

# WORKFORCE DATA COLLECTION TOOLKIT FOR ADDRESSING ANTI-BLACK AND ANTI-INDIGENOUS RACISM IN THE WORKPLACE

**Strategies for Advancing  
Inclusive Practices in Health  
Care Through Identity-  
Based Data Collection**



Toronto Academic  
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# Executive Summary

The Workforce Data Collection Toolkit for Addressing Anti-Black and Anti-Indigenous Racism in the Workplace is a strategic resource developed by the Toronto Academic Health Science Network (TAHSN), Ontario Health Toronto, and equity, diversity, inclusion, anti-racism, and Indigenous leaders. This toolkit provides health care organizations with a unified, evidence-based framework to collect, analyze, and use identity-based workforce data to address systemic anti-Black and anti-Indigenous racism.

## Purpose and Vision

Systemic racism in health care workplaces creates barriers for Black, First Nations, Inuit, and Métis Peoples and impacts their well-being, career advancement, and daily experiences. The toolkit aims to help health care organizations:

- Identify and eliminate racial inequities and discriminatory practices, focusing on Black and Indigenous folks
- Inform leadership development and policy to reflect the needs of Black and Indigenous folks
- Foster culturally safe, supportive environments that address the impacts of workplace racism
- Lay the groundwork for targeted interventions and systemic change to advance equity and inclusion

**Note on terminology:** Throughout this toolkit, the term “Indigenous” refers to First Nations, Métis, and Inuit Peoples. Recognizing and naming these distinct groups are essential for accurately addressing the unique challenges they face in health care.

# How to Use This Toolkit

The toolkit is designed to support your organization's unique anti-racism journey. It is intended as a flexible and adaptable resource rather than a manual that must be read cover to cover. If you're just starting out, take one small step forward rather than waiting until everything feels perfect before acting.

**Select relevant guidance:** Use the specific guidance, tools, resources, or templates that align with the current stage or focus of your organization's journey. Whether you are launching new data collection efforts or refining existing practices, you can engage with the sections that best meet your needs.

**Use iteratively and non-linearly:** Anti-racism work is ongoing and iterative. Revisit sections of the toolkit as your organizational context and understanding evolve. There is no single or prescriptive pathway, so tailor recommendations to your operational realities, priorities, and readiness.

**Support all organizational levels:** The toolkit provides actionable resources for leaders and human resources (HR) teams, empowering stakeholders across roles to contribute to meaningful change.

**Promote engagement and trust:** Engage Black and Indigenous folks in the health care workforce and community partners when considering opportunities to implement tools or resources recommended in the toolkit. Leverage prompts and strategies for co-design, feedback, and ongoing consultation.

## Guiding Principles

The toolkit is built on **transparency, validation, inclusivity, flexibility, cultural affirmation, and quality assurance**, ensuring ethical and effective data collection.

# Leadership and Accountability

Hospital boards and senior leaders are central to successful organizational change. They need to show formal, sustained commitment by integrating equity into strategy, allocating resources, and embedding accountability into governance, organizational policies, and operational decision-making. Regular evaluation, public reporting, and engagement with Black and Indigenous partners are essential for trust and measurable progress.

## Key Toolkit Components and Embedded Resources

Core Identity-Based Data Questions, Response Options, and Sequencing: Developed by the TAHSN Data Working Group, these questions enable consistent collection of data on Indigenous identity (First Nations, Métis, Inuit), ethnicity, race, and other key identity-based questions. Data Standards for the Identification and Monitoring of Systemic Racism is a critical tool guiding the core identity-based data questions and ensures consistent, high-quality, and ethical data collection across organizations.

Approaches to Collecting Identity-Based Data: Multiple strategies are outlined for recruitment, onboarding, engagement surveys, and ongoing updates. Each method is assessed for practicality, risks, and cultural safety.

Internal and External Assessment Charts Samples: Structured charts help organizations track progress, benchmark against standards (e.g., Anti-Racism Act, OCAP®), and use dashboard indicators (●, ●, ●) to visualize and prioritize actions.

TAHSN Senior Leadership Self-Identification and Anti-Racism Education: This toolkit includes an example of a dedicated survey for leadership that establishes a baseline for leadership diversity and monitors progress in anti-racism education, supporting targeted leadership development and accountability.

# Community-Led Data Governance

Community-led data governance in this toolkit is strengthened by the integration of CARE (Collective Benefit, Authority to Control, Responsibility, and Ethics) Principles alongside frameworks such as EGAP (Engagement, Governance, Access, and Protection) for Black communities and OCAP® (Ownership, Control, Access, Possession) for First Nations. These principles ensure that data initiatives go beyond privacy and ownership by advancing collective well-being, affirming communities' authority over their own data, holding organizations responsible for positive outcomes, and demanding high ethical standards. Together, these frameworks ensure ethical and community-driven data practices that are directly accountable to the sovereignty, priorities, and benefit of Black and Indigenous Peoples.

## Implementation and Accountability

This toolkit outlines effective implementation and accountability to build trust, sustain collaboration, and foster shared language, continuous learning, and transparency. It prioritizes engagement with Black and Indigenous communities through consultation, co-design, and ongoing feedback. It also guides organizations to incorporate robust accountability frameworks, such as equity dashboards, public reporting, and cyclical evaluation mechanisms to monitor and demonstrate progress on anti-racism commitments. These approaches ensure that workforce data collection processes empower stakeholders to contribute meaningfully to systemic change while promoting ongoing trust, inclusion, and measurable impact.

## Conclusion

Health care organizations that use this toolkit can move beyond compliance with legislative and policy requirements related to equity, anti-racism, accessibility, and human rights. They can begin celebrating milestones and fostering visible progress toward equity and inclusion for Black and Indigenous folks in the workforce. The resources within the toolkit, when combined with alignment to provincial standards and a steadfast commitment to community-led data governance, create a strong foundation for systemic change, accountability, and ongoing advancement in health equity.

## **SECTION 1:**

# **INTRODUCTION AND STRATEGIC RATIONALE**



# 1.0 Background and Purpose

Toronto Academic Health Science Network (TAHSN) is committed to confronting and dismantling systemic anti-Black and anti-Indigenous racism within the health care system. Throughout this toolkit, the term “Indigenous” is used to refer specifically to First Nations, Métis, and Inuit Peoples. Recognizing and naming these distinct groups are essential for accurately addressing the unique challenges they face in health care.

In partnership with Ontario Health Toronto and through the collective expertise of equity, diversity, inclusion, Indigenous, and anti-racism leaders across member institutions and community partners, TAHSN developed the Workforce Data Collection Toolkit for Addressing Anti-Indigenous and Anti-Black Racism in the Workplace. This toolkit shares guidance and resources to support health care organizations with harmonizing data collection, reporting, and utilization practices, ensuring that efforts to address racism are informed, evidence-based, and tailored to the unique needs of Black and Indigenous folks.

TAHSN, Ontario Health Toronto, and community partners are working together to build a culture of continuous learning, mutual support, and collective responsibility. This toolkit exemplifies the power of collaboration and internal expertise, as it brings together diverse perspectives and lived experiences to drive sector-wide change. It empowers organizations to identify and eliminate systemic barriers, foster equitable workplaces, and centre the voices of Black and Indigenous folks.

This toolkit was designed to support individuals who are responsible for shaping, implementing, and evaluating workforce equity initiatives within health care organizations, and those who centre community voices and foster measurable progress to build equitable, data-informed systems. These individuals include those who lead, design, or manage workforce data collection and analysis, drive organizational change around anti-Black and anti-Indigenous racism, guide inclusive policy and practices, or facilitate employee engagement, accountability, and equity-focused culture transformations.

# 1.1 The Imperative for Action

The need for this toolkit stems from the persistent inequities and barriers faced by Black, First Nations, Métis, and Inuit Peoples who live and work across the Greater Toronto Area and TAHSN. These inequities—rooted in systemic racism at individual, institutional, and structural levels—directly impact the daily experiences, well-being, and career advancement of Black and Indigenous Peoples. <sup>1-3</sup>

**By collecting and analyzing identity-based data, health care organizations can:**

- Provide measurable evidence to identify and eliminate racial inequities and discriminatory practices, focusing on supporting Black and Indigenous folks in their professional journeys <sup>2-3</sup>
- Improve workplace experiences and outcomes for Black and Indigenous folks by informing policies, practices, and leadership development that reflect their needs and aspirations <sup>2-3</sup>
- Address the psychological, physical, and spiritual impacts of workplace racism on Black and Indigenous folks, and create culturally safe and supportive environments <sup>1-2</sup>
- Lay the groundwork for targeted interventions and systemic change that foster equity, belonging, and advancement for Black and Indigenous folks at all levels of the organization <sup>1-3</sup>

## 1.2 Guiding Principles

This toolkit is built upon a foundation of guiding principles to ensure the ethical and effective collection of identity-based data for addressing anti-Black and anti-Indigenous racism. These principles are designed to foster trust, promote inclusivity, and uphold the dignity of Black and Indigenous folks throughout the data collection process. The principles provide a framework for organizations to transparently and respectfully collect, manage, and use data, and ultimately contribute to dismantling systemic inequities within the health care workforce.

## The guiding principles are:

**Transparency and accessibility:** Ensure early awareness and clear communication about the data collection process, making the data collection process transparent and accessible to the health care workforce.

**Validation and destigmatization:** Emphasize the importance of collecting identity-based data and acknowledge the impact of racial trauma, particularly on Black and Indigenous communities, while respecting individual dignity.

**Simplicity and clarity:** Develop a straightforward and comprehensive data collection process that is easy to understand and participate in, promoting transparency and timeliness.

**Consistency and integrity:** Establish a standardized and trustworthy data collection process that aligns with community-based frameworks and is applied uniformly across the organization.

**Inclusivity and participation:** Encourage broad participation from the health care workforce, ensuring the process captures diverse experiences and perspectives to foster inclusivity and accountability.

**Flexibility and confidentiality:** Provide multiple options for confidential data sharing and feedback, adapting the process to meet diverse workforce needs while ensuring privacy.

**Timeliness and responsiveness:** Implement a prompt data collection and analysis process, ensuring timely interventions and improvements, and make clear information available and accessible.

**Cultural affirmation and quality assurance:** Develop culturally sensitive processes that affirm identities and cultures, particularly of Black and Indigenous folks, while ensuring the quality and accuracy of collected data.

## **SECTION 2:**

# **LEADERSHIP AND GOVERNANCE ENGAGEMENT**



## 2.0 Leadership Commitment: Moving Beyond Performative Action

Anti-Black and anti-Indigenous racism are systemic issues perpetuating workplace inequities in hiring, retention, and advancement across Ontario's health care system. Addressing these challenges demands sustained commitment from hospital boards and senior leadership, which need to drive organizational change through inclusive policies, resource allocation, and data-driven accountability.

The lack of identity-based workforce data in many organizations limits their ability to identify inequities and measure progress. Hospital leaders and boards must focus on identity-based data collection to uncover systemic barriers and implement targeted interventions. Leadership must also build trust through transparency. Boards need to allocate budgets for equity work, establish board-level anti-racism committees, and consider adopting public-facing equity dashboards to move beyond performative actions toward real transformation.

The Province of Ontario's [Anti-Racism Directorate \(ARD\)](#) and frameworks like [Ontario Health's Equity, Inclusion, Diversity, and Anti-Racism Strategy](#) provide guidance for boards to operationalize anti-racism through governance. This guidance includes policy reforms, community engagement, and accountability mechanisms, such as equity dashboards and public progress reports. <sup>4-5</sup>

Organizations can centre hospital boards in the work of dismantling systemic barriers and creating environments where Black and Indigenous folks feel valued and empowered. This work requires collecting data and developing actionable strategies that prioritize community voices, equitable resource distribution, and continuous accountability.

## EXAMPLE:

### WOMEN'S COLLEGE HOSPITAL

Women's College Hospital (WCH) exemplifies this type of leadership commitment through its **Equity Scorecard** that is outlined in their [Equity Roadmap](#). The Equity Scorecard tracks anti-racism training completion, workforce engagement, and progress on Indigenous data sovereignty agreements. By embedding these metrics into its Corporate Strategy Scorecard, WCH ensures equity goals remain visible at board and leadership levels, fostering accountability.

**WCH's Anti-Black Racism Task Force of the Board of Directors** oversees communication plans, metrics, and reporting processes, while its Leadership, Education, Actionable Data, and People (LEAP) framework integrates mandatory anti-racism training for executives. Such structures ensure systemic racism is addressed at the highest decision-making levels.

WCH's People Engagement and Demographic Survey informs culturally safe practices, while its Quality Improvement Plan publicly reports equity progress. These efforts align with Ontario's [Anti-Racism Directorate guidelines](#), which emphasize policy reform and community engagement.

WCH's integration of equity metrics into its Corporate Scorecard demonstrates how boards can operationalize anti-racism through measurable goals and transparent reporting.

## 2.1 Leadership and Board Accountabilities

Hospital and board leadership need to demonstrate a formal commitment that includes visibly championing anti-racism work and goals, embedding equity in strategy and governance, fostering organizational transformation, and ensuring sustained accountability through data-driven practices. Together, these priorities form the foundation of effective, measurable, and sustainable progress in building equitable workplaces.

### 2.1.1 DEMONSTRATING DATA-DRIVEN AND SUSTAINED LEADERSHIP

**Formal and sustained commitment:** Hospital and board leaders must make identity-based data collection a core resourced element of their anti-racism strategy. This commitment includes visible championing of anti-racism priorities, actively participating in related work, goal-setting, and embedding data practices into organizational governance and accountability frameworks. Commitment must be evident both internally and externally through clear communication, allocation of resources, and modelling inclusive behaviours that foster accountability at all levels of the organization.

**Embed data-driven anti-racism in strategic vision:** Leaders must ensure that identity-based data informs the organization's strategic vision and planning. All policies and decision-making processes should align with insights from workforce data to ensure that anti-racism objectives are measurable and actionable, and they should enable regular monitoring and agile adjustment as evidence and priorities evolve.

**Build data-literate leadership capacity:** Hospital and board leaders require ongoing education and skill development to understand, interpret, and act on identity-based data. Tailored training in data literacy and community engagement empowers leaders to identify and dismantle systemic racism informed by actual workforce data.

**Prioritize identity-based data governance:** Leadership must champion identity-based data collection as essential for identifying systemic inequities and tracking progress. Where numbers do not allow for disaggregation, consider using focus groups to capture the experiences of Black and Indigenous folks in the health care workforce. Safeguard privacy, prevent misuse, and adopt recognized frameworks—such as [Ontario’s Data Standards for the Identification and Monitoring of Systemic Racism](#)—for standardization and respect for community identities.

**EXAMPLE:**

**SUNNYBROOK HEALTH SCIENCES CENTRE**

[Sunnybrook’s Leadership, Education, Actionable Data, and People \(LEAP\) framework](#) helps the organization guide systemic change. Established in 2020, the President’s Anti-Racism Taskforce is committed to driving structural and systemic change to combat racism within the organization. Sunnybrook’s Commitment to Dismantling Racism, endorsed by both the foundation and hospital board of directors, underpins the organization’s resolve to focus on producing tangible and visible results to foster an anti-racist environment for the workforce, patients, and all communities.

**Commit to regular evaluation and transparent reporting:** Leaders must embed systematic, routine reviews of workforce demographics and equity metrics into oversight cycles. Results should inform decision-making on recruitment, retention, and advancement of under-represented groups. Progress toward equity goals must be reported publicly to foster transparency and trust among the workforce and stakeholders.

## 2.1.2 ADVANCING REPRESENTATION IN LEADERSHIP

**Champion and oversee diversification initiatives:** Initiatives such as mentorship programs provide mentorship, visibility, and pathways to leadership roles to advance under-represented talent. <sup>6</sup> Boards can play a pivotal role in setting goals around the representation of Black and Indigenous people in hospital leadership and on boards.

**Set and review representation targets:** Hospital leaders and board members need to ensure organizational diversity and representation targets are established, tracked, and transparently reviewed each year in the context of changing demographics and evolving organizational needs. <sup>6</sup> Annual recalibration allows for timely adjustment of recruitment and promotion strategies, helping to sustain progress. Embedding these targets into strategic plans and board agendas ensures that advancing Black and Indigenous representation remains a top organizational priority.

