



**NL Health
Services**

TOOLKIT

Diversity, Equity and Inclusion

Table of Contents

Important Notes.....	3
Land Acknowledgement	3
Why a DEI Toolkit?.....	5
Understanding and Applying DEI Concepts	6
Tips for Improving Your DEI Practices	18
Additional Learning.....	33
References	39

Important Notes

This Diversity, Equity and Inclusion (DEI) toolkit is intended to support all Newfoundland and Labrador (NL) Health Services staff, physicians and volunteers in their DEI learning journey and provide tips on how to better integrate DEI practices into their daily work. Creating a more diverse, equitable and inclusive culture at NL Health Services requires dedication and intention on each of our parts. This toolkit serves as a foundational document from where all NL Health Services staff, physicians and volunteers can begin this important work.

We would like to acknowledge our Diversity, Equity, Inclusion and Reconciliation (DEIR) Council and our Patient and Family Experience Advisors (PFEAs) for their support in the development of this toolkit. We would also like to acknowledge several foundational sources of information that were adapted to fit the specific needs of NL Health Services, the City of Ottawa's 'Equity and Inclusion Lens Handbook', the Toronto Transit Commission's 'Diversity and Inclusion Toolkit' and the Canadian Federation of Nurses Unions 'Equity and Inclusion Toolkit'.

Land Acknowledgement

NL Health Services respectfully acknowledges the land on which we gather as the ancestral homelands of the Beothuk, the island of Ktaqmkuk (Newfoundland) as the unceded, traditional territory of the Beothuk and the Mi'kmaq and Labrador as the traditional and ancestral homelands of the Innu and the Inuit. We respect the cultures, ceremonies and traditions of all who call it home. With an open heart and mind, we are committed to working in a spirit of truth and reconciliation to make a better future for all.



In alignment with NL Health Services' DEI commitment, it is essential to acknowledge the historical and ongoing role of the health-care system in colonization and its impact on Indigenous Peoples. The intergenerational trauma of residential schools, maltreatment of Indigenous children and families in Newfoundland and Labrador's child

protection system, stigma and discrimination continue to affect the social determinants of health and well-being of Indigenous Peoples.

NL Health Services is committed to reducing these inequities and fostering self-determination, healing and respectful relationships with Indigenous communities across the province.

Statement of Commitment

At Newfoundland and Labrador (NL) Health Services, we are committed to fostering a health-care system and workplace where every patient, resident, family, employee, physician and volunteer feels respected, valued and included.

We believe that diversity strengthens and enriches our workplaces and communities and we are dedicated to providing fair treatment and equitable opportunities to all, regardless of identity, background or lived experiences. By embracing diversity, equity, inclusion and reconciliation, we create more meaningful, accessible and culturally safe experiences for everyone we serve and employ.

This work is grounded in our core values—

Innovation, Compassion, Accountability, Respect and Excellence (ICARE)—which guide everything we do. These values inspire us to continuously advance

inclusive care and foster a workplace culture of equity and belonging that reflects and honours the diversity within Newfoundland and Labrador's communities.



Achieving true equity is an ongoing journey that requires us to listen, learn and act in partnership with others. We are committed to working with community partners, Indigenous Peoples, individuals with lived experience, experts in DEI, and the people living in our province. By working together, we will create a more inclusive system grounded in mutual respect and cultural humility.

We recognize that many groups in our province experience health and employment disparities due to social, economic and structural inequities. As part of our journey towards equity, we are taking meaningful action to remove barriers to care and

employment wherever possible. This includes advancing reconciliation, improving accessibility, addressing bias and discrimination, and incorporating equitable practices across our care environments and workplaces. These efforts reflect our commitment to embedding DEI into the core identity of NL Health Services in a structured and sustainable way.

Through continued collaboration, reflection and sustained effort, we will support our vision, “Health and Well-Being. Every Person. Every Community.” Together, we are building a health-care system where everyone feels welcomed, valued, and empowered to thrive.

Why a DEI Toolkit?

A DEI toolkit provides support in ensuring that NL Health Services staff, physicians and volunteers at all levels can look at their work through a DEI lens. This toolkit supports the recognition of the diversity of our patients and residents, our communities, our staff, physicians and volunteers, and helps us identify and address barriers to providing and accessing equitable health care and working environments for all.

We are all at different points of our DEI learning journey, but the first step in ensuring our commitment is to learn how to look through a lens of diversity, equity and inclusion. This toolkit is intended to empower you with the tools, resources and information you need to become a DEI ally and champion.

“Do the best you can until you know better. Then when you know better, do better.”

— Maya Angelou

Understanding and Applying DEI Concepts

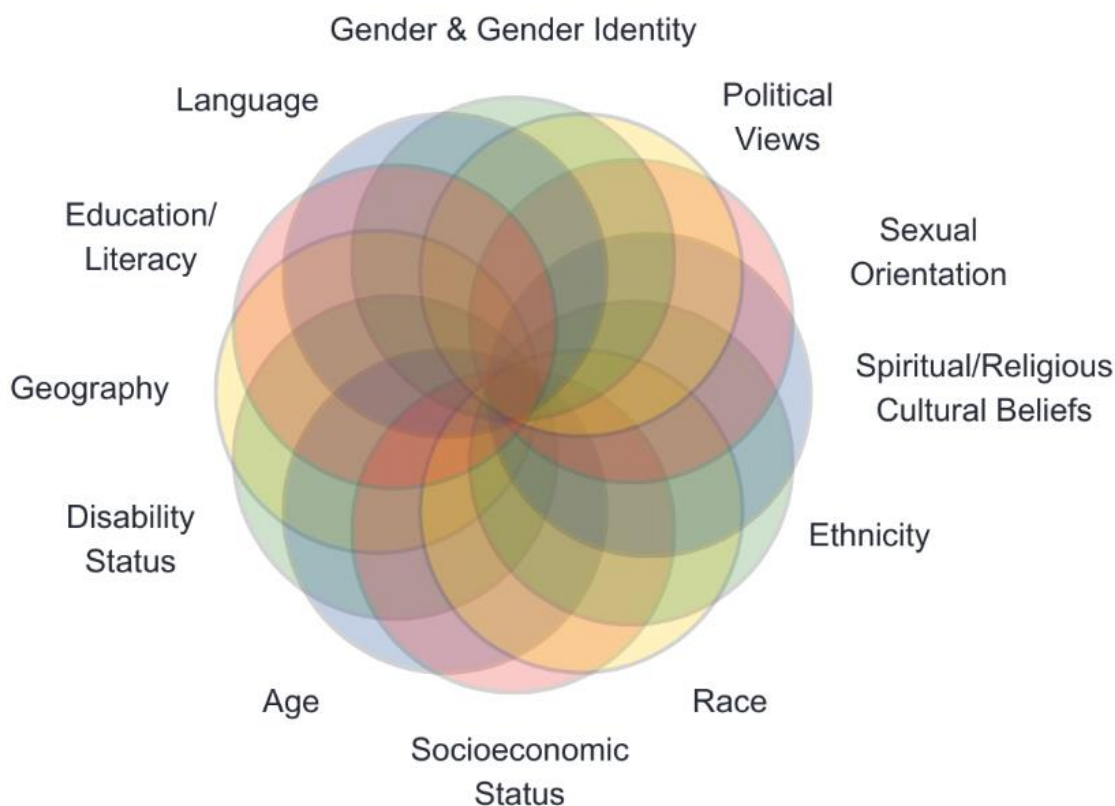
Unpacking DEI

Often, we hear the term DEI used as a single concept that encompasses all aspects of work that aims to promote equity in our world. However, it is important to understand each word – **diversity, equity, and inclusion** – as their own individual concept.

Diversity

Diversity, as a concept, refers to a wide range of qualities and attributes within a person, group, or community. It is about the unique dimensions and identities we all possess as well as the mix that occurs in each group. While we often think about diversity as identities and labels for individuals, it can also incorporate diversity of thoughts and perspectives, lived experiences and social values. All aspects of diversity are important to recognize so we can create richer workplaces and care environments that foster a sense of belonging for all.

Some dimensions of diversity include, but are not limited to:



A diverse workplace is an important asset, since it acknowledges the individual strengths of each employee and the potential they can bring. Diversity fosters innovative approaches to problems and new insights into thoughts and workflows. Creating a culture where diverse employees feel a sense of belonging and inclusion at work also improves patient care. Research shows that diverse employees allow for diverse approaches to care, and having just one member of a patient's care team reflecting the patient's identity improves their experience of care and overall health outcomes.

Equity

Equity accounts for the needs of our diverse staff, physician, volunteer, patient and resident populations and ensures they are being treated in ways that enable them to participate and engage to their fullest potential.

Equity means treating everyone fairly by acknowledging their unique situation and addressing systemic barriers. The goal of increasing equity is to ensure that everyone has access to equal results and benefits, recognizing their unique needs for equitable participation.

So, what does equity look like?

Here, three people of different heights are trying to look over a wooden fence to watch a soccer game. They are all given a box to help them look over the fence, but what do you notice?

It is assumed that everyone will be able to benefit from being given the same supports, however, the person using the wheelchair is still unable to see over the fence. **They are being treated equally.**



Notice in this picture, the taller person has no box, the shorter person has two boxes and the person using a wheelchair has a ramp to use. What do you see with this approach?

All three people have the support they need to see over the fence. They are given different supports to make it possible for them to have equal access to the game. **They are being treated equitably.**



What do you notice in this picture?

The fence has been removed, and all three people can see the game. None of them require any supports or accommodations because the inequity was addressed. The systemic barrier was removed all together. **This is justice.**



"Equality is giving everyone a shoe. Equity is giving everyone a shoe that fits."

Equity is not about treating everyone the same, sometimes it means we have to provide different supports and resources to people and communities in order to foster health-care and working environments where everyone can thrive and receive the treatment they need.

Inclusion

Inclusion is the action; it is creating a culture that embraces and accepts diversity.

Inclusion is acknowledging the value of diversity and ensuring that peoples' differences are not only tolerated but celebrated. In inclusive health care and workplace environments, we all have a sense of belonging, acceptance and recognition as valued and contributing members of NL Health Services.

Often, inclusion is seen as a privilege that is given to equity-deserving groups by those who set our cultural norms. We must be careful to not see inclusion as an act of charity – it is a set of actions and behaviours that aim to shift our culture to one where everyone feels a sense of belonging.

Key Term: Equity-Deserving Group(s)

Groups of people who have been historically disadvantaged and under-represented.

Privilege

Privilege refers to unearned access to advantages granted to specific groups of people because of their membership in a social group.

Privilege can look like:

- An able-bodied person can make plans to visit somewhere new without concern for how the sidewalks are maintained or if the building is accessible.
- A cisgender woman can use the bathroom that aligns with her gender without having to worry about how her bathroom use is perceived or the potential danger around using the bathroom that matches her gender identity.

Key Term: Cisgender

A term that describes someone whose gender identity aligns with the sex assigned to them at birth.

Privilege is not something to be ashamed of, we all have different levels of it! As individuals, we can't necessarily do anything about the privileges we have, but we can use our privilege to be better allies. It is important to

reflect on the privileges we have so that we can engage more meaningfully with those who may have less privilege.

Use the following questions to reflect on your own privilege:

Can you openly present a family photo on your desk?

How much time do you spend thinking about what aspects are acceptable to discuss at work regarding your personal life?

How much time do you spend deciding what to wear in the morning and what it will say about you?

Have you ever had to worry about how your visible identities may impact the healthcare you receive (i.e., disability status, race, gender expression)?

Do you ever have to worry about your healthcare provider not understanding your important cultural practices?

Having certain privileged identities does not mean that we have not experienced barriers or challenges in our lives. It just means that these barriers and challenges have not been related to having non-privileged identities.

When we speak about privilege and our diverse identities, it is important to also think about intersectionality. Intersectionality helps us recognize that we may have some privileged identities as well as some non-privileged identities. Our diversity lies in the collection of these different types of identities.

Understanding intersectionality can be helpful in approaching situations and issues from diverse perspectives and understanding how individuals with multiple non-privileged identities may be impacted.

**Key Term:
Intersectionality**

A concept used to describe how social identities may overlap and create unique barriers or experiences.

Learn more about what privilege can look like for different people with this short [video](#) (3:18 mins):



Try This: Allyship

An ally is someone who stands in support of individuals or groups to ensure they are treated with fairness and equity. You can use the privilege you have to uplift and support individuals from equity-deserving groups by:

- Sharing your power and encouraging leadership from equity-deserving groups.
- Being aware of your own advantages and disadvantages and how you can use them to make a difference.
- Listening to individuals who are part of equity-deserving groups.
- Checking your assumptions to unlearn biases and stereotypes.
- Speaking up against hurtful comments or insulting actions, especially when others cannot.
- Taking responsibility to help others understand discrimination and exclusion, making the workplace more inclusive, safe and welcoming.
- Realizing that being an ally requires on-going learning, intention and commitment.

Unconscious Bias

Unconscious biases are beliefs or attitudes which operate outside of a person's awareness and control that can greatly influence a person's attitudes and behaviours.

We all have unconscious biases that are shaped by our past experiences, cultural environment, media and social influences.

**"Where there is
brain, there is bias."**

Our brains can consciously process only around 40 items of information per second, but as many as 11 million things unconsciously. This is why our unconscious biases are important; our brain is hard-wired to make quick decisions that draw on a variety of assumptions and experiences without us even knowing it is doing so. This quick

decision making is essential for us as human beings and as health-care workers and leaders. However, it is important for all of us to reflect on how our unconscious biases may impact our actions and decisions.

Microaggressions

Sometimes, we may unknowingly say or do things that reflect unconscious biases – these are called microaggressions. Microaggressions, also understood as “death by a thousand cuts”, are small interactions with people or the environment that communicate bias towards equity-deserving groups. While often unintentional, they can still have a real impact on those who experience them.

It’s not always easy to recognize what microaggressions look like, especially when we believe we’re being kind or complimentary. Learning about them helps us communicate more thoughtfully and inclusively.

Key Term: Transgender

An umbrella term used to describe a person whose gender identity is anything other than their sex assigned at birth. Can be shortened to “trans”.

Here are some common microaggressions that we may say unknowingly, and the messages that they might send:

Microaggression	Message	Impact
“You speak English really well!”	This can suggest surprise that someone who speaks English as an additional language is fluent, which may imply that they aren’t expected to be proficient.	I may feel like I’m being seen as an outsider or that my abilities are being underestimated.

Microaggression	Message	Impact
"The fact that you can work, even with your disability, is an inspiration to us all!"	While meant as a compliment, this can imply that people with disabilities aren't typically expected to work or contribute professionally.	I may feel pressure to always be "inspiring" or exceptional, rather than just being accepted and supported as I am.
"You don't look trans!"	This can suggest that there's a certain way trans people are "supposed" to look, or that it's better to not appear trans.	I may feel like I need to hide who I am, or that my identity is only valid if it fits others' expectations.
"I believe the most qualified person should get the job."	Often said in response to diversity hiring efforts, this can unintentionally suggest that people from equity-deserving groups are not qualified or are only hired to meet a quota.	I may feel like my achievements are being questioned or that I have to prove I belong more than others do.
"I don't see colour!"	While often meant to express equality, this can unintentionally overlook the unique racial or ethnic experiences that shape a person's identity.	I may feel like my background and lived experiences are being ignored, or that I shouldn't talk about or celebrate my culture and identity.

Want to learn more about microaggressions?

Watch this [video](#) (1:56 mins):



Disrupting Unconscious Bias

To disrupt unconscious biases and avoid their unintentional negative impacts, you can:

- Learn about what unconscious bias is and how it manifests.
- Slow down – lessen the risk of biases negatively impacting your decisions and how you treat people by taking more time to arrive at conclusions.
- Reflect on your own biases and take responsibility for them.
- Take the perspective of a person in a stereotyped group, imagine what it might be like to go through their experience.
- Seek out opportunities to engage with diverse people.

Use these questions to spark reflection on your own unconscious biases:

Am I creating a story for this person based on what they look like?

Are my interactions with people based on knowledges that I've gained about them? Or assumptions that I've made?

How do I feel when I work with people with different identities than mine?

What stereotypes do I have about people who are different than me?

How do my patients or coworkers feel when we interact? Do they feel confident and supported, or otherwise?

Give yourself grace when reflecting on these questions. It can be challenging to uncover our own unconscious biases. Above all – remember that we all have biases!

Want to learn more about your unconscious biases? Use these tools:



[Harvard Implicit Bias Test](#)



[Workplace Strategies for Mental
Health Implicit Bias Guide](#)

Try This: The PAUSE Technique

Our ability to minimize unconscious biases begins with learning how to recognize them within ourselves. Use the PAUSE technique to help you reflect on your own biases and minimize the negative impacts of them:

P: Pay Attention

Slow down and take survey of your own reaction to a situation or individual, including your physical reaction, emotions and external factors. Make a point to assess both positive and negative factors you notice.

A: Acknowledge

Acknowledge any pre-conceived assumptions and biases you may have about the person or situation. Ask yourself, “Am I making this decision based on accurate information I have, or based on my preferences, informed by bias?”

U: Understand

Understanding your own biases takes practice. Try to recognize where these biases come from – including social norms, media, and past experiences. Finding the root of your biases can be helpful in eliminating them in the future.

S: Search

Seek out different perspectives and consider alternatives to any potential biases you may have already identified. This can help you understand that your point of view may not be the objective truth.

E: Examine

Finally, examine all of the new data and perspectives you have gathered. Have you noticed how bias might have impacted your initial reaction? Have you come to a different conclusion about the situation or person?

Disrupting our biases takes practice, try using the PAUSE technique at work once a week to start forming a habit.

Let's Practice: Disrupting Unconscious Bias

During a lunch room conversation, your colleague makes a comment about a new employee who just began with your team, saying, "They're too old to keep up with the fast pace here, why were they even hired?" You find yourself agreeing with your colleague and questioning why your new colleague was hired.

