



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Board of Directors | Date: December 2, 2021

Submitted By: Joseph LeBlanc

Responsible Portfolio: Equity and Inclusion

Subject: Equity Strategy

For: **Discussion and/or Direction**
 Decision (formal approval/motion)
 Information Only

PURPOSE

On December 3, 2020 the the NOSM Board passed the Equity, Diversity and Inclusivity Motion and Statement. Included in the statement was the following direction:

Northern Ontario School of Medicine's Board of Directors supports and directs the Dean, President and CEO to embed, act and report back on specific anti-racism and anti-discrimination actions that reflect the values of equity, diversity and inclusiveness to create an inclusive environment particularly for First Nations, Métis and Inuit people, but also for Black and other People of Color, and for those who face other forms of discrimination and marginalization, such as Francophones, LGBTQS2+ and persons with disabilities, amongst others.

The purpose of this briefing note is to report progress on the development of NOSM's Equity Strategy and seek board approval on the initiative.

RECOMMENDATION

Moved that the NOSM Board of Directors accept the recommendations in the report for NOSM to move forward with the NOSM Equity Strategy as presented on December 2, 2021.

Further that, now that the initial priorities have been identified, under the oversight of the Dean, President and CEO that the school undertake the following next steps.

1. Each portfolio lead is to develop a 5 year implementation plan for all identified actions in their areas of responsibility. These plans must be completed by May 2022 with progress reporting integrated with strategic plan reporting.
2. Identify targets and timelines for cultural safety and active offer training in Faculty, Staff, and Learner populations. These targets must be set by May 2022 with progress reporting integrated with strategic plan reporting.

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3. Embrace Curricular Reform at NOSM through the dual lens of Equity and Climate Change and Planetary Health lens. NOSM must engage in a continual process of self-reflection and ensure that this commitment is enshrined in the policies.
 4. Ensure equity initiatives are treated as a high priority in future priority-based budgeting actions. In order to achieve whole school systemic change, initiatives tied to the Equity strategy must be considered a high priority in budget deliberations and decisions.
 5. Regularly review, revise, and report on the implementation and progression through a report in the Strategic Plan annually.

BACKGROUND/EXECUTIVE SUMMARY

History, Rationale, and Purpose

At NOSM we have strong social accountability mandate and have taken a number of steps over the years to incorporate this value into our culture, people practices, curricula as well as policies and procedures. Going forward, we want to reinforce what we at NOSM stand for, how we will uphold our commitments and how we will hold ourselves accountable for actions, behaviours and intended outcomes. We want to strengthen how we consider equity, diversity and inclusion into our decision-making during priority setting, resource allocations, risk management and broader strategy discussions.

Our educational programs have been charged with curricular renewal with a focus on serving needs that are often unmet for people who face barriers because of stigma, Indigenous and Francophone peoples, people living in remote, rural and impoverished communities, at risk children and youth, people who have disabilities, people who need linguistically adapted care, and the mentally ill. But we have much work to do and are being asked to address black student needs, LGBTQ2S, immigrant and refugee issues and step up to meet the Calls to Action of the TRC.

We know we are not yet where we need to be, and in the spirit of continuous improvement, we are striving to be better. World events such as the Calls to Action of the TRC, #Black Lives Matter and the COVID pandemic have put a spotlight on the consequences of systemic racism, unconscious bias, health inequities and inattention to people living in vulnerable circumstances. We are making strides, but we have further to go. We are being challenged to face tough questions like where and how we grow as a medical school and evolve as an institution that reflects our values of respect and social accountability. People look to NOSM for leadership on issues that impact quality and it's clear that tackling issues of equity, diversity and inclusion need to be part of that leadership agenda.

