

FINAL REPORT



INCLUSIVE LEADERS

EQUITY AUDIT FINAL REPORT

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Introduction

Inclusive Leaders is an equity, diversity and inclusion consulting firm based in Toronto, Canada which is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples.

Over the last four years, we have offered organizations a wide range of services and expert facilitators, who provide strategic guidance and training on how to build workplaces and organizations that reflect and celebrate the diversities of the communities they serve. We believe that it takes leadership to create spaces that truly embrace anti-oppressive principles. We have worked to support equity and inclusion initiatives for various labour unions, public sector agencies, private enterprises, not-for-profit organizations, universities, and school boards. Our approach is consultative, principled, and rooted in anti-oppressive practices.

Our facilitators for this project come with extensive lived and professional experience in combating institutional anti-Black racism, Islamophobia, and other systems of oppression across Canada.

Our approach centres on community care principles. Specifically, we provide trauma-informed support which prioritizes those most vulnerable and harmed by institutions. Our goal is to cultivate space for unearthing and understanding challenges faced by all stakeholders that belong to equity-deserving groups. This means understanding that we are all operating within systems of oppression and that dismantling these systems involves naming the ways in which people face overt and subtle forms of discrimination, along with creating opportunities for healing and reparation.

Definitions

Ableism: The discrimination of and social prejudice against people with disabilities.

Anti-Black Racism: A term first expressed by Dr. Akua Benjamin, anti-Black racism refers to policies and practices that mirror and reinforce prejudice, stereotyping, and/or discrimination towards people of Black-African descent to the extent that it is normalized or rendered invisible to society at large.

Anti-Oppression Framework: Actions, ideas, policies, procedures and practices that challenge oppressive systems. It is a framework that seeks actively to dismantle power structures while acknowledging that society is built around ideas that devalue and marginalize difference.

Equity: The fair treatment, access, opportunity, and advancement for all people, while at the same time striving to name and eliminate barriers that have prevented the full participation of some groups.*

Equity Deserving Groups: Groups and individuals that face systemic barriers and discrimination because they belong to an identity that society has historically marginalized (people who identify as women, 2SLGBTQ+, people of colour, Black, First Nations, Inuit, Metis, people with disabilities etc.)

Human Rights: Rights that everyone is entitled to by existing as human beings. These universal rights are inherent to us all, regardless of nationality, sex, national or ethnic origin, colour, religion, language, or any other status. In Canada, Human Rights are backed by the Canadian Charter of Rights and Freedoms alongside Provincial Human Rights codes.

Normative Groups: Groups with characteristics that are favoured and normalized by society, also referred to as Privileged Groups.

Systems of Oppression: Oppression refers to the domination of certain individuals or groups by others through the use of physical, psychological, social, cultural or economic force. Systems of oppression are a result of this domination being intricately woven into the greater society which allows for the perpetuation of policies and practices that disadvantage marginalized groups.

Racism: Ideas, practices, and/or policies that establish, maintain or perpetuate racial superiority or dominance of one group over another. Canada has a long history of racist practices, including the enslavement of African peoples, Indian Residential Schools, Japanese Internment Camps, Chinese Head Tax, and Carding.

Whiteness : A dominant cultural space with enormous political significance, with the purpose to keep others on the margin. For example, racism is enacted against Black, Indigenous, and people of colour in order to uphold whiteness by normalizing that people who are “White” are the dominant keepers of power, culture, and systems.



Background

CMAJ retained Inclusive Leaders in April of 2022 to work with their editorial team to conduct a systems wide review of the journal's processes and identify effects of systemic racism and bias (particularly anti-Black racism and Islamophobia) within the journal's operations.

The renewed call for a review of CMAJ from an ant-racist, anti-oppressive lens came as a response to the criticism laid against CMAJ by Muslim healthcare professionals and their allies across Canada after a letter to the editor was published in CMAJ in December of 2021 that referred to the hijab as “an instrument of oppression” and invoked many Islamophobic tropes and stereotypes about hijab-wearing Muslim women. Among their allies were members of the Black Health Education Collaborative who had been at the time, working on a special issue of the journal focused the health of Black people and anti-Black racism within the health care system in Canada. The Black Health Education Collaborative suspended the release of the special edition in an attempt to show solidarity with the Muslim medical community, many of whom were also members of their Collaborative and put pressure on CMAJ to act.

The letter was retracted and CMAJ made efforts to engage with the Muslim medical community and their allies to better understand how to remedy the harm done.

Prior to the publication of the letter, CMAJ had made several commitments to further anti-racism commitments at the journal. These commitments can be found in an editorial published in March of 2021 by CMAJ's then interim-editor in chief, Kirsten Patrick. They included commitments to:

- Adding an editor with expertise in Critical Race Theory (CRT) to CMAJ's editorial team;
- adding a member to the journal's existing Editorial Advisory Board who could advise knowledgeably on the development of antiracist policies;
- offering unconscious bias training and regular education related to relevant developments in research methods to CMAJ's existing editorial team; and
- commissioning and publishing articles that critically address racism's impact on the health of people in Canada and seek to present real solutions.

