

Anti-Racism Advisory Group  
Subcommittee of the AHS Diversity and Inclusion Council

# Stand up. Speak out.

## Recommendations of the Anti-Racism Advisory Group

June 7, 2021

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June 7, 2021

This report has been prepared by the Alberta Health Services (AHS) Diversity and Inclusion Centre of Expertise in partnership with Indigenous, Black, People of Colour, Jewish communities, people of other ethnic identities and allies from across AHS through the Anti-Racism Advisory Group.

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## Land Acknowledgment

*The members of the AHS Anti-Racism Advisory Group wish to honour the First Peoples of this land and the unique ancestral relationship they have with it.*

*We acknowledge that we live and work on the territories of Treaty 6, Treaty 7 and Treaty 8 and the Métis Regions 1, 2, 3, 4, 5 and 6.*

*These territories are home to many Indigenous Peoples, including the Blackfoot, Cree, Dene, Saulteaux, Ojibwe, Stoney Nakota Sioux, and Tsuut'ina peoples, the Métis Nations of Alberta and the 8 Métis Settlements.*

*We acknowledge and respect the Treaties that were made on these territories. We acknowledge the traumatic and painful impact of colonization on Indigenous peoples. We recognize that eliminating racism in healthcare is a crucial step on the path towards reconciliation.*

*We are committed to taking proactive steps towards Indigenous reconciliation in healthcare, guided by the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Commission's 94 Calls to Action.*

*We dedicate ourselves to a collaborative partnership with Indigenous communities, guided by patience, understanding and a firm commitment to reconciliation.*

## Executive Summary

Feeling safe, included and respected means different things to different people. It is something we all want and deserve, yet it is something many of us do not experience. There were a number of racially motivated events in 2020 that shed more light on the darkness and pain of racism, intolerance and discrimination endured by Indigenous, Black, People of Colour and people of other ethnic and spiritual identities within our communities and AHS. The COVID-19 pandemic further exposed many inequities and injustices.

In response to these incidents, we launched the Anti-Racism Advisory Group (a subcommittee of the Diversity and Inclusion Council) last summer to guide the organization in addressing individual and systemic racism. We engaged in challenging conversations, spoke difficult truths and created a safe space for people to share bravely, openly and honestly.

As a group, we developed an organizational *Anti-Racism Position Statement* in consultation with many teams to bring a consistent and comprehensive approach to AHS anti-racism activities and to help our workforce build a greater understanding of their role in addressing racism. The position statement received full endorsement by the Executive Leadership Team on May 18, 2021.

We then embarked on a consultation process to ensure many voices informed the recommendations contained in this report. More than 900 people participated in the confidential survey and series of focus groups. A comprehensive, methodical analysis of the qualitative and quantitative data revealed a number of themes that helped paint a picture of the AHS we all want to be part of, including the following:

- **Safety** – where our workforce feels safe to engage in meaningful conversations about racism and discrimination, where people feel safe to **Stand Up** and **Speak Out**.
- **Trust** – where people feel they will be heard, believed and supported.
- **Respect** – where respect, one of our core values, and dignity are foundational to any workplace and relationship.
- **Allyship** – where people want to be supported in moving from a bystander to being a true ally.
- **Valuing Diversity and Inclusion** – where everyone embraces inclusion and sees diversity as an organizational strength.

- **Equity** – where we recognize and work to remove the barriers that keep many people from bringing their whole selves to their work.
- **Consistency and Taking Action** – where the organization enables leaders and our workforce to combat racism and discrimination.
- **Patient Focused** – when we feel safe, included and valued, we are able to provide higher-quality care and services to our patients and families.
- **Fairness** – where being treated fairly allows us to feel supported, valued and where we can be our true and whole selves.

Our consultation also revealed that some people are not aware of or are hesitant to acknowledge that racism and discrimination exist. These comments reinforced the need for this work to continue.

We heard from many racialized and non-racialized people. They said by creating a space for these conversations through the Anti-Racism Advisory Group, that AHS is on the right track in addressing racism and discrimination, when compared to other healthcare and larger public sector organizations. However, many also indicated we have much more work to do.

AHS has an opportunity to be a role model of inclusion to other organizations in Alberta and throughout Canada. By working together to combat racism and discrimination, we can have a profound impact beyond the walls of our hospitals, clinics, offices and our provincial borders.

With all this in mind, we have developed a number of recommendations we feel, collectively, will create an AHS we all want to be part of. It won't be easy. It will require courage, leadership, bravery and time. It will take all of us working together to create an AHS where we can all feel safe and supported to **Stand Up** for each other and **Speak Out** against racism and intolerance.

“No one becomes racist or anti-racist.  
We can only strive to be one or the other.”

– Ibram X. Kendi, *How to Be an Antiracist*

# Summary of Recommendations

## 1. Safe Reporting & Investigation

- 1.1. Comprehensive review of the reporting and response process.
- 1.2. Require everyone participating in investigations of incidents of racism and discrimination to take core education.
- 1.3. Ensure culturally safe and trauma-informed supports are available for people who experience or witness acts of racism and discrimination, and also for individuals who go through the experience of the reporting and investigation process.
- 1.4. Develop a network of skilled investigators throughout the organization who reflect a diversity of backgrounds and perspectives.
- 1.5. Communicate processes available to our workforce for reporting acts of racism and discrimination.
- 1.6. Provide education and support for leaders on how to recognize acts of racism and discrimination while ensuring understanding of obligations and roles of leaders throughout the process.
- 1.7. Review and add capability where possible to track and report the number, types and outcomes of reports specific to racism and discrimination.
- 1.8. Review processes and supports for people who experience racism / discrimination from patients, families and the public.

## 2. Systems / Organization Accountability

- 2.1. Update *Our People Strategy Action Plan* to include the recommendations of the Anti-Racism Advisory Group.
- 2.2. Link anti-racism and anti-discrimination to the [Patient First Commitments](#).

- 2.3. Connect anti-racism, anti-discrimination and inclusion language and messaging in AHS values and competencies when revising or creating new materials and communication tactics.
- 2.4. Develop Insite page dedicated to anti-racism.
- 2.5. Evaluate impact of adding inclusive lens to the *AHS Policy Review Framework*.
- 2.6. Engage with union partners to explore how collective agreements can be enhanced to support inclusion, respectful workplaces and psychological health and safety.
- 2.7. Develop a framework to guide organization-level communications about significant acts of racism and discrimination.
- 2.8. Continue support and growth of Workforce Resource Groups (WRGs) as a resource to inform organization on key practices, policies and processes impacting workforce.
- 2.9. Continue support and growth of Site / Program-Based Diversity and Inclusion Committees.

### 3. Leadership Accountability

- 3.1. Provide core education to leaders at all levels to create awareness of racism and discrimination and the roles of leaders to respond.
- 3.2. Include focus on inclusion, respectful workplaces, psychological health and safety by all leaders as part of operational planning.
- 3.3. Build and enhance tools and strategies in the development conversations toolkit.

### 4. Workforce Accountability & Allyship

- 4.1. Develop and launch a comprehensive, organization-wide campaign to create awareness of racism and our responsibilities around it.
- 4.2. Continue support and growth of workforce resource groups to foster connection, support and allyship.

- 4.3. Provide education and resources on how to be an ally.
- 4.4. Review processes to address employee performance matters involving racism and discriminatory behaviours.

## 5. Training & Education

- 5.1. Develop and deliver education related to create awareness of racism and discrimination and the responsibility of and options for individuals to respond.
- 5.2. Develop education on inclusive hiring.
- 5.3. Include inclusion, anti-discrimination and allyship education in new employee and physician orientation.
- 5.4. Review current education related to reporting acts of racism and discrimination and update where needed.
- 5.5. Continue to seek and leverage opportunities to collaborate with work being done by teams throughout the organization to align work and messaging.

## 6. Valuing & Celebrating Diversity

- 6.1. Develop framework for organization-wide celebrations of inclusion, belonging, special days, heritage months and key events.

## 7. Representation

- 7.1. Develop mentorship / sponsorship program for people in underrepresented communities.
- 7.2. Provide hiring leaders with tools, resources and education on inclusive hiring.
- 7.3. Evaluate and make recommendations on opportunities to remove biases from the hiring process.

## 8. Measurement and Evaluation

- 8.1. Implement changes to the Human Resource System (ePeople) and Physician Registration system in Medical Affairs to allow self-identification of diversity demographics to measure the effectiveness of inclusion activities.

**Anti-Racism Advisory Group**

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- 8.2.** Apply desegregated data collected in 8.1 to other organization reporting such as engagement surveys, pulse surveys, etc.
- 8.3.** Monitor and repeat survey / focus groups conducted as part of the anti-racism consultation to monitor the impact of activities coming from the recommendations of the Anti-Racism Advisory Group every one to two years.

## Introduction

None of us will ever forget 2020. The COVID-19 pandemic changed our world and our lives forever in ways that we have yet to realize and understand. However, the pandemic was not the only event that impacted our psychological, social and emotional health and well-being.

We know what can happen when systemic racism, intolerance and inequality are left unchecked. The racially motivated and violent events we saw in the media, including the impact of George Floyd's death and many others, brought the discussion of racism to the forefront, as triggering events for many of us. We also saw a rise of anti-Indigenous, anti-Asian racism, Islamophobia and anti-Semitism worldwide and in Alberta. While the world's collective awareness of the existence of racism increased, those events also served to remind us of the pain of racism and discrimination that many people experience every day and have done so for generations.

Racism and discrimination exist within our communities and healthcare system. We've been confronted with incidents throughout the province. Steps have been taken to address cultural sensitivity and appropriateness surrounding these events. This work is ongoing.

The creation of the Anti-Racism Advisory Group (a subcommittee of the Diversity and Inclusion Council) was approved in August 2020 to develop a comprehensive approach to anti-racism activities across our organization. In this report, we offer recommendations for creating an AHS that we believe can combat racism and discrimination in all forms, as well as, create an organizational culture that embraces the diversity and inclusion needed to deliver safe and quality health services for all.