Development

Following the December 3, 2020 Presentation and subsequent approval of the Board's Statement and Motion on Equity, Diversity, and Inclusion Engagement and Direction (December 7, 2020), we began the development of a whole-school Equity Strategy, from an anti-racist perspective. This included the collection and integration of existing internal and external recommendations such as those from the Black Medical Students Association of Canada, Joint Commitment for Action on Indigenous Medical Education, Expert Panel Report, Recommendations from Francophone Reference Group (GCF), Calls for Action from the Truth and Reconciliation Commission, Calls for Justice from the Missing and Murdered Indigenous Women and Girls Inquiry, Indigenous Health Transformation planning, Rainbow Health, etc. Following the compilation of existing recommendations we held multiple engagement sessions within the NOSM community. These included 2 Roundtables of Racism in Medical Education, a retreat with residency program leads, and collaboration with NOSMSC, IRG, and GCF. Finally, all

portfolio leaders were engaged in collaboratively interpreting and integrating what we've heard into strategic actions.

STRATEGIC ALIGNMENT/COMPLIANCE

The Equity Strategy supports all four strategic directions identified in the school's current Strategic Plan.

Transform Health Human Resource Planning: examples include the development of Rural, Indigenous, and Francophone curricular specializations and pathways as well as the development of new programs and clinical experiences.

Advance Social Accountability: examples include strategic actions aimed at creating equity and transitioning to an anti-racist institution embedded in the strategy.

Innovate Health Professions Education: examples include curricular renewal with a focus on equity such as asynchronous delivery and advocacy for part-time education and changes to residency matching processes.

Strengthen Research Capacity in Northern Ontario: examples include strategic actions to support networking, development, success and wellness of researchers and community relations.

ATTACHMENTS/REFERENCES

Appendix 1: Equity, Diversity and Inclusivity Motion and Statement (December 7, 2020)

Appendix 2: Equity Strategy Presentation

Appendix 3: Continuum on Becoming an Anti-racist Institution



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NORTHERN ONTARIO SCHOOL OF MEDICINE

Briefing Note

To: Board of Directors

Date of Meeting: December 2, 2020 Revision
December 3, 2020

Submitted By: Dr. Alexandre Anawati

Responsible Board
Portfolio:

Subject: Equity, Diversity and Inclusivity Motion and Statement

PURPOSE [note the please verify the process for submission within each committee or group]

For: Decision (formal approval/motion) X

Motion CARRIED December 7, 2020

Moved by Dr. Alexandre Anawati Seconded by Joy Warkentin

Whereas the NOSM Challenge 2025 Strategic Plan includes the outcome of social accountability in everything we do;

Whereas all current and future learners, faculty and staff should have an equitable opportunity to connect, belong, grow, contribute, advance their careers and most importantly, feel comfortable and confident being their authentic selves in an inclusive environment;

Whereas the Board of Directors acknowledges that racism, systemic racism and discrimination exist in health care, in health care education and at NOSM;

Whereas the Board of Directors is of the opinion that racism, systemic racism and discrimination are not acceptable at NOSM and wishes to express its solidarity, grounded in a shared sense of humanity and social justice;

Whereas the Board of Directors recognizes its role and duty to stand against, to question, to intervene, to correct our complicities and to not be tolerant of the institutionalization of racism, discrimination and colonialism at NOSM, and to advocate for the same with all of NOSM's partners;

Therefore, the Northern Ontario School of Medicine's Board of Directors supports and directs the Dean, President and CEO to embed, act and report back on specific anti-racism and anti-discrimination actions that reflect the values of equity, diversity and inclusiveness to create an inclusive environment particularly for First Nations, Métis and Inuit people, but also for Black and other People of Color, and for those who face other forms of discrimination and marginalization, such as Francophones, LGBTQS2+ and persons with disabilities, amongst others.

Background / Rationale

As part of its commitment to social accountability, NOSM must engage in a continual process of self-reflection, community engagement and validation, and be led by a diverse group of individuals who draw their motivation from the values of diversity, equity and inclusiveness. It is time for further innovation of NOSM's social accountability aspirations and affirm that NOSM should act and report on its actions that reflect diversity, equity and inclusiveness. The school must ensure that this commitment is enshrined in the policies, processes and training for all learners, faculty, staff and advocate for the same with all its partners.