Our Process

To guide and support the review process we met with a CMAJ established a Core Working Group (CWG), led by Editor-in-Chief Kirsten Patrick which comprised six staff from various teams across the organization who demonstrated a strong commitment to embedding EDI principles within CMAJ's publishing practices. Throughout the review, the Core Working Group participated in five working sessions to identify the review scope, provide feedback on the staff survey, identify key stakeholders and validate key findings. As a final step, the CWG engaged in a process of action-planning to determine next steps in addressing each of the recommendations found in this report.

To effectively assess the extent to which CMAJ embeds equity, diversity and inclusion into their journal publication practices, Our firm Inclusive Leaders, utilized multiple methods of data collection including surveys, focus group and one on one interviews. The following section outlines the outcomes of this phase of data collection.

Data Collection Methodology

Surveys

To gain a deeper understanding of sentiments concerning equity, diversity and inclusion, Inclusive Leaders released two anonymous surveys. The first survey was released to CMAJ Group employees and contractors. It asked **22** questions related to demographics and sentiments related to EDI at CMAJ. The second survey was released to those that have previously submitted research to CMAJ (successfully and unsuccessfully) and focused on demographics and perceptions of EDI practices at CMAJ.

Of 98 invited participants, a total of **38** unique respondents completed the survey.



Respondents identified as Associate Editor, Management Staff, Non-Management Staff and Previous Submitter.

Respondent Category	n	% of Total Respondents
CMAJ Group Staff (non-management)	22	58%
CMAJ Group Staff (management)	7	18%
CMAJ / CMAJ Open Associate Editor	5	13%
Previous Submitter to CMAJ	9	24%

Data Collection Methodology: Focus Groups

Focus groups were held with the CMAJ Senior Editorial Team and selected community partners. Focus groups were selected based on Inclusive Leaders' understanding of the nature of the issue and in consultation with the Core Working Group. Focus groups validated the results within the survey and provided the opportunity for a deeper exploration of the key themes that emerged.

Focus groups were held with:

- CMAJ Senior Editorial Team
- Black Health Education Collaborative
- Muslim Medical Advisory Council
- Muslim Advisory Council of Canada
- National Council of Canadian Muslims

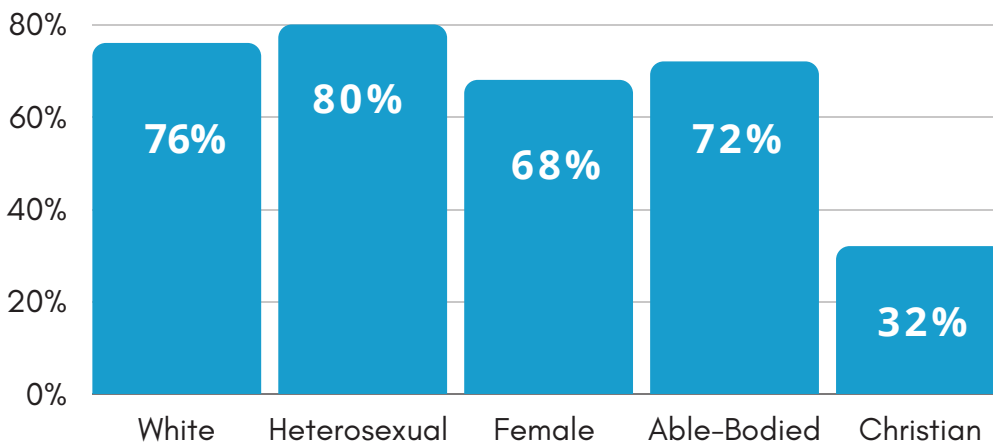
As an additional form of accountability and transparency, Inclusive Leaders' final recommendations were circulated to all focus group participants for feedback and validation that their input was accurately represented. Participants had the opportunity to provide their feedback in both, in writing and virtually (via Zoom).

CMAJ By the Numbers

Identity Demographics

Through the staff survey, we asked all respondents to share their identity markers. This helped us better understand the level of diversity within CMAJ's staff complement. Demographic questions asked about race, gender identity, religion, sexuality, and (dis)ability.

Respondents are defined as all staff who participated in the survey. The numbers are as follows:

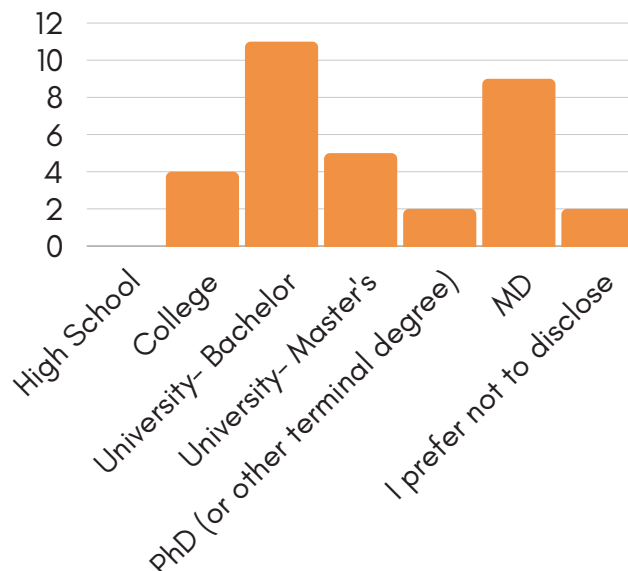


Point of Interest:

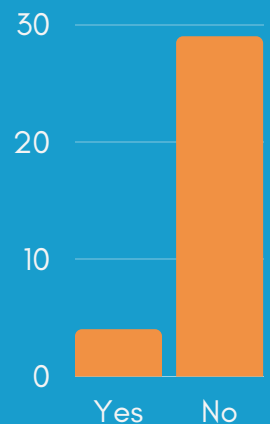
While **76** percent of respondents identify as White, **100** percent of management-level respondents identify as being White.

Education

33% of respondents self-identify a Bachelor Degree as highest level of educational attainment



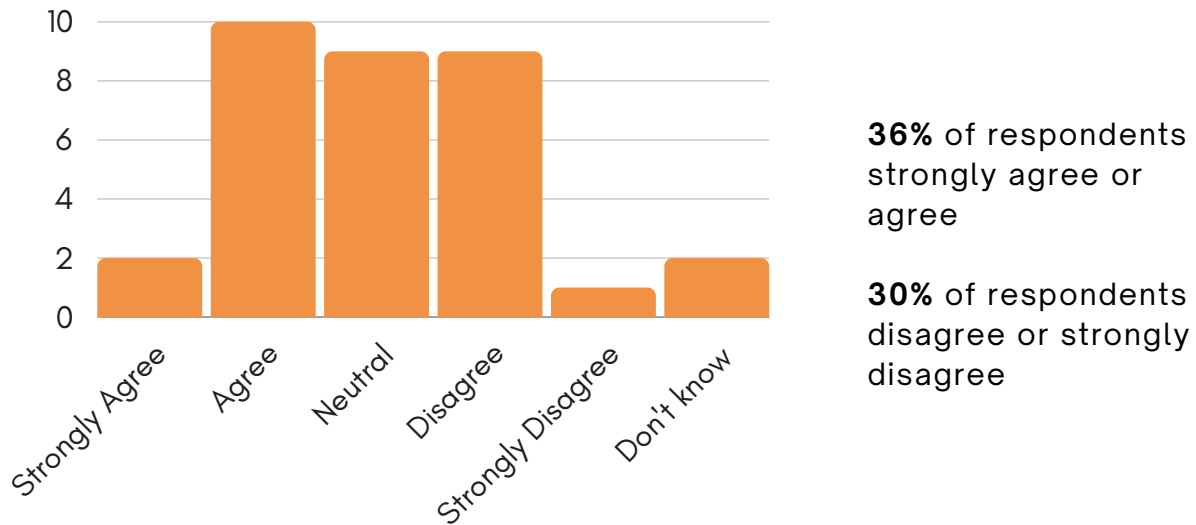
88% of respondents self-identify as NOT being the first in family to attend post-secondary education



Equity Perceptions within CMAJ

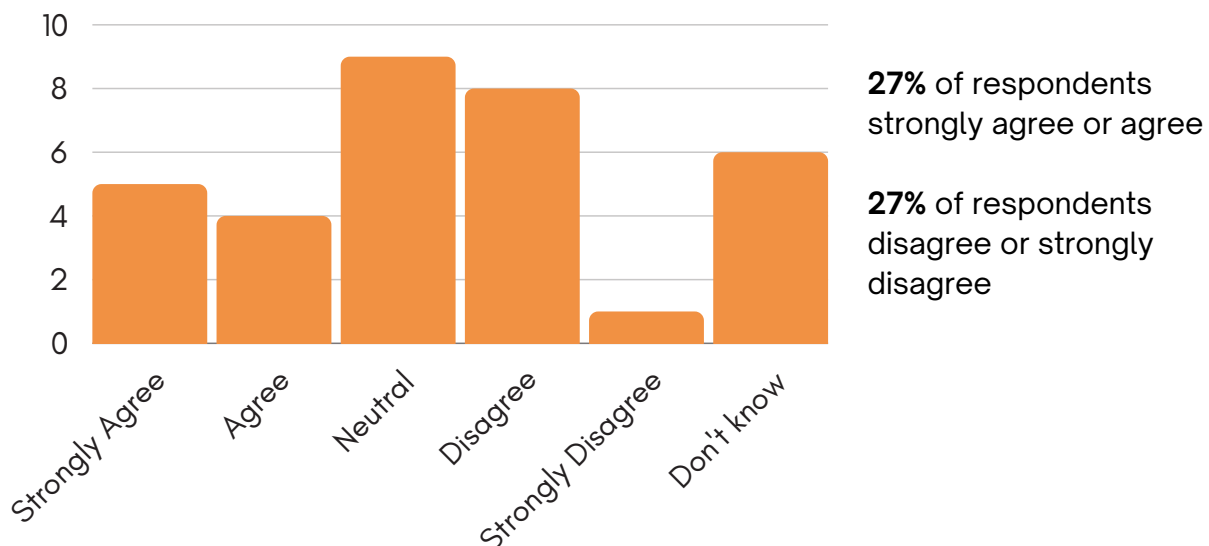
We asked all survey respondents to share with us their level of agreement related to a number of key areas to understand how they perceive the organization's role in upholding equity and inclusion both internally and externally.

Belief in CMAJ as a Diverse Organization



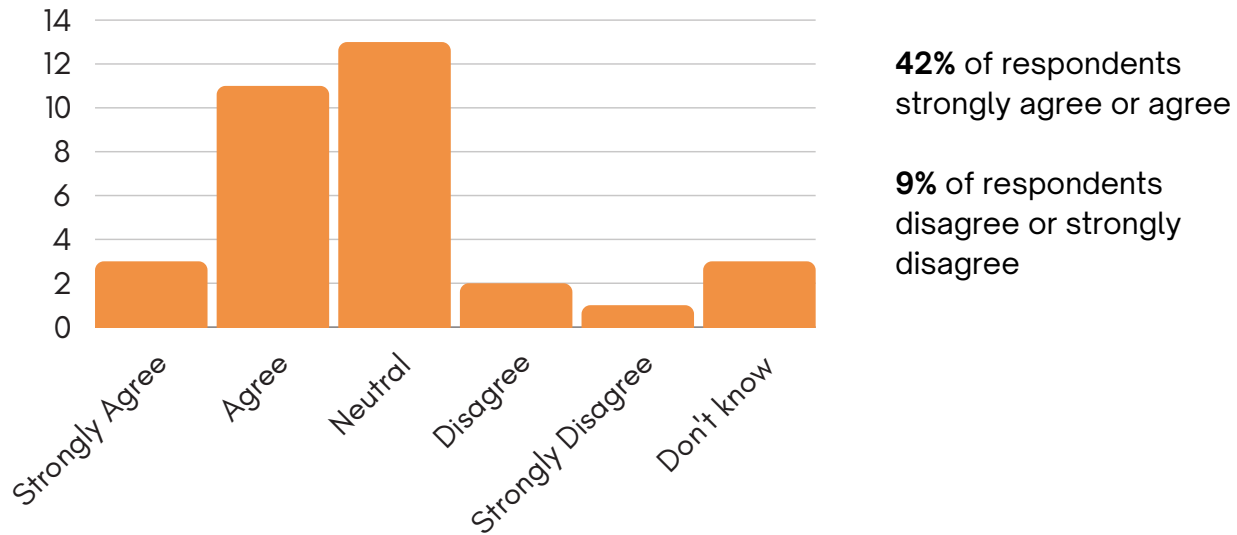
Belief in CMAJ's Community Engagement

Belief that CMAJ does a good job of reaching out to communities who are historically underrepresented in the journal to encourage submissions



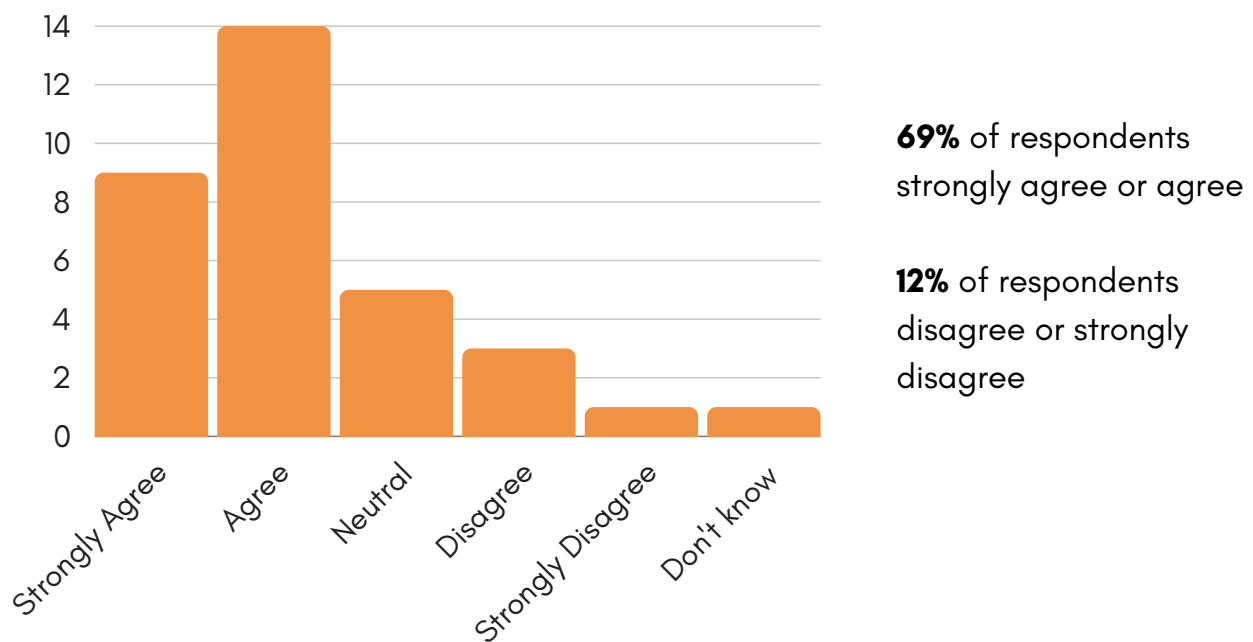
Belief in CMAJ as an Inclusive Journal

Belief that CMAJ does a good job of including submissions that centre the voices of historically underrepresented communities



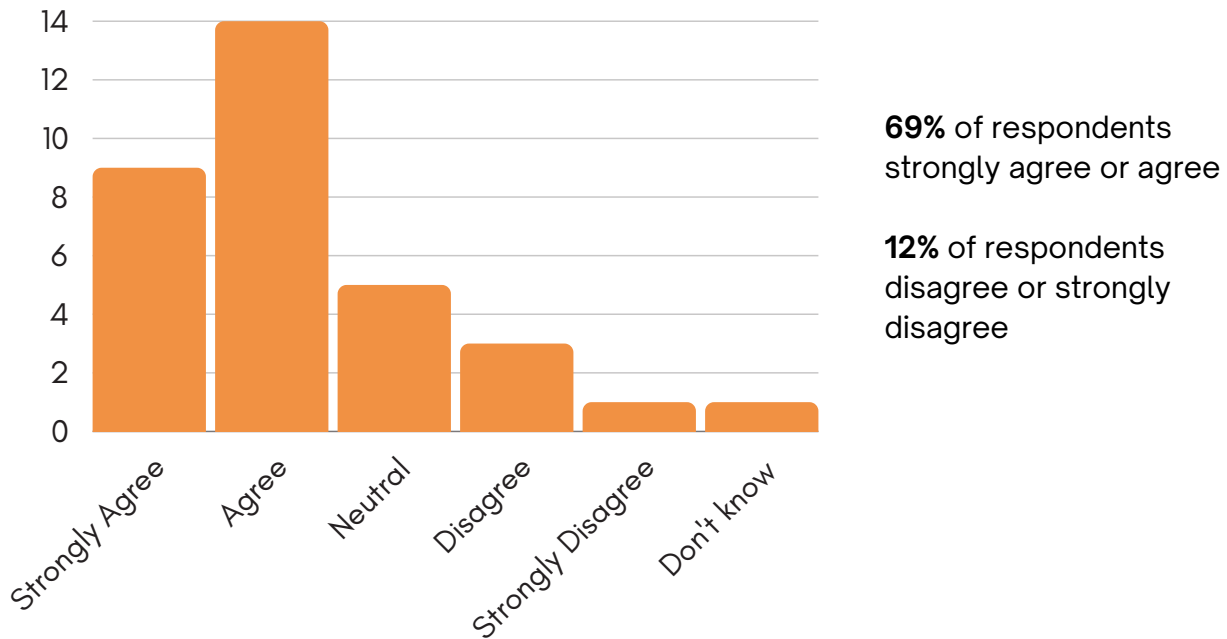
Applying Principles of AEDI

Respondents feel confident in applying principles of equity, diversity and inclusion within their role

