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Health Equity and Inclusion Framework for Education and Training

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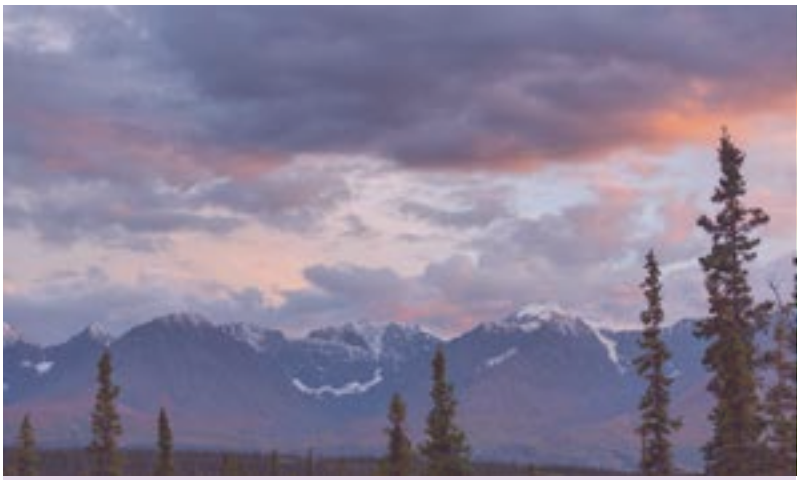
Health Equity and Inclusion Framework for Education and Training Version 2.0 (Winter 2023)

Our team recognizes that equity, diversity and inclusion (EDI) work is a journey and not a destination. We see the framework as a living document that changes based on our evolving knowledge and user needs. As such, we are pleased to share the Health Equity and Inclusion Framework for Education and Training Version 2.0, with new additions based on engagement with knowledge users. Emphasis was placed on adding practical examples, guidance and resources for faculty and facilitators, consideration for simulation development, and an increased focus on accessibility. We sincerely thank all stakeholders and workshop participants for their input and ideas.

Land Acknowledgement

CAMH is situated on lands that have been occupied by First Nations for millennia; lands rich in civilizations with knowledge of medicine, architecture, technology, and extensive trade routes throughout the Americas. In 1860, the site of CAMH appeared in the Colonial Records Office of the British Crown as the council grounds of the Mississaugas of the New Credit, as they were known at the time. Today, Toronto is covered by the Toronto Purchase, Treaty No. 13 of 1805 with the Mississaugas of the Credit. Toronto is now home to a vast diversity of First Nations, Inuit and Métis who enrich this city.

CAMH is committed to reconciliation. We will honour the land through programs and places that reflect and respect its heritage. We will embrace the healing traditions of the Ancestors, and weave them into our caring practices. We will create new relationships and partnerships with First Nations, Inuit and Métis and share the land and protect it for future generations.



Language

This version of the framework has been updated to reflect the ongoing evolution of inclusive language. We understand that language is constantly evolving as societal and cultural values change. We strive to use language that celebrates the diversity of the communities we serve, remains respectful and inclusive, and mitigates harmful impacts of bias. As part of our commitment to EDI, we routinely review our content and welcome feedback on our language use, updating the language as needed.

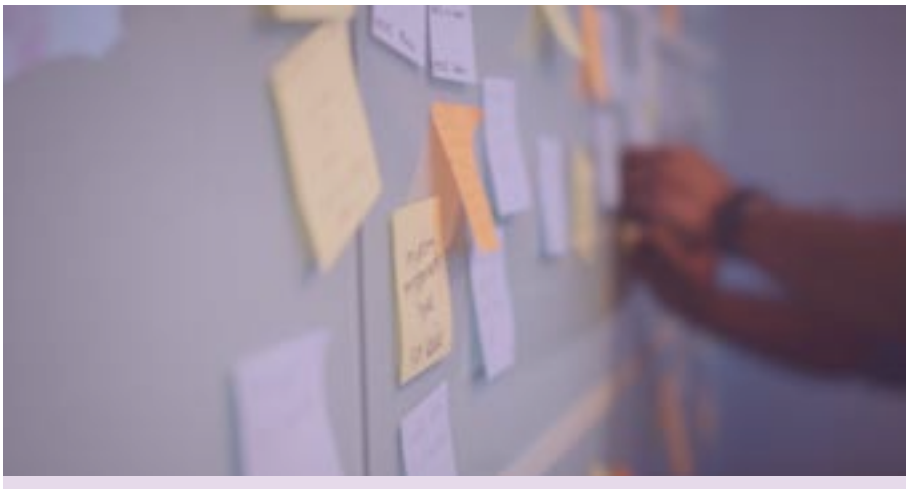
Purpose

The purpose of this framework is to promote an equitable and inclusive learning environment and to embed a health equity lens into the planning, development and delivery of education and training initiatives. When we build training that fosters a sense of belonging and empathy, a sense of inclusivity is established (Imperial College, 2021). Learning environments and experiences should respect, relate to and reflect learners. This allows learners to immerse themselves in the learning environment with a sense of trust and confidence (Dewsbury & Brame, 2019). Embedding health equity into training and education also reinforces that health equity is a key component of quality care and should be the foundation of everything we do (MOHLTC, 2019). The proposed framework:

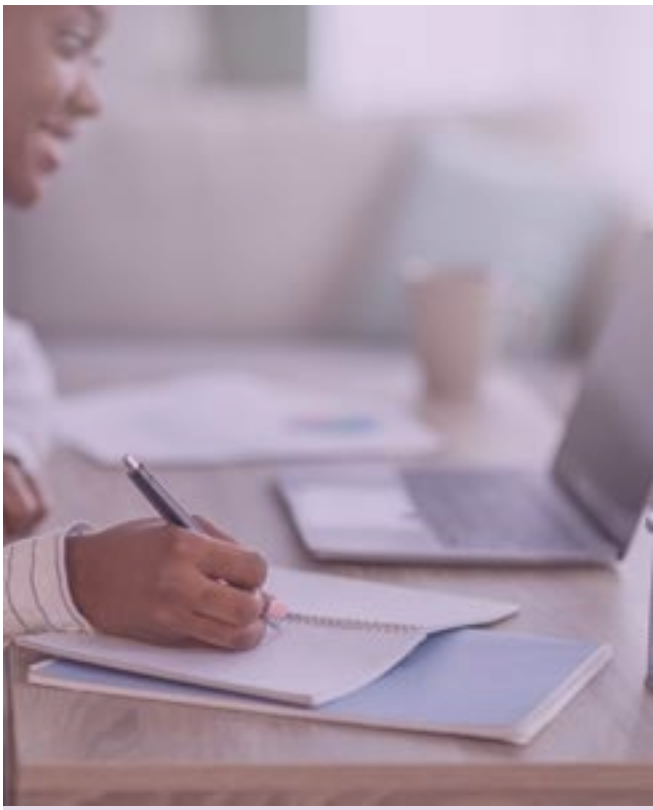
- promotes learning environments and experiences that respect learner diversity, accommodate learners with different abilities and needs, foster inclusion and are free of biases and stereotypes
- integrates equity and inclusion in the planning, development and implementation of educational and training initiatives
- recognizes health inequities and considers the needs of vulnerable and marginalized populations
- follows the ADDIE model of instructional design.

Who should use the framework?

This framework is applicable to online, blended, and classroom training and is intended for anyone involved in the design, development, and/or delivery of training and educational curricula for health professionals.



Equitable and inclusive learning environment

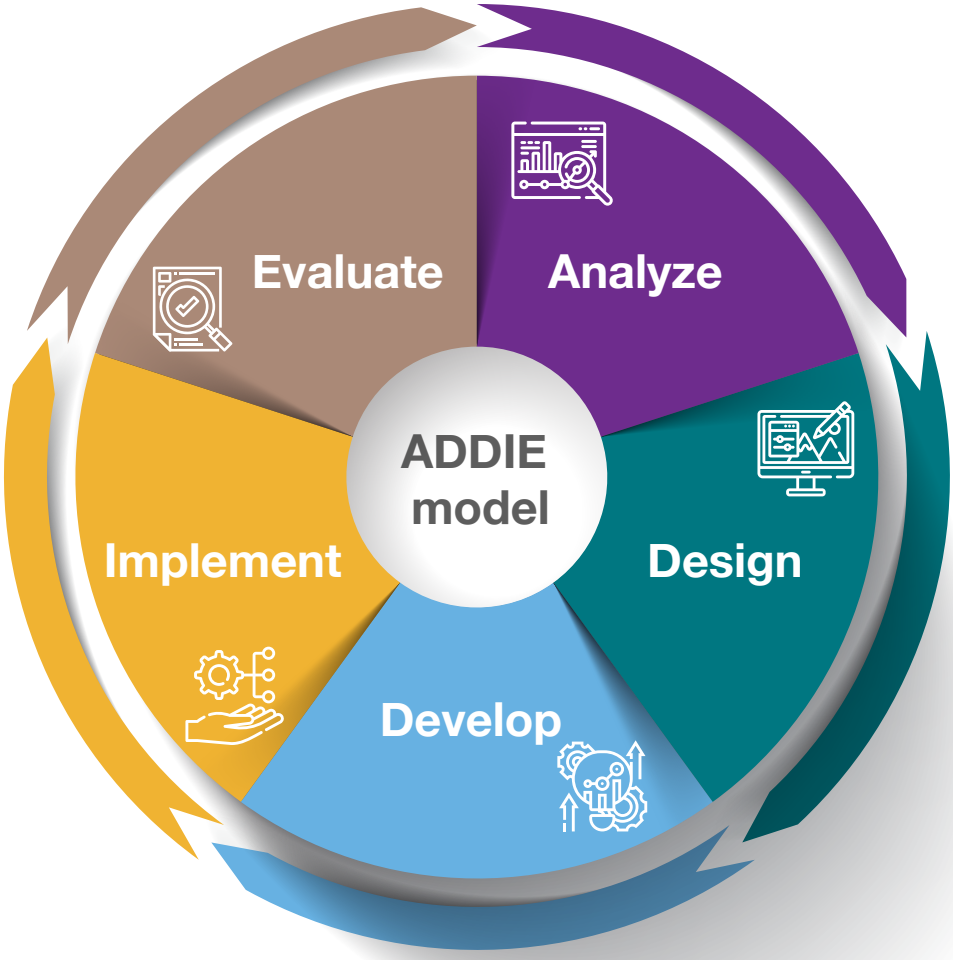


Learners come from different educational and professional backgrounds, with differing learning needs and preferences. They also have various and multiple identities related to their race, ethnicity, gender, age, sexual orientation, ability and other aspects. An equitable and inclusive learning environment refers to educational approaches, learning locations, contexts and experiences that:

- ensure accessibility for all learners
- use inclusive and respectful language
- respect learner diversity
- are free from stereotypes and bias based on gender, race, ethnicity, culture, religion, age, ability or other identities.