### About the Anti-Racism Advisory Group

Members of the Anti-Racism Advisory Group were recruited through the Ethnic Minorities Workforce Resource Group. Nine members were selected among the 90 people who expressed interest in representing Indigenous, Black, People of Colour and Jewish identities from across all five zones and included a diversity of ethnicity, faith, spirituality, gender, sexuality, age, abilities and positions across the organization.

### Our Process

The first meeting of the advisory group was October 14, 2020. We met every two weeks until our final meeting on May 27, 2021.

We approached our work by modelling AHS values of compassion and respect, and we created a safe and trusting place where people felt brave to share openly about their experiences. We shared difficult truths. We listened with compassion. Together, we became stronger. As a result, we know the efforts we all invested will have an enduring, positive impact.

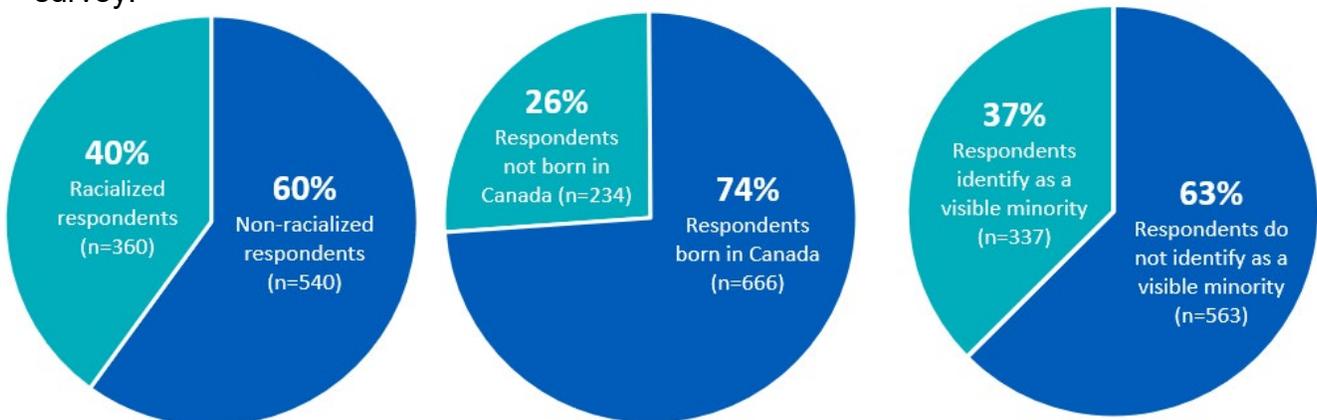
Our first key deliverable was the AHS Anti-Racism Position Statement, which is included in this report, is intended to serve as an anchoring statement for all anti-racism and anti-discrimination activities by AHS. Our goal was to create a clear, concise, strong statement to allow our workforce to see themselves reflected in it. There are three sections in this statement — acknowledgment, commitment and action — so people can see how AHS is addressing racism. This important work will help our workers and leaders build a greater understanding of their role in addressing racism.

Our advisory group received a number of presentations, engaged in meaningful discussions and advised on a variety of topics such as:

- safe reporting and investigations;
- organizational responses to significant acts of racism and discrimination;
- allyship and anti-racism education strategy; and,
- supports for people who experience and witness acts of racism.

## Anti-Racism Consultation

To ensure many voices informed the recommendations in this report, we invited our workforce to participate in a confidential survey or in focus groups through the Ethnic Minorities Workforce Resource Group and a variety of other networks. More than 150 people registered for the focus groups and more than 750 people completed the online survey.



**The voices of over 900 people have contributed to this report.**

Participants were asked to share their ethnic / racial identities, place of birth, zone, work area, role, gender identity, sexual orientation, age as well as additional identities. In total, 900 participants contributed to this work and self-identified that:

- 40%** self-identified as racialized
- 26%** non-Canadian born
- 37%** self-identified as visible minority
- 9.3%** self-identified as LGBTQ2S+

Refer to the appendixes for detailed participant demographic graphs.

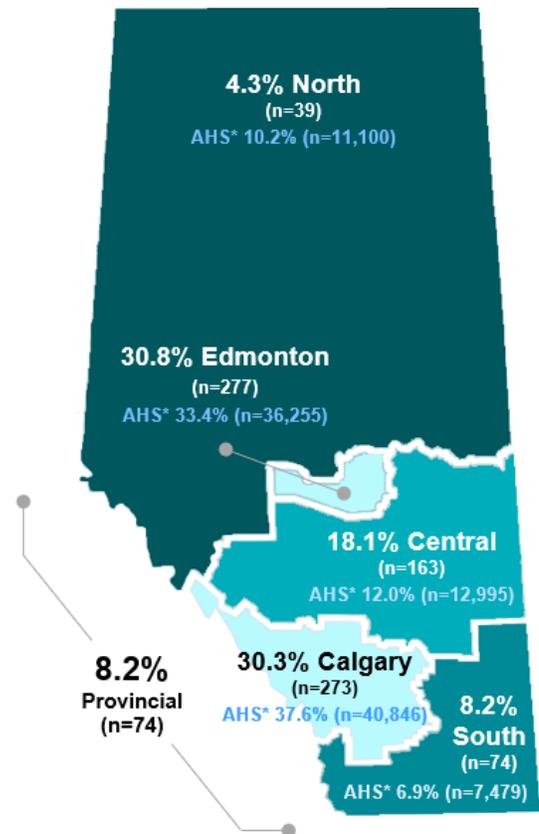
We asked all participants these four qualitative questions:

1. What does feeling safe and included at work look like / feel like to you?
2. What does an Anti-Racist and Anti-Discriminatory AHS look like to you?
3. What does AHS need to do to get there?
4. What else do we need to know about your experiences that will help guide the work of the AHS Anti-Racism Advisory Group?

There were nine focus groups held at different times via Zoom, to ensure everyone had an opportunity to participate. One focus group was held specifically for members of the AHS Indigenous workforce, which started and ended with an Indigenous Elder. Another focus group was held for diversity and inclusion subject matter specialists across the organization.

People were assigned to breakout rooms based on their self-identified racial / ethnic identity and roles as allies. Group discussions were facilitated by people of a shared identity. This helped create a safe place for people to be brave and communicate openly. For many, this was the first time they shared some of their experiences at work. Their stories were powerful and at times real and raw. There was considerable emotional investment from participants with hopes of leading to meaningful change.

### Geographic Distribution by Zone



\*AHS representation by zone percentages and counts exclude physicians

## Data Analysis

Qualitative research is useful in gaining a deep and contextual understanding of patterns and themes within the human experience. However, quantitative and qualitative data collection was used to derive the most accurate interpretation of the identified consultation questions. Quantitative data collection (Survey Select) added rigor to this inquiry.

We collected and analyzed data from the survey and the focus groups. The analysis allowed us to link ideas and emerging themes in synchronous ways. We divided the data into two groups: racialized and non-racialized. *NVivo*, a qualitative data analysis computer software, was used to organize, analyze and gain insights into the survey's qualitative data.

A comprehensive, methodical analysis of the qualitative and quantitative data revealed a number of themes that helped paint a picture of the AHS we all want to be part of. The basic idea of our approach was to read (and re-read) the textual database (focus group notes and survey responses) and "discover" or label themes (concepts and properties) and their interrelationships. We used open and axial coding to identify emerging themes, links, and associations. Each line, sentence, and paragraph were read in search of answers to the four questions we asked our workforce.

We were honoured that people trusted us to ensure their stories and voices were heard in this report and the changes it will lead to. We thank everyone who contributed their time, energy, and expertise throughout the process to help inform our work.

## Definitions

In the interest of fostering a shared understanding, we offer these definitions for some terms we use in this report:

### *Allyship*

A conscious and continuous practice of learning in which a person in a position of privilege and power works in collaboration based on trust and accountability with a person or group experiencing oppression.

### *Anti-Racism*

The active process of identifying and eliminating racism by challenging and changing structures, systems, policies, practices, and beliefs that perpetuate racist actions at the cultural, individual, institutional and systemic levels.

### *Anti-Semitism*

A certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of anti-Semitism are directed toward Jewish or non-Jewish individuals and / or their property, toward Jewish community institutions and religious facilities.

### *Bullying*

Repeated, aggressive or disrespectful behaviour intended to hurt another person physically or mentally. Bullying is characterized by an individual or individuals behaving in a certain way to gain power over another person. The three features of bullying are: a) it is deliberate, b) it is disrespectful, c) it is repeated.

### *Bystander*

A person present at an event where a negative or discriminatory behaviour happens, does nothing in defense of or in support of the recipient of the act.

### *Discrimination*

Any practice, comment or conduct known or ought to reasonably be known to be unwelcome, which is related to the following grounds protected in legislation: race, color, ancestry, place of origin, religious beliefs, gender, gender identity, gender

expression, age, physical or mental disability, marital status, family status, source of income and sexual orientation.

### *Harassment*

Any single incident or repeated incidents of objectionable or unwelcome conduct, comment or action by a person that knows or ought to reasonably know would cause offence or humiliation or adversely affect another person's health and safety and can include discrimination and sexual solicitations or advances. This can include incidents that occur outside of the workplace or working hours, but are related to the workplace or harassment from clients and service recipients.

### *Oppression*

The use of power to disempower, marginalize, subordinate, and silence one social group or category, in order to further empower the oppressor.

### *Power*

The ability to access resources and opportunities, decide the distribution of resources and opportunities; and make decisions that impact others. It can also be defined as the capacity to influence others, including decision makers.

### *Psychological Safety*

The absence of harm and / or threat of harm to mental well-being that a worker may experience.

### *Racism*

A system of advantage based on race that gives power to one group to carry out systemic discrimination through institutional policies and practices while shaping the cultural beliefs and values that support the racist policies and practices.

### *Upstander*

A person present at an event where a negative or discriminatory behaviour happens, who speaks up and intervenes in support of the recipient of the act. The intervention could happen in the moment or after the event.

## The AHS We All Want to Be Part Of

Through the Anti-Racism Advisory Group work, AHS has shown its dedication to becoming a leader in meeting the highest standards of equality and anti-racism, anti-discrimination, inclusion, dignity, and respect. AHS is committed to listening, learning and taking meaningful action to bring about lasting organizational change. This section highlights key themes that emerged through the survey and series of focus groups that speaks to the kind of organization our workers want to be part of.