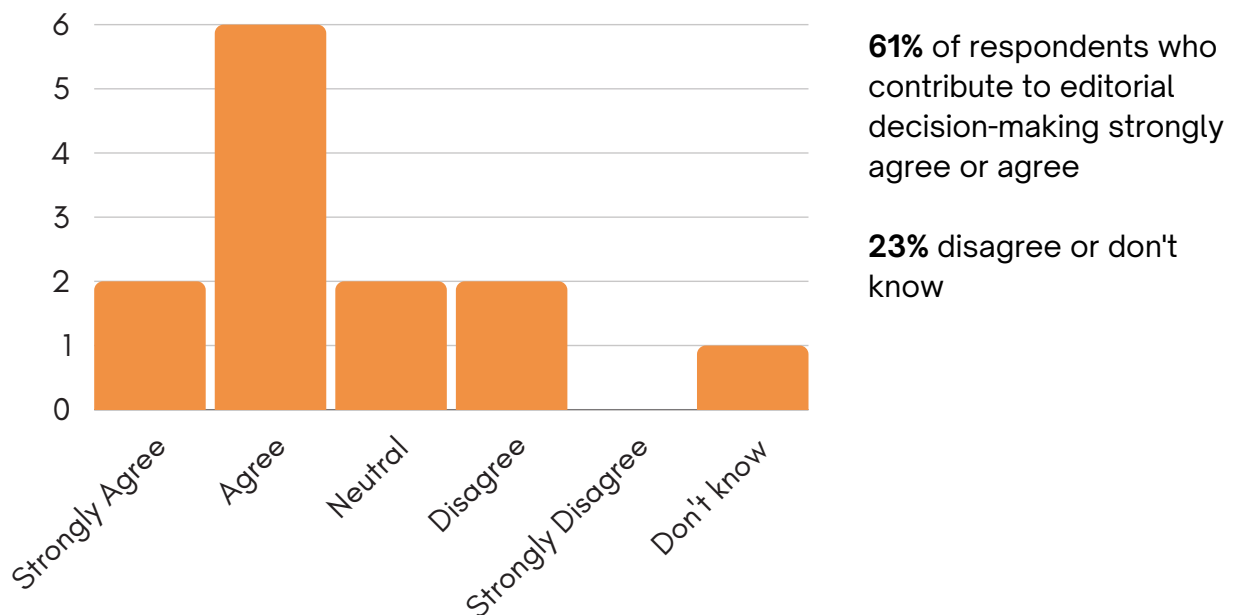


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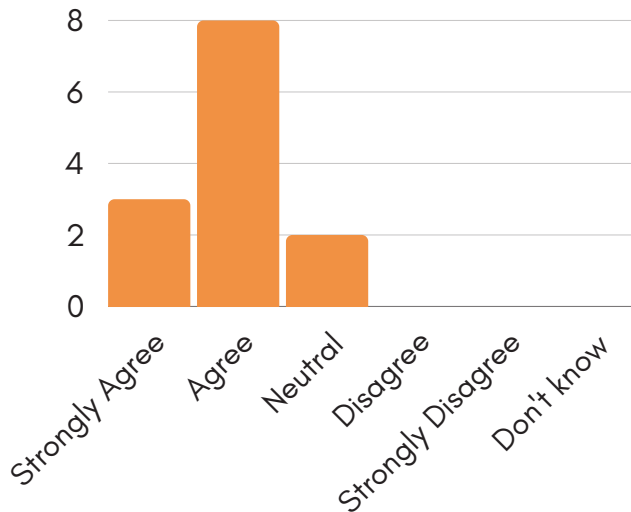


Respondents have the knowledge and skills to recognize when a submission contradicts the values of equity, diversity and inclusion



Accepting & Rejecting Journal Submissions

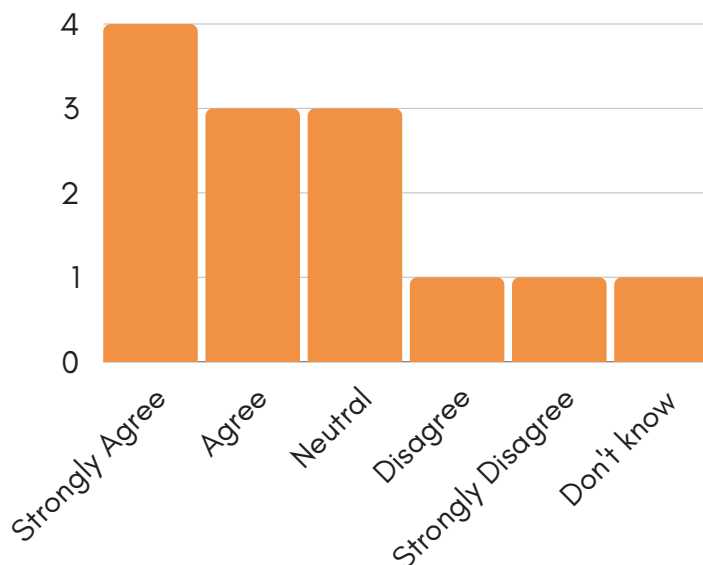
Respondents have a clear understanding of the criteria for rejecting or accepting journal submissions and how to apply it



85% of respondents who contribute to editorial decision-making strongly agree or agree

Communicating Feedback & Raising Concerns

Respondents would know how to communicate feedback or raise concerns if they came across a submission they felt contradicted principles of equity diversity and inclusion



54% of respondents who contribute to editorial decision-making strongly agree or agree

23% strongly disagree, disagree or don't know

Findings: Focus Groups

Focus group participants provided essential insights and important context that helped guide the development of the recommendations found within this report. Each community-based focus group helped to provide a deeper understanding of the challenges facing CMAJ and the potential for transformation that exists. Inclusive Leaders initially embarked on this review with the understanding of the challenge that stemmed from the publication of a letter to the editor perpetuating anti-Muslim discrimination in 2021. However, through the consultation process, we quickly learned of a history of exclusion and mistreatment of Black medical researchers, both at the senior staff level, and through the peer review process. This indicated deep-rooted challenges preventing stronger, positive relationships between CMAJ and equity-deserving groups among the medical research community.

Through surveys and focus groups, CMAJ editors and staff expressed anxiety that implementing meaningful change in service of anti-racism, diversity, equity and inclusion (AEDI) had the potential to hinder the integrity of the journal. Separately, participants in community-based consultations expressed feeling like the journal and its editors did not make enough of an effort to include diverse voices and submissions because of an assumption that the research could not meet the standards required by the journal. One participant emphasized, “this (...) is without a doubt unqualified 100% racist.” (Focus Group participant) and asserted that the concern of CMAJ should focus on how the journal’s integrity would be compromised because of its lack of diversity. To the community members we spoke to, the journal should reflect the issues faced by a diversity of Canadians, and it should see itself as means by which healthcare professionals understand the needs of the diverse and historically marginalized communities they are serving.