Health equity lens

Groups that are socially disadvantaged based on characteristics such as income, gender, sexual orientation, race or disability are more likely to experience poor mental health due to greater exposure to negative life events and everyday stressors. Inequity in mental health and substance use care puts these groups at a further disadvantage in terms of their mental health. Health inequities are differences in the health status between population groups that are systematic, unnecessary, unfair and avoidable (Whitehead, 1992). They are deeply rooted in social determinants of health. Health equity refers to the opportunity for all people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are (HQO, 2016). Using a health equity lens means acknowledging and addressing health inequities.



ADDIE model

The ADDIE model is a five-step instructional design process used to develop training for adult learners. The model has five stages: analyze, design, develop, implement and evaluate. Each stage has a deliverable that feeds into the next stage. Evaluation takes place at every phase.

Health equity and inclusion framework

This framework provides a checklist of questions to consider at each stage of the education and training development process. It also includes concrete examples for team members' reference. Development team members should consult the framework both at the beginning of development and throughout the project's development in order to integrate and consider an equity and inclusion lens at each stage of the ADDIE process.

Analyze

The analysis phase establishes instructional goals and objectives, identifies the learning environment and the learning needs, and determines the suitability and feasibility of the training.

Questions to consider	Example considerations
☐ Is the intended training appropriate and feasible for the intended audience (e.g., in terms of geographic location, accessibility of learning environment, access to technology, resources, work schedule, etc.)?	☐ Learners from remote and rural areas may not be able to attend an in-person training due to work, time constraints, personal obligations, barriers to transportation and cost. An online option would allow learners to attend from different geographical locations at a lower cost. ☐ Using technology can present issues with bandwidth, connectivity, data, access to technologies and compatibility with assistive devices. ☐ Course registration fees may not be affordable to a wide audience. When possible, try to keep registration fees as low as possible and/or provide a discount to learners from community-based organizations or groups that are more likely to experience inequities.

- [ ] Does the planning committee represent the intended audience and include people with lived experience[1]?
  - [ ] The planning committee should be representative of the intended audience and include those most likely to experience barriers or inequities.
  - [ ] People with lived experience and individuals who represent the learners taking the training should be invited to meaningfully contribute to the needs assessment, planning and development of the training.

- [ ] Are the subject matter experts (SMEs) open-minded and committed to inclusivity?
  - [ ] SMEs, speakers and/or planning committee members should disclose any potential conflict(s) of interest that may influence their decisions.
  - [ ] SMEs, speakers and/or planning committee members should demonstrate willingness to explore new ideas, arguments and evidence that may not align with their preferred beliefs or approaches, and to weigh such evidence fairly when it is available (University of Pennsylvania, 2022). One may, for example, accept lived and living experience as a form of evidence.

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[1]For the purposes of this framework, person(s) with lived experience (PWLE) refers to those who have experiential expertise related to mental distress, physical illness and/or health system encounters (Voronka, 2015). Research suggests that including PWLE in health care, research, governance and programming results in meaningful, relevant and impactful solutions.

Design

In the design phase, the outputs from the analyze phase are used to select the instructional method and strategies and to design the learning experience and materials needed to support the learning.

Questions to consider	Example considerations
☐ Does the training consider the contexts, backgrounds, experiences and needs of the target audience?	☐ Online environments are not always easy to navigate and should include an orientation and ongoing support for learners who are unfamiliar with these platforms. ☐ A self-paced online course with a final live interactive session may be more appropriate for learners with unpredictable work schedules than a highly structured course with scheduled live sessions or learning activities.
☐ Are there alternative solutions provided to learners with technological or location-related challenges?	☐ Alternative solutions may include • Providing web conferencing tools to learners in remote communities who wish to attend an otherwise in-person course virtually • Sending materials/resources to participants in advance • Ensuring that online content is downloadable and printable.

- [ ] Are the learning activities designed to accommodate different learning preferences, abilities, challenges, interests and background knowledge?

- [ ] Include different types of learning activities that align with learning objectives and consider learner characteristics.
  - For example, in interprofessional education, consider the specific professional backgrounds, roles and scopes of practice of team members.
  - Include alternatives to sharing responses in a group discussion to accommodate people who are not comfortable sharing in a group setting.

- [ ] Include multiple means of engagement and offer choice whenever possible.
  - For example, when possible, give learners a choice between virtual and in-person offerings and choice between passive and active engagement.

- [ ] Are the learning environment[2] and materials accessible to all learners regardless of age or disability, and in compliance with the Accessibility for Ontarians with Disabilities Act[3] and/or the Accessible Canada Act?

- [ ] Design the training in a way that considers common accommodations so that people do not have to ask to be accommodated. Some accessibility requirements to consider are:
  - Colours and contrast are accessible to learners with low-vision and colour-vision deficiencies.
  - Documents are accessible and can be read by a screen reader.
  - Alternative text is included for all visual content.
  - Size and type of font is accessible.
  - Text equivalents are provided for all audio and video content (transcripts and/or captions).
  - Audio descriptions of visual information for learners who are visually impaired are provided, including alt (alternative) text for images.
  - The learning includes frequent scheduled breaks.

- [ ] Design different learning activities and tasks that accommodate different learning preferences:
  - Visual: outlining processes, watching videos.
  - Auditory: listening to videos or audio, participating in group discussions.
  - Kinesthetic: playing learning games, writing reflections.

- [ ] Ensure that the selected content authoring tool complies with accessibility standards.

  Learners having trouble with visual elements in a training may require images to be developed using universal design principles to use colours and fonts that are easy to read.

- [ ] Provide sign language interpreters for learners who are Deaf or hard of hearing.

- [ ] The AODA Web Content Accessibility Guidelines (WCAG) 3.0 and the PDF/UA (ISO 14289-1) standard cover a wide range of recommendations for making content more accessible to people with disabilities.

