



Equity, Diversity and Inclusion Audit Report

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OCTOBER 2021

HRx Technology Inc.
Vancouver, British Columbia, Canada
www.hrx.tech



LAND ACKNOWLEDGEMENT

HRx acknowledges our respect for and deep gratitude to the Coast Salish Peoples, namely the səlililwətaʔt (Tseil-Waututh) and Skwxwú7mesh (Squamish) First Nations, and the xʷməθkʷəy̓əm (Musqueam) Indian Band on whose traditional territories we are honoured to operate.

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EXECUTIVE SUMMARY

Speech-Language & Audiology Canada (SAC) identified the need for strategic planning efforts for advancing equity, diversity and inclusion (EDI). The objective of this project was to obtain insight for policy and programming development and decision making and ensure the organization is taking an inclusive approach as an employer, in serving its members and collaborating with stakeholders. HRx, an EDI consulting firm based in Vancouver, BC, was contracted to undertake this work in partnership with SAC.

The EDI Audit included the following activities to assess the current state of EDI at SAC and to subsequently be able to make concrete recommendations for enhancing EDI organizationally:

- A review of organizational documentation and resources offered to members
- EDI Insight Survey with all members to assess feelings of inclusion
- Focus groups with employees, Board members and members
- Facilitated workshops with the leadership team (Board and CEO) to provide foundational knowledge and assess the level of commitment and support for advancing this agenda

This report intends to provide meaningful data to inform SAC's future decisions on issues of EDI. This report defines SAC's current state and aspirations for EDI based on the audit results and provides recommendations for how to achieve short, medium and long-term goals systematically.

Through this study, ten key findings emerged.

1. **The association lacks diversity in certain dimensions:** When compared to 2016 Canada Census data, the association lacks diversity in the dimensions of race, Indigenous identity, disability and immigration status.
2. **The membership scored an average overall inclusion score:** The overall score is 72.74; organizations usually score between 60 (low) to 80 (high).
3. **Certain marginalized groups scored low on the Inclusion Index:** Although the membership scored an overall average inclusion levels, Indigenous Peoples, people of colour, people with diverse sexuality, people with disability and immigrants reported significantly low scores.
4. **Members and Associates from marginalized groups feel their voice is not heard at SAC:** Voice was one of the lowest factors in the Inclusion Index reported by members from marginalized groups.
5. **Younger members scored low on the Inclusion Index:** Members who are Millennials or Generation Z reported a significant gap; their lowest scores are Voice and Leadership Commitment.

6. **The racial diversity increases in younger members:** There is increasingly more racial diversity amongst those who are newer to their profession.
7. **Education around EDI was identified as a gap that needed to be addressed:** Members and Associates acknowledged there is a gap in their EDI knowledge and would like SAC to support addressing that gap.
8. **Supporting Indigenous Peoples at SAC was highlighted as a priority for the association:** Members and Associates wish to serve Indigenous communities and clients with a higher level of understanding that takes a breadth of Indigenous cultural needs and practices into account.
9. **There are systemic barriers for members of marginalized communities at SAC and in the professions:** There is a strong desire amongst Members and Associates for SAC to work with external partners and remove systemic barriers in the professions, education and competency assessments.
10. **There is strong support at SAC to embed EDI in resources and tools developed by the organization:** Members and Associates want training and professional development programs that are accessible and offered by a range of experts with different lived experiences, backgrounds and perspectives.

Based on these key findings, the following Guiding Principles are recommended for SAC as a baseline of how to engage in EDI efforts going forward:

1. **Intentionally Inclusive:** Organizations that are committed to social equity make an intentional effort to go beyond equality (treating everyone the same) to ensure there is fair access to positions of power, opportunity to be seen and heard, and influence to all their people, regardless of their race, gender, age, and other diversity dimensions.
2. **A Learning Organization:** SAC needs to characterise itself as a “learning organisation,” emphasising the need to learn from other perspectives, as well as to unlearn/deconstruct structural issues in the professions that create barriers for marginalised groups. SAC will also focus on education as a way to provide members with tools and knowledge to make meaningful EDI change when working with diverse communities.
3. **Influence Change:** While many of the practical changes required to build more diverse, equitable and inclusive professions are outside SAC’s authority, there is a degree of credibility and influence that could be leveraged with partners in the field. SAC is well positioned to influence the government, educational institutes and peer organizations to prioritise EDI to safely and adequately serve diverse clients across Canada.

Consistent with the themes and guiding principles above, HRx identified the following areas of priority for SAC and recommends a systematic approach to implementing these areas as detailed in the report. Based on these themes and guiding principles, the recommended Priority Areas are as follows:

1. **Leadership Commitment:** To effectively champion EDI across the organization and shape an inclusive culture, greater competence and accountability for EDI is needed from the leadership at SAC (Board and Management). We recommend that leaders demonstrate an ongoing and dedicated effort to EDI, which will also help address the perception amongst members that there is a lack of leadership commitment to EDI at SAC.
2. **Education and Communication:** Increased knowledge of EDI will enable the SAC leadership (Board and Management) to commit to action and better support their members and associates in tailored and impactful ways. Providing tailored education and support to members will help advance EDI in the organization and within the profession. A focus on communication within the organization, the membership and to external stakeholders is crucial because it conveys the organization's goals and how it will achieve them.
3. **Systemic Changes:** Equipped with the knowledge and tools to address EDI issues, SAC leaders will be able to identify, design and implement solutions to advance EDI regarding governance, hiring policies, and a newfound Indigenous engagement strategy. These systematic changes will support the organization in building equitable and inclusive practices for its stakeholders as well.
4. **Community Engagement:** The acquired education and systemic changes that will be implemented internally will serve as a foundation for sustainable effort when engaging with diverse communities and Indigenous communities specifically. Community engagement will be one of the last steps in SAC's EDI journey.

This report provides SAC with a guiding framework for structural and systemic change that will inform future decisions and plans related to EDI. The recommendations outlined in the report will be supported with an implementation plan that will detail practical actions for the short-term. Taking a long-term view to deeply embed EDI will ensure the organization remains relevant and can sustain its operations and achieve its strategic goals over time.

ABOUT HRx

HRx is a Canadian firm that helps build stronger, more inclusive organizations. Through our practical, data-driven solutions, we help clients embed equity, diversity and inclusion (EDI) in their workplace and the programs and services they deliver.

Our team brings a uniquely diverse set of skills and experience, including Data Science, HR, Business and Diversity and Inclusion professionals, to deliver impartial third-party expertise. Through our comprehensive suite of consulting services, interactive workshops and data analytics, we help organizations at any stage of their EDI journey. We drive sustainable change, whether that's the systems and processes that shape how we work or the behaviours of the members and leaders who bring the culture to life. Our goal is to set organizations up for success and support them with expertise as needed.

HRx is one of Canada's leaders in EDI and is a trusted partner to organizations across North America.

Some of our recent clients include:



EDI is a rapidly evolving field, and HRx is at the forefront of this work through partnerships with several research institutes. One of our recently published papers was on 'Quantifying Automatic Prejudices and Egalitarian Biases' in partnership with the University of Toronto.

Some of our research partners include:



HRx is also featured regularly in media and recognized as a thought leader in the field for the solutions we have developed and re-engineered, including technology for assessing unconscious bias, the EDI Cultural Change Curve and data analytics for EDI.

Some of our recent media features include:



BACKGROUND

In late June 2020, SAC appointed its new CEO, Dawn Wilson who issued a first EDI statement¹ in August 2020. This statement outlined SAC's commitment to EDI and promised stakeholders that they would take action and report their progress on a quarterly basis. In December 2020, the organization announced that HRx had been contracted to conduct an organizational audit and develop an EDI strategy and action plan².

This report captures the findings of the EDI audit and outlines the recommendations for SAC to advance EDI. It provides meaningful data to inform future decisions on issues of EDI at SAC both for the organization internally and when engaging with members and the broader community of speech-language pathologists, audiologists and communication health assistants in Canada. The data provided and the insights derived are based on proven statistical research methods.

Based on the audit results, this report defines SAC's current state and aspirations for EDI, and provides recommendations for how to systematically close that gap. In conducting this audit and writing this report, HRx considered the mission of SAC to ensure this plan aligns with the organization's strategic goals, values, and code of ethics.



¹ [SAC's Commitment to Diversity, Update August 2020](#)

² [SAC Diversity Update: December 2020](#)

METHODOLOGY

SAC partnered with HRx to conduct an EDI Audit and develop a strategy and plan to support the organization with building an equitable and inclusive approach to supporting members and collaborating with diverse stakeholders.

HRx's methodology for conducting this audit is informed by expertise in qualitative and quantitative research methods and experience working with a broad range of clients. HRx's research team is highly skilled in research design, data sampling, analysis, and evaluation, which collectively ensures that we obtain maximum value and insight from collected data.

This project was initiated with a current state audit, where inputs were gathered from a range of sources and methods to ensure a comprehensive assessment. This included consultations with numerous stakeholder groups through multiple channels and a review of internal reports and documentation. Specifically, the audit included:

Analysis of Organizational Data, Policies, Communications & Programs:

HRx analyzed organizational documentation and communications, such as governance policies, and processes, member engagement survey results, annual reports and strategic plans. Many organizations at an early stage of their formalized EDI journey have limited information to share, while others have established policies, processes and programs in place. In either case, this provides HRx with important insight into the current state and path forward. It also helps to inform the focus group discussions and stakeholder interviews.

Facilitated Discussions with the Leadership Team:

The SAC leadership team (Board and the SAC CEO) participated in two workshops facilitated by HRx. The purpose was to equip leaders and decision makers with the language and common knowledge to participate in productive conversations about systematically advancing this agenda. It was also used to highlight the importance of their role in championing EDI, assess their level of commitment and gather insight about the organization's current state, barriers and alignment to SAC's strategy and goals. These sessions took place in March and April, 2021; 11 senior leaders participated.

Consultations (Interviews & Focus Groups):

HRx facilitated 12 individual interviews, and conducted 4 focus groups with a total of 29 participants. In total, there was input from 41 people. The participants represented a cross-section of perspectives, including members from different areas of the professions and levels member perspectives. The feedback gathered from the interviews and focus groups was reasonably diverse and we were able to gather important findings and generate key themes.

HRx's consultation methodology creates a safe and confidential environment for participants to share personal stories and experiences. Consultations were conducted virtually via web meeting platform or by phone. The HRx facilitator asked both structured and unstructured questions and

offered the opportunity for participants to provide written feedback for potentially sensitive or personal information.

EDI Insight Survey:

The survey collects demographic information and measures feelings of inclusion for all members. The survey questions were designed by data analysts and social scientists with input from industry leaders and diversity experts and were tailored to the organizational context at SAC.

The survey was sent to all 6,457 members between May 3-21, 2021. The final response rate was 22.0% (1,421 responses) with good representation from across locations and professional roles, as well as a completion rate of 79.52%. This supports the data as statistically valid with an estimated margin of error $\pm 2.65\%$ 19 times out of 20. Although the survey data was not collected from a randomly selected sample (which is necessary for using a margin of error), the above-noted margin of error provides an important guide to accurate interpretation of the findings especially when examining the response of small groups of members, where the size of the sample is less than 10 members.

The results were analyzed and reported using the HRx Inclusion Index which measures the degree to which a demographic group diverges from the average respondent to determine the perceived level of inclusion (see Inclusion Index next).

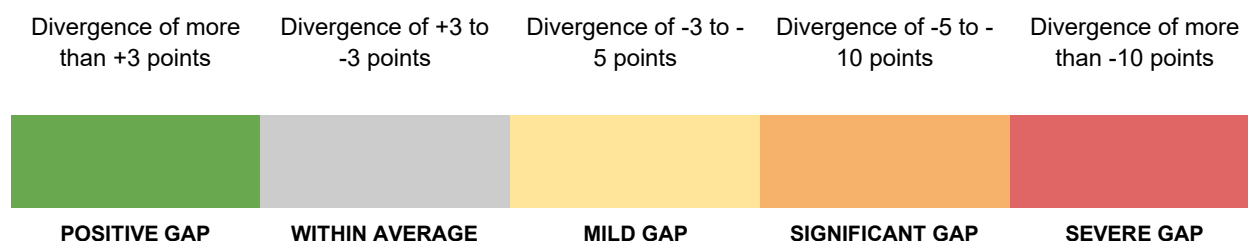
The qualitative and quantitative data gathered during the audit was then analyzed using a global benchmark for EDI and HRx's proprietary tool, the EDI Change Curve. These tools provide a standard of performance for EDI when assessing the current state against the target state and are used to define a systematic approach and specific actions to close that gap (see Appendix: EDI Change Curve).

Using these tools helps to streamline, structure and prioritize efforts for a practical and high-impact focused plan. This approach helps to narrow the scope of possible initiatives, ensuring SAC is targeting specific processes, programs, practices and policies for specific stakeholder groups (as identified in the audit). Using these frameworks, HRx also took into account any existing initiatives to show how these multiple pieces fit together under one approach and plan.

THE INCLUSION INDEX

The Inclusion Index provides a high-level overview of inclusion levels across demographic groups. It captures the sentiment of specific demographic groups using 20 inclusion factors used to assess inclusivity.

The degree to which a demographic group diverges from the average respondent indicates the perceived level of inclusion. For example, a divergence of <3 points indicates no statistically relevant gap; conversely, a divergence of >10 points indicates a severe gap and reportedly low levels of inclusion.



Inclusion Factors

The Inclusion Index is measured by analyzing people's sentiment when responding to questions and statements about five inclusion factors:

- Belonging:** People feel respected, valued and that they are able to express themselves authentically. In our survey, belonging statements include 'the registration process (to become a member of SAC) felt inclusive to me' and 'the language used in SAC communication, policies, guidelines is inclusive to my identity (for example my age, ethnicity, gender, language, physical ability or socioeconomic status)' for example.
- Fairness:** Decisions are made in objective and data-driven ways to create equitable outcomes. Researchers have found that fairness in decision-making is one of the most important factors in determining inclusion within an organization. Responses to statements such as 'I have been treated fairly as a member by Speech-Language & Audiology Canada (SAC)' and 'the qualifications required to become a speech-language pathologist, audiologist or communication health assistant impose barriers to people who share my identity (for example my age, ethnicity, gender, language, physical ability or socioeconomic status)' were used to measure fairness.
- Support:** People are supported in a culture of growth and flexibility where leaders trust their people and accommodate their needs. Responses to statements such as 'the education opportunities provided by SAC are flexible enough to support my growth and learning, within my individual circumstances as a speech-language pathologist,

audiologist or communication health assistant' and 'I am satisfied with the support I receive from the SAC staff when I contact them via email or phone' measure support.

- **Voice:** People feel like they have a voice and feel comfortable speaking up and sharing ideas. Marginalized groups often face unique barriers with respect to voice, as they are often less represented in leadership positions, less empowered to share ideas, given less speaking time, and interrupted when they do share. Responses to statements such as 'I feel comfortable contacting SAC when I have questions, concerns or comments' and 'I see myself fairly represented in the current leadership of SAC (board, management team and committees)' were used to measure voice.
- **Leadership Commitment:** Leaders prioritize resources to address inclusion and make EDI strategically significant to the organization through the business plan, management conversations, and targets. In our survey, we measure Leadership Commitment based on responses to statements such as 'I believe SAC is committed to inclusive practices for all speech-language pathologists, audiologists or communication health assistants.' and 'I believe SAC ensures inclusive and ethical speech-language and audiology services to serve the diverse needs of our communities in Canada'.

Prefer Not to Answer

For each demographic question, there was a group of members who chose the 'prefer not to answer' option. The percentage of members who chose that option ranged from as low as 1.9% when asked about employment status and as high as 10.2% when asked about annual income. Data from this segment of members is included in the overall average when calculating the Inclusion Index. However, this data is not analyzed within specific demographics as there are no characteristics to associate it with.

KEY FINDINGS



KEY THEMES AND FINDINGS

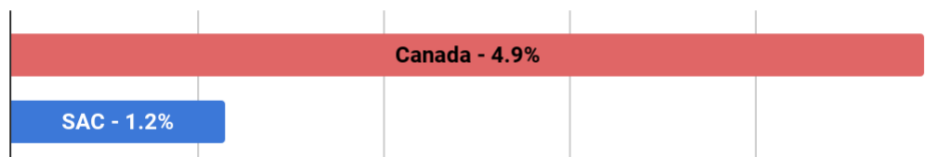
Through this study, ten key themes emerged that are each supported by key findings.

Key Finding 1: The professions lack diversity in certain dimensions.

Throughout this study, participants overwhelmingly voiced their desire for the professions to become more diverse. They believe that more diversity would improve the way the professions are serving its diverse clients. Through the collection of demographic data, the EDI Insight Survey confirmed that the professions lack representation in dimensions of race, Indigenous identity, disability and immigration status compared to 2016 Canadian Census.

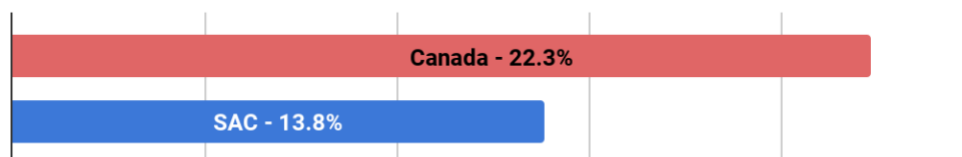
Only 1.2% of members in the survey indicated that they are Indigenous; this is relatively low considering Indigenous Peoples represent 4.9% of the population in Canada.

Indigenous Peoples



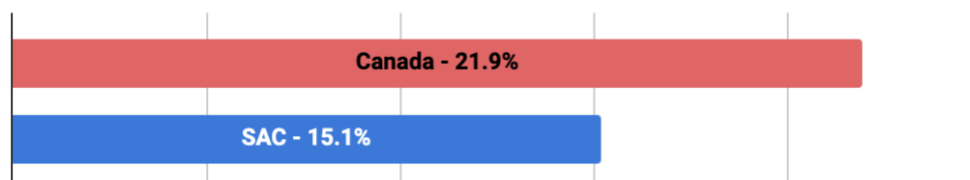
Among survey respondents, only 13.8% identified that they were people of colour compared to 22.3% of Canadians.

People of Colour



Members who indicated they are immigrants accounted for 15.1% of respondents which is less than the 21.9% of Canadians who are immigrants.

