Our EDI work

To uphold and advance this critical pillar of our guiding principles, we formed an EDI Committee. The Committee is responsible for establishing the strategic priorities and action plans that will ensure our programs consider and reflect the diversity of our members and the patients we serve.

Our EDI survey

In 2021, we surveyed all CCS and affiliate members (N = 2,646) to:

1. Establish an initial understanding of CCS member identities and experiences related to EDI; and
2. Understand the facilitators and barriers to EDI practices and determine opportunities for improvement.
Our key findings

There were 560 CCS members (18%) who responded to the EDI survey.

Compared to the CCS membership, survey respondents were:

- More likely to be women
- More likely to be <50 years old
- Representative in terms of language preference

Note: CCS has not collected data on ethno-racial identity

Younger survey respondents were more likely to be women or people of colour (POC) compared to older respondents.

>70% of respondents agreed that undertaking equity and diversity initiatives was important or highly important.

>70% of CCS students and trainees expressed support for developing mentorship programs to help build a culture of inclusiveness.
More POC (43%) and women (39%) respondents agreed that lack of role modelling from CCS leadership was a barrier to a culture of inclusion compared to all respondents.

>50% of respondents indicated they were unclear about the process for selecting CCS committee members, chairs, and award recipients, and the process for addressing unprofessionalism.

Figure 1. Lack of role modelling by CCS leadership is a significant barrier to a culture of inclusion.

Figure 2. The CCS system for selecting and inviting committee chairs and members is open and transparent (N = 440).

Figure 3. The CCS system for selecting and inviting executive members is open and transparent (N = 443).

Figure 4. The CCS system for award nominations is open and transparent (N = 437).
Occasional or frequent gender-based discrimination has been experienced disproportionately more by women compared to men respondents.

This is lower within CCS compared to respondents’ university or research centre(s).

Occasional or frequent race-based discrimination has been experienced disproportionately more by POC compared to white respondents.

This is lower within CCS compared to respondents’ university or research centre(s).

Unprofessionalism** in CCS has been experienced disproportionately more by women compared to men, and non-white men compared to white men.

** defined as instances of disrespect, abuse, sexual abuse, harassment, and discrimination.
Our strategy

Our survey findings have informed the development of the following EDI Strategy and Action plan:

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<th>We will embed EDI in CCS policies, processes, and programs by:</th>
<th>How?</th>
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| 1. Understanding characteristics & identities of the CCS membership to inform our work. | • Request information on:  
- Ethnicity/race  
- Sexual orientation  
- Disability status |
| 2. Expanding data collection to better meet CCS member needs. | • Expand answer options for gender  
• Request year of birth and language preference  
• Request updates to home province  
• Include a “Prefer not to answer” option |
| 3. Reviewing and improving the process of nominating and selecting committee members, executive members, and award recipients to increase pool of nominees/applicants, overcoming traditional patterns, limiting bias, and ensuring fairness. | • Indicate how to access each committee’s Terms of Reference (TOR)  
• Establish committee composition guidelines to inform member selection and ensure diversity  
• Establish an award applicant ‘pool’ and ‘opt-out’ system  
• Use the Diversitive Agreement Versus Nash Equilibrium (DAvNE) strategy† to promote equitable and fair selection of CCS leaders and award recipients¹,²  
• Communicate the committee and award selection processes |
| 4. Improving, strengthening, and sharing processes and policies to support and uphold professionalism among the CCS membership. | • Establish and communicate CCS code of conduct to set expectations  
• Require CCS leaders (e.g., committee chair, working group chair) to review code of conduct before committing to CCS roles  
• Establish, communicate, and implement a process for addressing unprofessionalism when it is identified within the CCS  
• Establish CCS ‘ombudsperson’ to support and manage CCS-related unprofessionalism |
| 5. Increasing mentorship programs and EDI professional development opportunities to better equip members to act fairly and be inclusive in how they approach their personal and professional lives, and volunteer efforts. | • Explore the development of new CCS mentorship programs  
• Offer EDI training to CCS members and ensure CCS leaders participate  
• Embed EDI “micro-learnings” into existing CCS programming |


² He JC, Kang SK, Lacetera N. Opt-out choice framing attenuates gender differences in the decision to compete in the laboratory and in the field. Proceedings of the National Academy of Sciences. 2021;42.

† Using the DAvNE strategy, candidates are selected on a merit basis only when votes pass a given threshold. This is determined by the diversity among the committee members and the competition parameters (p. S54).