- [ ] Offer multiple modalities for submitting an accommodation request (e.g., online forms, telephone, in person).

[2]A learning environment is the educational approach, location and context in which learning occurs.
[3]Accessibility for Ontarians with Disabilities (AODA) Standards. https://aoda.ca/what-is-the-information-and-communications-standards/.

Develop

The development phase focuses on the development of the course content, learning activities and learner assessments to ensure they are accessible for all learners and integrate diversity, inclusion and equity.

Questions to consider	Example considerations

☐ Does the training material use plain language[4] throughout?	☐ Use plain language in both spoken communication and writing:
	• Sentences are clear, concise, to the point and appropriate for the intended audience (CAMH, 2015).
	• Words and phrases are simple and understandable:
	  • Instead of using "adverse," use "harmful."
	  • Instead of using "initial," use "first."

☐ Is the language respectful, non-discriminatory and inclusive[5]?	☐ Avoid making assumptions about the gender of a person. Several style guides recommend using singular "they" to refer to someone whose gender identity is unknown or who is non-binary and uses "they/their/them" pronouns. • Instead of using "he/she," use either the specific pronoun (e.g., the learner's) or "they" to be inclusive of all genders (APA, 2020).

[4]Language that is clear, concise, well organized and appropriate to the subject and intended audience. Plain language should avoid professional and discipline-specific jargon unless defined. It should also avoid casual language (e.g., idioms, slang).

- [ ] Capitalize ethnicities and races (e.g., Black, Asian, Latin American, Indigenous). Capitalizing racial or ethnic groups such as Black indicates a shared sense of history, identity and community among people who identify as part of those groups (Laws, 2020). Do not capitalize "white." Generally, white people have much less shared history and culture.

- [ ] Use person-first language[6] where possible, unless the group/community you are referring to prefers another format. Never define someone by a disorder or disability unless that is their preference. For example:
  - Use "a person experiencing problem gambling" instead of "a problem gambler."
  - Use "a person experiencing symptoms associated with schizophrenia" instead of "a schizophrenic." Use "a person who has quadriplegia" instead of "quadriplegic".
  - An exception is the Deaf community. Some members of the Deaf community prefer to be identified as Deaf with a capital D. They prefer to be referred to as a "Deaf person" rather than a "person who is deaf" or a "person who is hearing impaired." This may not be true of all Deaf people, however, and is best to be fact-checked according to your source or people with lived experience.

- [ ] Use "Indigenous Peoples," not "Indigenous People," to refer to multiple cultures and communities rather than a singular group.
  - If using inappropriate and outdated terminology, quote the source that contains the terminology (e.g., Indian Act)
  - Titles such as Healer, Shaman, Elder, and Knowledge Keeper should be capitalized.
  - Avoid lumping different groups into broad categories. Be as specific as possible rather than relying on broad terms. For instance:
    - Use good judgement when using terms like BIPOC (Black, Indigenous and

[5]Inclusive language is "language that uses vocabulary that avoids exclusion and stereotyping and is free from descriptors that portray individuals or groups of people as dependent, powerless or less valued than others. It avoids all sexist, racist or other discriminatory terminology (Queen's University, 2022)."

people of colour) or Indigenous Peoples (Younging, 2018), as these terms refer to a variety of peoples and cultures. Ask yourself, "Which specific groups are you referring to?"
- "Where possible, recognize the diverse and distinct cultures of Indigenous Peoples by avoiding pan-Indigenous terminology. In Canada, these include First Nations, Inuit and Métis as separate peoples with unique heritages, economic and political systems, languages, cultural practices, spiritual beliefs, and treaty rights." (Shkaabe Makwa, 2023)

☐ When creating learning activities or introducing people, use pronoun introductions or include pronouns in the descriptions. For example, someone may identify as a woman and use "she/they" or "they" pronouns. Never assume a person's pronouns and take care to reflect this in your writing. It is acceptable and recommended to ask someone what pronouns they use.

☐ Do not assume a person's identity or assign labels to others (e.g., "mentally ill," "disabled," etc.) based on your assumptions.
- For example, do not assume that a person accessing mental health services identifies as mentally ill. Make space for people to share their experiences and how they identify without speaking for them.

[6]Person-first language is considered the most respectful way to talk about disabilities and differences within education and academia. Person-first language emphasizes the person before the disability (Crocker & Smith, 2019). We also acknowledge that identity-first language is a preference of many people. When possible, make space for people or groups to share their preferences.
[7]Information presented to learners in a variety of forms, including text, static visual and video, audio and interactive elements.

- [ ] Does the content,[7] including learning activities, demonstrate respect for racial, ethnic, cultural and gender diversity, as well as other identities?

- [ ] Consider if mentioning gender, race, age or sexual orientation sheds light on key aspects of the issue being discussed.

- [ ] When using scenario-based learning, identifying a character's race, religion, ethnicity, culture, age, ability or sexual orientation should be meaningful and illustrate important aspects of the content or data. Ask yourself if changing the character's gender or race would require changing the answers to questions arising from a scenario. Drawing on a character's identity can otherwise be seen as tokenism and/or reinforce stereotypes.

- [ ] Simulated participants (SPs)[8] should represent diverse populations. However, the benefits of representing diverse communities in simulation must be weighed against potential risks to communities represented by SPs if this representation is not done thoughtfully. In particular, negative effects of tokenism, stereotyping or microaggressions may be increased when SPs are recruited for personal characteristics. Involving community members from diverse communities with lived experience in scenario development can prevent biased assumptions and stereotypes and help develop appropriate and authentic representation of the specific population addressed in the scenario (Picketts, Warren & Bohnert, 2021).