Immigrants



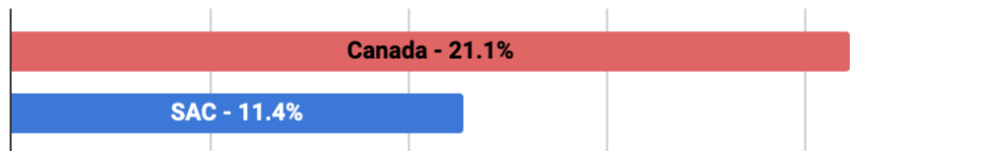
At SAC, 8.2% of members indicated they have a disability compared to the 20% of the Canadian population.

People with Disability



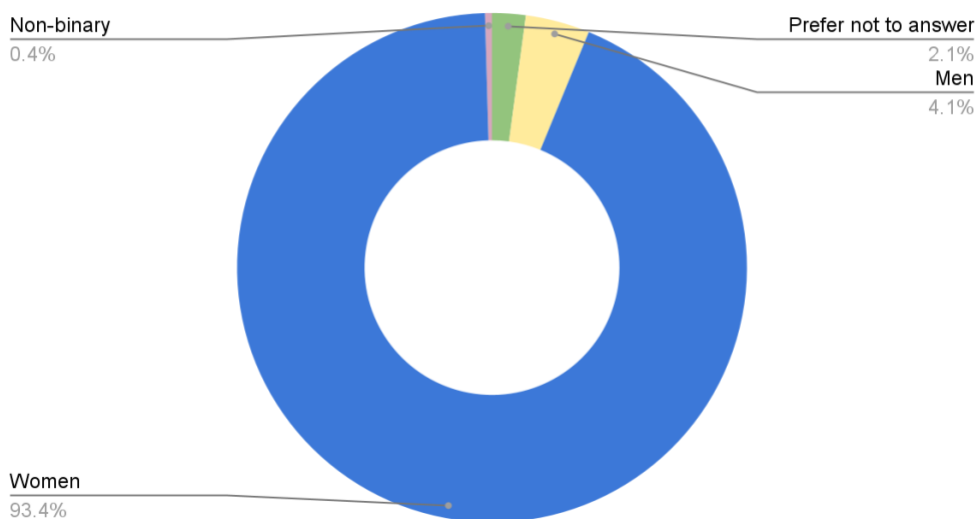
Members who do not speak English or French as their first language are underrepresented in SAC membership - only 11.4% compared to 21.1% of Canadians who do not speak English or French as their first language.

English or French Not First Language



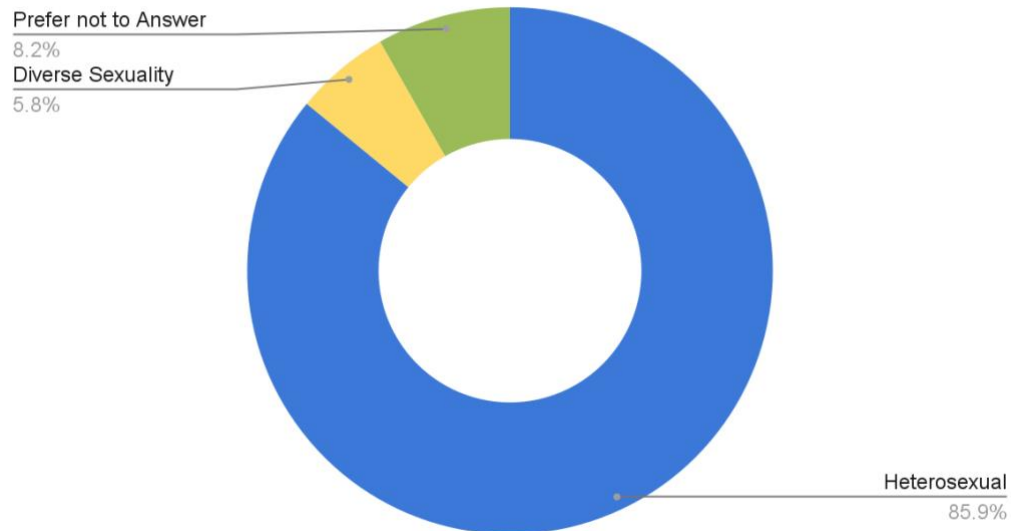
As for gender, women represent the overwhelming majority of membership (93.4%), compared to 4.1% men and 0.4% of gender non-binary people.

Gender



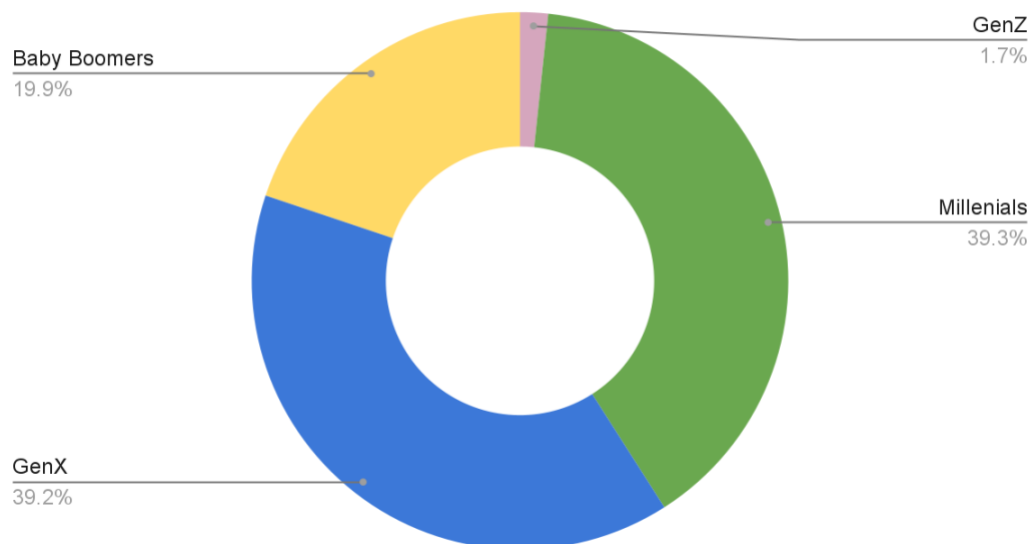
In terms of sexual orientation, 5.8% of members indicated they are bisexual, pansexual, asexual, lesbian, gay, or queer.

Sexual Orientation



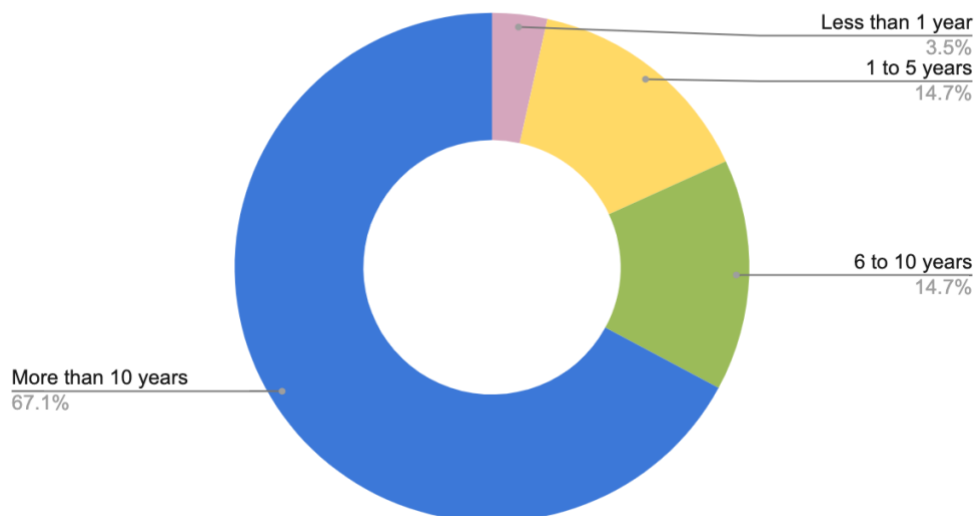
As for age, Baby Boomers represent 19.9% of membership, Generation X and Millennials are each around 39% and Generation Z are less than 2% of membership.

Age



One observation from the demographic data collected is that more than two thirds of members indicated they have been in the field for 10 or more years.

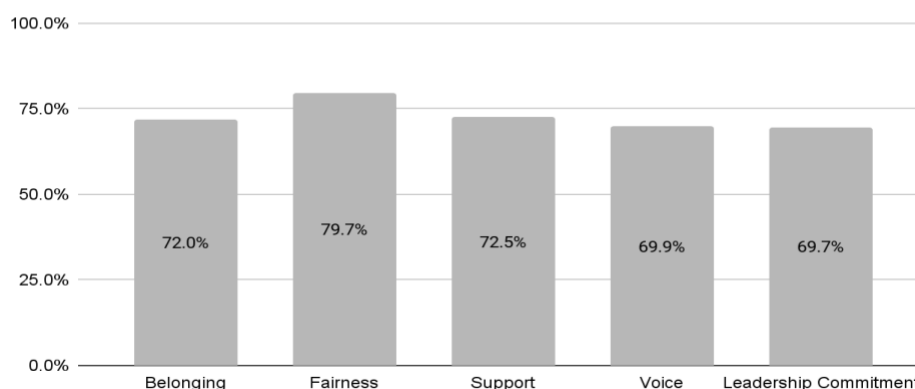
Career Tenure



Key Finding 2: The membership scored an average overall inclusion score.

Inclusion exists when people have fair access to opportunity, when they feel that their differences are appreciated, and when they are empowered to make their own decisions. According to data collected through this study, the overall score for feelings of inclusion within the membership of SAC is within average. According to data collected through this study, the overall score for feelings of inclusion within the membership of SAC is 72.74. This score is within average; organizations usually score between 60 (low) to 80 (high). The following graph represents LTP's score on each of the five factors of inclusion:

Average Inclusion Levels at SAC



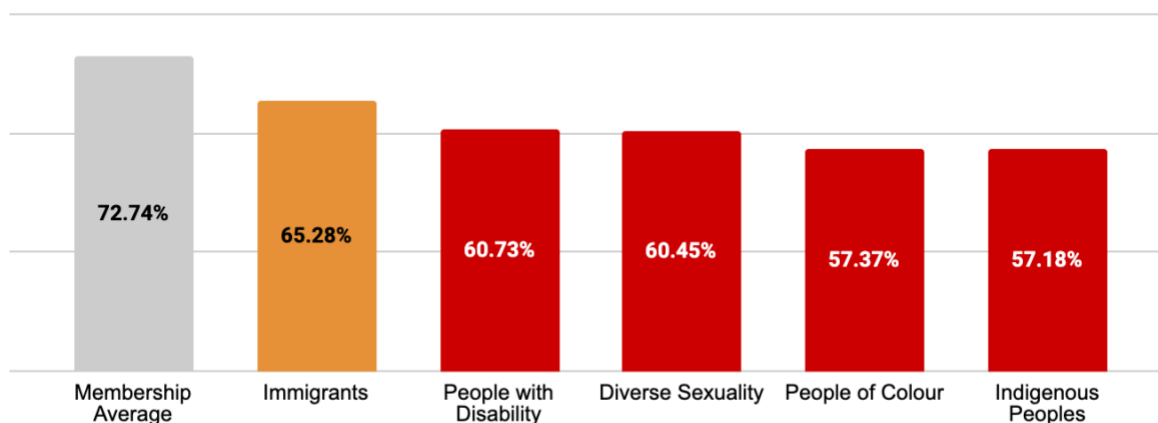
Among the five factors of inclusion, Fairness scored the highest. Statements such as “I have been treated fairly as a member by Speech-Language & Audiology Canada (SAC)” and “I believe I have fair access to join SAC committees” scored high levels of agreement in the survey. Leadership Commitment scored the lowest among the inclusion factors. Statements such as “I believe SAC ensures inclusive and ethical speech-language and audiology services to serve the diverse needs of our communities in Canada” scored low levels of agreement in the survey.

Key Finding 3: Certain marginalized groups scored low on the Inclusion Index.

While the inclusion score for the overall membership was within the average range, our analysis showed that a number of marginalized groups scored consistently low on the Inclusion Index compared to the average levels of all members.

Indigenous Peoples reported a severe gap (more than 10 points), along with people of colour, people with diverse sexuality and people with disability. Immigrants scored a significant gap (between 5 and 10 points) on the Inclusion Index. For more details on how each group reported levels of inclusion across the five constructs of inclusion, see the Inclusion Scan section.

Levels of Inclusion for Marginalized Groups



Key Finding 4: Members from marginalized groups feel their voice is not heard at SAC.

Voice was the one of the lowest factors in the Inclusion Index reported by members from marginalized groups. This factor measures the ability of members to raise concerns and express their ideas and suggestions of how the organization is serving its members. The low score could

indicate that SAC does not have effective feedback mechanisms where people can contribute to decision making and share their concerns freely.

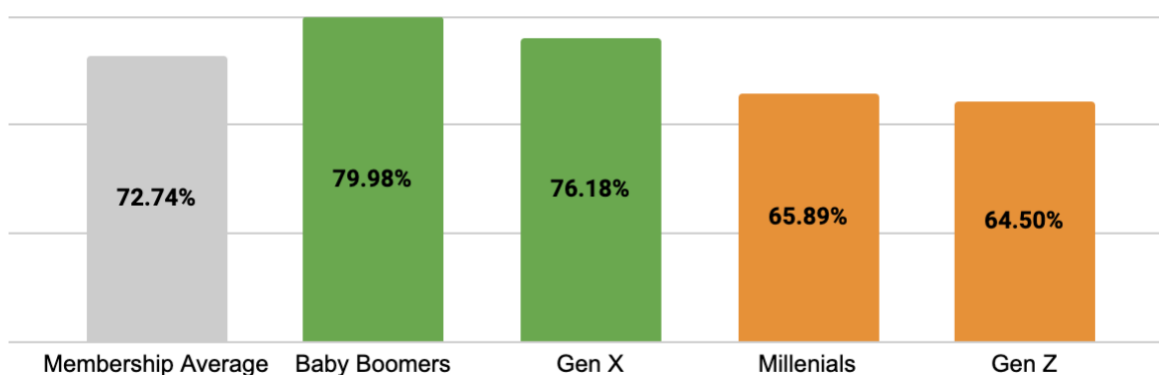
Diverse and reflective representation of members in leadership is also a sign that people have a voice. Diverse leadership leads to the needs of diverse communities being heard and advocated for. Statements such as ‘I see myself fairly represented in the current leadership of SAC (Board, management team and committees)’ scored low compared to the other survey questions. Significant or severe gaps (more than 5 points) were reported on how the following groups experienced Voice as an inclusion factor; Indigenous Peoples, people of colour, people with diverse sexual identities, younger members, immigrants and people who do not speak English or French as their first language.

Many members stated that “people need to see themselves represented.” Participants see an opportunity for SAC to advocate to external stakeholders (employers, Universities etc.) about increasing the diversity of the profession through public engagement and removing barriers to entering the profession.

Key Finding 5: Younger members scored low on the Inclusion Index.

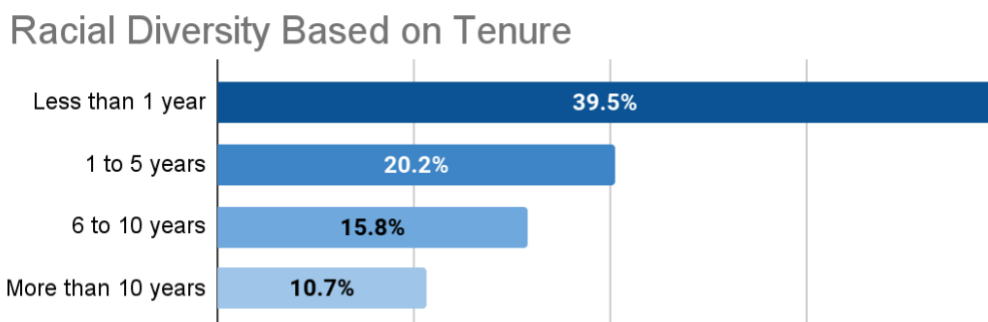
There was a significant gap between how members of SAC reported their feelings of inclusion based on their age. Members who identify as Millennials (born between 1994 and 1980) and Generation Z (born after 1994) reported a significant gap; their lowest scores are Voice and Leadership Commitment at SAC (see Appendix: The Inclusion Scan).

Levels of Inclusion Based on Age



Key Finding 6: The racial diversity increases in younger members.

Data from the survey shows that racial diversity increases significantly amongst those who are newer to their profession. The graph below shows the percentage of people of colour among respondents based on the question ‘how long have you worked as a speech-language pathologist, audiologist or communication health assistant?’



Key Finding 7: EDI training and education were identified as opportunities to make progress at SAC.

Robust and ongoing education and development is a key component of sustained growth in an organization, and it is especially essential to EDI. Across our study, we found that participants wish to see more opportunities for education on EDI across three key areas:

1. Curriculum: Participants discussed wanting more EDI focus integrated into their education and training experiences at the University and College level.
2. On the Job: Members wish to see training that is specific to their unique client base and their experiences.
3. Professional Development: Many participants expressed the need for diverse professional development opportunities that reflect the needs of their diverse clientele. These development opportunities also include opportunities for professionals to adapt within their careers as awareness continues to grow with regards to serving various populations.

Members noted that the current demographics of those who develop and lead training do not reflect the incoming diversity of the professions, and the existing diversity of their communities and clients. Participants expressed that they want people who can bring both their lived experience and expertise to conduct training.

Key Finding 8: Supporting Indigenous Peoples at SAC was highlighted as a priority for the association.

Members wish to serve Indigenous communities and clients with a higher level of understanding that takes a breadth of Indigenous cultural needs and practices into account. Participants identified that their lack of knowledge in this area is partly due to the lack of training at the graduate program level.

Participants also expressed their concern about the lack of Indigenous practitioners in the profession. The representation and role of Indigenous Peoples in the medical field is critical to the success of Indigenous clients. Indigenous practitioners are able to relate to Indigenous clients, use their valuable lived experiences as insight, and in some cases, offer Indigenous healthcare practices.

