

**Beyond Facebook: Learning to think strategically, organize, and mobilize communities to fight racism in health policies and health systems**  
***A Summary of Saskatoon's first IPHU-inspired event***

We hope that the recent IPHU workshop offered you an active learning opportunity to share your experiences and knowledge hopefully deepening our collective understanding of the structural drivers of racism in our health system and health policies. What follows is a brief summary of the day. Please share any or all of it.

***Background and Introduction:*** The idea of an International People's Health University (IPHU) is to offer an opportunity for local health and social activists to share experiences while deepening their analysis and learning new skills to address health issues outside of a formal university setting. IPHUs grew out of the work of the People's Health Movement or PHM. **The PHM is a global network** bringing together grassroots health activists, civil society organizations and academic institutions from around the world in support of actions toward "health for all". In Canada, a loosely affiliated group of grassroots organizations, activists, engaged academics and health professionals form **PHM-Canada**. Across Canada this year, several PHM affiliated groups organized events inspired by IPHUs around the world. (For more information on PHM or IPHUs contact: Lori Hanson: [lori.hanson@usask.ca](mailto:lori.hanson@usask.ca) - or - Baijayanta Mukhopadhyaya: [b.mukhopadhyay@gmail.com](mailto:b.mukhopadhyay@gmail.com) ).

Our IPHU inspired workshop was conceived by a small group of people in Saskatoon from various community organizations and faculty, students and staff working on global health issues at the University of Saskatchewan. When we sat down to talk about the idea of offering an IPHU event in Saskatoon, we decided that we should focus on an issue that is a serious concern in our health system and health policy, but one that people seldom have an organized opportunity to discuss. Hence, we chose to focus on racism and four key themes related to racism and health: Discrimination in the health workforce, Aboriginal health disparities, HIV/AIDS and harm reduction, and Immigrant and Refugee Health.

***The workshop:*** Lori Hanson welcomed the participants, following which Tracey Mitchell introduced the workshop and the "Sea of Change" process to be employed. Baj Mukhopadhyay, Jade Chaboyer, Sasakamoose Kuffner, Kari-Dawn Wuttunee and Donald Bear facilitated the four break-out sessions and Baj ended the day with an invitation to learn more about and to join the PHM (See appendix I for facilitator contact information). The following sections outline the results of the break-out sessions, and offer a brief summary of evaluations. Appendix II provides some example photos from the "Seas of Change" activity. The following summary is brief, and a few ideas may be missing; for that we apologize in advance. Fuller details are available on request.

Once again, thank you all for your wonderful contributions. It was a rewarding and stimulating day, which we hope will contribute to our capacity to **think strategically, organize, and mobilize communities to fight racism in health policies and health systems.**

### **Session Theme: Discrimination in the Health Workforce**

**Goal:** *By October 2015 the health system will implement an Anti-Racist campaign by focusing on: education in anti-racism; employment strategies for diverse mentees (?); and addressing inter-personal conflicts involving racism.*

**Lake of injustice:** The group pointed to a number of barriers, including a number of issues related to lack of education and knowledge, weak systemic supports, power and privilege concerns, and a paucity of resources, including financial, for addressing discrimination in the workforce. These issues were echoed in the **obstacles (boulders)** they named, which included lack of government resources, and inattention to the issue by government, unions, and HR policies. Participants noted how fear, both by individuals in speaking up, and by others who fear risking the possibility of seeming racist also acts as a barrier and finally, identified the absence of effective accurate tools to measure, identify, and address racism. The **resources (fish)**, which may help address the issue would include a number of stakeholder groups such as the younger generation, anti-racism educators, cultural groups, and individuals who have faced racism. They also identified previous campaigning on anti-bullying as a resource to draw from. The **tactics (boats)** include suggestions of writing MLAs, starting petitions, developing more allies through partnerships by community groups. These stakeholders could collaboratively work towards demanding government accountability, and creating and undertaking media and education campaigns.

**The Ideal 'Sea of Change'**, would include equal representation through all levels of the workforce and overall employment satisfaction. This would require the removal of systemic barriers, including fear of raising issues of racism in the workforce, a culture of openness and diversity, and acceptance of foreign credentials and alternative therapies. **Targets** for change would include Health practitioners, administrative personnel, healthcare students, and patients and families. More directed targets are physicians, unions, Colleges of medicine, and managers and VPs. Key targets were the Minister of Health as well as CEOs and Presidents of Regional Health Authorities.

**Spectrum of Allies:** Active allies are victims of racism, the College of Education and Educational Foundations program, non-profit and community organizations, the cultural resource unit of the Saskatoon Police Service, the Saskatoon Tribal Council and White Buffalo. Passive allies include people who support diversity and the Mayor of Saskatoon. Neutral stakeholders include unions and a number of religious groups. Passive opponents were identified as some older voters/individuals and government officials. Active opponents include Jim Pankiw, Kelly Block, Fox News, John Gormley, SUN, and overall, racists.

### **Session Theme: Aboriginal Issues: Infant Mortality Rates among Aboriginals**

**Goal:** *By September of 2018, the Saskatoon Health Region will have reduced its reliance on infant formula through the establishment of a human breast milk bank.*

**Lake of Justice:** The group identified systemic racism resulting in socioeconomic inequities as a key issue related to Aboriginal infant mortality. Additionally, an insufficient medical education system which reinforces the status quo, ignores the legacy of colonialism, and over-medicalizes birth. The **obstacles (boulders) included** mentions of social determinants of health such as poverty, poor housing, education, sexism, and food insecurity. Additional barriers include ignorance of cultural approaches to birth,

exacerbated by ignorance of colonialism and its legacy. The government, health care education, and poor policy-making were also identified. The **resources (fish) identified** community organizations such as the Elizabeth Fry Society and Mother's Centre, among others. Other allies include the Aboriginal Centre, Community Health Centres, the Sexual Health Centre, Midwifery Program, Status of Women Canada, Elders, and anti-racism educators. A number of breastfeeding supports were identified, including the WHO Baby-Friendly Initiative, the International Code on Marketing of Breastmilk Substitutes, World Alliance for Breastfeeding Action, and Saskatoon Breastfeeding Matters. The **tactics (boats) include** connecting evidence-based research with current policies, storytelling (relating evidence to lived experience), and educational initiatives and teach-ins.

**The Ideal 'Sea of Change'** involves access to education, equitable socioeconomic indicators amongst Aboriginal peoples, decolonization of birth and breastfeeding, a co-created space for Aboriginal Health, and an improved system of communication and accountability between the government and Aboriginal peoples. General **targets** include the West Winds Primary Health Centre, healthcare professionals, and more specifically, the Saskatoon Health Region and the CEO of the Saskatoon Health Region.

### ***Spectrum of Allies***

Active Allies were identified as the Mother Centre, Health Mother-Health Baby, CHEP, and the breastfeeding community of Saskatoon. Passive Allies include the pro-natural birth community, de-medicalized birthing community, and CUISR. Neutral stakeholders include the general public, Saskatoon Health Region, Status of Women Canada, and government of Saskatchewan. Passive Opponents are physicians who receive benefits from pharmaceutical companies, grocery stores, and social services/Ministry of Justice. Active Opponents are the infant formula manufacturers and producers, and pharmaceutical companies.

### **Session Theme: HIV/AIDS and Harm Reduction**

**Goal:** *By 2018, have HIV/AIDS education provided in the 6 core neighborhood schools between grades 4-8.*

**Lakes of Injustice:** A commonly identified problem was the failure to address the root causes of why the HIV/AIDS epidemic is occurring: issues that include colonialization, marginalization, and poverty. Additionally, lack of educational resources and supports for individuals living with HIV/AIDS and their families were mentioned. The **obstacles (boulders)** included many social determinants of health such as housing, food insecurity, poverty, racism, and housing. Additional barriers include poor mental health services, lack of preventative measures, stigma, transphobia/homophobia, and a paucity of Aboriginal health force students. The **resources (fish)**, included groups such as the Saskatchewan Native Housing Authority, Lighthouse, Salvation Army, Cress, YMCA, Street Health, SWITCH, and Prevention Institute. Other resources lie in the knowledge of Elders, women's ceremonies including the Full Moon/Water Ceremony, and other women-centred cultural activities. The **tactics (boats)** include lobbying, public speaking and other educational activities, leaflets and pamphlets, teach-ins, letters of support, and peer-to-peer support.

**The Ideal 'Sea of Change'** was represented as a scenario with first-voice informed policy, a safe injection site, access to healthcare programs and supports, decolonization and reinvigorated cultural traditions, healthy and safe homes, and Saskatchewan rates of HIV/AIDS which would fall below that of the national

average. General **targets** include parents, mental health and addictions services, Hands-On Ministries, Boys and Girls Club, and individuals living with HIV/AIDS. More specific targets include principals, teachers, School Boards and School Board Superintendents, and School Councilors.

### ***Spectrum of Allies***

Active allies were identified as the HIV Strategy Team, AIDS Saskatoon, Avenue Community Centre and University of Regina Social Work. Passive Allies include White Buffalo and other youth organizations, Peer-to-Peer education groups, the NDP education critic, Station 20 West, and Narcotics Anonymous. The neutral allies include the United Way, School Boards, parents, and teachers. The passive opponents are orthodox churches. Active opponents include Kelly Block, John Gormley, and Saskatoon MLAs.

### **Session Theme: Immigrant and Refugee Health**

**Goal:** *By January 2015, there will be a publicly accessible list of translators for the 15 most spoken languages in Saskatoon to assist with navigating the health care system.*

**Lake of Injustice:** The group identified language barriers, the complexity of the health care system, accessibility issues, and lack of training amongst health care personnel regarding how to deal with language barriers as contributing to immigrant and refugee health issues. The **obstacles (boulders)** include resource shortages which hinder the creation of support services, lack of training and understanding among health personnel, low political will, and the confusion and complexity of the health care system. **Resources (fish)** point to community resources and advocates, education, students, and immigrants and refugees. **Tactics (boats)** consist of petitions, formal position statements, satire and ridicule, research, and skits and street theatre.

**The Ideal 'Sea of Change'** included 'healthy' immigration policy (which treats health as a human right), collaboration, mobile comprehensive primary care, adequate translation services, extended equal benefits for everyone, holistic health, and competent education in interculturalism as being part of an ideal scenario for immigrant and refugee health. **Targets** broadly include management of Department of People and Partnerships, and more specifically, CEO of the Saskatoon Health Region, Maura Davies, and VP of People and Partnerships, Bonnie Blakely.

### ***Spectrum of Allies***

Active Allies include settlement agencies, Immigrant organizations, healthcare workers, student groups, immigrant liaison (City of Saskatoon), ISAAC, and READ Saskatoon. Among the Passive Allies are translators, SWITCH, AIM for Health, Building Health Equity, volunteer coordinator, SOHL, U of S Language, Social Accountability of the Department of Community Health and Epidemiology at the U of S, the Mayor, Dr. Misia (NRI/NRN), companies employing, and representative workers. Neutral Allies include the pre-med club, SMA, SMSS, Dube's, Anonymous, journalists, First Nations communities (FSIN, Tribal Councils), Unions, and the VP of People and Partnerships. There were no listed passive opponents. Active Opponents include Kelly Block and her supports, and other agencies within the Saskatoon Health Region.

**Feedback**

The majority of feedback from participants was very positive. Participants repeatedly mentioned the value of having participants from varied backgrounds, from the community and the University. Many individuals mentioned that this mix allowed them to gain new and valuable perspectives and knowledge. Another frequent topic was positive reactions to the use of the 'Sea of Change' activity to clearly lay out all of the complex facets of the session themes. The quality of facilitation was also highlighted.

One frequent suggestion was for a lengthier workshop. Many individuals felt they could have explored their topic in much greater depth given a greater amount of time. Others wished they had more opportunity to interact with the other groups, perhaps through brief presentations by each group on their work. Many suggested the workshop should have been a full day.

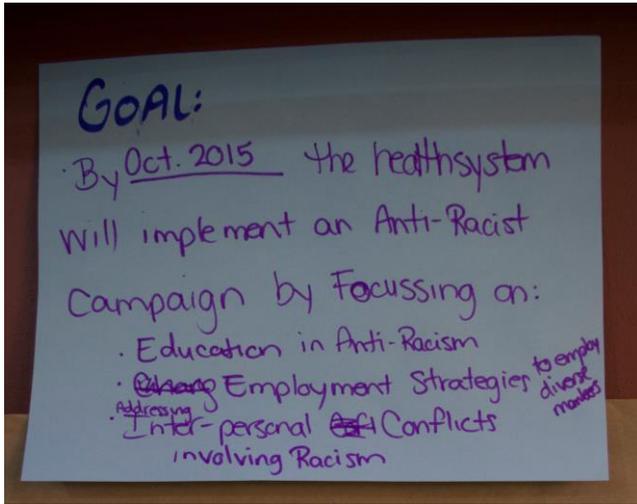
Many of the participants mentioned that they wished there had been greater clarity regarding how to go forward with the information they had gleaned from the workshop. A few participants mentioned they wished they could have some information sheets to take home, or to their community organizations.

Numerous participants stated they would take the knowledge they gained back to their community organizations, or would simply keep the activity in mind for future work.

**Appendix I: Facilitator Contact Information**

<b>Facilitator:</b>	<b>Contact email:</b>
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Appendix II: Sea of Change Activity: Goals



Spectrum of Allies