The medical school cannot and should not ignore the global, national, provincial and local outrage towards the effects of racism, systemic racism and discrimination. These effects have been highlighted in the justice system recently by the tragic murder of George Floyd and assault on Dafonte Miller, amongst others. These effects are not limited to the justice system, as there are numerous position statements from other relevant organizations and evidence-based research that also outlines the effects of systemic racism in health care.¹⁻⁷ There is also well documented systemic racism against Indigenous people in health care, that have had fatal consequences, exemplified by the death of Brian Sinclair and Joyce Eschaquan. Finally, our very own Dean and learners have openly and courageously made public statements calling out systemic racism where they have seen it, such as in NOSM's position statement on anti-racism and an opinion piece on the trial of Barbara Kentner in Thunder Bay (<https://www.thesudburystar.com/news/local-news/sudbury-letters-media-coverage-biased-trebek-a-great-loss>).

Supporting Definitions

Anti-racism: is the act of confronting racism and implementing anti-racist interventions – a critical component of cultural safety.⁸

Cultural safety: is providing services and a safe space that is free from racism, discrimination and where those who access services draw strength from their identity, culture and community, which is incorporated into their care and the health institution's activities. Alternatively, culturally unsafe practices are those that diminish, demean or disempower the cultural identity and well-being of an individual. Cultural safety builds on cultural awareness (the acknowledgement of difference), cultural sensitivity or humility (respecting the difference) and cultural competency (the skills and attitudes of the provider). It requires analysis of power imbalances, privilege, racism, systemic racism and colonial relationships as they apply to the activities of the health institution and the delivery of its health care services, its research and educational activities.^{8,9}

Discrimination: direct or indirect unfair or unequal treatment of an individual because of a class or category such as race, ethnicity, gender, disability, physical abilities, etc (*also see NOSM's Human Rights, Anti-Discrimination and Harassment Policy and Procedure*)

Diversity: an understanding, acceptance, inclusion and mutual respect for people of different social, demographic, economic, regional, religious, political, physical abilities, gender, ethnic or cultural backgrounds.

Equity: the quality of being fair and just in providing opportunity or assistance to all patients, populations and communities. The degree of opportunity made available or the degree of assistance given should directly relate to a given patient's, population's or community's specific needs or abilities to access services. Health care services are the right of everyone, not just the privilege of a few, and must be delivered free from racism,

systemic racism and discrimination of any kind. Equitable, not equal, opportunities for health gains must be available to everyone.^{10,11}

Inequity: the lack of equity; injustice or unfairness or bias or systematic differences in outcomes.

Marginalized: it is a social location characterized by social isolation or exclusion that results in being overlooked, misrepresented, categorized and the treatment of that person or group as insignificant, peripheral or not belonging. This could include individuals or groups of different gender, sexual orientation, physical abilities, refugees, immigrants, individuals experiencing homelessness, those affected by colonialism, systemic racism, etc.^{12,13}

Race: a wide array of interpretations that reflect grouping of humans based on shared physical traits or social qualities into distinct categories that are socially constructed. The ideology that individual humans can be categorized in taxonomies based on physical traits is largely viewed as obsolete as living human beings are all Homo Sapiens that share an abundance of similarities. The idea of race is largely socially constructed by the socially dominant group who assigns a label or an identity to a group of individuals for the purpose of social categorization.¹⁴

Racism: the belief that people can be categorized into races that are superior or inferior to one another. The process of imprinting false, generalized, negative or derogatory characteristics to all members of that particular group while ignoring the unique, individual characteristics of a person. It is expressed knowingly or unknowingly as outright hatred, intolerance, prejudice or hostility that translates into oppression. It includes overtly or covertly interpersonal or individual acts of racism; and, includes systematic discrimination based on institutional policies that shape the distribution of money, power and resources that control the social determinants of health.^{8,15}

Socio-Demographic Diversity: refers to groups defined by their sociologic and demographic characteristics. Characteristics can include age, sex, place of residence, religion, gender, sexual orientation, income, education level, marital status, ethnicity, etc.