[8]Simulated participants (SP) are actors trained and coached to play the role of a person accessing health services in medical training, instead of a real person instructed to rely on their personal experiences accessing health services to train medical students (Beigzadeh, A. et al., 2015).
[9]Stereotypes are based on the idea that everyone within a certain group shares the same characteristics.

- [ ] Is the content free of stereotypes[9] and bias based on gender, race, ethnicity, culture, religion, age, sexual orientation, ability and other identities?

- [ ] Images or scenarios can reinforce stereotypes or biases toward certain populations (e.g., negative images of people living with mental illness), perpetuate inequities and place a significant burden on those affected. As a result, these images or scenarios may hinder the learning experience.

- [ ] Stereotyping can be avoided by recognizing between- and within-group differences. For example:
  - When writing about or using images of families, include diverse family structures such as family of choice (versus biological).
  - When mentioning people in general, use gender-neutral language:
    - Use "people" or "humanity" instead of "mankind."

- [ ] Does the visual and audio material (illustrations, images, videos, audios) reflect racial, ethnic and cultural diversity, and gender fluidity?

- [ ] An audio clip of an immigrant or refugee character should not be recorded using a fake accent related to their place of origin by an actor who does not speak the language. Instead, use a native-speaking individual with an authentic accent.

- [ ] Address multiple and intersecting identities, such as race, gender and sexual orientation.

- [ ] Avoid using stereotypical images or visuals such as images of doctors as men and nurses as women. To be gender inclusive, consider having more than one person in the images to reflect diversity.

- [ ] In simulations, use SPs and mannequins that represent the diverse populations that access or provide health services. The representation of diverse populations in a simulation provides a realistic portrayal of the people a learner may encounter. It also reflects and resonates with diverse learners. For example:
  - During a wound care simulation, mannequins and SPs should be diverse in body shape and weight, gender, race, clothing, etc. to allow learners to experience and understand the needs of diverse populations.

- [ ] Does the content recognize the social determinants of health?
- [ ] If possible, role-play scenarios should address the social determinants of health by allowing the learner to recognize how these factors affect them and/or people they provide services to. This allows the learner to create a true depiction of how they deliver care and how people access/receive care they provide. For example:
  - To simulate the experience of a potential client seeking mental health services, create a role-play that allows learners to see the diversity of the population they will be serving.
  - Building a scenario may involve creating unique social identities/profiles for people seeking health services, to show how identity plays a role in how and when people access and receive care (e.g., a profile may reflect someone with little formal education facing financial hardship or someone who is hearing imparied).

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[10]Population groups that are more likely to experience health inequities include but are not limited to: Indigenous Peoples; age-related groups; people with disabilities; immigrants, refugees, ethno-cultural and racialized (IRER) groups; Francophones; people experiencing homelessness; people with low income; religious/faith communities; rural/remote or inner-urban populations; LGBTQIA2S+ groups (MOHLTC, 2012).

☐ Does the content consider the risks, experiences and needs of population groups that are more likely to experience health inequities[10]?	☐ Create learning activities that allow learners to identify and address the unmet needs or challenges associated with the social determinants of health. For example, when discussing self-management of diabetes, provide an opportunity for learners to consider and address factors influencing self-management of diabetes for people living on low income or those with learning disabilities. ☐ Invite people with lived experience to develop characters and examples that are respectful and realistic of population groups that are more likely to experience health inequities. For example, involving people with lived experience in the design and development of a simulation in which learners interact with SPs can help create realistic and diverse portrayals of those accessing health services. People with lived experience should contribute meaningfully, from the initial designs of the simulation to providing feedback to learners.
☐ Does the content promote health equity?	☐ Allow learners to identify opportunities in the content to advance health equity. When creating content and learning activities, provide opportunities to address health equity. • Activity-based educational experiences (e.g., case studies, role-plays or simulations) focused on patient encounters and the social determinants of health can help learners understand, identify and address unmet needs and health inequities. For example, when discussing the provision of health services for refugees, ask learners to consider barriers refugees face and identify opportunities to make services more equitable. Learners may reflect on their own experiences or feedback from the populations they serve.

Implement

The implementation phase involves the testing and rollout of the training.

Questions to consider	Example considerations
☐ Have you established ground rules for interaction to ensure learners are inclusive and respectful towards one another, and respectful of diverse opinions and perspectives throughout the training?	☐ Establish a set of ground rules that learners agree to follow to maintain a safe and respectful learning environment. For example: • Offer respectful feedback on ideas, not people. • Respect and hold different perspectives simultaneously with an open mind and heart. • Maintain a degree of confidentiality. ☐ Create spaces and mechanisms (e.g., online forums or in-class discussions) for faculty and/or learners to contribute opinions and perspectives and express concerns.
☐ Is the learning environment respectful and supportive?	☐ Faculty/facilitators or course coordinators can offer messages of support to learners before they engage with one another in an online or in-class training. These messages can explain the importance of recognizing and respecting the different experiences of each learner.

- [ ] Does the learning environment honour diversity?

- [ ] Diversity of perspectives can facilitate better critical thinking skills and better preparation for complex challenges (Smedley, Stith Butler & Bristow, 2004).

- [ ] Create self-reflective activities that help learners explore and consider how their own identities and experiences intersect with power and privilege.

- [ ] Is support in place to help address the needs of learners?

- [ ] Offer a range of ways for learners to participate in the training, such as didactic teaching, interactive activities and opportunities for learners to use their own experience to make the training meaningful to them.

- [ ] A self-directed online course or facilitated in-class/online course should provide learners with a point of contact for any issues they are experiencing, whether it be technological or content specific.