## 2.1.3 ENGAGING AND PARTNERING WITH COMMUNITY

**Drive collaborative partnerships:** Senior leaders should proactively foster authentic partnerships with Black and Indigenous communities. This involves integrating community voices into governance structures and ensuring their lived experiences inform strategic decisions. <sup>7-8</sup>

**Allocate strategic resources:** Leadership must ensure dedicated funding and allocate resources to support community-led initiatives, capacity-building, and partnership activities as integral components of organizational priorities. <sup>9-10</sup>

**Champion inclusive consultation:** Senior leaders are responsible for endorsing and overseeing comprehensive consultation processes that include diverse Indigenous groups and Black community representatives, guaranteeing that a broad range of perspectives impacts policy and practice. <sup>9, 11</sup>

**Leverage community resources:** Recognize and support the vital role of grassroots organizations and community leaders in shaping culturally relevant interventions, innovations, and systemic reforms that address anti-Black and anti-Indigenous racism. <sup>9</sup>

## 2.1.4 CULTIVATING AN ANTI-RACIST ORGANIZATIONAL CULTURE

**Embed anti-racism expertise at the highest levels:** Hospital leaders and board members are responsible for setting the tone and expectations for an anti-racist workplace culture. Leaders need to foster an inclusive culture where anti-racism principles are embedded into daily operations and governance. Leaders need to actively address and challenge unconscious biases, support equitable hiring and advancement practices, and ensure psychological safety for the health care workforce. <sup>12-13</sup>

**Demonstrate and sustain long-term commitment:** Anti-racism transformation is an ongoing journey that requires sustained effort. Hospital leaders need to institutionalize these practices through policies that outlast individual leaders or short-term initiatives. <sup>12</sup> Hospital boards can ensure initiatives outlast leadership changes by establishing standing committees and multi-year funding commitments.

When these commitments are embedded throughout governance and operations, hospital and board leaders drive anti-racism and systems transformation—creating lasting, measurable change in dismantling anti-Black and anti-Indigenous racism across health care.

## 2.2 MINI CASE: TAHSN's Commitment and Action

TAHSN's leadership has demonstrated a proactive and accountable approach to dismantling anti-Black and anti-Indigenous racism across the network. TAHSN is ensuring that equity is deeply embedded in its governance and organizational priorities: It has established a steering committee of senior leaders, invested in data-driven decision-making, and fostered strong community consultation and engagement. These consultations included active involvement from equity, diversity, and inclusion (EDI) and anti-racism leaders across TAHSN and community partners, as well as dedicated partnerships with Indigenous leaders and networks.

### Steering Change: Leadership Lessons from TAHSN

#### PUBLIC COMMITMENT AND LEADERSHIP STRUCTURES

- **Steering committee formation:** TAHSN established the Anti-Black and Anti-Indigenous Racism Steering Committee, uniting senior leaders across member organizations to drive action-oriented anti-racism initiatives and ensure accountability at the highest levels.
- **Visible engagement:** Leadership recognizes that eradicating systemic racism requires policy change and visible sustained engagement from boards and executives. This includes allocating resources and integrating anti-racism into strategic priorities.

## TAHSN SENIOR LEADERSHIP SELF-IDENTIFICATION AND ANTI-RACISM EDUCATION SURVEY

- **Purpose:** In February 2023, TAHSN launched the Senior Leadership Self-Identification and Anti-Racism Education Survey. This network-wide survey assessed the representation of Black and Indigenous Peoples in senior leadership and the reach and impact of anti-racism education.

### Key findings:

- Approximately 4% of hospital senior leaders and 3% of health science faculty leaders self-identified as Black.
  - Nearly 70% of Black senior leaders are responsible for EDI portfolios.
  - Over half of all senior leaders surveyed had not completed anti-Black racism or Indigenous cultural safety education.
  - Only 7% of board members are Black, indicating greater diversity at the board level than among senior executives but still not reflective of Toronto's broader community.
- **Implications:** These findings highlight a significant gap between Toronto's population diversity and TAHSN's leadership composition, underscoring the urgent need for targeted strategies to increase Black and Indigenous representation, distribute EDI responsibilities equitably, and expand anti-racism education among leaders.

## SUPPORTING DATA GOVERNANCE AND INDIGENOUS LEADERSHIP

- **Partnering with Indigenous Health Action Network:** TAHSN supports the Indigenous Health Action Network (IHAN), a collective of Indigenous leaders from TAHSN hospitals, in the development of an Indigenous data governance framework. This partnership ensures that data collection, analysis, and reporting align with Indigenous data sovereignty principles and respect the rights of First Nations, Inuit, and Métis Peoples to control and manage their data.
- **Indigenous Health Strategy Lead:** The appointment of an Indigenous Health Strategy Lead strengthens the integration of culturally safe practices, Indigenous knowledge, and data sovereignty principles into health system transformation. This role helps to advance TAHSN's response to the Truth and Reconciliation Commission's Calls to Action and embeds Indigenous perspectives into all aspects of leadership and governance.

## HARMONIZING IDENTITY-BASED DATA COLLECTION

- **Standardization and collaboration:** TAHSN demonstrates its leadership commitment to harmonized, data-driven anti-racism practices by advancing the following coordinated actions across the network.
  - Develop standardized tools and processes for self-identification surveys and anti-racism education tracking.
  - Collaborate with IHAN to ensure Indigenous data governance supports self-determination, nation-building, and equity.
  - Share insights from aggregate and institution-specific data with the TAHSN CEO Committee and Council of Health Sciences to inform targeted strategies and resource allocation.

## LESSONS LEARNED

- **Leadership commitment:** Senior leaders and boards must champion anti-racism, allocate resources, and embed equity into organizational strategy and governance.
- **Education and awareness:** Ongoing education on the historical and systemic impacts of racism is essential for all leaders.
- **Diverse representation:** Increasing Black and Indigenous representation in leadership and board roles is critical for building trust and ensuring that decision-making reflects the communities served.
- **Data-driven change:** Regular harmonized data collection and transparent reporting are necessary to track progress and inform system-wide change.
- **Indigenous data governance:** Collaboration with IHAN and the Indigenous Health Strategy Lead is vital to developing frameworks that respect Indigenous data sovereignty and support equitable outcomes.

By embedding these commitments and practices, TAHSN exemplifies how leadership and governance engagement can drive meaningful progress in anti-Black and anti-Indigenous racism initiatives. The network's approach fosters inclusive leadership and robust data governance, and works toward an accountable, equitable health care system that responds to the needs of all communities. This example serves as a model for other organizations seeking to advance equity and systemic change through leadership action.

## **SECTION 3:**

# **CORE COMPONENTS FOR THE WORKFORCE DATA COLLECTION TOOLKIT**



## 3.0 Core Identity-Based Questions to Address Anti-Black and Anti-Indigenous Racism

Identity-based data collection is a critical tool for directly confronting anti-Black and anti-Indigenous racism and advancing equity in the workplace. The [Core Identity-Based Data Questions](#) focus on questions, response options, and sequencing for identity-based data collection in the health care workforce. They are designed to collect consistent, standardized data that exposes inequities affecting Black and Indigenous folks in the health care workforce across the Toronto Academic Health Science Network (TAHSN).

These questions, response options, and sequencing were developed to align with [Ontario's Data Standards for the Identification and Monitoring of Systemic Racism](#) and adhere to provincial guidance that prioritizes the identification, measurement, and redress of anti-Black and anti-Indigenous racism in institutional settings. This ensures that data collection is purposefully focused on dismantling the specific barriers and harms that Black and Indigenous communities face.

### KEY FEATURES INCLUDE:

- **Explicit focus on systemic racism:** The questions can help reveal disparities in hiring, retention, promotion, and workplace experiences that are rooted in systemic racism.
- **Consistent cross-institutional data collection:** Standardization allows for meaningful comparisons and coordinated action to address racism across TAHSN and community partners.
- **Intersectional and targeted universalism approaches:** The questions recognize the complexity of overlapping identities and systemic barriers, ensuring that interventions can be tailored to the unique needs of Black and Indigenous folks in the health care workforce while advancing universal equity goals.

The [Ontario guidance on data analysis and reporting](#) provides guidance on rigorous data analysis and reporting to identify and monitor systemic racism. These standards support organizations in analyzing workforce data to highlight racial inequities and employing clear protocols for de-identification, privacy, and transparent publication of results.

By grounding every stage of data collection, analysis, and reporting in anti-racism standards, organizations are equipped to move beyond compliance to actively dismantle anti-Black and anti-Indigenous racism. For further guidance, refer to Ontario's Data Standards for the Identification and Monitoring of Systemic Racism and related provincial policy documents, which ensure that equity, privacy, and accountability remain central to this work.

### **3.0.1 INTERSECTIONALITY: UNDERSTANDING COMPOUNDED MARGINALIZATION AND INDIGENOUS PERSPECTIVES**

Intersectionality, a concept introduced by Dr. Kimberlé Crenshaw, highlights how overlapping social identities—such as race, gender, sexual orientation, and disability—can create unique experiences of privilege and oppression. In the workplace, individuals with multiple marginalized identities often face compounded barriers that cannot be addressed through single-axis analyses. For example:

- Black women may experience discrimination that is shaped by both sexism and anti-Black racism.
- Indigenous <sup>2</sup>SLGBTQ+ folks may navigate exclusion tied to both their cultural identity and sexual orientation.

By disaggregating workforce data across intersecting identities (e.g., race combined with gender or disability status), organizations can uncover nuanced patterns of inequity, which enables the development of targeted interventions that address the specific needs of marginalized groups facing compounded disadvantages. Intersectional analysis ensures that equity efforts do not inadvertently exclude or overshadow persistently marginalized populations within broader demographic categories.

Incorporating Indigenous ways of knowing into intersectionality expands understanding of these complex experiences. Indigenous knowledge systems view all beings and natural elements as interconnected and interdependent, offering a more holistic perspective on the multi-dimensional nature of experiences. <sup>14</sup> This approach encourages members of the workforce to consider how colonialism affects all intersecting systems of power in colonized spaces. <sup>14</sup>

### 3.0.2 ALIGNING UNIVERSAL GOALS WITH COMMUNITY REALITIES

Targeted universalism, an approach developed by John A. Powell, combines universal policy goals with tailored strategies to address disparities among subgroups. While solely targeted approaches focus exclusively on marginalized groups and universalist strategies risk deepening inequities, targeted universalism ensures:

- **Universal goals** (e.g., equitable representation in leadership) are pursued inclusively.
- **Tailored interventions** address structural barriers faced by specific communities (e.g., mentorship programs for Black women or Indigenous folks). <sup>15-16</sup>

For example, Black and Indigenous women in Canada face significant wage gaps compared to white men:

- Black women earn only 58.5 cents for every dollar earned by white men, and Indigenous women earn 57 cents for every dollar earned by white men. <sup>17-18</sup>
- Indigenous women earn an average of 26% less than Indigenous men. <sup>17</sup>

Targeted strategies can address these disparities while advancing the universal goal of pay equity. <sup>16</sup> These strategies should be developed in collaboration with Black and Indigenous communities to ensure they respect and incorporate the communities' perspectives and ways of knowing.

When considering Indigenous perspectives, it is crucial to recognize that Indigenous knowledge systems are nation- and culture-specific, and pan-Indigenous approaches can be problematic. <sup>14</sup> Understanding the distinctions among Indigenous communities enhances targeted universalism by emphasizing the need for culturally specific interventions while maintaining universal goals.

### 3.0.3 SYNERGY BETWEEN INTERSECTIONALITY, TARGETED UNIVERSALISM, AND INDIGENOUS KNOWLEDGE

When intersectionality, targeted universalism, and Indigenous knowledge are combined, they help to support a framework for anti-racist work:

- **Intersectionality** ensures equity efforts account for compounded identities. <sup>19</sup>
- **Targeted universalism** operationalizes these insights into tailored interventions aligned with universal goals. <sup>15</sup>
- **Indigenous knowledge systems** provide a holistic, interconnected perspective that enriches both intersectional analysis and targeted interventions. <sup>14</sup>

This integrated approach allows organizations to address broader systems of oppression (e.g., sexism, ableism) without diluting focus on anti-Black and anti-Indigenous racism. It also fosters collaboration across diverse groups by demonstrating how targeted strategies simultaneously benefit multiple communities. <sup>19</sup>

Organizations must approach anti-racism and equity-focus work with a strengths-based perspective, recognizing the resilience and wisdom within Black and Indigenous communities rather than focusing on deficits or challenges. <sup>14</sup> This approach respects the complexity and specificity of different worldviews while building common ground between Indigenous and western perspectives on equity and inclusion. <sup>14</sup>

## 3.1 Approaches to Collecting Identity-Based Data

The [Approaches to Collecting Identity-Based Data Chart](#) is a tool that can help organizations systematically assess and compare different strategies for data collection, ensuring they adopt effective and culturally responsive methods.

Collecting workforce demographic data is a powerful lever for dismantling anti-Black and anti-Indigenous racism in health care organizations. How questions are asked, when and where data is collected, and how results are used all shape the potential for meaningful change. Key strategies and considerations for using demographic questions to advance equity, build trust, and drive systemic transformation are outlined below.

### 3.1.1 STRATEGIC DATA COLLECTION ACROSS THE EMPLOYEE LIFECYCLE

#### DURING RECRUITMENT AND HIRING

**How:** Include voluntary demographic questions in applicant tracking systems or recruitment databases.

**Why:** Organizations can use this data to identify disparities in applicant pools, screening, and hiring processes.

**Action:** If data shows under-representation of Black or Indigenous applicants, adjust outreach, job postings, and screening practices (e.g., anonymous resume review) to reduce bias.

**Consideration:** Transparency is crucial. Health care organizations need to explain how the data will be used and protected to build trust and encourage participation.

## ONBOARDING AND NEW EMPLOYEE SURVEYS

**How:** Collect demographic data as part of onboarding and integrate it with human resources (HR) systems.

**Why:** The data establishes a baseline for workforce diversity and allows tracking of representation from an employee's start with the organization.

**Action:** Pair data collection with clear commitments to address anti-Black and anti-Indigenous racism, reassuring new hires about the purpose and safety of sharing their information.

## EMPLOYEE ENGAGEMENT AND STAND-ALONE SURVEYS

**How:** Use anonymous engagement surveys or targeted stand-alone surveys to gather workforce demographic and experiential data.

**Why:** Linking engagement and demographic data can reveal equity gaps in workplace experience, inform resource groups, and guide anti-racism training.

**Action:** Use findings to develop or enhance employee resource groups, tailor training, and commemorate culturally significant days.

## ONGOING UPDATES VIA EMPLOYEE SELF-SERVICE PORTALS

**How:** Allow folks in the health care workforce to update their demographic information at any time through an online portal.

**Why:** Allowing updates ensures data remains current and supports continuous monitoring of workforce equity.

**Action:** Use this data to inform recruitment panels, track under-employment, and ensure the workforce reflects patient populations.

### 3.1.2 APPLYING DATA TO DRIVE CHANGE

**Identify disparities:** Analyze data at each stage to identify where Black and Indigenous folks are under-represented or report lower engagement.

**Targeted interventions:** Use findings to launch mentorship programs, revise job postings, or implement anonymous screening to address identified gaps.

**Monitor progress:** Regularly review and report on diversity metrics, adjusting strategies as needed to ensure continuous improvement.

### 3.1.3 BUILDING TRUST AND ACCOUNTABILITY

**Transparency:** Clearly communicate the purpose, privacy safeguards, and intended use of demographic data.

**Community engagement:** Involve Black and Indigenous folks in the health care workforce in designing questions and interpreting results, ensuring data collection is culturally safe and meaningful.

**Governance:** Adopt principles like CARE (Collective Benefit, Authority to Control, Responsibility, and Ethics) and EGAP (Engagement, Governance, Access, and Protection) to respect community data sovereignty.

### 3.1.4 POTENTIAL IMPACT

When used thoughtfully, workforce demographic questions can:

- Uncover and address hiring, retention, and advancement barriers.
- Inform policy and practice changes that foster equity and inclusion.
- Empower Black and Indigenous folks in the health care workforce by centring their voices in organizational change.
- Build a culture of trust, transparency, and continuous learning.

Workforce identity-based questions are a strategic, actionable tool for identifying and dismantling systemic racism, ensuring that health care organizations move beyond performative equity statements to create truly inclusive environments where Black and Indigenous folks can thrive.

## 3.2 Beyond Surveys: The Role of Focus Groups and Engagement Sessions

To address the complex and nuanced way racism is experienced in specific workplaces, organizations should incorporate focus groups or engagement sessions with Black and Indigenous folks to complement traditional survey methods. These sessions offer several advantages:

**Depth and context:** Focus groups allow participants to share detailed narratives, discuss subtle forms of racism, and explore the impact of organizational culture in a supportive environment. <sup>20, 21</sup>

**Community building:** Engagement sessions foster trust, healing, and solidarity among Black and Indigenous folks, providing a space for collective reflection and support. <sup>22</sup>

**Iterative learning:** Facilitated discussions can surface emerging issues, validate survey findings, and inform the development of more relevant and culturally sensitive questions. <sup>20, 23</sup>

**Empowerment and co-design:** By centring the voices of Black and Indigenous folks in the health care workforce, organizations demonstrate respect for community knowledge and ensure that data collection reflects the realities and priorities of those most affected by systemic racism. <sup>12, 22</sup>

### 3.2.1 BEST PRACTICES FOR FOCUS GROUPS AND ENGAGEMENT SESSIONS

- Use trained facilitators who share lived experience or demonstrate sustained engagement and deep respect for the relevant cultures. These facilitators may include those who have a history of meaningful relationship-building within the community, openness to ongoing learning, and humility in recognizing the limitations of their own perspective.
- Ensure confidentiality and psychological safety, with clear ground rules and trauma-informed protocols.
- Allow for anonymous feedback and iterative validation of findings.
- Pair focus group insights with survey data for a comprehensive understanding of workplace dynamics.