Throughout the audit, SAC members expressed that they had witnessed problematic and anti-Indigenous behaviours from some clinicians. Racism in the healthcare system is an institutional and cultural problem that has detrimental and deadly impacts on the health of clients and entire communities. The health sector is a key place to reflect on the history of anti-Indigenous discrimination and create impactful change.

To become a part of repairing the relationship between the Canadian healthcare system and Indigenous Peoples, SAC has an opportunity to include Indigenous employees, leaders and stakeholders in their decision making. Members agree: in our qualitative study, members expressed a desire for more networking opportunities to connect with Indigenous practitioners, institutions, and organizations. Moreover, they requested for practitioners who work with Indigenous communities and clients to connect with each other so that they can collaborate and share their experiences.

One of the most insightful investigative reports titled *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care* by Justice Mary Ellen Turpel-Lafond revealed that “only 16 percent of Indigenous IPS respondents reported not being discriminated against in any of eight factors related to stereotyping, when receiving health care.”³ The report states that medical associations should “provide support, mentorship, and assistance to support the retention and well-being of Indigenous health care professionals.” The report also states that associations can play a key role in exercising additional accountability to drive change in the healthcare system.

³ Turpel-Lafond, M., Johnson, H., & Charles, G., et al (2021). [*In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*](#). British Columbia: British Columbia Ministry of Health.

Key Finding 9: There are systemic barriers for members of marginalized communities at SAC and in the profession.

Access is a key component of equity and is a big factor in determining feelings of inclusion. Access to communication health professionals is determined by a number of factors including discrimination in society at large, as well as barriers to education, training, and employment.

One of the most prominent barriers that was highlighted in our consultations and in the EDI Insight Survey was the challenging requirements to become a registered speech-language pathologist, audiologist or communication health assistant. It was highlighted that foreign trained professionals are faced with additional barriers due to the complicated process of becoming registered in Canada, “students from different countries have had to re-start or re-think whether they will re-do the program here.” Members also noted that inter-provincial transfers are a challenge. Influencing regulatory bodies is a possible avenue for change for SAC.

There is a strong desire amongst members for the professions, competency assessments, and SAC to focus more on skills and competency rather than the location of someone's training. This is connected to a common theme in our study: an interest in a pan-Canadian standardized exam/competency assessment to support more equity.

Additional barriers that were brought up in our study included the cost of private practice services, limited language diversity and limited speech testing services in certain languages. This creates barriers to potential clients and those who may need access to these services the most. Participants explained that some resources are available in French, Spanish and Italian in addition to English, but that they would like SAC to review location specific demands. This review would likely reveal gaps in resources that could be translated into Asian languages such as Punjabi, Mandarin etc.

Key Finding 10: There is strong support at SAC to embed EDI in resources and tools developed by the organization.

More than 96% of SAC respondents indicated that they are supportive of SAC's effort to be more equitable, diverse and inclusive. The support was consistent among members of all ages and genders. Members who belong to marginalized groups such as Indigenous Peoples or people of colour scored lower on how supportive they are to SAC's effort related to EDI with significant gaps or worse (more than 5 points).

The gap in how supportive marginalized groups are to EDI efforts at SAC could be explained by the lack of confidence in the SAC leadership's commitment to EDI which was a recurring theme in the interviews and focus groups. This was supported by the findings from the EDI Insight Survey where Leadership Commitment scored the lowest amongst all inclusion factors and was

significantly lower for people of colour, people with disabilities and younger members of SAC (Generation Z and Millennials).

The survey also revealed that over 88% of members who responded work with marginalized populations; groups and communities that experience discrimination and exclusion because of unequal power relationships across economic, political, social and cultural dimensions. In the consultations, members expressed that they would like EDI to be embedded within SAC resources and for SAC to develop new materials and advocacy tools that are EDI specific. One member stated that “we need materials and resources to take back to our organizations to educate them about how centered our interventions are to middle class, educated, white, heteronormative clients.” There was also a common theme regarding the potential for SAC to make their resources more inclusive from a language and culture perspective.

Our audit revealed that members believe more can be done to implement EDI teachings in training and program offerings; they wish to see “purposeful engagement and action from SAC to ensure inclusion.” Members expressed that these trainings and programs should be accessible to all and offered by a range of experts with different lived experiences, backgrounds and perspectives. Among these proposed offerings, SAC members explicitly expressed that they desire more EDI training, cultural sensitivity and awareness training, and training to provide care to Indigenous Peoples.



QUALITATIVE ANALYSIS

As a part of the EDI Insight Survey, we asked respondents three open-ended questions to gain their opinions and thoughts that may not have been captured in the other survey questions:

- *What is one thing SAC could do to be more inclusive for its members and the public?*
- *As a national professional association advocating for and representing the professions, what is one thing SAC could do to support more inclusive professional practices?*
- *Is there anything else that has not been covered that you would like to share?*

To analyze the responses, we placed each comment into categories. Three themes emerged from this qualitative analysis and we recorded some of the comments below to support each theme. Note that some comments were altered to maintain privacy or provide more context.

Members would like support with EDI training and professional development.

226 comments from our survey expressed that members would like additional and improved EDI training and professional development.

- Consider cultural and linguistic diversity as topics when offering continuing education opportunities. As professionals who work directly with the public, we can all benefit from continuing education and self-reflection on equity, diversity, and inclusion.
- More education/guidance regarding using inclusive pronouns with our families and also how to approach this in therapy for children with language delays/difficulties using pronouns, both for assessment and intervention. This is an area that was raised on a couple of occasions with some families I work with, and expect it will become more frequent in the future.
- More free professional development for being inclusive toward our Indigenous peoples and how best to serve them.

Members expressed the need for more services and resources on how to be allies to marginalized groups.

148 comments expressed the need for services and resources to help them be better allies to marginalized groups while doing their work.

- I would like to see articles written by Audiologists and Speech-Language Pathologists who are members of minority groups (ex. physical disability, visual/hearing impairment, ethnic minority in their particular place of residence, etc.). I would like to learn about their experience in getting to be where they are today.
- I wonder if SAC could play a more active role to help foreign trained SLPs and audiologists know what they could do in their specific situation to increase their chances of entering the practice in Canada. I realize every case is different, but currently the barrier to entry seems very high and I wonder where someone could turn for help to navigate the system.
- I think it would be great to see specific guidance around anti-racist practice, cultural humility, and cultural safety, as well as PD on systemic barriers to service that equity-seeking groups face. While we may not as individual professionals be able to do much about these systemic issues, if more awareness is not raised, nothing will change. Hopefully with each bit of education and awareness, we will move towards greater equity for all people as they access SLP/audiology services.

Members want SAC to play an active role in advocacy around EDI.

88 comments raised the need for more advocacy for the needs of SAC members and their clients, in regards to employers, Colleges and Universities.

- Advocate for elimination of systemic barriers that prevent talented people from entering the field (e.g. economic barriers, cultural barriers, geographic barriers), particularly to support Indigenous folks who want to serve their communities.
- Advocate for marginalized populations to receive quality care. Allow clinicians with specialty training in areas related to care for marginalized communities to self-identify to make it easier for clients to find the right person. Require elements of cultural competency as part of certification maintenance, not just ethics. Work on making access to graduate programs more available to people from marginalized and underrepresented communities. Hire someone full time employees to do DEI work.
- My biggest concern is the program I work for. It is constantly being cut/services squeezed; this impacts vulnerable communities the most. I would like to see SAC advocating in this area. Equality doesn't mean equity. Clinicians are exhausted from advocating for their more vulnerable patients; we are often the only front line health care workers they have access to and end up having to try to deal with a lot more than speech issues in order to actually treat speech issues

Members asked for more diversity on the SAC Board and in the staff.

There were 72 comments around the lack of diversity on the SAC Board and in the staff. Members believe that increased diversity is an asset to the profession and association.

- As we serve, in big part, individuals with disabilities, it is a dis-service to those we support to not have individuals with disability guiding us. Lots of our education and therapeutic practices are rooted in ableism. I would like to see SAC involved in becoming an ally of neurodiversity, acknowledge the ableism, and take action to do better.
- Provide easier and more efficient access to SAC executives, committee, and board members. Have marginalized and minority groups represented in the executive staff, committees, and Board members to effectively represent and voice issues associated with marginalized populations.
- Have a more diverse board of directors. Consult with a professional who specializes in supporting companies to be more inclusive. I don't think it should be the responsibility of BIPOC members to "fix" or "support" our entire community but it would be helpful if their voices are amplified as they may not be represented within the Board.



RECOMMENDATIONS



GUIDING PRINCIPLES

Based on the key findings, HRx is proposing the following guiding principles as a strategic approach to advance EDI at SAC. These principles establish a framework for behaviours and decision-making related to EDI and offer a mindset for approaching this work, irrespective of changes to specific tasks.

Principle 1: Intentionally Inclusive

Organizations that are committed to social equity ensure there is fair access to positions of power and influence to all their people, regardless of their race, gender, age, and other diversity dimensions. An important component of inclusion is diverse representation in leadership. Diverse representation will aid in addressing and removing systemic barriers and creating connections with marginalized communities so their voices can be heard.

In their current practices of inviting new members to join their board, or posting jobs to attract new hires, SAC can be intentionally inclusive by reaching out to diverse communities and working with their candidates to overcome any barriers they might perceive or encounter.

Principle 2: A Learning Organization

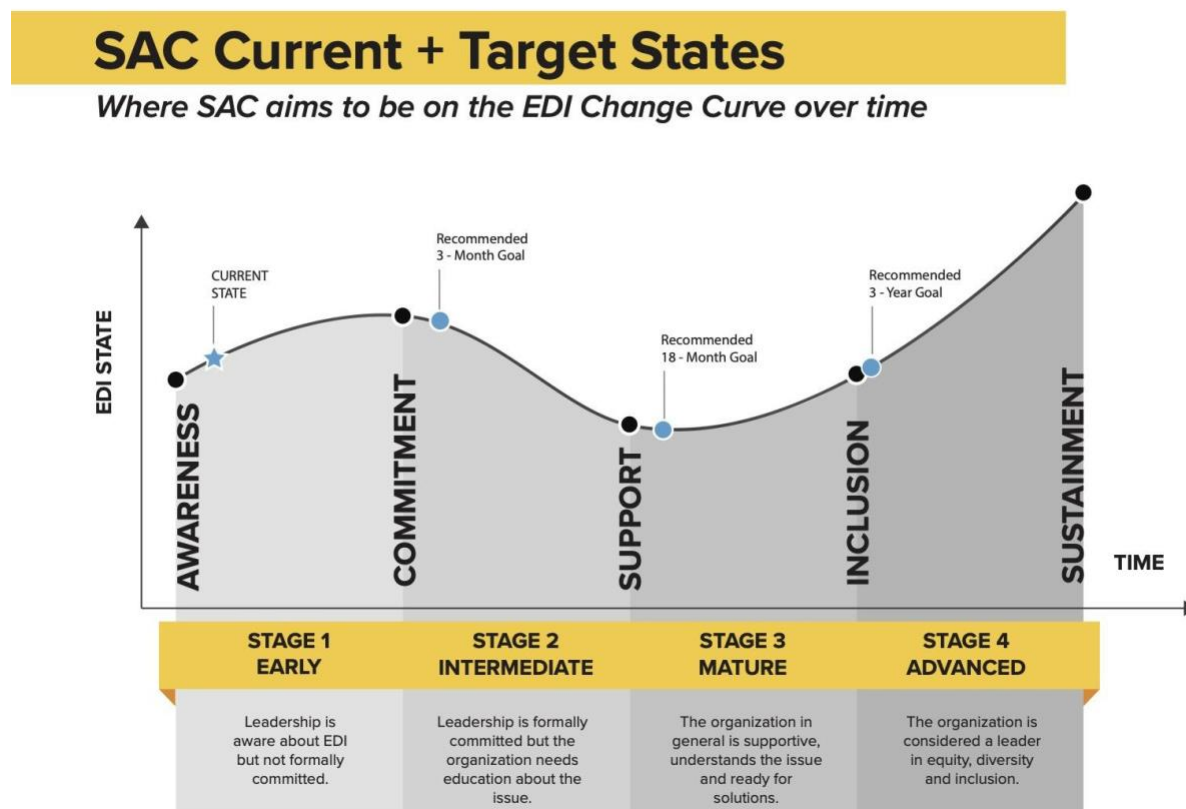
The issue of how the profession can be more welcoming to marginalized groups cannot be ‘solved;’ rather, it is an ongoing process of challenging old ideas, exploring new approaches, and committing to ongoing learning. A “learning organization” emphasizes the need to learn from multiple perspectives, and asks that SAC deconstruct the issues of structural legacy in the profession that create barriers for marginalized groups. Education and learning will also be a focus in terms of providing members with tools and resources to make meaningful EDI change when working with diverse communities.

Principle 3: Influence Change

While many of the practical changes required to build more diverse, equitable and inclusive professions are outside SAC’s authority, there is a degree of credibility and influence that could be leveraged with partners in the field. SAC is well positioned to influence government, educational institutes and peer organizations to prioritize EDI in order to safely and adequately serve diverse clients across Canada.

CURRENT AND FUTURE STATE ASSESSMENT

At HRx, we analyze key findings from our research and consultation phase using our proprietary HRx EDI Cultural Change Curve. This tool provides organizations with standards of performance and is used to identify and describe high-quality results or aspirations. This model is used to define SAC's current state of EDI and compare it with the organization's desired future state. It will be used to streamline, structure and prioritize efforts for closing any gap.



- Current State:** Through the qualitative and quantitative data collected in this study, HRx assessed SAC's current state for EDI as 'Stage 1: Early'. SAC's leadership is aware of EDI but needs a shared understanding of how this work aligns with the organization's goals and their role in advancing EDI in the profession. There is also an opportunity to build deeper knowledge and competency in this area.
- Immediate Term (3 months):** The short-term, 3-month goal for SAC is to move from 'Stage 1: Early' to the beginning of 'Stage 2: Intermediate.' This would require formalizing this commitment with a strategy and plan for EDI, including governance, accountability measures and dedicating resources for this work. In Stage 2, the focus will then become communicating that commitment to all stakeholders and educating members, particularly

those with influence in the profession. This stage is often marked with some resistance as people lack understanding of equity and are challenged to either see their role within their current goals or are facing capacity restraints.

- **Short Term (18 months):** 18 months after implementing the strategy, SAC is targeting 'Stage 3: Mature.' At this point, the SAC leadership has the knowledge and competency to champion EDI within membership and in the profession. Some analysis will also have begun into the systemic barriers that need addressing in specific processes. At this point, SAC will be well-positioned to implement the systemic changes.
- **Mid Term (3 years):** Three years after developing an EDI Strategy, SAC will be targeting the end of 'Stage 3: Mature' focused on systemic change. SAC will have successfully completed this stage when members from marginalized groups report feelings of inclusion based on the changes implemented at this stage.
- **Long Term (5+ years):** The focus in the later stages of Stage 4 shifts to sustaining, measuring and influencing. At this point, SAC will have been successful in implementing programs and initiatives to make the professions more diverse and inclusive by working with stakeholders and partners.

The approach and recommendations in this plan are attainable, particularly the strong desire expressed across the membership to advance this agenda.

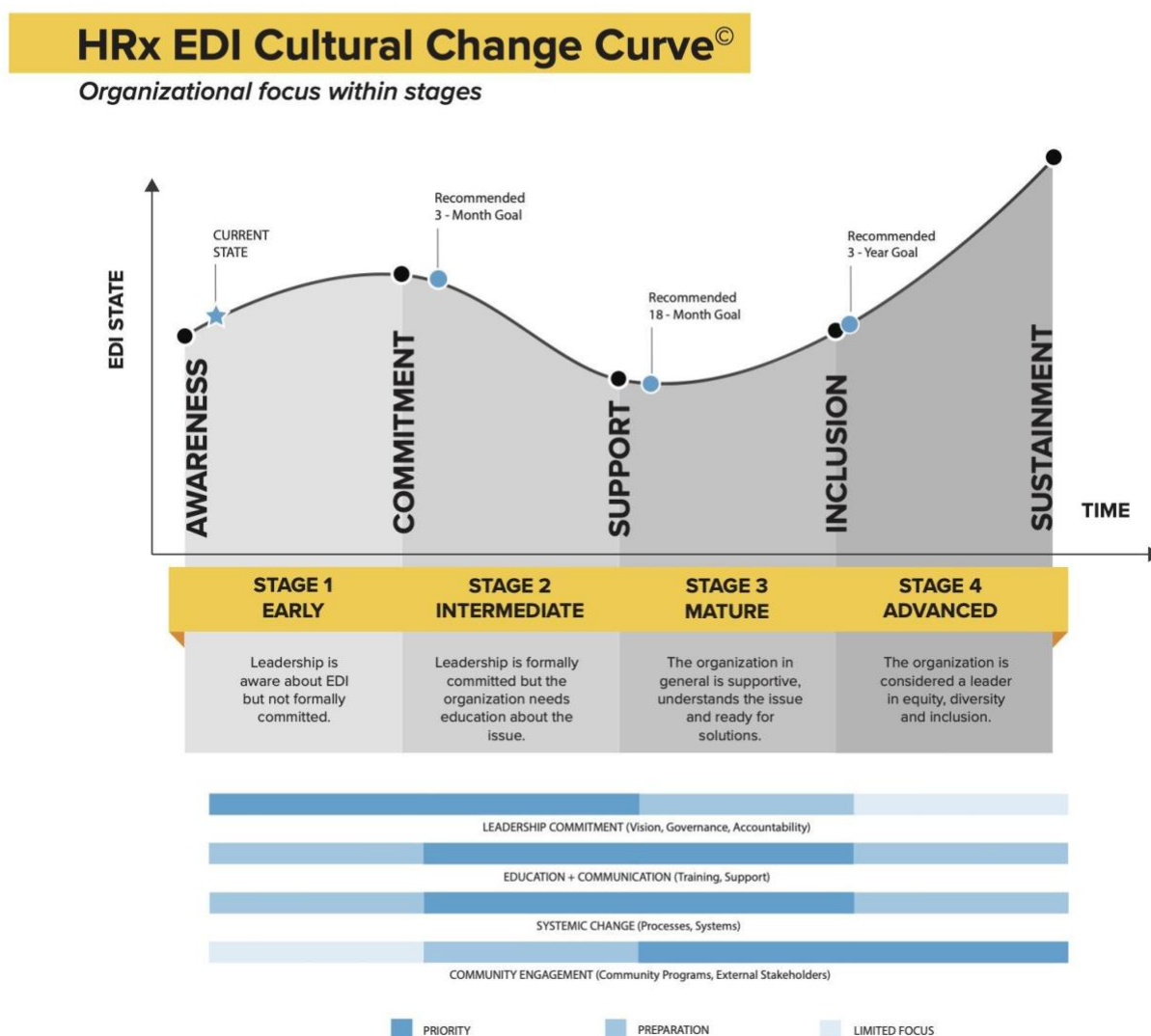


RECOMMENDATIONS

Through our study and collaboration with SAC leadership, we developed eighteen recommendations, each categorized in four different stages based on the strategic roadmap.

