Wellesley Institute Labs

Lab Report No. 2: Reducing the Impact of Racism on Health

Introduction

Wellesley Institute hosted two idea labs at the Dalla Lana School of Public Health's (DLSPH) student led conference on Oct 23rd and 24th, 2015. The goals of these labs were to increase participants' understandings of racism as a social determinant of health as well as empower them to understand where they can make changes within the system. We asked participants to recognize their positionality and lived experience to propose concrete solutions that address health inequities experienced by racialized groups in the GTA.

Planning & Exercises

A central goal of this lab was to build a strong partnership with the DLSPH student conference team. In doing so we invited three students, who were all part of the conference team, to co-create the lab exercises and be trained as facilitators for the event. We did this over a series of working meetings between August and early October 2015. The students brought a tremendous amount to the process including insight into the knowledge level the participants would likely be bringing to the labs. This allowed us to manage the outcome expectations for the event and structure the exercises accordingly.

We designed five exercises/tools:

1. Most Pressing Issue: This is a very fast brain dump exercise. In the large group, we asked participants to write down very quickly as many issues concerning racism and health that they could think of and place it on the wall. One issue per sticky. A facilitator then summarized these and categorized them, or grouped them, into the social determinants of health. This was done using the purple stickies only.
2. Mapping the Social Determinants: In this exercise our facilitator assigned each determinant to a separate table and asked participants to choose a determinant to address for the remainder of the lab. Next, using the socio-ecological model, we asked participants to place their issues on the levels where each issue occurs, parsing out the issues to multiple levels if necessary.
3. Actors & Opportunities: We then asked participants to take a green sticky and identify the actors that are implicated in these issues and place these on the socio-ecological model. This time participants were encouraged to identify the multiple levels that actors occupied for each issue. Then the participants were asked to take blue stickies and identify opportunities for interventions. Again, addressing several different levels for each issue.
4. In Order To, We Must: Taking the actions that the participants have now had time to think about, we asked everyone to work through how they would get there. On a separate workspace on the wall, taking the blue stickies as our intervention idea, we now challenged participants to think it through.

5. Where Do I Fit In?: In our last exercise, we asked participants to reflect on their work, their research, their activism, and identify where they fit in. With a sheet of paper titled "Action Plan" participants were asked to write down their action plan for how to address the issue of race and health in their work and in their communities.

Execution & Observations

Day One - Oct 23

Day Two - Oct 24

Feedback & Evaluation

We had primarily students, however present in the labs were also some health care practitioners, people from the government sector, community members and a few people from the academic community.

Positive Feedback Included [Favourite thing about the lab was]:

- experiential learning and interaction
- learning from everyone's perspectives and stretching my thinking
- the [socio-ecological] model and the prompts used
- the component of "in order to" and "we must" allowed for critical fluid expressions
- Everyone's voices were heard
- well-organized opportunity to meet people of a variety of backgrounds
- breaking down seemingly insurmountable issues in tangible ways
- breadth of ideas generated
- The way it helped us break down/narrow the huge numbers of big issues into smaller, manageable chunks in a step-by-step logical way
- topics were driven by the interests/ideas of people present
- deep discussion among group and getting deeper in thought via socio-ecological model
- moving from problems to solutions
- lab methodology

Areas to Improve Included:

- [be a place for] further research/active involvement
- more group checking in
- include real case studies
- Implementing what was discussed
- more opportunities for participant engagement, facilitators dominate the conversations during group sharing
- As someone in health promotion [I] don't feel like I gained a lot of new knowledge
- more icebreakers would be helpful

- needed more time for the last and most complicated part, how to see solutions realized
- more focused discussions and concrete tools that can be disseminated which I can use and be empowered to use
- helping us arrive at an action plan
- some suggested "pre-thinking" or "homework" before the session (but perhaps not necessary because we had the conference sessions to get us thinking)
- more time and discussion/collaboration between [the] four groups

Outputs

The labs highlighted the following interventions:

- Hire people of colour (outside of quotas)
- decolonize government to promote genuine inclusion
- Fund research re: racial inequities
- stats can should gather race-based data
- validate different ways of knowing and collecting data
- collect race-based data
- Mandatory education for Health Care Practitioners on personal, health determinants, and reflexivity
- Shared decision making
- Invest in development of hospitals and schools in remote areas and scholarships for students from at risk communities
- Convince Big Pharma to lower costs
- appropriate subsidies in agriculture [rural/northern Indigenous populations]
- Bringing a doctor into the community [rural/northern Indigenous populations]
- Mandatory anti-oppression training
- First person perspectives included in curriculum
- Cultural nutrition curriculum
- Visibility as part of political agenda
- media produced by racialized communities
- Equal treatment of alternative narratives from schools
- skills training for newcomers
- appoint minorities in political parties
- People of colour represented in unions
- Focus groups and advisory groups and advisory groups with racialized representation to create and enact policy
- Conducting research on lack of representation to inform evidence-based policies
- engaging racialized communities with mental illness in research and using ethnic media
- advisory council in health research funding decision processes comprised of ethnically and geographically diverse actors
- Organizing racialized communities and Indigenous communities to come together as allies for a stronger voice
- electing MPs and MPPs that bring forth health concerns from racialized communities

Therefore we must:

- Fund research that looks at race
- go beyond creating spaces in government for "one" identity (promote intersectionality)
- make system of governance more flexible (incorporates other ways of functioning)
- make system more accessible by building capacity and tapping into assets of community
- more mixed/interdisciplinary classes
- coordination between health care providers
- equity admissions policies for scholarship programs and competitions
- more diverse perspectives in curriculums
- surveys in the area [for more data, Indigenous populations]
- Research [evidence] on the first person stories/experiences of traumatic events, pilot project and interview students involved; compare the attitudes and understandings of those who have first person experience versus those who don't
- learn from existing campaigns that have successfully debunked/destigmatized groups
- finding effective partner organizations to help tell/distribute stories
- partner with ad agencies [doing pro bono work] to make a high quality product that people will pay attention to
- gather data around the engagement/attitudes so we can know if we're reducing stigma and so we can keep improving
- Involve students from diverse communities perspective in curriculum planning
- tailor curriculum based on experiences within particular communities
- Create an Act for representation in the House of Commons
- Learn from existing examples and engage advocacy organizations and the right political climate
- show evidence against carding to law enforcers, police board
- keep actors responsible
- representation from the community
- large scale public engagement
- large organizations and community organizations need to start conversations
- Advocate to ministry of education to change curriculum standards and adopt anti-oppression principles
- funding to study racial disparities
- change curriculum standards
- adopt anti-oppression principles
- Disseminate research participation and results through ethnic media
- creating safer spaces where communities and policy makers collaborate and make decisions
- educate health practitioners, policy makers, community leaders, educators and administrators (in school systems) on the intersectionality of mental health problems and the multiple identities at play (sex/income/race)
- Move away from the biomedical model of treating mental illness