## 3.2.2 INTEGRATING FOCUS GROUPS WITH SURVEY TOOLS

- **Mixed methods:** Combine qualitative insights from focus groups with quantitative data from surveys to reveal patterns and deepen understanding.
- **Tailored question development:** Use findings from engagement sessions to refine survey questions and ensure they are relevant and resonate with Black and Indigenous folks in the health care workforce.
- **Ongoing engagement:** Regularly convene focus groups to monitor progress, adapt strategies, and maintain open channels for feedback.

By embedding focus groups and engagement sessions into anti-racism data collection strategies, organizations can move toward transformative, community-driven change.

## 3.3 Tailoring Questions to Uncover and Address Anti-Black and Anti-Indigenous Racism

To develop effective qualitative questions that uncover and address anti-Black and anti-Indigenous racism, organizations need to tailor their approach to their unique context. This involves understanding how racism manifests within health care and learning from the insights of Black and Indigenous folks in the health care workforce. Health care organizations can develop questions that reveal systemic barriers and inform meaningful changes by focusing on situational analysis, power literacy, and iterative co-creation. <sup>24, 26</sup>

Conventional surveys may not capture the complex ways racism manifests in specific workplaces, particularly in sectors like health care where historical inequities compound current challenges. <sup>26-27</sup> By tailoring questions to an organization's distinct culture, power structures, and racial dynamics, leaders can uncover actionable insights. <sup>25</sup>

Involving Black and Indigenous folks in question development has been shown to increase response rates and data quality. <sup>28</sup> This intentional, collaborative approach produces more accurate data, builds trust, and demonstrates an organization's genuine commitment to systemic change. <sup>24, 25</sup>

## 3.4 Centring Systemic Analysis in Question Design

Designing questions that focus on revealing root causes and hold organizations accountable is critical. By centring systemic analysis, prioritizing the co-development of questions with Black and Indigenous folks in the health care workforce, and embedding principles of cultural safety throughout the process, organizations will collect actionable and transformative data.

### **CENTRE SYSTEMIC ANALYSIS OVER INDIVIDUAL EXPERIENCES**

Frame questions to expose institutional practices rather than personal deficiencies. For example, ask *“How have workplace promotion policies impacted your career trajectory?”* instead of *“Have you faced barriers to promotion?”* <sup>29-30</sup>

Use ecological frameworks to highlight interactions between racism operating at interpersonal, institutional, and structural levels. <sup>29</sup>

### **CO-DEVELOP QUESTIONS WITH AFFECTED COMMUNITIES**

Partner with Black and Indigenous folks to define key issues and terminology (e.g., conduct collaborative workshops to refine questions about racial microaggressions). <sup>29-30</sup>

Apply Indigenous data sovereignty principles by ensuring communities govern data collection, analysis, and dissemination. <sup>30</sup>

### **PRIORITIZE CULTURAL SAFETY**

Include trauma-informed protocols (e.g., optional self-identification, anonymous reporting). <sup>30-31</sup>

Focus on strengths-based framing. For example, ask *“How has your resilience shaped your response to workplace inequities?”* instead of *“How has racism harmed you?”* <sup>29</sup>

## 3.4.1 QUESTION DEVELOPMENT STRATEGIES

### IMPLEMENTATION GUIDELINES

**Use mixed methods:** Pair qualitative narratives with disaggregated quantitative data to reveal patterns. For example, combine stories of discrimination with statistics on promotion rates.

**Embed reflexivity:** Train the analyst to document their own positionality and power dynamics during data collection. <sup>32</sup>

**Disseminate collaboratively:** Share findings via community forums, infographics, and policy briefs co-created with participants. <sup>29</sup>

### AVOID COMMON PITFALLS

**Avoid leading questions:** Replace “*Do you think racism exists here?*” with “*Describe an experience that shaped your view of equity in this workplace.*” <sup>29, 31</sup>

**Ensure careful data extraction:** Ensure participants retain ownership of stories by using iterative feedback loops to validate interpretations. <sup>30</sup> For example, after an initial analysis, the team can share a short summary of key themes back with participants in a follow-up meeting or survey and invite them to confirm, correct, or expand on how their stories have been represented. This iterative check-in allows participants to shape the final interpretation of their experiences, helping them retain ownership over how their stories are understood and used.

### 3.4.2 SAMPLE ANTI-RACIST WORKFORCE DATA QUESTIONS: FOUNDATIONS, EXAMPLES, AND RATIONALE

The table below shares examples of questions that are designed to guide anti-racist workforce data collection. Each question aligns with a key principle and includes rationale to ensure the focus remains on structural change, accountability, and equity.

<b>PRINCIPLE</b>	<b>Systemic analysis</b>
<b>QUESTION EXAMPLE</b>	<i>“What organizational policies or practices have unintentionally excluded Black/Indigenous folks?”</i>
<b>ANTI-RACIST RATIONALE</b>	Targets structural inequities vs. individual bias <sup>29, 30</sup>
<b>PRINCIPLE</b>	<b>Transparency</b>
<b>QUESTION EXAMPLE</b>	<i>“How could leadership improve accountability in addressing racist incidents?”</i>
<b>ANTI-RACIST RATIONALE</b>	Elevates solutions rooted in systemic change <sup>31</sup>
<b>PRINCIPLE</b>	<b>Resource allocation</b>
<b>QUESTION EXAMPLE</b>	<i>“Which anti-racism initiatives have lacked sufficient funding or workforce input?”</i>
<b>ANTI-RACIST RATIONALE</b>	Identifies gaps in institutional commitment <sup>30</sup>
<b>PRINCIPLE</b>	<b>Trust-building</b>
<b>QUESTION EXAMPLE</b>	<i>“What would make you feel safer reporting racism without fear of retaliation?”</i>
<b>ANTI-RACIST RATIONALE</b>	Centres safety and power redistribution <sup>30, 31</sup>

Through standardized, intersectional, and community-engaged approaches, data collection can become a catalyst for real structural change, accountability, and cultural safety. Health care organizations can co-create intentional, transparent questions and centre the voices of Black and Indigenous folks to ensure these institutions are well-positioned to identify barriers, track progress, and enact meaningful reforms that foster a more equitable workforce for all.

### **GUIDES AND ADAPTABLE RESOURCES:**

[Core Identity-Based Data Questions](#)

[Ontario Data Standards for the Identification and Monitoring of Systemic Racism](#)

[Ontario Data Standards: Guidance on data analysis and reporting](#)

[Intersectionality – Racial Equity Tools](#)

[Targeted universalism – Othering and Belonging Institute](#)

[Approaches to Collecting Identity-Based Data Chart](#)

## **SECTION 4:**

# **COMMUNITY-LED DATA GOVERNANCE FOR BLACK AND INDIGENOUS COMMUNITIES**

**IV**

## 4.0 The Role of Community Governance in Workforce Data Practices

Community-led data governance plays a vital role in addressing systemic anti-Black and anti-Indigenous racism. It ensures that decision-making power rests with communities and data practices support their interests, privacy, and well-being. The CARE (Collective Benefit, Authority to Control, Responsibility, and Ethics) Principles provide a unifying foundation for ethical Indigenous data governance, complementing the OCAP® (Ownership, Control, Access, and Possession) principles. Alongside the EGAP (Engagement, Governance, Access, and Protection) Framework, which underpins community-led data governance for Black communities, these principles ensure all data efforts advance the self-determination and holistic well-being of First Nations, Inuit, Métis, and Black communities.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), also supports Indigenous-led data strategies and underlines the necessity of frameworks like OCAP. Self-determined governance models developed by Inuit and Métis communities target unique challenges with culturally grounded approaches and aim to prevent the perpetuation of colonial dynamics in data practices.<sup>33-34</sup> These models, together with the CARE Principles, can safeguard Indigenous data from misuse or exploitation, ensuring its use reflects community values and priorities.

Health care organizations need to operationalize these frameworks locally to achieve meaningful change. This requires embedding CARE, OCAP, and EGAP principles into day-to-day governance structures, decision-making processes, and accountability mechanisms. By providing capacity-building opportunities, transparent participation processes, and genuine leadership authority to Black and Indigenous communities, organizations will foster ethical, actionable, and transformative data practices.

## **EXAMPLE:**

### **UNITY HEALTH TORONTO**

Unity Health Toronto's Workforce Sociodemographic Data Strategy and Governance framework demonstrates how to embed community governance into data practices:

#### **Broad representation**

- Unity Health brings Black and Indigenous folks, as well as people in the health care workforce from other historically and persistently marginalized groups, into decision-making. These communities are represented in affinity groups, task forces, councils, town halls, the Indigenous Wellness Office, and the Anti-Racism, Equity, and Social Accountability Office.

#### **Ongoing engagement and shared oversight**

- Regular consultation and co-design ensure the collection, monitoring, and use of identity-based workforce data are responsive and evolve based on community feedback and new learnings.

#### **Accountability and transparency**

- Representatives from historically and persistently marginalized groups across the organization help set targets, review data collection and reporting, and advise on how the organization should communicate progress through organizational channels, including board reports and open forums.

## Data protection and benefit

- The framework prioritizes protecting individuals and communities, ensuring the proper balance of data rights, privacy, and equitable benefit from data use.
- Data is used to advance equity, set representation targets, inform policy, and change practices—prioritizing community rights, privacy, and benefit at every stage.

Unity Health’s strategy shows how community governance fosters ethical data use and real change—centring Black and Indigenous voices and leading to more equitable outcomes in health care workplaces.

## 4.1 Why Community-Led Data Governance Matters

Community-led data governance is essential for building trust and advancing equity. By ensuring Black and Indigenous Peoples have control over their data, organizations ensure ethical, culturally respectful data collection that is tailored to address the real needs and priorities of those most affected by systemic racism. Embracing the CARE Principles elevates the purpose of data governance to focus on how data improves collective wellness, strengthens authority and agency, ensures shared responsibility, and commits to cultural and ethical obligations set by community members.

- **Data sovereignty:** Community governance empowers Black and Indigenous communities to control how data about them is collected, used, and shared.
- **Ethical data collection:** Community involvement ensures data collection methods are culturally appropriate and respectful, reducing the risk of harm or misrepresentation.
- **Accountability:** Governance structures create accountability for data collectors and users, ensuring they are responsible to the communities whose data they are handling.
- **Effective solutions:** Community-led data analysis leads to more effective solutions that address the specific needs and experiences of Black and Indigenous individuals in the workforce.

## 4.2 Key Components of Community-Led Data Governance

This section highlights core elements that ensure Black and Indigenous communities can meaningfully direct the collection, management, and use of their own data.

- **Representation:** Representation must broadly reflect community identities and intersections, with governance bodies that include the diversity of Black and Indigenous communities across dimensions, such as racial identity, gender identity, sexual identity, disability, and age. This intersectional approach ensures data governance is responsive to the full complexity of workforce diversity, while CARE-aligned practices guarantee that all community voices inform collective benefit, shared authority and responsibility, and ethical, community-centred data stewardship.
- **Decision-making power:** Communities must have the authority to approve or reject workforce data collection plans and data-sharing agreements involving demographic or experiential information collected from the health care workforce.
- **Transparency:** All data-related activities, including collection methods, analysis techniques, and data usage, should be transparent and accessible to the community.
- **Capacity-building:** Orientation and capacity-building activities should include practical applications of the CARE Principles and empower all committee members to recognize their obligations and decision-making power with respect to Indigenous data.

### IMPLEMENTING COMMUNITY-LED DATA GOVERNANCE: STEP-BY-STEP GUIDE

Community governance to support Black and Indigenous folks is most effective when governance bodies are composed of representatives from the workforce who share lived experience with the communities about whom the data is collected. The following approach supports internal capacity, broadens engagement, and grounds data governance in the real conditions experienced by Black and Indigenous folks.

- **Identify representatives from the workforce:** Select Black and/or Indigenous folks from the health care workforce to serve as the core of the governance body. Ensure these representatives reflect the diversity of lived and professional experiences across various roles and departments.
- **Co-create governance body terms of reference:** Collaborate with the identified representatives to develop terms of reference that clearly outline the scope, purpose, and objectives of the governance body.
- **Establish clear roles, responsibilities, and decision-making authority:** Define and document the representatives' specific roles, including how they will participate in data governance decisions, how authority is shared and exercised within the body, and their responsibilities to folks in the health care workforce.
- **Offer orientation, ongoing training, and support:** Provide all representatives with orientation and role-specific training, including foundational knowledge of data governance principles, privacy laws, and anti-racism practices. Continue to offer professional development and support to build confidence and effectiveness among the representatives.
- **Facilitate regular governance meetings and gather broad input from the workforce:** Hold regular meetings with the governance body, ensuring that decision-making processes are participatory and inclusive. Actively gather feedback from a broad cross-section of the health care workforce to ensure that their concerns, perspectives, and experiences inform governance decisions.
- **Revisit and update governance frameworks regularly:** Review the governance framework at least once a year, adapting it based on the lived experiences of Black and Indigenous folks, feedback received, and organizational learning. Adjust roles, protocols, or membership of the governance body to ensure continued relevance and effectiveness.

This stepwise, community-led approach to data governance fosters inclusive decision-making, sustained capacity, and authentic representation of Black and Indigenous folks in all aspects of workforce data stewardship. By grounding governance in lived experience and ongoing engagement, organizations ensure ethical and relevant data practices that respond to the needs of Black and Indigenous folks in the health care workforce.

## 4.3 Ensuring Transparent and Ethical Data Collection

Aligning workforce data collection practices with Ontario's Anti-Racism Data Standards ensures organizations establish identity-based data collection practices that are ethical, community-driven, and focused on dismantling systemic racism while fostering an inclusive workforce. Below is an overview of how these principles can be applied to workforce practices.

### COMMUNITY-LED DATA GOVERNANCE

Community engagement is central to ensure Black and Indigenous Peoples have input into data collection, analysis, and reporting processes.

#### Workforce applications:

- Establish community governance tables representing Black and Indigenous folks in the health care workforce to guide data collection, analysis, and use. <sup>35</sup>
- Ensure these tables have decision-making power over data-related activities, including the authority to approve or reject plans for engagement, collection, and analysis. <sup>35</sup>
- Use disaggregated demographic data to identify inequities in hiring, promotions, and pay gaps while maintaining cultural safety.

## TRANSPARENT AND ETHICAL DATA COLLECTION

Apply the CARE Principles to define ethical data collection. Prioritize collective benefit, Indigenous authority, clear lines of responsibility, and protection of cultural knowledge and community privacy.

### Workforce applications:

- Develop transparent policies that outline how identity-based data is collected, stored, and analyzed to build trust among the health care workforce.
- Recognize that Black and Indigenous communities collectively own their data. <sup>36</sup>
- Implement policies that give communities control over all aspects of data management, from collection to interpretation and sharing. <sup>36</sup>
- Ensure participation in demographic surveys is voluntary, with clear communication about how the data will be used to improve workplace equity.
- Adopt a CARE-based assessment for transparency (e.g., regular community-led reviews or audits of processes to safeguard against misuse and ensure ongoing ethical alignment).

## DATA SOVEREIGNTY AND SELF-DETERMINATION

Promote racial equity by ensuring Black and Indigenous communities retain control over their collective data.

### Workforce applications:

- Conduct genuine, cyclical, and accessible consultations with Black and Indigenous folks in the health care workforce regarding data processes. <sup>35</sup>
- Ensure ongoing engagement informs decision-making at all stages of data governance.
- Partner with Indigenous organizations to co-develop workforce equity initiatives using Indigenous-led data governance models.
- Respect the rights of Black and Indigenous Peoples by ensuring they have access to collective workforce data that impacts them.

## CAPACITY BUILDING FOR ANTI-RACISM

Identify training needs and deliver appropriate resources to comply with the organization's anti-racism policies.

### Workforce applications:

- Provide Black and Indigenous communities the right to access their collective data.<sup>35</sup>
- Offer capacity-building training to enable communities to effectively use and interpret their data.<sup>37</sup>
- Provide training for human resources (HR) teams on anti-Black and anti-Indigenous racism principles, privacy laws, and ethical data use.
- Allocate resources for Black and Indigenous folks to participate in governance processes such as leadership training or mentorship programs.

