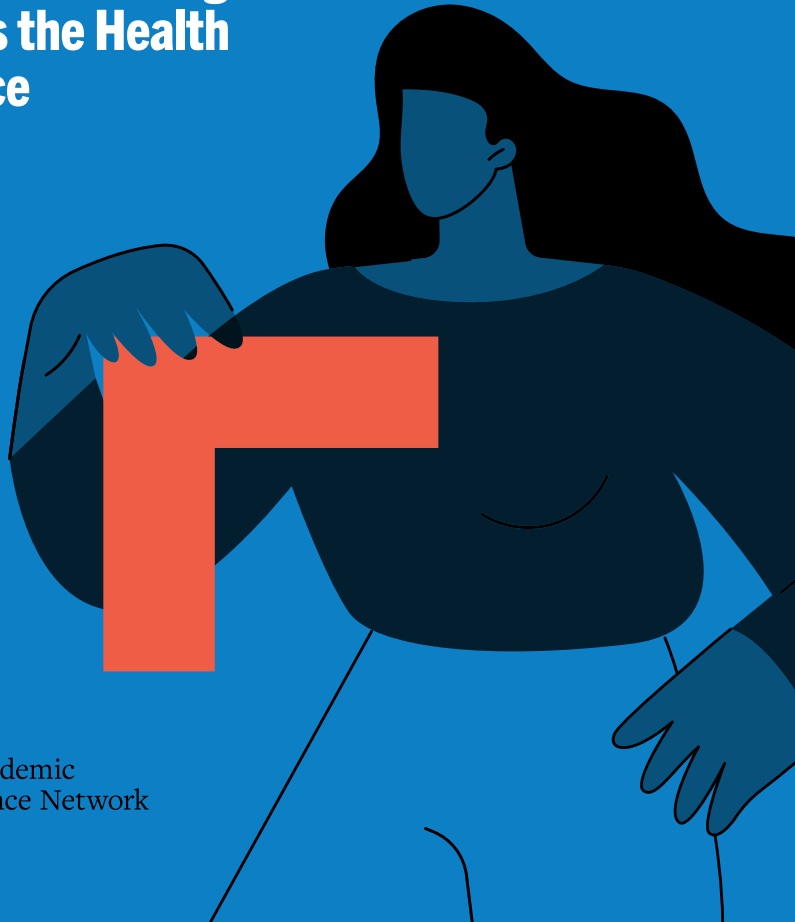


ADVANCING ANTI-BLACK AND ANTI-INDIGENOUS RACISM EDUCATION FOR THE HEALTH CARE WORKFORCE

**A Toolkit for Designing,
Implementing, and Evaluating
Anti-Black and Anti-Indigenous
Racism Across the Health
Care Workforce**



Toronto Academic
Health Science Network

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Executive Summary

This toolkit was developed collaboratively by the [Toronto Academic Health Science Network \(TAHSN\)](#), [Ontario Health Toronto](#), and equity, diversity, and inclusion leaders from Toronto-area hospitals and community-based health care organizations. It is intended for individuals and teams responsible for designing, implementing, and evaluating anti-racism and cultural safety education within health care settings, and it provides a coordinated framework for taking comprehensive, sustained action to address anti-Black and anti-Indigenous racism through meaningful, long-term learning.

Purpose and Vision

The TAHSN Anti-Black and Anti-Indigenous Racism Education for the Health Care Workforce toolkit supports the health care workforce in building knowledge, skills, and practices to address anti-Black and anti-Indigenous racism across clinical, administrative, and leadership roles. Grounded in the [Truth and Reconciliation Commission \(TRC\) Calls to Action](#) and the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#), it provides structured, evidence-informed guidance for building cultural safety, dismantling systemic barriers, and fostering respectful, inclusive environments for Indigenous and Black folks in the health care workforce.

The vision is to move beyond one-time anti-racism training toward ongoing, rights-based learning embedded in organizational culture, thus ensuring long-term and measurable impact. This toolkit aligns education with community priorities, organizational equity goals, and obligations under the TRC and UNDRIP.

Guiding Principles

This toolkit is anchored in a rights-based, community-led framework that centres Black and Indigenous leadership, ensures accountability and validation by their communities, and drives trauma-informed anti-racist education into measurable, lasting change in health care policy, practice, and culture. (See Guiding Principles on 12.)

How to Use This Toolkit

Start with core training: Implement San'yas Indigenous Cultural Safety Training® and the TAHSN Introduction to Anti-Black Racism eLearning Module for the workforce to establish a shared baseline of awareness and accountability.

Select education programs and consultants: Use the assessment criteria and rating scales in this toolkit to evaluate Indigenous cultural safety and anti-Black racism consultants, facilitators, and educators based on lived experience, ethical practice, content relevance, and measurable outcomes.

Expand and tailor learning: Draw on established educational resources shared in this toolkit to identify relevant, ongoing, and role-specific learning opportunities, including complementary and advanced resources.

Integrate into organizational systems: Apply the toolkit's guidance to embed training outcomes into policies, practice standards, onboarding, leadership development, and performance metrics to make anti-racism and cultural safety standard organizational practices.

Monitor and improve: Access frameworks, metrics, and evaluation tools provided in this toolkit to track participation, measure learning outcomes, and ensure education initiatives create systemic and sustained change.

Sustain and embed change: Explore strategies for maintaining momentum over time; aligning education with TRC, UNDRIP, and accreditation standards; and embedding anti-racism into leadership development, governance, and broader organizational culture.

Embedded Toolkit Resources

San'yas Indigenous Cultural Safety Training: A foundational Indigenous-led training program delivering cultural safety education tailored to Canadian health care contexts.

TAHSN Introduction to Anti-Black Racism eLearning Module: An introductory online module providing essential knowledge on anti-Black racism in Canadian health care to foster reflection and organizational change.

Indigenous Cultural Safety and Anti-Racism Education Options: A concise overview of select Indigenous cultural safety and anti-Indigenous racism training programs in Canada, highlighting key features to guide selection and planning.

Complementary Anti-Black Racism Education Options: A summary table of anti-Black racism education programs that build on the TAHSN eLearning module, offering flexible and advanced learning for different roles and settings.

Assessment Criteria and Rating Scale for Indigenous Cultural Safety Consultants, Facilitators, or Educators: A structured framework for evaluating Indigenous cultural safety consultants based on expertise, community alignment, and impact.

Assessment Criteria and Rating Scale for Anti-Black Racism Consultants, Facilitators, or Educators: An evaluative tool to assess anti-Black racism education providers for qualifications, cultural competence, and community accountability.

Established Resources: Accredited courses, webinars, toolkits, and guides tailored to Canadian health care.

This toolkit provides a pathway for health care organizations to begin essential training, select credible and community-informed education partners, expand learning opportunities, embed change into policy and practice, measure results, recognize and celebrate successes, and sustain transformation through long-term alignment with reconciliation, rights-based frameworks, and accreditation requirements.

SECTION 1:

INTRODUCTION AND STRATEGIC RATIONALE



1.0 Background and Purpose

Anti-Black and Anti-Indigenous Racism Education for the Health Care Workforce was developed in response to the urgent need for transformative systems-level change within the health care sector. The [Toronto Academic Health Science Network \(TAHSN\)](#) recognizes that anti-Black and anti-Indigenous racism are deeply embedded in the structures and practices of our health systems and contribute to inequities in care, outcomes, leadership opportunities, and workplace experiences. For the purposes of this toolkit, the term “Indigenous” refers specifically to First Nations, Métis, and Inuit Peoples. Recognizing and naming these distinct groups are essential for accurately identifying and addressing the unique challenges they face within the health care sector.

This toolkit was developed in partnership with [Ontario Health Toronto](#) and co-created through the leadership and lived experience of Black and Indigenous leaders, anti-racism advocates, and equity, diversity, and inclusion leaders. It was developed to support health care organizations in confronting the harms faced by Black and Indigenous folks and advancing sustained organizational transformation that is grounded in learning, accountability, and action. The toolkit is intended for individuals and teams responsible for designing, implementing, and evaluating anti-racism and cultural safety education within health care organizations.

Aligned with [Ontario Health’s Equity, Inclusion, and Anti-Racism Framework](#), this toolkit serves as a practical and reflective resource for health care organizations seeking to build capacity in anti-racism education. Health care organizations can use the toolkit to identify existing tools, address gaps, and develop adaptable, context-specific materials, thus empowering the health care workforce at all levels to take meaningful, sustained action against systemic racism.

1.1 The Imperative for Action

This toolkit was developed to respond to the urgent and ongoing systemic racism faced by Black and Indigenous Peoples who live, work, and receive care across TAHSN and the Greater Toronto Area (GTA). It reflects TAHSN's commitment to advancing the Truth and Reconciliation Commission (TRC) Calls to Action, particularly those focused on transforming health care education and organizational systems to support healing and justice, as well as Ontario Health's broader equity framework.

Systemic racism in policies, practices, and workplace culture harms Black and Indigenous folks in the health care workforce while simultaneously undermining the quality and safety of care delivered to patients and families. ¹ Racism results in barriers to career advancement, retention, psychosocial well-being, representation in leadership, and professional development opportunities. ¹ The psychological, physical, and spiritual tolls of workplace racism contribute to burnout, disengagement, and attrition, threatening the sustainability and inclusiveness of the entire sector. ²

Comprehensive workforce education is a vital component of addressing systemic anti-Black and anti-Indigenous racism. It enables all members of the health care workforce to recognize, interrupt, and dismantle systemic barriers, and helps create care environments that are safer, more equitable, and more responsive for everyone.

The toolkit equips health care organizations and their workforce with:

- **Evidence-informed education pathways and curated learning resources** that build the critical knowledge, skills, and confidence required for all members of the health care workforce—including health professionals, staff, leaders, volunteers, and learners—to recognize, interrupt, and dismantle racism in daily practice and decision-making.
- **Practical strategies and tools to foster culturally safe, trauma-informed, and inclusive workplaces**, including foundational and advanced training modules, consultant assessment criteria, and templates to elevate and sustain the voices, leadership, and advancement of Black and Indigenous members of the health care workforce at every level.
- **Frameworks and guidance for promoting intersectionality and targeted universalism**, ensuring that education, mentorship, and policy interventions acknowledge complex, overlapping identities and address persistent systemic barriers facing Black and Indigenous folks in health care.
- **Robust tools for organizational accountability**, such as evaluation templates, monitoring metrics, and implementation guides, to help embed anti-racism into policies, practices, recruitment, professional development, performance management, and measurable outcomes to support long-term system change.

1.2 Guiding Principles

This toolkit is grounded in a shared, rights-based framework that prioritizes meaningful collaboration and long-term transformation. All resources, strategies, and recommendations reflect the following guiding principles:

Centre Black and Indigenous leadership: Leadership, knowledge, and lived experience of Black and Indigenous Peoples are central in shaping education content, delivery, and evaluation.

Commit to community accountability: Program design, delivery, and evaluation are accountable to Black and Indigenous communities, with transparent mechanisms for feedback and shared decision-making.

Ensure validation and endorsement: Educational programs should be endorsed by recognized Black and Indigenous community organizations and/or leaders with a demonstrated track record of ethical, trust-based engagement.

Advance anti-racist and cultural safety practices: Education addresses anti-Black and anti-Indigenous racism as systemic issues and prepares the health care workforce to dismantle barriers in policy, practice, and workplace culture.

