

**Session 1:**

**Opening ourselves:  
An introduction to anti-  
oppression practices and  
frameworks (part 1)**

**January 13, 2022**

# Accessibility

## Simultaneous Interpretation

Please select FRENCH from the interpretation menu at the bottom of your screen.



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A counselor is available by phone during and after the session.



## ASL/LSQ

Visual Interpretation is visible on the screen to all participants.



## Recording

This session is being recorded and the recording will be available on our website after the session.



# Co-hosts



Denise McCuaig, Métis  
Elder/Indigenous Coach



Maria Judd, Vice-President,  
Strategic Initiatives &  
Engagement, Healthcare  
Excellence Canada  
[Maria.Judd@hec-esc.ca](mailto:Maria.Judd@hec-esc.ca)

**Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today.**

# Healthcare Excellence Canada

## Our Purpose:

To shape a future where **everyone in Canada**  
**has safe and high quality healthcare.**

# 2021-26 Strategy

## OUR PURPOSE

To shape a future where everyone in Canada has safe and high-quality healthcare.

## OUR HOW

Working with people across the country, we:

Find and promote  
innovators and  
innovations

Drive rapid adoption &  
spread of quality and  
safety innovations

Build capabilities to  
enable excellence in  
healthcare

Catalyze policy  
change

## OUR FOCUS

Care of older adults with  
health and social needs

Care closer to home and  
community with safe transitions

Pandemic recovery  
and resilience

## QUALITY & SAFETY PERSPECTIVES

Lived experience of  
patients, caregivers  
and communities

People in the  
workforce

Value

Culturally safe  
and equitable care

First Nations, Inuit  
and Metis priorities

## OUR VALUES

Partner meaningfully

Innovate courageously

Act with integrity

Be inclusive



**Healthcare  
Excellence**  
Canada

**Excellence  
en santé**  
Canada

# Equity, Diversity and Inclusion Virtual Learning Exchange



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Denise  
McCuaig**

**Co-chair  
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**Tammy  
Hoefler**

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**Jenny Gilbert**

**Just B Adair**

**Amy Ma**

**Jill Ritchie**



## Session 1:

# Opening ourselves:

## An introduction to anti-oppression practices and frameworks (part 1)

### Presenters



Ed Connors, PhD, C.Psych.



Stephanie Nixon, BHSc(PT), PhD

# Acknowledging wisdom

Atik Bird, Tracy Blake, Lisa Boivin, Ed Connors,  
OmiSoore Dryden, Dionne Falconer, LLana James,  
Stephanie Lurch, Dawn Maracle, Renee Masching,  
MeLisa Moore, Valerie Nicholson,  
Onyenyechukwu Nnorom, Gbolahan Olarewaju,  
Emmanuel Ovola, Angie Phenix, Sherri Pooyak,  
Jackie Schleifer Taylor, Meredith Smith, and Ciann Wilson

(listed alphabetically)

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(listed alphabetically)

What is **my**  
work to do on  
“EDI”?

Nixon *BMC Public Health* (2019) 19:1637  
<https://doi.org/10.1186/s12889-019-7884-9>

BMC Public Health

DEBATE

Open Access

## The coin model of privilege and critical allyship: implications for health



Stephanie A. Nixon<sup>1,2</sup> 

### Abstract

Health inequities are widespread and persistent, and the root causes are social, political and economic as opposed to exclusively behavioural or genetic. A barrier to transformative change is the tendency to frame these inequities as unfair consequences of social structures that result in disadvantage, without also considering how these same structures give unearned advantage, or privilege, to others. Eclipsing privilege in discussions of health equity is a crucial shortcoming, because how one frames the problem sets the range of possible solutions that will follow. If inequity is framed exclusively as a problem facing people who are disadvantaged, then responses will only ever target the needs of these groups without redressing the social structures causing disadvantages. Furthermore, responses will ignore the complicity of the corollary groups who receive unearned and unfair advantage from these same structures. In other words, we are missing the bigger picture. In this conceptualization of health inequity, we have limited the potential for disruptive action to end these enduring patterns.

