

College of Nursing

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Anti-Racism Committee

Terms of Reference

1. Background

Racism is defined as "the differential treatment of various human racial groups by a dominant racial group rooted in the belief of the superiority of one group over the other. Racism takes many forms, some of which include symbolic, embodied, psychological, institutional/ systemic, every day, and interpersonal. Experiences of racial discrimination, harassment, and vilification can be affected by its intersection with other elements of identity such as sex-gender, sexuality, disability, faith/spirituality, and age" (Disruption of all Forms of Racism Policy, revised 2023).

Nursing education along with other healthcare professions have been complicit in perpetuating racist practice/treatment, ideology, systems of oppression, and culture. There is continued and visible impacts of racism on Black, Indigenous and People of Colour (BIPOC) communities within healthcare systems. Racism within and outside healthcare perpetuates the variety of social determinants of health that affect BIPOC communities. Nursing education has a significant role to disrupt the perpetuation of racism within the health care system (Van Bewer et al., 2021) and to acknowledge and incorporate deeper understandings of social determinants of healthcare in nursing practice.

2. Purpose:

The purpose of this committee is to work in collaboration with the College of Nursing Leadership Team on strategies to identify and disrupt the diverse forms of racism within the College of Nursing with the goal of creating an inclusive community for all.

This Committee is intended to complement other University resources and efforts aimed at addressing matters related to equity, diversity and inclusion and to foster collaboration on equity, diversity, and inclusion within the RFHS.

3. Functions:

The Committee will act in collaboration with the College of Nursing Leadership Team to:

- 3.1 Provide guidance and support to advance the ongoing work to promote anti-racism, racial equity, decolonization, anti-ableism, anti-oppression, inclusion, and reconciliation in the College of Nursing.
- 3.2 Facilitate the implementation of the Truth and Reconciliation Centre Calls to Action 23 and 24: https://umanitoba.ca/ongomiizwin/sites/ongomiizwin/files/2021-04/TRC Action Plan Full.pdf and the Disruption of all Forms of Racism Policy of the Rady Faculty of Health Sciences: <a href="https://umanitoba.ca/health-sciences/rady-faculty-health-sciences/rady-faculty-health-sciences/rady-faculty-of-health-sciences/rady-faculty-health-sciences/rady-faculty-of

- 3.3 Educate faculty, staff, and students on current issues of racism, racial inequities, and racial injustice both within and outside healthcare, which will in turn support anti-racism practice in healthcare education and access to healthcare.
- 3.4 Provide support and offer connection to supportive resources for staff or students who have reported experiencing racism based on religious beliefs, gender, sexual orientation, cultural practice, abilities, and racial and ethnic identities.

4. Strategies to operationalize the functions: To be reviewed every two years

In collaboration with the College of Nursing Leadership Team, Rady Faculty of Health Sciences and University of Manitoba, the Anti-Racism Committee will:

- 4.1 Facilitate the implementation of the Disruption of all Forms of Racism Policy as directed by Rady Faculty of Health Sciences. https://umanitoba.ca/health-sciences/rady-faculty-health-sciences
- 4.2 Acknowledge the impact of colonization and all forms of discrimination (based on gender, abilities, religious beliefs/practices, sexual orientation, and ethnic/racial identities) within the College of Nursing, by using an anti-racism lens to support the deconstruction of hidden racist ideology in nursing education.
- 4.3 Acknowledge and make a public statement denouncing racism in all its forms within the College of Nursing. This would include denouncing all forms of discrimination based on gender, abilities, religious beliefs/practice, sexual orientation, ethnic/racial identities.
- 4.4 Create a safer environment for members of Black, Indigenous, and racialized communities through communications with faculty, staff, and students and the Office of Anti-Racism in the College of Nursing.
- 4.5 Create a safer environment for faculty, students, and staff of Mahkwa omushki kiim: Pathway to Indigenous Nursing Education (PINE) on anti-indigenous racism and support the learning of Indigenous cultural practices within the College of Nursing.
- 4.6 Promote dialogue around policies and everyday practice within the College of Nursing programs (i.e., curriculum, admissions, awards, hiring practices, retention, etc.) that address goals and challenges for equity, diversity, and inclusion in partnership with the Office of Anti-Racism.