Embed trauma-informed and intersectional approaches: Training and policy align with trauma-informed, healing-centred, and intersectional practices that address overlapping oppressions and support safety for all participants.

Champion continuous learning and reflection: Education is viewed as an ongoing, iterative process that fosters reflection across all organizational levels and provides sustained opportunities for skills growth.

Connect education to action: Learning is explicitly linked to measurable changes in practice, policy, and health equity outcomes for patients and the health care workforce.

Align with rights-based frameworks: Strategies are consistent with commitments under the TRC Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and other equity and human rights obligations.

These principles aim to create transformative educational experiences that empower health care professionals, administrators, and leaders to actively combat anti-Black and anti-Indigenous racism while fostering equity within their institutions.

SECTION 2:

LEADERSHIP AND GOVERNANCE



2.0 Role of Leadership and Boards: Governance as a Driver of Change

Hospital boards play a critical role in advancing anti-Black and anti-Indigenous racism education across Toronto Academic Health Science Network (TAHSN). As stewards of governance and organizational oversight, their actions and priorities set the tone for strategic directives and resource allocation, and drive accountability at every level. Effective governance positions anti-racism as a core strategic priority, ensuring institutional commitments are matched with action.

EXAMPLE:

SUNNYBROOK HEALTH SCIENCES CENTRE

Sunnybrook Health Sciences Centre's boards and executives have made anti-racism a formal strategic priority, embedding it in both [the hospital's 2025 strategic plan and the foundation's strategic direction](#).

They have established targeted measures to address anti-Black and anti-Indigenous racism, including conducting regular audits of policies and hiring practices, developing confidential mechanisms to report discrimination, and collecting demographic data on patients and the workforce.

The board actively supports the [President's Anti-Racism Taskforce](#), ensures ongoing anti-racism training for leadership, and mandates public progress reporting through the Leadership and Accountability, Education and Training, Actionable Data, People and Teams (LEAP) Framework. These concerted actions ensure that anti-racism efforts are measurable, transparent, and responsive to the realities of Black and Indigenous members of the health care workforce and patients.

Through the leadership of Sunnybrook's Department of Equity and Social Accountability and the implementation of the LEAP Framework, the boards and executives have prioritized dismantling barriers to health access, increasing diversity in leadership and health professions, and fostering an inclusive organizational culture.

Hospital boards and senior leadership can drive this change by using the following governance measures to make anti-Black and anti-Indigenous racism education a clear organizational priority:

- **Strategic priority setting:** Explicitly define anti-Black and anti-Indigenous racism education as a strategic goal within the hospital's mission, vision, and values. Demonstrate this priority by embedding anti-racism in board agendas, strategic plans, and annual performance targets. ¹⁻²
- **Formal and sustained commitment:** Leadership must demonstrate ongoing, institution-wide commitment to combating anti-Black and anti-Indigenous racism through regular participation in education, allocation of dedicated resources, and transparent reporting. Board and executive actions, including publishing progress and accountability metrics, ensure anti-racism remains a strategic, funded priority and clearly demonstrate the organization's commitment to its workforce and community partners.
- **Capacity-building:** Leadership development programs focused on Indigenous cultural safety, as well as anti-Black and anti-Indigenous racism, should be prioritized for both senior leaders and board members. These programs equip decision-makers with the skills and knowledge they need to identify, address, and dismantle systemic barriers, and move the organization from intention to action. ³⁻⁴
- **Resource allocation:** Commit funding, staffing, expertise, and other required resources toward the advancement of anti-Black and anti-Indigenous racism education programs, ensuring efforts are structural and impact-driven.
- **Data and transparency:** Senior leaders and boards must prioritize the collection and analysis of race-based data to identify inequities and measure the effectiveness of educational initiatives. Data-driven approaches ensure transparency and accountability for progress in combating racism. ^{1, 5}
- **Board and executive learning:** Prioritize robust, ongoing programs on Indigenous cultural safety, anti-Black racism, and systemic discrimination developed specifically for senior leaders and board members to ground governance and decision-making in lived experience and evidence-based approaches.

2.1 Leadership Accountability Tools: Embedding and Sustaining Change

Leadership accountability tools are essential for embedding anti-racism in health care organizations. Boards and executive teams should advance and monitor progress through targeted, data-driven, and community-informed tools.

EXAMPLE:

HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL

Holland Bloorview board and senior leaders have advanced key accountability strategies including:

- Mandatory anti-Black racism eLearning for all people leaders and board members
- The creation of a confidential reporting process for discrimination and harassment
- Executive-level leadership of social accountability and anti-racism efforts

Progress is monitored through demographic workforce surveys, regular audits of policies and practices, continued engagement of external Black health support organizations to create opportunities for partnership and learning, and guidance from the Black Employee Resource Group, which was created in 2024 as part of the Anti-Black Racism Roadmap Strategy. These measures ensure transparency, inform targeted education, and drive continuous policy and culture change across the organization.

KEY ACCOUNTABILITY STRATEGIES

- **Comprehensive training:** Require all senior leaders and board members to participate in education on anti-Black and anti-Indigenous racism, cultural safety, unconscious bias, and trauma-informed practice. Senior leadership must ensure that anti-Black and anti-Indigenous racism education is accessible to the health care workforce through required or optional training. ^{1,4}
- **Policy and curriculum integration:** Embed anti-racism principles in all organizational policies, hiring practices, succession planning, and ongoing workforce development pathways. This prepares the entire health care workforce to recognize and dismantle racism in practice and policy. ^{1,6}
- **Structural focus:** Tie performance metrics of leaders (including CEOs and vice-president-level executives) to tangible progress on anti-racism education, and track and discuss in board and executive reviews.
- **Data-driven accountability:** Use identity-based data and robust metrics to monitor participation, training effectiveness, and organizational culture change. To ensure transparency, publicly share dashboards or reports.
- **Governance structures:** Establish or empower existing board-level committees to oversee anti-racism efforts and report progress directly to the board, reinforcing accountability.

2.2 Mini Case: TAHSN's Commitment and Action

LEADERSHIP, GOVERNANCE, AND SYSTEMIC ACCOUNTABILITY

TAHSN exemplifies the decisive leadership and governance required to move anti-racism from statement to sustained action. In October 2020, [TAHSN shared a public statement](#) acknowledging the reality of anti-Black and anti-Indigenous racism within its organizations and committing to its eradication through structural change. To operationalize this commitment, TAHSN established the Anti-Black and Anti-Indigenous Racism Steering Committee and created three dedicated working groups focused on key pillars that most needed collective action: education, identity-based data, and reporting of anti-Black and anti-Indigenous racism.

LEADERSHIP AND GOVERNANCE STRUCTURES

Strategic priority setting: Anti-racism was embedded into TAHSN's agendas, positioning it as a network-wide imperative for all members.

Governance as culture driver: TAHSN established advisory and working groups that include Indigenous leaders and partners (e.g., [TAHSN Anti-Racism Advisory Committee](#), [TAHSN Indigenous Health Strategy Lead](#), and the [Indigenous Health Action Network](#)) to guide priorities, ensuring culturally safe and community-informed governance.

LEADERSHIP ACCOUNTABILITY TOOLS

Targeted executive education: CEOs and executives were required to participate in “Anti-Black Racism and Health: A Three-Part Introduction for Senior Leaders,” a series developed in partnership with the [Black Health Education Collaborative](#). The series began with the “[Coin model of privilege and critical allyship](#),” a framework that equips leaders with the tools to critically examine power, privilege, and the structures that perpetuate inequities in health care. This foundational training unpacks historical, structural, and physiological aspects of racism to provide senior leadership with a common language and framework for strategic action.

Institutional data collection: TAHSN introduced a Senior Leadership Self-Identification and Anti-Racism Education Survey to:

- Measure the reach and effectiveness of anti-racism education among board members and executives
- Assess the representation of Black and Indigenous leaders across TAHSN
- Generate institution-specific data to inform targeted strategies, performance metrics, and resource allocation

MONITORING AND SYSTEMIC ACCOUNTABILITY

Transparent reporting: The TAHSN CEO Committee and the Council of Health Sciences both reviewed the aggregate survey results, while individual hospitals received tailored feedback for action planning.

Data-driven interventions: The survey results revealed gaps that limited race-based data analysis, leading TAHSN to develop targeted education to address these issues (e.g., an Indigenous data governance webinar). Regular progress reporting created accountability loops at the executive and board levels.

CONTINUOUS IMPROVEMENT

Ongoing education and evaluation: Survey findings directed the development of further required education modules and ensured continuous refinement of board and executive anti-racism strategies.

Key lesson: TAHSN demonstrates how governance and sustained executive accountability can drive system-wide culture change by anchoring anti-racism into the broader strategy, mandating senior leader education, and leveraging data for action.

SECTION 3:

CORE TOOLKIT COMPONENTS



3.0 Foundational Education: San'yas Indigenous Core Cultural Safety Training® and TAHSN Anti-Black Racism eLearning Module

A harmonized approach to anti-Black and anti-Indigenous racism education can help to drive systemic change and foster a truly equitable health care environment by establishing a clear network- and region-wide baseline for knowledge, accountability, and impact. Implementing the [Toronto Academic Health Science Network \(TAHSN\) Introduction to Anti-Black Racism eLearning Module](#) and [San'yas Indigenous Core Cultural Safety Training®](#) ensures the health care workforce is engaged in foundational, adaptable, and community-informed learning.

Developed by Indigenous knowledge holders, San'yas sets a national benchmark for cultural safety education, using distinctions-based virtual delivery that ensures equitable participation for the health care workforce across urban, rural, remote, and northern settings. Its adaptive format breaks down geographic and technical barriers and is built on the lived experience and wisdom of Indigenous communities.

The TAHSN Introduction to Anti-Black Racism eLearning Module, created by Dr. Notisha Massaquoi in partnership with Women's College Hospital and TAHSN, is a regionally scalable, evidence-based online module. Through coordinated expansion with Ontario Health Toronto and flexible integration made possible by partnering with Sunnybrook Health Sciences Centre, the module is accessible across diverse settings and can be tailored to local policies and workforce needs.

3.0.1 HARMONIZE ACCESS AND COMMUNITY IMPACT

Establishing equitable access and sustained organizational impact begins with harmonized training standards, responsive learning environments, and strong partnerships across the health care workforce and communities.

ENSURE EQUITABLE PARTICIPATION AND CUSTOMIZATION

- **Set foundational training as a standard expectation:** Ensure that both the San'yas Indigenous Core Cultural Safety Training and the TAHSN Introduction to Anti-Black Racism eLearning Module are established as the foundational training standards for the health care workforce, including senior leadership and boards.
- **Customize and remove barriers:** Adapt education materials and delivery to reflect local workforce, policy, and community contexts to eliminate barriers for various geographical contexts while upholding a common organizational baseline.
- **Monitor participation and engagement:** Systematically track enrolment and completion rates to identify participation gaps and address under-represented departments or roles, ensuring that all teams have access and are meaningfully engaged.

INTEGRATE LEARNING FOR SYSTEMIC CHANGE

- **Embed outcomes into organizational practice:** Integrate anti-Black and anti-Indigenous racism learning objectives into daily operations, leadership development, hiring, and performance reviews, making anti-racism principles integral to organizational culture and expectations.
- **Lead by example:** Establish clear expectations for leaders to actively model anti-racist practices by prioritizing completion of foundational training and linking completion to professional development and annual evaluation criteria.
- **Gather and respond to feedback:** Establish intentional feedback mechanisms, such as surveys and focus groups, that include the health care workforce and community voices to continuously refine and improve anti-Black and anti-Indigenous racism education programs.

