support clinicians who work long shifts with individuals with disabilities who may harass, discriminate, and/or verbally abuse them? How do organizations support staff going into people’s homes where this occurs in the community?**

Organizational Statements and Tools

Organization	Statement/Message
<p data-bbox="186 336 462 409">University of Toronto, Faculty of Medicine</p> <p data-bbox="186 441 544 546">https://medicine.utoronto.ca/faculty-medicine-diversity-statement</p>	<p data-bbox="568 310 1144 346">Commitment to Equity, Diversity and Inclusion</p> <p data-bbox="568 346 1437 415">The Faculty of Medicine of the University of Toronto is committed to the principles of inclusion and diversity in all that we do. This includes:</p> <ul data-bbox="617 420 1469 703" style="list-style-type: none"> • Creating, supporting and maintaining a learning and working environment that is free from discrimination, harassment, intimidation, bullying and disrespectful behaviour. • Striving to recruit and retain learners, staff and faculty that reflect the diversity of Canadian society. • Assuring that our programs and curricula prepare our graduates to meet the needs of the diverse communities they will serve in their careers in Canada and around the world. <p data-bbox="568 735 1469 987">Although the Faculty of Medicine has highlighted in its Diversity Statement that three particular groups have been targeted for priority attention (Indigenous, Black, and the economically disempowered), the Faculty of Medicine is committed to working with all underrepresented/minoritized populations (including LGBTQ2S people, racialized groups, people with disabilities, those from rural or remote communities, and more) in order to advance all forms of equity, and in particular, health equity.</p> <p data-bbox="568 1018 1469 1123">The Faculty of Medicine is committed to the principles of allyship, with the acknowledgement that people in positions of privilege must be willing to align themselves in solidarity with marginalized groups.</p>
<p data-bbox="186 1165 495 1197">Michael Garron Hospital</p>	<p data-bbox="568 1140 690 1171">Website:</p> <p data-bbox="568 1171 1469 1312">MGH is committed to fostering an inclusive culture that embraces diversity in the delivery of all of our medical and support services. Our goal is to create a space where everyone feels safe, accepted and compassionately cared for.</p> <p data-bbox="568 1318 1031 1350">Source MGH Strategic Plan (2017-22):</p> <p data-bbox="568 1350 1169 1381">Strategic Direction 2: Lead Wisely (Under People):</p> <ul data-bbox="617 1386 1477 1711" style="list-style-type: none"> • Advance excellence in workplace safety, staff engagement, and wellness. Achieve national recognition for success in these areas. • Invest in professional development, mentoring and advancement of our people and teams. • Create a culture where integrity, compassion, courage and accountability are championed and evident through our collective actions. • Promote the diversity of our staff, physicians and volunteers, and enable a culture of inclusion.

<p>St. Michael's Hospital</p>	<p>Inner City Health Program- Statement on Diversity, Equity and Access:</p> <p>What? The St. Michael's Hospital approach to recognizing and celebrating diversity has been one of integration. The main goal is to continuously monitor and shape the culture of the hospital to reflect the diversity of the communities we serve. This will ensure that our health care services are delivered in accordance with our mission and values, which promote human dignity, compassion, excellence, community, social responsibility and pride of achievement. Diversity is the responsibility of everyone who is part the organization, including patients, visitors, staff, physicians, health disciplines, students and volunteers. To maintain our tradition of providing the best care possible, it is one of our goals to ensure care is culturally and linguistically appropriate.</p> <p>Why? St. Michael's Hospital serves one of the most diverse communities in Canada. This extends far beyond ethno-racial or linguistic diversity, but to the many cultural groups that live or work in downtown Toronto. Ethno-racial communities are only one focus of our work in this area: there are also faith based groups; people who are homeless or under-housed; people of all genders and sexual orientations; seniors, youth and children; and people living with mental illness, HIV/AIDS, disabilities, poverty and addictions are all considered cultural groups.</p> <p>How? St. Michael's Hospital recognizes that within each of these communities, there are specific cultural based beliefs concerning health and the health care system. We continuously monitor the attitudes and experiences of patients, visitors, community partners and hospital personnel; address language, communication and structural barriers; increase cultural awareness; and address systemic inequities within the Hospital and the wider health sector.</p>
<p>Sebastian River Medical Center, USA https://www.sebastianrivermedical.org/diversity-statement</p>	<p>We are committed to building a workforce that reflects the diversity of the community we serve. Fostering a diverse workforce benefits both employees and patients by offering an inclusive place to provide and receive care. Men and women from different backgrounds serve in a number of roles in our organization. While we may come from different experiences, we all share the same goal of providing high quality patient care.</p>
<p>North York General Hospital https://www.nygh.on.ca/about-us/overview/mission-vision-and-values</p>	<p>Values:</p> <p>Our patients come first in everything we do: Our team provides care with respect, integrity, excellence and compassion.</p> <p>Respect: We embrace the strength in our diversity and treat everyone with respect and dignity.</p> <p>Integrity: Every day, we act in a professional and ethical manner.</p> <p>Excellence: We strive to achieve better outcomes in everything we do, collaborating with patients, families and partners.</p> <p>Compassion: We provide an exceptional care experience to our patients and their families with empathy, sensitivity and understanding.</p>