## ACTIONABLE INSIGHTS FOR SYSTEMIC CHANGE

Use collected identity-based data to inform policies that remove systemic barriers and advance racial equity.

### Workforce applications:

- Use collected data to implement targeted programs that address under-representation in leadership roles or inequities in career advancement.
- Regularly publish anonymized workforce equity reports to demonstrate progress and accountability.
- Use accessible reports to share findings from workforce equity analyses with Black and Indigenous folks to foster trust in governance efforts.
- Commit to ongoing monitoring of racial disparities in the workplace, ensuring continuous improvement toward equity goals.

### 4.3.1 COMMUNITY-LED GOVERNANCE AND HUMAN RIGHTS ALIGNMENT SUMMARY

Engagement, governance, and data sovereignty frameworks directly operationalize obligations established by the Ontario Human Rights Commission (OHRC). This ensures rights-based and community-led organizational practices that support ethical, actionable data use to address systemic racism.

<b>OHRC CLAUSE/RECOMMENDATION</b>	<b>Collect data for purposes consistent with Ontario Human Rights Code</b>
<b>CARE/OCAP/EGAP PRINCIPLE</b>	OCAP: Ownership EGAP: Engagement
<b>KEY PRACTICE/EXAMPLE</b>	Communities are consulted/empowered on data collection purposes.
<b>OHRC CLAUSE/RECOMMENDATION</b>	<b>Ensure transparency and informed consent</b>
<b>CARE/OCAP/EGAP PRINCIPLE</b>	CARE: Ethics OCAP: Control EGAP: Governance
<b>KEY PRACTICE/EXAMPLE</b>	Community tables approve consent, plans, and use.
<b>OHRC CLAUSE/RECOMMENDATION</b>	<b>Protect privacy and confidentiality</b>
<b>CARE/OCAP/EGAP PRINCIPLE</b>	CARE: Responsibility OCAP: Possession EGAP: Protection
<b>KEY PRACTICE/EXAMPLE</b>	Data is safeguarded, de-identified, and culturally respected.
<b>OHRC CLAUSE/RECOMMENDATION</b>	<b>Engage communities</b>
<b>CARE/OCAP/EGAP PRINCIPLE</b>	CARE: Authority OCAP: Access EGAP: Engagement
<b>KEY PRACTICE/EXAMPLE</b>	Communities are continually consulted and have authority to access/interpret own data.

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**OHRC CLAUSE/RECOMMENDATION Use data for actionable insights**

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**CARE/OCAP/EGAP PRINCIPLE** CARE: Collective benefit  
OCAP: Control  
EGAP: Access

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**KEY PRACTICE/EXAMPLE** Communities co-analyze and determine data use for benefit.

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**OHRC CLAUSE/RECOMMENDATION Ensure accountability through reporting**

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**CARE/OCAP/EGAP PRINCIPLE** CARE: Responsibility  
OCAP: Ownership  
EGAP: Governance

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**KEY PRACTICE/EXAMPLE** Community oversees analysis/reporting and outcomes.

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**OHRC CLAUSE/RECOMMENDATION Provide training and capacity-building**

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**CARE/OCAP/EGAP PRINCIPLE** CARE: Ethics  
OCAP: Control  
EGAP: Access

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**KEY PRACTICE/EXAMPLE** Communities build capacity in data interpretation and stewardship,

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Engagement, governance, and data sovereignty frameworks such as CARE, OCAP, and EGAP directly translate OHRC obligations into practical, community-led action and ensure practices are both rights-based and ethically rooted. Using community-led data governance frameworks is essential to empower Black, Indigenous, and other equity-deserving communities with real authority in data collection, management, and use. This approach strengthens trust, ensures transparency and accountability, and centres community-defined priorities in addressing systemic racism.

## **SECTION 5:**

# **ORGANIZATIONAL IMPLEMENTATION STRATEGIES**



# 5.0 The Role of Assessment in Advancing Anti-Racism and Organizational Transformation

Conducting both internal and external assessments is essential for organizations committed to dismantling anti-Black and anti-Indigenous racism and driving meaningful transformation. These assessments serve as foundational tools that reveal the current state of policies, practices, and culture, and illuminate pathways for systemic change.

**An internal assessment** enables organizations to critically examine their own structures, policies, and everyday practices to identify where racism may be embedded or perpetuated. This process uncovers hidden barriers, power imbalances, and inequities that may otherwise go unaddressed, providing a data-driven basis for targeted interventions and policy reforms. <sup>8, 12</sup>

**An external assessment** complements the internal assessment by capturing the perspectives of the communities and stakeholders the organization serves. By seeking feedback from Black, Indigenous, and other racialized groups, organizations gain valuable insights into how their actions are perceived, where trust may be lacking, and what changes are needed to build authentic relationships and accountability. <sup>38</sup>

## 5.0.1 INTERNAL ASSESSMENT

An internal assessment of data collection practices addresses anti-Black and anti-Indigenous racism by:

- Acknowledging racism in institutional and departmental contexts
- Centring both structural and personal manifestations of racism
- Bridging theory and practice in addressing racial inequities
- Seeking change within and beyond the immediate organizational environment

This process requires critical self-reflection, explicit action, and a commitment to disrupting the status quo that has historically privileged whiteness at the expense of Black and Indigenous Peoples. <sup>39-40</sup> The [Internal Assessment Chart Sample](#) in this toolkit shares an example of a structured framework to identify systemic inequities, improve data practices, and centre anti-racist action.

This framework enables organizations to use critical self-reflection and evidence-based strategies to dismantle barriers faced by Black and Indigenous folks. Organizations can use this framework to:

### **Identify and address inequities**

- Identify under-representation of Black and Indigenous folks at various levels of the organization <sup>41</sup>
- Reveal disparities in hiring, promotion, and retention rates <sup>41</sup>
- Use data to inform policies that address structural racism in health care <sup>42</sup>

### **Improve data collection methods**

- Implement minimum provincial standards for consistent, high-quality data collection <sup>8</sup>
- Ensure data collection is voluntary and based on self-identification <sup>42</sup>
- Align data collection processes with community-led data governance principles such as the CARE (Collective Benefit, Authority to Control, Responsibility, and Ethics) Principles and EGAP (Engagement, Governance, Access, and Protection) Framework <sup>43</sup>

### **Inform policy and service development**

- Use data to develop targeted initiatives to improve representation of Black and Indigenous folks in the workforce <sup>42</sup>
- Create accountability measures to track organizational achievement in diversity and inclusion <sup>41</sup>
- Inform policies and programs aimed at improving health equity

### **Centre community voices**

- Engage with Black and Indigenous folks to understand their experiences in the workplace <sup>43</sup>
- Collaborate with community organizations representing racialized groups <sup>42</sup>
- Ensure that data collection and analysis involve those most affected by systemic racism <sup>43</sup>

## Enhance organizational culture

- Identify departments of the organization where anti-Black and anti-Indigenous racism education are needed for the health care workforce <sup>41</sup>
- Support safe, just, and anti-racist work environments <sup>41</sup>
- Establish processes for Black and Indigenous folks in the health care workforce to safely report incidents of racism <sup>41</sup>

## Ensure ethical data use and protection

- Implement privacy and security measures to protect sensitive information <sup>41</sup>
- Develop guidelines for ethical use of identity-based data in research and decision-making <sup>43</sup>
- Ensure data is not used to further stigmatize or discriminate against racialized groups

## 5.0.2 EXTERNAL ASSESSMENT

The [External Assessment Chart Sample](#) provides a sample structured framework to identify systemic inequities, improve data practices, and centre anti-racist action. This framework enables organizations to use critical self-reflection and evidence-based strategies to dismantle barriers faced by Black and Indigenous folks in the health care workforce. An external assessment of data collection practices complements internal efforts to address anti-Black and anti-Indigenous racism. Organizations can use this framework to:

### Validate findings and ensure objectivity

- Provide an unbiased perspective on organizational practices and outcomes
- Confirm or challenge internal assessments of equity and representation
- Offer credibility to the organization's commitment to addressing racism

## **Benchmark against industry standards**

- Compare data collection methods with best practices in health care
- Identify areas where the organization falls short of or exceeds industry norms
- Provide context for the organization's progress in addressing systemic racism

## **Identify areas of improvement and hidden biases**

- Uncover unconscious biases in existing data collection processes
- Highlight data gaps that may be overlooked internally
- Reveal systemic issues that may be normalized within the organization

## **Enhance data collection methodologies**

- Recommend advanced techniques for gathering sensitive demographic information
- Suggest ways to improve response rates and data quality
- Propose strategies for integrating data collection with existing workflows

## **Strengthen community trust and engagement**

- Demonstrate transparency and accountability to Black and Indigenous communities
- Provide an opportunity for external stakeholders to contribute to the assessment process
- Build credibility of the organization's anti-racism initiatives

## **Inform strategic planning and resource allocation**

- Offer insights into where resources should be prioritized for maximum impact
- Guide the development of long-term strategies to address systemic racism
- Identify potential partnerships or collaborations to enhance anti-racism efforts

## **Ensure compliance and ethical standards**

- Evaluate adherence to legal and ethical standards in data collection and use
- Assess alignment with Indigenous data sovereignty principles
- Implement safeguards to protect against misuse or misinterpretation of identity-based data

## **Provide a broader context**

- Situate the organization's efforts within the larger landscape of health care equity
- Connect local initiatives to national and global anti-racism movements
- Identify emerging trends and future challenges in addressing racism in health care

Leveraging both internal and external assessments provides organizations with a holistic understanding of current inequities and identifies clear evidence-based pathways for sustainable anti-racist transformation. These cyclical, rigorous evaluation processes not only foster organizational accountability, but they also build trust among Black and Indigenous folks in the health care workforce and community partners. This ensures that equity efforts are grounded in lived experience, transparent practices, and the highest ethical standards.

## 5.1 Operationalizing Data Standards

Diverse data collection methods—such as quantitative analyses to identify disparities and qualitative approaches to understand lived experiences—provide a comprehensive understanding of systemic issues. Ontario’s [Data Standards for the Identification and Monitoring of Systemic Racism](#) highlights the need for both quantitative and qualitative data to inform evidence-based solutions and dismantle systemic barriers. Organizations should consider the following when operationalizing a data strategy:

### **USE DATA TO DRIVE EQUITY-CENTRED POLICIES AND DECISIONS**

Organizations must ensure that collected data is used directly to inform and guide policies, programs, and decisions that foster a more equitable work environment and health system. This includes identifying systemic barriers, creating targeted interventions to support under-represented groups, and addressing inequities in hiring, retention, and promotion. Senior leaders should commit to embedding insights from data into strategic planning to drive sustainable change.

### **EVOLVE SURVEYS THROUGH ANNUAL REVIEWS**

Surveys should not remain static but should evolve as organizations deepen their understanding of workforce needs and community representation. Annual reviews should assess the relevance of survey questions and response options and their alignment with advancements in anti-racism and equity practices. This iterative process may involve adding, removing, or modifying questions based on findings from the previous year or emerging best practices in anti-racism. By reviewing and evolving surveys, organizations demonstrate their commitment to staying responsive to the changing needs of their workforce.

### **BALANCE EQUITY ANALYSES WITH PRIVACY CONSIDERATIONS**

When collecting identity-based data alongside employment-related questions (e.g., length of employment, employment status), organizations must carefully balance the need for equity analyses with the risk of identifying respondents. The likelihood of unintentionally identifying individuals increases as more granular data is collected. To mitigate this risk, consider:

- Using a third-party vendor for data collection and analysis to ensure confidentiality
- Reporting only aggregated data with a minimum threshold (e.g., five or more respondents per category) to protect anonymity
- Establishing clear protocols for data governance to maintain trust among the workforce

## **COMMUNICATE THE PURPOSE OF DATA COLLECTION**

Clear communication with survey respondents is essential to build trust in the data collection process. Organizations must articulate the overall objective of collecting identity-based data. Folks should feel confident that their participation will lead to meaningful action rather than tokenistic efforts.

## **EXPLAIN DATA GOVERNANCE, ANALYSIS, AND REPORTING PLANS**

Organizations must outline how collected data will be governed, analyzed, and reported back to the workforce. This includes detailing who will have access to the data, how it will be used to inform decision-making, and how findings will be shared transparently while protecting individual privacy. Clear governance structures help ensure accountability and demonstrate a commitment to ethical practices.

## **PROVIDE CONTEXT FOR SURVEY QUESTIONS AND RESPONSE OPTIONS**

Communicating the rationale behind survey questions and response options is critical. The workforce should understand that any omission of specific groups within response categories is not an act of exclusion but reflects the organization's ongoing effort to better understand its workforce demographics. Organizations can invite feedback from respondents on how questions or response options could be improved in future iterations to ensure inclusivity.

A robust, transparent approach ensures that identity-based data collection strategies respect and protect individual privacy and respond to the distinct needs and rights of Black and Indigenous communities. A commitment to meaningful engagement and culturally grounded metrics empowers organizations to drive systemic change, build trust with their workforce, and create a more inclusive and equitable environment for all.

## 5.2 Key Strategies and Resources for Building Anti-Racism Data Systems

Collecting, analyzing, and interpreting identity-based workforce data require a thoughtful, collaborative approach rooted in equity and anti-oppression principles. Organizations must prioritize partnerships with Black and Indigenous folks to ensure safety, trust, and meaningful engagement. Below are key principles that underpin successful identity-based data collection and use, as well as resources to guide organizations in this critical work.

### COMMUNITY ENGAGEMENT

- Engage existing organizational groups such as affinity groups, equity committees, or anti-racism working groups.
- Form steering committees with Black and Indigenous folks in the health care workforce to decentralize decision-making authority over data collection and use.
- Host open forums and town hall meetings to include voices from the health care workforce that are not formally part of structured groups.
- Maintain ongoing engagement to gather feedback and insights throughout the process.

**Resource:** British Columbia's [Community-Partner Led Engagement Findings Report](#)

### ANTI-RACISM EMBEDDED IN ORGANIZATIONAL STRUCTURES

- Conduct a racial equity impact assessment to evaluate policies, procedures, and structures.
- Embed anti-racism in organizational policies, education/training programs, and services.
- With Black and Indigenous folks in the health care workforce, co-create strategic commitments to racial justice with measurable actions.

**Resource:** [Guidance Document and Framework for Anti-Racist Approaches to Research and Analytics at ICES](#)

## **ROBUST DATA GOVERNANCE**

- Co-design data governance structures with folks in the health care workforce and affected communities.
- Create data-sharing agreements with Black and Indigenous communities to ensure they have ownership and control over how data is used (e.g., aligning with CARE Principles).
- Be transparent about the purpose of collecting identity-based data and vet practices with community members and health equity experts.

## **RESPECTFUL USE OF DATA**

- Collaborate with communities to determine how data is used, interpreted, shared, and acted upon.
- Allocate resources to address evidence-based needs identified by communities.
- Take a disaggregated approach to reflect diversity within Indigenous, Black, and racialized communities.

## **SUSTAINABLE INVESTMENT**

- Allocate financial resources, human resources, and tools necessary for sustainable implementation of identity-based data initiatives.
- Invest in long-term infrastructure that supports ongoing equity efforts.

## **TRANSPARENT COMMUNICATION**

- Develop a comprehensive communications plan to provide regular updates on progress toward anti-racism goals.
- Share findings transparently while protecting sensitive information.

## CAPACITY-BUILDING THROUGH DATA ACCESS

- Provide pathways for organizational communities to access workforce data analytics for capacity-building purposes.
- Offer training on how to interpret data for advocacy or decision-making.

## ORGANIZATIONAL SELF-REFLECTION

- Integrate self-reflection on positionality into the identity-based data implementation process.
- Use self-assessment tools to identify strengths and areas for improvement in equity efforts.
- Establish feedback mechanisms for workforce members to suggest improvements in accessibility and equity.

**Resource:** The [Equity and Anti-Racism Self-Assessment Tool](#) included in [Municipal and Village Equity and Anti-Racism Plans](#) from the [Government of Nova Scotia's Office of Equity and Anti-Racism](#)

With these principles and resources, organizations can build equitable systems that empower Black and Indigenous folks in the workforce as decision-makers, care providers, and health equity advocates while fostering an inclusive workplace culture rooted in anti-racism principles.

# 5.3 Engaging Black and Indigenous Communities Through Transparent and Culturally Safe Communication

Effective communication is a cornerstone of successful identity-based data collection strategies. To build trust, foster collaboration, and ensure alignment across health care, communication strategies must focus on shared language, trust-building, and stakeholder engagement. Key principles for communication strategies and resources to support these efforts are below.