DRIVE CONTINUOUS IMPROVEMENT AND ENGAGEMENT

- **Expand on learning for deeper engagement:** Schedule regular refresher and advanced learning opportunities (e.g., optional seminars, specialized workshops, and community-led sessions) to sustain momentum, foster deeper engagement, and respond to emerging evidence and needs.
- **Partner with communities:** Build ongoing partnerships with Indigenous and Black communities by co-designing advanced curricula and inviting community leaders to inform, review, and co-develop educational content, ensuring accountability and relevance.
- **Leverage data for improvement:** Use participation data, feedback, and outcome metrics (such as workforce retention data, climate surveys, and incident reports) to fuel cycles of continuous improvement and report transparently to boards, leadership, and community stakeholders.

CATALYZE ORGANIZATIONAL TRANSFORMATION AND BUILD TRUST

- **Foster culturally safe, inclusive environments:** Drive organization-wide completion of harmonized foundational training, integrating anti-racism principles and cultural safety into clinical and administrative workflows for safer, more inclusive workplaces and patient care.
- **Demonstrate commitment and celebrate champions:** Advance formal commitments to Indigenous cultural safety and anti-Black racism education by making public accountability statements and recognizing folks from the health care workforce who exemplify anti-racist actions.
- **Align with standards and evolving guidance:** Align education strategies with the [Truth and Reconciliation Commission \(TRC\) Health Calls to Action](#), the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#), and provincial equity frameworks. Regularly review compliance and update training to reflect community, regional, and provincial guidance.

3.0.2 COMPREHENSIVE EVALUATION AND ACCOUNTABILITY

Achieving meaningful, sustained impact requires an integrated evaluation approach that draws on workforce, patient, and community perspectives to support transformation.

ESTABLISH A MULTI-DIMENSIONAL APPROACH

- **Conduct pre- and post-training surveys:** Measure changes in knowledge, attitudes, and practices related to Indigenous cultural safety and anti-Black racism across the workforce.
- **Monitor workforce experience:** Use climate and inclusion surveys to track perceptions of respect, belonging, and safety, identifying areas for continuous organizational improvement.
- **Track engagement metrics:** Systematically record participation, completion, and supplementary learning to ensure equitable access and highlight areas needing targeted support.

EXPAND BEYOND SELF-ASSESSMENT

- **Integrate patient and community feedback:** Incorporate patient experience measures into evaluation using surveys, interviews, or feedback forms to capture perceptions of physical, psychological and cultural safety, as well as dignity for Black and Indigenous individuals.
- **Include the health care workforce:** Assess how non-clinical and clinical roles contribute to culturally safe environments and influence overall organizational culture.
- **Enable longitudinal and multi-source assessment:** Conduct regular follow-up assessments (e.g., at six and 12 months) that synthesize data from the health care workforce, patients, and organizational outcomes to monitor sustained impact.

FOCUS ON ORGANIZATIONAL OUTCOMES AND TRANSPARENT REPORTING

Measure key indicators: Use data on incidents of discrimination, patient experiences, workforce retention, and community trust to evaluate systemic change and inform future strategies.

Promote transparency and accountability: Regularly share evaluation findings with boards, leadership, the workforce, and community stakeholders to foster accountability and support adaptive action.

Adopting a harmonized, evidence-informed approach to anti-Black racism and cultural safety education lays the groundwork for measurable and sustainable progress across all levels of the organization. Through intentional customization, continuous engagement, and rigorous accountability, organizations can ensure that education supports genuine transformation and advances equity and organizational trust. This ongoing commitment to comprehensive education and evaluation provides opportunities to meaningfully address systemic racism and better serve Indigenous and Black communities.

GUIDES AND ADAPTABLE RESOURCES:

FOUNDATIONAL INDIGENOUS CULTURAL SAFETY AND ANTI-BLACK RACISM EDUCATION

[San'yas Indigenous Core Cultural Safety Training](#)

[TAHSN Introduction to Anti-Black Racism eLearning Module](#)

[Truth and Reconciliation Commission Calls to Action](#)

[United Nations Declaration on the Rights of Indigenous Peoples](#)

3.1 Comparative and Complementary Learning Resources: Strengthening Cultural Safety and Anti-Racism Practice

Driving sustained progress in Indigenous cultural safety and anti-Black and anti-Indigenous racism education requires ongoing organizational commitment. While programs like [San'yas Indigenous Cultural Safety Training](#) and the [TAHSN Introduction to Anti-Black Racism eLearning Module](#) provide the essential baseline for shared understanding and accountability, continued growth depends on broadening learning pathways and maintaining strong community alignment.

To support deeper engagement and responsiveness, organizations can consult [Comparable Indigenous Cultural Safety and Anti-Racism Education Options](#) in this toolkit, which profiles leading Canadian offerings distinguished by Indigenous leadership, contextual relevance, interactive delivery, and evidence of impact. For a strengthened anti-Black racism focus, [Complementary Anti-Black Racism Education Options](#) presents accessible, high-quality programs that build on the foundational eLearning module and enable tailored, advanced learning for diverse roles and settings.

3.1.1 LAUNCHING DEEPER LEARNING AND ENGAGEMENT

To build on the foundations established by San'yas and the TAHSN eLearning module, organizations should:

- **Embed ongoing education:** Offer regular updated training on Indigenous cultural safety and anti-Black racism, ensuring folks from the health care workforce continually build their knowledge and skills.
- **Broaden learning opportunities:** Provide diverse workshops, seminars, and professional development on Indigenous health, rights, anti-Black racism, advocacy, and related issues. Make these learning opportunities accessible at all levels across disciplines.
- **Promote interdisciplinary collaboration:** Embed cultural safety and anti-racism principles in every department by fostering teamwork and co-design with Black and Indigenous folks.

- **Institutionalize policy review and adaptive practice:** Continually review and adapt policies to promote cultural safety, address racism, and ensure equity using feedback from Black and Indigenous folks in the health care workforce to guide continuous improvement.

Health care organizations can deepen both individual and collective capacity for anti-racism in everyday care and organizational culture by supplementing foundational training with these comparative and complementary resources. This supports health care organizations to sustain momentum, address emerging needs, and create pathways for ongoing change.

3.1.2 SELECTING AND MAXIMIZING EFFECTIVE RESOURCES

Additional anti-Black and anti-Indigenous racism education and Indigenous cultural safety education should be chosen carefully to align with organizational and community needs. Effective selection means prioritizing programs that:

- **Align strategically:** Directly advance TRC Calls to Action, UNDRIP, and organization-wide anti-Black racism commitments, ensuring education is rooted in reconciliation and rights-based frameworks.
- **Offer customization:** Provide adaptable content that can be tailored to reflect local realities, such as distinctions-based Indigenous approaches and diverse Black health care contexts, for maximum relevance and impact.
- **Advance learning pathways:** Facilitate continued skill development to support leadership progression, deeper engagement, and specialized learning.
- **Deliver credentialing and recognition:** Include options for recognized certification or professional accreditation to demonstrate commitment to organizational development and workforce growth.
- **Ensure accessible formats:** Maintain affordability, flexibility, and widespread access to meet the diverse needs and schedules of the health care workforce.

EXAMPLE:

FOUNDATIONAL KNOWLEDGE ON ANTI-BLACK RACISM—AN INTRODUCTORY COURSE FOR CENTRE FOR ADDICTION AND MENTAL HEALTH (CAMH) STAFF

- **Ongoing, evidence-based education:** Black CAMH staff and local community experts co-designed and developed CAMH's Foundational Knowledge on Anti-Black Racism course, ensuring authentic content that reflects real experiences and needs within Canadian health care.
- **Customized educational opportunity:** The course's three self-paced modules cover key concepts, historical context, lived experience, and practical strategies to disrupt anti-Black racism in care, research, and organizational culture.
- **Interdisciplinary collaboration:** The course is integrated across all departments and roles, with 91% of managers completing the course and strong engagement across CAMH's nearly 4,000 staff.
- **Policy review and evaluation:** CAMH draws on course evaluation and follow-up survey results (94% participant satisfaction, 62% reported changes in practice) alongside policy review, strengthened incident reporting processes, and learning management system integration to drive continuous improvement in its anti-Black racism education.
- **Organizational success:** CAMH's strategic approach is a focal point in its Fair & Just initiative, a program that advances anti-Black racism work through coordinated policies, education, and accountability; outcomes include increased staff awareness, policy reform, and safer environments for Black patients and members of the health care workforce.

CAMH is expanding its approach to offer advanced training and culturally adapted cognitive behavioural therapy (CBT), and to work toward a proposed Centre for Black Mental Health and new courses supporting anti-racism, discrimination, and harassment policies. CAMH's approach offers a robust model for how to ground anti-Black racism in community leadership, practical curriculum, and measurable outcomes to transform policy, practice, and workplace culture.

3.1.3 THE VALUE OF DIVERSE COMPLEMENTARY LEARNING

Aligning with the TRC’s Calls to Action, UNDRIP, and provincial equity and anti-racism frameworks means investing in targeted resources that build capacity and strengthen relationships with Indigenous and Black communities. Organizations need to consider multiple offerings to support different roles and stages of organizational readiness.

- **Support lasting organizational transformation:** Continuous, diverse education builds on foundational learning and sustains organizational momentum for cultural safety and anti-racism.
- **Foster trust and workforce confidence:** Ongoing learning, co-led by Black and Indigenous educators, cultivates trust, accountability, and meaningful workforce engagement.

Health care organizations can embed cultural safety and anti-racism as lasting, measurable values by anchoring practice in foundational programs like San’yas and the TAHSN Anti-Black Racism eLearning Module, then expanding with complementary, community-informed resources.

GUIDES AND ADAPTABLE RESOURCES:

COMPARABLE AND COMPLEMENTARY INDIGENOUS CULTURAL SAFETY AND ANTI-BLACK RACISM EDUCATION

[Comparable Indigenous Cultural Safety and Anti-Racism Education Options](#)

[Complementary Anti-Black Racism Education Options](#)

3.2 Anti-Black and Anti-Indigenous Racism Consultant Selection and Assessment Tools

A tailored approach to anti-Black and anti-Indigenous racism education recognizes that each health care organization has unique composition, needs, and contexts. Meaningful, sustainable change relies on foundational and advanced curriculum, as well as the right consultants, facilitators, and educators to guide those learning journeys. To ensure education partners are both impactful and authentic, this toolkit includes **structured assessment criteria and rating scales** to identify consultants to support anti-Indigenous racism education, Indigenous cultural safety, or anti-Black racism education.