### Safety

Participants identified safety as an important theme for authenticity and engagement in the workplace. To have open and meaningful conversations about racism and discrimination, three types of safety were identified. People related that safety ties closely to speaking up and advocating for oneself and others.

**“Being respected is the best way to feel safe.”**

#### *Psychological Safety*

Psychological safety plays a big role in workers feeling mentally safe and preventing harm to an individual’s mental well-being in the workplace. Traumatic experiences may affect a person’s perception of themselves, and how they are able to contribute and be present in the workplace. We heard that feeling psychologically safe means coping positively with day-to-day stresses while functioning effectively in their role. Psychological safety also includes feeling valued and respected by workers, leaders, or patients for who they are as individuals and feeling that their contributions are valued.

#### *Physical Safety*

Respondents indicated that having an environment that protects the physical safety of workers so that they can do their job effectively is a major component of feeling safe at work. Respondents shared that having an adequate safety plan is an example that speaks to the notion of physical safety.

#### *Emotional Safety*

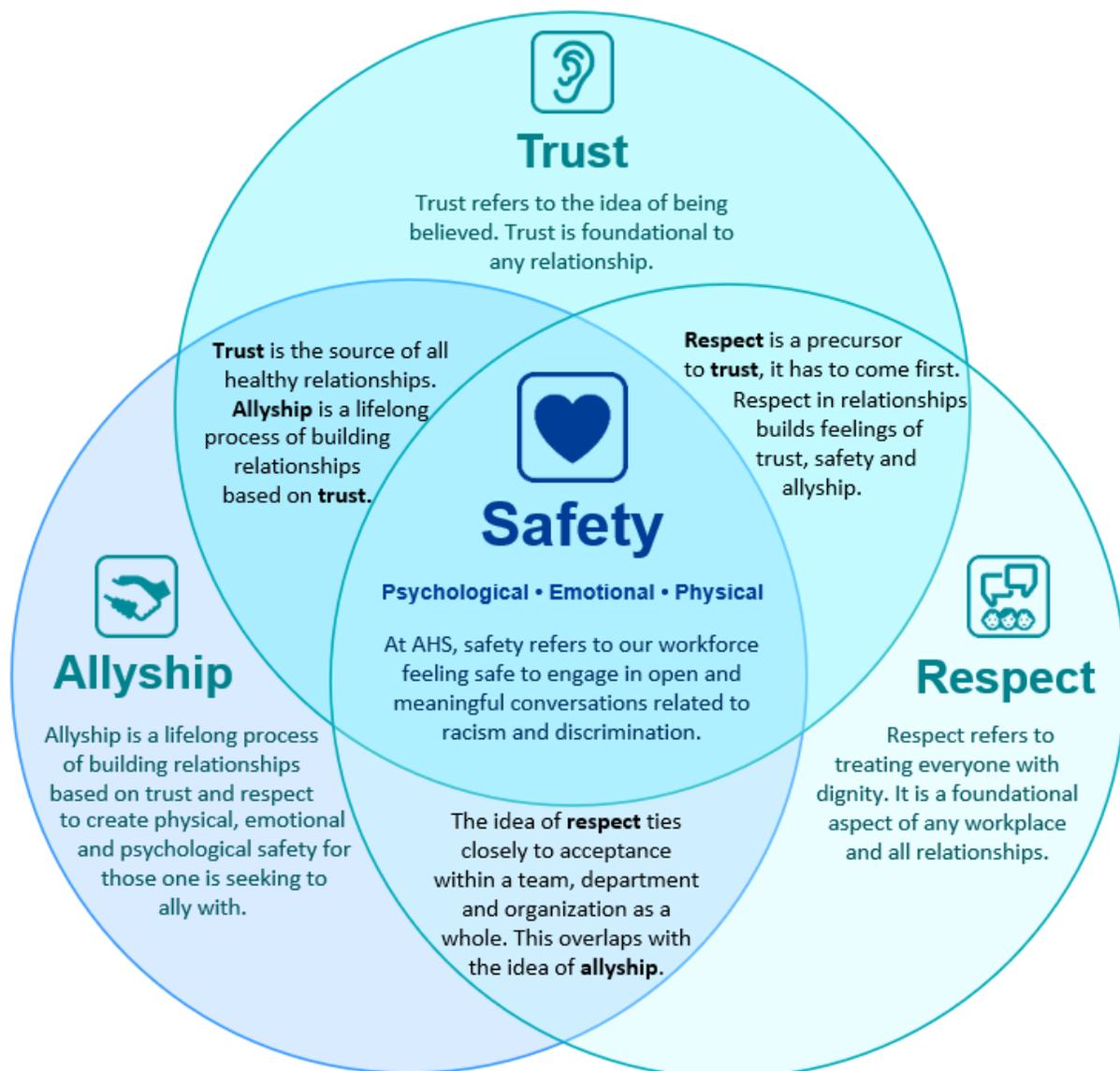
Respondents said that feeling emotionally safe means employees feel safe to speak up to voice their concerns, be vulnerable, communicate openly, and be open to constructive feedback. This means, individuals feeling free to share aspects of their life and not have to hide their true selves speak to the notion of feeling emotionally safe.

To feel emotionally safe, is where workers can be open and vulnerable as individuals in order to feel psychologically and physically safe.

## Trust

Trust refers to the idea of being believed. Trust in the context of anti-racism means the organization will protect and support its workforce when reports are made. Individuals can only function safely if there is trust they will be heard and supported.

“I want to trust the environment I work in will not condone or foster racism, bullying, harassment.”



## Respect

As one of our core values, the theme of respect refers to treating everyone with respect and dignity. Respect is a foundational aspect of any workplace and relationships. We feel respected when people accept us for who we are. The idea of respect ties closely to acceptance within a team, department and organization as a whole. One will not feel accepted unless one feels respected and vice versa.

“For me to feel safe at work, I need to feel respected and listened to.”

## Allyship

There were allies among the participants who acknowledged that racism and race-based intersectional discrimination exist at AHS. Allyship emerged as an overarching theme, as the findings reveal that allyship demands hard work and personal action by the ally. In some instances, some participants who were once bystanders are actively moving towards being an ally by standing up and speaking out when witnessing acts of racism. It was suggested that examining biases, and challenging power and privilege is an important first step in becoming an ally. This includes critical thinking, recognizing intersectionalities, leveraging the voices of those who feel “othered,” being anti-racist and advocating for an anti-racist organization.

“An atmosphere where people strive to humbly see things from another person’s perspective with empathy and compassion.”

## Valuing Diversity and Inclusion

The majority of participants agreed that diversity and inclusion initiatives should be one of the organization’s top priorities. For our diverse workforce to feel included and accepted, all leaders and workers need to apply the diversity and inclusion lens to each area of practice, all sites clinical and non-clinical and across AHS. This is not just for our current workforce but to attract diverse talent to the organization.

“Diversity and Inclusion makes us stronger. People from different backgrounds who work in a variety of roles make the difference each day for Albertans.”

**Additionally, this theme also encompasses the notion of not only celebrating differences but valuing them and seeing diversity as an organizational strength.**

## Equity

Equality and equity were used interchangeably during the focus groups. The terms are related but different. Equality means everyone is treated the same. On the other hand, equity recognizes that each person will have circumstances that may not have been by their own choosing. Therefore, their needs may involve supports to be allocated that aid with the exact resources and opportunities needed to reach an equal outcome. Equity takes into account the systemic treatment and marginalization created by racism that keeps certain groups at a disadvantage.

“Equity is important. We don’t need to be treated the same, we need to be treated in the way that we need to be treated.”



## Fairness

It's important to treat everyone fairly because that is the very essence of being a human.

“I want people to see me as a person.”

We all deserve to be treated fairly and ensure we feel safe, supported and valued in the workplace where we can show up and be our true and whole selves.

## Consistency and Taking Action

The consultation revealed that our workforce wants AHS to be consistent and action-oriented. These themes have close associations with the idea of organizational accountability. However, some nuances speak to the organization's dedication to consistency, dependability and reliability.

“Accountability is moving from listening and understanding to acting and being.”

Organizational consistency is tied to leadership accountability, which has emerged as key recommendations in this consultation. AHS is a large and complex organization serving millions of people across the province. Consistency and health equity across all levels and zones is a desired future state for our workers.

Several sub-themes interconnected to organizational consistency and action are outlined below:

- **Call to action** – The organization must do something to combat racism and discrimination. Each individual is called upon to **Stand Up** and **Speak Out**.
- **Lead by example** – Leaders need to be knowledgeable and supported in normalizing conversations about the issues and be vocal against racism in all forms.
- **Evidence-based approach** – This includes systematically collecting feedback on what racism and discrimination look like at all levels of the organization to identify the current state and impact on actions.
- **Resources and services** – Workers need resources to understand best practices in healthcare to offer safe and culturally competent care and services to our patients and families.
- **Transparency and communication** – Workers want open and honest communication coming from the organization when it comes to anti-racism and anti-discrimination. They appreciate direct communication from leaders when significant acts of racism and discrimination have occurred.

## Patient Focused

We are all here to provide quality care and services to our patients and their families. Therefore, adequate resources, best practices and training to support safe patient care are needed. In this consultation, respondents noted that workers need to understand how the Social Determinants of Health (SDOH) impact patient outcomes. Learning about SDOH and Health Equity to advocate for patients is an essential component of Patient and Family Centered Care and reducing patient discrimination and racism within healthcare.

“When providing education on health topics to patients, we should address social determinants of health (including racism) in shaping health care and access.”

It’s difficult to include a patient perspective without their feedback. Our consultation did not include patients; however, it is reaffirming to see that AHS workers put our patients’ needs at the forefront and are willing to ask for resources to support our patients.

One other sub-theme that emerged was collaborative patient care. If multidisciplinary teams work collaboratively and there is team cohesion, it directly affects the quality of patient care and patient outcomes. All team members should be engaged, consulted, and included regardless of differences. Everyone on the team is working towards a common goal; collaboration and a supportive work environment are key to the best patient care and patient outcomes.

