Session Briefs from
CNAR 2021 ANNUAL CONFERENCE

Equity, Diversity, and Inclusion

CNAR RCOR

KEYNOTE

Developing a Shared Language Towards Reconciliation

Harmony Johnson, Principal, Nohotout Consulting, Interim VP for Indigenous Wellness and Reconciliation Providence Health Care

Harmony Johnson sɛƛakəs, is of Tla'amin First Nation (Coast Salish) ancestry and was raised in Tla'amin territory where most of her family resides. Harmony operates a consulting business, providing strategy and advisory services in Indigenous health, governance and human rights, as well as teaches on these same matters. She has served in senior roles with the *In Plain Sight* review in BC health care and with the First Nations Health Authority, First Nations Summit and First Nations Forestry Council and is the interim Vice-President for Indigenous Wellness and Reconciliation at Providence Health Care. She is the co-author of a number of publications including print and digital books about her grandmother's life history and Tla'amin teachings. Harmony has a BA from Simon Fraser University and an MHA from the University of British Columbia.

A Regulator's Journey Towards Cultural Safety and Humility

Cynthia Johansen, CEO, British Columbia College of Nurses and Midwives (BCCNM)

As Registrar and CEO of the British Columbia College of Nurses and Midwives (BCCNM), Cynthia leads the largest health profession regulator in western Canada. Cynthia has over 12 years of experience at the Registrar/CEO level of health regulation. She guided the former College of Registered Nurses of British Columbia through its transition to a college focused solely on public protection. She was also instrumental in bringing the province's nursing colleges together as a single regulator for all nursing designations in 2018. Cynthia served as Registrar and CEO of the British Columbia College of Nursing Professionals (BCCNP) prior to it and the College of Midwives of British Columbia (CMBC) amalgamating to become BCCNM. Cynthia is the Chair of the BC Health Regulators, represents BCCNM on the International Nurse Regulators Collaborative, is the President of the Canadian Council of Registered Nurses Regulators and is a member of the NCLEX-RN Exam Committee. Cynthia holds a BA in Political Science, an MA in Leadership Studies and an MSc in Information Management.

Tanya Momtazian, Board Member and Chair of Governance Committee, BCCNM; Registered Midwife

Tanya served on the College of Midwives of British Columbia (CMBC) board for six years, including terms as President, Vice-President, Chair of the Standards of Practice Committee and member of the Quality Assurance Committee. Throughout her time on the board, Tanya led CMBC through significant changes including strategic planning, improving information technology, creating Alternate Practice Arrangement Policy, strengthening the Quality Assurance Program and ultimately leading CMBC through an amalgamation to become the BCCNM. Tanya was appointed to the BCCNM board to the midwife professional position and elected by the board to Chair the Governance Committee. A large part of this role has been reviewing BCCNM's governance documents to ensure they meet the board's strategic goal around addressing Indigenous-specific racism and ensuring it is regulating in a way that is culturally safe and humble. Tanya has worked as a midwife for 14 years, mostly in Nelson where she co-created Apple Tree Maternity – a collaboration between family doctors and midwives. She is chair of the Midwifery Department at Kootenay Lake Hospital and Adjunct Professor at UBC Midwifery. Tanya has a Master of Public Health.

Louise Aerts, ED, Strategy and Integration, BCCNM

Louise Aerts first joined health regulation in 2014 as Registrar/Executive Director at the College of Midwives of British Columbia (CMBC). When CMBC amalgamated with the BC College of Nursing Professionals to become the BCCNM, Louise took on the role of Executive Director, Strategy and Integration in the Strategy and Governance Team. In this role, Louise leads the integration of nursing and midwifery regulation at BCCNM and represents BCCNM's midwifery role at a national level. She is responsible for the development of BCCNM's new strategic plan and oversees the ongoing operational planning process. Louise has over 10 years of Executive Director level experience in the regulatory arena. After completing her Master of Business Administration, Louise devoted her career to the non-profit sector. Louise is highly committed to governing the practice of health professionals in the public interest, with a focus on addressing Indigenous-specific racism, promoting equity, fairness in decision-making and due process and interprofessional collaboration.

Joe Gallagher, Cultural Safety and Humility Advisor, Qoqoq Consulting Ltd.

Joe Gallagher, Kwunuhmen, is Coast Salish from the Tla'amin Nation. His mother, Ann, was from the Xwe'malhkwu First Nation and his father, Norman, from the Tla'amin Nation. For over a decade, Joe worked to address health inequities faced by First Nations people in BC through the First Nations Health Authority. He was the executive lead in the formation of a new health governance partnership between BC First Nations, the province of BC and the government of Canada. This work, a first for Canada, led to Joe being the founding Chief Executive Officer for the First Nations Health Authority, the largest First Nations owned and run public service in the country. Joe brings over 30 years' experience working with Indigenous Peoples in areas such as health, governance, community and economic development, business development, intergovernmental affairs and treaty negotiations. Joe has a proven track record as a successful and visionary Executive Leader with the ability to create new and meaningful partnerships between Indigenous and non-Indigenous institutions based on cultural values and principles to advance issues for mutual benefit.

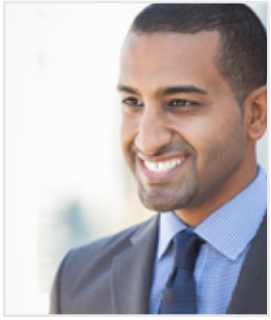
Equity, Diversity and Inclusion within Professional Regulation: from Audit to Action

Joanie Bouchard, Registrar, College of Dietitians of British Columbia (CDBC)

Joanie Bouchard is a Registered Dietitian and the Registrar at the College of Dietitians of British Columbia (CDBC). She completed both a Master and Bachelor degree in Montreal, Quebec. She has 10 years of experience in professional regulation both in Quebec and British Columbia. Risk based regulation, team mobilization, inclusive leadership and science-based policies are the values she tries integrating in her daily work. She is known for her excellent capacity to speak and interact with different public and is described as a fair and easily approachable leader.

Mélanie Journoud, Deputy Registrar, CDBC

Mélanie Journoud is a Dietitian and the Deputy Registrar at the College of Dietitians of British Columbia (CDBC), with over 10 years of experience in health regulation. Mélanie graduated from McGill University with a Bachelor of Science and a Master of Science in Human Nutrition. Mélanie works collaboratively to support the Registrar and staff in meeting CDBC's regulatory functions and the board's strategic goals. She leads the work of the Quality Assurance and Inquiry Committees, oversees practice advisory and quality assurance initiatives and also inspects complaints. Being a solution-oriented thinker, Mélanie thrives on challenging discussions and thinking outside of the box.



Wyle Baoween, CEO and Senior Facilitator, HRx

Wyle Baoween is CEO and Senior Facilitator at HRx, a Canadian consulting firm providing data analytics to address inequality in communities and workplaces. Wyle has been recognized as one of Canada's thought leaders in equity, diversity and inclusion for the solutions he has developed and re-engineered, including technology for assessing unconscious bias, the Equity, Diversity and Inclusion Culture Change Curve and data analytics for EDI. Prior to HRx, he worked for 15+ years in consulting and project management, specializing in process improvement, technology and strategies for change management. Wyle holds a Bachelor of Science in Engineering, a Master of Business Administration and a certificate in Executive Leadership and is a certified Change Management and Project Management Professional. Wyle is President of the Yemeni Canadian Society, Board Member at MOSAIC, member of the Vancouver Board of Trade Diversity and Inclusion Committee and an Ambassador for the University of Victoria's Business School.

Bringing the public voice to health care regulation through the BC-PAN

Susan Prins, Director, Communications and Public Affairs, College of Physicians and Surgeons of BC

Susan Prins is a senior communications professional with 25 years of progressive leadership experience in both the private and public sector. For the past 15 years, she has held the position of Director, Communications and Public Affairs at the College of Physicians and Surgeons of BC. In this role, she is responsible for developing and executing a comprehensive communications strategy to support the board's priorities, strategic plan and evolving political agenda. Susan is passionate about ensuring the public voice and perspective is reflected in the work of the regulator. She was instrumental in shaping and currently sits as chair of BC's Public Advisory Network (BC-PAN), now in its second year of operation. Susan holds a Master of Adult Education from the University of British Columbia.

Kelly Newton, Policy and Engagement Lead, College of Physicians and Surgeons of BC

Kelly Newton is the Policy and Engagement Lead at the College of Physicians and Surgeons of BC. She is a Registered Nurse with previous experience working in acute care and holds a Master of Science in Nursing and Master of Public Health from the University of British Columbia. Kelly also completed IAP2 (International Association of Public Participation) training to help inform her work in stakeholder engagement. Kelly's current work at the College is focused on ensuring practice standards and professional guidelines remain up to date and continue to meet the needs of changing practice environments and legislation, evolving health-care practices and stakeholder values. Part of the College's engagement work is done through the BC Public Advisory Network (BC-PAN), which she helps manage.

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Introduction

A major theme in Diversity & Inclusion, CNAR's first e-book about equity, diversity and inclusion (EDI) practices, is the responsibility regulators have for EDI beyond their prescribed regulatory mandates. This second volume builds on that theme by placing the discussion and adoption of EDI principles in all facets of professional and personal life. Regulators are encouraged to reflect on the EDI journeys of their organizations, staff and professionals they regulate in terms of:

The need for unlearning, learning and education. This includes but is not limited to the intentional active learning and unlearning of histories and current negative biases relating to the experience of racialized and marginalized people and communities. Doing so requires confronting challenging emotions of implication and transforming them into active responsibility. This process builds stamina and confidence in actively knowing, understanding and addressing issues personally and on a larger scale. Such education should rely on published well-researched resources that provide foundational knowledge and recommendations.

Doing so requires confronting challenging emotions of implication and transforming them into active responsibility.

The idea and necessity of diverse representation. Regulators are encouraged to actively consider diverse representation at all levels of an organization and what representation may look like beyond simply recruiting people who identify with marginalized communities. The significance of collecting data is discussed as a way to empirically assess whether and how staff reflect and support the diverse populations they serve. Also important is the building of organizational work environments where policies, standards, practices, processes and programs reflect, and are informed by, EDI.

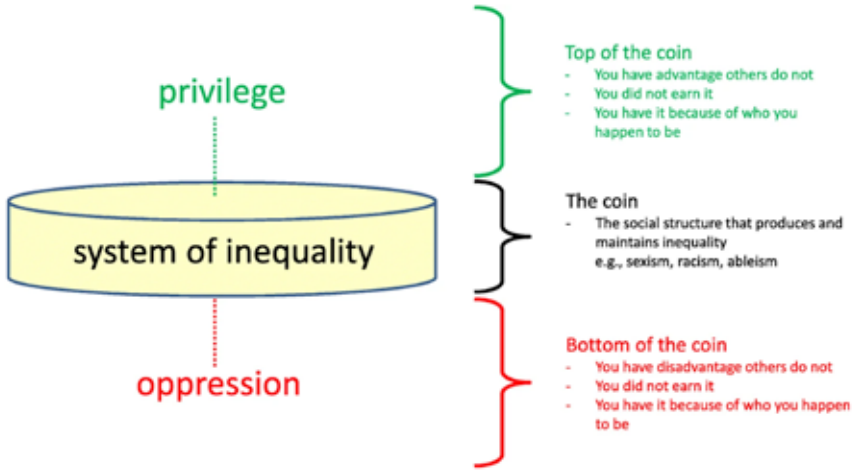
Outcome should be conceptualized as dynamic, rather than static or fixed. When it comes to integrating EDI principles, the outcome is an ongoing practice and prioritization of anti-racist, decolonial and action-oriented reconciliation. Reviewing and evaluating what is and is not successful is ongoing. EDI agendas are not a checklist to fulfill, nor a "side of the desk" task, but a dynamic integration of evolving principles in personal and professional settings.

Learning, Unlearning and Education

Most terms that reference change or the implementation of new ways of being and behaving hold forward-moving connotations - growth, evolution and incorporation. When it comes to the work of EDI however, action items regarding the past are essential for practicing anti-racism, decolonization and reconciliation. Unlearning is the first step in breaking down internalized notions and systems that reproduce discriminatory norms, thoughts and behaviours both personally and organizationally. Unlearning biases and skewed versions of history must be coupled with learning truthful histories and appreciating the intergenerational systemic experiences racialized and marginalized communities face. For example, Harmony Johnson[1] notes how Indigenous people have come to bear a negative connotation of nostalgia, based on how others learn about them that still includes stereotypical images of "authentic" Indigenous people existing in past ways of life and in present depictions that carry reductive stereotypes.[2] Unlearning and learning are fundamental steps in the forward moving notions of growth, evolution and incorporation of anti-racist, decolonial and reconciliatory standards and practices within organizations. Many people do not carry harmful stereotypes at the front of their thoughts and actions, but as Johnson explains, "part of our work in front of us is interrupting those biases" that sit in the back of minds.[3]

The challenge of unlearning is that it requires perhaps more nuanced action and intention than learning does. Holding privilege is often "invisible to those who have it"[4] and that which needs to be unlearned is either subconscious or historically normalized. Still, the responsibility of remedying privilege belongs to those who hold it and not those who are disenfranchised. Though privilege comes in many forms that offer advantage and/or power, Wyle Baoween[5] offers the definition of "having

Fig. 1: *The coin model of privilege and critical allyship: implications for health*



Nixon, S. A. (2019). The coin model of privilege and critical allyship: implications for health. *BMC Public Health*. 19(1), 1-13. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-7884-9

something of value that is denied to others simply because of a group they belong to."[6] Johnson introduces an important visual of privilege and its inextricable relationship with oppression and racism. The Coin Model depicts systems of inequality with privilege and oppression on either side of a coin to demonstrate that privilege always comes at the expense of another.[7] Further, it is important to recognize that a person has various identity markers, each of which can lie on either side of this coin. Understanding privilege is critical to reshaping normative definitions of fairness from equality to equity. Equality as fairness might treat everyone

1 Principal, Nohotout Consulting, Interim VP for Indigenous Wellness and Reconciliation Providence Health Care

2 Keynote Address: 20:30

3 Keynote Address: 28:07

4 Michael Kimmel, as quoted by Wyle Baoween: CEO & Senior Facilitator, HRx. Equity, Diversity and Inclusion within Profession Regulation: from Audit to Action: 5:30

5 CEO & Senior Facilitator, HRx

6 Equity, Diversity and Inclusion within Profession Regulation from Audit to Action: 4:30

7 Keynote Address: 35:20

the same in theory, while equity enables fair access to opportunity and power. Equitable fairness tailors resources to support fair access and power with the same effort. Equitable practices can depend on a wide realm of diversity dimensions (religion, race, gender, age, etc.). Social equity has become more prevalent in the past few years, however, progress with its integration in society relies on unlearning normative fairness.

Confidence in knowing and being able to lead EDI practices is essential for regulators and other leaders who may guide them, the professionals they regulate or the stakeholders in their professions. Thus, learning is not only crucial within organizations but as a means of personal development. Meaning, leading and learning decolonization, anti-racism and reconciliation must be incorporated beyond the workplace. Mandatory and detailed EDI education for all those within an organization can support the personal and professional integration of EDI principles. As Joanie Bouchard[8] notes "everyone needs to have a minimum and common level of knowledge and understanding on this topic."[9] Unlearning often involves confronting internalized biases and provokes uncomfortable and challenging emotions. As Cynthia Johansen[10] shares, adopting EDI principles demands humility "about the learning that unfolds when a mistake is made."[11] Emotional responses such as guilt, shame, sadness, shock and resistance to settler colonial implications need to be normalized and reimagined as responsibility not to be shied away from. Providing a safe space for those within the organization to learn and change through these emotions and respond to them with intentional practice rather than shame or fear is one tool to support unlearning and learning. This learning then is not simply external - referencing organizational practices – but also internal where staff go beyond understanding basic EDI to adopting EDI principles in their work. Regulators and the professionals they regulate must be well prepared to deal with inequalities and culturally sensitive ways of providing service.