Organizations can draw on the assessment criteria and rating scales to:

- **Maintain high standards:** Set clear expectations for expertise in anti-racism, Indigenous health, and cultural safety, emphasizing evidence-based methods and lived experience.
- **Advance accountability:** Select consultants who can provide organizations with practical, health care-specific tools that assist the organization with measuring impact, facilitating continuous improvement, and ensuring that accountability is maintained throughout the process. ⁷
- **Guide informed selection:** Support leaders, including those new to anti-racism or Indigenous health, with tools for consistent, equitable, and transparent evaluation when choosing partners.
- **Foster equity and consistency:** Create a standard for all departments and support equitable, reliable consultant selection across sites, roles, and training streams.
- **Elevate community voices:** Ensure that Black and Indigenous expertise, perspectives, and priorities remain central to content design, delivery, and evaluation by anchoring learning in lived experience and community validation. ⁸⁻⁹
- **Drive systemic change:** Select consultants with demonstrated success in addressing institutional and structural racism, and in applying anti-racist and decolonizing methodologies to education and organizational transformation. ^{7,9}

3.2.1 KEY FEATURES OF EFFECTIVE CONSULTANT ASSESSMENT

Selecting effective consultants for anti-racism education in health care requires attention to community endorsement, tailored learning approaches, rigorous evaluation, and continuous feedback to ensure authentic, sustained organizational transformation. When selecting a consultant or facilitator, consider the following factors:

Lived experience and community knowledge: Prioritize consultants and facilitators who have direct, recognized experience in the communities served, including distinctions among First Nations, Inuit, Métis, and Black communities and sensitivity to various geographic and social contexts.

Community endorsement: Request formal references or letters from community leaders or organizations to validate a consultant's reputation, trust, and commitment to ethical and accountable engagement.

Tailored education: Look for curriculum and facilitation methods that reflect the organization's workforce, patient populations, and specific challenges.

Comprehensive rating criteria: Evaluate partners by their depth of expertise, methodological rigor, evidence of measurable outcomes, fidelity to cultural authenticity, commitment to ongoing learning, and ability to fit with the organization's evolving needs.

Continuous evaluation and feedback: Ensure mechanisms are in place to monitor impact, proactively solicit feedback, and improve education strategies in real time.

By embedding these standards into selection practices, health care organizations can partner with consultants who deliver genuine, context-specific, and sustainable anti-racism learning. These standards support organizational accountability, centre the knowledge of Black and Indigenous folks, and drive long-term, systemic transformation within the health care workforce.

**GUIDES AND ADAPTABLE RESOURCES:
ASSESSMENT CRITERIA AND RATING SCALE**

[Assessment Criteria and Rating Scale for Indigenous Cultural Safety Consultants, Facilitators, or Educators](#)

[Assessment Criteria and Rating Scale for Anti-Black Racism Consultants, Facilitators, or Educators](#)

SECTION 4:

ORGANIZATIONAL IMPLEMENTATION STRATEGIES



4.0 Readiness Assessment and Strategic Planning for Anti-Racism Education

Conducting a thorough organizational assessment is a foundational step for advancing anti-Black and anti-Indigenous racism education strategies. This process ensures that efforts are targeted, evidence-based, and responsive to the actual needs and realities within the organization.

A structured approach to organizational improvement starts by reviewing the current environment, evaluating findings to support evidence-based decisions, and developing strategies that drive effective and lasting change.

ENVIRONMENTAL SCAN



- Identify current state, gaps, and barriers.
- Review policies, gather data, and involve stakeholders.

EVALUATE RESULTS



- Ensure evidence-based improvements and accountability.
- Analyze data, engage stakeholders, and benchmark practices.

DEVELOP STRATEGY

- Create targeted, effective, and sustainable change.
- Set goals, revise policies, and implement monitoring and evaluation.

CONDUCT AN ENVIRONMENTAL SCAN

- **Purpose:** An environmental scan provides a comprehensive assessment of the organization's current state regarding anti-Black and anti-Indigenous racism education and awareness. [10-11](#)
- **Key actions:**
 - Review existing policies, practices, and training programs through an anti-racism lens.
 - Gather diverse perspectives on current strengths and gaps from the health care workforce and community stakeholders.
 - Collect and analyze relevant data, including participation rates, feedback from previous training, and representation metrics. [10-11](#)
- **Why it matters:** This step uncovers hidden barriers, identifies systemic racism, and highlights areas where the organization may be falling short in its commitments to equity and inclusion. [10-12](#)

EVALUATE RESULTS

- **Purpose:** Evaluating the findings from the environmental scan provides a clear understanding of approaches that are working, what needs improvement, and where urgent action is required. [10-11](#)
- **Key actions:**
 - Analyze qualitative and quantitative data to identify trends, gaps, and opportunities.
 - Engage stakeholders in interpreting results to ensure findings are contextually relevant and actionable.
 - Benchmark current practices against best practices and standards in anti-racism education. [13](#)
- **Why it matters:** Evaluating the environmental scan's results ensures that the organization's approach is evidence-based and accountable, allowing for targeted improvements and transparency in reporting progress to internal and external stakeholders. [10-11](#), [13](#)

DEVELOP STRATEGY BASED ON THE ENVIRONMENTAL SCAN

- **Purpose:** Using the insights gained from the environmental scan, organizations can design or refine their anti-Black and anti-Indigenous racism education strategy to address the needs and gaps they identified. [10-11](#)
- **Key actions:**
 - Set clear measurable goals and timelines for anti-racism education initiatives.
 - Develop or revise policies, training programs, and accountability mechanisms based on results of the environmental scan.
 - Establish mechanisms for ongoing monitoring, evaluation, and adjustment of strategies to ensure sustained progress. [10-11](#)
- **Why it matters:** A strategy grounded in a thorough review is more likely to be effective, sustainable, and responsive to the lived experiences of Black and Indigenous Peoples. It also demonstrates organizational commitment and leadership accountability to anti-racism. [10-11](#), [13](#)

By using the environmental scan results, organizations can ensure their anti-Black and anti-Indigenous racism education strategies are comprehensive, impactful, and aligned with best practices for equity and inclusion. [10-11](#), [13](#)

4.1 Required vs. Optional: Balancing Approaches to Anti-Racism Education and Training

Whether anti-racism education is required or optional significantly influences participation, engagement, and overall effectiveness of anti-racism work. Required education can ensure broad and consistent understanding across the workforce and demonstrate organizational commitment and accountability. However, this approach may encounter resistance, or some worker groups may perceive anti-racism education as irrelevant. In contrast, optional education can foster deeper engagement and a more positive learning environment; however, it may not reach a significant portion of the organization or those who need it most, and it may be perceived as less impactful. Carefully weighing the key outcomes and considerations of each approach is essential to developing an education strategy that is both effective and responsive to the needs of the health care workforce.

4.1.1 KEY CONSIDERATIONS IN IMPLEMENTING REQUIRED EDUCATION

Organizations should carefully weigh important outcomes and considerations when implementing required anti-Black and anti-Indigenous racism education.

POSITIVE OUTCOMES FOR REQUIRED ANTI-BLACK AND ANTI-INDIGENOUS RACISM EDUCATION

- **Ensures consistent participation:**¹⁴ Required training ensures that the entire health care workforce participates, leading to a consistent understanding of anti-racism principles across the organization.

Resource: [A systematic review of diversity, equity, and inclusion and antiracism training studies: Findings and future directions](#)

- **Strengthens organizational accountability:**¹⁵ By requiring training, organizations demonstrate a strong commitment to addressing racism, which can enhance trust and credibility with communities that are persistently and historically marginalized.

Resource: [Antiracism & Organizational Change: A Guide for Employers](#) (Canadian Human Rights Commission)

- **Reduces implicit bias:** Required training helps reduce implicit biases by educating the health care workforce about the impact of racism and providing strategies to mitigate these biases.

Resource: [Undoing racism and mitigating bias among healthcare professionals: Lessons learned during a systematic review](#)

CONSIDERATIONS FOR REQUIRED ANTI-BLACK AND ANTI-INDIGENOUS RACISM EDUCATION

- **Resistance and discomfort:**¹⁶ Required training can lead to resistance and discomfort among members of the health care workforce who may feel forced to participate.

Resource: [Why diversity programs fail](#) (Harvard Business Review)

- **One-size-fits-all approach:**¹⁷ Required training may not address the specific needs and contexts of different departments or roles within the organization.

Resource: [Anti-Racism Education in Canada: Best Practices](#) (Centre for Race and Culture)

- **Resource-intensive:**¹⁸ Implementing required training requires significant resources, including time, money, and personnel.

Resource: [Anti-Racism Action Plan](#) (Canadian Human Rights Commission)

4.1.2 KEY CONSIDERATIONS IN IMPLEMENTING OPTIONAL EDUCATION

When shaping anti-racism training strategies, organizations should evaluate the distinct opportunities and important considerations of implementing optional anti-Black and anti-Indigenous racism education.

OPPORTUNITIES IN OPTIONAL ANTI-BLACK AND ANTI-INDIGENOUS RACISM EDUCATION

- **Encourages willing participation:** Optional training encourages participation from folks in the health care workforce who have an interest in learning about anti-racism, leading to more engaged and motivated learners.¹⁹

Resource: [A systematic review of diversity, equity, and inclusion and antiracism training studies: Findings and future directions](#)

- **Fosters a positive learning environment:** Optional training programs can foster a more supportive and inclusive learning environment where participants feel comfortable discussing sensitive topics.

Resource: [Best Practices for Effective Diversity Training](#)

- **Allows flexibility and customization:** Optional tailored training programs can be more effective in meeting the unique needs of the organization.

Resource: [Why diversity programs fail](#) (Harvard Business Review)

KEY CONSIDERATIONS IN OPTIONAL ANTI-BLACK AND ANTI-INDIGENOUS RACISM EDUCATION

- **Addressing limited reach:** Participation in the education offerings may be uneven, leaving some folks without exposure to key concepts.

Resource: [Collective Commitment: Emerging Anti-Racist Practice for Canadian International Cooperation](#)

- **Ensuring visible organizational commitment:** Optional training may be seen as less of a priority by the organization and members of the workforce, potentially leading to varied outcomes.

Resource: [Antiracism & Organizational Change: A Guide for Employers](#) (Canadian Human Rights Commission)

4.1.3 DEVELOPING A BALANCED APPROACH

To achieve meaningful and sustained progress in anti-Black and anti-Indigenous racism education, organizations should adopt strategies that balance consistency, relevance, and ongoing engagement. The following best practices and recommendations should guide their strategies:

- **Blended approach:** Consider a hybrid model that balances consistency with engagement. ²⁰⁻²¹ For example, require foundational anti-racism education for the entire health care workforce, with optional advanced modules for deeper learning and leadership development.
- **Tailored content:** Customize training for different roles and departments to enhance relevance and reduce resistance.
- **Leadership modelling:** Senior leaders should participate in and champion both required and optional education to signal commitment and set expectations. ²²
- **Ongoing evaluation:** Regularly assess participation, outcomes, and feedback to refine strategies and maximize impact. ^{13, 21}

The most effective approach is one that is tailored to the organization's unique needs and context. Strategies often combine the strengths of both required and optional approaches, ensuring a foundation of shared knowledge while empowering the health care workforce to deepen their learning. Aligning education strategies with organizational values, workforce needs, and evidence-based leading practices is essential for meaningful and sustainable advancement of anti-Black and anti-Indigenous racism programs. ^{13, 20}

4.2 Structured Workforce Learning Journey

This anti-Black and anti-Indigenous racism education framework outlines a progressive learning journey for the health care workforce. It begins by building foundational awareness of anti-Black and anti-Indigenous racism and its impact on health equity, progresses to applying anti-racism strategies in practice, and ultimately advances to leadership in anti-racist policy and organizational change. Each stage is designed to equip individuals with the knowledge, skills, and confidence they need to create more equitable and inclusive workplaces, supported by practical resources and ongoing organizational commitment.