## Putting It Into Perspective

During the extensive consultation process, some comments from both racialized and non-racialized respondents reflected a degree of fragility and defensiveness. There was hesitancy to acknowledge that some groups are advantaged and some disadvantaged because of their race and that racism is happening. Some respondents felt that not speaking about racism will end it and that focusing on one race or group creates more division.

The consultation process reinforced the need for this work to continue. Our organization's diversity and inclusion agenda are only successful with anti-racism being at the forefront. Anti-racism lies at the heart of diversity and inclusion. Prioritizing future initiatives to address racism and discrimination will help us create safer and more inclusive workplaces.

## We Are Doing Well and We Know We Can Be Better

Another theme that emerged was that the organization is doing a good job of handling racism and discrimination compared to other healthcare and larger public sector organizations. Some indicated that racism and discrimination are minimal in the organization or non-existent in their team(s). Moreover, some thought that AHS is progressive and forward-thinking when it comes to addressing racism and discrimination.

Other respondents noted that there is room for improvement in education and teaching our people about allyship. Many stated that they would speak up to combat racism in the workplace or racism in action provided they have the right tools, training and resources. Some indicated that racism is more prevalent in patient-to-worker interactions rather than worker-to-worker interactions. Therefore, there should be an increased focus on combating racism from patients towards our workers.

We also heard that our people appreciated the opportunity to participate in this consultation and recognized this process as one of the many ways AHS is taking action and demonstrating efforts to combat racism. Such initiatives, along with the creation of the Anti-Racism Advisory Group, show our commitment to ensuring our people and patients feel safe, included and respected.

# AHS Anti-Racism Position Statement

Alberta Health Services (AHS) will combat racism and discrimination in all forms. AHS will lead by example with a goal to become a healthcare organization that is inclusive, respectful and treats everyone with fairness, equity and equality regardless of race.

## AHS acknowledges:

- Racism, discrimination and intolerance exist within AHS. Indigenous, Black, People of Colour and Canadians of other ethnic identities endure the pain of racism, discrimination and oppression within our healthcare system.
- Racism is prejudice combined with social and institutional power.
- Racism has many forms: individual and systemic, subtle and overt, conscious and unconscious, passive and aggressive.
- The unique relationship between First Nations, Métis and Inuit peoples in Canada and Alberta, including Treaty Rights, history of Métis Nation of Alberta and Métis Settlements and the impacts of colonization.
- Anti-Semitism and racism against Black, Asian and all People of Colour is influenced and perpetuated by the historical and continued mistreatment of these persons in Canada.
- The impact of racism is magnified when race is layered with additional identity factors such as gender, ethnicity, sexual orientation, religion, age, ability, disability.
- Racism impacts the physical, mental, emotional, economic, social and spiritual health of our workforce and patients.
- Racism conflicts with our values of compassion, accountability, respect, excellence and safety and limits our ability to support our workforce and provide quality health services for all Albertans.

## AHS commits to:

- Taking action against individual and systemic acts of racism and discrimination.
- Encouraging our workforce and patients to stand up and speak out against racism and discrimination, whenever and wherever it happens.
- Supporting, validating, and trusting our workforce and patients who've witnessed or experienced racism and discrimination.
- Building a workforce at all levels of the organization that is reflective of the diverse population we serve.
- Continue recognizing and promoting diversity in the workplace, so that we not only accept individual differences, we respect, embrace, and celebrate those differences.



## Recommendations

We offer these recommendations to create a safe, welcoming, inclusive and anti-racist organization in eight key areas:

- Honours our vision for Healthy Albertans. Healthy Communities. Together;
- Provides meaningful and tangible actions we can all take to live AHS values of Compassion, Accountability, Respect, Excellence and Safety;
- Aligns with *Our People Strategy* to create a safe, healthy, and inclusive workplace where we can bring our whole selves to work and support our people in reaching their full potential, thereby providing high-quality patient care;
- Provides a sense of belonging;
- Builds upon meaningful work that is already underway;
- Aligns with the Indigenous Strategic Commitments;
- Aligns with our obligations around harassment and violence, per our policy and Occupational Health and Safety legislation; and
- Enables people to **Stand Up** for each other and **Speak Out** against racism and intolerance.

We know it will take more than one or a few of these recommendations in this report to create the culture we all want to be part of. We encourage you to read and reflect on these recommendations as a whole. By working together, over time, will build a culture where we all feel safe, welcome and valued.

### 1. Safe Reporting and Investigation

*Anti-Racism Position Statement:* Providing a safe reporting system and committing to respond to all reports of racism and discrimination.

Having a safe reporting and investigation process was one of the most discussed issues in the consultation. An overwhelming number of respondents indicated that they would not report acts of racism or discrimination for a variety of reasons, including:

- They would not be believed;
- The amount of emotional energy required to explain racism and discrimination and its impacts on their leaders or people involved in investigating the complaint; and
- The fear of retribution.

### *1.1 Comprehensive review of the reporting and response process.*

Review the reporting and investigation process from the perspective and experience of all people involved, including the complainant, respondent, witnesses, leaders, Human Resources Business Partnerships (HRBP), investigators, etc. This process would aim to strengthen existing policy and practices to ensure they reflect the desire to have a safe and neutral third party to report matters to (e.g., ombudsperson).

### *1.2 Require everyone participating in investigations involving incidents of racism and discrimination to take core education.*

By providing people involved in investigations of acts of racism and discrimination with ongoing education and development specific to racism and discrimination, we can build capacity within the organization to ensure people involved in the process feel safe. This includes people who are part of investigation panels, Quality Assurance Reviews (QARs), Escalated Case Management committees and physician investigation panels. Core education includes:

- Best Practices for Investigating Allegations of Workplace Discrimination;
- Unconscious Bias;
- Culture;
- Racism;
- Anti-Racism and Anti-Discrimination;
- Mandatory Indigenous Cultural Awareness education;
- Conflict Resolution and Behavioral continuum; and
- Understand how to conduct a preliminary review of the concern.

**Note:** The *AHS Best Practices for Investigating Allegations of Workplace Discrimination* was developed and launched to HRBP in January 2021. Education has been designed to introduce the concepts outlined in this guide.

### *1.3 Ensure culturally safe and trauma-informed supports are available for people who experience or witness acts of racism and discrimination and individuals who go through the experience of the reporting and investigation process.*

Witnessing and going through the experience of investigation can have a significant impact on the emotional and psychological well-being of all involved. This includes the impacts of re-traumatization and vicarious trauma. This recommendation aims to explore support through a variety of means, including:

- Work with the AHS Employee and Family Assistance Program, the Alberta Medical Association (AMA) Physician and Family Support Program and Alberta Association of Midwives to provide culturally safe and trauma-informed supports;
- Explore cultural supports and healing programs available such as sweats, prayer sessions, drumming circles, and traditional singing;
- Provide education and supports for bystanders to become upstanders and allies; and
- Support Workforce Resource Groups in providing “Let’s Talk” events similar to “Let’s Talk about Asian Hate,” which creates a space online for people to come together and share their experiences of anti-Asian hate and intolerance while providing connection and peer support.

#### *1.4 Develop a network of skilled investigators throughout the organization who reflect a diversity of backgrounds and perspectives.*

The *AHS Best Practices for Investigating Allegations of Workplace Discrimination* launched to HRBP in January 2021. It recommends a diversity of panel members on investigation committees, including people who can relate to the complainant and respondent. This helps to break down barriers for the participants, builds trust in the process and reduces perceptions of bias.

This recommendation aims to actively seek out individuals who represent various people from across the organization who demonstrate skills and ability to learn the investigative process and who will be called upon to do so when situations arise. Providing ongoing education and skill development will contribute to the integrity and quality of the investigation processes while giving people the opportunity for professional development.

#### *1.5 Communicate processes available to our workforce for reporting acts of racism and discrimination.*

An overwhelming number of respondents, including staff and physicians, indicated they did not know how or where to report acts of racism and discrimination.

#### *1.6 Provide education and support for leaders on how to recognize acts of racism and discrimination while ensuring understanding of obligations and roles of the leader throughout the process.*

This education and support will ensure leaders understand their obligations as per AHS policy, including the intent of the *Anti-Racism Position Statement*.

Referencing the *Behaviour Continuum* and understanding the protected grounds under *Alberta's Human Rights Act* is a key part of this education and support.

**1.7 Review and add capability where possible to track and report the number, types and outcomes of reports specific to racism and discrimination.**

The number, types and outcomes of complaints and investigations are tracked in a number of places depending on the portfolio, source of complaint, etc. The organization can report how many investigations have been completed but not always if race or other discriminatory grounds are factors.

**1.8 Review processes and supports for people who experience racism / discrimination from patients, families and the public.**

Collaborate with the Prevention of Harassment and Violence (patient-to-worker) team to review processes and develop supports for people who experience racism and discrimination from patients, families and the public.

## 2. System / Organization Accountability

It is the system that creates an environment and culture where leaders feel supported and workers feel empowered to be inclusive and anti-racist.

**2.1 Update Our People Strategy Action Plan to include the recommendations in the report from the Anti-Racism Advisory Group.**

Many of the recommendations in this report impact teams under *Our People Strategy*. Update section W.1.2 of the *Our People Strategy* Action Plan from “*Develop an Anti-Racism Action Plan*” to “Implement the recommendations of the Anti-Racism Advisory Group to improve safe reporting & investigation; training and education; leadership, workforce & organizational accountabilities; representation and evaluation.

See also recommendation 2.2 Patient First Commitment, bullet 3: *Enable our people, whatever their titles, roles or locations, to act on what matters to patients and families.*

## 2.2 *Link Anti-racism and anti-discrimination to the Patient First Commitments.*

The [Patient First Commitments](#) focus on patient experience excellence. Endorsed by the Executive Leadership Team in December 2017, the Commitments reflect learnings of the historical [Patient First Strategy](#) (and the other Foundational Strategies) following its publication in 2015. The Patient First Commitments serve as our current and future compass point for [patient experience](#) related initiatives:

1. Ensure patients and families have stronger voices and are fully informed and involved in decisions about their healthcare;
2. Partner with patients, families and communities when developing, delivering and improving healthcare services; and
3. Enable our people, whatever their titles, roles or locations, to act on what matters to patients and families.

