Equity Diversity Inclusion, Reconciliation, and Accessibility (EDIRA) in IWK Research

IWK Health is committed to creating a welcoming and inclusive environment where diversity is respected, embraced, and valued, and to providing culturally-competent care. Cultural competence recognizes and respects the cultural and personal values of patients, families, research participants, staff, and all those who interact with the IWK.

This brief guide is rooted in instruction provided by CIHR to integrate EDIRA considerations into health research. CIHR distinguishes between Research Design and Research Process. The guide is intended to assist IWK investigators in integrating EDIRA into both domains to move health research at IWK Health towards equity and inclusion.

What is Equity, Diversity Inclusion, Reconciliation, and Accessibility?

The following definitions are retrieved from CIHR, the Government of Canada and the Accessible Canada Act

Equity is defined as the removal of systemic barriers[1] and biases enabling all individuals to have equal opportunity to access and benefit from programs or research.

Diversity is defined as differences in race, colour, place of origin, religion, immigrant and newcomer status, ethnic origin, ability, sexual orientation, gender identity, gender expression, and age.

Inclusion is defined as the practice of ensuring that all individuals are valued and respected for their contributions and are equally supported.

Reconciliation is defined by the Government of Canada as "building a renewed relationship with Indigenous Peoples based on the recognition of rights, respect and partnership".

Accessibility is the process of identifying and removing barriers[2] to social participation.

Why consider EDIRA in Health Research?

Social determinants of health are non-medical factors that influence health outcomes. They operate through multiple pathways including access to material resources, exposure to stressors, and access to healthcare. In the Canadian context, economic inequality, colonialism, and hetero-normativity are few examples of ongoing social determinants of health.
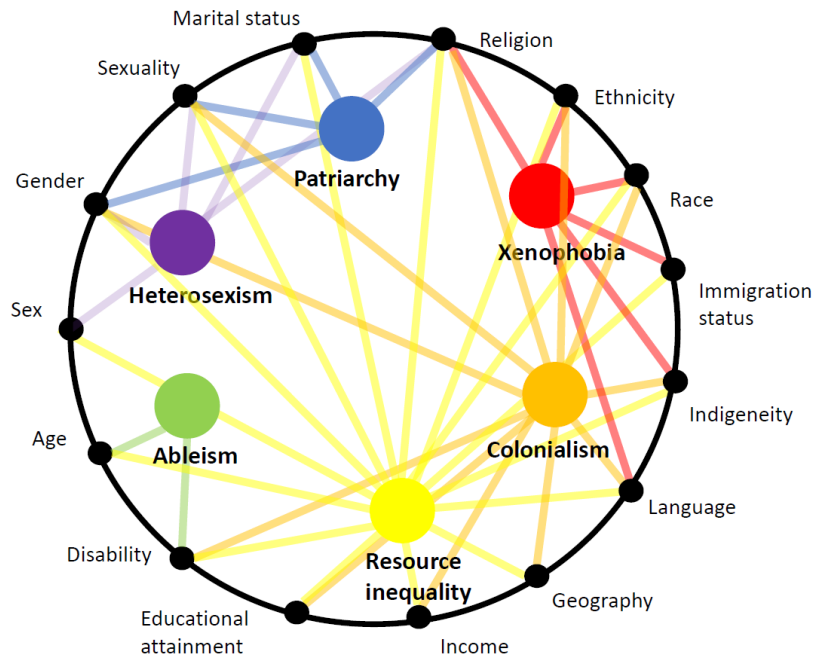
Intersectionality

Understanding how multiple and intersecting social determinants affect health has led to the adoption of an intersectional framework in health research. Intersectionality is a term coined by Kimberlé Crenshaw in 1990. The approach recognizes that there are many different sources of power and oppression, and that they can intersect in ways that reinforce or contradict each other. It is necessary to consider the intersection of all relevant distinctions to understand how another person experiences the world, the resources and care they can access, and the barriers participants could face to inclusive, participatory, and meaningful research. A Nova Scotia Health Authority diversity lens tool kit is available for IWK staff, physicians and volunteers here.

EDIRA in the Research Process

The steps below have been compiled and distilled from the Health Canada guidance on Gender-Based Analysis Plus, which can be found [here](#).

1. Identify inequities in your field of research.
Identify common barriers to participating in your field of research, and identify groups who are most impacted by those barriers. Describe these inequities using both statistics and qualitative evidence.

2. Identify systemic barriers to participation in your own research environment.

Team Composition
Consider what diversity means in the context of your field. Consider the current diversity of your team, of the broader institution. Is the environment accessible? Is it welcoming and supportive to underrepresented groups?

Recruitment
To identify current barriers and opportunities to improve your own recruitment strategy, consider whether or not you have incorporated EDIRA into the recruitment process, the language used to advertise positions, metrics of success, the diversity of your own research team and the broader institutional environment.

Trainee Program
Consider whether there are barriers to participation in training and social and professional development opportunities in your trainee program. Is the program accessible to people with financial constraints, time constraints, personal responsibilities, health considerations, and diverse identities?

Lab and Research Environment
Consider how accommodations to address disability, care giving, and other cultural needs are assessed and provided. Are there currently policies in place that address inclusive language, EDI training, and ensure the safety of the entire team?

3. Describe concrete actions to remove barriers to participation in the research environment.
Actions that address common barriers include: flexible work and training arrangements, eliciting feedback from employees and trainees, asking employees and trainees what accommodations they require, providing and engaging in EDI training, and identifying unconscious biases and implementing policies to combat them.

EDIRA in Research Design

The steps below have been compiled and distilled from CIHR Sex and Gender Training Modules, which can be found [here](#).

Identify inequities in your research population.

Do current disparities exclude groups of people from healthcare access in your field of research?
Are there disparities in healthcare outcomes that affect some groups more than others in your field of research?
Are there important intersections across group memberships and/or access to resources that reinforce each other to affect access to care, or healthcare outcomes in your field of research?

Literature Review
Are there inequities across populations that warrant consideration?

Measurement
Will data be collected at a level of detail sufficient to conduct informative sub-group analyses to ascertain whether causal mechanisms differ by group?

Data Collection
Have all stakeholders who will be affected by this research been consulted?
Are the inclusion criteria clearly defined and described, and are all relevant groups eligible to participate?
Have common barriers to participation among sub-groups been removed?
Have consent forms and data collection instruments been designed with accessible and respectful language?

Analysis
Have analyses been conducted at the sub-group level?
Have important intersections been examined?

Reporting
Do the disseminated materials challenge stereotypes or reinforce them?
Have relevant stakeholders been consulted about the likely effects the research may have on their communities?

---

[1] CIHR defines systemic barriers as: "attitudes, policies practices or systems that result in individuals from certain population groups receiving unequal access to or being excluded from participation in employment, services or programs. These barriers are systemic nature, meaning they result from individual, societal or institutional practices, policies, traditions and/or values that may be 'unintended' or 'unseen' to those who do not experience them."

[2] The [Accessible Canada Act](#) defines a barrier as: "anything — including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice — that hinders the full and equal participation in society of persons with an impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation."