



POPLAR NETWORK LUNCH 'N' LEARN WEBINARS EDIIA IN RESEARCH

Part 3:

Measuring EDIIA



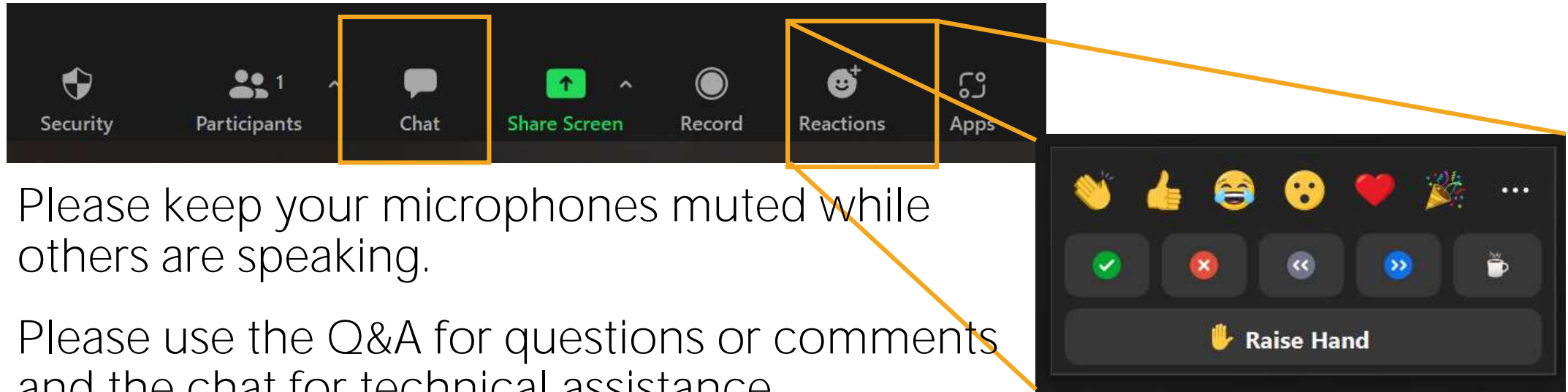
Alliance for Healthier Communities
Advancing Health Equity in Ontario



Welcome & Introduction

- Housekeeping
- Land Acknowledgement
- Speaker Introduction
- Embedding Equity in Leadership & Teams – Measuring EDIIA | Nicole Kaniki
- Q&A / Discussion

Housekeeping



- Please keep your microphones muted while others are speaking.
- Please use the Q&A for questions or comments and the chat for technical assistance.
- Open the “reaction” button to access “raise hand” and other tools.

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities, our members, and the POPLAR Network takes place across what is now called Ontario, on traditional territories of Indigenous people. They have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories, needs, and assets as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding our responsibilities to all who now live on these lands, the land itself, and the resources that make our lives possible.

Introduction

Dr. Nicole Kaniki (she/her)

Director of Diversity, Equity and Inclusion in
Research and Innovation

University of Toronto



POPLAR EDIIA Webinar, Part 3: Embedding Equity in Leadership and Teams – Measuring EDIIA

Presented by:

Nicole Kaniki, PhD

Director of Equity, Diversity and Inclusion
in Research and Innovation

September 19, 2022

Land Acknowledgement

Agenda

What is EDI Data?

How do we measure equity, diversity, inclusion?

Applications to research

Best Practices for EDI data collection

Our Identities Matter

“Identity manifests in the way we lead, supervise, make decisions, persuade, form relationships, and negotiate the myriad of responsibilities faced each day. As individual leaders, we practice within norms, assumptions, values, beliefs, and behaviours originated in our multiple identities.” (Sanlo & Chavez, 2013, p.3)

What is EDI Data?



Diversity



Differences between Demographic/Equity data and EDI data

EDI
Data

Demographic
Data

Gender

Race

Disability status

Indigeneity

Sexual orientation

Religion/Ethnocultural

Climate
survey

How equitable an environment is

How inclusive an environment is

How diverse and environment is

How to decide...

Equity

- Fairness
- Power & Privilege

Diversity

- Head count
- Who is here?
- Who is not here?