4.2.1 AWARENESS AND UNDERSTANDING

Target Audience: New hires and folks with minimal anti-racism knowledge or training.

Objective: Build foundational knowledge and awareness about anti-Black racism and its impact on health equity.

KEY COMPONENTS:

- **Education on historical context:** Education about the history of racial oppression, colonialism, and slavery as they relate to health and health care. ^{1, 22}
- **Conceptual clarity:** Introduction to key concepts—racism, anti-oppression, white fragility, allyship, anti-Black racism, anti-Indigenous racism, intersectionality, systemic racism, institutional racism, privilege, power, white supremacy, social inequality, meritocracy, individualism, identity, social location, and positionality. ^{22, 23}
- **Self-reflection:** Activities to help folks recognize their own positionality, power, and privilege. ^{1, 23}
- **Dialogue training:** Training to develop confidence in discussing sensitive topics in group settings. ^{1, 24}
- **Health equity:** Identifying how racism acts as a barrier to equitable health outcomes for patients and the workforce. ^{1, 24}
- **Resource utilization:** Access to foundational educational materials and reputable courses to build knowledge. ^{1, 23, 24}

ORGANIZATIONAL SUPPORTS:

- Incorporate shared anti-racist language and definitions in daily communications and policies. ^{1, 22}
- Establish visible leadership support and allocate resources for foundational training. ^{1, 22}
- Dedicate time for folks in the health care workforce to engage in foundational learning modules and reflections, such as the San'yas Indigenous Core Cultural Safety Training® or Toronto Academic Health Science Network (TAHSN) Introduction to Anti-Black Racism eLearning Module or other comparative education.

4.2.2 APPLY AND ACT

Target Audience: Folks with foundational anti-racism knowledge seeking to apply anti-racism strategies in their roles.

Objective: Equip the workforce with practical strategies to actively engage in anti-racism actions in their day-to-day work and the broader health sector.

KEY COMPONENTS:

Actionable strategies: Practical guidance for identifying and disrupting manifestations of anti-Black and anti-Indigenous racism in the workplace. ¹

- **Simulation activities:** Scenario-based exercises and role-plays to practise anti-racism interventions and responses to racism or discrimination. ^{1, 24}
- **Recognition of racism:** Training to recognize both overt and subtle forms of racism in clinical and organizational settings. ^{1, 24}
- **Community engagement:** Opportunities to build meaningful partnerships with Black and Indigenous communities and learn from their perspectives. ^{1, 22}
- **Resource utilization:** Advanced courses, practical toolkits, and ongoing mentorship to support application of anti-racism strategies. ^{1, 24}

ORGANIZATIONAL RESOURCES:

- Regular, ongoing anti-racism training tailored to specific roles and contexts. ^{1, 6}
- Structures for folks in the health care workforce to safely report and address racism, with clear accountability mechanisms. ^{1, 22}
- Transparent and equitable implementation of recognition and reward systems for anti-racism leadership that prioritizes those with lived experience and seeks to avoid reinforcing existing social privilege or performative approaches. ¹

4.2.3 ADVANCE AND LEAD

Target Audience: Folks in the health care workforce with intermediate anti-racism knowledge, including those transitioning to or already in leadership roles.

Objective: Prepare health care leaders to develop and implement anti-racist policies, procedures, and programs.

KEY COMPONENTS:

- **Leadership impact:** Understanding of how leadership shapes organizational culture and worker experiences. ^{1, 25}
- **Policy development:** Skills for creating and enacting anti-racist policies and procedures to address systemic inequities. ^{1, 25}
- **Monitoring and metrics:** Implementation of data-driven approaches to monitor progress, workforce diversity, and the impact of anti-racism initiatives. ^{1, 25}
- **Conflict resolution:** Training to effectively intervene in and resolve incidents of racism or discrimination. ¹
- **Equitable hiring and advancement:** Fair recruitment, retention, and promotion practices for Black and Indigenous people in the health care workforce. ^{1, 25}
- **Continuous learning:** Commitment to ongoing education, self-assessment, and seeking new knowledge and expertise. ^{1, 6}

ORGANIZATIONAL RESOURCES:

- Regular, ongoing anti-racism training tailored to specific roles and contexts. ^{1, 6}
- Structures for folks in the health care workforce to safely report and address racism, with clear accountability mechanisms. ^{1, 22}
- Recognition and reward systems for folks in the health care workforce who demonstrate anti-racism leadership in practice. ¹

Organizations can foster continuous engagement and accountability by establishing clear, progressive pathways from initial awareness to leadership and action, and ensuring that participants can advance at their own pace. Regularly refreshing educational materials to incorporate new research and feedback, customizing objectives to local contexts, and providing ongoing support all help create a dynamic environment where every member of the health care workforce can participate fully in the journey toward a culturally safe and anti-racist organization.

4.3 Building Anti-Racism Capacity

Health care organizations can foster lasting change by establishing and implementing structured, progressive learning pathways that guide every member of the health care workforce through practical steps to embed anti-racism and cultural safety at every stage of their development.

Establish structured learning pathways: Design and communicate clear, progressive pathways that move the health care workforce from foundational awareness toward active practice and leadership in anti-racism. Ensure that participants can engage at their own pace and provide built-in opportunities for advancement and reflection. ¹

Commit to continuous updates: Regularly refresh educational materials and competency frameworks using new evidence, feedback from the health care workforce and community, and evolving best practices. This ensures resources remain current and effective in challenging both individual and systemic racism. ²⁶

Tailor learning to local contexts: Adapt training objectives, content, and delivery to reflect the specific roles, backgrounds, and realities of the workforce. Integrate local community knowledge, lived experiences, and relevant scenarios that resonate with learners. ²⁶

Foster ongoing engagement and accountability: Build a culture where continuous engagement is expected and supported. Provide regular opportunities for mentorship, discussion, and feedback, and make anti-racism learning part of performance and organizational accountability measures. ^{1, 26}

Ensure systems-level support: Embed training initiatives within a broader organizational commitment to cultural safety and anti-racism that is supported by leadership, policy alignment, and robust infrastructure for ongoing evaluation and improvement. ²⁶

Health care organizations can create sustained transformation by taking deliberate, evidence-informed actions at every level to embed anti-Black racism education and Indigenous cultural safety as foundational, everyday practices for the entire workforce.

SECTION 5:

MONITORING, EVALUATION, AND ACCOUNTABILITY



5.0 Monitoring and Evaluation: From Intention to Accountability

Monitoring and evaluation in anti-racism education must be intentional, consistent, and multi-dimensional. This means using both quantitative measures (e.g., training completion rates, workforce diversity statistics, and retention data) and qualitative insights (e.g., lived experience feedback, patient narratives, and workforce reflections) to gain a full picture of progress. Together, these data points enable the organization to track outputs (e.g., numbers trained) and illuminate outcomes (e.g., improved patient trust, more equitable hiring, and reduced reported incidents of discrimination).

In health care, monitoring and evaluation serve several interconnected purposes. They:

- **Validate impact:** Confirm that education initiatives are producing meaningful shifts in knowledge, attitudes, behaviours, policies, and patient experiences.
- **Guide strategic decisions:** Provide leaders with reliable evidence to refine priorities, allocate resources, and adapt programming to meet emerging needs.
- **Foster accountability:** Hold accountable the leadership, departments, and teams responsible for advancing cultural safety and anti-racism commitments aligning with the Truth and Reconciliation Commission (TRC) Calls to Action, United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and organizational equity mandates.
- **Build trust:** Demonstrate to Indigenous and Black communities, as well as the health care workforce, that commitments are followed by measurable, transparent action.

By treating monitoring and evaluation as ongoing organizational practices, health care organizations can ensure their anti-Black and anti-Indigenous racism education becomes a catalyst for lasting policy, practice, and culture change.

5.1 Evaluation Framework

Organizations can lay a strong foundation for impact by setting clear goals, tracking meaningful metrics, and actively collecting data to monitor and drive anti-Black and anti-Indigenous racism education forward. Using an action-oriented evaluation framework to measure tangible progress toward workforce development and cultural transformation will facilitate transparent team communication and ensure accountability at every level.

METRICS, SURVEYS, AND DATA COLLECTION TOOLS

- **Set concrete goals:** Define specific, actionable, and measurable objectives for anti-Black racism education and Indigenous cultural safety and embed them into board-level goals. Translate these objectives into a dynamic measurement framework that tracks both workforce development and organizational transformation, and ensures alignment across all teams. ²⁷
- **Incorporate community-defined success indicators:** In addition to using standard organizational key performance indicators (KPIs), incorporate success indicators defined by Black and Indigenous folks. These may include measures articulated by Indigenous or Black patients, families, members of the the health care workforce, or community partners that are not simply traditional organizational outcomes. Pairing these community-driven metrics with internal benchmarks creates a fuller, more accountable picture of progress and impact.
- **Continuously monitor metrics:** Track quantitative metrics (e.g., training completion rates, workforce demographics, and patient outcomes) together with qualitative insights (e.g., lived experiences of the health care workforce and patients). Monitor short-term outputs and long-term outcomes to inform strategy and guide ongoing improvement.

- **Implement active data collection:** Deploy regular pulse surveys, pre- and post-training assessments, and ongoing feedback sessions to capture workforce and community engagement, learning, and progress. Integrate findings into strategic evaluation plans that drive continuous action.
- **Deliver transparent dashboards and reporting:** Build and maintain public-facing dashboards or scorecards to communicate anti-racism progress clearly and accessibly. Use regular board reviews and external reporting to maintain organizational focus, drive action, and reinforce trust with internal and external stakeholders. ²⁷

Embedding a proactive, data-driven evaluation framework ensures that anti-Black and anti-Indigenous racism education leads to sustained, measurable transformation and real accountability across the health care sector.

5.2 Continuous Improvement

Driving meaningful and sustained change in anti-racism education requires ongoing reflection, transparent reporting, and adaptive learning strategies. Organizations can embed regular feedback loops that include Black and Indigenous communities into institutional processes and use these insights to inform organizational decisions. This ensures that anti-racism education remains relevant, responsive, and capable of fostering trust and continuous growth.

FEEDBACK LOOPS, EQUITY DASHBOARDS, AND TRANSPARENT REPORTING

Organizations can use the following approaches to build strong feedback and accountability mechanisms that keep anti-Black and anti-Indigenous racism education relevant and responsive over time:

- **Routine feedback and reflections:** Institutionalize ongoing feedback mechanisms through surveys, focus groups, and interviews with Black and Indigenous folks in the workforce and communities. Embed these insights into regular board and executive team reflections to inform strategy adaptations and ensure continuous improvement.

- **Transparent reporting:** Transparent reporting builds trust and demonstrates a true commitment to sustained anti-racism work. Ensure that evaluation frameworks are co-developed or validated with Indigenous and Black advisors and that outcomes are reported transparently, both within the organization and to the communities served. Communicate progress, challenges, and key outcomes to all stakeholders via meetings, newsletters, and public dashboards.
- **Continuous learning and adaptation:** Offer ongoing learning opportunities, such as workshops, advanced seminars, and eLearning modules. Use evaluation data to update curricula and adapt educational strategies as needs evolve.
- **Community-informed accountability:**²⁹ Establish governance committees or task forces with authority to oversee anti-racism initiatives. These bodies should meet regularly to review results, address barriers, and recommend improvements to blend quantitative metrics with qualitative insights from community partners.

A comprehensive monitoring and evaluation framework that is grounded in targeted metrics, regular feedback, transparent reporting, and responsive adaptation is essential for moving anti-Black and anti-Indigenous racism education from policy to lasting organizational practice. Senior leadership and boards must invest in these processes, model accountability, and empower the entire health care workforce and communities to participate in continuous improvement.

SECTION 6:

SUSTAINING CHANGE

VI

6.0 Embedding Anti-Racism in Culture and Policy

A comprehensive and sustained education strategy is foundational for creating lasting change and fostering an environment where Black and Indigenous folks can thrive. An effective anti-Black and anti-Indigenous racism education strategy requires:

- **Continuous education and training:** Ongoing learning opportunities are essential to keep anti-racism principles active in everyday practice. Education programs need to be tailored to the specific needs and contexts of departments and roles, ensuring cultural safety and relevance across the workforce and board.¹
- **Reflective practice:** Training should encourage individuals to critically self-reflect on biases, beliefs, and positionality to drive personal and organizational transformation.^{1, 28}
- **Integration in human resources (HR) and leadership development:** Anti-racism and Indigenous cultural safety principles should be embedded in HR policies, recruitment, onboarding, performance reviews, and leadership competencies. Equipping senior leaders with targeted training ensures they model accountability, prioritize resources, and drive organization-wide change.¹

6.1 Community Co-Design and Engagement

Building trust and relevance requires genuine, sustained partnerships with Black and Indigenous communities.

- **Community engagement:** Organizations should actively involve Black and Indigenous folks in developing, implementing, and evaluating education initiatives and adapting strategies in response to feedback. Safe spaces and conversation events, such as the [Community Conversation Suppers](#) (organized by N’Mninoeyaa Aboriginal Health Access Centre), help to ensure initiatives are culturally respectful and meaningful.³⁰⁻³¹
- **Culturally safe spaces:** Dedicated forums and practices should affirm the experiences and needs of Black and Indigenous people and foster ongoing dialogue and co-creation of education priorities, program design, and evaluation approaches with community.³¹

- **Ongoing community feedback loops:** To ensure education remains current and reflects community perspectives, organizations should establish regular feedback loops with Indigenous and Black communities. Organizations, in partnership with community stakeholders, should review educational content at least once a year, with revisions made as necessary and progress shared transparently.

6.2 Long-Term Alignment and Accountability

Sustaining impact means aligning anti-racism education with broader systems, standards, and mandates.

- **Connection to standards and accreditation:** Link education approaches to Accreditation Canada requirements, the Truth and Reconciliation Commission Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples, and provincial equity mandates.
- **Continuous evaluation and improvement:** Accountability frameworks and regular reporting signal an organization's commitment and support trust. ¹ Use clear metrics, surveys, and equity dashboards to track progress, adapt strategies, and transparently report to stakeholders.
- **Visible leadership commitment:** Boards and senior leaders must actively participate, champion, and allocate resources as part of their governance responsibility, helping embed anti-racism into the organization.
- **Ongoing professional development:** Maintain momentum through periodic refreshers, advanced training, and support for the health care workforce at all readiness levels.

SECTION 7:

LOOKING FORWARD



7.0 Celebrating Progress and Sustaining Commitment on the Anti-Racism Journey

Advancing anti-Black and anti-Indigenous racism education in health care requires a sustained commitment to learning and action. This toolkit is both a foundation and ongoing resource to guide organizations through comprehensive, rights-based approaches to anti-racism. Each step undertaken by the health care workforce and organization leads to tangible progress for a more equitable and inclusive system.

Acknowledging and honouring the work, leadership, and courage demonstrated by the health care workforce and their partners are crucial in confronting racism. Recognizing achievements and valuing contributions at every level reinforce a culture of appreciation and inspire continued engagement. Formal and informal recognition programs can highlight milestones, showcase innovation, and share stories of those who champion anti-racism throughout the system.

Celebrating these successes fosters momentum, reinforces shared values, and sparks new strategies across health care settings. Sharing accomplishments builds trust, belonging, and hope among Black and Indigenous professionals, patients, and communities whose experiences and expertise drive this transformation.

Monitoring, collecting feedback, and conducting evaluations sustain accountability for meaningful change. Collaborative effort and appreciation of progress help create a health care environment that understands the effects of racism and actively advances equity, thus improving experiences and outcomes for Black and Indigenous communities in Canada.

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Working Definitions

Working definitions for key terms used across these toolkits are available on the TAHSN website. Please visit the [Working Definitions](#) page to review the full set of terms and concepts that informed toolkit development. We encourage you to refer back to that page regularly as your anti-Black and anti-Indigenous racism work evolves.

Adaptable and Established Guides and Resources

Indigenous Cultural Safety and Anti-Racism Education Options

DESCRIPTION

This chart provides a comparative overview of leading Indigenous cultural safety and anti-racism training programs available to health care organizations and professionals in Canada. Each program's profile includes practical details, such as provider, audience, cost, and program format. It also provides key quality indicators that reflect best practices in Indigenous cultural safety education, including whether a program is Indigenous-led, health care-focused, regionally tailored, facilitated or interactive, accessible nationally, and supported by evidence of impact.

USE THIS CHART WHEN:

Selecting education programs: Decision-makers (such as human resources leaders, education coordinators, or Equity, Diversity, and Inclusion committees) can use the chart to compare available options and identify the best fit for their workforce based on organizational priorities, target audience, regional needs, and required evidence of impact.

Strengthening community accountability: The chart demonstrates how program selection reflects priorities identified by Indigenous communities, the health care workforce, and patients, and ensures resources are directed toward approaches with proven impact and trust.

Evaluating program quality: The chart's indicators help teams move beyond generic "awareness" modules and prioritize comprehensive, interactive, and Indigenous-led training that directly addresses health care contexts.

Supporting policy or accreditation requirements: The information can be used to fulfill or document compliance with institutional, accreditation, or funding body requirements related to Indigenous cultural safety education.

HOW TO USE THE CHART:

Reference during planning: Use the chart as a quick guide for developing requests for proposals (RFPs), planning workforce education, or developing training recommendations for governance or leadership.

Assessment tool: Evaluate the strengths, limitations, and unique offerings of each program across multiple criteria—not just for cost or convenience, but for alignment with rights-based and reconciliation-focused values.

WHEN TO USE THE CHART:

- At the outset of a new cultural safety or anti-racism education initiative.
- When current training is being reviewed or updated.
- When leadership, funders, or regulatory bodies require evidence-informed decision-making.
- In discussions about broader workforce development, retention, or equity strategies.

KEY NOTES ON TABLE CRITERIA:

Indigenous-led: Indicates whether Indigenous organizations or experts develop and deliver the program.

Health care–focused: Shows direct applicability for health care settings, which is critical for workforce transformation.

Regionally tailored: Reflects adaptation to specific local, regional, or provincial Indigenous contexts and needs.

Facilitated and interactive: Indicates whether program delivery is live/facilitated or offers interactive engagement; where both options exist or are being developed, it is noted as “varies.”

National reach: Indicates whether the program is accessible across Canada or has provincial/regional focus.

Evidence of impact: Reflects whether data or research supports outcomes (participant confidence, adoption, or behavioural/culture change).

This approach directly addresses the need to move beyond generic online awareness modules—which often lack Indigenous leadership, a focus on health care, or proven impact—in favour of robust, interactive programs led by Indigenous organizations and aligned with the Truth and Reconciliation Commission’s Calls to Action.

For additional details on program selection and consultant evaluation, refer to the [assessment criteria and rating scale for Indigenous cultural safety](#) provided in this toolkit.

Program name	San'yas Indigenous Cultural Safety Training®	Foundations of Indigenous Cultural Safety (Anishinaabe Mino'Ayaawin)	Indigenous Relationship & Cultural Awareness courses	Indigenous Health & Wellness, Advocacy, and Allyship	Indigenous Canada
Provider	Provincial Health Services Authority (BC)/San'yas	Indigenous Primary Health Care Council (IPHCC), Ontario	Ontario Health (Cancer Care Ontario)	Athabasca University (PowerED)	University of Alberta, Faculty of Native Studies
Description	Online, Indigenous-led program providing foundational cultural safety, anti-racism, and colonization education tailored to health care	Introduces health care providers to cultural safety, anti-racism, and colonization impacts	13 self-learning courses on Indigenous history, cultural competence, and health issues	Introductory massive open online course (MOOC); advanced courses on anti-Indigenous racism, advocacy, and allyship in health care	12-lesson course on Indigenous histories and contemporary issues in Canada
Format	Facilitated eLearning modules	Self-guided eLearning	Self-paced eLearning modules	Self-paced online; MOOC is ~3 hours	Self-paced, 15–20 hours, online
Audience	Health care workforce (all levels); available nationally	Health care professionals in Ontario and beyond	Health care professionals and general public	Health care professionals, students, public	General audience, health care, and education
Registration & cost	\$325 per participant; group pricing available	\$175 per user; contact IPHCC	Free; register via Ontario Health’s eLearning site	MOOC is free; advanced courses require tuition	Free audit; certificate available for a fee
Indigenous-led	●	●	Often no	●	●
Health care– focused	●	●	—	Partial	—
Regionally tailored	●	●	—	●	—
Facilitated & interactive	●	Varies	—	Varies	—
Evidence of impact	●	●	—	●	●

Complementary Anti-Black Racism Education Options

DESCRIPTION

Organizations should view the Toronto Academic Health Science Network (TAHSN) Anti-Black Racism eLearning Module as a foundational, flexible starting point within a wider and more adaptable educational pathway. To effectively meet the diverse and evolving needs of the health care workforce, organizations must offer a suite of complementary anti-Black racism education resources delivered in asynchronous and self-paced formats. These options empower the health care workforce to engage with content when their schedules permit, increasing both accessibility and organizational uptake while respecting individual preferences and responsibilities.

USE THIS CHART WHEN:

Selecting education programs: Decision-makers (such as human resources leaders, education coordinators, or Equity, Diversity, and Inclusion [EDI] committees) can use the chart to compare available options and identify the best fit for their workforce based on organizational priorities, target audience, regional needs, and required evidence of impact.

Strengthening community accountability: The chart demonstrates how program selection reflects priorities identified by Black communities, the health care workforce, and patients, and ensures resources are directed toward approaches with proven impact and trust.

Evaluating program quality: The indicators support teams to go beyond “diversity awareness” and prioritize interactive, health care-specific, and community-endorsed programs that are supported by data on practical outcomes.

Supporting policy or accreditation requirements: The comparative details inform documentation for compliance with institutional equity mandates and/or accreditation standards for equity and anti-racism.

HOW TO USE THE CHART:

Reference during planning: Use the chart when issuing requests for proposals (RFPs), updating workforce education plans, or making recommendations to leadership and governance.

Use as assessment tool: Compare strengths, limitations, and unique features of multiple options across multiple criteria—not just for cost, but on evidence, relevance to health care, and alignment with equity and anti-racism priorities.

WHEN TO USE THE CHART:

- At the outset of new anti-Black racism education initiatives.
- When reviewing or updating current training and compliance.
- In response to leadership, funding, or regulatory body requirements.
- During EDI and workforce development planning cycles.

KEY NOTES ON TABLE CRITERIA:

Health care–focused: Shows direct applicability or has opportunities for customization for clinical, patient care, and health system settings.

Facilitated and interactive: Indicates if learning includes live facilitation, group engagement, or interactive content; “self-directed” signals online or asynchronous modules.

