

University Health Network Policy & Procedure Manual Administrative: Anti-Racism & Anti-Black Racism

Policy

University Health Network (UHN) is committed to dismantling institutional racism by identifying, preventing, and removing barriers in delivering care, employment, education, and research. This policy underlines UHN's commitment to understanding the histories of systemic racism and [discrimination](#) that results in unequal access for [Black, Indigenous, People of Colour \(BIPOC\)](#).

Note: The histories of genocide, dispossession and [discrimination](#) of [Indigenous people](#) will be addressed under a separate [anti-Indigenous racism](#) policy and strategy.

TeamUHN (including all leaders, employees, [medical staff](#), [learners](#), researchers, volunteers, contractors, and people conducting business on behalf of UHN) are required to follow and commit to this policy. Anyone found to have discriminated against or harassed any person because of [race](#) will be held accountable.

A finding of [discrimination](#) and/or harassment based on race will result in disciplinary action, up to and including termination, in accordance with [Fostering Respect in the Workplace](#) policy 2.50.005 and the [Ontario Human Rights Code](#) (“**the Code**”).

UHN is committed to establishing a UHN-wide [anti-racism](#) and [Anti-Racism and Anti-Black Racism \(AR/ABR\) Strategy](#) that includes an [anti-oppression](#) approach to address racial [disparities](#) in:

- **Service** (service equity) delivered to BIPOC patient partners, family, visitors, and community partners. Patient Experience is responsible for the implementation of the [AR/ABR Strategy](#) in the delivery of care, practice, and community engagement and all areas within service.
- **Employment and the work environment**, including, but not limited to, the recruitment, selection, promotion, professional development, transfers, work arrangements and termination of BIPOC. Human Resources is responsible for the implementation of the [AR/ABR Strategy](#) in all areas within employment.
- **Education and learning environments**, including the experience of BIPOC learners from the application process to graduation. Education is responsible for the implementation of the [AR/ABR Strategy](#) in all areas within Education.
- **Research and research-related activities.** Research is responsible for the implementation of the [AR/ABR Strategy](#) in all areas within Research.

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Members of the Board of Directors and Members of a Committee of the Board of Directors of UHN are responsible to align the [AR/ABR Strategy](#) with UHN Board activities.

Application

This policy:

- Applies to patient partners, family, visitors and community partners engaged in UHN initiatives, and everyone on [TeamUHN](#).
- Aligns with and adds to existing policies that promote equity, fairness, and [inclusion](#) for everyone receiving services and care, engaged with community initiatives, working, learning, or doing research at UHN, such as:
 - a. UHN Accessibility policies:
 - i. [Accessibility for Ontarians with Disabilities Act – Integrated Accessibility Standards Regulation](#) policy 1.20.007
 - ii. [Accessibility for People with Disabilities – Customer Services](#) policy 1.20.011
 - b. [Caregiver Preference Guidelines](#)
 - c. [Fostering Respect in the Workplace](#) policy 2.50.005
 - d. [Civility and Respect](#) guidelines
 - e. [Gender Identity](#) policy 2.50.009
 - f. [UHN Patient Declaration of Values](#)
- Addresses [race](#)-based [discrimination](#) or harassment that includes patterns of behaviour, policies and practices, trends, or unequal treatment in the social or administrative structures toward BIPOC at UHN.

Note: [Fostering Respect in the Workplace](#) policy 2.50.005 addresses individual complaints about race-based [discrimination](#) or harassment.
- Applies to all UHN activities that take place on UHN property or elsewhere, including online.

Responsibilities

TeamUHN

[TeamUHN](#) are responsible for:

- Complying with [Fostering Respect in the Workplace](#) policy 2.50.005 and [the Code](#) to create service, employment, learning, and research environments that are free of racism.

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- Demonstrating respectful and inclusive behaviours in accordance with the [Civility and Respect](#) guidelines.
- Never behaving or acting in ways which marginalize, isolate, demean, humiliate, and/or subject a person to [microaggressions](#), hostility, and/or to undermine or make it difficult for a person to access opportunities because of [BIPOC](#) identity. These actions will not be tolerated.
- Completing the mandatory AR/ABR educational courses, as required by the leader of the team, unit, or department. The education will be available online (web-based) and in-person (where practical), and will be supplemented with print resources and guidance as required. The education will include:
 - a. anti-racism (history and colonialism in Canada)
 - b. anti-Black racism
 - c. anti-Indigenous racism (introductory course approved by the Indigenous Advisory Circle)
 - d. anti-oppression
 - e. human rights
 - f. microaggression and casual (everyday) racism
 - g. implicit bias (unconscious, stereotypes, assumptions, and roots of our attitudes)
 - h. intersections of race and identities
 - i. regulated health professions and the integration of anti-racism perspectives
 - j. allyship in the service, employment, education, and research environment(s)

President & Chief Executive Officer (CEO)

UHN's president and CEO is responsible for:

- Ensuring the ongoing viability of all aspects of the [AR/ABR Strategy](#) and initiatives.
- Reporting to the UHN Board of Directors on the annual progress of the AR/ABR activities.

Executive Leadership

The vice-presidents of Patient Experience, Human Resources, Education, and Research are responsible for:

- Approving resources to develop [benchmarks](#) and outcomes-based data collection to report AR/ABR activities to the president and CEO.
- Participating or appointing designates and/lead(s) to review the application of the policy and implementation of the [AR/ABR Strategy](#).

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- Sponsoring activities to set benchmarks in consultation with Human Resources, including outcomes-based data collection, education, surveys, progress targets, [pilots](#), and special programs to identify and evaluate barriers to achieve [racial equity](#) across UHN.
- Reviewing and approving the annual progress report provided by Human Resources.
- Submitting annual progress reports of actions taken to remove barriers to the president and CEO.

All UHN vice-presidents are responsible for:

- Approving resources to support the AR/ABR policy and [AR/ABR Strategy](#), including:
 - a. Participating or appointing designates and/or lead(s) to review the application of the policy and implementation of the [AR/ABR Strategy](#).
 - b. Setting, [benchmarks](#) in consultation with Human Resources to develop outcomes-based data collection, including education, surveys, progress targets, [pilots](#), and special programs to report AR/ABR activities to Human Resources.
- Reviewing and approving the annual progress report provided by Human Resources.
- Submitting annual progress reports of actions taken to remove barriers to the president and CEO.
- Ensuring the procurement activities managed by UHN and the activities carried out by the Toronto General and Toronto Western Hospital (TGWH) Foundation, The Princess Margaret Hospital (PMH) Foundation, The Arthritis & Autoimmunity Research Centre (AARC) Foundation and the Toronto Rehab Foundation (“Foundations) align with the [AR/ABR Strategy](#).

UHN Leaders

All UHN leaders (including supervisors, managers, [medical staff](#), and researchers) are responsible for:

- Applying UHN directives, including Human Resources policies and guidelines, to promote [inclusion](#) and improve [racial equity](#).

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- Assisting in removing barriers based on [race](#) within their team, unit, or department by:
 - a. adhering to non-discriminatory practices during recruitment, hiring, promotion, transfers, education, training, and acting opportunities
 - b. participating in AR/ABR education
- Ensuring that all TeamUHN in the UHN leader’s team, unit, or department complete the mandatory AR/ABR education.
- Working with Employee Relations to identify, create, and support the data collection of information for the:
 - a. annual AR/ABR progress report
 - b. the 5-year AR/ABR [action plan](#) for their team, unit, or department

Human Resources

Human Resources is responsible for:

- Assisting in the collection and analysis of [de-identified](#) data on:
 - a. [race](#)-based complaints
 - b. recruitment
 - c. hiring, promotions and transfers
 - d. education, training, and acting opportunities
 - e. exit interviews
- Conducting trend analyses based on race and communicating this data to the vice-presidents of Patient Experience, Human Resources, Education, and Research.
- Preventing and removing barriers in employment caused by institutional racism.
- Endorsing recommendations for any related actions in accordance with this policy, as directed by the vice-president of Human Resources.
- Assisting UHN leaders in the collection of data for the annual reporting on the education, surveys, progress targets, [pilots](#), and special programs to the vice-presidents of Patient Experience, Human Resources, Education, and Research.
- Assisting UHN leaders with preparing, creating, and collecting data required for reporting on AR/ABR outcomes based on education, surveys, progress targets, pilots, and special programs, and renewing their AR/ABR [action plans](#) every 5 years.