The goal of this article is to advance understanding and action on health inequities and the social determinants of health by introducing a framework for transformative change: the Coin Model of Privilege and Critical Allyship. First, I introduce the model, which explains how social structures produce both unearned advantage and disadvantage. The model embraces an intersectional approach to understand how systems of inequality, such as

# Your written tasks during the workshop

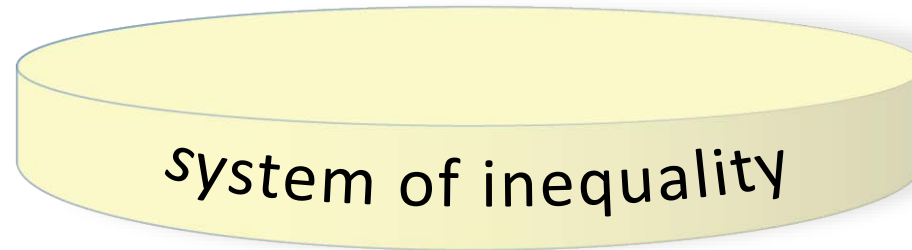
1. What **insights** are landing for me?
2. How do I **feel** during this learning and unlearning?
3. What are my next steps for **learning in action**?

# Privilege

You have a benefit others don't

You didn't earn it

You have it because of who you happen to be



# Oppression

You have a disadvantage others don't

You didn't earn it

You have it because of who you happen to be

# Privilege

You have a benefit others don't

You didn't earn it

You have it because of who you happen to be

racism

sexism

ableism

anti-Semitism

colonialism

classism

Islamophobia

ageism

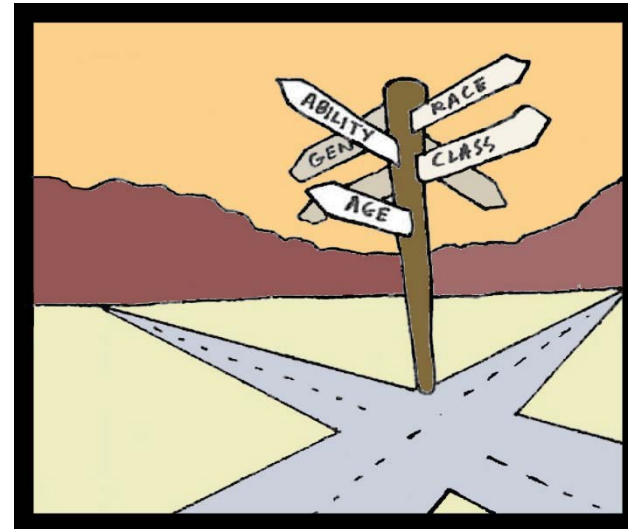
# Oppression

You have a disadvantage others don't

You didn't earn it

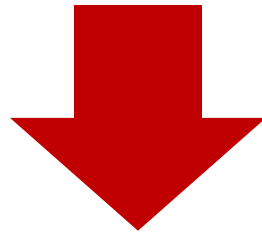
You have it because of who you happen to be

These forces shape  
who is healthy, who is ill, who gets injured,  
who accesses health care, what kind of  
care people get, who lives and who dies.



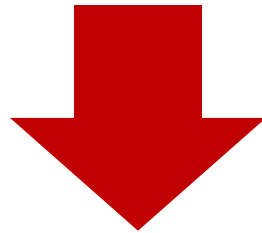


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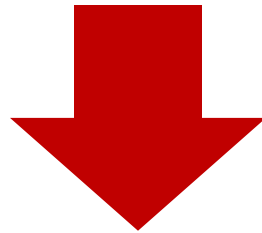
avoidable health inequities

These forces shape  
who is healthy, who is ill, who gets injured,  
who accesses health care, what kind of  
care people get, who lives and who dies.



