

EQUITY, DIVERSITY, INCLUSION, DECOLONIZATION & INDIGENIZATION PROGRAM

AUTHORS: Tinu Akinwande¹, Lorraine Reynolds¹, Becky Conia¹, Marlyn Bennett⁴, Rob Henry⁵, Aggie Mazzucco¹, Roderick McCormick³, Nomazulu Dlamini^{1,2}

Affiliations: CHILD-BRIGHT¹, Sick Kids², Thomson River University³, University of Calgary⁴, University of Saskatchewan⁵

MANDATE

Our EDI-DI Program focuses on inclusivity and equity in patient-oriented research, ensuring underrepresented voices and experiences are centered. We strive to create diverse and accessible research environments, addressing health disparities and integrating EDI-DI training to impact engagement, design, implementation science, and knowledge mobilization.

PHASE 2 HIGHLIGHTS

Our EDI Program framework prioritizes centering historically excluded voices and their lived experiences, along with ensuring genuine inclusion of individuals with disabilities for meaningful and sustainable connections. We aim to foster research and knowledge mobilization excellence by cultivating a culture that promotes EDI-DI across our network. We acknowledge systemic barriers, biases, and inequities faced by Indigenous Peoples, individuals with disabilities, racialized communities, the LGBTQQIA2S+ community, and other marginalized groups. To address these inequities, we have developed measurable actions, including ongoing engagement with patient-partners and Indigenous communities, supportive leadership, dedicated resources, accountability, and transparency.

PHASE 2 PLANS

Hiring an EDI consultant

Hiring indigenous knowledge consult consultant

launching EDI committee

Expanding Indigenous Advisory Council

Collaborating with indigenous partners to link indigenous partnered research

TOPICS OF INTERESTS

- Social Determinants of Health
- Unconscious bias
- Intersectionality
- Disability justice
- Mental health, sanism, and neurodivergence



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Provide feedback + consultation to Phase 2 research teams.

Share methods to incorporate DEI principles with research frameworks and ensure that inclusion of the voices of equity-deserving groups.

Develop knowledge mobilization strategies that incorporate EDI principles that help ensure that knowledge is mobilized in ways that are equitable and respectful of diverse perspectives.

Work collaboratively to ensure and maintain a diverse pool of patient-partners.

Engage and strategize with patient-partners to establish equal voice, opportunity, and action toward EDI-DI

Assist in the development, dissemination, and implementation of relevant training opportunities both internal and external to the network.

EDI-DI PROGRAM GOALS

It is crucial to recognize that the inclusion of equity in these topics of interest to facilitate the intersection between implementation science and equity does not undermine the significance of research aimed at resolving medical needs and addressing health complications.

Rather, it should be seen as an additional component in the broader arsenal of promoting healthcare. By integrating health equity considerations and implementing evidence-based interventions that address systemic disparities, we can work towards creating a more just and inclusive healthcare system. This approach recognizes that healthcare revolutions and efforts to achieve health equity can coexist and should ideally complement each other, fostering a comprehensive and impactful healthcare ecosystem for all individuals.

Dr. Noma Dlamini is a neurologist and Director of the Children's Stroke Program at SickKids. Dr. Dlamini's involvement with CHILD-BRIGHT began with the SPORT research project and has expanded to culminating in her role as the Lead of the EDI-DI Program.



Program Lead