Community co-developed/endorsed: Indicates whether education is co-created with or endorsed by Black communities or health leaders.

Evidence of impact: Reflects if there are documented outcomes, research, testimonials, or change metrics.

Accreditation available: Indicates if professional development/Continuing Education Units (CEU) options are available for the health care workforce.

Health care organizations should supplement core anti-Black racism training (e.g., the TAHSN eLearning module) with advanced or context-specific offerings that deepen skills, address clinical realities, and foster meaningful partnerships with Black communities. The programs highlighted in the chart enable teams to build on foundational learning, meet evolving workforce and policy requirements, and drive sustainable equity and anti-racism outcomes.

For additional details on program selection and consultant evaluation, refer to the [assessment criteria and rating scale for anti-Black racism](#) provided in this toolkit.

Resource	TAHSN Introduction to Anti-Black Racism eLearning Module	Confronting Anti-Black Racism eLearning course (University of Waterloo)	Anti-Black Racism and Public Health webinar series (Black Health Education Collaborative)	Black Health Primer (Black Health Education Collaborative)
Format & focus	Self-paced, online module	Self-directed, multi-module online course	Live/recorded webinars, public health lens	Modular, accredited online learning
Key features	Foundational overview of anti-Black racism in Canadian health care; evidence-informed, includes reflection prompts, adaptable for local context	Focuses on the history of anti-Black racism, self-reflection, and action planning; suitable for individuals and teams	Explores critical race theory, privilege, and physiological impacts of racism	Addresses clinical care for Black patients, race-based medicine, and health care inequities; accredited for professional development
Audience	Entire health care workforce	Individuals and teams, health care professionals	Senior leaders, public health professionals	Health care providers, professionals
Registration & cost	Free; online eModule; local internal eLearning Management Systems	Free; self-paced online	Free; online; registration required	\$350; self-paced online; accredited
Health care-focused	●	●	●	●
Facilitated & interactive	Self-directed, includes interactive reflection	Self-directed; no live facilitation	Facilitated live webinars; recordings	Self-paced; modular; minimal interaction

Assessment Criteria and Rating Scale for Indigenous Cultural Safety Consultants, Facilitators, or Educators

DESCRIPTION

This rating system is designed to evaluate vendors who provide Indigenous cultural safety or anti-Indigenous racism education. It employs a five-point scale ranging from “Emerging” (1) to “Exemplary” (5), reflecting a growth-oriented approach aligned with anti-racist principles. The system assesses vendors across five key domains: expertise and experience, methodology and approach, outcomes and impact, vendor stability and support, and alignment with organizational and Indigenous values. This comprehensive framework helps organizations select partners who can deliver high-quality, impactful education tailored to their specific organizational context.

HOW TO USE THE RATING SYSTEM

- **Define your needs:** Identify your organization’s specific goals and context regarding Indigenous cultural safety or anti-Indigenous racism education.
- **Evaluate vendors:** Use the five-point scale to assess each consultant against the criteria in the five key domains: expertise and experience, methodology and approach, outcomes and impact, vendor stability and support, and alignment with organizational and Indigenous values.
- **Rate each criterion:** Assign a rating from 1 (Emerging) to 5 (Exemplary) for each criterion based on evidence such as vendor qualifications, curriculum design, client testimonials, and community engagement.
- **Weigh key considerations:** Prioritize vendors who have lived Indigenous experience and use curriculum co-developed with community, trauma-informed approaches, and transparent accountability mechanisms.
- **Make informed decisions:** Use the comprehensive ratings to compare vendors and select those best aligned with your organizational values and needs.
- **Monitor and review:** Continuously assess the impact of the chosen vendor’s education and support ongoing improvement and accountability.

RATING SYSTEM

The rating system uses a five-point scale for each criterion:

- 1** — Emerging
- 2** — Developing
- 3** — Proficient
- 4** — Advanced
- 5** — Exemplary

KEY CONSIDERATIONS WHEN EVALUATING INDIGENOUS CULTURAL SAFETY AND ANTI-RACISM CONSULTANTS

LIVED EXPERIENCE AND REPRESENTATION

- Prioritize consultants with lived Indigenous experience, community recognition, and ongoing relationships with Indigenous folks and/or communities.
- Ensure the consultant demonstrates an understanding of and represents distinctions among First Nations, Inuit, and Métis Peoples—and between urban, rural, and remote Indigenous communities. Consider whether members of the health care workforce represent and have deep relationships with these identities and geographies.

COMMUNITY ENGAGEMENT

- Ensure curriculum and delivery are co-developed in partnership with Indigenous communities.
- Require consultants to provide a detailed description of the Indigenous communities they engaged in the curriculum development, how engagement was conducted, and how local context and needs informed the educational approach.

TRAUMA-INFORMED AND DECOLONIZING

- Favour programs and consultants that use trauma-informed, healing-centred, and explicitly decolonizing methodologies in both curriculum design and facilitation.

ACCOUNTABILITY

- Require consultants to provide transparent and regular reporting of outcomes, ongoing mechanisms for Indigenous community feedback, and a commitment to continuous improvement based on lived experience and new evidence.

This framework enables organizations to select Indigenous cultural safety or anti-Indigenous racism consultants who deliver high-quality and impactful education, centre Indigenous voices, and contribute to meaningful and lasting organizational change.

ASSESSMENT CRITERIA AND RATING SCALE FOR INDIGENOUS CULTURAL SAFETY CONSULTANTS

EXPERTISE AND EXPERIENCE

Criterion	Lived experience	Qualifications	Relevant experience
1 (Emerging)	No direct engagement with Indigenous communities	Basic diversity or cultural awareness training	Limited or generic experience in Indigenous cultural safety or anti-racism education
3 (Proficient)	Some collaboration/consultation with Indigenous advisors	Specialized training in Indigenous cultural safety, anti-racism, or decolonizing education	Demonstrated experience delivering Indigenous cultural safety training in health care
5 (Exemplary)	Led by Indigenous facilitator(s) with lived experience and community recognition	Advanced degrees/certifications in Indigenous studies, decolonizing methodologies, or related fields	Extensive, successful track record of Indigenous-led cultural safety education in Canadian health care
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant have examples or references reflecting relevant experience?
- Are their relationships with Indigenous communities current, active, and ongoing?
- Has the consultant previously worked with health care organizations or settings similar to ours?

METHODOLOGY AND APPROACH

Criterion	Facilitation techniques	Customization ability	Curriculum design
1 (Emerging)	Lecture-based, didactic	One size fits all	Generic diversity content with little focus on Indigenous realities
3 (Proficient)	Interactive workshops with some participant engagement	Some customization for organizational needs	Tailored Indigenous cultural safety curriculum; includes some examples specific to health care
5 (Exemplary)	Transformative, experiential, trauma-informed, and relational approaches grounded in Indigenous ways of knowing	Fully customizable and responsive to specific and diverse needs of communities and organizations; includes distinctions-based customization for Indigenous identity (First Nations, Inuit, Métis) and geography (urban, rural, remote, northern); integrates local knowledge, context, and lived experience, as well as regional contexts, into all elements of the curriculum	Curriculum is innovative, evidence-based, co-developed with community, and rooted in Indigenous knowledge and perspectives; includes specific applied examples relevant to health care settings and reflecting Indigenous patient realities from First Nations, Inuit, and Métis experiences
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant address and distinguish among First Nations, Inuit, and Métis communities?
- Does the approach represent and demonstrate clear understanding of the realities within urban, rural, and remote Indigenous communities?
- How does the consultant engage Indigenous communities in curriculum design? Which specific First Nations, Inuit, and Métis groups and geographies were consulted?

OUTCOMES AND IMPACT

Criterion	Client testimonials	Continuous improvement	Measurable results
1 (Emerging)	Few or no references	Infrequent updates	Limited data on effectiveness
3 (Proficient)	Positive feedback from some clients	Regular content updates	Basic pre- and post-assessment data
5 (Exemplary)	Exceptional testimonials from Indigenous partners and reputable health care organizations	Ongoing collaboration with Indigenous communities to ensure relevance and innovation	Comprehensive evaluation with clear short-, medium-, and long-term outcomes that are supported by ongoing feedback and impact data from the health care workforce, patients, and communities
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant have clear mechanisms or commitments to community accountability and reinvestment?
- Can the consultant support the organization beyond initial implementation as needs change or scale increases?

CONSULTANT STABILITY AND SUPPORT

Criterion	Financial stability	Scalability	Support services
1 (Emerging)	Limited transparency	Limited capacity	Basic post-training support
3 (Proficient)	Stable financial position	Can handle medium-sized projects	Ongoing resources provided
5 (Exemplary)	Strong, transparent financial health and community accountability	Proven ability to deliver large-scale, organization-wide, and multi-community initiatives	Comprehensive follow-up and implementation support, including culturally safe post-training coaching, mentorship, and tailored resources to help organizations shift culture and sustain transformation—especially for the Indigenous health care workforce; clear evidence of such ongoing support and its impact
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant have evidence or description of authentic co-development processes (not just consultation)?
- What evidence or methods will be used to measure workforce transformation (knowledge, behaviour, culture)?
- How are support services adapted for different community needs or organizational contexts?

ALIGNMENT WITH ORGANIZATIONAL AND INDIGENOUS VALUES

Criterion	Commitment to reconciliation and anti-racism	Cultural competence	Ethical practices
1 (Emerging)	General diversity statements	Basic understanding of Indigenous issues	Meets minimum standards
3 (Proficient)	Clear anti-racism and reconciliation policies and practices	Demonstrated competence in Canadian Indigenous contexts	Strong ethical framework
5 (Exemplary)	Demonstrated sustained commitment to the Truth and Reconciliation Commission Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and Indigenous rights through documented actions, authentic partnerships, and application of UNDRIP principles; includes participation in community-led reconciliation work, partnerships with Indigenous governing bodies, distinctions-based knowledge of First Nations, Inuit, and Métis communities (including urban, rural, and remote contexts), and systemic barriers such as Jordan's Principle	Deep understanding of intersectionality, self-determination, and diverse Indigenous experiences	Leading ethical practices, transparency, and reciprocal relationships with Indigenous communities
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant solicit feedback from Indigenous folks in the health care workforce, patients, and communities? How is the feedback used for continuous improvement?
- Are transparent reporting mechanisms and continuous improvement processes built into the work?
- How will the consultant ensure ongoing accountability to Indigenous partners and organizational equity goals?

Assessment Criteria and Rating Scale for Anti-Black Racism Consultants, Facilitators, or Educators

DESCRIPTION

This assessment tool is a structured rating system designed to evaluate external anti-Black racism education consultants, facilitators, or educators working with the health care workforce. It uses a five-point scale—ranging from “Emerging” (1) to “Exemplary” (5)—to reflect a growth-oriented, anti-racist approach. The tool assesses consultants across five key domains: expertise and experience, methodology and approach, outcomes and impact, vendor stability and support, and alignment with organizational values. By centring lived experience and Black voices, the framework ensures that organizations select partners who deliver high-quality, impactful education tailored to the realities of health care settings. The system also promotes accountability, consistency, and continuous improvement to support organizations in advancing equity and dismantling systemic racism within their workforce.