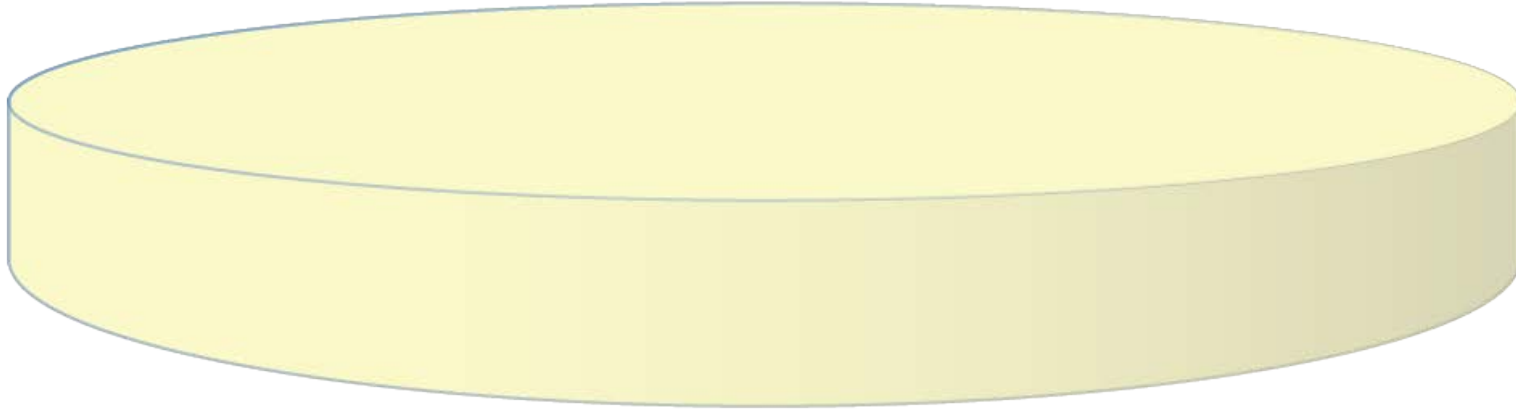
avoidable inequities in education

These forces shape  
who is healthy, who is ill, who gets injured,  
who accesses health care, what kind of  
care people get, who lives and who dies.