Strategic Roadmap

The strategic roadmap below is designed to provide SAC with high-level structure and a guiding framework for implementing the recommendations outlined below. It visualizes the key areas of focus required to move the organization from a 'Stage 1- Early' to 'Stage 4 - Advanced' over a five-year period. The phases of this roadmap are intrinsically designed to correspond with the stages of change on the HRx EDI Cultural Change Curve.



Stage 1: Leadership Commitment

To effectively champion EDI across the organization and shape an inclusive culture, greater competence and accountability for EDI is needed from the leadership at SAC (Board and Management). We recommend that leaders demonstrate an ongoing and dedicated effort to EDI, which will also help address the perception amongst members that there is a lack of leadership commitment to EDI at SAC.

Recommendation 1.1: Make an intentional effort to increase diversity amongst Board, Management and committee members.

We recommend a review of the current structure of the Board and SAC's various committees with an EDI lens to identify barriers to diversity. SAC will undertake a governance review in 2022 to reflect on the current state of the Board and implement any necessary changes such as intentionally restructuring the Board to include and support a diverse range of people and their perspectives.

In this review, we recommend that the selection process, specifically the consideration criteria for the Board and committees be reviewed to ensure that there are no barriers for marginalized groups. We recommend that the board also consider a variety of diversity dimensions when examining which types of perspectives will be valuable, not only race, gender, or geographic location. A similar approach can be followed when attracting new committee members or employees to join the management team and staff at SAC. One way to increase diversity is to dedicate spots on the Board and committees for newer members and students, who are a more diverse group.

While increasing diversity within the leadership at SAC is a critical component of implementing EDI at the organization and across the professions, diversity alone is not enough. Board and committee members must create a culture where people from a variety of backgrounds are valued. Members who come from marginalized backgrounds should be encouraged to participate and provide feedback on all matters concerning SAC, not just those relating to EDI.

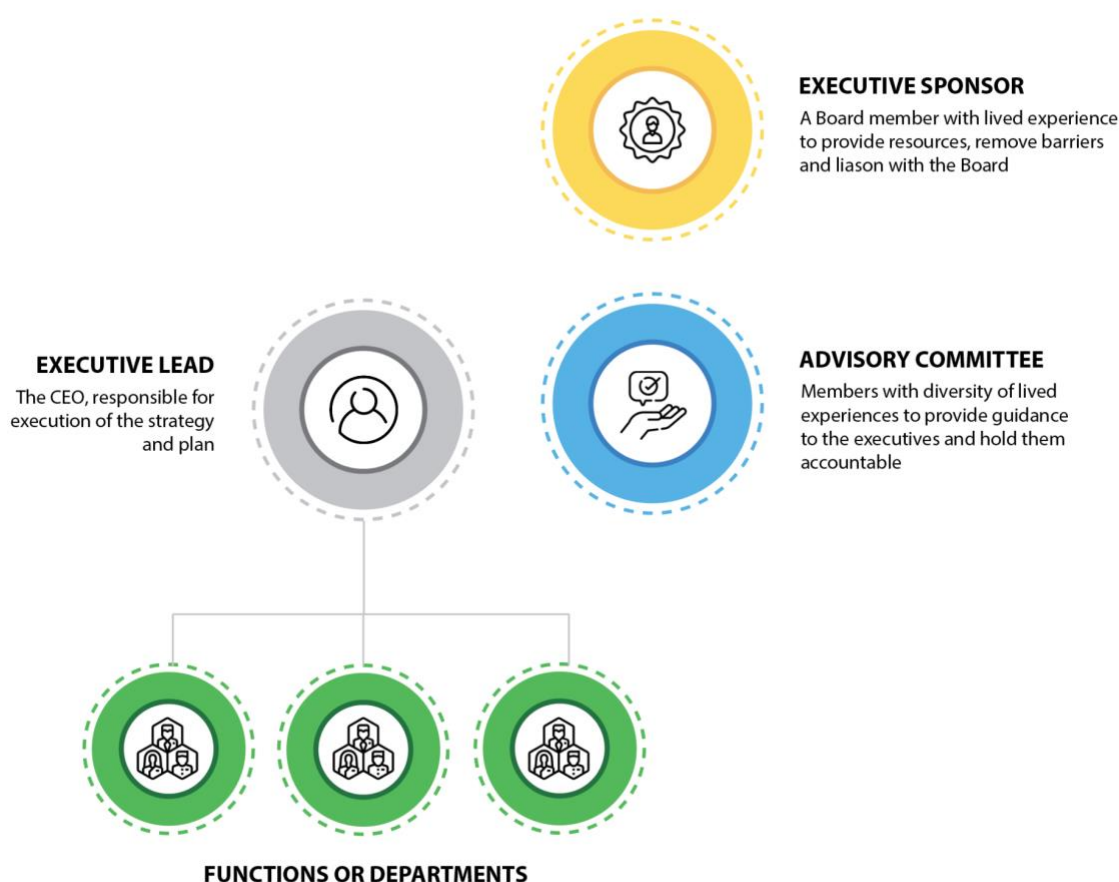
Recommendation 1.2: Provide EDI specific coaching and support to people who are leading EDI work at SAC.

For SAC, we recommend leadership coaching for the CEO and for any members or staff who will be leading EDI work. Leadership coaching is highly effective in organizational settings and applying EDI concepts to programs can transform well-meaning efforts into lasting change. Coaching with a focus on EDI can support a leaders' professional growth, engagement and performance of their team, and overall success of the organization.

In many organizations, conversations around EDI take place in the training context, but fail to continue outside training and development sessions. To create a true culture of inclusion, it is important that Management understand and apply these concepts into their work, decision making, problem solving, business opportunities and growth strategies. Providing EDI specific support by engaging EDI experts will help SAC do better in achieving its strategic goals in general and EDI goals specifically.

Recommendation 1.3: Establish an EDI Governance Structure at SAC.

For SAC, we recommend an EDI governance structure that is led and championed by the Board, facilitated by the CEO and engages members with lived experience. This structure will encourage listening to and seeking feedback from employees and members with lived experience. “Lived experience” means that employees or members are able to provide insight based on the knowledge they gained from their own individual experiences in order to inform the organization on how to improve. In this context, these experiences are usually based on parts of people’s identity that are marginalized.



The recommended EDI governance structure for SAC includes the following:

- The Executive Sponsor (Board Member) has overall accountability. The Sponsor facilitates approving the EDI strategy and plan by the Board, ensures adequate resourcing, and helps to address any organizational barriers to advancing this work. It is highly recommended that the Sponsor has lived experience to relate to marginalized groups such as Indigenous Peoples, people of colour and people with disabilities.
- The Executive Lead (CEO) is responsible for the development and execution of the EDI strategy and plan.
- The EDI Advisory Committee consists of members with diverse lived experiences whose role is to guide the leadership at SAC and hold them accountable for progress. The Advisory Committee also creates a safe space for marginalized people to share their experiences, which can then be filtered back up to the Leadership.

To further champion EDI efforts, we recommend that the CEO of SAC structure and lead periodic meetings for the Board and the EDI Advisory Committee to discuss progress of the EDI plan. This way, EDI efforts are embedded into all parts of the organization, and come from the top down. In addition, we recommend that a coordinator role or designated capacity in an existing staff role is created to coordinate EDI efforts.

Recommendation 1.4: Establish an EDI Advisory Committee.

As stated in our previous recommendation, establishing an Advisory Committee will support the organization in implementing EDI efforts long-term and allow members from marginalized groups to state their concerns in an official manner. The lived experiences of the Advisory Committee members will provide invaluable guidance and nuance to changes that need to be made in the organization, especially those regarding EDI. Moreover, an EDI Committee communicates to members that their voices are a valuable part of this process, and that the organization wishes to include their input in an intentional way.

The roles and responsibilities of committee members will need to be clearly outlined in a committee charter or terms of reference that will support and guide members in understanding their scope and accountability. For the committee to achieve its goals, adequate resourcing must be provided for committee efforts and planned EDI initiatives. Throughout their membership, committee members will engage various members and stakeholders to support their efforts, whose coordination will be paramount in order to achieve successful outcomes.

The Board, Executive Sponsor and CEO will need to establish an approach to support this Committee to integrate their work to the organization's overarching EDI plan. They will be able to support the Committee members by establishing periodic communication, following their accountability measures, listening to their ideas, and valuing their experiences and contributions.

A chair or coordinator will be assigned to lead committee meetings, ensure that all voices are being heard, and communicate with members regarding EDI efforts.

Recommendation 1.5: Assign adequate resources to support EDI at SAC.

One fundamental principle of EDI work is that it must be resourced like other strategic initiatives to be effective: EDI efforts require human capital, financial resources and subject matter expertise. Catalyst, North America's leading non-profit for gender equity, reports that more than half of its member companies do not have the resources or support needed to execute their diversity and inclusion programs and initiatives.⁴

Adequate resourcing will also help to avoid the common tendency for EDI to be 'side of desk' work. We recommend the organization considers the entire cost of a strategic initiative which includes staff allocation, the cost of revising processes, the cost of collaborating across stakeholders and the cost of prioritizing EDI alongside other strategic initiatives.

We also recommend that SAC review its existing compensation plan for committee members. An EDI Advisory Committee can be extremely beneficial to the organization, but without clear commitments, goals and resources, marginalized committee members may feel like they are investing time and energy in efforts where the outcome is unclear.

Recommendation 1.6: Internal reflection for external advocacy.

In order to effectively address external advocacy concerns, SAC leadership needs to reflect internally and assess its culture and values. In our consultations, participants reflected on how SAC's culture promotes values of perfectionism, traditional standards of professionalism, and preferring people who speak English or French as their first language.

Adhering to these standards can make people feel excluded, leading to a variety of negative outcomes because they are based in white supremacy.⁵ At an organizational and cultural level, white supremacy can express itself in valuing quantity over quality, binary thinking, a sense of urgency, and more obviously: white or western standards of dress, hairstyle, communication, timeliness, work style and more.

Addressing these cultural concerns will assist in shifting perspectives about how to advocate for SAC members in a way that is inclusive and representative of their needs.

⁴ [Why Diversity and Inclusion Matter \(Quick Take\)](#) | Catalyst. (2020). Retrieved 29 June 2021.

⁵ Gray, A. (2019). [The Bias of 'Professionalism' Standards](#). Retrieved 29 June 2021.

Stage 2: Education and Communication

Increased knowledge of EDI will enable the SAC leadership (Board and Management) to commit to action and better support their members in tailored and impactful ways. Providing tailored education and support to members will help advance EDI in the organization and within the professions. A focus on communication within the organization, the membership and to external stakeholders is crucial because it conveys the organization's goals and how it will achieve them. Thoughtful and consistent communication also helps create a sense of trust and transparency throughout the EDI implementation process. By keeping members and stakeholders informed, SAC will be able to hold itself accountable and foster a mutually beneficial two-way dialogue.

Recommendation 2.1: Communicate the EDI commitment, strategy and plan with all stakeholders.

A foundational step in EDI work is to establish a statement from senior leadership that describes the organization's commitment to social equity, diverse representation and inclusion, and acknowledges the context of the profession as it relates to EDI. This statement could be posted to the SAC website and repurposed for internal policies, job postings, members and other stakeholder communications.

It is best practice for an EDI commitment statement to include the following components:

- I. An acknowledgement that discrimination and bias exists
- II. A commitment to continuous learning and actively seeking to understand the barriers marginalized groups face, and,
- III. A commitment to act, including the steps SAC is taking to build equitable and inclusive practices that value and support people from diverse backgrounds.

As part of its commitment to action, we recommend SAC summarize the findings of this report, and develop a vision statement that includes the strategy and plan for EDI. The report summary and the vision statement can be shared with all stakeholders internally and externally.

Recommendation 2.2: Develop an inclusive communications strategy to ensure diverse content and contributors.

We recommend that SAC review its offerings from an EDI perspective to ensure that it is creating the most inclusive and up to date content for its members. The following are some examples of SAC programs that could be improved by removing barriers to access, and providing an opportunity for more people from marginalized communities to participate:

- 2022 SAC Speech Language Pathology Conference
 - Ensure that panels include dedicated spaces for students, new members, or first time speaker panelists with equal compensation.
 - Seek to include speakers who are promoting EDI specific research and supporting clients from marginalized backgrounds.
- Professional Development Program
 - Include programming that supports a general and foundational understanding of the impact of EDI within the profession.
 - Offer more specialised topics to support engaging with clientele who have diverse and specific needs.
- Career Development Program
 - Establish relationships with mentors from marginalized communities.
 - Create feedback loops to ensure that mentees and mentors are satisfied with the program.
 - Explicitly provide the option for mentees to be matched with someone of their similar background.
- Online Career Postings
 - Create relationships with organizations owned by people from marginalized communities and organizations that are EDI oriented to make an intentional effort to include their job postings.
 - Offer accommodation in job postings for candidates with special requirements.
 - Require jobs posted to include salary information (per hour or range) to reduce barriers around negotiation which disproportionately impact groups.
 - Highlight organizations that have explicit EDI statements in their job postings and descriptions.
- Canadian Journal of Speech-Language Pathology & Audiology and other publications
 - Seek to publish articles relating to EDI and supporting clients from marginalized backgrounds.
 - Adapt newfound EDI statement on the “Submit a Manuscript” section of the SAC website to communicate that articles relating to EDI and supporting clients from marginalized backgrounds are welcome and that SAC is committed to promoting and publishing the most cutting edge and inclusive research.

- Develop a strategy to improve diversity of members on the editorial review board and editorial team.
- Awards and Recognition Program
 - Highlight businesses or practitioners that are advancing an EDI lens in their work.
 - Update selection criteria to include and value people from marginalized communities and their unique perspectives.

In addition to the above list, we recommend SAC to identify communities where many clients do not speak English or French and implement plans to prioritise and provide key resources in the community's preferred language. This effort might require SAC to gather feedback through surveys to identify the gaps and partner with nonprofits working in these communities to provide translation services.

Recommendation 2.3: Provide resources to support members working with marginalized communities.

Throughout this audit, participants asked for resources, tools, best practices, and other materials that advise members on how to provide culturally safe and appropriate care to their clients, especially for when the practitioner comes from a different background than their client. To better support members who serve diverse clients, we recommend SAC consider expanding their existing member materials (e.g. position papers, information sheets, brochures, webinars, newsletter) to broaden their scope and include a greater emphasis on EDI related topics.

In discussions with the SAC leadership, we learned that SAC is considering implementing a central online resource hub and providing exclusive access to members. We recommend that this process take special consideration of what members need in terms of EDI. To better understand the specific needs of members, we recommend seeking member feedback through existing channels or through an intentional outreach effort to engage with members who work closely with diverse and/or marginalized communities. Feedback could be collected through the recommended EDI Advisory Committee as well. This will be a useful exercise to prioritize the highest need and greatest impact offerings, per SAC budget constraints.

Recommendation 2.4: Establish effective communication channels to collect feedback from members.

We recommend that SAC evaluate and improve current mechanisms for gathering feedback, concerns and suggestions from members, specifically regarding their experience serving diverse communities. As mentioned in the key findings, SAC scored low on the factor of Voice. Members - especially those who come from marginalized communities - do not feel their voice is heard at

SAC and this finding highlights a gap between the intent of current feedback mechanisms and their actual effectiveness as perceived by members.

Voice is a key indicator of an inclusive culture and the voices of members, particularly from marginalized communities, need to be encouraged and listened to. Inclusion is not about reactively managing EDI issues but rather about proactively seeking ideas and concerns. Members are often the first to see issues on the frontlines, so their input can also help decision-making across multiple parts of SAC's efforts.

We encourage SAC to be transparent about how feedback from members is implemented, so that trust is established. Collecting and sharing this feedback can also be a key role of an EDI Advisory Committee: this group becomes a powerful conduit for change as they collect feedback and communicate between members and the leadership.

Recommendation 2.5: Develop a continuous EDI education plan for the Board, committee members, employees and the general membership at SAC.

Currently, there is a gap in EDI knowledge and competency at SAC. Consultation in this project highlighted the need for prioritizing education and support to advance EDI within SAC and in the profession. Increased knowledge of EDI will support the implementation of the EDI strategy and plan and will build internal capacity to support this continued effort over time.

Implementing training with SAC Board, committee members, management and staff will allow these groups to build on their existing skills and EDI knowledge and learn how to apply them in order to meet the organization's newfound EDI goals. The goal of this training will be to shift mindsets, behaviors and practices to help participants and the organization move from awareness to action and sustainable cultural changes. A key outcome is to provide participants with a level of knowledge and competence to help them feel comfortable speaking with their teams and navigating issues and opportunities for EDI.

A full-year program can be implemented for each group at SAC and training can be provided periodically with a variety of topics. Training can be offered in workshops with a limited number of participants, webinars with an unlimited number of participants or as e-learning modules where participants can participate in the training based on their availability.

For SAC, we recommend the following EDI education topics:

1. Board - Foundational Understanding of Equity, Diversity and Inclusion, Mitigating Unconscious Bias, Creating Inclusive Cultures, Anti-Racism and Navigating Privilege, Inclusive Language, Being an Ally
2. Advisory Committee - Foundational Understanding of Equity, Diversity and Inclusion, Mitigating Unconscious Bias, Creating Inclusive Cultures, Anti-Racism and Navigating Privilege, Inclusive Language, Being an Ally

3. Other committees - Foundational Understanding of Equity, Diversity and Inclusion, Mitigating Unconscious Bias, Being an Ally
4. Staff - Understanding of Equity, Diversity and Inclusion, Mitigating Unconscious Bias, Creating Inclusive Cultures, Anti-Racism and Navigating Privilege, Inclusive Language, Being an Ally
5. Members - Understanding of Equity, Diversity and Inclusion, Mitigating Unconscious Bias, Anti-Racism and Navigating Privilege, Inclusive Language, Being an Ally

Training related to Indigenous knowledge and culture and barriers for Indigenous Peoples can be added based on the execution of *Recommendation 2.6: Engage Indigenous experts to develop an Indigenous engagement strategy* to develop the organization's strategy for Indigenous engagement.