Use the PAUSE technique to reflect on your unconscious biases:

P: Pay Attention

A: Acknowledge

U: Understand

S: Search

E: Examine

Tips for Improving Your DEI Practices

Now that you understand the foundations of DEI perspectives and practices, what's next? This section outlines practical tips for how to increase your DEI competency.

These tips are designed to be generally applicable to all staff, physicians and volunteers. For tailored tips, please reach out to request personalized support.



APlaceForAll@nlhealthservices.ca

Tip: Use Inclusive Language

Language is how we communicate ideas to each other, and our use of language can shape our perceptions of the people and world around us. It is important that we are aware of the language we use and how to be inclusive in our language choices. The language used around DEI topics is constantly evolving and preferences can vary by individual or groups of people. As terminology evolves, it is always best practice to ask about an individual's preferred way to be addressed.

Race, Ethnicity and Culturally Inclusive Language

Race, ethnicity and culture are important aspects of a person's identity, yet many people may shy away from talking about these things when they do not know the appropriate language to use. It is important to use respectful, accurate and relevant language.

Key Term: Global majority

A term used to refer to racialized and Indigenous communities.

General Principles	Try
Use specific and accurate terms that do not reinforce negative stereotypes or biases. Avoid assumptions or generalizations about someone's race, ethnicity or culture.	Use "person of colour", "racialized person", or "global majority" instead of "coloured person" or "visible minority". Use "Vietnamese", "Korean", etc. instead of "Asian" or "Oriental".
Be cautious of referring to a person's race, ethnicity or country of origin unless it is relevant.	Rephrase "Alex is a Puerto Rican employee" to "Alex is an employee".

General Principles	Try
Capitalize the proper names of nationalities, peoples and culture.	Black, Muslim, Chinese, Mexican, Jewish, Irish, etc.
When references are relevant and necessary, find the appropriate, widely accepted terminology.	For example, in Canada, we do not use “African American”. Both “African Canadian” and “Black” are appropriate, but some people may prefer one term over the other.

When in doubt, it’s usually best to reflect the language and labels people use for themselves.

Try This: Increase Your Cultural Confidence

Some people may not feel empowered to engage in cross-cultural communication because they don’t know what to say. Check out the answers to these frequently asked questions:

I’m having a hard time pronouncing someone’s name, can I ask them to say it again?

Yes, it is appropriate to ask someone to repeat their name if you didn’t catch it the first time. You can say:

"I want to be sure I am pronouncing your name correctly, could you repeat it for me? Thanks!"

Can I ask someone where they are from?

Some people may feel uncomfortable being asked where they are from due to past negative experiences. If you are going to ask someone where they are from, it is important to do so with sincerity and respect.

Importantly, you should never ask “Where are you **really** from?” after someone answers you!

You may want to consider saving this question until some trust or rapport has been established. Sharing where you grew up might give people the opportunity to share their own background naturally in conversation.

2SLGBTQIA+ Inclusive Language

Understanding commonly used terminology can help you feel more comfortable speaking about the 2SLGBTQIA+ community in a respectful and inclusive way.

The 2SLGBTQIA+ Acronym	
2S: Two spirit	An English term for a culturally-specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity and/or sexual orientation comprises both male and female spirits.
L: Lesbian	Typically a woman who is sexually and/or romantically attracted to other women.
G: Gay	A person who is sexually and/or romantically attracted to people of their same sex or gender identity. Traditionally this identity was reserved for men, but it has been adopted by people of all gender identities.
B: Bisexual	A person who is sexually and/or romantically attracted to two or more genders.
T: Transgender	A person whose gender identity differs from what is typically associated with the sex they were assigned at birth.
Q: Queer	A term used by many 2SLGBTQIA+ people as a positive way to describe themselves and as a way to include the many diverse identities not covered by common 2SLGBTQIA+ acronym.
I: Intersex	An umbrella term to capture various types of biological sex differentiation and associated identities that fall outside of what is typically categorized as male or female.
A: Asexual/Aromantic	A person who lacks sexual/romantic attraction or interest in sexual/romantic expression.
+	A representation of all people who identify as part of sexual and gender diverse communities who use additional terminologies.

It is important to use gender neutral language whenever appropriate and feasible. Changing both casual and clinical language to reflect gender-neutral terminology can go a long way in helping 2SLGBTQIA+ people feel welcomed and supported.

Instead of:	Try:
Wife/husband	Spouse
Mother/father	Parent
Chairman/chairwoman	Chair/chairperson
Breast/chest	Upper body
Men/women with...	Person/people with...
Pregnant woman	Pregnant person

Try This: Inclusive Introductions & Pronouns

Pronouns are the words we use to refer to each other in place of our proper names. Some examples include “she/her” or “he/him”, or gender-neutral pronouns like “they/them”.

When you meet someone new, practice introducing yourself with your pronouns, like this:

“Hi, my name is _____, my pronouns are _____. May I ask your pronouns?”

Or:

“Hi, my name is _____, I use _____ pronouns.”

Providing an opportunity for others to share their pronouns does not mean that everyone will. Try to refrain from pressuring anyone to share their pronouns if they do not want to, sometimes it takes time for people to feel comfortable sharing this information with others.

Disability Inclusive Language

At NL Health Services, we strive use “person-first” language instead of “identity-first” language. Person-first language is broadly recognized as the standard when speaking about disability.

Person-first language looks like using “person with a disability” instead of “disabled person”. We acknowledge, however, that person-first language may not be appropriate for all types of disabilities, including autism and deafness. Instead, we can use “autistic person” and “deaf person”.

Preferences for terminology and language can vary by person, above all it is most important to honour the language that people with disabilities use to self-identify.

Try This: Accessible Writing

We can also improve our accessibility when writing:

- Keep sentences and paragraphs short.
- Minimize jargon or terms that are not commonly used or understood.
- To assess readability, use the **Flesch-Kincaid Grade Level** test and **Flesch Reading Ease** test available through Microsoft:
 - Go to **File → Options**
 - Select **Proofing**
 - Under **When correcting spelling and grammar in Word**, select the **Check grammar with spelling** check box.
 - Select **Show readability statistics**.
 - Return to your document.
 - Select **Spelling & Grammar**.
 - Correct or ignore any spelling or grammar corrections. Word then opens the **Readability Statistics** window with reading-level information.

Indigenous Inclusive Language

Developing confidence using Indigenous inclusive language can help advance our commitment to reconciliation and make our work and care environments safer and more inclusive for Indigenous people.

In what is now called Canada, the term 'Indigenous Peoples' is often used to refer collectively to the First Nations, Inuit and Métis. Each of these Peoples represents distinct Nations with their own cultures, languages, histories and governance systems. Within and across these groups, there are many diverse Indigenous communities, each with its own unique identity and relationship to the land.

There is no “one size fits all” approach to inclusive language for Indigenous Peoples. While there are Indigenous Peoples and communities found all around the world, the language used here focuses primarily on the Indigenous Peoples in Canada. Even within Canada, language may be used differently between communities and individuals. The principles outlined here are meant to be guidelines, a starting point for inclusive language that will be helpful for you as you continue to grow your confidence with Indigenous inclusive language.

Key Term: Reconciliation

The effort to acknowledge and address the historical and ongoing effects of colonization on Indigenous Peoples.

General Principles

The term “Aboriginal”, while still used by some, has fallen out of general use in favour of “Indigenous”.

Generally, terms like “Native” and “Indian” are not recommended for use, except for in specific instances – like referring to legal documents such as the Indian Act.

Capitalize all terms like “Indigenous”, “First Nations”, “Métis”, “Innu” and “Inuit”, consistent with the larger global community of specific demographics (e.g., Europeans, Americans and Canadians).

Try This: Practice Your Pronunciation

Start local! Learn how to pronounce some of the key terms and names of Indigenous communities in NL:

Ktaqmkuk (OOK-DA-HUM-GOOK): The Mi'kmaw name for the island of Newfoundland, the traditional territory of the Beothuk and the Mi'kmaq.

Mi'kmaq (MEEG-MAH): The name for the First Nations people whose territory encompassed the island of Newfoundland, Nova Scotia, Prince Edward Island and parts of New Brunswick and Quebec. The singular form of Mi'kmaq is Mi'kmaw and is pronounced the same.

The Mi'kmaq of Ktaqmkuk are represented by two federally recognized First Nations – **Miawpukek (MIOW-BOK-ECK) First Nation** and **Qalipu (HAUL-EE-BOO) First Nation**.

Beothuk (BEE-OTH-UCK): A group of Indigenous people who traditionally lived on the Island of Newfoundland, whose culture has been lost forever as a result of colonization.

Inuit (IH-NEW-EAT): An Indigenous people living primarily in the Canadian Arctic – collectively known as **Inuit Nunangat (NOO-NUHNG-AHT)**. The Government of NL recognizes two distinct Inuit groups in the province, the **Labrador Inuit of Nunatsiuvut (NOO-NUT-SEE-YA-VOOT)** and the **Southern Inuit of Nunatukavut (NOO-NAH-TOO-KAH-VOOT)**.

Innu (IN-NOO): An Indigenous people who primarily inhabit northeastern Labrador – known as **Nitassinan (NA-TA-SEE-NAN)**.

Practicing these terms out loud by yourself or with a colleague who is also learning is a great way to get comfortable with pronunciation and gain confidence.

As with all language, pronunciation can vary by dialect and region. These pronunciations have been approximated as closely as possible to help you gain confidence in speaking about Indigenous Peoples of Ktaqmkuk.

It's Okay to Make Mistakes

Learning how to use inclusive language is an important step in fostering a sense of safety and belonging for everyone. However, it's important to remember that we all make mistakes, and that's okay! Learning how to recover from your mistakes with respect is important and can help you feel more prepared to step outside of your comfort zone to learn new, inclusive language practices.

What can you do when you make a mistake?

Apologize concisely and sincerely. A brief apology is usually best – a quick, but sincere, “sorry” is sometimes all that is needed. However, in some cases, you may want to offer an apology that acknowledges the impact of your actions or words. You can say: “Thank you for correcting me, I am sorry that what I said/did was offensive/hurtful. I appreciate you letting me know. I won’t say/do that again.”

Correct yourself and move on. In some instances, like if you accidentally use the wrong pronouns for someone, you can simply correct yourself quickly and move on. Either repeat the sentence using the correct language, or just say “Oops, I used the wrong language there” and move forward, updating your language accordingly.

Don’t overdo it. Some people have a tendency to over-apologize after making a mistake, which can make something minor into a bigger issue than it was originally. While often done with good intentions, over-apologizing after a mistake can make the person who corrected you feel like they have to comfort you, even if you were the one who made the mistake or accidentally caused harm.

Practice makes perfect. Sometimes, learning how to use inclusive language can feel uncomfortable or unnatural. If you are struggling to switch up the language you use, try practicing in your head or out loud in front of a mirror. You can even find a friend or colleague who is also trying to learn and practice together.

Learn on your own time. If you don’t understand why what you said could have been harmful, take some time on your own to learn about the impacts of the language you used and how you can improve. This can help you avoid making the same mistake again!

Tip: Ask Respectful Questions

Many well-meaning people may feel nervous beginning their DEI learning journeys due to fear of asking the wrong questions and being unintentionally disrespectful. However, to learn, we must be able to ask questions.

If you are unsure if you are asking respectful questions, follow these tips:

Consider why you are asking the question. Ask yourself:

- Do you ask everyone this question or are you singling out someone who you think is different than you?
- Are you asking this question out of curiosity or to further an assumption or stereotype you have?
- If you're asking a patient a question, are you asking to gain relevant and necessary information for their care?

Are you asking this question to the right person? Some people may not want to answer questions about DEI topics. Make sure that you are only asking people who are willing to share that information or are specifically designated to answer these types of questions.

If you can Google your question, do that first! You can always follow up with appropriate people for additional information as needed.

Make sure that you are using inclusive and appropriate language when you are asking your questions.

Building relationships and trust with people will help them see that you are respectful and genuine with your questions.

And remember, if you are working to address your own unconscious biases and learning how to be an ally, your respect and positive intentions will shine through!

Tip: Be an Active Bystander

We all play a role in ensuring that our spaces feel safe and supportive, although it can be hard to know how and when it is best to step in as an ally. By learning how to be an active bystander, you can be empowered to act when witnessing injustice.