avoidable inequities in  
professional advancement

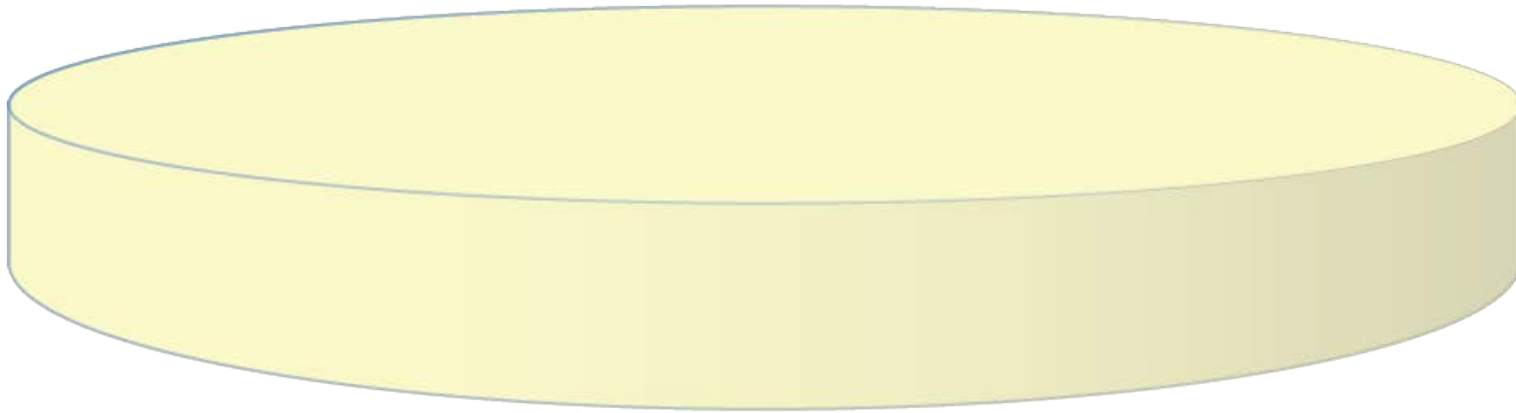
Privilege



Oppression

marginalized populations  
disadvantaged communities  
high-risk groups

E  
Q  
U  
I  
T  
Y



**Oppression**  
marginalized populations  
disadvantaged communities  
high-risk groups



**E  
Q  
U  
I  
T  
Y**

**Oppression**  
marginalized populations  
disadvantaged communities  
high-risk groups



**E  
Q  
U  
I  
T  
Y**

What are the **implications for equity** if we frame it exclusively as the bottom of the coin?



It limits the think-able solutions to those that address the **problem of the bottom of the coin**

and not the **problem of the coin,**

or the **problem of the top of coin.**



It allows those on the top of the coin to see themselves as neutral, unconnected and altruistic

vs

**part of and complicit** within the system of inequality.

E  
Q  
U  
I  
T  
Y

**Oppression**

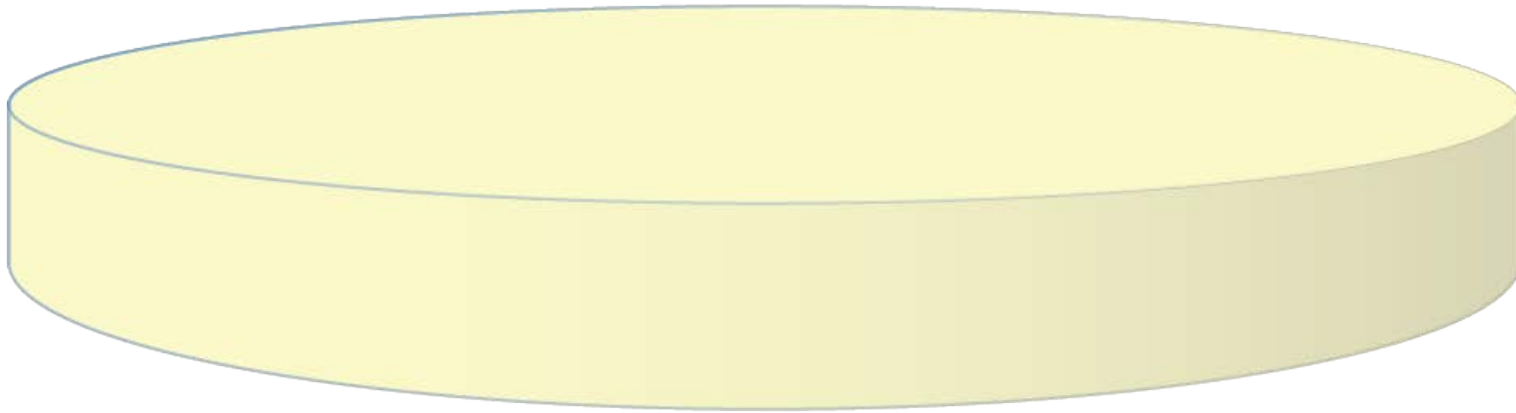
marginalized populations  
disadvantaged communities  
high-risk groups