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- Providing the vice-presidents of Patient Experience, Human Resources, Education, and Research with [disaggregated race data](#) on the number of complaints, [BIPOC](#) leadership, promotions, transfers, training and acting opportunities, promotions, and terminations based on de-identified data.
- Ensuring collected data is not re-identified, used for surveillance, or [racial profiling](#).

Bioethics, Diversity & Mediation Services, and Social Medicine

- Collaborating with partners across UHN to align anti-discriminatory practice, ethical frameworks, and population health data collection methods in the [AR/ABR Strategy](#).
- Overseeing and guiding the implementation of AR/ABR [action plans](#) and reporting on progress to the executive leadership.
- Serving as [anti-racism](#) experts and advisors for the [AR/ABR Strategy](#). This includes setting overall objectives, building competency and capacity, and assisting with the implementation of AR/ABR action plans, including surveys, progress targets, [pilots](#), and special programs to improve [racial equity](#).
- In collaboration with Patient Experience, Human Resources, Education, Research:
 - a. Supporting meaningful consultation, dialogue, or collaboration with [BIPOC](#) and people representing all identities at UHN in service, with community partners, employment, learning, and research environments.
 - b. Identifying opportunities and arranging for meaningful consultation, dialogue, or collaboration with municipal, provincial, and national community organizations led by [BIPOC](#).
- Providing guidance and AR/ABR education resources to promote and increase awareness and understanding of the causes and impacts of institutional racism.
- Providing guidance to the vice-presidents of Patient Experience, Human Resources, Education, and Research on [indicators](#) to evaluate AR/ABR education and competency programs.
- Assisting the vice-presidents of Education, Human Resources, Patient Experience, and Research in identifying special programs such as mentoring and targeted recruitment to erode the consequences of structural racism, to achieve racial equity across UHN.
- Overseeing and reporting on adherence to AR/ABR planning UHN-wide.

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Unions

Unions are responsible for supporting the AR/ABR policy and [AR/ABR Strategy](#), and recognizing the [primacy](#) of [the Code](#).

Confidentiality

Due to the sensitive nature of the information, an individual's [race](#) will be kept confidential unless disclosure is required by law. Confidentiality applies to all records relating to the [AR/ABR Strategy](#), including the contents of meetings, interview data, and information related to the [AR/ABR Strategy](#) and engagement process.

All data related to this work may only be collected, used, and disclosed at the direction of the VP's of Patient Experience, Human Resources, Education, and Research. All reports from this work will use [de-identified](#) data that will not link racial identity to individuals.

If someone reports an incident involving racism at UHN, information on racial identity will be shared with the department involved **only** when the individual gives consent and when consistent with UHN's [Privacy](#) policy 1.40.007 and [Personal Information Protection](#) policy 2.10.013. If the individual does not consent, their racial identity will not be shared with the department.

Sanctions for breaches of personal health information are stated in [Sanctions for Breaches of Personal Health Information](#) policy 2.50.008.

Definitions

Action plan: A documented response developed to assess, reduce, or remove the cause and prevent the re-occurrence of a potential employment barrier caused by [systemic racism](#).

Anti-Black racism: The policies and practices rooted in Canadian institutions, such as education, healthcare, and justice, which mirror and reinforce beliefs, attitudes, prejudice, stereotyping, and/or [discrimination](#) towards people of African, Black, and Caribbean descent.

Anti-Indigenous racism: The ongoing [race](#)-based [discrimination](#), negative stereotyping, and injustice experienced by [Indigenous peoples](#) within Canada. It includes ideas and practices that establish, maintain, and perpetuate [power](#) imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonial policies and practices in Canada.

Anti-oppression: An anti-oppression approach recognizes the [power](#) imbalance within society that attributes benefits to some groups and excludes others. This approach seeks to develop strategies to create an environment free from oppression, racism, and other forms of [discrimination](#). It acknowledges the intersections of identity and [diversity](#)

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including [race](#), ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex (including pregnancy), sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status, and [disability](#), and aims to promote equity between the various identities.