5. Reporting Relationship:

5.1. The Anti-Racism Committee is an administrative committee accountable to the Dean of the College of Nursing. It works in collaboration with the Leadership Team of the College of Nursing. To foster a collaborative relationship, the ARC and the members of the Leadership team will engage in ongoing training and education on anti-racism, discrimination, oppression, ableism, and equity, diversity and inclusion.

6. Committee Membership:

Membership will consist of individuals who have a strong commitment/investment in racial equity and anti-discrimination work.

- 6.1. **Co-Chairs**: The Committee Co-Chairs will be selected by the members from the committee membership.
- 6.2. **Membership:** The Committee membership will consist of the following members: Students from the undergraduate and graduate levels, faculty and staff. Indigenous, Black, and racialized people centered. Committee membership must maintain a minimum of 75% Indigenous, Black, or racialized members.

7. Term of Office:

- 7.1. The term of office of each Committee member will be for two years, with a provision for reappointment for an additional one-year term. For the purposes of continuity, membership resignation will be on an alternating-year basis.
- 7.2. Co -chairs will sit for one- and two-year terms, allowing for continuity and succession planning.

8. Meetings:

- 8.1. **Number of Meetings:** The Committee will meet at minimum monthly and/or at the call of the Co-Chairs.
- 8.2. **Decision-Making:** The preferred model for decision-making is consensus. If consensus cannot be reached, a vote shall be held. The Co-Chairs will not vote unless to break a tie.
- 8.3. **Quorum:** A majority of the Committee voting membership must be present at a meeting in order to constitute a quorum.
- 8.4. **Electronic Discussion and Meetings:** The Co-Chairs may consult with Committee members electronically, and may arrange email, telephone or other electronic meetings, instead of in-person meetings, as the circumstances may require.

9. Dates, Approval, Review and Revision:

9.1. **Date approved:** March 3, 2025, Dean, College of Nursing.

10. Appendix

Defining Racism

Race: is one of the fundamental components of descriptive systems of difference in society (e.g., along with sex-gender, class, ability, and sexuality). At its inception "race" was defined as a natural or biological difference, indicated by physical features such as skin colour, hair texture and other bodily features. The creation of race as a key system of classification was created during European imperial and colonial domination as a means to justify hierarchies of humanity.

Despite efforts to locate differences between different groups as evidence of biological and/or genetic differences as unsound, science demonstrates that the differences within different groups are greater than the differences between the so called "races." However, there remains a significant investment in identifying racial differences as natural and inevitable, as evidence of intelligence, ability, worth, and so on. Rather, scholars and researchers recognize that race is a socio-historical and social construct (Disruption of all forms of Racism Policy, revised 2023).

Racism: Racism is defined as the differential treatment of various human racial groups by a dominant racial group rooted in the belief of the superiority of one group over the other. Racism takes many forms, some of which include symbolic, embodied, psychological, institutional/systemic, everyday, and interpersonal. Experiences of racial discrimination, harassment and vilification can be affected by its intersection with other elements of identity such as sex-gender, sexuality, disability, faith/spirituality, and age (Disruption of all forms of Racism Policy, 2020). The following definitions of different forms of racism are illustrative and not exhaustive. Additional definitions can be found on the Anti-Racism Website.

Everyday Racism: refers to the "mundane" elements of everyday life that are typically not recognized because these manifestations of racism have become so normalized that they are typically not identified as racism. Everyday racism refers to tone, language, a gaze, forms of surveillance (in public spaces), differential treatment/service (being ignored in the learning/clinical environment, denying the reality of a Black, Indigenous, or racialized minority person, or the expectation that one can speak for all members of a racialized minority group) and actions such as moving when an Indigenous, Black or racialized minority student is seated beside a person on the bus or in the classroom. Everyday racism is multi-dimensional, and its impact is cumulative (Disruption of all Forms of Racism Policy, 2020).