So, what types of situations should you be an active bystander in? You may want to consider acting or intervening if you witness things like:

- Intimidating looks or staring.
- Negative or vulgar comments or gestures.
- Yelling at or threatening someone.

If it's hard to tell what's happening, the first thing you can do is focus on the person who is being targeted. Notice if they look uncomfortable, or if they are trying to move away or leave the situation. If you notice these behaviours, it might be an indication that it's time for you to be an active bystander. Being an active bystander can take many forms:

- Intervening if you witness disrespectful or violent behaviour.
- Facilitating conflict resolution.
- Supporting individuals after a harmful or uncomfortable incident.

Before intervening in a situation, it's important to reflect and consider how to best act.

Consider the following questions to help you assess the best way to proceed:

Do you feel safe enough to speak out in this situation?

What are your objectives and desired outcomes from acting in this situation?

What power differences are at play (e.g., manager-employee, provider-patient)?

How will your actions impact any existing relationships in the situation?

What forms of action might be best suited in this scenario?

Are there any language or cultural differences that you should be aware of?

It is normal to worry about making mistakes or doing something wrong when being an active bystander. It can be hard to act, but it will get easier with practice!

Try This: The 5 Ds of Bystander Intervention

The 5 Ds of bystander intervention can help you decide what action is best to take if you witness an incident of bullying, harassment or violence.

1. Distract: Take an indirect approach to de-escalate the situation.

Distracting can look like starting a conversation with the target, changing the topic of discussion, distracting the person who may have said or done something harmful or finding another way to draw attention away from the incident.

2. Delegate: Get help from someone else.

If you feel uncomfortable intervening, you can find a person in a position of authority, like a manager or security guard, or someone else who is comfortable stepping in to help diffuse the situation.

3. Document: It can be helpful to have the incident documented.

Document what you witnessed as soon as possible. Remember, do not share this record without permission, unless you are in a role that carries a legal or organizational duty to report such incidents.

4. Delay: After the incident, check in with the person who was targeted.

After the situation is diffused, it can be helpful to stay behind and make sure the person who was targeted is okay. You can ask them what they need and how you can help.

5. Direct: Assess your safety first. Speak up about the incident. Be firm and clear.

You can support the targeted person by stopping the incident as it happens. Try saying: "That's inappropriate. Leave them alone." You can also ask the person who is being targeted what is going on, if they are okay or if you can do anything to help.

‘Calling In’ vs. ‘Calling Out’

We may witness behaviour that warrants a different kind of intervention. Being an ally sometimes means that we need to let people know when they say or do something harmful, have challenging conversations and provide educational opportunities to help address this behaviour.

You may have heard of the approach of ‘calling someone out’, but have you heard of ‘calling someone in’?

‘Calling out’ is usually...	‘Calling in’ is usually...
In public	In private
Immediate	A follow-up conversation afterwards
With the goal of stopping a behaviour quickly and setting the precedent that similar behaviour will not be tolerated	With the goal of deepening a person’s understanding and changing their behaviour

It is important to learn when to use each strategy, as different individuals and situations may call for different approaches. Again, practice makes perfect!

Let’s Practice: ‘Calling In’ vs. ‘Calling Out’

Jaime is a new employee at your workplace who is non-binary and uses they/them pronouns. However, you notice that a co-worker often does not use their correct pronouns in team meetings. While Jaime does not correct your co-worker when this occurs, you notice they appear visibly uncomfortable.

Do you think a ‘calling in’ or a ‘calling out’ approach would be best for this scenario? Could aspects from both approaches be helpful? Use the space below to reflect on how you might act in this situation.

Try This: Strategies for Difficult Conversations

These strategies can help you have difficult conversations:

- **Use “I” statements and speak from your personal experience.**

If you noticed someone used dated terminology in their communication, kindly share with them a personal story of a time when you were reminded that a word you used may not have been appropriate.

- **Ask for clarity and request the question to be elaborated on.**

You can say: “What did you mean by that?” or “Can you elaborate a bit more?”

- **Provide an alternative.**

Try: “I’d like to invite you to consider...” or “I am curious to hear about your thoughts on...”

- **Be open-minded and non-judgmental.**

Keep in mind that good people can unknowingly have problematic behaviour. We are all constantly learning and unlearning.

- **Educate wherever you can.**

It can be helpful to explain why certain behaviours are harmful (e.g., playing into negative stereotypes, disrespecting an individual and their identity or dismissing lived experiences).

- **Validate positive comments, emotions and values.**

- **Amplify and support others who are calling in or calling out.**

- **Seek supports and solidarity from others.**

We all start somewhere. It’s normal to feel overwhelmed, just know that you are not alone and keep learning.

- **Be humble and willing to be called in or out as well.**

Let's Practice: Bystander Intervention

During a team meeting, one of your colleagues makes a joke about another colleague's accent, and a few people laugh. The targeted colleague looks uncomfortable but doesn't say anything.

What considerations do you have about the relationship dynamics at play?

Which of the 5Ds of bystander intervention can be used in this scenario?

How can you support the targeted colleague after the incident?

What personal experiences or education can you provide to help support this intervention?

What strategies for having difficult conversations might you use in this situation?

Additional Learning

Being an empowered ally and building DEI confidence is a continuous journey for all of us. By committing to ongoing learning, we help ensure that our care and work environments remain safe, respectful and welcoming for everyone.

As our understanding of DEI deepens and evolves, it's natural to feel challenged by the pace of change. However, even small, consistent steps can lead to meaningful improvements for our colleagues, patients and communities. Perfection is not the goal – progress is. What matters most is our willingness to learn, adapt and grow alongside this evolving landscape.

Resources

The following resources include a curated selection of tools, guides and courses intended to support your DEI learning journey. Please note that some materials may reference external organizations, policies or legislation from jurisdictions outside of Newfoundland and Labrador (e.g., Australia, the United States). While these resources may not directly reflect the context of NL Health Services, their concepts and practices may still offer valuable insights. Users are encouraged to apply discretion when interpreting and adapting this content.