Anti-racism: An anti-racism approach is a systematic method of analysis and a proactive course of action. The approach recognizes the existence of racism, including [systemic racism](#), and actively seeks to identify, prevent, reduce, and remove the racially inequitable outcomes and [power](#) imbalances between groups and the structures that sustain these inequities.

Benchmark: A point of reference, or standard, against which things can be compared, assessed, or measured.

Black people: People with African ancestry and who are racialized as Black, regardless of their cultural identity or where they were born (such as, but not limited to, Africa, Canada, Caribbean, South America).

Black, Indigenous, Person of Colour (BIPOC or BIPOC): This phrase/acronym acknowledges that [Black](#) and [Indigenous peoples](#) have experienced and continue to experience systems of oppression unique to the oppression that non-Black and non-Indigenous [people of colour](#) (PoC) face.

De-identified: When used in the context of personal information, any information that could be used to identify a specific individual, alone or combined with other information, is removed.

Disability:

1. Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
2. a condition of mental impairment or a developmental disability,
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
4. a mental disorder, or
5. an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

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Disaggregated race data: Reported numbers are grouped by specific racial group rather than grouping all [racialized people](#) together. Specific racial groups could include Black, South Asian, East Asian, [Latinx](#), Middle Eastern or any combination of these.

Discrimination: The denial of equal treatment, civil liberties, and opportunity to individuals or groups with respect to education, accommodation, healthcare, employment, and access to services, goods, and facilities. Behaviour that results from prejudiced attitudes by individuals or institutions, resulting in unequal outcomes for persons who are perceived as different. Differential treatment that may occur on the basis of [race](#), nationality, gender, age, religion, political or ethnic affiliation, sexual orientation, marital or family status, physical, developmental or mental [disability](#). Includes the denial of cultural, economic, educational, political and/or social rights of members of non-dominant groups.

Disparities: The lack of equality or similarity, especially in a way that is not fair.

Diversity: The range of visible and invisible qualities, experiences, and identities that shape who we are, how we think, how we engage with and how we are perceived by the world. These can be along the dimensions of [race](#), ethnicity, gender, sexual orientation, socio-economic status, age, physical or mental abilities, religious or spiritual beliefs, or political ideologies. They can also include differences such as personality, style, capabilities, and thought or perspectives.

Emergency: An unforeseen combination of circumstances or the resulting state that calls for immediate action and an urgent need for assistance or relief.

Inclusion: Inclusion recognizes, welcomes, and makes space for [diversity](#). An inclusive UHN capitalizes on the diversity of thought, experiences, skills, and talents of all UHN employees.

Indicator: A measure of progress made towards a desired outcome. For example, the extent to which a program, overall or a particular activity, achieves its desired objectives and [targets](#). It often takes more than one indicator to adequately capture progress against targets and objectives.

Indigenous peoples: Indigenous people identify as being descended from the Original Peoples of what is currently known as Canada. In this context, Indigenous peoples include people who may identify as First Nations (status and non-status), Métis, and/or Inuit and any related identities.

Intersectionality: A framework that acknowledges the ways in which people's lives are shaped by their multiple and overlapping identities and social locations, which, together, can produce a unique and distinct experience for that individual or group, such as by creating additional barriers or opportunities. In the context of [race](#), this means recognizing the ways in which people's experiences of racism or [privilege](#), including within any one racialized group, may differ and vary depending on the individual's or group's overlapping (or "intersecting") social identities, such as ethnicity, Indigenous

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identification, experiences with colonialism, religion, gender, citizenship, socio-economic status or sexual orientation.

Latinx: A gender-neutral term or non-binary alternative to "Latino" or "Latina" that refers to a person of Latin American origin or descent.

Learner: People who are learning while working at UHN. This includes students, residents, fellowships, post-secondary learning programs (such as apprenticeships or cooperative education), field experience, internships, mandatory professional practice (for certification or licensure), and applied research projects. Learners are usually affiliated with an academic institution.

Medical staff: Physicians and surgeons licensed by the College of Physicians and Surgeons of Ontario and the dentists licensed by the Royal College of Dental Surgeons of Ontario who are appointed by the Board and who are granted privileges to practice in the Hospital, and those persons appointed to Hospital medical departments as staff scientists.