- [ ] Are facilitators/faculty comfortable discussing issues such as sexual orientation, discrimination and inequities as they relate to mental health?

- [ ] During the implementation phase, faculty/facilitators should review all content and have opportunities to provide feedback. Faculty/facilitators should be prepared to respond to any questions or comments related to the content.

- [ ] Faculty/facilitators should be able to manage difficult conversations about issues of social identity, inequities and discrimination in a productive manner. For example, during a conversation about discrimination, the facilitator can do several things (Sue, 2015; University of Michigan, 2021):
  - Recognize their own social identity.
  - Acknowledge and be open about their own biases.
  - Validate and facilitate discussion of feelings.
  - Control the process, not the content of discussion.
  - Model open-mindedness and ask questions that prompt critical thinking.
  - Validate, encourage and express appreciation to learners who demonstrate willingness to participate in a difficult conversation.
  - Express commitment to ongoing learning and accountability (i.e., What did I learn and what will I do with it?).
  - Ask learners to reflect quietly on the most important insight that came out of the discussion.

- [ ] A facilitator should be aware of the negative impact and barriers that may be created by failing to engage in discussions of inequities or bias.

- [ ] Can facilitators self-reflect on their own identity, social location and privilege?

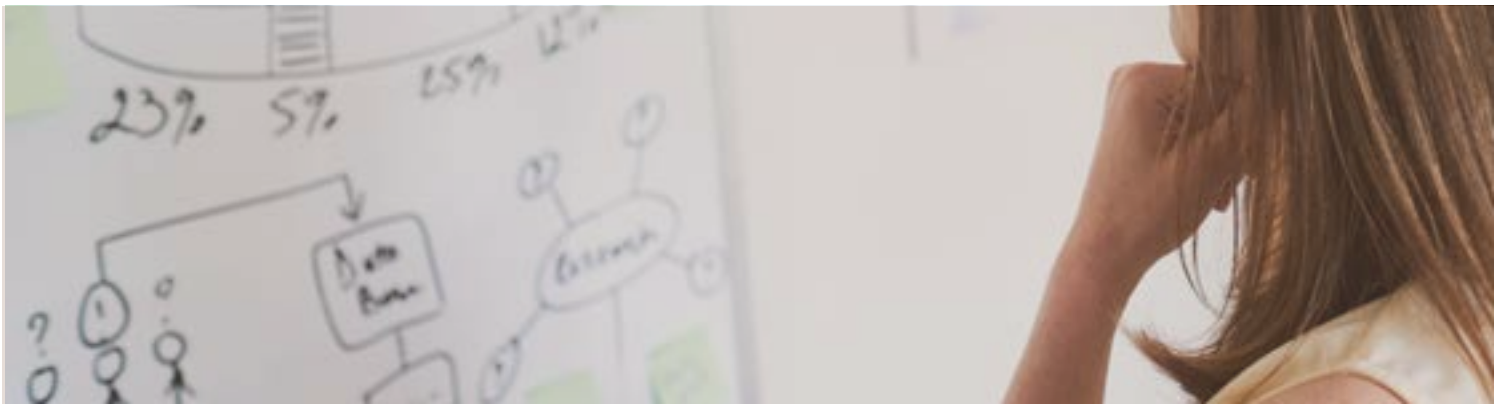
- [ ] Faculty should explore and reflect on how their own social identities and dominant and subordinated statuses influence the way they engage with learners (University of Alberta, 2022).

- [ ] We all have implicit biases[11]. Faculty/facilitators who are able to recognize personal biases and reflect on their own identities and privileges are better able to understand the learners and create inclusive and respectful learning environments. Faculty can assess and self-reflect on their own biases by using the following strategies (Yale University, 2017; University of Michigan, 2021):
    - Seek out education opportunities from those whose experiences and perspectives differ from their own.
    - Foster learning environments where students are heard and respected.
    - Commit to ongoing learning and accountability.
    - Take an online self-assessment through Harvard University https://implicit.harvard.edu/implicit/takeatest.html.
    - Obtain feedback from students.
    - Solicit feedback from colleagues.

- [ ] Simulations using realistic cases of microaggressions and uncomfortable conversations can be used effectively to increase faculty awareness and skills (Kumnick et al., 2022).

[11]Implicit bias refers to unconscious attitudes, reactions and stereotypes that affect judgements, decisions and behaviour (NIH, 2022).

Evaluate



Evaluation is the process of collecting information at every phase and using that information to improve your training.

Evaluation measures the quality, efficiency and effectiveness of the training.

Questions to consider	Example considerations
☐ Does the training evaluation capture feedback related to an inclusive learning environment?	☐ Include post-training evaluation questions that ask learners about whether the learning environment encouraged them to use their own voice and integrate their experiences into the training. Consider including some of the following questions: • Was the learning environment inclusive and respectful? • Was the training accessible? • Did the learning environment foster an open exchange of ideas and questions? • Did the learning environment value learner diversity and life experience? • How can the training be made more equitable and inclusive?

- [ ] Does the training evaluation include specific questions related to health equity?

- [ ] Consider including some of the following questions:
  - Did the training consider risks, experiences and needs of different population groups?
  - Did the training consider inequities in health status or access to care among population groups?
  - Did the training provide opportunities to discuss ways to improve health equity?

- [ ] What changes to the training can be made to make it more equitable and inclusive?

- [ ] After reviewing post-training evaluation surveys, develop a plan to implement learner feedback.

- [ ] Does the planning of evaluation processes prioritize accessibility?

- [ ] Offer multiple means of providing feedback (e.g., online survey, hard copy, or verbally).

- [ ] Explain the purposes of the evaluation in plain language.