<p>Ontario Centre for Learning, Research and Innovation in Long-term Care</p> <p>Link: https://clri-ltc.ca/resource/embracingdiversity/</p>	<p>The <i>Equity, Diversity and Inclusion in Long-Term Care: Assessment and Planning Tool</i> (Supporting Diversity and Inclusion LTC Advisory Group, 2020) can help identify areas for improvement, self-assessment/reflection, guide the development of quality improvement plans and inform organizational strategic planning to incorporate equity, diversity and inclusion. The <i>Glossary of Terms</i> (Ontario CLRI, 2020) provides a holistic list of useful definitions.</p> <p>This tool includes an organizational self assessment that can be completed within this toolkit, or downloaded from the website to be filled out electronically at https://clri-ltc.ca/resource/embracingdiversity/.</p> <p>Review comments</p> <p>The assessment tool can assist organizations or teams to identify what they are doing well and how they can improve your equity, diversity and inclusion practices in the following seven areas:</p> <ul style="list-style-type: none"> • Planning and policy • Organizational culture • Education and training • Human resources • Community capacity building • Resident and family engagement • Service provision
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Ontario Shores Centre for Mental Health Sciences

Ontario Shores has developed human rights and psychological safety frameworks for reviewing organization policies.

Human Rights Considerations	Psychological Safety Considerations
<ol style="list-style-type: none"> 1. Policy: Include policy objectives and policy principles 2. Definition: Define key concepts (i.e. define Accessibility, Accommodation, Discrimination, Harassment) 3. Procedure: Apply the Policy: policy should set out activities involved and who it applies to. a. Are “human rights” or code grounds referred to explicitly in the policy? List and explain protected grounds. How might the policy or procedure impact any of the specific Code grounds? 4. Roles and Responsibilities: Are the expectations for those covered by the policy clearly outlined? 5. What accommodation considerations are likely to be associated with the policy? 	<p>A psychologically healthy and safe workplace is defined as one that takes every reasonable effort to protect the mental health of staff. A psychological health and safety lens should be applied when reviewing and updating policies. In doing so, the following questions should be asked to ensure that the policy addresses the protection of the mental health of staff within the policy:</p> <ol style="list-style-type: none"> 1. Is the policy clear and easy to understand? 2. Are the rights and responsibilities for all parties clear? 3. Is the policy written in the positive wherever possible? 4. Is the policy consistent with the Code of Conduct and our Values? 5. Does the policy provide context in order to foster

<p>6. Are gender identity considerations visible? (i.e. ensure language used is gender neutral. Avoid he/she and use they)</p> <p>7. Is the policy inclusive of all members of the interprofessional health care team?</p> <p>8. Have the provisions in the policy been assessed to determine if they will cause “undue hardship” under the human rights code?</p> <p>9. If any of the provisions of the policy are open to discretion does it specify that discretion must be “in line with obligations under the law?”</p> <p>10. Does the wording of the policy provide clear direction? (e.g. avoid phrases such as “reasonable efforts.”)</p>	<p>perceived fairness?</p> <p>6. Does the policy promote autonomy wherever possible?</p> <p>7. Is there a plan for educating employees when material changes are made?</p> <p>8. Have you sought input from employee stakeholders when applicable?</p>
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University Health Network

Excerpted from the UHN “Caregiver Preference Guideline”

Purpose

The purpose of this guideline is to provide caregivers* with recommendations on if, or how, to comply with a patient’s request that seems to contravene UHN’s antidiscrimination policy.