Social Justice: the duty to offer fair distribution and equitable opportunity to the services an institution provides.

Social Responsibility: is an awareness of an institution's duty to provide society fair distribution and equitable opportunity to its services. The institution is somewhat community oriented, but implicitly defines society's needs, implicitly decides on the services it will provide to society and evaluates its performance through internal mechanisms.¹⁶

Social Responsiveness: are the actions an institution takes to respond to society's needs. The institution is engaged in a reactionary course of actions, is community-based, society's needs are explicitly defined by the health institution and inspired by data; and, it's the institution's performance that is externally evaluated.¹⁶

Systemic Racism: is racism that is rooted in policies, processes and political actions that create and/or reinforce discrimination against a racialized group.¹⁷

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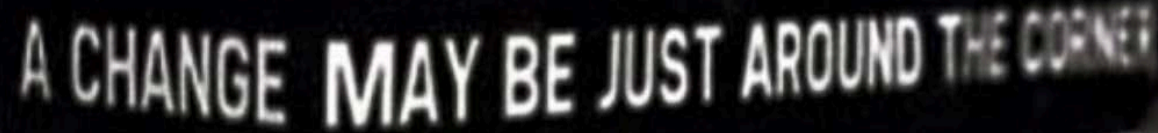
NOSM EQUITY STRATEGY

Joseph LeBlanc, PhD

Associate Dean of Equity & Inclusion

December 2, 2021





A CHANGE MAY BE JUST AROUND THE CORNER

Objectives

- Grounding this work
- Strategy Development
- Moving Forward
- Discussion and Decision
- Priorities for Reference

Equity, Diversity and Inclusivity Motion and Statement

- Whereas the NOSM Challenge 2025 Strategic Plan includes the outcome of social accountability in everything we do;
- Whereas all current and future learners, faculty and staff should have an equitable opportunity to connect, belong, grow, contribute, advance their careers and most importantly, feel comfortable and confident being their authentic selves in an inclusive environment;
- Whereas the Board of Directors acknowledges that racism, systemic racism and discrimination exist in health care, in health care education and at NOSM;
- Whereas the Board of Directors is of the opinion that racism, systemic racism and discrimination are not acceptable at NOSM and wishes to express its solidarity, grounded in a shared sense of humanity and social justice;

Equity, Diversity and Inclusivity Motion and Statement

- Whereas the Board of Directors recognizes its role and duty to stand against, to question, to intervene, to correct our complicities and to not be tolerant of the institutionalization of racism, discrimination and colonialism at NOSM, and to advocate for the same with all of NOSM's partners;
- Therefore, the Northern Ontario School of Medicine's Board of Directors supports and directs the Dean, President and CEO to embed, act and report back on specific anti-racism and anti-discrimination actions that reflect the values of equity, diversity and inclusiveness to create an inclusive environment particularly for First Nations, Métis and Inuit people, but also for Black and other People of Color, and for those who face other forms of discrimination and marginalization, such as Francophones, LGBTQ2+ and persons with disabilities, amongst others.