- [ ] When possible, meaningfully involve learners with different needs and abilities in designing and implementing the evaluation. Offer accommodations for evaluation participation to support those who wish to participate in their desired mode of engagement. For example, offer assistance in filling out the evaluation tool, explanations of the questions and opportunities for learners to provide feedback verbally.

Mitigation

No matter where you are in the training development process, you can always apply an equity and inclusion lens and make improvements.

Resources

Resource	Description
Government of Ontario. (April 19, 2016). *Accessibility for Ontarians with Disabilities Act*.	A statute that outlines how to improve accessibility for Ontarians with physical and mental disabilities.
European Institute on Gender Equity. (2021). *Gender-sensitive communication*.	A guide on how to choose between gender-neutral and gender-sensitive language.
Edgoose, J. et al. (2018). *A Guidebook to the Health Equity Curricular Toolkit*. Parkway Leawood, KS: Health Equity Team for Family Medicine for America's Health.	A toolkit to help improve equity in communities through the development of knowledge and skills.
Instructional Designers of Penn State. (n.d.). *Instructional Designer's Handbook*.	An overview of the ADDIE model of instructional design.
Ministry of Health and Long-Term Care (MOHLTC). (2019). *Health Equity Impact Assessment (HEIA)*.	An overview of the HEIA tool and how it works. The site contains several tools and resources related to using HEIA.

Resource	Description
Plain Language Association International (PLAIN). (2021). *What is plain language?*	An overview of how wording, structure and design contribute to plain language development.
United Nations. (n.d.). *Online Learning Framework: Promoting Shared Standards and Providing Guidance for the Development of Online Learning Solutions at the United Nations.*	A framework to help guide the design and development of online training while using a health equity lens.
University of Michigan. (2021). *An Instructor's Guide to Understanding Privilege*	Content and linked resources that have been curated as a primer for instructors to better understand and attend to the ways privilege operates in the classroom.
Alcoff, L.M. (1992). *The Problem of Speaking for Others*	A landmark feminist critique that explores the impact of speaking for others.
Mingus, M. (2019). The Four Parts of Accountability & How To Give A Genuine Apology	A primer about apologizing and the landscape of accountability.
APA Style. (2022). *Bias-Free Language*. https://apastyle.apa.org/style-grammar-guidelines/bias-free-language	A guide for writing about people without bias across a range of topics, including specific guidelines addressing the individual characteristics of age, disability, gender, participation in research, racial and ethnic identity, sexual orientation, socioeconomic status and intersectionality.

Resource	Description
University of Alberta. (2022). Power, Privilege & Bias (Module 1). https://www.ualberta.ca/centre-for-teaching-and-learning/teaching-support/indigenization/power-privilege-bias.html	A module introducing complex issues surrounding the concepts and theoretical frameworks of identities, power and privilege.
Stanford University Graduate School of Business. (2020). Handling Planned or Unexpected Class Discussions Involving Sensitive Topics. https://perma.cc/42X8-GGGQ	A guide for navigating both unexpected and planned class discussions that involve sensitive topics.
Washington University in St. Louis Center for Teaching and Learning. (n.d.) Facilitating Challenging Conversations in the Classroom. https://perma.cc/58TK-XHLK	A guide for instructors about guiding challenging conversations.
Wemigwans, J. (2018). A Digital Bundle: Protecting and Promoting Indigenous Knowledge Online. University of Regina Press.	A resource for exploring the ways in which online technology can be leveraged by indigenous communities for self-determination and idea sharing.
Michell, H. (2011). Working with Elders & Indigenous Knowledge Systems: A reader and Guide for Places of Higher Learning. JCharlton Publishing Ltd.	This essay provides an overview on indigenous concepts, knowledge, and how to engage with Elders.
Journalists for Human Rights. (2017). Style Guide for Reporting on Indigenous Peoples. https://jhr.ca/wp-content/uploads/2017/12/JHR2017-Style-Book-Indigenous-People.pdf	A guide for journalists on how to write and describe indigenous peoples in news reports.
First Nations and Higher Education: The Four R's — Respect, Relevance, Reciprocity, Responsibility. Author(s): Verna J. Kirkness and Ray Barnhardt Source: Journal of American Indian Education , MAY 1991, Vol. 30, No. 3 (MAY 1991), pp. 1-15	A look at the perspectives of indigenous students, and the ways in which post-secondary institutions can work to better include them in higher education, help them perform well, and retain them as learners.