Principles

The patient-centred care (PCC) approach is about caring for patients by first finding out what their needs/concerns and values are and working with them to plan care to meet those expectations and enhance their experience while in our care at UHN. UHN’s commitments to its patients are outlined in “Working Together: University Health Network’s Commitment to Patients.” Relevant promises to patients include listening to what is important to them, responding to their concerns, and respecting their health care choices.

UHN also abides by the Fostering Respect in the Workplace policy, which prohibits discrimination or harassment of any kind.

UHN’s Code of Workplace Ethics requires that all who work at UHN abide by principles, which require that we work together to build an ethical workplace. At times, satisfying a patient’s request may appear to put these principles at odds with each other.

Case Examples

- A man refuses to be treated by a nurse because of her perceived Jewish background, and requests a change in caregiver.
- A 66-year-old man requests that an older and more experienced physician replace the junior physician assigned to him.
- A woman enters the emergency room, and before a care provider is assigned to her, requests a care provider of a particular skin colour.

- A man requests that a heterosexual caregiver replace his current caregiver, who he believes is homosexual.

* Most patients' requests for caregivers are for particular nurses or physicians (i.e. those who deliver medical care directly to patients). Patients may also make similar requests for particular managers, support staff, student volunteers, etc. (i.e. those who have contact with patients, but not necessarily to provide medical care). *For the purposes of this document we extend the definition of "caregiver" to include not only nurses and physicians, but also, managers, support staff, student volunteers, and any other staff who have contact with patients.* (UHN, September 14, 2007)

Rationale

Guided in their approach by the values and principles of patient-centred care, healthcare providers endeavour to respect patient preferences. However, UHN policies and Ontario's Human Rights Code place reasonable limits on respecting preferences for caregivers.

When a patient requests a caregiver based on race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, same-sex partner status, family status or disability, a conflict may arise between our duty to care for the patient and our duty to respect staff. In general, healthcare professionals' beneficence and duty to care for their patients prevail over the interests of staff. However, in some cases these requests require staff to balance respect for the patient's autonomous decisions with the rights and interests of hospital staff to work in an environment where they are not discriminated against.

In all cases, efforts need to be made to clarify the reasons behind the patient's request.

These discussions may reveal motivations for requests that are important to respect. Examples include cases of gender preference where patients may feel uncomfortable being treated by a person of a particular sex due to modesty, cultural practices related to gender roles, or to past negative or traumatizing experiences, rather than disrespect for people of a certain gender. There are other instances, however, when the intent and effect of the request is unacceptable.

In all cases, fulfilling a patient request is conditional on it being operationally feasible to do so. For example, staffing levels and/or scheduling must permit the change in caregiver.