Microaggression: Brief and common daily verbal, behavioural, or environmental indignities, comment or action that subtly and often intentionally or unintentionally expresses a hostile, derogatory, or negative slights and insults toward a member of a marginalized group (such as [BIPOC](#), [LGBTQ2S+](#), [disability](#)), also referred to as casual and everyday racism.

People of colour: A term which applies to non-White racial or ethnic groups; generally used by [racialized peoples](#) as an alternative to the term "visible minority."

Pilot: A small-scale initiative or program, also called a feasibility study or trial, which helps an organization learn how a large-scale project might work in practice.

Power: Access to [privileges](#) such as information, knowledge, connections, experience and expertise, resources, and decision-making that enhance a person's chances of getting what they need to live a comfortable, safe, productive, and profitable life.

Primacy: The means that if there is a conflict between the Human Rights Code and other provincial laws, one must comply with [the Code](#) first, unless there is a specific exemption.

Privilege: Unearned [power](#), benefits, advantages, access, and opportunities that exist for members of the dominant group(s) in society. Can also refer to the relative privilege of one group compared to another. See Peggy McIntosh's article and tool "[White Privilege: Unpacking the Invisible Knapsack](#)."

Prohibited grounds: [The Code](#) prohibits [discrimination](#) and harassment based on age, ancestry, citizenship, colour, creed (religion), [disability](#), ethnic origin, family status, gender expression, gender identity, place of origin, marital status, [race](#), sex, sexual orientation, record of offences, and receipt of public assistance. Depending on the

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circumstances, a human rights complaint of discrimination based on race may cite race alone or may include one or more related ground(s).

Race: A term used to classify people into groups based principally on physical traits (phenotype), such as skin colour or other apparent differences perceived as “inherent” or “unchanging.” For example, a social group’s culture or religion may sometimes be treated as unchanging and inherent. Racial categories are not based on science or biology but on differences that society has created (i.e. “socially constructed”), with significant consequences for people’s lives. Racial categories may vary over time and place, and can overlap with ethnic, cultural or religious groupings.

Racial equity: The systemic fair treatment of all people resulting in equitable opportunities and outcomes for everyone. It contrasts with formal equality where people are treated the same without regard for racial differences. Racial equity is a process (such as meaningfully engaging with Black, Indigenous and [people of colour](#) regarding policies, directives, practices and procedures that affect them) and an outcome (such as equitable representation of Black, Indigenous and people of colour at all levels of the organization).

Racial profiling: Any action that relies on stereotypes about [race](#), colour, ethnicity, ancestry, religion or place of origin, or a combination of these, rather than on a reasonable suspicion to single out a person for greater scrutiny or different treatment.

Racialization: The process by which societies construct [races](#) as real, different, and unequal in ways that matter and affect economic, political, and social life.

Racialized people: People who may have racial meanings attributed to them as a group in ways that negatively impact their work and social life. This includes, but is not necessarily limited to, people classified as “visible minority” under the Canadian census and may include people impacted by antisemitism and Islamophobia.

Re-identification: Any process that re-establishes the link between [de-identified](#) information and an identifiable individual.

Service equity: Promotes health, safety, and independence for everyone by adapting services and policy to eliminate [discrimination](#) and [disparities](#) in the delivery of services.

Special programs: The implementation of a special program designed to relieve hardship or economic disadvantage or to assist disadvantaged persons or groups to achieve or attempt to achieve equal opportunity or that is likely to contribute to the elimination of the infringement of rights such as [race](#) under this policy.

Structural racism: A system in which public policies, institutional practices, cultural representations, and other norms work in ways to reinforce and perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed white [privilege](#) and disadvantages associated with “colour” to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice;

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instead, it has been a feature of the social, economic, and political systems in which we all exist.

Survey: The investigation of the opinions or experience of a group of people by asking questions.

Systemic anti-Indigenous racism: Is evident in discriminatory federal policies such as the Indian Act and the residential school system. It is also manifest in the overrepresentation of [Indigenous peoples](#) in provincial criminal justice and child welfare systems, as well as inequitable outcomes in education, well-being, and health. Individual lived-experiences of [anti-Indigenous racism](#) can be seen in the rise in acts of hostility and violence directed at Indigenous people.