Continuum on Becoming an Anti-Racist, Multicultural Institution

MONOCULTURAL		MULTICULTURAL		ANTI-RACIST		ANTI-RACIST MULTICULTURAL	
Racial and Cultural Differences Seen as Defects		Tolerant of Racial and Cultural Differences		Racial and Cultural Differences Seen as Assets			
1. Exclusive A Segregated Institution	2. Passive A "Club" Institution	3. Symbolic Change A Multicultural Institution	4. Identity Change An Anti-Racist Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive A Transformed Institution in a Transformed Society		
<ul style="list-style-type: none"> Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans Intentionally and publicly enforces the racist status quo throughout institution Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. 	<ul style="list-style-type: none"> Tolerant of a limited number of People of Color with "proper" perspective and credentials May still secretly limit or exclude People of Color in contradiction to public policies Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life Often declares, "We don't have a problem." 	<ul style="list-style-type: none"> Makes official policy pronouncements regarding multicultural diversity Sees itself as "non-racist" institution with open doors to People of Color Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. <p>But . . .</p> <ul style="list-style-type: none"> "Not those who make waves" Little or no contextual change in culture, policies and decision-making Is still relatively unaware of continuing patterns of privilege, paternalism and control 	<ul style="list-style-type: none"> Growing understanding of racism as barrier to effective diversity Develops analysis of systemic racism Sponsors programs of anti-racism training New consciousness of institutionalized white power and privilege Develops intentional identity as an "anti-racist" institution Begins to develop accountability to racially oppressed communities Increasing commitment to dismantle racism and eliminate inherent white advantage <p>But . . .</p> <ul style="list-style-type: none"> Institutional structures and culture that maintain white power and privilege still intact and relatively untouched 	<ul style="list-style-type: none"> Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldview, culture and lifestyles Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution's life and work Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities Anti-racist multicultural diversity becomes an institutionalized asset Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments 	<ul style="list-style-type: none"> Future vision of an institution and wider community that has overcome systemic racism Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests A sense of restored community and mutual caring Allies with others in combating all forms of social oppression 		

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Adapted from original concept by Baily Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding.

<https://racc.org/wp-content/uploads/buildingblocks/foundation/Continuum%20on%20Becoming%20an%20Anti-Racist,%20Multicultural%20Institution.pdf>



Strategy Development

- Board Engagement and Direction
- Collection and Integration of Internal and External Recommendations
 - BMSAC, GCF, Expert Panel, JCAIME, IPAC Roundtables, TRC, MMIWG, Health Transformation, LGBTQ2S, etc.
- Engagement with NOSMSC
- 2 Roundtables on Racism and Equity
- PGME Retreats
- Collaborative Development with Leadership

Moving Forward

- Fundamental to inclusion of diverse knowledges, pedagogies, and spaces in UME and PGMEHS
- Need to address institutional racism, structures, and the perpetuation of imbalances as well as interpersonal issues
- We cannot end racism in the world, but we can change our institution and influence the learning environment

Moving Forward

- Need to be laser focused on the things we are responsible for:
 - Recruitment and Admissions
 - Curricular development
 - Advocacy and public education
 - Research

Moving Forward

- Need clear policies that describe what is and isn't appropriate in clinical and learning environments
- Put all policies in one place, review, and renew
- Supportive procedures to enact policies
- Training to improve the learning environment using case studies for leadership, clinical and non-clinical faculty

Discussion and Decision

- Equity Strategy with Anti-Racist Approach
- Strategic actions and interventions at both the systemic and interpersonal scale
- All aspects and undertakings of NOSM will require planning for and implementation of strategic actions.
- Living document with regular review, reporting, and revision.

Portfolio Specific Priorities for Reference



UME

- Recruitment and Admission
 - Curriculum
 - Success and Wellness
- Career Choice and Residency Applications



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UME Recruitment and Admission

Systemic

- Appropriate self-ID definitions
- Interview Panel
- Red flag system
- Indigenous, Francophone, and Rural Pathways
- Funding formula for recruitment and success
- More entrance scholarships and bursaries

Interpersonal

- Anti-racist / Cultural Safety, and Active Offer training as a requirement to apply
- Social Media Scan
- Distinctions based recruitment strategies
- Training for Interviewers
- Admissions Offer Code of Ethics and Professionalism



UME Curriculum

Systemic

- Indigenous, Francophone, and Rural Clinical placements
- Indigenous, Francophone, and Rural Collaborative Specializations
- Enhance SDOH and Systemic Competencies
- De-compartmentalize (Update LGBTQ2S+, Francophone, Indigenous, Racism content)
- Traditional Medicine Electives
- LGBTQ2S+ electives
- Poverty Medicine (electives and clinics)
- Asynchronous delivery with redundancy (focus on flexibility / cohorts in phase 1 & 2)
- Advocacy for Part-time education and advanced standing
- Expanded CLS experiences
- Strategic International Global Health electives