## ESTABLISH A SHARED LANGUAGE

- Develop a common language to ensure consistency in how identity-based data collection is communicated across Toronto Academic Health Science Network (TAHSN) and the health care workforce.
- Use system-level thinking to align terminology, processes, and goals and ensure clear and coherent messaging.
- Avoid stigmatizing or overly targeted terms. Use inclusive language and terminology that follows best practices from communities and workforce feedback. This helps prevent social identity threats that can undermine trust or participation in workplace data collection. <sup>44</sup>

**Resource:** [Promising practices - Collecting inclusive gender data](#), Canadian Human Rights Commission

## BUILD TRUST WITH BLACK AND INDIGENOUS COMMUNITIES

- Recognize that trust is critical for building relationships with Black and Indigenous communities. This involves creating culturally safe spaces where individuals feel respected and valued. <sup>25, 46</sup>
- Transparently communicate the purpose of data collection, emphasizing voluntary participation, privacy protections, and the data's use in addressing inequities. <sup>47</sup>
- Engage communities through culturally relevant approaches, such as community conversations, town halls, or partnerships with folks who lead local outreach. <sup>46</sup>

**Resource:** [N'Mninoeyaa Aboriginal Health Access Centre Model](#)

## TAILOR COMMUNICATION STRATEGIES FOR IDENTITY-BASED DATA COLLECTION

- Develop communication strategies that resonate with diverse audiences by incorporating cultural relevance while avoiding over-accommodation that may trigger identity threats. <sup>45</sup>
- Clearly explain why identity-based data is being collected, how it will be used to address systemic inequities, and what safeguards are in place to prevent misuse. <sup>47</sup>
- Use plain language and culturally appropriate materials to ensure accessibility for all stakeholders. <sup>47</sup>

**Resource:** [Promising practices – Collecting inclusive gender data, guidance on communicating actively](#), Canadian Human Rights Commission

## USE MULTI-LEVEL COMMUNICATION

- Tailor communication strategies to reflect the unique needs of individual institutions and their surrounding communities.
- Engage local affinity groups, equity committees, or anti-racism working groups to co-create messaging that resonates with Black and Indigenous folks in the health care workforce.

**Resource:** [Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada](#)

## ENGAGE STAKEHOLDERS AND PARTNERS

- Identify key stakeholders (e.g., Indigenous health organizations, Black community leaders, unions, patient advocacy groups) to co-develop communication strategies.
- Build long-term partnerships that prioritize community-led decision-making in how identity-based data is collected, interpreted, and used. <sup>1, 46</sup>
- Provide regular updates on progress through transparent reporting mechanisms to empower stakeholders.

**Resources:** [The First Nations Principles of OCAP®](#), the [Engagement, Governance, Access, and Protection \(EGAP\) Implementation Guide](#)

## OPTIMIZE CROSS-INSTITUTIONAL COLLABORATION

- Create cross-institutional working groups or steering committees to bring together diverse perspectives from member organizations.
- Leverage these groups to standardize communication practices while ensuring flexibility for local adaptations.
- Use these collaborations to identify gaps in current practices and co-create solutions that enhance engagement.

**Resource:** [N'Mninoeyaa Aboriginal Health Access Centre Model](#)

By focusing on these principles and leveraging existing resources, health care organizations can create a robust communication framework that supports successful identity-based data collection efforts while building trust with Black and Indigenous communities.

### GUIDES AND ADAPTABLE RESOURCES:

## ORGANIZATIONAL IMPLEMENTATION STRATEGIES

[Internal Assessment Chart Sample](#)

[External Assessment Chart Sample](#)

[Promising practices – Collecting inclusive gender data, Canadian Human Rights Commission](#)

[N'Mninoeyaa Aboriginal Health Access Centre Model](#)

[The First Nations Principles of OCAP®](#)

[Engagement, Governance, Access, and Protection \(EGAP\) Implementation Guide](#)

[Community-Partner Led Engagement Findings Report](#)

[Guidance Document and Framework for Anti-Racist Approaches to Research and Analytics at ICES](#)

[Equity and Anti-Racism Self-Assessment Tool](#)

## **SECTION 6:**

# **MONITORING, EVALUATION, AND ACCOUNTABILITY**

**VI**

# 6.0 Creating a Culture of Accountability to Combat Systemic Racism

Accountability is the cornerstone of any successful anti-racism initiative. For health care organizations to effectively address systemic anti-Black and anti-Indigenous racism, they must establish clear structures, processes, and metrics to ensure sustained progress. Accountability begins with demonstrated commitment from executive leadership and extends to every level of the organization through transparent reporting, measurable outcomes, and inclusive decision-making.

This section outlines key features to ensure accountability and provides actionable recommendations and tools that empower organizations to track progress, engage stakeholders, and sustain long-term commitments to anti-racism.

## EXECUTIVE LEADERSHIP AND ACCOUNTABILITY

- Establish executive leadership accountability for anti-racism initiatives
- Align guiding principles, values, and vision across all management levels of the organization
- Ensure consistent engagement from leadership to promote accountability

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

## MONITORING AND EVALUATION

- Implement data systems to assess progress on organizational commitments
- Conduct current state assessment surveys for baseline understanding
- Use qualitative collection tools for in-depth insights on the experiences of Black and Indigenous folks in the health care workforce

**Resource:** [Anti-Racism/Anti-Oppression Fidelity Assessment Scale](#) (Anti-Racism/Anti-Oppression Fidelity Assessment Scale), Centre for Addiction and Mental Health (CAMH)

## TRANSPARENT REPORTING AND ANALYSIS

- Publish framework metrics with equity analysis
- Analyze outcomes and track progress annually
- Develop and utilize an equity dashboard/tracker

**Resource:** [Roadmap to Confront Anti-Black Racism at Holland Bloorview](#)

## ORGANIZATIONAL CULTURE TRANSFORMATION

- Align measurement frameworks to assess programs, revise logic models, and refine indicators
- Improve organizational tools and update data collection language and processes
- Expand engagement by creating feedback loops for all levels of the organization

## LONG-TERM COMMITMENT AND TRUST-BUILDING

- Create and maintain long-term commitment to change
- Build public and workforce trust through values-driven, data-informed decision-making
- Develop an organizational equity scorecard to measure performance

## COLLABORATIVE PLANNING AND IMPLEMENTATION

- Engage in collaborative organizational roadmap planning
- Set clear time frames and accountability measures for each step
- Use targeted special measures to remove identified barriers

**Resource:** [University of Toronto – Employment Equity Dashboard](#)  
(includes dashboard domains, key performance indicators, and operationalization measures)

## 6.0.1 KEY RECOMMENDATIONS

- Invest in data and strategy reporting systems
- Collect, report, and evaluate identity-based data, equity indicators, and progress on anti-racism commitments using equity data
- Be transparent and accountable, and operate with urgency
- Align organizational measurement frameworks
- Address organizational bias in data analysis
- Create feedback loops for all levels of the organization
- Develop and use an equity dashboard/tracker
- Create an organizational equity scorecard
- Participate in collaborative roadmap planning
- Regularly revise policies and practices based on collected data

By focusing on these key features and using the provided resources, organizations can create a robust framework for accountability in their anti-racism efforts, ensuring that commitments translate into measurable progress and systemic change.

### GUIDES AND ADAPTABLE RESOURCES

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

[Anti-Racism/Anti-Oppression Fidelity Assessment Scale](#), CAMH

[Roadmap to Confront Anti-Black Racism at Holland Bloorview](#)

[University of Toronto – Employment Equity Dashboard](#)

## **SECTION 7:**

# **LOOKING FORWARD**

**VII**

## 7.0 Advancing Equity Through Data Stewardship and Celebrating Milestones

The development of this toolkit represents a critical step toward creating a truly equitable and inclusive health care system. By harmonizing workforce data collection and analysis practices, Toronto Academic Health Science Network (TAHSN) will be better equipped to identify disparities, track progress, and implement targeted strategies to address anti-Black and anti-Indigenous racism. As this work moves forward, it is essential to recognize accomplishments and celebrate each milestone. Highlighting successes fosters momentum, reinforces commitment, and inspires continued action across organizations.

Celebrating and highlighting progress uplifts Black and Indigenous people in the workforce while motivating teams and building collective resolve to enhance the quality of care for all community members. Sharing and honouring achievements such as improved representation, stronger partnerships, and positive changes in workplace culture fosters learning and amplifies positive impact throughout the sector.

Understanding and respecting the importance of community-led data governance frameworks such as EGAP (Engagement, Governance, Access, and Protection) for Black communities and OCAP® (Ownership, Control, Access, and Possession) for First Nations are central to this work. These frameworks assert the rights of communities to own, control, and protect their collective data, ensuring that data collection, management, analysis, and use are guided by the communities themselves and reflect their priorities, values, and sovereignty. <sup>35-36</sup>

For example, the EGAP Framework emphasizes the establishment of community governance tables, which enable Black communities to make decisions about how their workforce data is collected and used. OCAP ensures that First Nations have authority over all aspects of their data, from collection to stewardship.

TAHSN is committed to developing and implementing data governance strategies that support and uphold the rights of Black, First Nations, Métis, and Inuit communities. This involves meaningful engagement, partnership, and co-development at every stage of the data lifecycle, as well as building capacity within communities to access and use their own data.<sup>35-36</sup> By embedding these principles into its data governance approach—and taking time to recognize success along the way—TAHSN will foster trust, accountability, and transparency. This ensures that workforce data collection efforts are ethical, respectful, and a driving force in dismantling systemic racism and advancing health equity for all.

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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.

# Guides and Adaptable Resources

## Core Identity-Based Data Questions, Response Options, and Sequencing

### DESCRIPTION

The Core Identity-Based Data Questions, developed by the [TAHSN Anti-Racism Working Group – Data](#), are a set of standardized questions intended to support harmonized workforce data collection practices across TAHSN member organizations and support collective action to address anti-Black and anti-Indigenous racism in health care. While these questions provide a universal framework for demographic data collection, their primary purpose is to ensure consistent, comparable, and equity-driven data across the network. By establishing core identity-based questions, TAHSN organizations can more effectively identify systemic barriers, track progress, and coordinate anti-racism efforts.

These questions go beyond race to encompass multiple facets of identity—including Indigenous identity, ethnicity, religion, immigration history, gender, sexuality, disability, age, service length, and job status. This intersectional approach allows organizations to uncover how overlapping aspects of identity shape the workforce experiences of Indigenous and Black folks, such as the compounding impacts of racism, gender, and disability on career progression, workplace inclusion, and well-being. By analyzing demographic data through an intersectional lens, TAHSN can better identify which groups face unique or heightened forms of marginalization, inform targeted strategies, and ensure interventions reflect the full complexity of the lived experiences of Black and Indigenous folks.

The sequencing of questions follows the [Government of Ontario’s Data Standards for the Identification and Monitoring of Systemic Racism](#), placing Indigenous identity and ethnicity immediately before race to improve response accuracy and cultural sensitivity. All questions and response options promote self-identification—including open-text fields for identities not listed—so people can describe themselves in their own terms, further deepening understanding of workforce diversity and the specific realities Black and Indigenous folks face in the health care workforce.

## HOW TO USE

- **Adopt as a foundation:** Integrate these questions into your organization’s workforce surveys, onboarding forms, or self-identification processes as a foundation for identity-based data collection—supporting both organization-level action and TAHSN-wide benchmarking.
- **Customize response options:** Where appropriate, tailor questions or add locally relevant examples through consultation with folks in the health care workforce and community partners, ensuring cultural relevance. For example, you may build ethnicity lists by combining internal workforce data (including common identities within your organization) with external standards such as [Statistics Canada’s ethnic origin categories](#), always including a free-text option to honour self-identification.
- **Communicate purpose and privacy:** Clearly explain the goals behind these questions and detail how responses will be used to drive organizational change, maintaining strict privacy and confidentiality protocols.
- **Educate stakeholders:** Provide preambles and definitions to clarify the purpose and context of each question to ensure that the workforce understands why certain terms or sequences are used.
- **Promote safety and ongoing accountability:** Data collection needs to be voluntary, transparent, and culturally safe, with clear communication about purpose, use, and confidentiality. Build trust by providing regular updates, co-interpreting results with Black and Indigenous folks in the health care workforce, and showing how their input drives real change.

## WHEN TO USE

- **Workforce demographic surveys:** Deploy these questions during annual or periodic workforce demographic surveys to establish an internal baseline to monitor progress in equity, diversity, and inclusion work. To give results meaningful context, compare internal data with appropriate external benchmarks (e.g., local labour market or census data). This ensures that changes in workforce demographics are understood in relation to the broader population.
- **Onboarding or recruitment:** Use these questions when collecting data from new hires to establish baseline workforce equity metrics and identify gaps in representation. Participation should be voluntary, with clear communication on privacy, purpose, and how the data will be used to advance equity.
- **Equity audits and reports:** Incorporate the questions into equity reviews or annual reports to track progress over time. Start with your internal data as a baseline, then compare the internal data to external reference points, such as local population demographics, labour market data, or sector-wide workforce information. This helps show whether your workforce reflects the communities you serve and is meeting equity goals.
- **Evaluation of policies and programs:** Use the questions to evaluate the impact of anti-racism, inclusion, or workforce development programs and ensure interventions address the needs of those most affected by systemic inequities.
- **Continuous engagement and feedback:** Apply these questions when gathering feedback from the health care workforce or affinity groups, or after significant organizational changes, to monitor shifts in workforce composition and sentiment.

By using these core questions and sequencing, organizations can generate high-quality, actionable data that powers collective action, supports evidence-based decision-making, and drives measurable progress in addressing anti-Black and anti-Indigenous racism within health care workplaces.

---

## INDIGENOUS IDENTITY

**Do you identify as First Nations, Inuit, and/or Métis? If yes, select all that apply.**

- Yes, First Nations
- Yes, Inuit
- Yes, Métis
- Yes, not specified above. Please specify:

---

- No
- Prefer not to answer

---

## ETHNICITY

**Preamble:** Ethnicity is a multi-dimensional concept referring to community belonging and a shared cultural group membership. It is related to socio-demographic characteristics, including language, religion, geographic origin, nationality, cultural traditions, ancestry, and migration history, among others. According to the Government of Ontario’s definition, ethnicity “[r]efers to a person’s ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.”<sup>8</sup>

### **What is your ethnic or cultural identity?**

**For example:** Anishinaabe , Chinese, Colombian, Cree, Dutch, Guyanese, Indian, Jewish, Korean, English, Filipino, French, German, Haudenosaunee, Inuit, Italian, Irish, Jamaican, Lebanese, Métis, Mi’kmaq, Pakistani, Portuguese, Polish, Iranian, Scottish, Somali, Sri Lankan, Ukrainian.

Please specify as many origins as applicable:

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For more examples of ethnic or cultural origins, please visit [Statistics Canada’s examples of ethnic or cultural origins](#).

---

## RACE

**Preamble:** Race is a social construct used to categorize people based on perceived physical differences (e.g., skin colour, facial features). While there is no scientifically accepted evidence of a biological basis for the identification and classification of discrete racial groups, race still has important consequences in society, including how people are treated by different individuals and institutions.<sup>8</sup>

**You may describe your racial background in ways that are not equivalent to the categories in this survey, and you are encouraged to use the free-text options to share an identity that is not listed.**

**Please indicate which race category best describes you.  
Select all that apply:**

- Black or African (e.g., African, Afro-Canadian, Afro-Caribbean, Afro-Colombian, Afro-Latino descent)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent)
- Latin American (e.g., Central American, South American, Caribbean descent)
- Indigenous (e.g., First Nations, Métis, Inuit descent)
- Middle Eastern or West Asian (e.g., Arab, Persian, Afghan, Iranian, Lebanese, Turkish, Kurdish descent)
- North African (e.g., Algerian, Libyan, Moroccan, Tunisian descent)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan descent)
- Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese descent)
- White (e.g., European descent)
- I prefer to identify as: \_\_\_\_\_
- Prefer not to answer

---

## RELIGION OR SPIRITUALITY IDENTITY

**Please indicate your religious or spiritual affiliation. Please select all options with which you identify or hold an affiliation, regardless of whether or how you observe that religion or spiritual practice.**

For more examples of religions, please visit [Statistics Canada's examples of religions and religious groups/denominations](#).