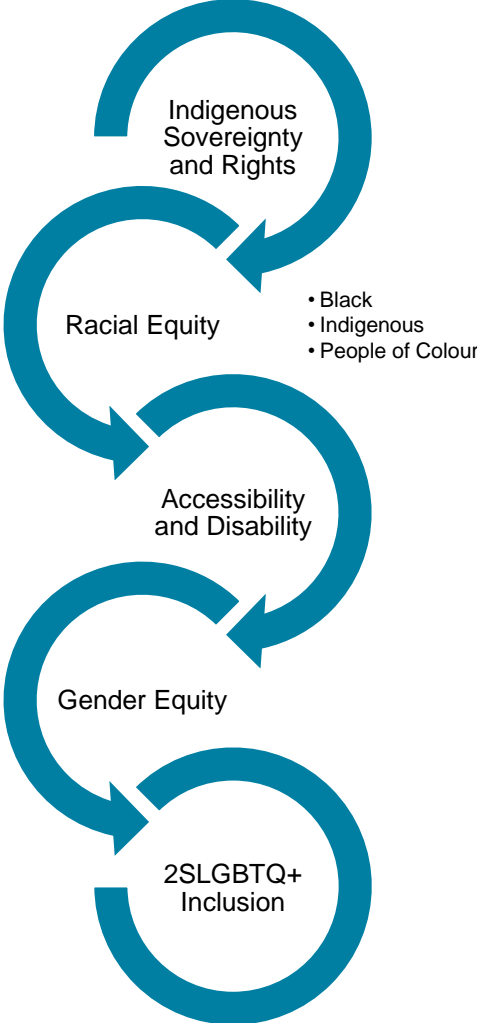
Inclusion

- Belonging
- Participation

Factors that impact EDI metric decision in Research

- What are you researching?
 - Is the data important to the context of the research?
- How will you collect the data?
- Anonymity, privacy, confidentiality – how will you ensure these?
- How will you analyze the data?
- How will you store the data – Secondary use?
- How will the information be shared or reported?

Demographic Data – Elements of Identity



Other Identities Important to Research

Religion

Immigrant
status

Language

Socio-
economic
status

Citizenship

Ethnocultural
group

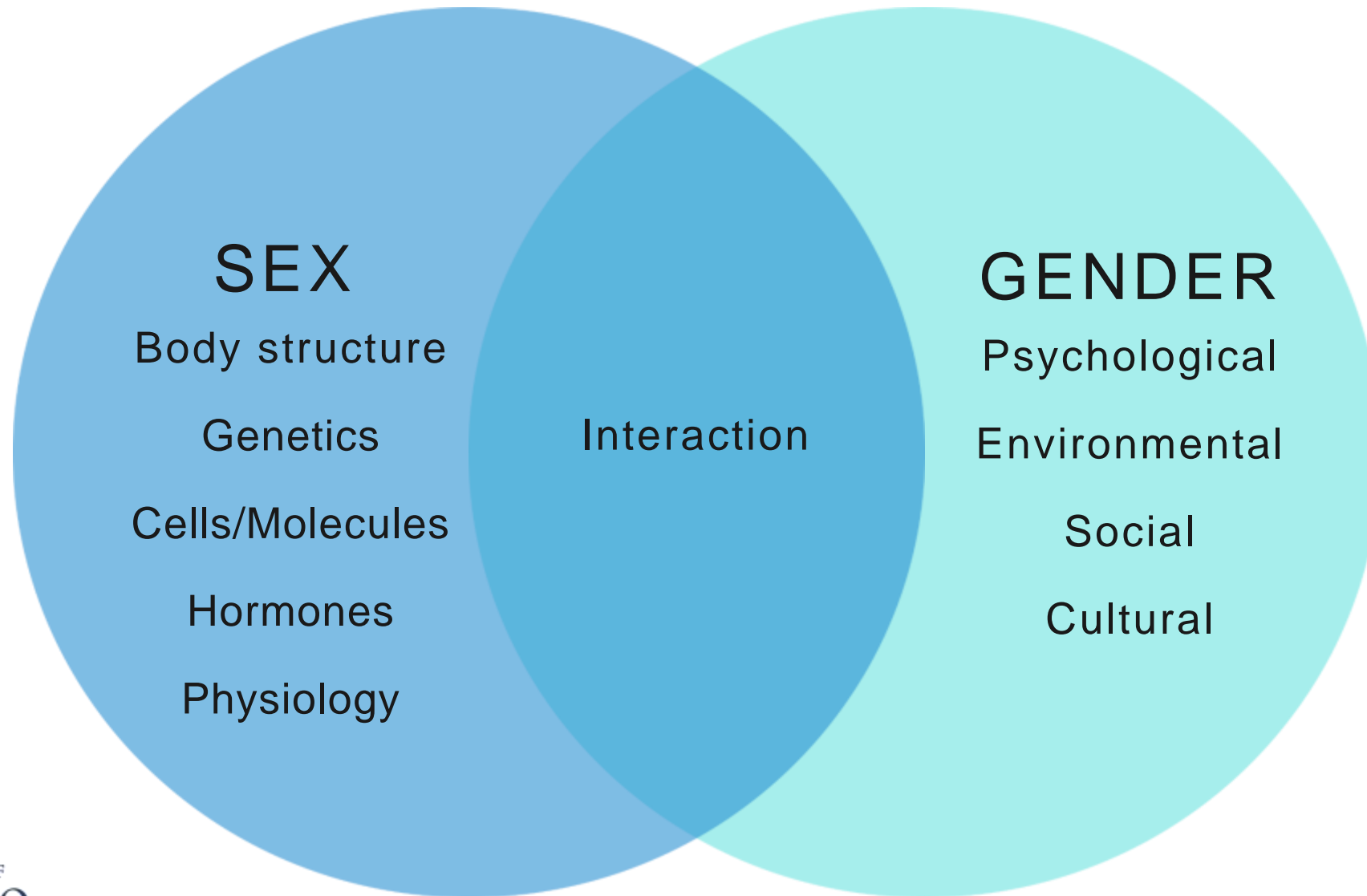
Application in Research: Race, Gender

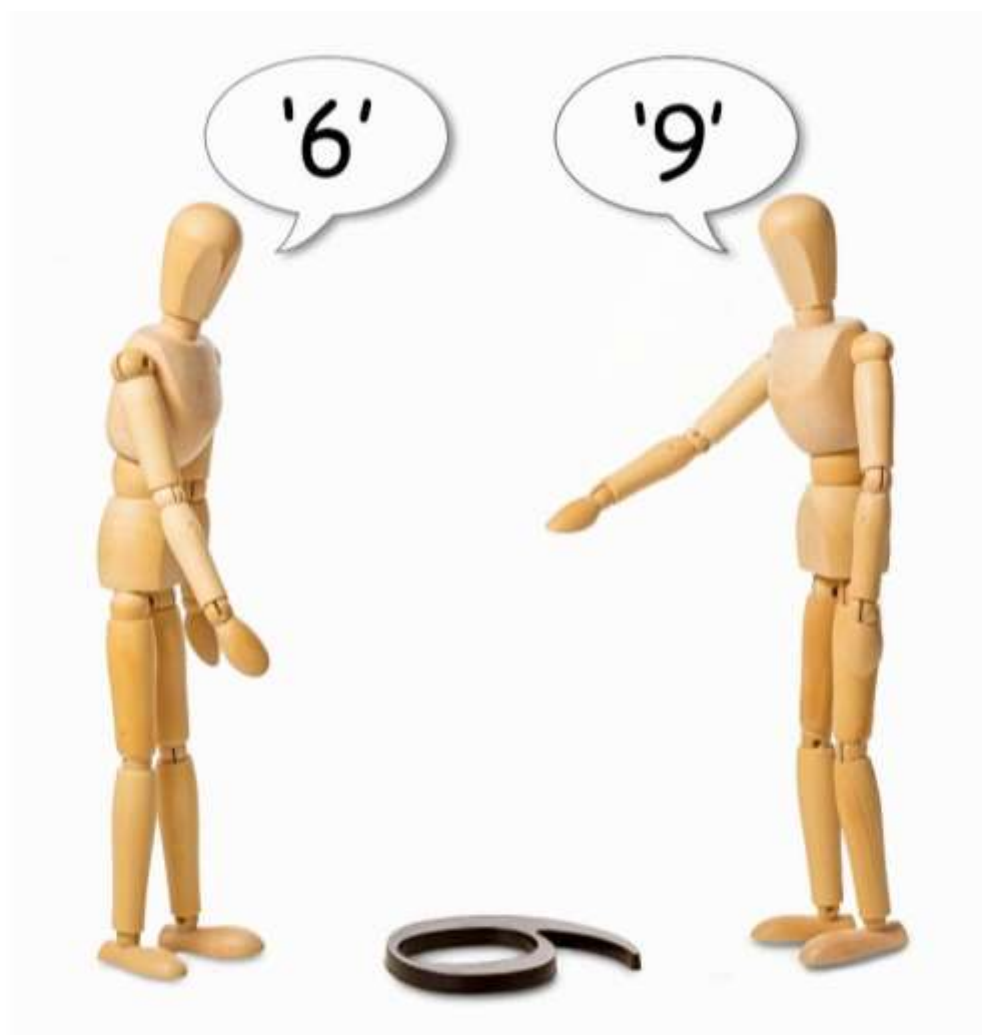




RACE IS A SOCIAL CONSTRUCT

Sex and gender





Case Studies



Quantitative Case: BiDil Study

REFLECTION

BiDil: Assessing a Race-Based Pharmaceutical

Howard Brody, MD, PhD¹

Linda M. Hunt, PhD^{2,3}

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ABSTRACT

Isosorbide and hydralazine in a fixed-dose combination (BiDil) has provoked controversy as the first drug approved by the Food and Drug Administration marketed for a single racial-ethnic group, African Americans, in the treatment of congestive heart failure. Family physicians will be better prepared to counsel their patients about this new drug if they understand a number of background issues. The scientific research leading to BiDil's approval tested the drug only in African American populations, apparently for commercial reasons, so the drug's efficacy in other populations is unknown. Race as a biological-medical construct is increasingly controversial; BiDil offers a good example of how sociocultural factors in disease causation may be overlooked as a result of an overly simplistic assumption of a racial and hence presumed genetic difference. Past discrimination and present disparities in health care involving African American patients are serious concerns, and we must welcome a treatment that promises to benefit a previously underserved group; yet the negative aspects of BiDil and the process that led to its discovery and marketing set an unfortunate precedent. Primary care physicians should be aware of possible generic equivalents that will affect the availability of this drug for low-income or uninsured patients.

Ann Fam Med 2006;4:556-560. DOI: 10.1370/afm.582.

INTRODUCTION

Family physicians have no doubt been approached by their African American patients with congestive heart failure (and perhaps with other heart diseases), asking about the new “for blacks only” medicine, isosorbide dinitrate and hydralazine hydrochloride (BiDil). Perhaps patients of other ethnic backgrounds have also asked their physicians about this drug. The media has covered the drug approval process extensively before and after a Food and Drug Administration (FDA) advisory committee recommended approval of BiDil for the specific indication of congestive heart failure in African Americans—the first drug to be approved for a single racial group.^{1,2}

Qualitative Case: South African Study

AGING, NEUROPSYCHOLOGY, AND COGNITION
2020, VOL. 27, NO. 3, 321–337
<https://doi.org/10.1080/13825585.2019.1598538>

 **Routledge**
Taylor & Francis Group

 Check for updates

RETRACTED ARTICLE: Age- and education-related effects on cognitive functioning in Colored South African women