Gendered Racism: refers to the allocation of resources along racially and ethnically ascribed understandings of masculinity and femininity as well as along gendered forms of race and ethnic discrimination (Disruption of all Forms of Racism Policy, 2020).

Interpersonal Racism: "Interpersonal racism, also known as relational racism, is the most commonly understood form of racism that refers to acts of racism between people. These are interactions between individuals that, intentionally or not, convey messages of Othering, discrimination and/or subordination. Examples can include everyday jokes, looks, common place racialized questions or comments, or even violence (Beagan et al., 2023). It can also refer to attitudes, ideas, and behaviours that support, and therefore reinforce, racial inequality. It is important to note that interpersonal and institutional racism function both independently and in concert (Disruption of all Forms of Racism Policy, 2020).

Systemic/Institutional Racism: Structural, or systematic racism, is demonstrated as white supremacy embedded within laws, institutions, and policies, which results in the legitimization of historical, cultural, or interpersonal advantages and consequential chronic disadvantage for non-white across ethnic/racial groups/individuals (Iheduru-Anderson & Waite, 2022). It perpetuates an overarching racial system of hierarchy and inequity, serving as a foundation from which all forms of racism emerge (Iheduru-Anderson & Waite, 2022). Institutionalized racism is an outcome of structural racism. Racially unjust rules/ behaviours, practices or policies that are upheld across institutions (such as schools, politics, workplaces, or media) "routinely produce racially inequitable outcomes for racialized minority individuals" (Iheduru-Anderson & Waite, 2022 p. 3).

Epistemic Racism: Epistemology refers to what we consider to be knowledge, or what ways of knowing. Racism can exist here as Epistemic racism. This refers to an aspect of systematic racism which claims some knowledge, ways of knowing, and 'knowers' themselves are legitimate and valid, or invalid and inferior (Beagan et al., 2024). In a colonized, Westernized society such as Canada, this privileges white-Euro-Western ways of knowing/forms of knowledge by legitimizing and granting authority, while simultaneously devaluing other knowledge and the knowers themselves (Beagan et al., 2024). The continued legacy of epistemic racism is reflected in the dominance of western biomedical knowledge and marginalization of Indigenous ways of knowing and practicing in the Canadian health care system (Allan, B., & Smylie, J., 2015).

Internalized Racism: Internalized racism refers to the acceptance and internalization of negative, stereotypical beliefs, attitudes or ideologies about the inferiority of one's racial group (Allan, B., & Smylie, J., 2015).

Racial Discrimination: refers to behavior that impedes and disadvantages people, by withholding benefits, opportunities due to their perceived race, colour, nationality, ethnicity, ethno-religious or national origin (Disruption of all Forms of Racism Policy, 2020).

Racial Harassment: refers to an incident or a series of incidents having the effect of intimidating, offending or harming an individual or group because of their perceived ethnic origin, race or nationality. This includes verbal and/or physical abuse, insults and name calling, bullying, threatening behaviour, damage to property, displaying and/or sharing racially offensive material and encouraging others to commit racist acts (Disruption of all Forms of Racism Policy, 2020).

Racial Micro-aggressions: are everyday slights, indignities, put downs and insults that Black, Indigenous, or racialized minority individuals experience in their day-to-day interactions with people. They can consist of racial micro-assaults (often said privately), racial microinsults (e.g., demeaning of racial identity) and racial microinvalidations (e.g., "I don't see colour"). (Disruption of all Forms of Racism Policy, 2020).

Racial Vilification: refers to a public act that inspires or provokes others to hate, have disrespect, or ruthlessly deride a person or group of people due to their perceived race, colour, nationality, ethnicity or ethno-religious or national origin (Disruption of all Forms of Racism Policy, 2020).

11. References

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