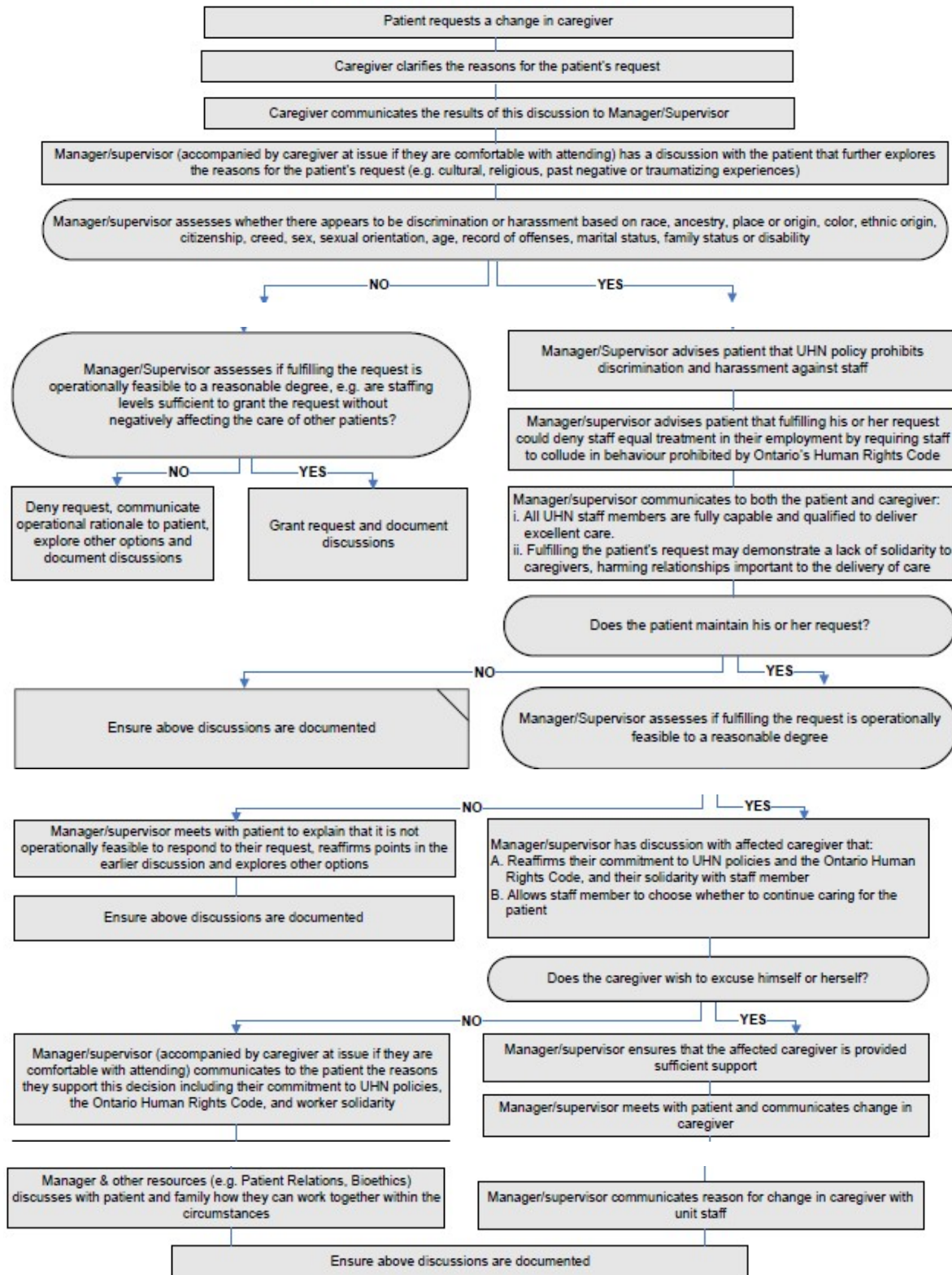
Regardless of operational feasibility, managers and supervisors should show solidarity with caregivers subject to patient requests by affirming their clinical competence to the patient, outlining the relevant policy and legislative requirements, and allowing the caregiver to make the decision as to whether or not to continue caring for the patient, subject to the availability of other staff to take over. Staff who wish to excuse themselves should be offered appropriate support.

Emergencies

In emergencies where a patient or family requests a caregiver on the basis of the above factors, and where urgency of medical care does not permit enough time to proceed with the above suggested response, UHN has a moral obligation to take whatever means necessary to provide care. Caregivers should use judgment in responding to such requests in an emergency situation.

UHN- Algorithm Caregiver Preference Guideline

Addressing Caregiver Preference Requests



Educational Resources

Title/Source	Links
One Resident’s Recommendations for Responding to Unjust Patient Bias	https://journalofethics.ama-assn.org/article/one-residents-recommendations-responding-unjust-patient-bias/2019-06
How Do I Deal With a Racist Patient?	https://www.aafp.org/news/blogs/freshperspectives/entry/20170821fp-race.html
How Should Organizations Respond to Racism Against Health Care Workers?	https://journalofethics.ama-assn.org/article/how-should-organizations-respond-racism-against-health-care-workers/2019-06
Canadian Centre for Diversity and Inclusion	https://ccdi.ca/
The National Collaborating Centre for Determinants of Health	<p>The National Collaborating Centre for Determinants of Health (NCCDH) has many resources for public health professionals wanting to learn more about equitable and anti-racist approaches to public health.</p> <ul style="list-style-type: none"> • A call to action to disrupt anti-Blackness in public health practice • Let’s talk: Racism and health equity • Learning from Practice: Advocacy for health equity - Environmental racism <p>Webinars:</p> <ul style="list-style-type: none"> • NCCDH Webinar: Actionable ways to address anti-Black racism and police violence through public health practice (2020) - YouTube • Webinar: Can understanding Whiteness improve anti-racism activities in health? • “Racing” the social determinants of health and health equity (Part 1 of 2) (2017) - YouTube • “Racing” the social determinants of health and health equity (Part 2 of 2) (2017) - YouTube • PHESC On-Demand Webinar Series National Collaborating Centre for Determinants of Health (nccdh.ca)
The Canadian Public Health Association	Racism and Public Health Canadian Public Health Association (cpa.ca)