References

1. Accessible Canada Act. (S.C. 2019, c. 10). Available: https://laws-lois.justice.gc.ca/eng/acts/a-0.6/.
2. American Psychological Association (APA). (2020). Publication Manual of the American Psychological Association (7th ed.). Available: https://doi.org/10.1037/0000165-000. Accessed February 19, 2021.
3. Beigzadeh, A., Bahmanbijari, B., Sharifpoor, E. & Rahimi, M. (2015). Standardized patients versus simulated patients in medical education: are they the same or different. Journal of Emergency Practice and Trauma, 2(1), 25—28. doi:10.15171/jept.2015.05
4. Brooks, D., Douglas, M., Aggarwal, N., Prabhakaran, S., Holden, K. & Mack, D. (2017). Developing a framework for integrating health equity into the learning health system. Learning Health Systems, 1 (3), e10029. Available: https://doi.org/10.1002/lrh2.10029. Accessed January 26, 2021.
5. Cenat, J.M. (2020). How to provide anti-racist mental health care. The Lancet. Available: https://doi.org/10.1016/S2215-0366(20)30309-6. Accessed February 19, 2021.
6. Centre for Addiction and Mental Health. (2015). CAMH Style Guide. Toronto: CAMH.
7. Centers for Disease Control and Prevention (CDC). (2018). ADDIE Model. Available: https://www.cdc.gov/training/development/addie-model.html. Accessed January 26, 2021.
8. Chapman, E.N., Kaatz, A. & Carnes, M. (2013). Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities. Journal of General Internal Medicine, 28(11), 1504—1510. Available: https://doi.org/10.1007/s11606-013-2441-1. Accessed February 19, 2021.
9. Charles, K.A. (2021). Panel presentation. Inclusive Writing Panel. Barrie, Ontario: Editors Canada.
10. Crocker, A.F. & Smith, S.N. Person-first language: are we practicing what we preach? (2019). Journal of Multidisciplinary Healthcare, 12, 125—129. Available: https://doi.org/10.2147/JMDH.S140067.
11. Edgoose, J. et al. (2018). A Guidebook to the Health Equity Curricular Toolkit. Parkway Leawood, KS: Health Equity Team for Family Medicine for America's Health. Available: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/health-equity-toolkit/hops19-he-guidebook.pdf
12. European Institute on Gender Equity. (2021). Gender-sensitive communication. Available: https://eige.europa.eu/publications/gender-sensitive-communication/first-steps-towards-more-inclusive-language/choosing-whether-mention-gender. Accessed March 3, 2021.
13. Health Quality Ontario. (2016). Health Equity Plan. Available https://www.hqontario.ca/What-is-Health-Quality/Health-Equity-and-Quality/Our-Health-Equity-Plan. Accessed March 3, 2021
14. Institute of Medicine (US) Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce; Smedley, B.D., Stith Butler, A. & Bristow, L.R. (Eds.). (2004) In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce. Washington, DC: National Academies Press. Available: https://www.ncbi.nlm.nih.gov/books/NBK216014/.
15. Institute of Medicine. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: The National Academies Press. Available: https://doi.org/10.17226/10027. Accessed January 26, 2021.
16. Kumnick, A., Shah, K., Muller, C., Bornstein, K., Perone, H., Herweck, A....M, Belkowitz J. (2022). Developing Awareness and Allies: Simulating Difficult Conversations about Microaggressions for Faculty and Students. Southern Medical Journal, 115(5), 283—289. doi:10.14423/SMJ.0000000000001396
17. Laws, M. (2020). Why we capitalize 'Black' (and not 'white'). Columbia Journalism Review. Available: https://www.cjr.org/analysis/capital-b-black-styleguide.php. Accessed December 15, 2022.

18. Ministry of Health and Long-Term Care (MOHLTC). (2019). Health Equity Impact Assessment (HEAI). Available: http://www.health.gov.on.ca/en/pro/programs/heia/. Accessed January 26, 2021.
19. National Institute of Health (NIH). (2022). Implicit Bias. Available: https://diversity.nih.gov/sociocultural-factors/implicit-bias#:~:text=What%20is%20implicit%20bias%3F,retaining%20a%20diverse%20scientific%20workforce
20. Newton, M. (2021). Panel presentation. Inclusive Writing Panel. Barrie, Ontario: Editors Canada.
21. Ontario Human Rights Commission (ORHC). (2014). Policy on Preventing Discrimination Because of Gender Identity and Gender Expression. Available: http://www.ohrc.on.ca/en/policy-preventing-discrimination-because-gender-identity-and-gender-expression. Accessed January 26, 2021.
22. Picketts, L., Warren, M.D & Bohnert, C. Diversity and inclusion in simulation: addressing ethical and psychological safety concerns when working with simulated participants. BMJ Simulation and Technology Enhanced Learning, 7(6), 590—599. doi:10.1136/bmjstel-2020-000853.
23. Queen's University. (2022). Inclusive Language. Available: https://www.queensu.ca/brand-central/writing-style/inclusive.
24. Sue, D.W., Facilitating Difficult Race Discussions. (n.d.). Wiley. Available: https://www.colorado.edu/center/teaching-learning/sites/default/files/attached-files/facilitating_difficult_race_discussions.pdf.
25. Sue, D.W. (2015). Race talk and the conspiracy of silence: Understanding and facilitating difficult dialogues on race. Hoboken, NJ: John Wiley & Sons Inc.
26. United Nations. (n.d.). Online Learning Framework: Promoting Shared Standards and Providing Guidance for the Development of Online Learning Solutions at the United Nations. Available: https://hr.un.org/sites/hr.un.org/files/OLF_2020_v1.2_0.pdf. Accessed February 19, 2021.
27. University of Alberta Centre for Teaching and Learning. (2022). E-learning. Power, Privilege & Bias (Module 1). Available: https://www.ualberta.ca/centre-for-teaching-and-learning/teaching-support/indigenization/power-privilege-bias.html
28. University of Michigan College of Literature, Science and the Arts. (2021). An Instructor's Guide to Understanding Privilege. Available: https://sites.lsa.umich.edu/inclusive-teaching/wp-content/uploads/sites/853/2021/02/An-Instructors-Guide-to-Understanding-Privilege-FINAL-2.pdf.
29. Voronka, J. (2015). Troubling Inclusion: The Politics of Peer Work and 'People with Lived Experience'in Mental Health Interventions. [Doctoral dissertation, University of Toronto]. Available: https://hdl.handle.net/1807/82532.
30. Yale Poorvu Center for Teaching and Learning. (2017). Awareness of Implicit Biases. Available: https://poorvucenter.yale.edu/ImplicitBiasAwareness. Copyright 2017 Yale University.
31. Younging, G. (2018). Elements of Indigenous Style: A Guide to Writing By and About Indigenous Peoples. Edmonton: Brush Education.