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UME Curriculum

Interpersonal

- Develop simulations in collaboration with those with lived experience
- LGBTQ2S+ Curriculum Group
- Active Offer Evaluation
- Engage learners and alumni in guiding change
- Evaluation (MSPR)
- Rural Generalist Curriculum Group

UME Success and Wellness

Systemic

- Confidential reporting system
- Wellness Strategy
- Scheduling around important cultural dates

Interpersonal

- Mentorship
- Leadership Training
- Business skills training
- Conflict Resolution and Advocacy Training

UME Career Choice and Residency Applications

Systemic

- New NOSM Awards and Distinctions

Interpersonal

- Translation services for Francophone application
- Structured Letters of Support
- Repository of External Awards and Distinctions
- Nominations and/or support for applications to external awards and distinctions
- Support of Educational and Networking Opportunities



PGME and Health Sciences

- Recruitment
 - Curriculum
- Success and Wellness
- Transition to Practice

PGMEHS Recruitment

Systemic

- Advocacy to change admissions process (i.e. CARMS)
- Red flag system
- Indigenous, Francophone, and Rural Pathways

Interpersonal

- Social Media Scan
- National awareness of program excellence
- IMG Strategy
- Cultural Safety Training on admission
- Visiting Elective Learner Strategic Recruitment
- Anti-racist / Cultural Safety training as a requirement to apply



PGMEHS Curriculum

Systemic

- Revise Indigenous Module (cultural safety)
- Francophone Module (active offer)
- Explore new residency program offerings
- Streams (Plus 1 designations)
- Explore new HS program offerings (Midwifery, Dietetics, Occupational Therapy, Speech Pathology)

Interpersonal

- Social Media Scan
- National awareness of program excellence
- IMG Strategy
- Cultural Safety Training on admission
- Visiting Elective Learner Strategic Recruitment
- Anti-racist / Cultural Safety training as a requirement to apply



PGMEHS Success and Wellness

Systemic

- Confidential reporting system
- Wellness Strategy

Interpersonal

- Mentorship

PGMEHS Transition to Practice

Systemic

- Leadership Development Course
- Health Human Resource Planning

Interpersonal

- Create a safe learning and working environment

Faculty and Staff

- Recruitment
- Development
- Success and Wellness
- Advancement

Faculty and Staff Recruitment

Systemic

- Succession plan
- Indigenous, Francophone, and Rural Pathways
- Recruitment to Active Faculty and leadership Roles
- Appropriate self-ID definitions
- AODA Review
- Psychometric testing (leadership to start)

Interpersonal

- Anti-racist / Cultural Safety training as a requirement to apply to leadership roles
- FA partnership with HR
- Questions on equity for Section Chairs
- Ask References questions about applicant's safety and sensitivity
- Revise Stipendiary Faculty Appointment Application Forms Teaching Intent Statements



Faculty and Staff Development

Systemic

- Leadership equity plan
- Equity Moments added to agendas
- Cultural Faculty Roles
- Comprehensive review of policies, procedures, and programs
- Maturity Model

Interpersonal

- Anti-racist Training
- Leadership Training
- Performance management
*behavior competency model
- Unit specific plans annually
- PD opportunities in French

Faculty and Staff and Wellness

Success

Systemic

- Confidential reporting system
- Lead Investigator Role
- Faculty Wellness Lead Clinician
- Retention Initiatives

Interpersonal

- Mentorship Training
- Faculty Wellness Program with Peer Coaching

Faculty and Staff Advancement and Promotion

Systemic

- Red flag system
- Appropriate Valuation of Academic Contributions
- Awards and Nominations (Internal/external)
- Amend the Promotion Policy