- Agnostic
- Atheist
- Baha'i
- Buddhist
- Christian
- Confucian
- Hindu
- Indigenous spirituality
- Jain
- Jewish
- Muslim
- Pagan
- Rastafarian
- Sikh
- Spiritual
- Unitarian
- Zoroastrian
- I would like to specify another religious or spiritual affiliation instead of or in addition to selecting from the above list: \_\_\_\_\_
- No religion
- Prefer not to answer

---

## IMMIGRATION

### Were you born in Canada?

- Yes
- No
- Do not know
- Prefer not to answer

### If no, when did you arrive in Canada?

- Less than 5 years ago
- 5 to 9 years ago
- 10 years ago or more
- Do not know
- Prefer not to answer

---

## GENDER IDENTITY AND EXPRESSION

**Preamble:** The Ontario Human Rights Commission describes gender identity as “each person’s internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person’s gender identity may be the same as or different from their birth-assigned sex. Gender expression is how a person publicly presents their gender. This can include behaviour and outward appearance such as dress, hair, make-up, body language and voice. A person’s chosen name and pronoun are also common ways of expressing gender.” <sup>48</sup>

The table below offers terms and definitions that may support you with completing the next question.

## Terms

## Definitions

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<b>Agender</b>	A term that may be used by people who identify as having no gender or being without a gender identity. <sup>50</sup>
<b>Gender fluid</b>	A person whose gender identity or expression changes or shifts along the gender spectrum.
<b>Genderqueer</b>	A person whose gender identity is neither man nor woman, is between or beyond genders, or is some combination of genders.
<b>Man</b>	A person whose sense of personal identity and gender corresponds with their birth sex (i.e., someone whose sex assigned at birth was male and who identifies as a man).
<b>Non-binary</b>	A person whose gender identity does not align with a binary understanding of gender, such as man or woman.
<b>Questioning or exploring</b>	A person who is exploring their gender identity or is uncertain of their own gender identity.
<b>Transgender (also “trans”)</b>	<b>Trans</b> or <b>transgender</b> is an umbrella term referring to people with diverse gender identities and expressions that differ from stereotypical gender norms. It includes but is not limited to people who identify as transgender, trans women (male-to-female), trans men (female-to-male), transsexual, cross-dressers, gender non-conforming, gender variant, or genderqueer.
<b>Trans man</b>	A person whose sex assigned at birth is “female” and who identifies as a man.
<b>Trans woman</b>	A person whose sex assigned at birth is “male” and who identifies as a woman.
<b>Two-Spirit (also Two Spirit or Two-Spirited)</b>	An English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity, and/or sexual orientation identity comprises both male/masculine and female/feminine spirits.
<b>Woman</b>	A person whose sense of personal identity and gender corresponds with their birth sex (i.e., someone whose sex assigned at birth was female and who identifies as a woman).

---

**Based on the descriptions of gender identities, do you describe yourself as (select all that apply):**

- Agender
- Gender fluid
- Genderqueer
- Man
- Non-binary
- Questioning or exploring
- Transgender
- Trans man
- Trans woman
- Two-Spirit
- Woman
- I would like to specify another gender identity instead of or in addition to selecting from the above list: \_\_\_\_\_
- Prefer not to answer

---

## **SEXUAL IDENTITY**

The Ontario Human Rights Commission describes sexual orientation as “an immutable personal characteristic that forms part of an individual’s core identity. Sexual orientation encompasses the range of human sexuality from gay and lesbian to bisexual and heterosexual orientations, including intimate emotional and romantic attachments and relationships.” <sup>49</sup>

The table below offers terms and definitions that may support you with completing the next question.

## Terms

## Definitions

---

<b>Asexual</b>	A person who feels very little or no sexual desire.
<b>Bisexual</b>	A person who is sexually and/or romantically attracted to two or more genders.
<b>Gay</b>	A person who is sexually and/or romantically attracted to people of their same sex or gender identity. Traditionally, this identity was reserved for men, but it has been adopted by people of all gender identities.
<b>Heterosexual/straight</b>	A person who is sexually attracted to people of an opposite or different sex or gender identity.
<b>Lesbian</b>	Typically, a woman who is sexually and/or romantically attracted to other women.
<b>Pansexual</b>	A person who is sexually attracted to another person regardless of their gender.
<b>Queer</b>	Historically, a derogatory term used as a slur against 2SLGBTQIA+ people. This term has been reclaimed by many 2SLGBTQIA+ people as a positive way to describe themselves and include the many diverse identities not covered by the common 2SLGBTQIA+ acronym.
<b>Questioning</b>	A person who is exploring their sexual orientation or is uncertain of their own sexual orientation.
<b>Two-Spirit (also Two Spirit or Two-Spirited)</b>	An English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity, and/or sexual orientation identity comprises both male/masculine and female/feminine spirits.

---

**Based on the descriptions for sexual identity, do you describe yourself as (select all that apply):**

- Asexual
- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Pansexual
- Queer
- Questioning
- Two-Spirit
- I would like to specify another sexual orientation instead of or in addition to selecting from the above list: \_\_\_\_\_
- Unsure/do not know
- Prefer not to answer

---

## **LIVING WITH A DISABILITY/IES**

**Preamble:** Disabilities can be visible (i.e., a disability that others can see or hear), non-visible (i.e., a disability others may not be aware of), sensory (i.e., a disability related to the five senses, such as hearing and vision), and episodic (i.e., long-term disabilities that are characterized by periods of good health interrupted by periods of illness or disability). A disability may also be considered a combination of visible, non-visible, sensory, and episodic.

**Based on the description of disabilities, do you describe yourself as living with any of the following disabilities (select all that apply):**

- Visible (e.g., cerebral palsy, amputations)
- Non-visible (e.g., autism, cognitive impairment, mental health conditions, learning disability)
- Sensory (e.g., hearing, vision)
- Episodic (e.g., epilepsy, anxiety)
- I would like to specify another disability type instead of or in addition to selecting from the above list: \_\_\_\_\_
- I am not living with a disability
- Prefer not to answer

---

## **AGE RANGE**

**Please indicate your age range:**

- 24 and under
- 25–29 years
- 30–34 years
- 35–39 years
- 40–44 years
- 45–49 years
- 50–54 years
- 55–59 years
- 60–65 years
- 66–69 years
- 70–74 years
- 75 years and over
- Prefer not to answer

---

## LENGTH OF SERVICE

Please indicate the total number of years you have worked or provided service at [organization name]:

- Less than 1 year
- 1–5 years
- 6–10 years
- 11–15 years
- 16 years or more
- Prefer not to answer

---

## JOB STATUS

Please indicate your employment status:

- Regular full-time
- Regular part-time
- Casual
- Temporary full-time
- Temporary part-time
- Prefer not to answer

Please select the category that aligns best with your role:

- Clinical staff (physician, nurse, allied health)
- Non-clinical staff (administrative support, IT, finance, HR)
- Support services (dietary, facilities)
- Leadership (department head, director, vice-president, CEO)
- Education and research (educator, researcher, scientist)
- Other
- Prefer not to answer
- Do not know

# Approaches to Collecting Identity-Based Data

## DESCRIPTION

This resource provides a clear overview of practical methods for collecting identity-based workforce data within health care organizations. Each approach is structured to help organizations understand where and how data can be collected at different stages of the employee lifecycle, the advantages and disadvantages of each method, and specific considerations for centring equity and trust with Black and Indigenous people.

The tool presents side-by-side comparisons of methods such as surveying all applicants, integrating demographic questions into engagement surveys, and using stand-alone equity surveys, onboarding surveys for new hires, and voluntary workforce updates through secure self-service portals.

## HOW AND WHEN TO USE

This resource is designed to support organizations in selecting practical, effective methods for collecting identity-based workforce data—an essential component in advancing anti-Black and anti-Indigenous racism strategies. The resource offers comparative insights into different data collection approaches throughout the employee lifecycle and clearly outlines each method's data location, advantages, challenges, and specific considerations for Black and Indigenous folks. Hyperlinks are included in the chart where organizations have publicly shared examples of their practices, so readers can explore real-world applications and access more detailed information about each approach.

## This resource can be used:

- **As a planning guide:** Refer to this tool when deciding where and how to embed demographic and equity questions into your organizational processes—from applicant tracking and onboarding to employee engagement surveys and voluntary self-identification.
- **For method selection:** Use the side-by-side comparisons to assess which strategies best align with your organization’s current infrastructure, workforce needs, and trust climate.
- **To enhance equity efforts:** Draw on the real-world examples and recommended actions to tailor your data practices for greater impact, transparency, and workforce engagement.

## Use this resource when:

- **Launching or refining data collection:** Deploy the tool at the start of new equity initiatives, when updating existing processes, or after identifying equity gaps that require deeper insight.
- **Evaluating or expanding practices:** Consult the tool during annual reviews or strategic planning sessions to evaluate the effectiveness of current data collection and identify opportunities for improvement.
- **Responding to community input:** Use the tool when feedback from Black and Indigenous folks in the health care workforce suggests a need for safer, more culturally responsive data practices.

---

## APPROACH

### Survey all applicants

---

#### DATA LOCATION & CONTEXT

- Data is stored in applicant tracking system or recruitment database.
- Potential to move data into Human Resources Information Management (HRIM) system once applicants join the organization's workforce.
- Depending on applicant tracking system, data could be kept anonymous or linked to HR files.

---

#### ADVANTAGES

- Ensures data is collected at the earliest stage of an individual's interaction with the organization.
- Potential to inform hiring practices.

---

#### DISADVANTAGES

- Discomfort of potential applicants in providing data.
- Requires robust data protection measures.

---

#### WHAT YOU CAN DO

- Collect data on the applicant pool and measure gaps in hiring stages.

---

#### WHAT YOU CAN'T DO

- Understand the demographics of the current workforce and/or analyze retention and development trends.

---

#### EXAMPLES

Examples of TAHSN partners that practice this approach are:

- Scarborough Health Network.
- Hospital For Sick Children.
- University of Toronto collects applicant diversity data; identity-based data sits in HR files.
- Government of Canada's Public Service Commission collects socio-demographic data as part of the application process for federal job postings.

---

#### IMPACT TO BLACK AND INDIGENOUS FOLKS IN THE HEALTH CARE WORKFORCE

- Can identify hiring disparities early on.
- May discourage Black and Indigenous applications if there is mistrust in how the data will be used.
- If data is linked to HR files, transparency is crucial to avoid concerns about discrimination.

---

#### APPLICATION

**Applicant pool:** If the applicant pool lacks diversity, organizations could share job postings with Black and Indigenous networks. Organizations should consider which job fairs HR folks attend and how they are verbally and non-verbally communicating to potential applicants that the organization would welcome their application.

**Job postings:** Job postings should have a closing statement that encourages applicants from diverse backgrounds to apply. Carefully consider the terminology that is used to attract applicants. Employers seeking a diverse applicant pool should omit any non-essential skills from advertisements.

**Bias/discrimination in screening:** If evidence of bias/discrimination is found in screening of applicants, organizations could move to an anonymous resume screening approach and measure if the approach decreases bias/discrimination.

---

## APPROACH

### Collect data during workforce engagement survey

---

#### DATA LOCATION & CONTEXT

- Workforce engagement survey platform or HR analytics tool.
- Data would be kept anonymous.

---

#### ADVANTAGES

- Easy to integrate with existing surveys.
- Potentially higher response rates if existing surveys are well-received.
- Data can be tied to engagement insights.
- Some folks might be more comfortable with an anonymous option.

---

#### DISADVANTAGES

- Data may not be granular enough.
- Folks may not feel comfortable sharing information.
- Timing might not align with organizational needs.

---

#### WHAT YOU CAN DO

- Analyze engagement metrics alongside demographics to identify equity gaps in workplace experiences.

---

#### WHAT YOU CAN'T DO

- Collect data on the applicant pool and measure gaps in hiring stages.
- Gather data on folks who opt out of the engagement survey.

---

#### EXAMPLES

Examples of TAHSN partners that practice this approach are:

- Holland Bloorview Kids Rehabilitation Hospital.
- Michael Garron Hospital.
- Scarborough Health Network.
- Women's College Hospital.
- Ontario Public Service includes diversity questions in its [annual workforce engagement survey](#).

---

#### IMPACT TO BLACK AND INDIGENOUS FOLKS IN THE HEALTH CARE WORKFORCE

- Data can inform resource groups and training on anti-Black and anti-Indigenous racism.
- Anonymous responses may limit accountability if folks are reporting anti-Black and anti-Indigenous racism.
- If engagement levels are low for Black and Indigenous folks, it may indicate broader systemic issues with racism at the organization.

---

#### APPLICATION

By linking engagement results with demographic data, organizations could determine:

- Which employee resource groups should be initiated.
- Training and education for existing folks in the health care workforce (e.g., TAHSN Anti-Black Racism eLearning Module).
- Which days of significance to commemorate at the organization.

---

## APPROACH

### Stand-alone survey

---

#### DATA LOCATION & CONTEXT

- Custom databases.
- Data would be kept anonymous.

---

#### ADVANTAGES

- Targeted data collection could address specific organizational goals for equity.
- Flexible timing for administration.
- Could ask more specific questions.

---

#### DISADVANTAGES

- Requires additional effort to promote participation.
- Response rates may be lower without context.
- Potential of survey fatigue for the health care workforce if several other surveys are being administered.

---

#### WHAT YOU CAN DO

- Collect comprehensive demographic data.

---

#### WHAT YOU CAN'T DO

- Tie the data to specific organization processes (e.g., promotions), unless explicitly linked.

---

#### EXAMPLES

- York University conducts an [employment equity self-identification survey](#).

---

#### IMPACT TO BLACK AND INDIGENOUS FOLKS IN THE HEALTH CARE WORKFORCE

- Workers may feel the survey is performative if not tied to concrete actions to address anti-Black and anti-Indigenous racism.
- Targeted outreach may be needed to ensure Black and Indigenous voices are included.

---

#### APPLICATION

- Applications for stand-alone surveys are similar to collecting data during employee engagement surveys.
- They also provide the option of asking additional questions specific to Black and Indigenous communities.

---

## APPROACH

### Survey new hires during onboarding

---

#### DATA LOCATION & CONTEXT

- Onboarding system or HRIM.
- Data could be kept anonymous or linked to HR files.

---

#### ADVANTAGES

- Integrates with existing onboarding processes.
- High likelihood of participation.
- Establishes a baseline for new hires.

---

#### DISADVANTAGES

- Takes time to capture full employee population.
- Potential discomfort for new hires.
- Requires sensitive handling during a critical employee phase.

---

#### WHAT YOU CAN DO

- Understand demographics among new hires and establish baseline data for workforce planning.

---

#### WHAT YOU CAN'T DO

- Collect data on the applicant pool.
- Capture data on the existing workforce.
- Track how workforce demographics evolve post onboarding.

---

#### EXAMPLES

- No examples to include.

---

#### IMPACT TO BLACK AND INDIGENOUS FOLKS IN THE HEALTH CARE WORKFORCE

- Some Black and Indigenous hires may hesitate to self-identify due to systemic racism. Must be paired with clear commitments to address anti-Black and anti-Indigenous racism and workplace equity.

---

#### APPLICATION

- Not available.

---

## APPROACH

# Voluntary updates via employee self-service portals

---

### DATA LOCATION & CONTEXT

- HRIM system.
- Data linked to HR files for the health care workforce.

---

### ADVANTAGES

- Allows folks in the workforce to update identity-based information at their convenience.
- Facilitates continuous, real-time updates.

---

### DISADVANTAGES

- Relies on folks taking initiative.
- Requires a user-friendly system.
- Requires secure data protection.

---

### WHAT YOU CAN DO

- Maintain up-to-date demographic information.
- Continuously track workforce changes.

---

### WHAT YOU CAN'T DO

- Collect data on the applicant pool, unless applicants are asked to enter the information into the employee self-service portal.
- Ensure data completeness or guarantee that all folks regularly update their information.

---

### EXAMPLES

- Ontario Public Service allows folks to volunteer their socio-demographic information, which, with their consent, can be combined with other folks' information.

---

### IMPACT TO BLACK AND INDIGENOUS FOLKS IN THE HEALTH CARE WORKFORCE

- Can help organizations ensure workforce reflects Black and Indigenous patient populations.
- Can support workforce equity reviews in departments where there are a significant number of Black and Indigenous folks.
- If there is low trust, participation from Black and Indigenous folks may be an issue.

---

### APPLICATION

- Could use this information to access the Ontario Human Rights Commission Special Programs to ensure that the workforce reflects the patient populations they serve.
- Use the information to increase the diversity of folks involved in hiring: Including culturally and racially diverse folks in recruitment panels could help attract a broader candidate pool and mitigate selection bias.
- Could help to understand if underemployment is an issue at your organization. Many job seekers from equity-deserving groups can only find jobs for which they are overqualified.
- Equity-deserving job seekers often end up working in jobs that are high-risk and poorly paid, increasing the chances of workplace injury and poor mental health.

# Internal Assessment Chart Sample

## DESCRIPTION

This chart is an example of a structured internal assessment tool to track progress in addressing anti-Black and anti-Indigenous racism within an organization. It organizes key themes, benchmarks, and accountability measures into actionable categories, ensuring alignment with legal standards (e.g., Anti-Racism Act) and community-centred principles (e.g., OCAP®). This tool enables organizations to systematically address systemic inequities while fostering accountability and community trust.