# Write for 2 minutes

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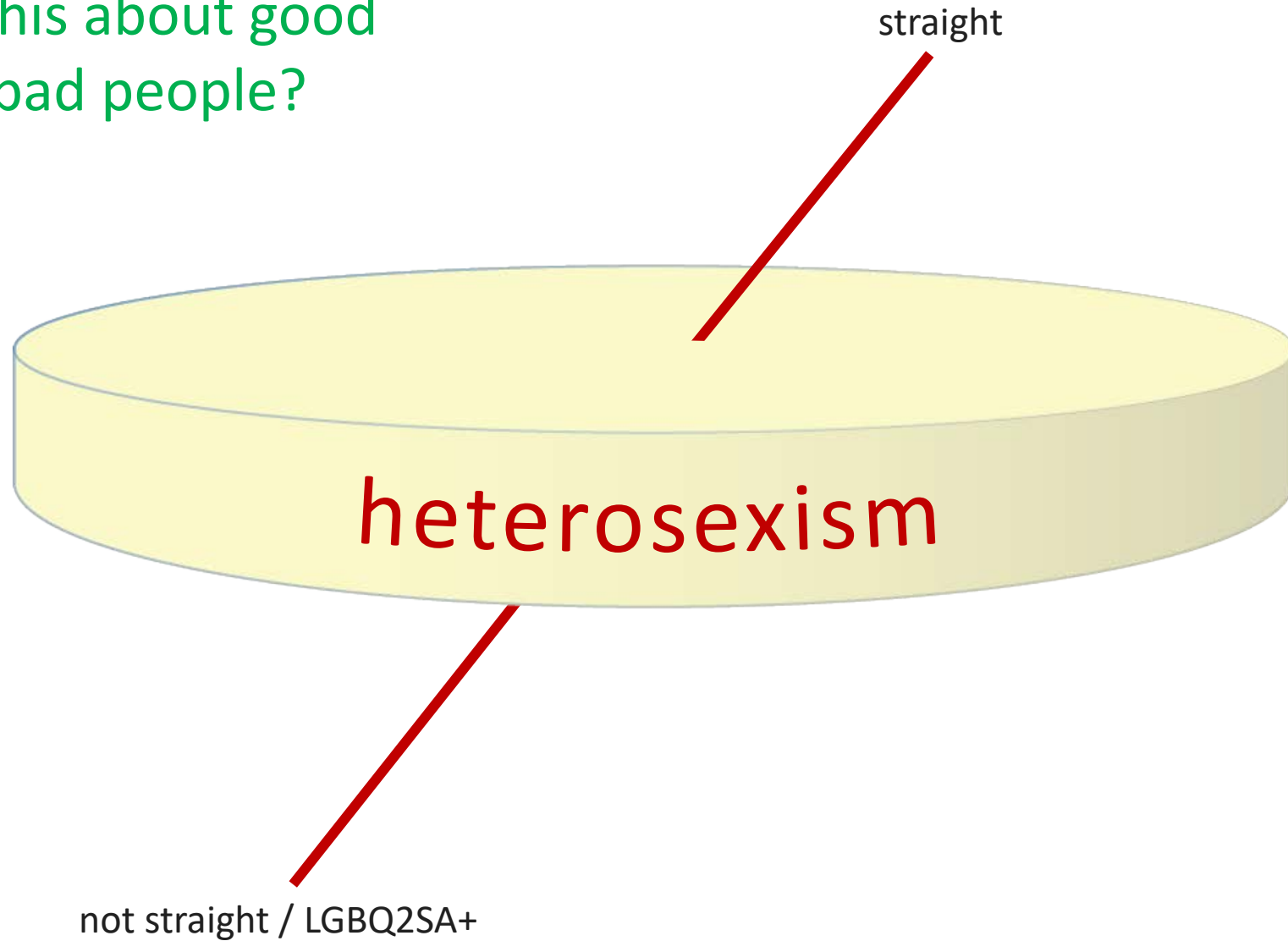