Systemic racism: Organizational culture, policies, directives, practices, or procedures that exclude, displace, or marginalize some racialized groups or create unfair barriers for them to access valuable benefits and opportunities. This is often the result of institutional biases in organizational culture, policies, directives, practices, and procedures that may appear neutral but have the effect of privileging some groups and disadvantaging others.

Target: A quantified goal or objective that is focused on an outcome.

Targeted universalism: A principle that recognizes everyone benefits from targeted removal of systemic barriers faced by disadvantaged communities. Reducing barriers and [disparities](#) leads to improved environments for everyone.

Trend analysis: The collection, analysis, and review of information to identify patterns of racial inequity.

References

1. Anti- racism Directorate: <https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary>
2. Black Health Alliance: <http://blackhealthalliance.ca/>
3. Canadian Human Rights Commission: <https://www.chrc-ccdp.gc.ca/eng>
4. Catalyst: <https://www.catalyst.org/topics/ergs/>
5. City of Toronto: <https://www.toronto.ca/>
6. Ontario Black History Society: <http://blackhistorysociety.ca/>
7. Ontario Human Rights Commission. Employment discrimination based on family status (fact sheet). Retrieved from <http://www.ohrc.on.ca/en/employment-discrimination-based-family-status-fact-sheet>

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8. Ontario Human Rights Commission: <http://www.ohrc.on.ca/en>
9. Toronto Central Indigenous Cancer Program: <https://www.cancercareontario.ca/>
10. Urban Alliance on Race Relations: <https://urbanalliance.ca/about-us/>

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Appendix

General Principles

The AR/ABR policy and [AR/ABR Strategy](#) are:

- **Proactive** and take steps to identify, prevent, and remove racial [disparities](#) (inequalities) in patient care, including community partner relationships, employment, learning, and research environments. Guiding this proactive approach is UHN's [Patient Declaration of Values](#), UHN's Patient Relations Process, and UHN's [Civility, Respect and Professionalism](#) campaign.
- **Evidence-based** on measurable goals and desired outcomes. [Disaggregated race data](#) is collected and analyzed to identify barriers experienced by [BIPOC](#) and [racialized people](#) at UHN.
- **Transparent and accountable** for maintaining trust when collecting, sharing, and reporting on [race](#)-based data.
- **Intersectional**, recognizing that racism is experienced differently by individuals and within racialized groups because of [diversity](#) and the [prohibited grounds](#) under [the Code](#), including ancestry, place of origin, colour, ethnic origin, citizenship, creed, religion, sex (e.g. pregnancy), sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status, [disability](#), and language.
- **Person-centered and committed to targeted universalism**, as the lived experiences and perspectives of people most negatively affected by racism inform and direct the AR/ABR policy and [AR/ABR Strategy](#). The AR/ABR policy and [AR/ABR Strategy](#) acknowledges that the experiences and perspectives of [BIPOC](#) are real and valid, and an active approach will be taken to build authentic bridges to remove barriers to care, employment, education and research. This framework works to implement socially just changes at the systems level, and to center the voices and experiences of all people. Targeted universalism commits to prioritize addressing concerns when attempting to address social inequity to benefit everyone.
- **Inclusive**, incorporating culturally and linguistically appropriate standards in engagement, initiatives, processes, and strategies that are transparent, person-centered, and integrates [anti-oppression](#) strategies.
- **Comprehensive**, requiring that a [racial equity](#) lens is applied at all times to prevent and remove institutional racism. This includes during emergencies and situations such as states of [emergency](#) and pandemic planning that require quick action and rapid implementation.

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Policy Number	1.20.019	Original Date	01/21
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Approved By	Vice-president & Chief Human Resources Officer	Page	14 of 15

- **Confidential**, ensuring that all documentation (e.g. data, records, etc.) related to the AR/ABR policy and [AR/ABR Strategy](#) belongs to UHN and will only be shared with other parties in accordance with privacy requirements or as required by law.
- **Accessible:** This policy is available in alternate formats upon request.

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