## EXPLANATION OF COLUMNS

- **Criteria for assessment:** Specific goals or benchmarks related to each theme.
- **Data sources & tools:** Methods, tools, or systems used to gather and analyze data.
- **Alignment with standards:** Frameworks or regulations guiding the work (e.g., Anti-Racism Act, OCAP principles).
- **Accountability measures:** Mechanisms to ensure transparency, track progress, and enforce responsibility.
- **Status:** Current state of progress (e.g., “Completed,” “In progress,” or “Not started”).

## ADDITIONAL CONSIDERATIONS: DASHBOARD OR SCORECARD INDICATORS

Dashboard indicators provide a visual and intuitive way to track progress, identify challenges, and prioritize areas of focus in addressing anti-Black and anti-Indigenous racism within an organization. These indicators use colour-coded markers to help stakeholders quickly assess the status of initiatives and guide decision-making. They ensure transparency, accountability, and alignment with organizational goals while highlighting areas that require immediate attention.

## COLOUR CODING

- = **Progress** (e.g., 78% of workforce self-identified)
- = **Mixed results** (e.g., an increase in incident reporting reflects both trust and unresolved issues)
- = **Priority area** (e.g., leadership under-representation)

## HOW TO USE

- **Assess progress:** Review the “Status” column to identify completed, ongoing, and pending initiatives.
- **Align efforts:** Use the “Alignment with standards” column to ensure compliance with regulations and best practices.
- **Track accountability:** Leverage the “Accountability measures” to enforce transparency (e.g., public reporting).
- **Prioritize action:** Pair the chart with the dashboard indicators (● = Progress, ● = Mixed results, ● = Priority) to highlight urgent areas (e.g., leadership under-representation) and guide resource allocation.
- **Iterate:** Regularly update the chart to reflect new data, stakeholder feedback, and evolving goals.

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## THEMES

### Identifying and addressing inequities

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#### CRITERIA FOR ASSESSMENT

- Reduced under-representation of Black folks in leadership roles by at least 15%
- Reduced promotion rate gaps so that Indigenous folks no longer experience rates that are 20% lower
- Implemented and sustained a bias-free hiring policy to support equitable recruitment

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#### DATA SOURCES & TOOLS

- Annual workforce diversity audit
- HR promotion tracking dashboard
- Policy effectiveness review

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#### ACCOUNTABILITY MEASURES

- Quarterly progress reports to board of directors
- Annual public reporting on workforce demographics
- Align executive compensation to diversity targets

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#### STATUS

**In progress:** Workforce audit completed; bias-free hiring policy drafted but not yet implemented

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#### ALIGNMENT WITH STANDARDS

- Aligns with Anti-Racism Act (Ontario) requirements, Employment Equity Act, the Ontario Human Rights Code, Canadian Human Rights Commission (CHRC) policies
- Meets organizational benchmarking standards

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## THEMES

### Improving data collection methods

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#### CRITERIA FOR ASSESSMENT

- Adopted Ontario Public Service (OPS) anti-racism data standards
- Implemented voluntary self-identification process
- Established Indigenous data governance committee

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#### ACCOUNTABILITY MEASURES

- External audit of data collection practices every two years
- Regular review by Indigenous data governance committee
- Mandatory reporting of data collection rates

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#### DATA SOURCES & TOOLS

- Standardized demographic forms
- HRIM system with race/ethnicity fields
- OCAP compliance checklist

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#### STATUS

**Completed:** Self-identification process launched; governance committee operational

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#### ALIGNMENT WITH STANDARDS

- Complies with Statistics Canada population group metrics
- Adheres to provincial minimum standards for anti-racism identification and monitoring

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## THEMES

### Informing policy & service development

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#### CRITERIA FOR ASSESSMENT

- Conducted equity impact assessments on 80% of new policies
- Launched mentorship program for racialized folks
- Published annual disparity report

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#### ACCOUNTABILITY MEASURES

- Share equity impact assessment results with stakeholders
- Report mentorship program outcomes annually
- Conduct independent reviews of disparity reports

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#### DATA SOURCES & TOOLS

- Policy audit framework
- Leadership pipeline tracking tool
- Public-facing equity dashboard

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#### STATUS

**Partially completed:** Equity impact assessments ongoing; mentorship program launched but no outcomes reported yet

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#### ALIGNMENT WITH STANDARDS

- Employment Equity Act, Canadian Centre for Diversity and Inclusion (CCDI) best practices on anti-Black and anti-Indigenous racism

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## THEMES

### Centring community voices

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#### CRITERIA FOR ASSESSMENT

- Achieved 85% response rate on workforce experience survey
- Established three community advisory panels
- Partnered with two Indigenous data sovereignty initiatives

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#### ACCOUNTABILITY MEASURES

- Host biannual community feedback sessions
- Publish action plans based on advisory panel recommendations
- Provide regular updates on data sovereignty partnerships

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#### DATA SOURCES & TOOLS

- Anonymous reporting platform
- Community-led audit process
- Participatory action research projects

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#### STATUS

**In progress:** Advisory panels established; first feedback session scheduled for Q4 2026

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#### ALIGNMENT WITH STANDARDS

- Centre community-based principles such as CARE and EGAP, AODA principles

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## THEMES

### Enhancing organizational culture

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#### CRITERIA FOR ASSESSMENT

- Achieved 95% completion rate for anti-racism training
- Implemented anonymous incident reporting system
- Conducted biannual cultural safety audits

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#### ACCOUNTABILITY MEASURES

- Disclose aggregated incident report statistics
- Share cultural safety audit results organization-wide
- Develop targeted interventions for areas scoring low on climate surveys

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#### DATA SOURCES & TOOLS

- Learning management system logs
- Confidential HR incident database
- Climate survey results

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#### STATUS

**In progress:** Training completion at 80%; incident reporting system implemented but underutilized

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#### ALIGNMENT WITH STANDARDS

- CHRC guidelines on preventing racial discrimination, TRC Calls to Action

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## THEMES

### Ethical data use & protection

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#### CRITERIA FOR ASSESSMENT

- Completed privacy impact assessments for all data projects
- Established ethics review board for identity-based research
- Developed data de-identification protocol

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#### ACCOUNTABILITY MEASURES

- Publish annual ethics compliance report
- Conduct regular privacy audits by external firm
- Publicly disclose data breach incidents within 72 hours

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#### DATA SOURCES & TOOLS

- Privacy assessment checklist
- Research ethics application process
- Data anonymization workflow

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#### STATUS

**Completed:** Privacy impact assessments finalized; ethics review board operational

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#### ALIGNMENT WITH STANDARDS

- Freedom of Information and Protection of Privacy (FIPPA) Act, ethical guidelines for workforce analytics on identity-based data

# External Assessment Chart Sample (Based on Recommendations)

## DESCRIPTION

This chart is an example of a structured framework for organizations to assess and improve equity within their workforce, with a specific focus on addressing anti-Black and anti-Indigenous racism. It outlines key themes, criteria, and actionable insights to validate employee experiences, benchmark progress, and align efforts with legal standards and community expectations. The inclusion of findings and recommendations ensures accountability, while the status column tracks implementation of equity initiatives (e.g., bias reduction in hiring, cultural competency training). By situating organizational efforts within broader health care equity movements, this tool helps leadership to prioritize resources, strengthen data practices, and build trust with under-represented groups. Use this chart to guide strategic planning, monitor compliance, and foster inclusive workplaces through measurable, community-informed actions.

## EXPLANATION OF COLUMNS

- **Criteria for assessment:** Specific goals or benchmarks related to each theme.
- **Data sources & tools:** Methods, tools, or systems used to gather and analyze data.
- **Findings:** Key insights or patterns identified from the data that highlight gaps, strengths, or inequities.
- **Recommendations:** Concrete actions proposed in response to the findings to advance equity and address anti-Black and anti-Indigenous racism.
- **Status:** Current state of progress (e.g., “Completed,” “In progress,” or “Not started”).

## ADDITIONAL CONSIDERATIONS: DASHBOARD OR SCORECARD INDICATORS

Dashboard indicators provide a visual and intuitive way to track progress, identify challenges, and prioritize areas of focus in addressing anti-Black and anti-Indigenous racism within an organization. These indicators use colour-coded markers to help stakeholders quickly assess the status of initiatives and guide decision-making. They ensure transparency, accountability, and alignment with organizational goals while highlighting areas that require immediate attention.

### COLOUR CODING

- = **Progress** (e.g., 78% of workforce self-identified)
- = **Mixed results** (e.g., an increase in incident reporting reflects both trust and unresolved issues)
- = **Priority area** (e.g., leadership under-representation)

### HOW TO USE

- **Assess progress:** Review the “Status” column to identify completed, ongoing, and pending initiatives.
- **Interpret results:** Use the “Findings” column to understand where strengths or inequities exist in current practices.
- **Drive action:** Draw on the “Recommendations” column to prioritize next steps, assign responsibility, and resource anti-racism work (e.g., public reporting).
- **Prioritize action:** Pair the chart with the dashboard indicators (● = Progress, ● = Mixed results, ● = Priority) to highlight urgent areas (e.g., leadership under-representation) and guide resource allocation.

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## THEMES

### Validating workforce experiences

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#### CRITERIA FOR ASSESSMENT

- Assess employee perceptions of diversity and inclusion
- Compare internal vs. external assessments of workplace culture
- Confirm alignment of practices with anti-racism goals

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#### RECOMMENDATIONS

- Conduct quarterly anonymous surveys to track progress
- Establish an external advisory panel for workforce equity
- Provide regular feedback sessions with under-represented groups

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#### DATA SOURCES & TOOLS

- Employee surveys
- Focus groups with diverse representation
- Independent workplace culture audit

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#### STATUS

**In progress:** Initial survey completed; focus groups scheduled for Q3 2026

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#### FINDINGS

- 65% of folks report feeling included, but only 45% of Black and Indigenous folks feel their voices are valued
- Internal assessments overestimate inclusivity scores by 20%

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## THEMES

### Benchmarking against industry standards

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#### CRITERIA FOR ASSESSMENT

- Compare diversity metrics to similar health care organizations
- Assess representation at all levels of the workforce
- Identify gaps in recruitment, retention, and promotion practices

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#### RECOMMENDATIONS

- Set leadership diversity targets to match or exceed industry norms
- Partner with organizations focused on recruiting diverse health care talent
- Develop mentorship programs for career advancement

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#### DATA SOURCES & TOOLS

- Industry reports
- Peer organization data
- Workforce demographic analysis

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#### STATUS

**Partially completed:** Leadership diversity targets set; mentorship program in pilot phase

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#### FINDINGS

- Black and Indigenous people make up 12% of the workforce but only 5% of leadership roles, compared to an industry average of 8% of under-represented groups in leadership roles

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## THEMES

### Identifying hidden biases

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#### CRITERIA FOR ASSESSMENT

- Analyze hiring, promotion, and retention data for systemic inequities
- Examine unconscious biases in workplace policies
- Identify gaps in cultural competency training

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#### RECOMMENDATIONS

- Implement structured hiring protocols to reduce bias
- Expand annual cultural competency training to the entire workforce
- Establish exit interview processes to understand retention issues

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#### DATA SOURCES & TOOLS

- HR data analysis
- Implicit bias testing for hiring managers
- Cultural competency training evaluation

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#### STATUS

**In progress:** Bias testing completed; structured hiring protocols being developed

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#### FINDINGS

- Retention rates for Black and Indigenous folks are 15% lower than average
- Hiring processes show bias favouring candidates from majority groups

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## THEMES

### Enhancing data collection methodologies

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#### CRITERIA FOR ASSESSMENT

- Evaluate methods for collecting workforce demographic data
- Assess response rates and quality of self-identification surveys
- Ensure alignment with best practices for sensitive data collection

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#### RECOMMENDATIONS

- Improve communication about how data will be used ethically
- Align data collection with OCAP principles to build trust with Indigenous folks in the health care workforce
- Simplify self-identification forms to increase participation rates

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#### DATA SOURCES & TOOLS

- Demographic self-identification forms
- Response rate analytics
- Data governance review (OCAP principles)

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#### STATUS

**Not started:** Recommendations pending approval from leadership

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#### FINDINGS

- Self-identification response rate is 65%, with lower participation among Indigenous folks due to mistrust in data use practices

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## THEMES

### Strengthening community trust and engagement

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#### CRITERIA FOR ASSESSMENT

- Assess transparency in addressing workforce diversity issues
- Engage Black and Indigenous community organizations in workforce strategy development
- Build credibility through public reporting on progress

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#### RECOMMENDATIONS

- Establish partnerships with Black and Indigenous community organizations
- Publish annual workforce diversity reports that include challenges and successes
- Host community forums to discuss progress and gather input

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#### DATA SOURCES & TOOLS

- Community advisory panel feedback
- Public-facing diversity reports
- Stakeholder engagement sessions

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#### STATUS

**In progress:** Community partnerships initiated; first public report planned for Q4 2026

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#### FINDINGS

- Limited engagement with external community organizations; no public reporting on workforce diversity efforts to date

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## THEMES

### Informing strategic workforce planning

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#### CRITERIA FOR ASSESSMENT

- Identify areas where resources should be prioritized (e.g., recruitment, retention)
- Develop long-term strategies for achieving equity in the workforce
- Explore partnerships to enhance diversity efforts

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#### RECOMMENDATIONS

- Increase budget allocation for targeted recruitment efforts by 20%
- Develop a five-year strategic plan focused on workforce equity goals
- Partner with schools serving under-represented communities to create a pipeline of talent

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#### DATA SOURCES & TOOLS

- Resource allocation analysis
- Strategic planning workshops with leadership teams
- Partnership opportunity assessments

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#### STATUS

**Partially completed:** Budget reallocation approved; strategic plan drafting underway

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#### FINDINGS

- Current recruitment budget is disproportionately allocated to general hiring, with limited focus on under-represented groups; no long-term strategy beyond annual initiatives

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## THEMES

### Ensuring compliance and ethical standards

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#### CRITERIA FOR ASSESSMENT

- Evaluate adherence to legal standards (e.g., Anti-Racism Act)
- Assess alignment with Indigenous data sovereignty principles (OCAP)
- Safeguard against misuse of workforce demographic data

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#### RECOMMENDATIONS

- Conduct annual compliance audits focused on equity-related laws and policies
- Fully implement OCAP principles in workforce data governance practices
- Develop strict access controls for demographic data use

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#### DATA SOURCES & TOOLS

- Legal compliance audits
- OCAP principles assessment
- Data privacy reviews

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#### STATUS

**In progress:** Legal compliance audit completed; OCAP assessment ongoing

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#### FINDINGS

- Compliance with legal standards at 90%, but limited implementation of OCAP principles in workforce data practices; no clear safeguards against misuse identified

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## THEMES

### Providing a broader context for workforce experiences

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#### CRITERIA FOR ASSESSMENT

- Situate organizational efforts within the larger health care equity landscape
- Connect local initiatives to national/global movements promoting diversity in health care workforces
- Identify emerging trends affecting workforce equity efforts

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#### RECOMMENDATIONS

- Align strategies with national frameworks like the Anti-Racism Act (Canada)
- Join international coalitions focused on health care workforce equity (e.g., World Health Organization initiatives)
- Conduct annual environmental scans on emerging trends impacting workforce equity goals

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#### DATA SOURCES & TOOLS

- Literature reviews on health care equity trends
- Policy analysis at national/global levels (e.g., UNDRIP)
- Stakeholder interviews with industry leaders

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#### STATUS

**Not started:** To be initiated in Q1 2027

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#### FINDINGS

- Organization's efforts align with 70% of national health care equity priorities but lack connection to global movements; limited awareness of emerging trends among leadership teams

# TAHSN Senior Leadership Self-Identification and Anti-Racism Education Survey

## DESCRIPTION

The Toronto Academic Health Science Network (TAHSN) Senior Leadership Self-Identification and Anti-Racism Education Survey serves as a model for how the Core Identity-Based Data Questions are used to advance anti-Black and anti-Indigenous racism initiatives for the health care workforce and contribute to system-level transformation. Developed under the guidance of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee and in consultation with equity, diversity, and inclusion (EDI) and Indigenous leaders across TAHSN, the survey gathers consistent, actionable data on the representation, diversity, and anti-racism education of leaders across TAHSN's hospitals and faculties. In collaboration with the Ontario Hospital Association (OHA), TAHSN shared its leadership survey design to inform the OHA's province-wide diversity in leadership survey, allowing both organizations to harmonize questions, reduce duplicative efforts, and strengthen leadership accountability across the hospital sector. This collaboration enabled TAHSN to align its leadership data with a provincial baseline while helping OHA advance its 2025–2026 system-level priorities on equity, data, and governance, demonstrating how shared tools can simultaneously support local and provincial transformation. The information collected serves multiple purposes:

- It establishes a clear baseline for the current composition and diversity of senior leadership.
- It assesses the reach and impact of anti-Black and anti-Indigenous racism education across the network.
- It informs targeted strategies for advancing equity, leadership accountability, and inclusive practices.