Respondents felt that CMAJ is making progress in the right direction, but would like to see more diversity at decision-making tables and more collaboration amongst the different teams within the publication process. Respondents also expressed a desire for practical advice on how to apply an AEDI lens to all phases of production.

Key Themes:

Four key themes (areas of focus) emerged from the results of the surveys and focus groups with CMAJ employees, associates and community stakeholders:

1. People & Culture

What we heard:

- There is a lack of diversity amongst senior staff contributes to the organization's lack of recognition of systemic barriers within the journal's publication process.
- CMAJ's approach to prioritizing equity, diversity and inclusion within the publication process is reactive, based on complaints/backlash from the community rather than an intrinsic appreciation for the value that applying AEDI strategies would bring.
- CMAJ needs to deepen its understanding of the historical barriers that researchers of colour, specifically Black, Brown and Indigenous researchers have faced in the medical community and the value of medical research submitted by Black, Brown and Indigenous researchers.
- CMAJ requires "clear evidence" of systemic barriers within the process rather than being open to trusting the feedback from community.



2. Community & Partnerships

What we heard:

- Significant harm has been done to Black, Muslim and Indigenous communities in the journal's history, acknowledgement of this and a commitment to meaningful change is necessary.
- There are few formal strategies or resources being put into community engagement.
- Any community engagement is reactive and not part of a cultural norm.
- There needs to be a formal process for collecting feedback from the community.
- CMAJ should identify opportunities for the community to drive research priorities and engage in journal activities.

3. Data Collection & Analysis

What we heard:

- Anti-racism and equity-based decision-making at the journal is not currently data driven.
- There is currently no baseline understanding of the demographic makeup of editorial teams, previous submitters, published authors and peer reviewers.



4. Internal Policies & Practices

What we heard:

- The perception exists that when it comes to the peer review process, there is one process for those that belong to White communities and another process for those that belong to racialized communities
- There is no policy or value statement or equity directive that guides the work of CMAJ
- There is no accountability within CMAJ for upholding the values of AEDI



The Path Forward

Focus group participants provided a strong reminder that if CMAJ is truly focused on supporting medical professionals to achieve excellence in patient care, it needs to embrace new ways and methods of publishing that prioritize anti-racism, equity, inclusion and diversity as Canada's population continues to evolve. While the journal has a long-standing history of excellence in medical publishing, publication practices need to evolve in order to meet the needs of equity-deserving communities that have historically been ignored or harmed by medical professionals and researchers. In order to achieve this, CMAJ needs to embrace new practices that demonstrate the value of diverse, community-based research, using its power, privilege and respect within the research community to be leading champions of anti-racism, equity, diversity and inclusion within the field of medical research publishing.

An underlying current that emerged throughout discussions with CMAJ staff and community surrounded the notion of excellence in medical research and CMAJ wanting to maintain a level of rigor and quality that would be compromised by prioritizing and embedding principles of AEDI. It was consistently reiterated by CMAJ staff that CMAJ could do little to diversify the authors from whom it is receiving submissions because it has limited or no control over this. These harmful thought patterns have continuously perpetuated a culture of white supremacy and racism within the journal and demonstrate the need for a significant shift in culture at all levels of the organization and publication process, especially at this point in time when research institutions and publications are being called upon and are making active efforts to embed AEDI principles into their processes.

Measures of Success

As an organization, CMAJ will be marked as successful and on its way to becoming an organization that truly embodies anti-racism, equity, diversity and inclusion when:

- The Governance Council, Editorial Board and Peer Review Board are reflective of a diverse lived and professional experience. This includes representation across race, gender, ability, sexual orientation and religious identities along with diversity in academic fields of study.
- Value and importance is given to community-based participatory research that engages diverse communities in identifying priorities in medical research and that equal importance is given to both qualitative and quantitative research.
- There is a strong understanding of the structural barriers faced by marginalized communities (particularly Indigenous, Black and/or Muslim communities) when it comes to accessing medical systems and having these experiences documented in medical research.
- There are systems in place to try to equalize the playing field and ensure that an equity, and de-colonial lens is applied, and that subject matter experts are reviewing submissions.
- There is a shift in organizational culture and attitudes that result in an understanding that excellence and integrity in medical research publishing can only be achieved when there is a focus on equity diversity and inclusion within the Journal's policies and practices.
- Spotlights and/or special editions focused on the work of researchers from equity-deserving communities/ and or issues faced by equity-deserving communities are part of the journal's regular rotation.
- Everyone sees themselves as responsible for supporting and advancing an organizational culture that upholds AEDI



Recommendations

1. People & Culture

Goal:

Prioritizing diversity and inclusion within the governance structure and at the Senior Leadership level will lead to greater accountability and help CMAJ to better understand systemic barriers within the journal's publication process.