This preparation and practice are as personal as it is professional, as Johansen states "anti-racism doesn't just happen nine-to-five in a workplace."[12] To put one's most equipped foot forward in the professional world, it is necessary to address systemic, inter-personal racism. Mirroring EDI work in one's personal life can build confidence and stamina for a "leading while learning" approach to organizational transformation. This, paired with providing safe spaces at work for EDI education, encourages collaboration and support in both personal and professional growth, development and incorporation. With sufficient background education built through the lens of unlearning to learn, one can interrogate specifically how privilege and oppression manifests within an organization and field of work more broadly. The importance of working at a personal level is exemplified by recognizing that sociopolitical narratives that degrade Indigenous people are reproduced at the individual level with misinformed histories and negative biases. It must then be interrupted at the individual level otherwise, as Johnson remarks, "we end up with this pervasive social negative attitude about Indigenous peoples and then this manifests itself in discriminatory behaviors in personal, social, work environments and embedded in our institutions and embedded in our relationships."[13]

> "How are we ever going to create progress and share meaning if we're not using the same types of words and language?"
>
> **Harmony Johnson**

Johnson's keynote address provides substantial and fundamental information directed towards learning, unlearning and education.

8 Registrar, College of Dietitians of British Columbia (CDBC)

9 Equity, Diversity and Inclusion within Profession Regulation: from Audit to Action: 40:00

10 CEO, British Columbia College of Nurses and Midwives (BCCNM)

11 A Regulator's Journey Towards Cultural Safety and Humility: 11:00

12 A Regulator's Journey Towards Cultural Safety and Humility: 9:42

13 Keynote Address: 27:50

Beginning with the significance that discourse holds, Johnson asks "how are we ever going to create progress and share meaning if we're not using the same types of words and language?"[14] For example, the word "settler" holds a great deal of history and weight. Johnson encourages everyone to figure out their personal relationship with this term, which can start with acknowledging that colonialism occurred and settlers are non-Indigenous. Another important and multifaceted term is "racism". Most people see racism as an act. Johnson describes racism as "a way of thinking about human beings and ranking them within a hierarchy based on things like skin color" and that race is not a question of biology but "entirely a social process."[15] Understanding the societal construction and implementation of race is a prompt to look beyond blatant instances of racism to find all are socialized in the process of ranking races. Knowing this one can identify when racism permeates what one sees around them and become part of the solution. Anti-racism involves continual action rather than racial neutrality and, cultural humility is an inward facing, reflective and probing practice that interrupts bias.[16]

Each presentation recommended leaning on already published and extensively researched reports and documents including but not limited to the TRC Calls to Action, In Plain Site Report and the UN Declaration on the Rights of Indigenous Peoples. These documents can aid with education to build the foundations of an EDI based organization. CEOs and registrars have the opportunity to be leaders and normalize sensitive conversations and encourage the vulnerability of learning and unlearning in their organizations. These documents provide truth needed for reconciliation. Collaborative unlearning and acknowledgement of systemic implications of settlers throughout a profession and sector opens the door to contemplate what anti-racism, decolonization and reconciliation is for a regulator and its profession.

14 Keynote Address: 1:50

15 Keynote Address: 29:32

16 Keynote Address: 41:00

Collaborative unlearning and acknowledgement of systemic implications of settlers throughout a profession and sector opens the door to contemplate what anti-racism, decolonization and reconciliation is for a regulator and its profession.

All Roads Begin with Representation

Lack of diverse representation in leadership roles, or in many instances at all levels of an organization, is not a novel issue. Many organizations have started to look at how to have a staff complement that reflects the populations they serve. A common mistake, however, is viewing representation as an issue with numbers or a general diversity box to tick. Numbers are certainly a significant consideration in remedying homogenous leadership by providing demographic data that points directly to an issue. However, the true work and commitment lies in understanding the systemic nature of why diversity is lacking as well as taking action in support of onboarding and retaining a team with diverse identities and backgrounds.