For each of the three *Patient First Commitments*, create and make widely available a reference resource (applicable to all AHS teams) that brings to life anti-racism and anti-discrimination through example actions and statements.

## 2.3 *Connect anti-racism, anti-discrimination and inclusion language and messaging in AHS values and competencies when revising or creating new materials and communication tactics.*

Make explicit connections to AHS values or competencies that uphold anti-racism, anti-discrimination and inclusion. Use approaches that enable individuals and teams to identify what this means in the context of their work and practices. Review current resources to ensure they are aligned with anti-racism, anti-discrimination and inclusion practices.

## 2.4 *Develop Insite page dedicated to anti-racism.*

Provide a single source for all resources on Insite related to racism. This subpage under the Diversity and Inclusion page on Insite will include the *Anti-Racism Position Statement*. This page will also have resources for allies, and education related to racism.

## *2.5 Evaluate the impact of adding inclusive lens to the AHS Policy Review Framework.*

*Anti-Racism Position Statement:* “Identifying, understanding, and addressing the impacts of racial equity and social determinants of health when reviewing new and existing policies and programs.”

An inclusive lens that considers the intersections of race, gender, ethnicity, sexual orientation, religion, age, ability, disability and other identity factors was embedded in the *AHS Policy Review Framework* in 2020. Engage with the policy team to evaluate the impact of these considerations on the framework and adjust and strengthen the framework where necessary. Where possible, work with external stakeholders to understand the impact of policy development on social determinants of health.

## *2.6 Engage with union partners to explore how collective agreements can be enhanced to support inclusion, respectful workplaces and psychological health and safety.*

Identify inclusion, respectful workplaces and psychological health and safety as high-priority items for both parties for the next round of collective bargaining. Maintain as a standing item at Joint Committees/Joint Task Forces with all union partners to ensure continued dialogue with respect to interplay with the collective agreements and joint responsibilities and accountabilities. Explore the possibility of Joint Statements with union partners.

## *2.7 Develop framework to guide organization level communications about significant acts of racism and discrimination.*

The framework will incorporate feedback on previous organizational responses from the Anti-Racism Advisory Group. It will focus on recommendations for how AHS responds going forward, including timelines, resources, and follow-up on actions taken. The framework will be developed with an understanding that each situation is unique and responses need to vary appropriately.

## *2.8 Continue support and growth of Workforce Resource Groups (WRGs) as a resource to inform the organization on key practices, policies and processes impacting the workforce.*

The WRGs were launched in 2019. These voluntary, workforce-led groups foster a diverse, inclusive workplace aligned with the organization's mission, values, goals, business practices, and objectives. The Proud Together (LGBTQ2S+), EMS

Women and Leadership and the Ethnic Minorities WRG have improved engagement among the more than 1,000 members in the following ways:

- The Anti-Racism Advisory Group was formed through engagement with members of the Ethnic Minorities WRG;
- Communicating and engaging directly with members has contributed to the overwhelmingly positive response to the anti-racism consultation; and
- All WRGs continue to inform on practices and directly impact the workforce;
- For the first time, AHS celebrated Black History Month, Asian History Month and Jewish History Month in 2021 through the dedicated efforts of the Ethnic Minorities WRG.

### *2.9 Continue support and growth of Site / Program-Based Diversity and Inclusion Committees.*

Resources and tools to create Site / Program Based Diversity and Inclusion Committees were introduced in January 2021 in response to leaders who wanted such committees. These committees ensure diversity and inclusion actions and messages are consistent and in alignment across the organization. The work of the committees helps to improve engagement, sense of inclusion and retention among teams while supporting the psychological safety, health and well-being of our workforce and anyone who interacts with the patients and families. They create the ability to leverage resources already available through the Diversity and Inclusion and Respectful Workplaces such as Change the Conversation, best practice guides and education.

To date, six hospitals, a provincial program and a zone have launched or begun the work to introduce these committees. These committees:

- Meet to share resources, knowledge and expertise;
- Drive and inspire change by acting as diversity and inclusion ambassadors;
- Encourage learning and awareness on diversity and inclusion topics;
- Plan and participate in cultural, educational or special event celebrations at their sites or within their programs (such as Pink Shirt Day, Pride, Indigenous Peoples Awareness Day);
- Address local diversity and inclusion needs; and
- Build Community connections and allyship at the local level.

## 3. Leadership Accountability

Leaders at all levels, especially frontline leaders, play a vital role in changing culture. They have a direct relationship with frontline workers. They model and reinforce norms

and expectations of the culture of the organization and for their teams. What leaders identify as important are powerful in establishing a culture. There is a strong desire among leaders to create a safe and inclusive environment at AHS. However, we also heard from many leaders that they didn't have the knowledge or confidence to engage in challenging conversations around racism.

### *3.1 Provide core education to leaders at all levels to create awareness of racism and discrimination and the roles of leaders to respond.*

Focusing on leaders provides the best return on investment in education for changing behaviours and culture. Senior leaders need the same training to create an environment where the leaders who report to them feel supported and enabled. Working with the Learning Council to explore multiple and diverse modes for delivering education will help ensure they are inclusive and accessible to all people at AHS.

Core education to leaders would include:

- Allyship;
- Allyship for Leaders;
- Unconscious Bias;
- Racism; and
- Anti-Racism / Anti-Discrimination (including “how-to” respond).

There are programs and teams that are actively embedding core education for specific leadership activities. For example, all physicians on search and selection committees are currently required to take Unconscious Bias education.

### *3.2 Include focus on inclusion, respectful workplaces, psychological health and safety by all leaders as part of operational planning.*

We understand that there are many demands on leaders (time and resources) throughout AHS. This recommendation recognizes where each leader is at with their capacity and their competence and desire to develop a more inclusive work environment. Activities a leader might focus on in their operational planning could include but not limited to including:

- Diversity and inclusion topics as a standing item on team meeting agendas;
- Using *Change the Conversation* in team meetings;
- Provide education to teams;
- Support creation of Diversity and Inclusion Committee for program / site;

- Support, participate in or sponsor a Workforce Resource Group;
- Create rooms dedicated for prayer, reflection or meditation; and
- Change to inclusive washroom signage at the site.
- Encourage participation in the celebration of special days and events (e.g., Pink Shirt Day, Orange Shirt Day, Black History Month, Pride, Asian History Month, National People's Month, etc.).

### *3.3 Build and enhance tools and strategies in the development conversations toolkit.*

Review existing collateral to ensure alignment with anti-racism, anti-discrimination and inclusion practices. Support development conversations that explore individual, group and organizational meanings about racism, discrimination and exclusion, including behaviours that generate and sustain safe, caring environments that honour differences.

## 4. Workforce Accountability & Allyship

### *4.1 Develop and launch a comprehensive, organization-wide campaign to create awareness of racism and our responsibilities around it.*

This comprehensive campaign would aim to empower people to *Stand Up* for each other and *Speak Out* against hatred, intolerance and discrimination. An effective campaign would create awareness and draw attention to the following:

- *Anti-Racism Position Statement* and other supporting resources such as posters that can be posted at the site;
- Processes for reporting acts of racism and discrimination (supporting recommendation 1.5);
- Additional supports that are available to people experiencing or witnessing (supporting recommendation 1.3); and,
- Education about what is expected and behaviours that are not acceptable.

This recommendation will build upon the work already done as part of the overarching Communication and Change Management Strategy.

#### *4.2 Continue support and growth of workforce resource groups to foster connection, support and allyship.*

The sense of isolation due to the pandemic, plus the increase in experiences and stories of racism in media, can profoundly impact the psychological health and well-being of many people. WRGs provide an important connection during this time.

- In July 2020, hundreds of new members of the Ethnic Minority WRG joined Zoom calls to discuss their feelings about unfolding events.
- The Proud Together WRG hosted an online “check-in” during the Christmas holidays for members of the LGBTQ2S+ community.
- In April 2021, over 120 people attended a “Let’s Talk about Anti-Asian Hate” event to offer connection and support.

Continued support and growth of these groups will provide the space for people to connect, feel less isolated and find support and allyship. This connection contributes to the overall psychological health and well-being of our colleagues.

#### *4.3 Provide education and resources on how to be an ally.*

An overwhelming number of allies participated in the consultation and focus groups. Many expressed a desire to support and be allies to people who experience racism and discrimination but often didn’t know what to say or do.

Two new eLearning modules focusing on allyship are currently in development by Diversity and Inclusion and scheduled for release in the summer of 2021. The first of this two-part series will be intended for all people at AHS. The second part will be designed specifically for leaders.

#### *4.4 Review processes to address employee performance matters involving racism and discriminatory behaviours.*

This includes but not limited to exploring:

- Expectation setting through orientation and ongoing performance discussion;
- Coaching;
- Development Conversations; and
- Performance / learning plans.

## 5. Training & Education

*Anti-Racism Position Statement:* Providing anti-racism and anti-discrimination education, including mandatory Indigenous Cultural Teachings.

### 5.1 *Develop and deliver education related to create awareness of racism and discrimination and the responsibility of and options for individuals to respond.*

This includes:

- Mandatory Indigenous Cultural Teachings;
- What's reportable?
  - Review the *Behaviour Continuum* to ensure it meets the need; and
  - Develop a *Change the Conversation* document on this topic.
- These eLearning modules are currently in development with the goal to launch beginning in 2021:
  - Allyship;
  - Indigenous Allyship;
  - Culture;
  - Racism and Discrimination (including creating awareness to the impacts of anti-Semitism, Islamophobia and discrimination against Indigenous, Black, Asian and people of various ethnic, cultural, and racial identities);
  - Anti-Racism/Anti-Discrimination; and
  - Power Privilege and Oppression.

Note:

- The Diversity and Inclusion Team has delivered education on various diversity and inclusion related topics to over 50,000 people in five years to May 2021.
- Protective Services includes Unconscious Bias education as part of accredited training for recruits.