Recommendation 2.6: Engage Indigenous experts to develop an Indigenous engagement strategy.

For SAC, we recommend a unique focus on Indigenous engagement including the allocation of resources to support this work in the organization and the profession. Each of our recommendations are created to support all marginalized people, but in many cases, supporting Indigenous Peoples requires unique efforts due to the exceptional nature of this work.

An Indigenous engagement strategy will support the organization's effort to learn about the relationship between Indigenous communities and the healthcare system, and improve the support provided to Indigenous members at SAC. We strongly urge that this strategy be led by Indigenous experts who can identify key issues and recommend tailored solutions to best serve their people and communities.

According to the Truth and Reconciliation Commission of Canada, "Indigenous Peoples have the right to be actively involved in developing, determining, and administering health programs that affect them."⁶ Engaging with Indigenous Peoples and experts is an ongoing and critical component of reconciliation and effective implementation of EDI principles.

As an association representing clinicians who support communication, health and education outcomes for members and associates, SAC has the ability to create equitable communications health and communication outcomes as cited in study of the experience of Indigenous Peoples in the healthcare sector, entitled *In Plain Sight*.⁷ According to the report, "efforts are needed to exercise other available accountability processes to drive the change into all parts and amongst all actors of the health system, including regulatory colleges and associations." The role

⁶ The Truth and Reconciliation Commission of Canada. (2015). [Summary of the Final Report of the Truth and Reconciliation Commission of Canada](#).

⁷ Turpel-Lafond, M., Johnson, H., & Charles, G., et al (2021). [In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#). British Columbia: British Columbia Ministry of Health.

of SAC members in Indigenous reconciliation can be pivotal to changing the negative outcomes of Indigenous clients across Canada. We recommend that the findings from *In Plain Sight* are strongly considered and implemented in conjunction with the recommendations provided in this report.

We expect an Indigenous engagement strategy at SAC to include components such as:

- Indigenous Cultural Safety Training or similar training that includes education regarding the importance and value of Indigenous healthcare practices and communications health practices. As participants in this audit indicated “it’s not just about what we’re giving or offering to marginalized communities, but also, what can we learn from them?”
- Tailored training to remove bias against Indigenous Peoples during the hiring process
- Revision of hiring policy to recognize and value Indigenous methods of education and knowledge in hiring process
- Participation in Indigenous mentorship and youth outreach programs
- Intentional outreach to Indigenous talent through newly established hiring pipelines that are connected to various Indigenous organizations and institutions
- Education for members on certifications and memberships available to them such as Culturally Committed⁸ which connects Indigenous Peoples with providers who demonstrate a commitment to improving the cultural safety of their practice
- Partnerships with Indigenous institutions such as The Indigenous Institute of Health and Healing,⁹ First Nations Health Authority,¹⁰ and First Nations Health Council.¹¹
 - Indigenous Universities and Colleges Include First Nations University of Canada,¹² The Anishinabek Education Institute,¹³ First Nations Technical Institute (FNTI),¹⁴ Iohahi:io Akwesasne Education and Training Institute,¹⁵ Oshki-Pimache-O-Win: The Wenjack Education Institute,¹⁶ Seven Generations Education Institute,¹⁷ Shingwauk Kinoomaage Gamig¹⁸ and Six Nations Polytechnic.¹⁹

⁸ [Culturally Committed](#)

⁹ [The Indigenous Institute of Health and Healing](#)

¹⁰ [First Nations Health Authority](#)

¹¹ [First Nations Health Council](#)

¹² [First Nations University of Canada](#)

¹³ [The Anishinabek Education Institute](#)

¹⁴ [First Nations Technical Institute](#)

¹⁵ [Iohahi:io Akwesasne Education and Training Institute](#)

¹⁶ [Oshki-Pimache-O-Win: The Wenjack Education Institute](#)

¹⁷ [Seven Generations Education Institute](#)

¹⁸ [Shingwauk Kinoomaage Gamig](#)

¹⁹ [Six Nations Polytechnic](#)

- Indigenous Hospitals and healthcare services include Sioux Lookout Meno Ya Win Health Centre,²⁰ and All Nations' Healing Hospital.²¹
- An improved mechanisms for SAC members to report incidents of anti-Indigenous racism and any form of compounding discrimination that may occur in the workplace such as discrimination against Two-Spirit people

SAC has the opportunity to work with stakeholders to improve educational opportunities for Indigenous Peoples so that they can enter the profession, and improve care for Indigenous clients. Stakeholders include but are not limited to Regulatory and Licensing Bodies in Canada, Provincial/Territorial Associations, Colleges and Universities, Hospitals, Private Practices, Advocacy Partners, Ministries/Departments of Education, Ministries of Health and Children's Services and the Federal, Provincial/Territorial governments. Some opportunities include:

- Universities and Colleges
 - Working with Universities and Colleges to influence the development of Indigenous specific health and communications courses and programs
 - Working with Universities and Colleges to support Indigenous students through mentorship programs, robust Indigenous student centres, Indigenous specific resources, mental health resources, LGBTQ2+ resources etc.
 - Working with Universities to expand research regarding communications health as it impacts Indigenous Peoples
 - Ensuring that placements of non-Indigenous students and researchers in Indigenous communities is appropriate and culturally safe
- Private Practices
 - Sharing best hiring practices so that there are no known barriers to Indigenous applicants
 - Sharing resources with employers so that they can offer culturally safe and appropriate training to their non-Indigenous employees
- Federal, Provincial/Territorial governments
 - Working with the government to influence policy surrounding increased accessibility to SLP's in public education for Indigenous students
 - Working with the government to improve access to education for Indigenous students so that they can build the skills required to enter the communications health field

²⁰ [Sioux Lookout Meno Ya Win Health Centre](#)

²¹ [All Nations' Healing Hospital](#)

Throughout the Indigenous engagement strategy building process, it is critical for SAC to recognize their position as a settler-colonial institution that may be unintentionally contributing to the oppression of Indigenous Peoples through their role in the greater Canadian health care system. Settler-colonialism is a form of colonization where among other ongoing acts, such as violence, settlers inhabit Indigenous land and claim it as their own.²² As a non-Indigenous led organization, SAC can be considered an institution that is a part of the greater settler-colonization of Canada. It will be important to acknowledge the history of medical racism and the role that it has played in the ongoing systemic racism against Indigenous Peoples.

Stage 3: Systemic Change

Equipped with the knowledge and tools to address EDI issues, SAC will be able to identify, design and implement solutions. These systematic changes will support the organization in building an inclusive culture that can thoughtfully engage with diverse talent and stakeholders.

Recommendation 3.1: Revise the Code of Ethics.

We recommend for SAC leadership and the EDI Advisory Committee to collaborate on revising the Speech-Language and Audiology Canada Code of Ethics and its application. The committee will be able to provide recommendations based on their lived experiences and their familiarity with the organization and field. The Committee can make recommendations in alignment with SAC's newfound EDI journey as well as any recommendations that they see fit such as updating language to be more inclusive, adding EDI specific standards and more. Lastly, the committee can assess the application of the Code and determine whether it privileges or marginalizes people from certain groups. In consultations between the leadership and the Committee, a decision can be made to engage other stakeholders such as EDI experts, partners or other members.

Recommendation 3.2: Expand and reframe scholarships to advance EDI.

SAC has an opportunity to intentionally communicate EDI values in its scholarship materials through a statement. It is recommended to avoid using general statements such as 'SAC supports equity' or 'SAC encourages applications from individuals from underrepresented groups'. The following example is taken from one of our clients, a large organization in British Columbia that has implemented many leading practices for EDI:

At X, we're committed to equity, diversity and inclusion. We invite and welcome applications from women, people of colour, Indigenous Peoples, persons with disabilities,

²² [Colonialism, Coloniality and Settler Colonialism - UnLeading](#). (2021). Retrieved 29 November 2021.

persons of all sexual orientations and gender identities, and all people committed to meaningful work that makes a difference. We are committed to providing inclusive and barrier-free opportunities, starting with the application process. If you require accommodations at any point during the application process, please contact admin@x.org.

To increase diversity in the profession and provide equitable opportunities for people from marginalized communities, SAC can reframe and expand scholarship opportunities. As of now, SAC considers level of academic work, clinical practicum, volunteer involvement, references and the essay. SAC's scholarship program requirements can be updated to consider a range of qualities and experiences beyond those "traditionally" valued in the communications health industry. Other considerations could include:

- Apprenticeships, mentorships, shadowing, and other forms of "non-traditional" learning
- Community involvement and engagement
- Knowledge of languages besides English and French
- Employment and education experience outside of Canada
- Employment and education experience in Indigenous communities and institutions

Inclusive processes for applicant assessment take into account that the most qualified applicants may not have the most years of experience, greatest number of credentials, or largest number of accomplishments. To address these types of barriers and to mitigate any unintended, negative impact on marginalized groups we recommend that those assessing applicants think critically about the requirements, taking both an inclusive and growth mindset approach. This can be done by paring down the requirements to those strictly necessary and removing criteria and considering which other qualities may be valuable.

Engaging the EDI Advisory Committee will be critical to overcome structural barriers for members of marginalized communities in the scholarship assessment process, particularly as it comes to the requirements.

Recommendation 3.3: Reflect on the hiring process for staff at SAC.

Comments about the diversity of staff were raised in the consultation process and concerns about unconscious bias were mentioned. We recommend that SAC prioritize gaining a deeper knowledge of EDI, and having discussions about unconscious bias and how it impacts decision making before reflecting on the hiring process and the lack of diversity. Once the leadership is ready to reflect, the organization will be able to identify techniques and tips to improve their hiring practices. These can include:

- Collecting demographic data when applicants apply for jobs at SAC.

- Implementing an accountability framework to report on the diversity of recent applicants and hires to the Board annually or semi-annually.
- Providing documented reasoning when a candidate from a marginalized community such as an Indigenous person or a person with disability is not considered for a role.
- Considering making final hiring decisions by a diverse interview panel vs. one person.
- Intentionally reaching out to diverse individuals to promote job opportunities at SAC.

Stage 4: Community Engagement

Once SAC has developed an inclusive culture internally in regards to the Board, committees, staff and members, the organization will be ready to reflect externally and engage stakeholders from marginalized communities, specifically Indigenous communities. The acquired education and systemic changes that will be implemented internally will serve as a foundation for sustainable efforts when engaging with the public. This will ensure sustainability and position the organization as a leader in this space. At this stage, the organization will focus on advocating to remove systemic barriers for marginalized communities and working with various stakeholder groups including the government, health regulatory bodies and academic institutions.

Recommendation 4.1: Influence external stakeholders to reflect on the systemic barriers in our education systems.

It is recommended for SAC to use its influence and work with partners to improve the types of education and training offered to those wishing to become speech-language pathologists, audiologists and communication health assistants with stakeholders. Leadership at SAC can work with the Advisory Committee and the Board University Liaison to share relevant findings and recommendations from this report and make changes accordingly.

Training and education can be improved to include EDI principles and to reflect diverse learning methods from other cultures such as our Indigenous Peoples. Our audit revealed that members wish to see updates in College and University curriculums that reflect the needs of their clients, many of whom come from marginalized communities. Curriculum updates can include cultural safety, education on how to communicate with a diverse range of clientele and Indigenous specific communications health courses.

Opportunities to enter educational institutions can be improved to provide support to candidates who come from marginalized communities (i.e. provide scholarships, revise practicum requirements, etc.). SAC has an opportunity to influence Colleges and Universities to create a more inclusive admissions process and help improve the retention of students from marginalized

backgrounds. Improving access and supporting students will help improve the lack of diversity in the communications health field as a whole and assist in the care of increasingly diverse clientele.

Recommendation 4.2: Work with regulators to improve the competency assessments.

A common theme across our audit was the need for a standardized pan-Canadian competency assessment. Members expressed that a standardized assessment process would make entrance into the profession more equitable and accessible, particularly to people from marginalized backgrounds. Although SAC doesn't manage the assessment process directly, it can influence this space by sharing findings with key decision makers involved in competency assessments.

Moreover, members suggested that additional factors be included in the assessment process such as cultural competency and knowledge of EDI values. It was also proposed that regulators require practitioners to complete a certain number of hours in a diverse range of communities as a part of their practicum. These additional qualifications will promote EDI values and help ensure that the future generation of health communications professionals are able to provide the best care possible.

Recommendation 4.3: Develop a strategy for how to engage in EDI advocacy initiatives and campaigns.

SAC has the ability to build on their existing Advocacy Initiatives and Campaigns and centre EDI in their future endeavors. SAC can build a strategy to respond to issues of social equity in society and in the profession specifically. This strategy can also guide the organization in engaging in important occasions such as the National Day for Truth and Reconciliation and in demonstrating commitment to EDI. It is recommended to expand the scope of advocacy campaigns at SAC to include EDI. In line with our other recommendations regarding resources for members, advocacy campaigns can be specific and target issues that sit at the intersection of many different EDI topics relating to communications health.

The EDI Advisory Committee can help identify which areas are considered high priority for the organization to generate new campaigns. The leadership and Committee can also reach out to trusted advocacy organizations whose main focus is EDI or are led by people from marginalized communities to support this strategy.

CONCLUSION

To effectively champion EDI across the organization and the professions, SAC must start with a commitment from the leadership (Board and Management) by increasing their EDI knowledge and committing resources to execute their EDI strategy and plan. They will need to challenge their own perspectives and welcome opportunities for growth so that everyone at SAC can consider how the experiences of others may differ from their own.

By formalizing the EDI commitment and communicating their strategy and plan, SAC leadership will lay the groundwork for gathering honest feedback and developing partnerships with marginalized groups so that SAC can develop the most valuable and informed services and resources. This systematic approach will ensure SAC is addressing the 'right' initiatives at the 'right' time. This long-term approach will ensure the organization can sustain its operations and achieve its goal of welcoming more diversity in the organization, membership and profession.

SAC members are supportive of these efforts and are committed to learning about the diverse and marginalized communities they serve. With the help of SAC, they will be able to provide the support their clients deserve and push the communications health profession forward. By implementing this plan, we hope the organization will continue to advance its effort to build an equitable and inclusive organization that can support an increasingly diverse membership base.

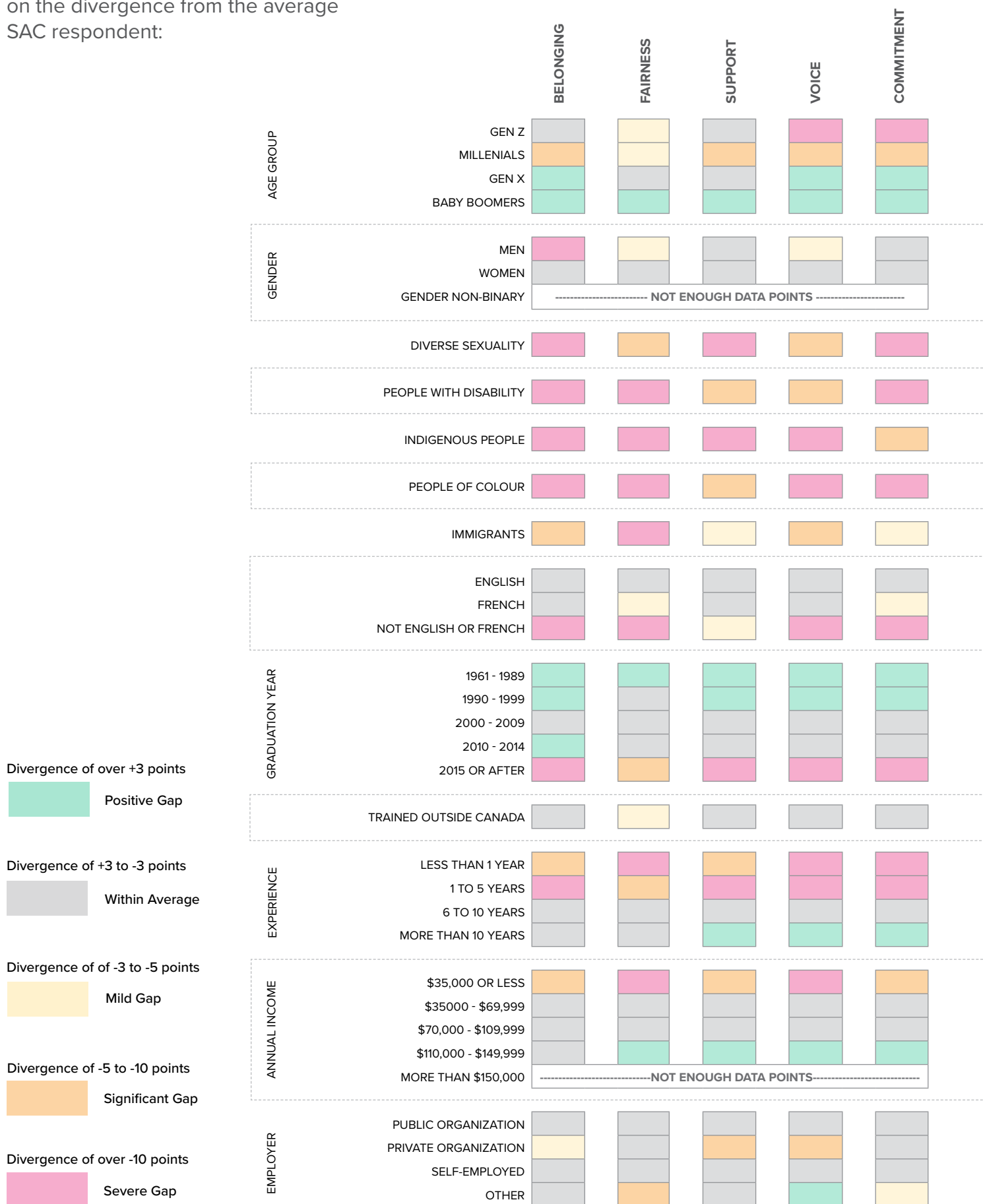


APPENDIX: EDI Insights Survey Results



INCLUSION LEVELS ACROSS SAC

The following table indicates the inclusion levels by social group based on the divergence from the average SAC respondent:



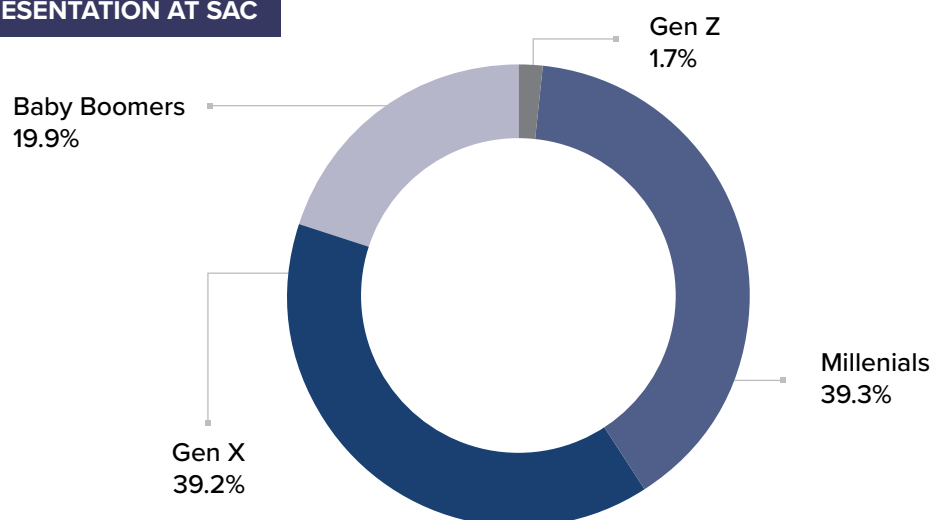
AGE

For the purpose of this study, all respondents were classified into generational groups: Baby Boomers (born between 1964 and 1944), Generation X (born between 1979 and 1965), Millennials (born between 1994 and 1980), and Generation Z (born after 1994).