While collecting data does not serve a transformative and transcendent version of representation, steps one takes towards diverse representation should be data informed. The College of Dietitians of British Columbia (CDBC) found that data makes issues within an organization visible and therefore manageable, provides a baseline to measure progress and implement goals, offers concrete reports for those who may resist believing there is an issue with representation and clarifies possible priorities in pursuing EDI.[17] The CDBC used data from their audit in order to create an inclusion scan map based on themes of belonging, fairness, support and belief in leadership committed and used that information to create a road map of a task-based action plan to address issues highlighted by the data. Additionally, Kelly Newton[18] shared that information collected through the BC-Public Advisory Network (BC-PAN) helps validate strategic EDI decisions, pinpoint further research for additional engagement and inform stakeholders.[19] The data collected also informs the revision of practices, standards and regulatory policies. The information also gives feedback to staff and supports them to adopt standards of cultural safety and humility and add trauma informed care to ethical and professional principles.

A lack of representatives of marginalized communities at the table, greatly limits communication and therefore the response to specific community concerns.

As Louise Aerts[20] describes from BCCNM's experience, Indigenous individuals are to be recruited and supported in leadership and decision-making roles to oversee, inform and promote system change.[21] In addition to ensuring a diverse leadership that reflects the population being served, those in current leadership roles need to make a strong commitment to inclusive practices throughout onboarding and widely within their organization. A lack of representatives of marginalized communities at the table, greatly limits communication and therefore the response to specific community concerns. The more diverse an organization's leadership, the more continuous and embedded change can be.

Bouchard raises a significant point that those who are onboarded who identify with marginalized communities should not be expected to consistently work as guides for anti-racist and decolonial work. This education needs a mindful balance by those with privilege doing a respectful amount of their own work along with engaging and listening

17 Equity, Diversity and Inclusion within Profession Regulation: from Audit to Action: 22:35

18 Policy and Engagement Lead, College of Physicians and Surgeons of BC

19 Bringing the public voice to health care regulation through the BC-PAN: 10:37

20 ED, Strategy and Integration, BCCNM

21 A Regulator's Journey Towards Cultural Safety and Humility: 37:00

to marginalized voices.[22] Engagement with racialized and marginalized people should not equate to emotionally driven work for them. Similarly Praise Osifo[23] notes that to have diversity in an organization one must not put the full weight of representation of an entire demographic on an individual. [24] It is imperative to recognize the individual's experience beyond their community. While an individual can align with and reflect the needs of a group, groups are not homogeneous.

Representation also demands practices and processes within an organization that are reflective of, and sensitive to, diverse cultures. For example, Aerts shares that BCCNM reviewed, reimagined and revised the complaints process to reflect cultural safety principles and did so in collaboration with Indigenous partners.[25] This was done in an effort to "address the underrepresented number of complaints about Indigenous-specific racism and complaints that are not made due to the impacts of racism."[26] Aerts also discusses the importance of looking at an organization's physical spaces in terms of who they reflect and how they are used (e.g., visible inclusion of Indigenous artwork, signage and territorial acknowledgement).[27] Representation can be seen by reflecting what is learned through transformed spaces and behaviours.

Understanding the diversity of the profession and the populations and communities served by the profession is crucial for regulators to become EDI-based organizations. Collecting demographic data about the profession and communities served is one key input. Having a diverse workforce, however, is not enough. Policies, practices, standards, workspaces and organizational culture need to be developed and reviewed with an understanding of EDI and in genuine collaboration with the people and communities served.

22 Equity, Diversity and Inclusion within Profession Regulation: from Audit to Action: 40:00

23 Public Engagement Coordinator, BC Public Advisory Network

24 Bringing the public voice to health care regulation through the BC-PAN: 37:35.

25 A Regulator's Journey Towards Cultural Safety and Humility: 34:16

26 A Regulator's Journey Towards Cultural Safety and Humility: 35:10

27 A Regulator's Journey Towards Cultural Safety and Humility: 36:14

It is imperative to recognize the individual's experience beyond their community. While an individual can align with and reflect the needs of a group, groups are not homogeneous.