Sharné Nieuwoudt, Kasha Elizabeth Dickie, Carla Coetsee, Louise Engelbrecht and Elmarie Terblanche 

Department of Sport Science, Stellenbosch University, Stellenbosch, South Africa

ABSTRACT

Colored women in South Africa have an increased risk for low cognitive functioning, as they present with low education levels and unhealthy lifestyle behaviors. This study assessed the cognitive function and its association with age and education in a sample of young and middle-aged Colored South African women. A group of 60 women (18–64 years) were included in this study; they were separated into four age groups and two education groups. Cognitive function was assessed using the Montreal Cognitive Assessment and a computerized neurocognitive test. Education and age were significantly correlated with all measured cognitive domains ($p < 0.05$). An age-related decline was observed for all domains, with low scores observed for processing speed already in young adulthood. The high education group scored significantly better in all cognitive domains ($p < 0.05$). Young to middle-aged Colored women present with low cognitive function and which is significantly influenced by education.

ARTICLE HISTORY

Received 15 October 2018
Accepted 16 March 2019

KEYWORDS

Cognitive function;
community; Colored
women; South Africa;
education; Apartheid

Better Practices



Reporting & impact



EDI in community-based Research

- Research as collaborative
- Researchers work WITH the Community
- Research is “Insider” research
 - “Nothing about us, without us.”
- Collaborative research is Ethical research
- Research is for Social Change

Questions to ask

- **What assumptions am I making about underrepresented groups in my research question?**
 - How is the literature contributing to this?
- **How am I including underrepresented groups in my study population?**
 - Context matters
 - Inclusion and representation matters

- **Does my data analysis approach make assumptions about underrepresented groups?**
 - Collection of demographic data
 - Sub-group analyses
- **Does the reporting of my results perpetuate marginalization or inaccurate assumptions of underrepresented groups?**
- **Will individuals from underrepresented groups be able to access my outcomes and are the results generalizable to a diverse population?**

Issues to Think About when Designing and Analyzing Research

Know Your Population

- Who is understudied & who is understood?

Adopt strategies like quotas or oversampling to capture minority populations

Test to see if results hold up in non-WEIRD samples

How to collect demographic data that is useful for organizations AND representative of individual's identities?

Remember



Thank You!

Questions/Discussion

Please type questions into the Q&A panel and we will moderate them.

If you prefer, you may raise your hand and we'll call on you to ask your question aloud.



Thank you!

For follow-up questions:

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