



WELLESLEY INSTITUTE
advancing urban health

Enabling Grant Research Report

Building Capacity for CBR with Racialized Groups: Towards a Richer Understanding of Health Disparities

Executive Summary

The goal of this project was to prepare for a CBR project that would engage members of racialised communities in building richer understandings of health inequalities. We held a series of workshops with community residents in the Black Creek area of Toronto to explore the impact of employment issues on the health of racialised groups. As a result of these workshops and the analysis sessions and activities that ensued, community members have expressed an interest in doing outreach and mobilizing their communities around the issues they have identified (most of which are related to barriers they encounter in the labour market). The participants are taking ownership of the process and want to take particular actions (e.g. raising awareness of employees' rights, meeting with politicians, etc.), utilizing their skills and developing new ones. The community organizations involved want to play a supportive role so that the community members can take the lead and develop an organizing process that is truly grassroots. The mobilization process has been initiated and we hope to design an on-going participatory evaluation of the process so that we may learn how to support racialised communities in organizing themselves and taking action to address systemic issues in a way that is inclusive and promotes their own mental health (including their sense of agency, resiliency and control over the factors that affect their health).

Project Review

Our goal was to prepare for a CBR project that would explore and address income and employment as determinants of health for racialised groups in Black Creek. We accomplished this by engaging community members in analyzing their situation and identifying priorities for research and action and by developing various partnerships.

More specifically, we started the process by hiring a community development worker (CDW), who was an immigrant woman residing in the Black Creek area and who had experience as a peer outreach worker. Her main responsibilities consisted in conducting outreach and providing support at meetings; she played a key role in gaining the support of service providers and in recruiting participants for the project.

In September, Jackeline Barragán (from the Black Creek CHC) presented our project idea to a network of community agency managers in the Black Creek area to inform them and gain their support for the project. We then established a reference group to consult community members about the planning of the workshops and the language we should use to interest community members in the project. The CDW started her outreach by going to community agencies, talking to people and distributing flyers.

In October, we held a meeting with service providers to share lessons learned through the reference groups, inform them of our desire to do participatory research in the community and ask them for advice for the workshops and support in recruiting the participants.

In November and December, we held four workshops with racialised community members in four different locations in the Black Creek area. The workshops were attended by a total of 61 participants. For each of these workshops, we worked in partnership with a different agency. The first one was held at the Early Years Centre in the Jane Finch Mall and was co-facilitated by the P.I. and Farid Chaharlangi, a community development worker from the Jane/Finch Community and Family Centre, who continues to be involved in the project to this day and will be a key partner in the next phase. This group was fairly mixed, including a few people of colour born in Canada, various Spanish-speaking people, a balance of men and women, and a few youth (more detailed demographics available upon request). A second workshop was held with Vietnamese-speaking people at Northwood Neighbourhood Services. It was facilitated by Thuy Tran, a health promoter of Vietnamese origin from Access Alliance, and assisted by a settlement worker from Northwood, also of Vietnamese background. 53% of the participants said they came to Canada as family class immigrants and 38% as refugees. All of them had

been in Canada for at least five years but various had been here for 14-16 years. 57% were men and 43% women. 85% of those who answered the demographic profile reported being unemployed. The third workshop was held at Doorstep's Daystrom site with a group of primarily Punjabi and Urdu-speaking women. It was co-facilitated by the P.I. and co-applicant, Elaine Ebach (public health nurse) with the assistance and translation from a worker from Daystrom, our CDW and Sukanya Shankar, a community volunteer on our working group. This was the most highly educated of all the groups, with 54% having college/university degrees and 31% having post-graduate degrees. A last workshop was held at the Black Creek Community Health Centre. The group was split in two (English-speaking and Spanish-speaking) and each subgroup was facilitated by a staff from the Black Creek CHC (i.e., Jackeline Barragán and Cheryl Prescod).

The workshop was designed in the following way. We started with an icebreaker that allowed people to relax and get to know each other while also giving the facilitation team a sense of who was in the room. We followed with an activity in which people were asked to name some of the expectations they (or their parents) had prior to coming to Canada in relation to work and to health. They would write these on cards and post them on the wall. Then they would do the same with the realities they actually encountered. In general, the expectations greatly surpassed the realities. They would then identify conditions that negatively affected their health, thereby developing explanations for health inequalities, followed by the ideal conditions under which they would feel supported to live healthy lives. In order for people to have a sense of hope and confidence in their ability to make a difference, we also felt it important to take a small action together rather than wait until a future proposal was funded. In two of the workshops, a decision was made to write a letter to politicians about issues identified during the workshop. One was sent during the federal election campaign and the other post-election. In both cases, some of the workshop participants came back together to draft and sign the letter. In another workshop, questions were formulated for an all-candidate meeting and a participant went to the meeting to ask the questions. The Daystrom group also received a media training session offered by the Ontario Campaign 2000. Only the Vietnamese-speaking group (for whom language was a significant barrier) decided not to take action.