The Outcome is Ongoing

Considering the systematic and systemic history and contemporary manifestations of discrimination and oppression, implementing EDI practices must be systematic and systemic. The outcome of the efforts put into learning and unlearning, education and data-informed actionable items is a new and continuous way of functioning. EDI is more than a moral obligation to fulfill but a necessity for an organization to survive.[28] As such, an organization's ethical conduct and standards of practice should specifically address EDI in reference to anti-racism, decolonial and reconciliation processes tailored to the organization's context. Mélanie Journoud[29] notes that progress reports are not for verifying certain checklists, but an ongoing process of implementing and sustaining a new way of working. This systematic approach ensures EDI does not become mistaken for a "side of the desk" reference but an integral part of meeting the public mandate protection.[30]

EDI merits an active commitment from CEOs and registrars taking part in change, rather than change being a passive agenda item. An ongoing outcome must permeate each portion of an organization, from the aforementioned personal work and education, to reviewing what language is used in meetings, to how one applies feedback from those meetings. The idea of an outcome being an ongoing process does not make it void of goals. Having detailed steps is the best way to support continuous change. Cumulative goals form what Joe Gallagher[31] refers to as a "desired future state" which includes mindsets grounded in Indigenous rights, cultural humility and anti-racism, as well as reconciliation grounded in substantive equality and cultural safety.[32]

> "We will not have an anti-racist, culturally safe health system in a racist society."
>
> **Joe Gallagher**

Being open and honest about movement towards this future state increases accountability and requires a tangible plan. An ongoing outcome requires stamina for facing challenges and potentially uncomfortable truths.

Johansen echoes this approach, stating that "as a regulator of nurses and midwives, we have a public service and public safety mandate and that means doing what we can to ensure that health care services received by members of the public from nurses and midwives are free from racism and discrimination."[33] This assurance relies on individual and organizational commitment. It relies not only on systematically integrating equity into an organization, but also the staff systemically taking on recommendations and living them beyond their workplace. In turn, this commitment beyond an organization does not only refine the quality of change one brings to the organization but also acts as a step towards societal change. As Gallagher reminds, "we will not have an anti-racist, culturally safe health system in a racist society."[34] With detailed and intentional learning and unlearning, one can move their confidence from leading change in the workplace to external instances of colonial or

28 Equity, Diversity and Inclusion within Profession Regulation: from Audit to Action: 21:48.

29 Deputy Registrar, CDBC

30 Equity, Diversity and Inclusion within Profession Regulation: from Audit to Action: 37:05

31 Cultural Safety and Humility Advisor, Qoqoq Consulting

32 A Regulator's Journey Towards Cultural Safety and Humility 19:44

33 A Regulator's Journey Towards Cultural Safety and Humility: 4:10

34 A Regulator's Journey Towards Cultural Safety and Humility: 20:45

antithetical systems and practices and respond to them with informed anti-racist, decolonial and reconciliation action.[35]

Inevitably there will be issues that stem from sociopolitical realms that require government support to address. There are issues or areas of change that are not entirely within a regulator's control. Nevertheless, regulators need to do what they can where they have influence. This kind of advocacy is not limited to change within one's organization and requires not being discouraged by spaces where efficacy is short.

Regulators should have active dialogue with external stakeholders whose collaboration would benefit EDI, initiating a collaborative approach to ameliorating external systemic racism is indeed a part of commitment to anti-racism, decolonization and reconciliation. As Johnson notes, allyship and progress in equitable behavior and mindset is not a self-defining process for those who are privileged, however, is to be recognized by the those who the allyship serves.

35 Keynote Address: 39:43

Allyship and progress in equitable behavior and mindset is not a self-defining process for those who are privileged, however, is to be recognized by the those who the allyship serves.

- Harmony Johnson

Conclusion

Discrimination has functioned subtly and blatantly at all levels of society and socialization. Anti-racism, decolonization, reconciliation and integration of EDI principles requires a multilayered, dynamic, interdisciplinary, multilateral and networked practice. This eBook set out to ***discuss some of these plains of field and inspire regulators to contemplate their EDI journeys at collective and individual levels.***