### 5.2 *Develop education on inclusive hiring.*

This education is currently being developed by the Talent Management Strategies, Inclusive Hiring team and will be available in 2021.

### *5.3 Include inclusion, anti-discrimination and allyship education in new employee & physician orientation.*

Refresh diversity and inclusion sections in new employee orientation to ensure our new hires are socialized to the type of culture we want at AHS.

### *5.4 Review current education related to reporting acts of racism and discrimination and update where needed.*

Review the Behaviour Continuum to ensure it is inclusive of behaviours related to racism and discrimination.

### *5.5 Continue to seek and leverage opportunities to collaborate with work being done by teams throughout the organization to align work and messaging.*

- Recognizing the strong connection of Diversity and Inclusion to Psychological Health and Safety and Respectful Workplaces.
- Continued work and collaboration with EMS Respectful Workplaces and Medical Affairs Physician Diversity and Wellness.
- The work of anti-racism introduces many new terms that people may not yet know or understand — review definitions to understand intersections of these terms and ensure alignment across all education and resources.

## 6. Valuing and Celebrating Diversity

*Anti-Racism Position Statement:* Continue recognizing and promoting diversity in the workplace, so that we not only accept individual differences, we respect, embrace, and celebrate those differences.

### *6.1 Develop framework for organization-wide celebrations of inclusion, belonging, special days, heritage months and key events.*

- Empower individual teams and departments to participate and celebrate events.
- Engage with stakeholders and communities throughout the organization.
- Empower Site / Program Based Diversity and Inclusion Committees to celebrate events in their areas (e.g., Pride, Pink Shirt Day, Orange Shirt Day, etc.).

## 7. Representation

One of the most significant ways to reduce discrimination and remove barriers is to see yourself in your leadership and healthcare system. Representation is improved through effective recruitment, retention, succession and promotion Strategies.

### *7.1 Develop mentorship / sponsorship program for people in underrepresented communities.*

- Identify role models for others to see that they exist, to learn from, and inspire others to seek such opportunities.
- Consider reverse mentoring and other mentoring/succession planning processes.
- Improve and encourage development opportunities and make it an organizational priority/desire to make changes in policy and practice.
- Practice inclusive hiring practices (review job postings to seek diverse talent pipelines).
- Contribute to represent leaders from diverse backgrounds, including age, gender, race, etc., across geographical communities.

### *7.2 Provide hiring leaders with tools, resources and education on inclusive hiring.*

Inclusive hiring practices to reduce discrimination and promote equity in the hiring process.

### *7.3 Evaluate and make recommendations on opportunities to remove biases from the hiring process.*

Enable members of underrepresented groups who are more likely to experience barriers in the hiring process.

## 8. Measurement & Evaluation

*Anti-Racism Position Statement:* Measuring the outcome of our actions in how they reduce the impact of racism on our workforce and patients and inform ongoing quality improvement.

Tracking and reporting the number, types and outcomes of reports specific to racism and discrimination is included in the Safe Reporting and Investigation section (1.7).

### 8.1 Implement changes to Human Resource System (ePeople) and Physician Registration system in Medical Affairs to allow self-identification of diversity demographics to measure the effectiveness of inclusion activities.

The ability to collect demographic data for new employees during onboarding via the Recruitment Management System and current employees via ePeople has been in development since Spring 2020. Technical programming has been completed and tested. Medical Affairs is currently developing similar capabilities for physicians within AHS. The questions for both systems are based on the 2018 AHS Diversity and Inclusion Census. It is anticipated these systems will be available for implementation in 2021, pending organizational readiness and development of a Communication / Change Management plan.

### 8.2 *Apply desegregated data collected in 8.1 to other organization reporting such as engagement surveys, pulse surveys, etc.*

Once the capabilities in 8.1 are implemented, desegregated data can provide a deeper understanding of the impacts of organizational decisions and activities on underrepresented populations by connecting to other reports such as engagement and pulse surveys.

### 8.3 *Monitor and repeat survey / focus groups conducted as part of the anti-racism consultation to monitor impact of activities coming from the recommendations of the Anti-Racism Advisory Group every one to two years.*

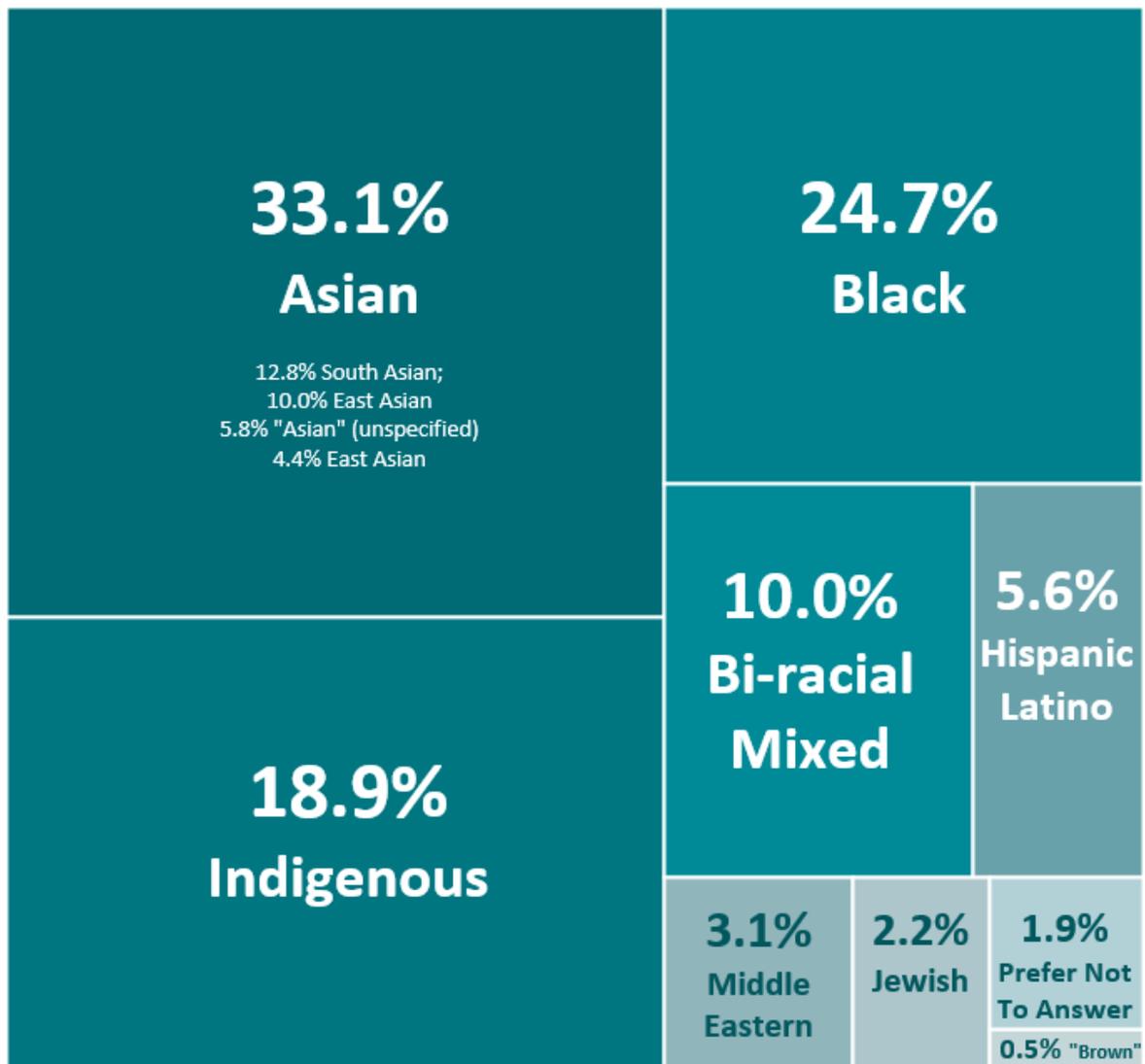
Members of the Anti-Racism Advisory Group and people who participated in the focus groups during the consultation phase provided insights and perspectives that have been invaluable in describing the AHS we all want to be a part of and shape the recommendations of this report. Repeating the focus groups and providing ongoing updates to the advisory group members will be an effective way of measuring progress and the impact of actions identified in this report.

## Appendix A: Graphs–Demographics of Participants

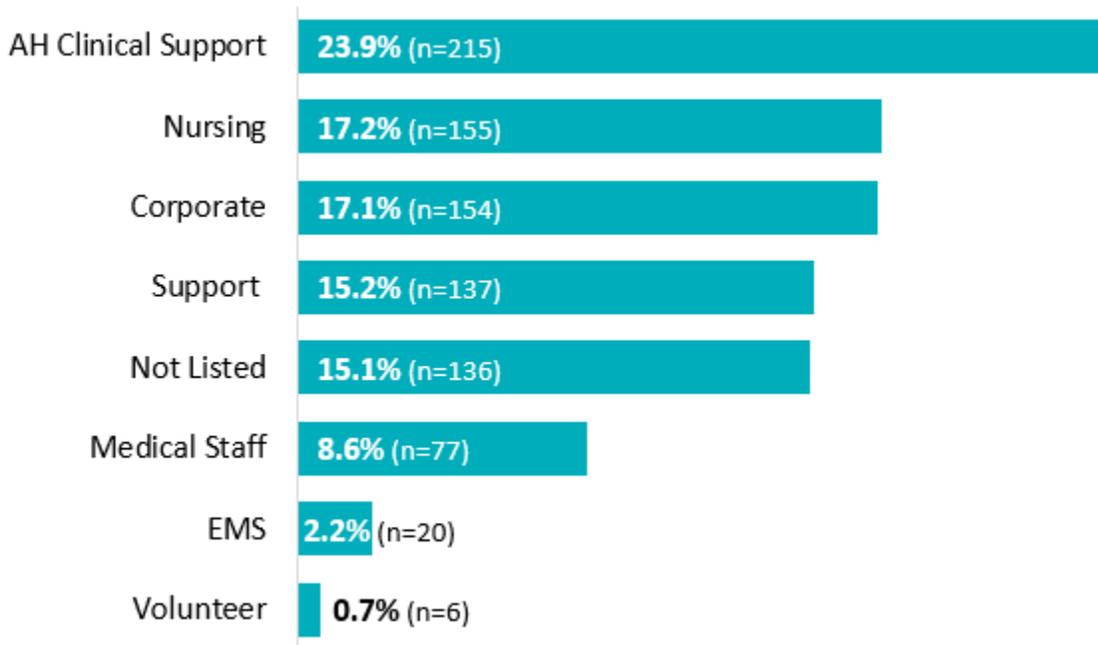
Over 900 people participated in the confidential survey and series of focus groups representing people from a diversity of ethnic / racial identities, genders, and areas across the organization. The following graphs illustrate the respondents by role, years with AHS, age, gender identity and sexual orientation.