Please also note that these resources were selected at the time of publication. As the DEI landscape continues to evolve, so too do best practices and understandings. This list is not exhaustive and should be considered a starting point rather than a definitive or final collection of DEI materials.

For further exploration, hundreds of additional DEI resources are available for free through the [CCDI Knowledge Repository](#). Simply sign up using your NL Health Services email address to gain access. If you need assistance in locating specific resources, please contact APlaceForAll@nlhealthservices.ca.

Terminology & Language

- [CCDI Glossary of Terms](#)
- [Guide on Equity, Diversity and Inclusion Terminology](#)
- [Inclusive writing – Guidelines and resources](#)

Accessibility

- [Accessibility Toolkit](#)
- [Clear Print Accessibility Guidelines](#)
- [Contrast Checker](#)
- [Disability Etiquette in the Workplace](#)
- [Toolkit for Accessible and Inclusive Events](#)

Anti-Racism

- [A Guide to Courageous Conversations on Racism and Discrimination](#)
- [Addressing Race & Racism in the Workplace](#)
- [Anti-Racism and Allyship in the Workplace: A Brief Guide](#)
- [Anti-racism Learning Guide](#)
- [Examples of Racial Microaggressions](#)
- [Leader Support for Newcomers](#)
- [White Privilege: Unpacking the Invisible Knapsack](#)

Reconciliation & Decolonization

- [Decolonization Toolkit](#)
- [Indigenous Ally Toolkit](#)
- [Indigenous Peoples: Language Guidelines](#)
- [Indigenous Teachings for Leaders](#)
- [Reconciliation Dialogue Toolkits](#)

2SLGBTQIA+ & Gender

- [2SLGBTQI+ Terminology – Glossary and common acronyms](#)
- [Gender Based Analysis \(GBA\) Plus course](#)
- [Gender Decoder](#)
- [Gender Inclusive Language \(Clinical\)](#)
- [Gender Inclusive Language \(General\)](#)
- [Pronoun Guide](#)
- [Rainbow Health Ontario Education & Training courses](#)

Key Terms

Language has power! Learning about additional key terms can help you continue on your DEI journey. The following list has been adapted from the Canadian Centre for Diversity and Inclusion's (CCDI) [Glossary of DEIA Terms](#) to provide a quick reference of key terms used throughout the toolkit. The full list of terms are available to download for free – just sign up with your NL Health Services email address.

Ally/Allyship

Rooted in the term “alliance”, an ally is an individual in a position of privilege or power who makes consistent efforts to understand, uplift, empower and support equity-deserving groups. An ally is not a member of the group but seeks to stand in solidarity with an equity-deserving group to end oppression, discrimination and/or prejudice.

Bias

A conscious (explicit) or unconscious (implicit) opinion, preference, prejudice or inclination formed without reasonable justification that prevents a balanced or even-handed judgement.

Cisgender

A term that describes someone whose gender identity aligns with the sex assigned to them at birth. The term is often shortened to “cis”.

Diversity

Diversity is about the individual. It is about the variety of unique dimensions, qualities and characteristics we all possess, and the mix that occurs in any group of people. Race, ethnicity, age, gender, sexual orientation, religious beliefs, economic status, physical abilities, life experiences and other perspectives can make up individual diversity.

Equity

Where everyone is treated according to their diverse needs in a way that enables all people to participate, perform and engage to the same extent.

Equity-deserving groups

Groups of people who have been historically disadvantaged and under-represented. These groups include but are not limited to the four designated groups in Canada – women, visible minorities, Indigenous people and people with disabilities – and people in the 2SLGBTQIA+ community, people with diverse gender identities and sexual orientations.

Global majority

A term used to refer to racialized and Indigenous communities in place of “visible minority”. This term is seen by many as more empowering and accurate, as racialized and Indigenous people represent over 80% of the global population.

Health equity

Health equity is achieved by providing individuals with fair opportunities to attain their full health potential regardless of social, economic, demographic, geographic or other factors.

Inclusion

Inclusion is creating a culture that embraces, respects, accepts and values diversity. It is a mindful and equitable effort to meet individual needs so everyone feels valued, respected and able to contribute to their fullest potential.

Intersectionality

A term coined by Dr. Kimberlé Crenshaw to describe how social identities may overlap to create compounding barriers for individuals. It is described as a framework for approaching issues from multiple perspectives and understanding how multiple groups, or individuals with multiple identities, may be affected.

Microaggressions

Small interactions with people or the environment that communicate bias towards equity-deserving groups. While microaggressions may be unintentional, they can have cumulative negative effects on an individual’s well-being and sense of belonging.

Person of colour/people of colour (POC)

An alternative term for visible minority used to identify non-white racial and ethnic groups. In Canada, First Nations, Inuit and Métis Peoples are generally not classified by this term as they are distinct under the constitution.

Privilege

Unearned access, benefits and opportunities possessed by members of a social group with a high level of power (e.g., white privilege, socioeconomic privilege, cisgender privilege). Privilege occurs when structures and institutions have been historically designed for the benefit of or to be accessed by a particular group.

Racialized persons/racialized group

An alternative term for visible minority used to identify non-white racial groups. This term is preferred over visible minority as a racialized group is not necessarily in the minority. The term does not place “whiteness” as the default, and it acknowledges race as a social construct with negative effects.

Reconciliation

The effort made by individuals, groups, institutions, and government to acknowledge past and ongoing effects of colonization on Indigenous Peoples and action to establish and maintain respectful relationships between Indigenous and non-Indigenous communities.

Stereotype

An assumption about a certain group, and the notion that the assumption applies to all members of the group. Stereotypes can be positive but are generally negative and ignore the diversity that exists within a group.

Systemic Barriers

Policies, practices or behaviours in society that exclude equity-deserving groups.

Transgender

An umbrella term used to describe a person whose gender identity is anything other than their sex assigned at birth. The term is also used more narrowly to describe someone who identifies as or is transitioning/has transitioned to the “opposite” sex. May be shortened to “trans”.