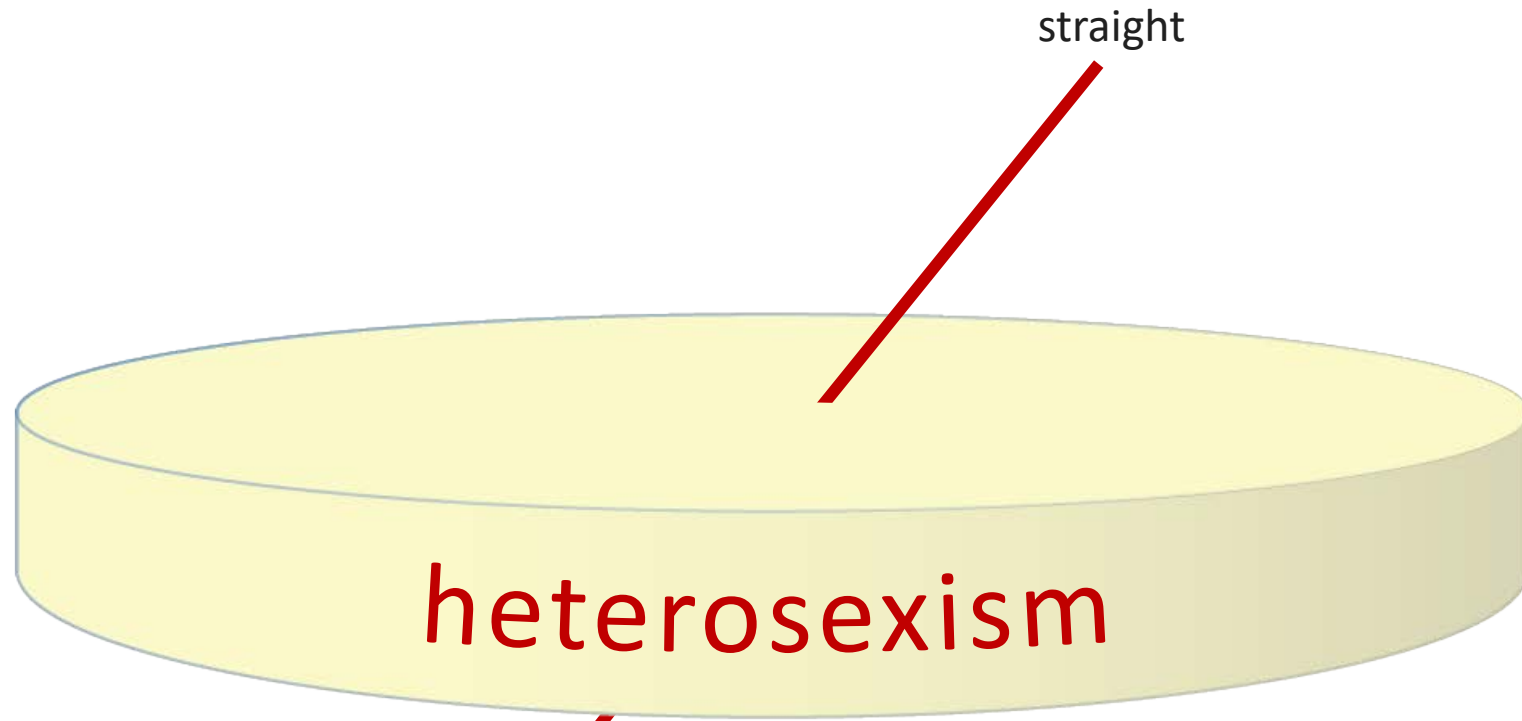
Privilege



Oppression

Is this about good  
or bad people?