Recommendations

1.1 Embed an AEDI Lead into CMAJ's existing governance structure

1.2 Develop and implement a learning framework around historical systemic oppression and racism in the health sector with a focus on Anti-Black Racism, Anti-Indigenous Racism and Islamophobia for CMAJ staff and editorial teams

1.3 Develop and implement a mandatory learning framework for peer reviewers on implicit bias

1.4 Develop required anti-racist and equity competencies for senior editor and Editorial Board roles

1.5 Build AEDI goals and performance measures into the annual performance review process for staff and Editorial Board members

2. Community & Partnerships

Goal:

A culture which prioritizes strengthened relationships between The CMAJ Group and editorial team, and the Black, Muslim and Indigenous communities will allow CMAJ to better understand and meet the needs of equity-deserving communities.

Recommendations

2.1 Publish a written acknowledgment of past harm that outlines commitment to future work

2.2 Develop and resource a community engagement strategy that includes listening sessions with identified priority communities

2.3 Develop a communications strategy specifically intended to attract research submissions/scholars from equity-deserving groups with specific attention given to Indigenous, Black and/or Muslim scholars

2.4 Develop a recruitments strategy for peer reviewers from equity-deserving groups

2.5 Develop and action a partnership framework with research institutions that have already implemented EDI strategies or have demonstrated prioritizing research from equity-deserving communities

3. Data Collection & Analysis

Goal:

CMAJ will use data collection and measurement to understand inequity and racism within its publication process and inform the priority in which actions need to be taken. All actions taken should be data-driven.

Recommendations

3.1 Develop a policy for collecting demographic data from editors, authors, submitters and peer reviewers

3.2 Develop an annual demographic survey and reporting tool of the existing editorial staff, peer reviewers, submitters, and types of articles

3.3 Work with members of equity-deserving communities with a connection to the medical research community to co-develop annual AEDI action plans for CMAJ's Editorial Board

3.4 Develop a transparent reporting framework for sharing the current state of AEDI at CMAJ and utilize data to set appropriate targets for improved representation of researchers within the journal

4. Internal Policies & Practices

Goal:

Every role and person within the publication process will have an understanding of CMAJ's commitment to AEDI, understand their role in upholding that commitment and will be held accountable for doing so. Belonging and psychological safety for diverse staff within CMAJ will be embedded within organizational practices.

Recommendations

4.1 Develop guidelines for submissions geared towards researchers from equity-deserving groups that clearly articulate CMAJ's commitment and actions towards removing barriers from the publication process

4.2 Develop a code of conduct for peer reviewers and CMAJ editors that include equity-competencies

4.3 Conduct a review of best practices related to peer review processes that aim to specifically reduce implicit bias and use findings to inform the revision of CMAJ's existing peer review process

4.4 Develop a training on equitable peer review and editorial processes and require all existing and new editors and peer reviewers to participate

4.5 Develop an equity, diversity and anti-racism policy as a guiding text which acknowledges that medical research is not neutral

Action Planning and Performance Management

Part of Inclusive Leaders’ process involved offering CMAJ’s leadership tools for taking information gathered in the discovery phase of this review, and translating it into tangible actions. The goal was to leave organizational leaders with a better understanding of the opportunities for EDI growth, and a mechanism for planning out measurable action. The following table was offered to CMAJ as a performance management tool to be used in action planning the recommendations drawn from this report.

Recommendation	
<i>List recommendation here</i>	
Inputs (Elements used to deliver the intended results of a project (human resource personnel, money, equipment)).	
Outputs (Outputs are direct, immediate results and activities that are achieved as a result of inputs.	
Outcome (Outcomes mark the cultural shifts and tangible changes that occur as a result of implementation.)	
Timeline	
Main Actor (Who will be responsible for the logistics of moving this forward?)	
Leadership Champion (Who will be the decision maker ensuring that resources are in place to make this happen?)	
Year-One View (What will life look like after 1 year of having this in place?)	
Indicators of Success (What will success look like)	
Core Principles for Change (What values must this change be grounded in?)	
Risks and Task Blockers (What might get in the way of making this happen?)	

Conclusion

As this review process unfolded, CMAJ had already initiated internal changes and actions that provided a starting point in addressing the challenges noted within this review. Two special issues on Black health and anti-Black racism in medicine in Canada were published. A statement acknowledging the harm that has been done to Indigenous communities by the medical research field was published. The Core Working Group has been working diligently to determine how each of the recommendations within this report can be actioned. There are a number of factors that may stall or block progress on AEDI initiatives, funding and governance being primary factors. If CMAJ is committed to changing its culture and publication process to make it more equitable and inclusive, it will have to advocate and prioritize AEDI initiatives in the face of budgetary restraints and governance decisions that may be enforced by its parent organization.

The hope is that CMAJ will continue to evolve its policies and practices through an iterative process based on the understanding that true AEDI is always changing and shifting to meet the needs of Canadians. This iterative process must centre on strong engagement, partnerships and relationships with the Black, Muslim, Indigenous and other equity-deserving community partners that are actively working towards justice as a priority. CMAJ must do so while maintaining transparency on its progress towards AEDI goals.