## HOW AND WHEN TO USE

This example is intended to support other health organizations in adopting or adapting evidence-based strategies in their own journeys toward equity, representation, and community partnership in leadership. By sharing its experience and the survey tools, TAHSN aims to support broader learning and adoption of proven strategies for accountability, representation, and community partnership in advancing anti-Black and anti-Indigenous racism initiatives.

### Use this resource:

- As a **reference tool or template** when seeking to assess leadership representation, equity, and the uptake of anti-Black and anti-Indigenous racism education in your organization
- To demonstrate how harmonized questions, aligned with broader data standards, can be adapted for senior leadership and governance accountability
- As an example for planning, executing, or improving similar measurement initiatives to support systemic change

Thank you for taking the time to complete this survey.

## PURPOSE

The Toronto Academic Health Science Network (TAHSN) is committed to dismantling systems of racism across the health system, with a particular focus on anti-Black and anti-Indigenous racism. Part of this work includes improving diverse representation in senior leadership across the network. This survey provides an opportunity to better understand the composition and diversity of senior leadership across hospitals and health science faculties. It will also provide insight into the anti-racism education, particularly relating to anti-Black and anti-Indigenous racism, that senior leaders have completed. The information collected through this survey provides TAHSN with an opportunity to collect measurable evidence to address racism, inequities, and discriminatory practices.

## **DEVELOPMENT OF THIS SURVEY**

The TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee oversaw development of this survey. The self-identification questions used in this survey were adapted from the Core Data Questions for Staff Sociodemographic Data Collection that were developed by the members of the TAHSN Anti-Racism Data Working Group. The questions align with Ontario Health Toronto Region's Measuring Health Equity Core Questions, the Canadian Institute for Health Information (CIHI), and Ontario's Anti-Racism Data Standards. This alignment supports TAHSN with establishing a harmonized approach to data collection.

## **CHALLENGES AND COMMITMENT TO LEARNING**

While it is important that the data is comparable, consistent, and coherent, it is equally important that the categories reflect the communities represented across TAHSN. The language, framing, and understanding of identity are complex and continue to evolve. It is important to note that, as a network, TAHSN is on this learning journey as well. Some of the questions in this survey are prefaced with additional context to help the respondent understand the context and framing of the options presented. Where respondents may not identify with the listed options, respondents are strongly encouraged to select the free-text option that allows them to record/share an identity that is not currently listed. This will help to identify opportunities to improve future iterations of this survey.

## **COLLECTION AND USE OF THIS DATA**

The data that is collected through this survey will be used by the TAHSN Secretariat at the University of Toronto to establish a baseline for measurement and evaluation of change, as well as monitor progress and accountability for TAHSN leaders and board members. Aggregate results and/or an anonymized summary of the findings will be shared in a report for TAHSN organizations. A high-level aggregate summary may be shared publicly. The survey will take approximately 10–15 minutes to complete.

### Q1

**Do you identify as First Nations, Inuit, and/or Métis?**

If yes, select all that apply.

- Yes, First Nations
  - Yes, Inuit
  - Yes, Métis
  - No
  - Prefer not to answer
- 

The Canadian Institute for Health Information's (CIHI's) Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada notes that race and ethnicity are distinct social constructs.

Race is a social construct used to judge and categorize people based on perceived differences in physical appearance in ways that create and maintain power differentials within social hierarchies. Race is not a reflection of personal identity, and there is no scientifically supported biological basis for discrete racial groups.

Ethnicity is a multi-dimensional concept referring to community belonging and a shared cultural group membership. It is related to socio-demographic characteristics, including language, religion, geographic origin, nationality, cultural traditions, ancestry, and migration history, among others. For example, "Black" is a racial category that includes people of diverse cultures and histories. "Jamaican," on the other hand, is an ethnic group with a widely shared heritage, ancestry, historical experience, and nationality. Some Ontarians with Jamaican origins may self-report as White, South Asian, or East/Southeast Asian. Similarly, people from many different racial backgrounds can share the same or similar religion, and people can share a racial background but hold different religious beliefs. You may describe your racial background in ways that are not equivalent to the categories in this survey, and you are encouraged to use the free-text options to share an identity that is not listed.

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## Q2

**What is your ethnic or cultural identity?**

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**For example:** Chinese, Indian, Filipino, French, German, Irish, Italian, Jamaican, Jewish, Polish, Portuguese, Scottish.

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## Q3

**Please indicate which race category best describes you. Select all that apply:**

- Black or African (e.g., African, Afro-Canadian, Afro-Caribbean, Afro-Colombian, Afro-Latino descent)
- East Asian (e.g., Chinese, Korean, Japanese, Taiwanese descent)
- Latin American (e.g., Latin American, Hispanic descent)
- Indigenous (e.g., First Nations, Métis, Inuit descent)
- Middle Eastern or West Asian (e.g., Arab, Afghan, Iranian, Lebanese, Turkish, Kurdish descent)
- South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan descent)
- Southeast Asian (e.g., Cambodian, Filipino, Indonesian, Thai, Vietnamese descent)
- White (e.g., European descent)
- I prefer to identify as: \_\_\_\_\_
- Prefer not to answer

## Q4

**Please indicate your religious or spiritual affiliation**  
(select all that apply):

- Agnostic
  - Anishinnaabeg Nation spiritual tradition
  - Atheist
  - Baha'i
  - Buddhist
  - Christian
  - Confucian
  - Hindu
  - Haudenosaunee Confederacy spiritual tradition
  - Jain
  - Jehovah's Witness
  - Jewish
  - Muslim
  - Pagan
  - Rastafarian
  - Sikh
  - Spiritual
  - Unitarian
  - Zoroastrian
  - I would like to specify another religious or spiritual affiliation instead of or in addition to selecting from the above list:
- 
- I do not have a religious or spiritual affiliation
  - Prefer not to answer

## Q5

### **Are you a recent immigrant?**

(i.e., immigrated within the last five years)

- Yes
- No
- Prefer not to answer

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## **GENDER IDENTITY AND EXPRESSION & SEXUAL IDENTITY**

The Ontario Human Rights Commission defines gender identity as each person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex.

The table below provides terms and definitions that may support you with completing the next question.

Term	Definition
<b>Agender</b>	A term that may be used by people who identify as having no gender or being without a gender identity.
<b>Gender fluid</b>	A person whose gender identity or expression changes or shifts along the gender spectrum.
<b>Genderqueer</b>	A person whose gender identity is neither man nor woman, is between or beyond genders, or is some combination of genders.
<b>Man</b>	A person whose sense of personal identity and gender corresponds with their birth sex (i.e., someone whose sex assigned at birth was male and who identifies as a man).
<b>Non-binary</b>	A person whose gender identity does not align with a binary understanding of gender, such as man or woman.
<b>Questioning or exploring</b>	A person who is exploring their gender identity or is uncertain of their own gender identity.
<b>Transgender (also “trans”)</b>	A person whose gender identity differs from their sex assigned at birth, or a person whose gender identity and gender expression differ from stereotypical masculine and feminine norms. It is also used as an umbrella term for those who identify as transsexual, gender variant, gender non-conforming, or an analogous term.
<b>Trans man</b>	A person whose sex assigned at birth is “female” and who identifies as a man.
<b>Trans woman</b>	A person whose sex assigned at birth is “male” and who identifies as a woman.
<b>Two-Spirit (also Two Spirit or Two-Spirited)</b>	An English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity, and/or sexual orientation identity comprises both male/masculine and female/feminine spirits.
<b>Woman</b>	A person whose sense of personal identity and gender corresponds with their birth sex (i.e., someone whose sex assigned at birth was female and who identifies as a woman).

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## Q6

**Based on the descriptions for gender identity, do you describe yourself as**  
(select all that apply):

- Agender
  - Gender fluid
  - Genderqueer
  - Man
  - Non-binary
  - Questioning or exploring
  - Transgender
  - Trans man
  - Trans woman
  - Two-Spirit
  - Woman
  - I would like to specify another gender identity instead of or in addition to selecting from the above list:
- 
- Prefer not to answer

The Ontario Human Rights Commission describes sexual orientation as “an immutable personal characteristic that forms part of an individual’s core identity. Sexual orientation encompasses the range of human sexuality from gay and lesbian to bisexual and heterosexual orientations, including intimate emotional and romantic attachments and relationships.”

The table below offers terms and definitions that may support you with completing the next question.

## Term

## Definition

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<b>Asexual</b>	A person who feels very little or no sexual desire.
<b>Bisexual</b>	A person who is sexually and/or romantically attracted to two or more genders.
<b>Gay</b>	A person who is sexually and/or romantically attracted to people of their same sex or gender identity. Traditionally, this identity was reserved for men, but it has been adopted by people of all gender identities.
<b>Heterosexual/straight</b>	A person who is sexually attracted to people of an opposite or different sex or gender identity.
<b>Lesbian</b>	Typically, a woman who is sexually and/or romantically attracted to other women.
<b>Pansexual</b>	A person who is sexually attracted to another person regardless of their gender.
<b>Queer</b>	Historically, a derogatory term used as a slur against 2SLGBTQIA+ people. This term has been reclaimed by many 2SLGBTQIA+ people as a positive way to describe themselves and include the many diverse identities not covered by the common 2SLGBTQIA+ acronym.
<b>Questioning</b>	A person who is exploring their sexual orientation or is uncertain of their own sexual orientation.
<b>Two-Spirit (also Two Spirit or Two-Spirited)</b>	An English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity, and/or sexual orientation identity comprises both male/masculine and female/feminine spirits.

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## Q7

**Based on the descriptions for sexual orientation, do you describe yourself as**  
(select all that apply):

- Asexual
  - Bisexual
  - Gay
  - Heterosexual/straight
  - Lesbian
  - Pansexual
  - Queer
  - Questioning
  - Two-Spirit
  - I would like to specify another sexual orientation instead of or in addition to selecting from the above list:
- 
- Unsure/do not know
  - Prefer not to answer

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## LIVING WITH DISABILITY/IES

Disabilities can be visible (i.e., a disability that others can see or hear), non-visible (i.e., a disability others may not be aware of), sensory (i.e., a disability related to the five senses, such as hearing and vision), and episodic (i.e., long-term disabilities that are characterized by periods of good health interrupted by periods of illness or disability). A disability may also be considered a combination of visible, non-visible, sensory, and episodic.

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### Q8

**Based on the descriptions for disabilities, do you describe yourself as living with any of the following disabilities** (select all that apply):

- Visible (e.g., cerebral palsy, amputations)
  - Non-visible (e.g., autism, cognitive impairment, mental health conditions, learning disability)
  - Sensory (e.g., hearing, vision)
  - Episodic (e.g., epilepsy, anxiety)
  - I would like to specify another disability type instead of or in addition to selecting from the above list:
- 
- I am not living with a disability
  - Prefer not to answer

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## AGE RANGE

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### Q9

Please indicate the range that represents your age:

- 24 and under
- 25–29 years
- 30–34 years
- 35–39 years
- 40–44 years
- 45–49 years
- 50–54 years
- 55–59 years
- 60–65 years
- 66–69 years
- 70–74 years
- 75 years and over
- Prefer not to answer

## Q10

**Please select the institution that you work with:**

- Baycrest Health Sciences
- Centre for Addiction and Mental Health
- Holland Bloorview Kids Rehabilitation Hospital
- The Hospital for Sick Children
- Humber River Hospital
- Michael Garron Hospital (Toronto East Health Network)
- North York General Hospital
- Scarborough Health Network
- Sinai Health
- Sunnybrook Health Sciences Centre
- Trillium Health Partners
- Unity Health Toronto
- University Health Network
- Women's College Hospital
- Faculty of Kinesiology & Physical Education
- Dalla Lana School of Public Health
- Faculty of Dentistry
- Factor-Inwentash Faculty of Social Work
- Lawrence S. Bloomberg Faculty of Nursing
- Leslie Dan Faculty of Pharmacy
- Temerty Faculty of Medicine

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## JOB STATUS AND LENGTH OF SERVICE

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### Q11

Please indicate the total years of service with your institution:

- Less than 1 year
- 1–5 years
- 6–10 years
- 11–15 years
- 16 years or more
- Prefer not to answer

### Q12

Please indicate your employment status at your institution?

- Regular full-time
- Regular part-time
- Casual
- Temporary full-time
- Temporary part-time
- Prefer not to answer

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## LEADERSHIP, LEADERSHIP DEVELOPMENT, ANTI-RACISM EDUCATION

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### Q13

Please select the category that aligns best with your role:

- President/Executive Vice-President/ Vice-President or equivalent
- Dean/Vice-Dean/Associate Dean/Department Chair or equivalent

### Q12

Does your portfolio have primary responsibility for diversity, equity, and inclusion and/or anti-racism in the organization?

- Yes
- No

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## Q13

Please select the education that you have completed (select all that apply):

- Indigenous Primary Health Care Council: Foundations of Indigenous Cultural Safety
- San'yas Anti-Racism Indigenous Cultural Safety Training Program
- Addressing Anti-Black Racism for Faculty of Medicine Leaders delivered by Notisha Massaquoi (2021)
- Anti-Black Racism and Health Part 1 – The Coin Model of Privilege and Critical Allyship: Setting the Stage for Action on Anti-Black Racism (January 2022)
- Anti-Black Racism and Health Part 2 – #BlackLivesMatter in Medicine: Critical Race Theory, Historical Roots, and Legacies of Anti-Black Racism (February 2022)
- Anti-Black Racism and Health Part 3 – Anti-Black Racism: A Look at the Social and Physiological Health Impacts of Injustice (March 2022)
- TAHSN Introduction to Anti-Black Racism eLearning Module
- Understanding Your Responsibility to Preventing Racial Discrimination & Harassment in the Work Environment
- What Is Harassment? Tools to Identifying and Addressing Racial and Sexual Harassment in the Work Environment
- Addressing Racial Microaggressions: Tools, Strategies, and Discussions
- Other anti-Black racism education/training not mentioned (\*Please share education/training completed in the last five years)

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- Other anti-Indigenous racism or cultural safety education/training not mentioned (\*Please share education/training completed in the last five years)

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- Other anti-racism education/training not mentioned (\*Please share education/training completed in the last five years)

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## **HUMAN RIGHTS AND RIGHTS OF INDIGENOUS PEOPLES RESOURCES**

[Rights of the Aboriginal Peoples of Canada](#)

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

[The Ontario Human Rights Code, Ontario Human Rights Commission](#)

[Racial discrimination, race, and racism \(fact sheet\), Ontario Human Rights Commission](#)

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

[Employment Equity Toolkit, British Columbia's Office of the Human Rights Commissioner](#)

## **EQUITY AND ANTI-RACISM RESOURCES**

[Confronting anti-Black racism, City of Toronto](#)

[Ontario Anti-Racism Directorate](#)

[Targeted universalism, Othering and Belonging Institute](#)

[Kimberlé Crenshaw on Intersectionality, The Big Idea](#)

[Intersectionality, Racial Equity Tools](#)

[How does intersectionality relate to Indigenous and Western linking frameworks?](#)

## **DATA COLLECTION AND COMMUNITY-LED DATA GOVERNANCE RESOURCES**

[Data Standards for the Identification and Monitoring of Systemic Racism, Government of Ontario](#)

[Count Me In! Collecting Human Rights–Based Data, Ontario Human Rights Commission](#)

[Guidance Document and Framework for Anti-Racist Approaches to Research and Analytics at ICES](#)

[Promising practices – Collecting inclusive gender data, Canadian Human Rights Commission](#)

[CARE Principles for Indigenous Data Governance](#)

[Implementing the CARE Principles: The CARE-full Process \(Recording\)](#)

[The First Nations Principles of OCAP®](#)

[Engagement, Governance, Access, and Protection \(EGAP\): A Data Governance Framework for Health Data Collected from Black Communities in Ontario](#)

[Engagement, Governance, Access, and Protection \(EGAP\) Implementation Guide](#)

[Inuit Qaujimajatuqangit: The role of Indigenous knowledge in supporting wellness in Inuit communities in Nunavut](#)

[Community-Partner Led Engagement Findings Report: Anti-Racism Data Legislation Engagement](#)

[N’Mninoeyaa Aboriginal Health Access Centre Model](#)

[Anti-Racism/Anti-Oppression Fidelity Assessment Scale](#)

[University of Toronto – Employment Equity Dashboard](#)



Toronto Academic  
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Toolkit 2 / Data



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