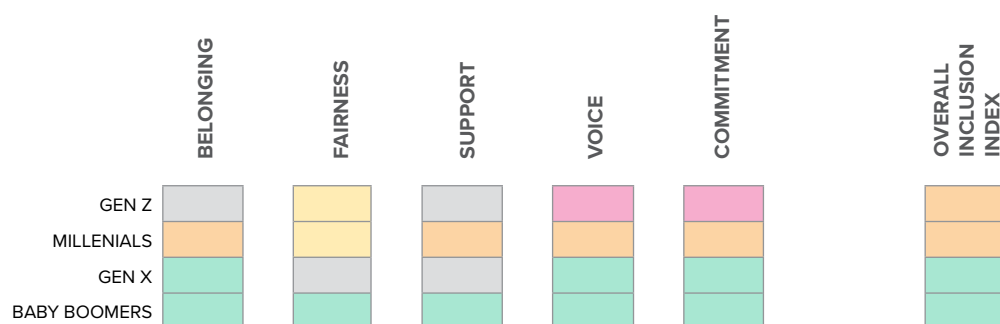
DIVERSITY: Millennials and Generation X account for over 39% of members each, so most members of SAC belong to these two groups. Baby boomers account for 19.9% of members, and the younger generation (Generation Z) makes up only 1.7% of members at SAC.

INCLUSION: Generation Z and Millennials reported a significant gap in their experiences of inclusion, while Gen X and Baby Boomers reported above-average gaps within members.

REPRESENTATION AT SAC



INCLUSION FACTORS



Divergence of over +3

Positive Gap

Divergence of +3 to -3

Within Average

Divergence of of -3 to -5

Mild Gap

Divergence of -5 to -10

Significant Gap

Divergence of over -10

Severe Gap

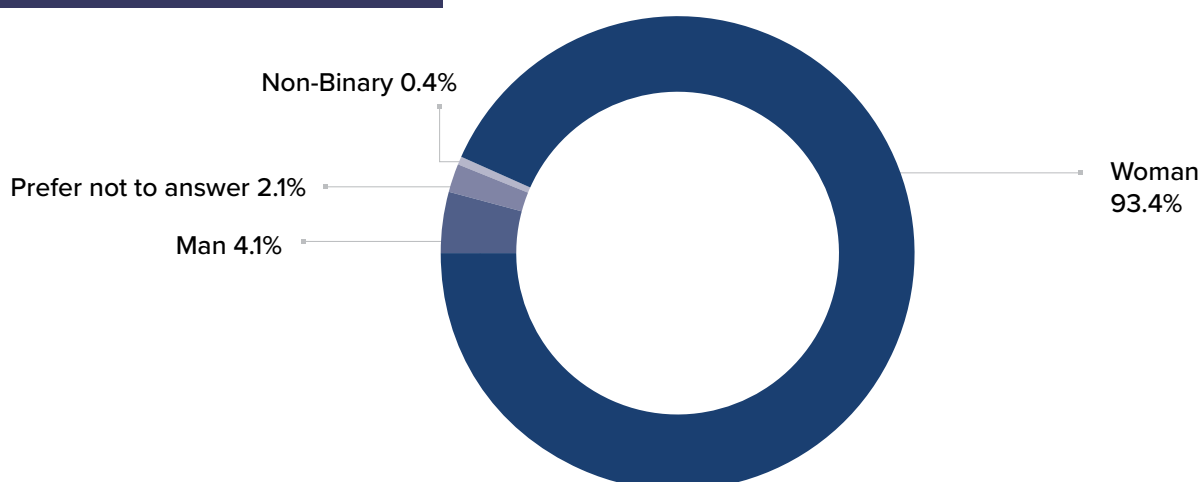
GENDER IDENTITY

Gender identity is each person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex.

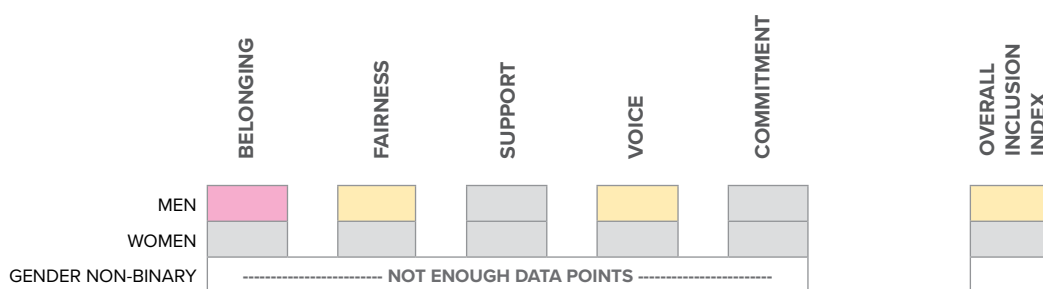
DIVERSITY: For the purpose of conducting this study, SAC members were asked to identify their gender with four options: Man, Woman, Non-binary (e.g. genderqueer, agender, polygender, gender fluid), and Prefer not to answer. More than 93% of SAC members identify as women and only 4.1% as men, 0.4% identified as non-binary, and 2.1% preferred not to answer. It is important to note that there is very limited statistical information about people of diverse gender and sexual orientation in Canada. In 2019, Statistics Canada conducted a national census test that included questions on sex at birth and gender identity, which provided the preliminary results referenced in this report; however, it will not be formally reported until the 2021 census. In the national census test, the percentage of respondents who identified as non-binary was 0.7% which is higher than the data reported for SAC respondents at 0.4%.

INCLUSION: Because the number of members who identified as gender non-binary is less than 10, there is not enough data to report the inclusion levels of non-binary people at SAC. Women were consistent within the overall average, with average scores within each of the individual inclusion factors. Men scored below average on overall inclusion with a significant gap in belonging and mild gaps in fairness and voice. Men scored below average on overall inclusion with a significant gap in belonging and mild gaps in fairness and voice.

REPRESENTATION AT SAC



INCLUSION FACTORS



Divergence of over +3	Divergence of +3 to -3	Divergence of of -3 to -5	Divergence of -5 to -10	Divergence of over -10
Positive Gap	Within Average	Mild Gap	Significant Gap	Severe Gap

SEXUAL ORIENTATION

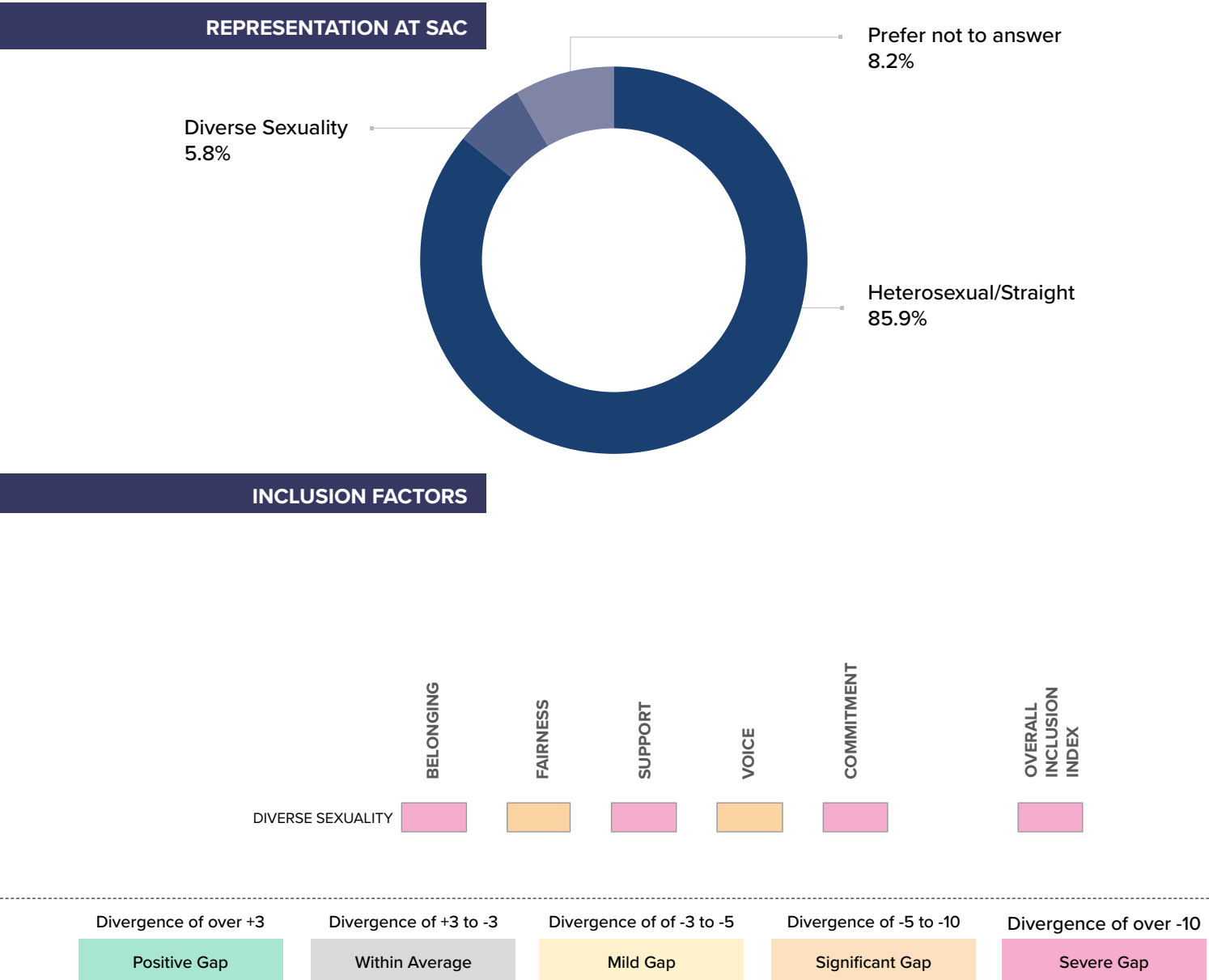
Sexual orientation refers to a pattern of emotional, romantic or sexual attraction. Sexual orientation may include attraction to the same gender (homosexuality), a gender different than your own (heterosexuality), both men and women (bisexuality), all genders (pansexual), or neither (asexuality).

SAC members were asked to select their sexual orientation from the following options. Heterosexual/Straight, Bisexual/Pansexual, Lesbian/Gay, Queer, Asexual and Prefer not to answer.

DIVERSITY: Of the respondents, 5.8% identified as having a diverse sexual orientation (bisexual/pansexual, lesbian/gay, queer or asexual), 85.9% identified as heterosexual/straight and 8.2% preferred not to answer. The 5.8% of the members who identified as having a diverse sexual orientation are within the Canadian average of 5-10%¹.

INCLUSION: Members who identified as having a diverse sexual orientation reported an overall severe gap, with severe scores in belonging, support, and leadership commitment.

1 [Population and Demography Statistics](#). (2016). Retrieved 29 June 2021.



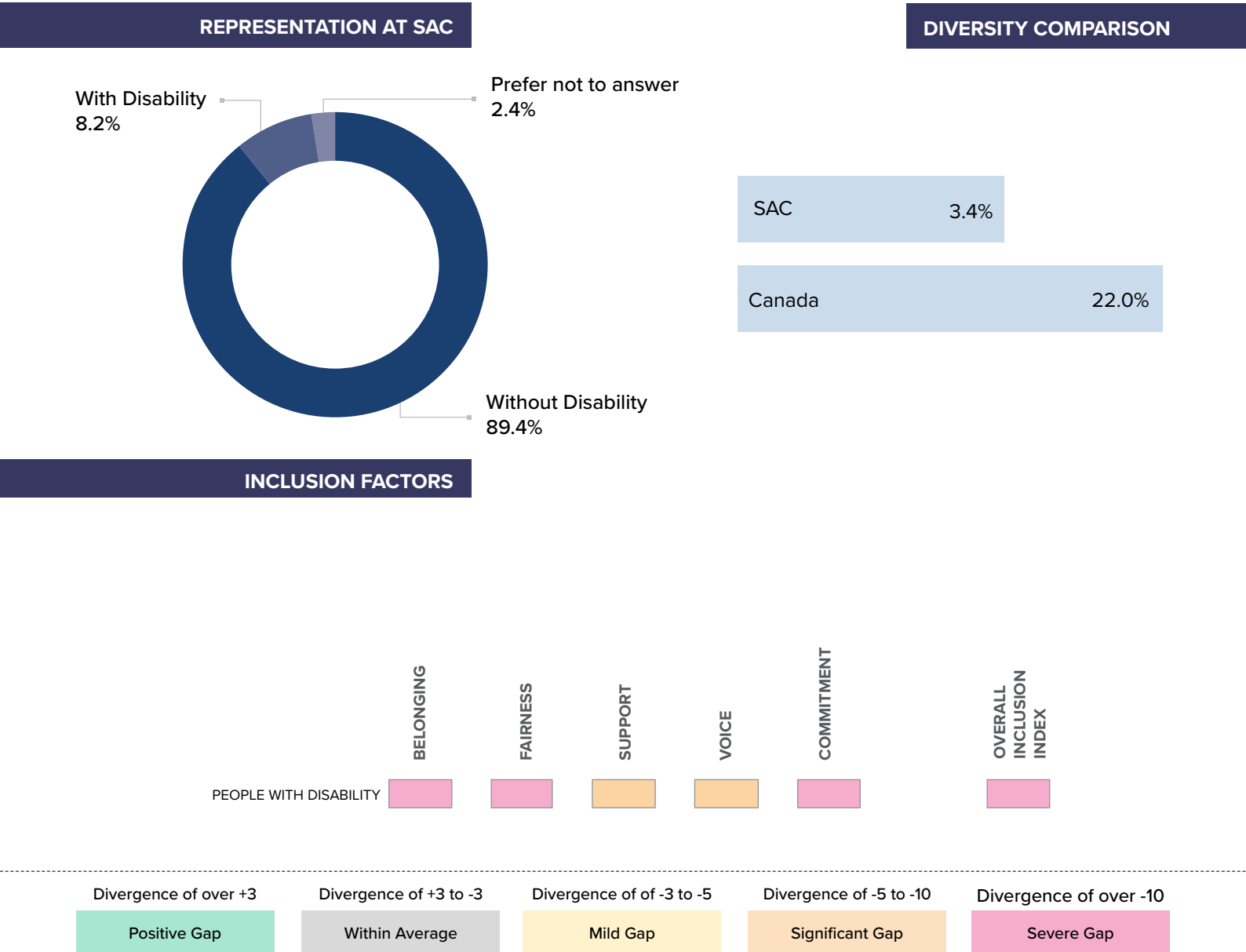
PEOPLE WITH DISABILITIES

Disability is used to refer to “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

DIVERSITY: Of all respondents, 8.2% identified as a person with a disability and 2.4% preferred not to answer. This demographic is significantly lower than the number of people with disabilities in Canada (22%)¹.

INCLUSION: SAC respondents that identified as having disabilities reported a severe gap on the overall inclusion index. Within the index, these respondents reported severe gaps (more than 10 points from the SAC average) on three of the inclusion factors: belonging, fairness and leadership commitment, and significant gaps (5 to 10 points from the SAC average) on the remaining inclusion factors: support and voice.