HOW TO USE

- **Determine organizational needs:** Clarify your health care organization’s goals and context for anti-Black racism education.
- **Review criteria:** For each consultant or facilitator under consideration, examine evidence in each of the five domains (e.g., track record in health care, curriculum design, client testimonials, support services, and ethical practices).
- **Apply the rating scale:** Assign a score from 1 (Emerging) to 5 (Exemplary) for each criterion, using the detailed descriptions as benchmarks for performance.
- **Prioritize lived experience:** Give special weight to consultants with lived Black experience and authentic community engagement, as these attributes deepen the relevance and impact of education.
- **Compare and select:** Use the compiled ratings to compare consultants and select those who best meet your organizational values and workforce needs.
- **Monitor and reflect:** After selection, use the tool to periodically reassess the consultant’s effectiveness and support ongoing improvement in your organization’s anti-racism journey.

RATING SYSTEM

The rating system uses a five-point scale for each criterion:

- 1** — Emerging
- 2** — Developing
- 3** — Proficient
- 4** — Advanced
- 5** — Exemplary

KEY CONSIDERATIONS WHEN EVALUATING ANTI-BLACK RACISM CONSULTANTS

LIVED EXPERIENCE AND REPRESENTATION

Prioritize consultants with lived experience as Black individuals, recognized credibility within Black communities, and authentic, trust-based relationships with those communities.

Ensure the consultant reflects diverse identities and experiences across the Black diaspora in Canada, including differences linked to ethnicity, migration history, gender identity, language, and generational status. Consider whether the delivery team demonstrates both interpersonal understanding and deep community connection.

COMMUNITY ENGAGEMENT

Confirm that the consultant partnered with Black communities to co-develop and shape curriculum and delivery based on their expressed priorities.

Require consultants to provide a detailed account of the Black communities they have engaged, the engagement methods used, and how local, regional, and sector-specific contexts informed their educational approach.

TRAUMA-INFORMED AND ANTI-OPPRESSIVE PRACTICE

Favour programs and consultants that integrate trauma-informed, healing-centred, anti-oppressive, and intersectional frameworks into both content design and facilitation.

Look for practices that create learning environments where participants can engage in difficult conversations with safety, respect, and accountability.

ACCOUNTABILITY

Require the consultant to provide transparent, measurable reporting on learning outcomes and documented mechanisms for feedback from Black participants and communities.

Expect the consultant to demonstrate commitment to continuous improvement, with curriculum updates and delivery adaptations informed by lived experience, current evidence, and evolving community needs.

ASSESSMENT CRITERIA AND RATING SCALE FOR ANTI-BLACK RACISM CONSULTANTS

EXPERTISE AND EXPERIENCE

Criterion	Relevant experience	Qualifications	Industry recognition
1 (Emerging)	Limited experience in anti-Black racism education	Basic qualifications in diversity training	Little to no recognition in the field
3 (Proficient)	Demonstrated experience in health care anti-racism training	Specialized qualifications in anti-racism education	Some recognition from reputable organizations
5 (Exemplary)	Extensive track record of successful anti-Black racism education in Canadian health care	Advanced degrees and certifications in critical race theory and anti-Black racism studies	Widely recognized as a leader in anti-Black racism education
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant provide evidence of past experiences delivering anti-Black racism education in health care settings similar to ours?
- Have credible organizations provided references or testimonials attesting to the consultant's impact?
- How current and active are the consultant's relationships with Black communities? Do they reflect diverse community perspectives?

METHODOLOGY AND APPROACH

Criterion	Curriculum design	Facilitation techniques	Customization ability	Trauma-informed design	Facilitation style
1 (Emerging)	Generic diversity content	Traditional lecture-style approach	One-size-fits-all programs	Generic equity, diversity, and inclusion content	Lecture-based
3 (Proficient)	Tailored anti-racism curriculum	Interactive workshops with some participant engagement	Some customization options available	Includes patient testimonies	Interactive workshops
5 (Exemplary)	Innovative, evidence-based anti-Black racism curriculum specific to Canadian health care	Highly engaging, transformative learning experiences that challenge and inspire	Fully customizable programs to address specific organizational needs and contexts	Curriculum co-created with Black patients/workforce and centres restorative practices	Storytelling and perspective-taking to foster empathy and accountability
Rating					

KEY QUESTIONS AND PROMPTS:

- How is the curriculum tailored to address the realities of anti-Black racism in Canadian health care? Does it include specific examples relevant to Black folks in the health care workforce, patients, and organizational context?
- Does the consultant actively engage Black communities in the curriculum design process? Can they describe how input from diverse Black identities and geographies informs their approach?
- In what ways are trauma-informed, restorative, and intersectional practices integrated into their facilitation style?

OUTCOMES AND IMPACT

Criterion	Measurable results	Client testimonials	Continuous improvement
1 (Emerging)	Limited data on program effectiveness	Few or no client references	Infrequent updates to materials
3 (Proficient)	Basic pre- and post-assessment data	Positive feedback from some clients	Regular content updates
5 (Exemplary)	Comprehensive impact evaluation with long-term follow-up and organizational change metrics	Exceptional testimonials from reputable health care organizations	Widely recognized as a leader in anti-Black racism education
Rating			

KEY QUESTIONS AND PROMPTS:

- What measurable outcomes does the consultant report (e.g., pre- and post-evaluation data, organizational change metrics, long-term impact)?
- Does the consultant build mechanisms for ongoing feedback and continuous improvement into their program delivery?
- Can the consultant offer client testimonials and describe strategies for sustained support and adaptation over time?

CONSULTANT STABILITY AND SUPPORT

Criterion	Financial stability	Support services	Scalability
1 (Emerging)	Limited financial information available	Basic post-training support	Limited capacity for large-scale projects
3 (Proficient)	Stable financial position	Ongoing support and resources provided	Can handle medium-sized organizational needs
5 (Exemplary)	Strong financial health with transparent reporting	Comprehensive follow-up, coaching, and implementation assistance	Proven ability to deliver large-scale, organization-wide initiatives
Rating			

KEY QUESTIONS AND PROMPTS:

- Does the consultant demonstrate transparent financial practices and organizational stability to support large-scale or multi-site initiatives?
- What ongoing support services (e.g., post-training coaching, mentorship, implementation assistance) are available to the organization?
- Is there evidence of the consultant’s capacity to scale or customize offerings for unique departmental, site-specific, or workforce needs?

ALIGNMENT WITH ORGANIZATIONAL VALUES

Criterion	Commitment to anti-racism	Cultural competence	Ethical practices
1 (Emerging)	General diversity statements	Basic understanding of cultural issues	Meets minimum ethical standards
3 (Proficient)	Clear anti-racism policies and practices	Demonstrated cultural competence in Canadian context	Demonstrated cultural competence in Canadian context
5 (Exemplary)	Exemplary commitment to anti-racism demonstrated through actions and partnerships	Deep understanding of intersectionality and diverse Black Canadian experiences	Industry-leading ethical practices and transparency
Rating			

KEY QUESTIONS AND PROMPTS:

- How does the consultant demonstrate genuine commitment to anti-Black racism through documented partnerships, advocacy, or participation in community-led initiatives?
- Does the consultant regularly solicit feedback from Black folks in the health care workforce, patients, and communities? How is that feedback used to drive program improvement?
- What are the consultant’s processes for transparent ethical practice, cultural competence, and accountability to Black communities and organizational equity goals?

This assessment framework focuses on anti-racist principles while incorporating key consultant evaluation criteria, such as expertise, methodology, outcomes, stability, and alignment with organizational values. It allows organizations to thoroughly assess potential external anti-Black racism education providers, ensuring they select consultants, facilitators, or educators who can deliver high-quality, impactful training while meeting the specific needs of the health care context. ⁸

Established Resources

INDIGENOUS EDUCATION

[Truth and Reconciliation Commission Calls to Action](#)

[United Nations Declaration on the Rights of Indigenous Peoples](#)

[Community Conversation Suppers](#)
(N'Mninoeyaa Aboriginal Health Access Centre)

[Public Health Agency of Canada Indigenous Cultural Competency Learning Road Map](#)

EQUITY, DIVERSITY, INCLUSION, AND ANTI-RACISM EDUCATION

[Coin model of privilege and critical allyship](#)

[Ontario Health's broader equity and anti-racism priorities](#)

[A systematic review of diversity, equity, and inclusion and antiracism training studies: Findings and future directions](#)

[Anti-Racism & Organizational Change: A Guide for Employers](#) (Canadian Human Rights Commission)

[Undoing racism and mitigating bias among healthcare professionals: Lessons learned during a systematic review](#)

[Why diversity programs fail](#)
(Harvard Business Review)

[Anti-Racism Education in Canada: Best Practices](#)
(Centre for Race and Culture)

[Anti-Racism Action Plan](#)
(Canadian Human Rights Commission)

[Best Practices for Effective Diversity Training](#)

[Collective Commitment: Emerging Anti-Racist Practice for Canadian International Cooperation](#)

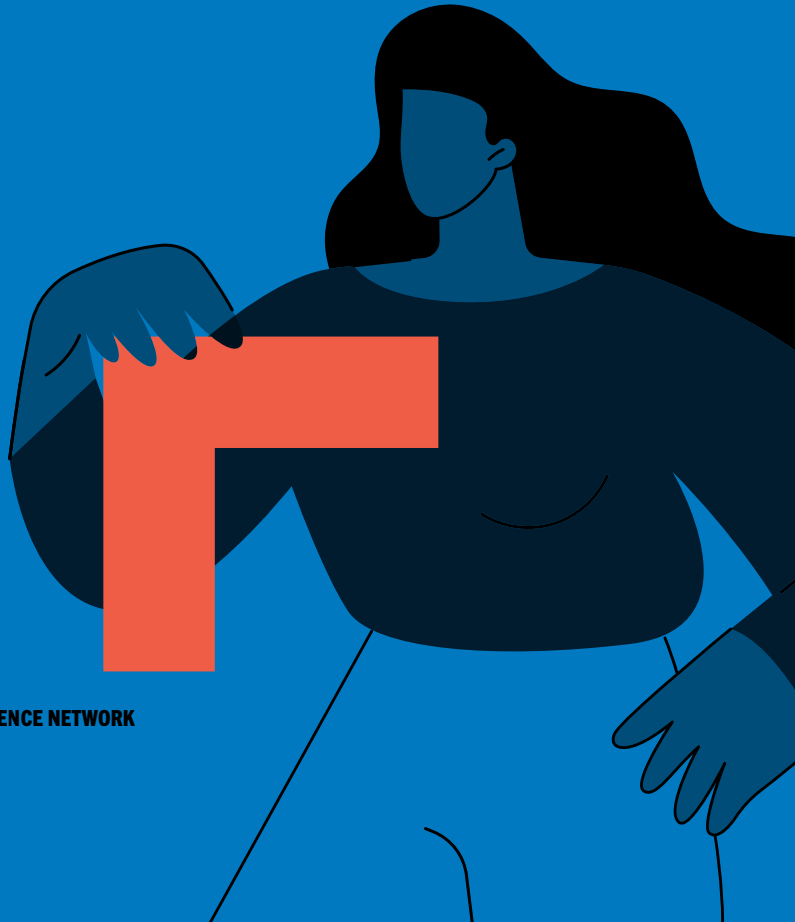
[Anti-Black Racism Education and Training Framework](#)
(University of Windsor)

[Anti-racism education road map](#) (Office of Equity, Diversity, Inclusion, and Anti-Racism, University of Waterloo)



Toronto Academic
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Toolkit 1 / Education



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