References

- American Public Health Association. (n.d.). *Equity, diversity, inclusion: Action toolkit for organizations*.
https://www.healthlinkscertified.org/uploads/files/2020_12_10_16_25_15_equity_toolkit.pdf
- Canadian Centre for Diversity and Inclusion. (2021). *Recognizing and addressing microaggressions* [Conference session]. CCDI Unconference 2021.
- Canadian Centre for Diversity and Inclusion. (2024). *Glossary of DEIA terms: A reference tool for diversity, equity, inclusion, and accessibility terminology*.
<https://ccdi.ca/glossary-of-terms/>
- Canadian Equality Consulting. (2020, January 21). *Equity or equality?*
<https://canadianequality.ca/equity-or-equality/>
- Canadian Federation of Nurses Unions. (2019). *Equity and inclusion toolkit*.
https://nursesunions.ca/wp-content/uploads/2019/06/CFNU_EquityToolkit_EN.pdf
- Cape Breton University Library. (n.d.). *Indigenous peoples of Atlantic Canada*. <https://libguides.cbu.ca/c.php?g=706920&p=5293506#s-lg-box-16658235>
- Centre for Inclusive Design. (2020). *Easy English versus plain English: A guide to creating accessible content*. <https://portal.ccdi.ca/kbarticle/3040-Easy-English-versus-Plain-English?act=download>
- Centre for Urban Pedagogy. (2017). *Show up: Your guide to bystander intervention*.
https://righttobe.org/wp-content/uploads/2022/03/cupxhol_print-design_2022update_v2-1.pdf
- City of Edmonton. (2019). *Inclusive Language Guide*. <https://www.edmonton.ca/public-files/assets/document?path=PDF/InclusiveLanguageGuide2019.pdf>
- City of Ottawa. (2018). *Equity & inclusion lens: Handbook*.
https://documents.ottawa.ca/sites/default/files/ei_lens_hb_en.pdf

- CNIB. (2018). *Clear print accessibility guidelines*. <https://cnib.ca/sites/default/files/2018-07/CNIB%20Clear%20Print%20Guide.pdf>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *u. Chi. Legal f.*, 139.
- First Light. (n.d.). *First Light St. John's Friendship Centre*. <https://firstlightnl.ca/>
- Gino, F. (2020, October). What's wrong with asking "Where are you from?". *Harvard Business Review*. <https://hbr.org/2020/10/whats-wrong-with-asking-where-are-you-from>
- Government of British Columbia. (n.d.). *Words matter: Guidelines on using inclusive language in the workplace*. <https://www2.gov.bc.ca/assets/gov/careers/all-employees/working-with-others/words-matter.pdf>
- Innu Nation. (n.d.). *Welcome to Innu.ca*. <http://www.innu.ca/>
- Inuit Tapiriit Kanatami. (2016, July). *Glossary of terms and pronunciation guide*. <https://www.itk.ca/wp-content/uploads/2016/07/NISPS-Glossary-of-Terms-and-Pronunciation-Guide.pdf>
- Inuit Tapiriit Kanatami. (n.d.). *About Canadian Inuit*. <https://www.itk.ca/about-canadian-inuit/>
- Knight, R. (2020, July). You've been called out for a microaggression. What do you do? *Harvard Business Review*. <https://hbr.org/2020/07/youve-been-called-out-for-a-microaggression-what-do-you-do>
- McIntosh, P. (1989). White privilege: Unpacking the invisible knapsack. *Peace and Freedom Magazine*, 10-12.
- Miawpukek First Nation. (n.d.). *Miawpukek First Nation*. <https://mfngov.ca/>
- Muin'iskw. (n.d.). *Mi'kmaq culture*. <https://www.muiniskw.org/pgCulture0.htm>
- Municipalities Newfoundland and Labrador. (2021). *A glimpse into Ktaqmkuk Mi'kmaw history* [PowerPoint slides]. <https://municipalnl.ca/site/uploads/2021/11/New-Ktaqmkuk-Mikmaq-History-PPT.pdf>

Newfoundland and Labrador Indigenous Tourism Association. (n.d.). *A guide to Indigenous culture in Newfoundland & Labrador*. Newfoundland and Labrador Tourism. <https://www.newfoundlandlabrador.com/trip-ideas/travel-stories/guide-indigenous-culture-newfoundland-labrador>

Nunatsiavut Government. (n.d.). *Our history*. <https://nunatsiavut.com/our-history/>

Office of Diversity and Human Rights, University of Guelph. (2022). *Building community: Introduction to equity, diversity, and inclusion*. eCampusOntario. <https://ecampusontario.pressbooks.pub/buildingcommunityintrotoedi/>

Oxfam. (2023, March 13). *Inclusive language guide*. <https://oxfamlibrary.openrepository.com/bitstream/10546/621487/9/gd-inclusive-language-guide-130323-en.pdf>

Qalipu First Nation. (2018). *Ktaqmkuk handbook*. <https://qalipu.ca/qalipu/wp-content/uploads/2018/11/Ktaqmkuk%20Handbook.pdf>

Qalipu First Nation. (n.d.). *Qalipu First Nation*. <https://qalipu.ca/>

Sheppard, A. (2023). *Unconscious bias* [Webinar]. Canadian Centre for Diversity and Inclusion. <https://www.youtube.com/watch?v=c5monacPEPU>

Sheridan College. (n.d.). *Inclusive language guide: Race and ethnicity*. <https://media-www.sheridancollege.ca/-/media/project/sheridan/shared/files/about/administration-and-governance/leadership/inclusive-communities/knowledge-mobilization-dissemination-centre/inclusive-language-guide-race-ethnicity.pdf>

The University of British Columbia. (2024). *Indigenous Peoples: Language guidelines*. [https://assets.brand.ubc.ca/downloads/UBC Indigenous Peoples Language Guide 2024.pdf](https://assets.brand.ubc.ca/downloads/UBC%20Indigenous%20Peoples%20Language%20Guide%202024.pdf)

Toronto Transit Commission. (2017). *Diversity and inclusion toolkit*.

Western University. (n.d.). *Inclusive language guide*. <https://www.edi.uwo.ca/edi-learning/guides/Inclusive-Language-Guide.pdf>

Wisdom 2 Action. (2022). *Addressing mistakes, misgendering, and other microaggressions*. <https://www.wisdom2action.org/wp-content/uploads/2022/12/Addressing-Mistakes.pdf>