1 <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2018002-eng.htm>

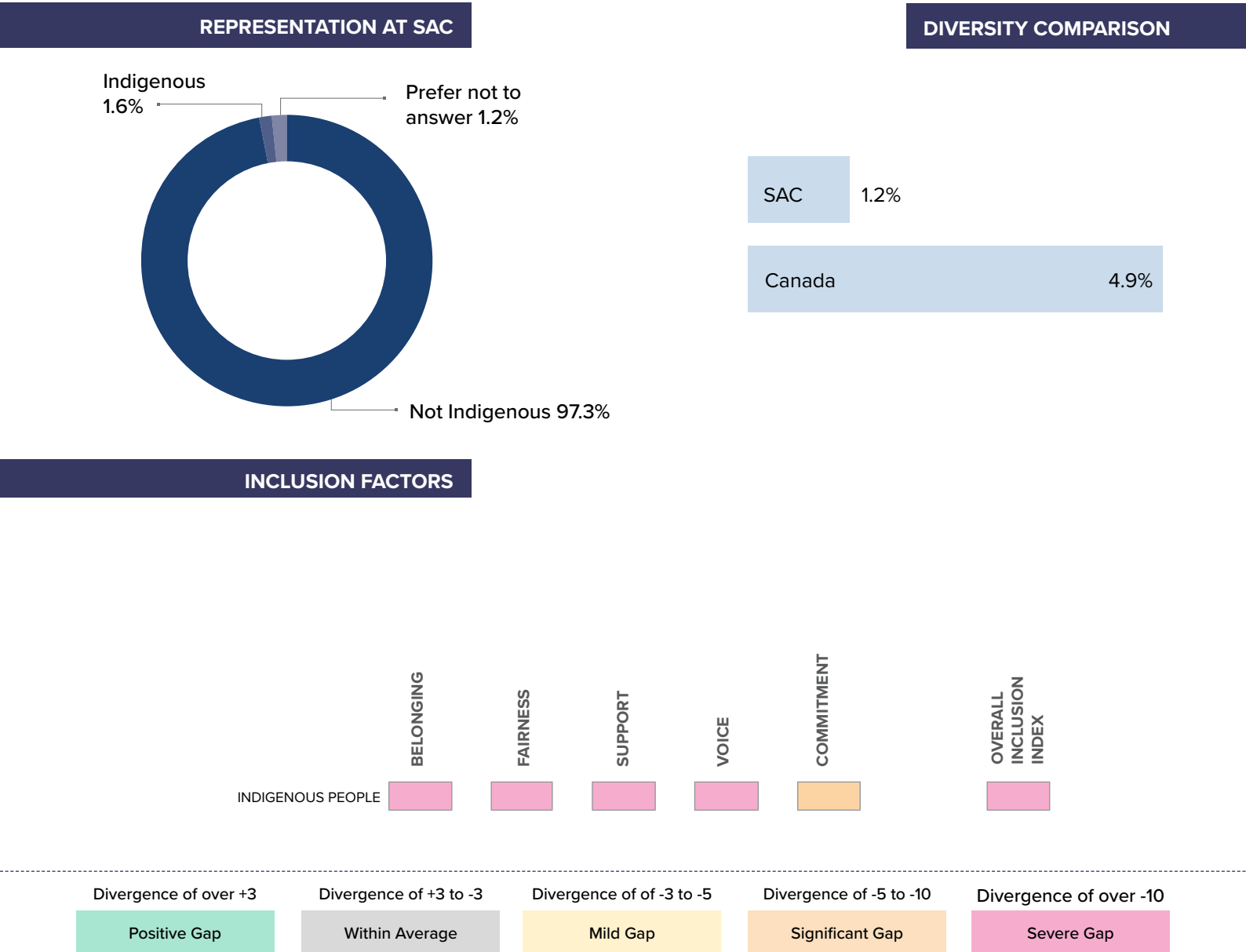


INDIGENOUS PEOPLES

In Canada, Indigenous Peoples include First Nations, Metis and Inuit Peoples. For the purpose of conducting this study, SAC members were asked whether they identified as Indigenous.

DIVERSITY: When comparing Statistics Canada census data to SAC member data, the percentage of Indigenous members is below the national average. Indigenous Peoples make up 4.9% of people in Canada, while Indigenous members make up only 1.2% of the organization.

INCLUSION: Members who identified as Indigenous reported a severe gap. Within the Inclusion Index, Indigenous respondents reported severe gaps for each factor, besides leadership commitment which scored a significant gap.

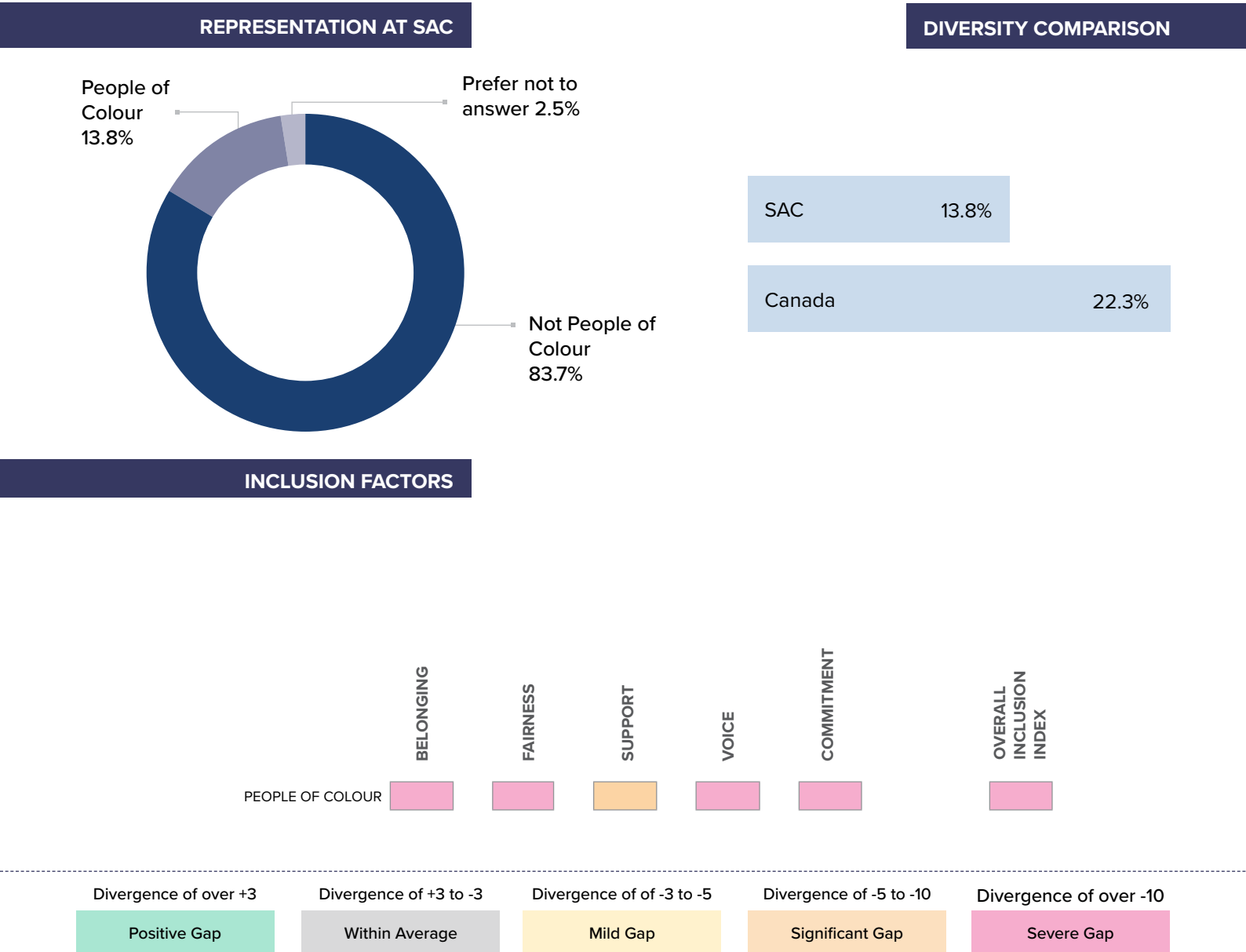


PEOPLE OF COLOUR

A person of colour in Canada is someone (other than an Indigenous person) who self-identifies as non-white in colour or not-Caucasian in racial origin, regardless of birthplace or citizenship. People of colour in Canada consist mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese and Korean.

DIVERSITY: At SAC, 13.8% of respondents identified as being people of colour. In comparison to the demographics of Canada, the percentage of members who identified as people of colour was below the national average (22.3%).

INCLUSION: Members that identified as people of colour reported an overall severe gap; a significant gap (5 to 10 points from the SAC average) was reported on how these members perceived support at SAC, and all other factors of inclusion reported a severe gap.



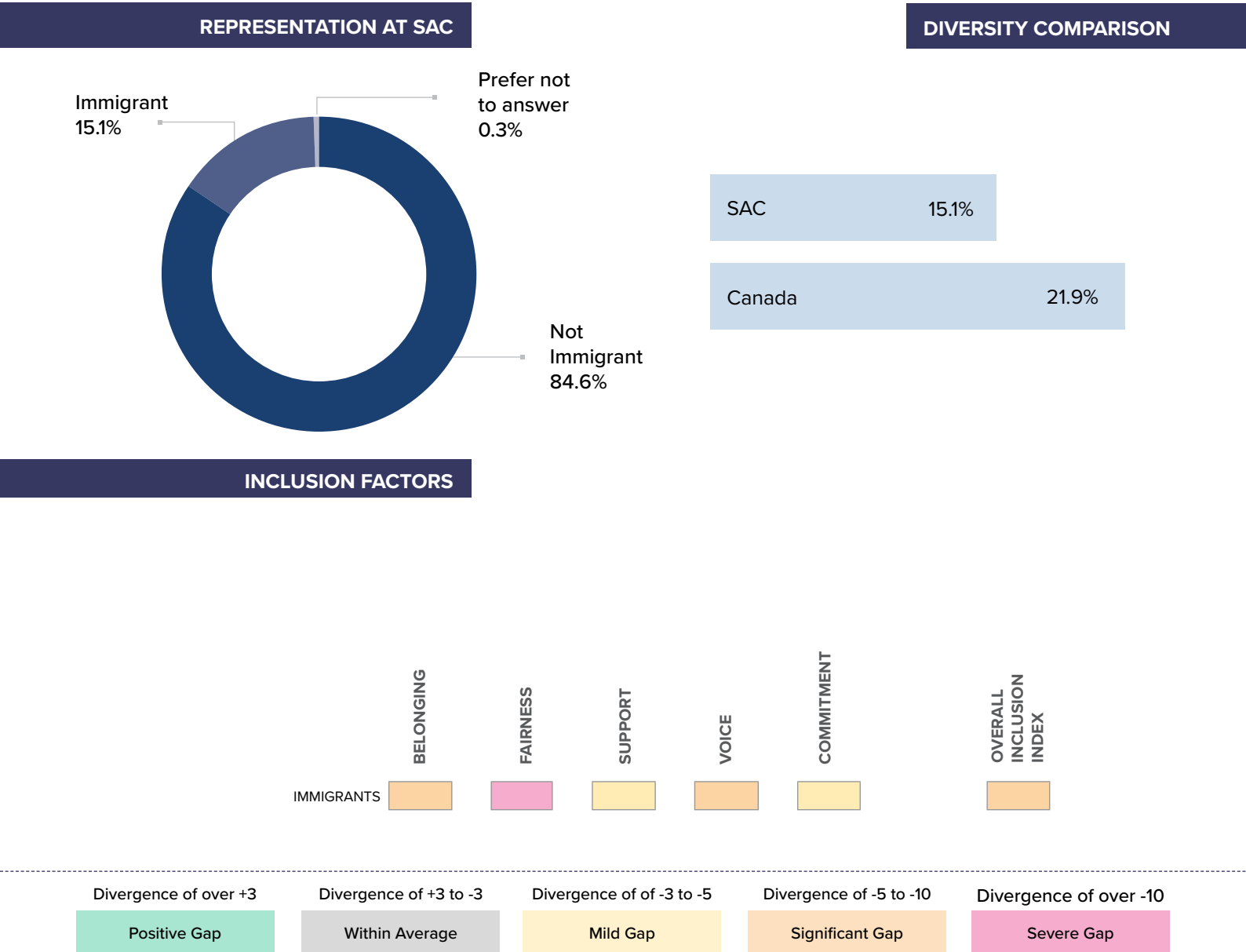
IMMIGRANTS

Statistics Canada defines an Immigrant as a person who is, or who has ever been, a landed immigrant or permanent resident. Such a person has been granted the right to live in Canada permanently by immigration authorities.

For the purpose of this study, SAC members were asked if they were born in Canada, and an assumption was made that people who were not born in Canada can be identified as immigrants per Statistics Canada definition, although that is not always the case.

DIVERSITY: Over 15% of respondents at SAC identified as immigrants, and 0.3% preferred not to answer the question. In comparison to Statistics Canada census data, the percentage of members who identified as immigrants is lower in relation to the national average (21.9%).

INCLUSION: Members that identified as immigrants reported a significant gap in levels of inclusion. On the Inclusion Index, this group scored a significant gap for factors of support and commitment, a mild gap for belonging and voice, and a severe gap for fairness.



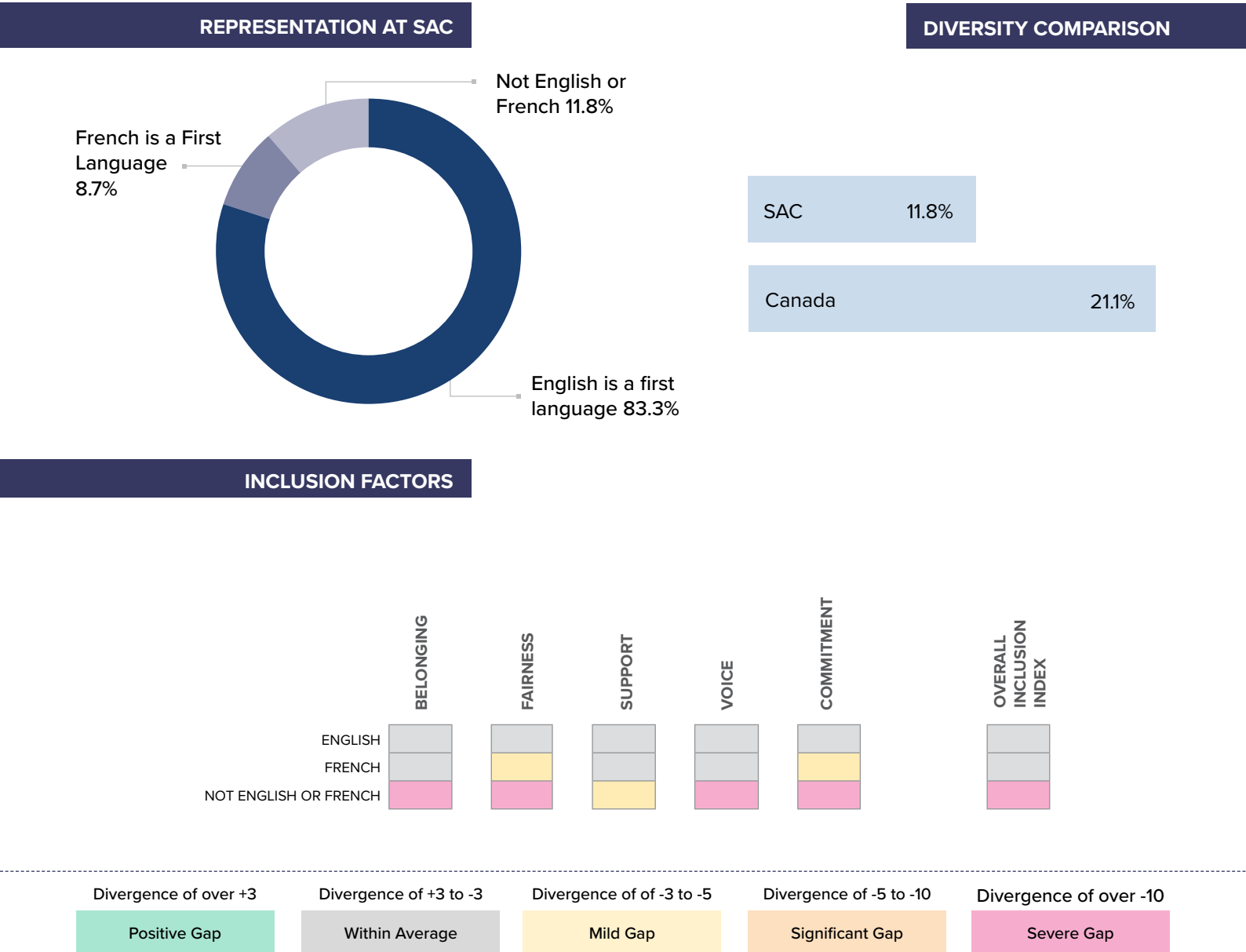
FIRST LANGUAGE IS NOT ENGLISH OR FRENCH

First language refers to the first language learned in childhood and still understood by the person at the time the data was collected. This is the term used by Statistics Canada to assess the provision of public services.

DIVERSITY: Among SAC respondents, 11.8% of members indicated that English or French is not their first language. 83.3% of members at SAC speak English as their first language, and 8.7% speak French as their first language.

In comparison to Statistics Canada census data, the percentage of SAC members who do not speak English or French as a first language (11.8%) was below the national average (21.1%).

INCLUSION: Members who indicated that their first language is not English or French reported a severe gap on the inclusion index. This group reported severe gaps on all factors within the Inclusion Index except for support, which reported a mild gap.



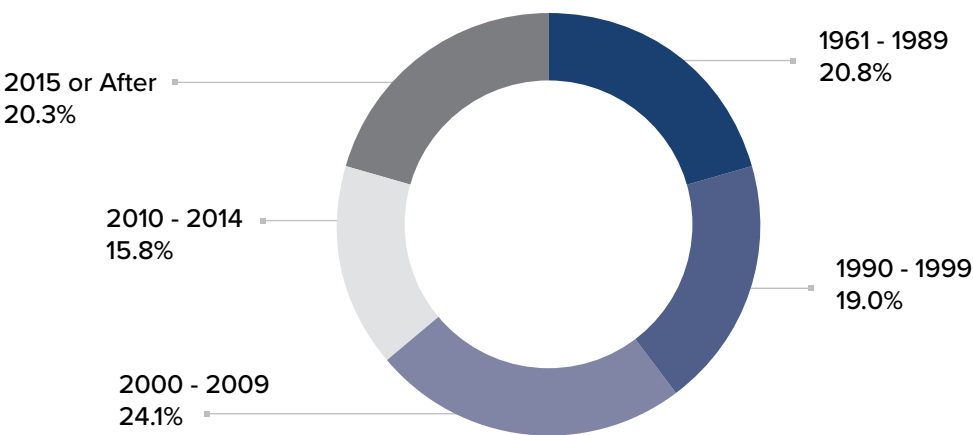
GRADUATION YEAR

Members were asked to indicate their graduation year based on 5 year ranges.