### *Graph-A1: Respondents who Identify as Racialized*

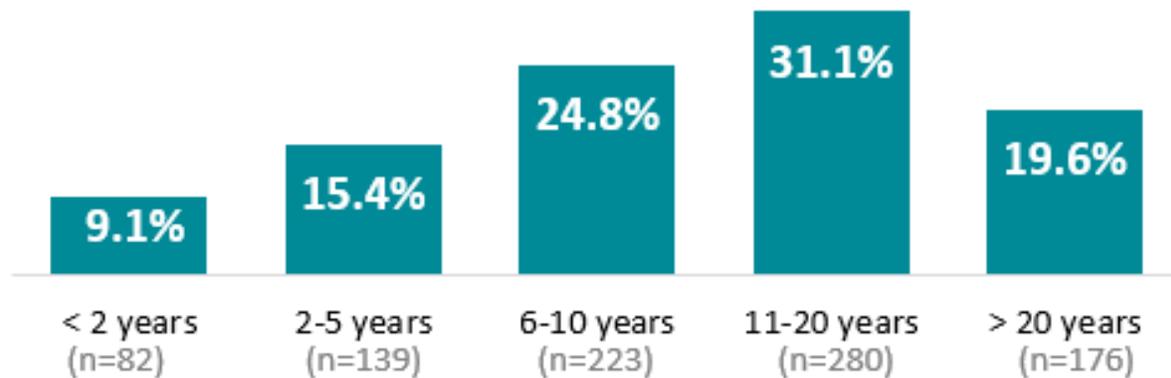
This chart represents the breakdown of ethnic and racial identities of the 40% of respondents who identified as racialized by answering this question: “I identify my racial / ethnic identity as:”