Interpersonal

- Social Media Scan
- Collaborate with Health Science Centers
- Equity Training for Advancement Committee members

Research and C4SA

- Development
- Success and Wellness



Research and C4SA Development

Systemic

- Assessment of research capacity and infrastructure supports
- Research Pathways through UME, PGE, and Faculty
- Endowed Chairs (Francophone Health , Rural Health Care, Addictions and Mental Health, Food/Water/Environment)
- Fellowships and Partnerships with Strategic Relations
- EDI Policies and Procedures (Tri-council)

Interpersonal

- Anti-racist Training
- Youth engagement supports
- Collaboration and linking of research and data platforms
- Gender and Equity Training Module (Tri-council)



Research and C4SA Success and Wellness

Systemic

- Partnership check-ins
- Repository of research ideas
- Network of Social Accountability researchers
- Pool of unrestricted funds for development of projects and relationships

Interpersonal

- Communities of Practice
- Coalitions
- Peer Support

Continuum on Becoming an Anti-Racist, Multicultural Institution

MONOCULTURAL →		MULTICULTURAL →		ANTI-RACIST →		ANTI-RACIST MULTICULTURAL	
Racial and Cultural Differences Seen as Defects		Tolerant of Racial and Cultural Differences		Racial and Cultural Differences Seen as Assets			
<p>1. Exclusive A Segregated Institution</p> <ul style="list-style-type: none"> • Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos and Asian Americans • Intentionally and publicly enforces the racist status quo throughout institution • Institutionalization of racism includes formal policies and practices, teachings and decision-making on all levels • Usually has similar intentional policies and practices toward other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. 	<p>2. Passive A “Club” Institution</p> <ul style="list-style-type: none"> • Tolerant of a limited number of People of Color with “proper” perspective and credentials • May still secretly limit or exclude People of Color in contradiction to public policies • Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings and decision-making on all levels of institutional life • Often declares, “We don’t have a problem.” 	<p>3. Symbolic Change A Multicultural Institution</p> <ul style="list-style-type: none"> • Makes official policy pronouncements regarding multicultural diversity • Sees itself as “non-racist” institution with open doors to People of Color • Carries out intentional inclusiveness efforts, recruiting “someone of color” on committees or office staff • Expanding view of diversity includes other socially oppressed groups, such as women, disabled, elderly and children, lesbians and gays, Third World citizens, etc. <p>But . . .</p> <ul style="list-style-type: none"> • “Not those who make waves” • Little or no contextual change in culture, policies and decision-making • Is still relatively unaware of continuing patterns of privilege, paternalism and control 	<p>4. Identity Change An Anti-Racist Institution</p> <ul style="list-style-type: none"> • Growing understanding of racism as barrier to effective diversity • Develops analysis of systemic racism • Sponsors programs of anti-racism training • New consciousness of institutionalized white power and privilege • Develops intentional identity as an “anti-racist” institution • Begins to develop accountability to racially oppressed communities • Increasing commitment to dismantle racism and eliminate inherent white advantage <p>But . . .</p> <ul style="list-style-type: none"> • Institutional structures and culture that maintain white power and privilege still intact and relatively untouched 	<p>5. Structural Change A Transforming Institution</p> <ul style="list-style-type: none"> • Commits to process of intentional institutional restructuring, based on anti-racist analysis and identity • Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their worldview, culture and lifestyles • Implements structures, policies and practices with inclusive decision-making and other forms of power sharing on all levels of the institution’s life and work • Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities • Anti-racist multicultural diversity becomes an institutionalized asset • Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments 	<p>6. Fully Inclusive A Transformed Institution in a Transformed Society</p> <ul style="list-style-type: none"> • Future vision of an institution and wider community that has overcome systemic racism • Institution’s life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices • Full participation in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests • A sense of restored community and mutual caring • Allies with others in combating all forms of social oppression <p style="font-size: 0.8em; margin-top: 20px;">© By Crossroads Ministry: Adapted from original concept by Baily Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding.</p>		