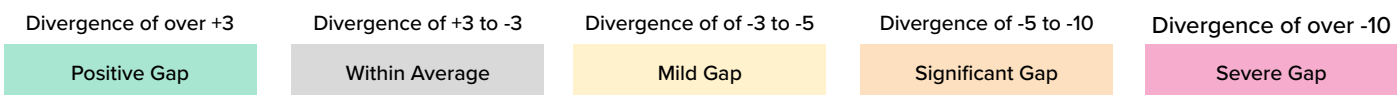
DIVERSITY: At SAC, 20.8% identified as having graduated from 1961-1989, 19.0% as having graduated from 1990-1999, 24.1% as having graduated from 2000-2009, 15.8% as having graduated from 2010-2014, and 20.3% as having graduated from 2015 or after.

INCLUSION: The Inclusion Index reported that all groups reported either an average or above-average overall inclusion score except for respondents who graduated in 2015 or after who scored a severe gap. Within this severe gap, members reported severe gaps on all inclusion factors except for fairness which scored a significant gap.

REPRESENTATION AT SAC



INCLUSION FACTORS



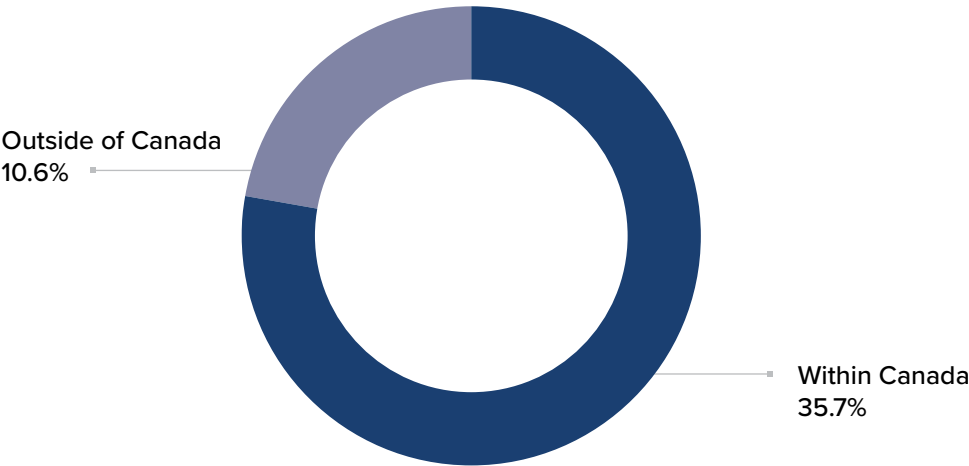
TRAINING EXPERIENCE

For the purpose of this study, all respondents were classified into two groups based on where they first completed their training: trained in Canada and trained outside of Canada.

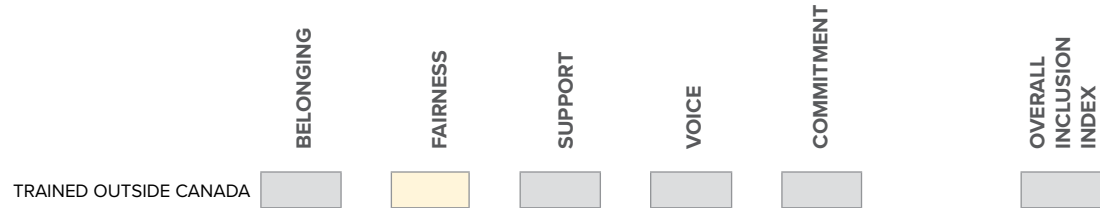
DIVERSITY: The largest group of respondents were first trained in Canada (78.0%), and 22.0% of respondents were first trained outside of Canada.

INCLUSION: The Inclusion Index shows that respondents who were first trained outside of Canada reported an overall average score. Within the Inclusion Index, this group reported an average score for all factors of inclusion except for fairness which scored a mild gap.

REPRESENTATION AT SAC



INCLUSION FACTORS



Divergence of over +3	Divergence of +3 to -3	Divergence of of -3 to -5	Divergence of -5 to -10	Divergence of over -10
Positive Gap	Within Average	Mild Gap	Significant Gap	Severe Gap

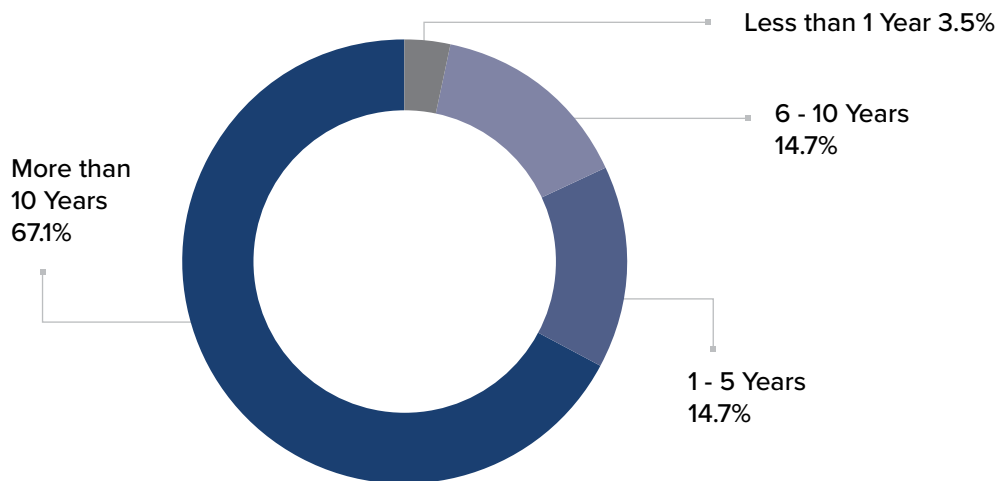
WORK EXPERIENCE

For the purpose of this study, all respondents were classified into 5 groups based on their responses about how long they have been working in their profession.

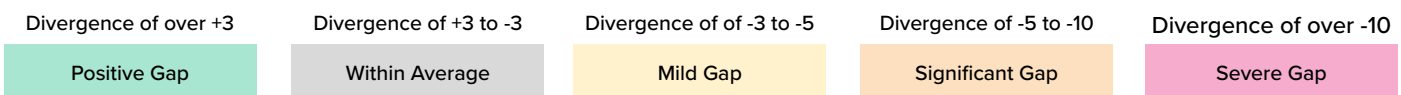
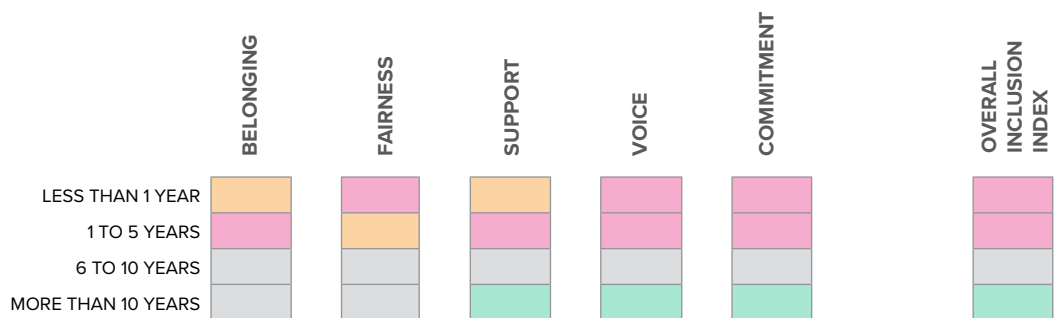
DIVERSITY: The largest group of respondents reported more than 10 years of work experience (67.1%), followed by 1-5 and 6-10 years (both 14.7%), and less than 1 year (3.5%).

INCLUSION: The Inclusion Index shows that inclusion varies across groups and increases with how long members have been working in their profession. Members who have been working for less than 1 year and up to 5 years reported a severe gap. Members who have been working in their profession for 6 to 10 years reported average levels of inclusion, and members who have been working for more than 10 years reported above-average levels of inclusion.

REPRESENTATION AT SAC



INCLUSION FACTORS

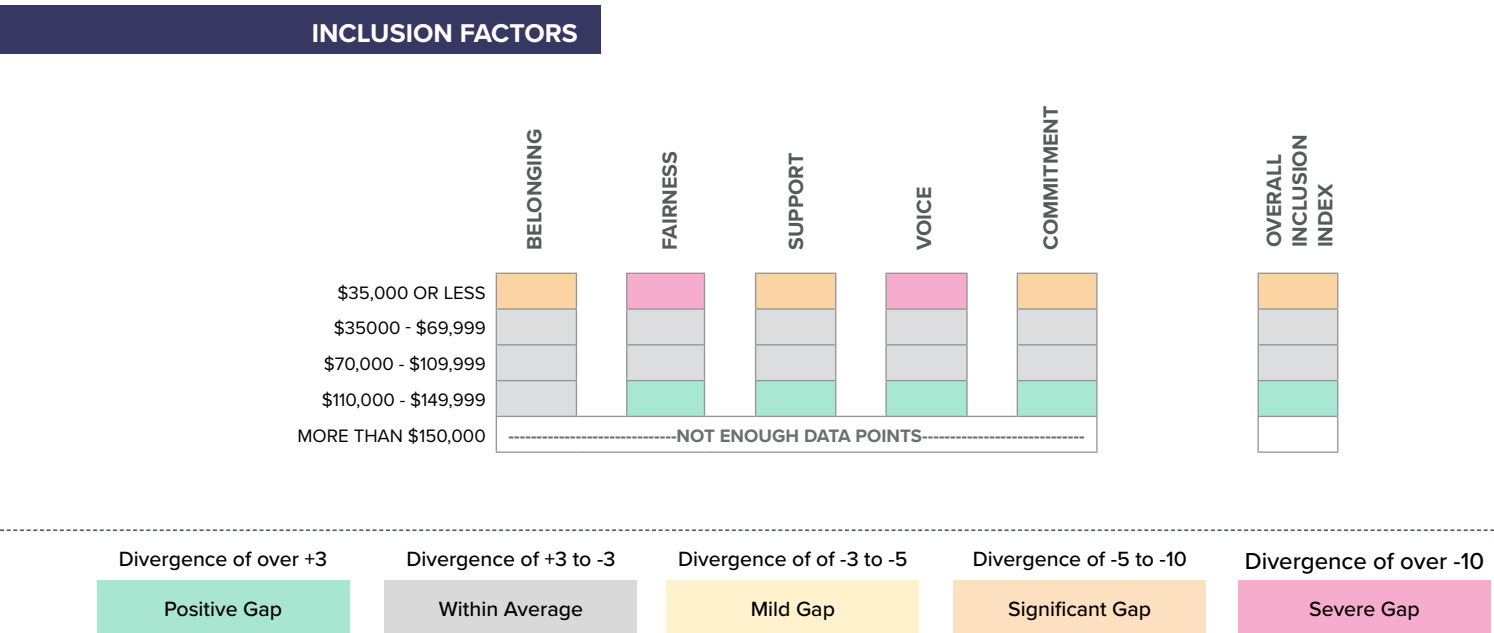
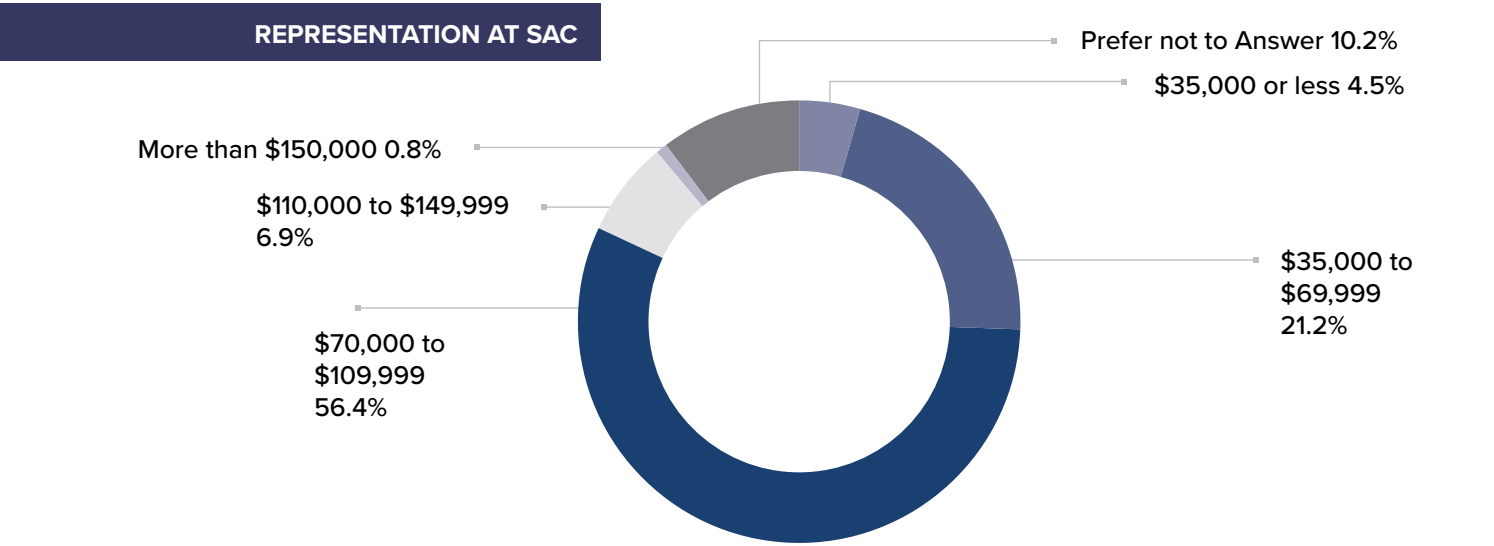


ANNUAL INCOME

SAC members were asked to identify their annual income based on 5 dollar value ranges.

DIVERSITY: Over 55% of respondents reported that their annual income ranges from \$70,000 to \$109,999 and 21.2% reported that they make somewhere between \$35,000 to \$69,999 a year. 6.9% of SAC members reported their annual income to be between \$110,000 to \$149,999, and 4.5% reported that it is \$35,000 or less. Only 0.8% of respondents reported their annual income is above \$150,000 and 10.2% of respondents chose the option “prefer not to answer” for this question.

INCLUSION: Levels of inclusion increased amongst the groups as annual income increased. Respondents who make \$35,000 or less reported the lowest levels of inclusion (significant gap) amongst the earning groups. Respondents whose annual income is between \$35,000 to \$69,999 and \$70,000 to \$109,999 reported average levels of inclusion and respondents who make \$110,000 to \$149,999 reported above-average levels of inclusion. There were not enough responses to report the levels of inclusion for members whose annual income is more than \$150,000.



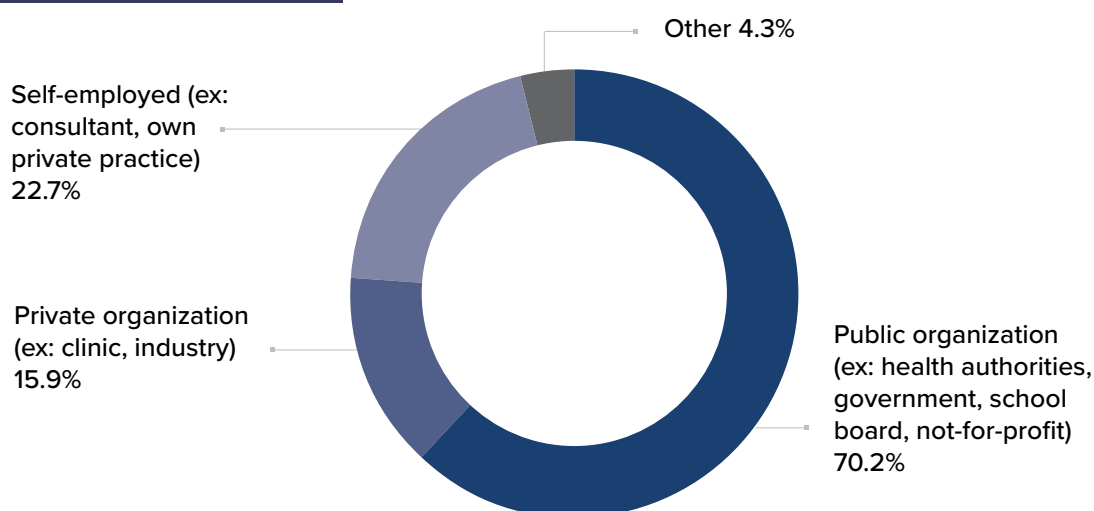
EMPLOYER

SAC members were asked to identify which type of employer they work for.

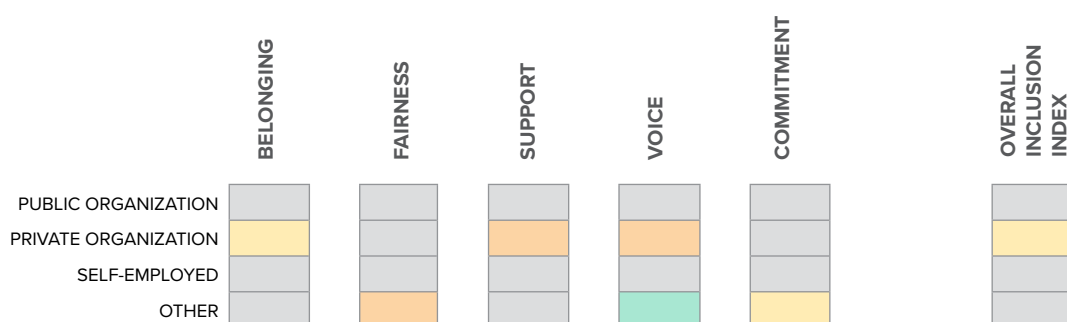
DIVERSITY: SAC members who work for a public organization (ex: health authorities, government, school board, not-for-profit) accounted for 70.2% of all respondents. 22.7% of respondents are self-employed (ex: consultant, own private practice), and 4.3% reported “other” as their employment.

INCLUSION: SAC members who reported that they worked at a public organization, are self-employed, or “other” all reported average levels of inclusion. Employees who work at private organizations reported a mild gap with significant gaps for factors of support and voice.

REPRESENTATION AT SAC



INCLUSION FACTORS



Divergence of over +3

Positive Gap

Divergence of +3 to -3

Within Average

Divergence of -3 to -5

Mild Gap

Divergence of -5 to -10

Significant Gap

Divergence of over -10

Severe Gap



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