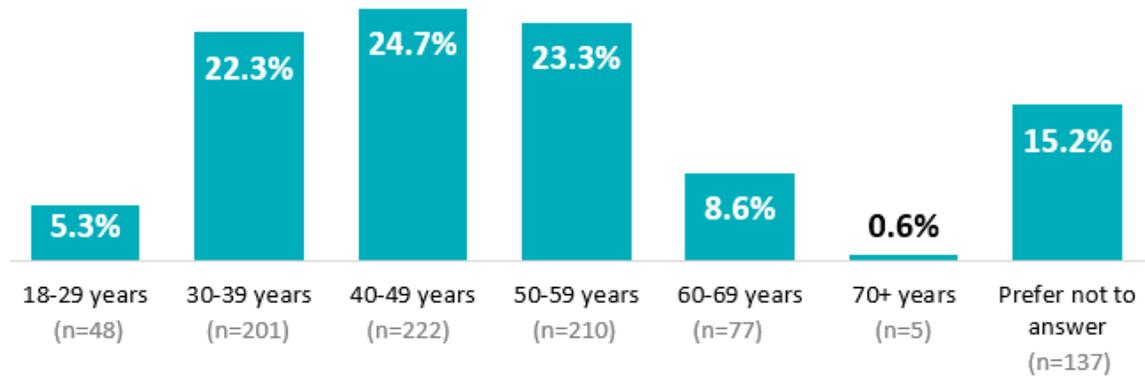
*Graph-A2: Role at AHS*



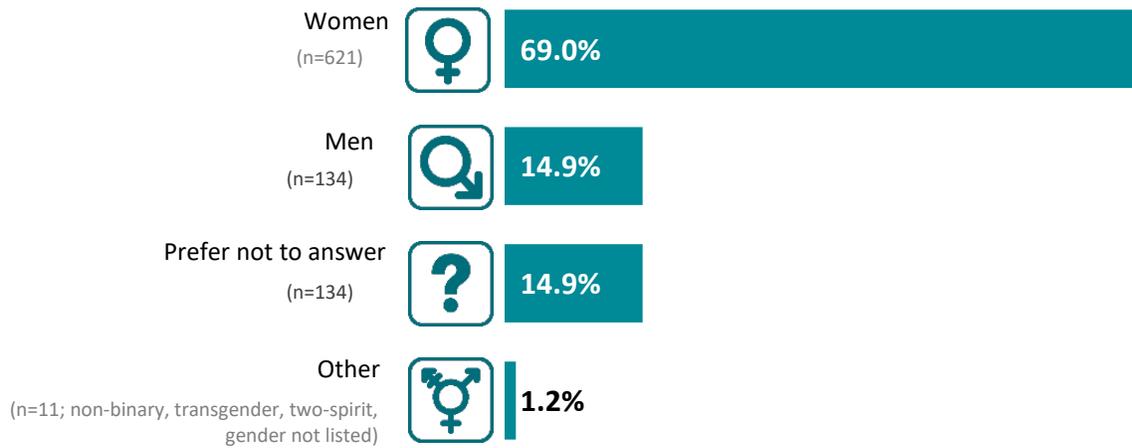
*Graph-A3: Years with AHS*



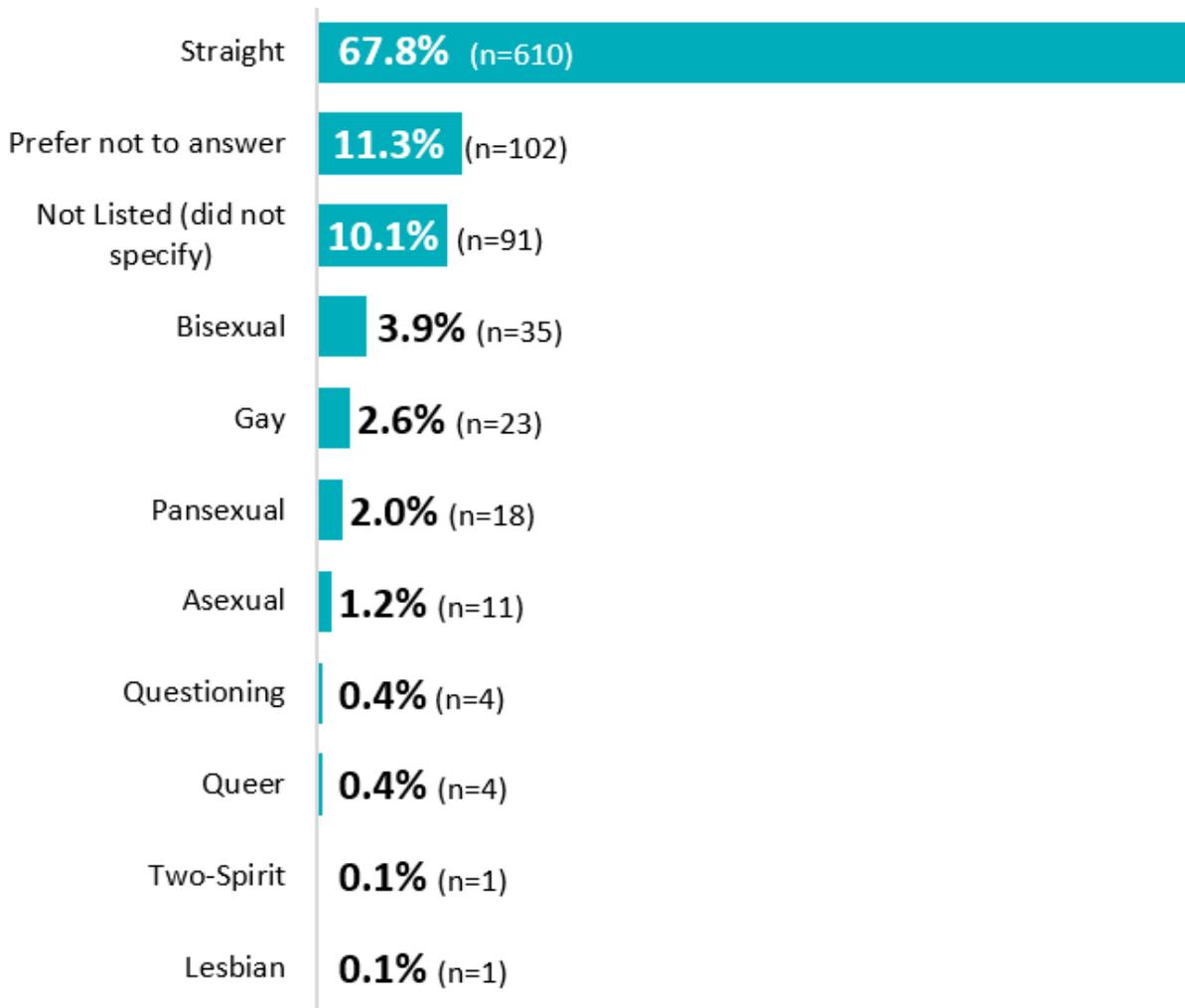
Graph-A4: Age



Graph-A5: Gender Identity



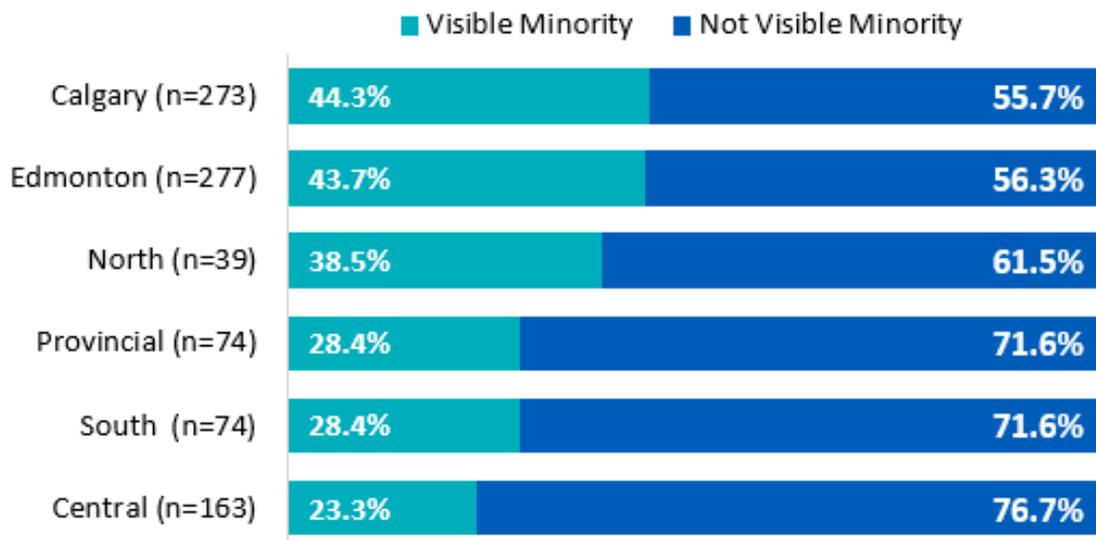
**Graph-A6: Sexual Orientation**



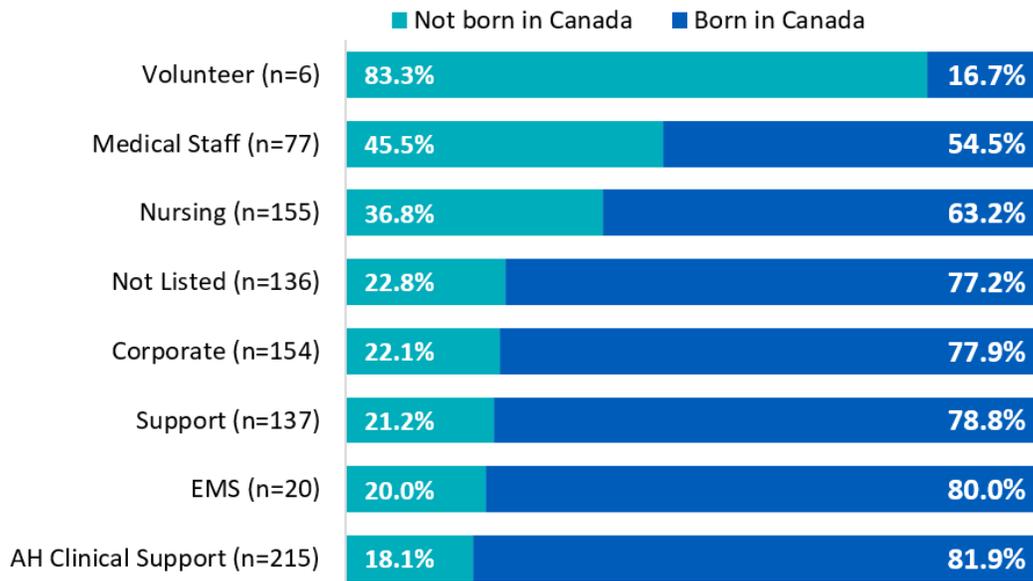
## Appendix B: Graphs–Intersectional Data

The following graphs show how racial and ethnic identities among respondents intersect with their role, age, years of service and zone.

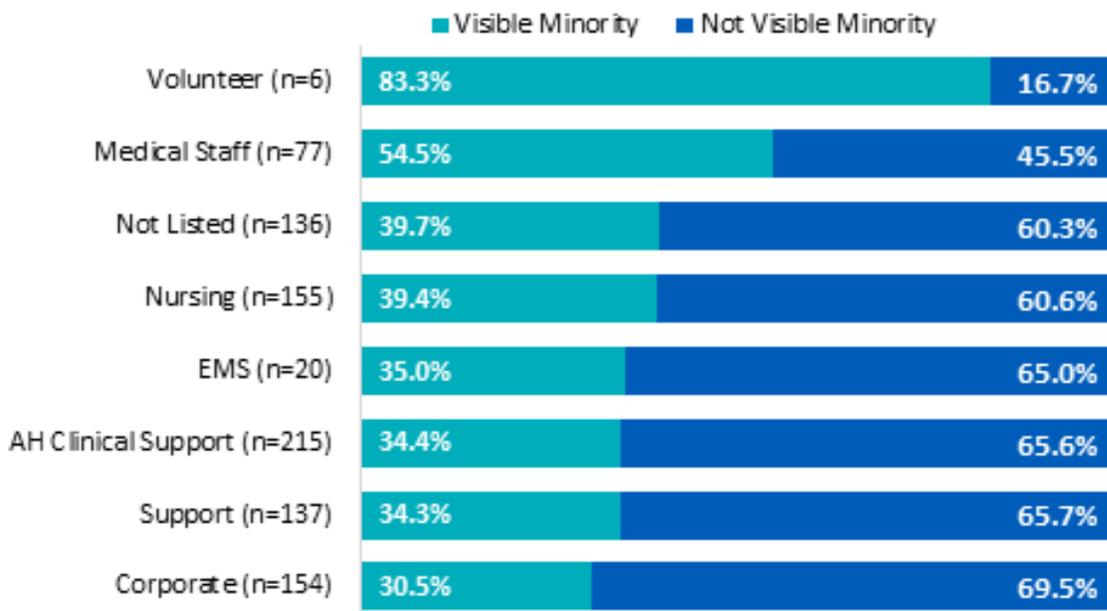
*Graph B-1: Intersection of Visible Minority and Zone*



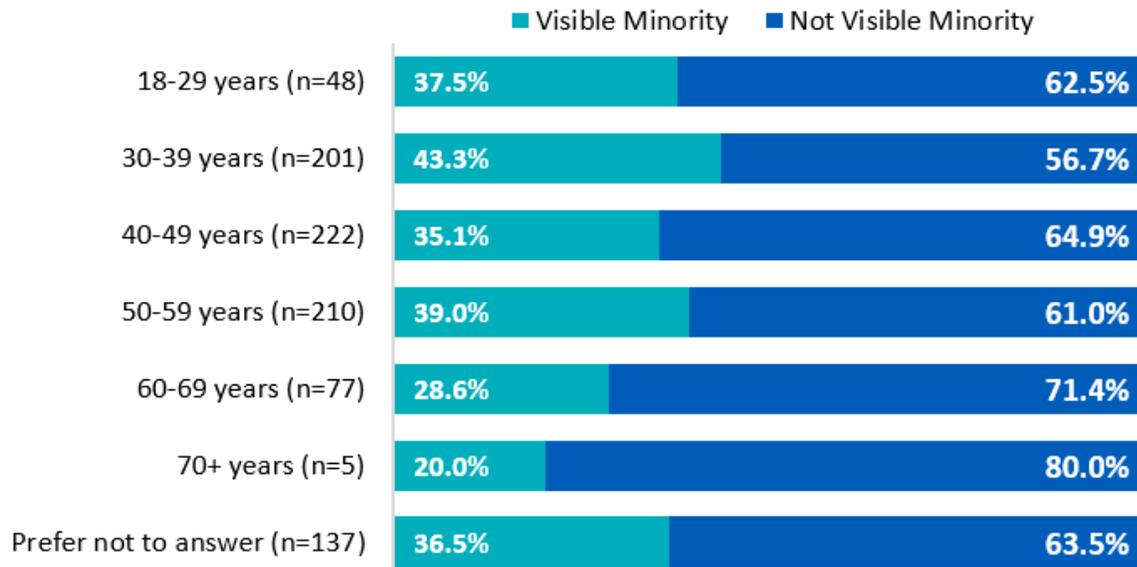
*Graph B-2: Intersection of Place of Birth and Role*



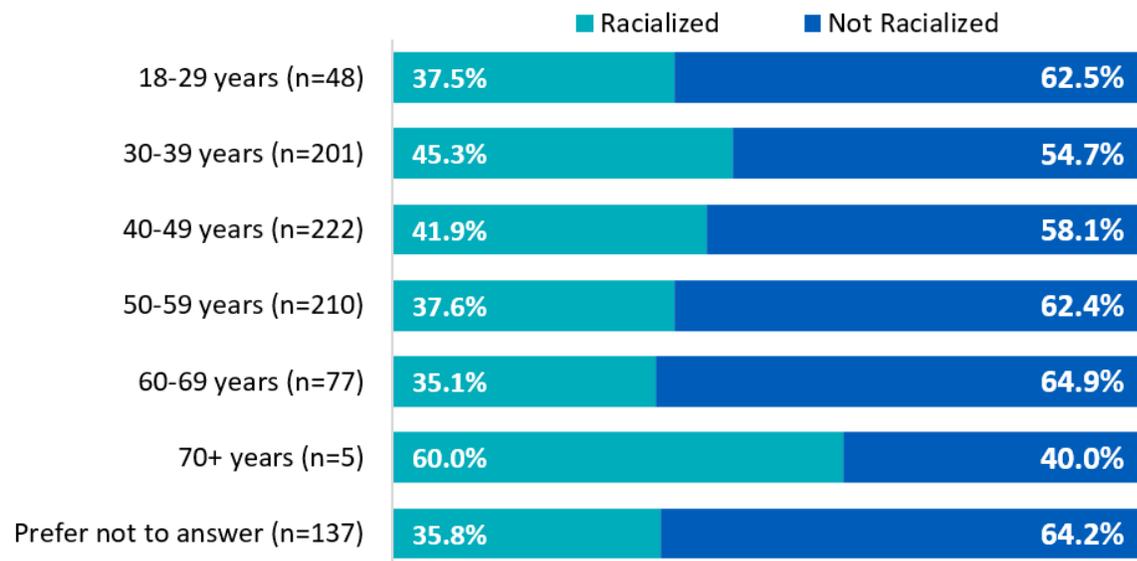
*Graph B-3: Intersection of Visible Minority and Role*



**Graph B-4: Intersection of Visible Minority and Age**



**Graph B-5: Intersection of Racialized and Age**



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