In January our working group members participated in the collective analysis of the data. The PI prepared guidelines for qualitative analysis and for assessing the quality of Participatory Action Research (PAR) and members paired up to analyse workshops. They came together to compare their findings and then held an analysis session with community members from each of the four locations. At that session, which was held in February, the PI did an introductory presentation about PAR. We presented our findings to the participants and asked them for their

input. Together we identified common themes across all four workshops and points that were unique to specific groups. The participants also brainstormed research ideas and used the “dotmocracy” technique to vote on priorities for action. In all the groups, experiences in the labour market were identified as problematic, including the lack of recognition of non-Canadian work experience and credentials; language barriers; underemployment; low wages; temporary work; long hours; and poor working conditions. A majority of the groups named racism (discrimination, exploitation) as key factors affecting their access to work and to health. The Vietnamese and Spanish-speaking groups also emphasized the language barriers they face. These difficulties encountered in the labour market lead to limited income, which in turns impact other determinants of health, such as access to housing and healthy food. The limited time that parents get to spend with their family was also emphasized given the multiple jobs they must juggle. In all workshops, mental health issues were identified as a key problem, with stress being widespread and depression and low self-esteem common.

In April, at a follow-up meeting of the working group with 7 community members, we determined that there was agreement that participants wanted better health for racialised groups and for that to happen we needed to improve experiences in the labour market (i.e. work to eliminate obstacles to fair employment, such as barriers to accessing professions & trades). Various projects ideas were suggested, the most popular of which were: raising awareness of people’s rights as employees (in partnership with the Workers Action Centre); forming an organization to share skills and generate employment and mentoring opportunities; doing advocacy around policy issues (e.g., personal contact, letters, actions, visiting M.P.s, targeting professional colleges, etc.); educating the public about racism and the contributions of immigrants and refugees; and doing outreach to engage those who are not yet engaged.

At that meeting, the participants expressed an interest in doing outreach and mobilizing their communities around the issues identified. It became obvious that they were taking ownership of the process and wanted to take action. They discussed what they needed to feel supported in taking action and they mentioned training (e.g., in community development and research), space to meet, honoraria, help with transportation, regular meetings, a certificate recognizing their experience, etc.

The community organizations involved want to play a supportive role so that the community members can take the lead and develop an organizing process that is truly grassroots and Jane & Finch based. Our research interest has thus evolved from shaping explanations for health disparities to developing participatory strategies for addressing them. Our key research question is the following: How can we support an organizing process to address the barriers that racialised community members experience in the labour market and how can this be done in a

way that promotes health and is inclusive of the most marginalized voices? We are particularly interested in fostering mental health aspects such as the participants' sense of agency, resiliency and control over the factors that affect their lives. Plans to pursue this interest are described in question #4.

In the course of the enabling phase, we have developed relationships with various community agencies, as mentioned above, as well as with Dr. Nancy Johnston, a professor from the Faculty of Nursing at York University, who has been participating in our working group since the analysis session. Among the new partners, the CDW from Jane/Finch Community and Family Centre is an experienced organizer and will be key to the next phase. We also invited the Workers Action Centre to our May meeting to explore possibilities for collaboration; one of the many ideas that came out of the meeting was to involve the participants in interviewing each other and documenting stories that could be used as part of the centre's campaigns.

We feel strongly that we have met our objectives of developing partnerships, recruiting community residents and engaging them in producing knowledge, identifying priorities and starting to develop a language for talking about health disparities among racialised communities that is meaningful to them. In addition, we have woven research and action throughout the process and engaged community members in advocacy. The PI presented the project at the Public Health Sciences Department Research Day as an example of research leading to action to eliminate health disparities. We also presented our process and preliminary findings at an Income Forum organized by the Community Health Centre Managers' Network as an example of what CHCs can do to address income as a determinant of health as well as to promote CBR among the CHCs. We also plan to produce a postcard to disseminate the findings among the Black Creek community and use it as a recruitment tool for the next phase. These outcomes had not been planned at the start of the project.

Perhaps our most significant unanticipated outcomes, however, are the changes we have noticed in some of the participants. The following quote from Fouzia Rana, our CDW, expresses this well:

“About seven month back, when I was hired as Community Development Worker, I was very happy to get this job, this was only a job, to get better salary, at that time. But with time when I reviewed the literature, and get knowledge about poverty, I felt involved in the project, but my heart was really involved in this work. When we did our workshops, I saw the frustration and anger of residents, and because I was one of them some time it was difficult for me to stop myself and I shared my experience also. The most exciting piece was the small actions we took, to write letter to leaders and representatives,

people were really excited, and asked me question: do you think there will be some change after this? But involving them, when they feel these are their issues and they are the owner of this, they feel empowered, and I can see feeling of empowerment and dignity. We met these people about four times in about four months, and I can see the difference; in first meeting they were unresponsive, and they came just for a workshop, but with time they felt they are the owner of this project, and have power to make some change and I believe that was the main objective of project, to give awareness, and involve them to make some change... I believe our project is very successful because we gave them the awareness that how much power they have and they owned the project by fully involved in it and also got some skills how to do advocacy and they are ready to involve in these types of project in future also.”