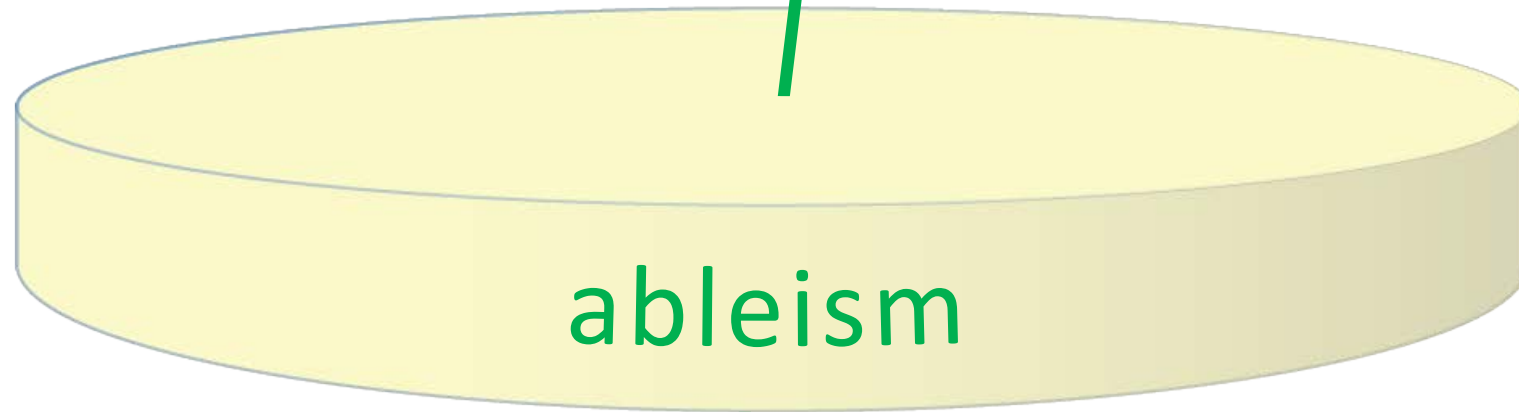




Who is more expert on how heterosexism and heteronormativity play out in society?

Is this about good  
or bad people?

able-bodied



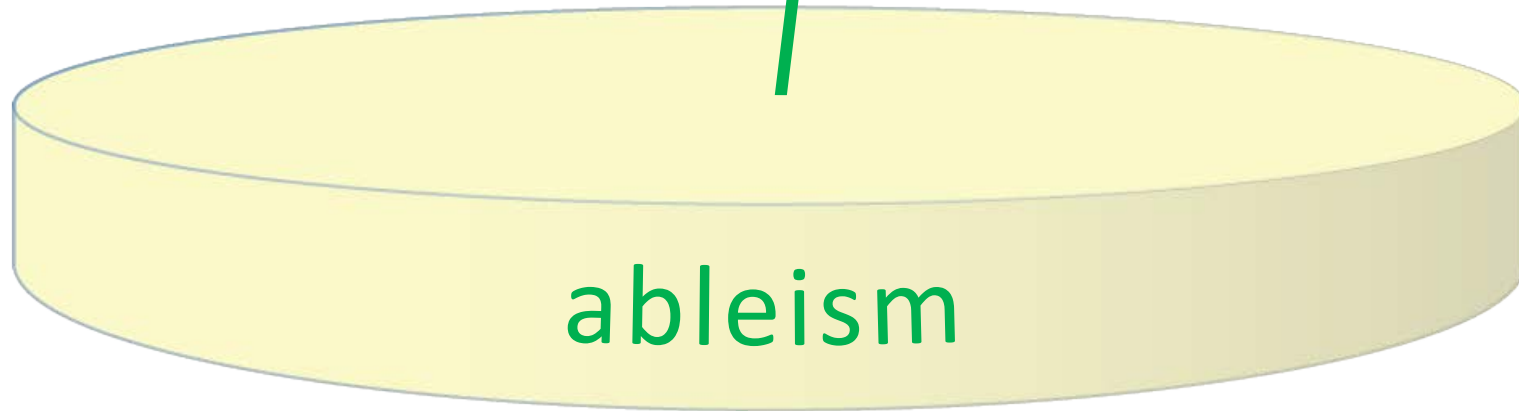
ableism

Who is more expert on  
how ableism plays out in  
society?

disabled

Who holds the power  
and resources?

able-bodied



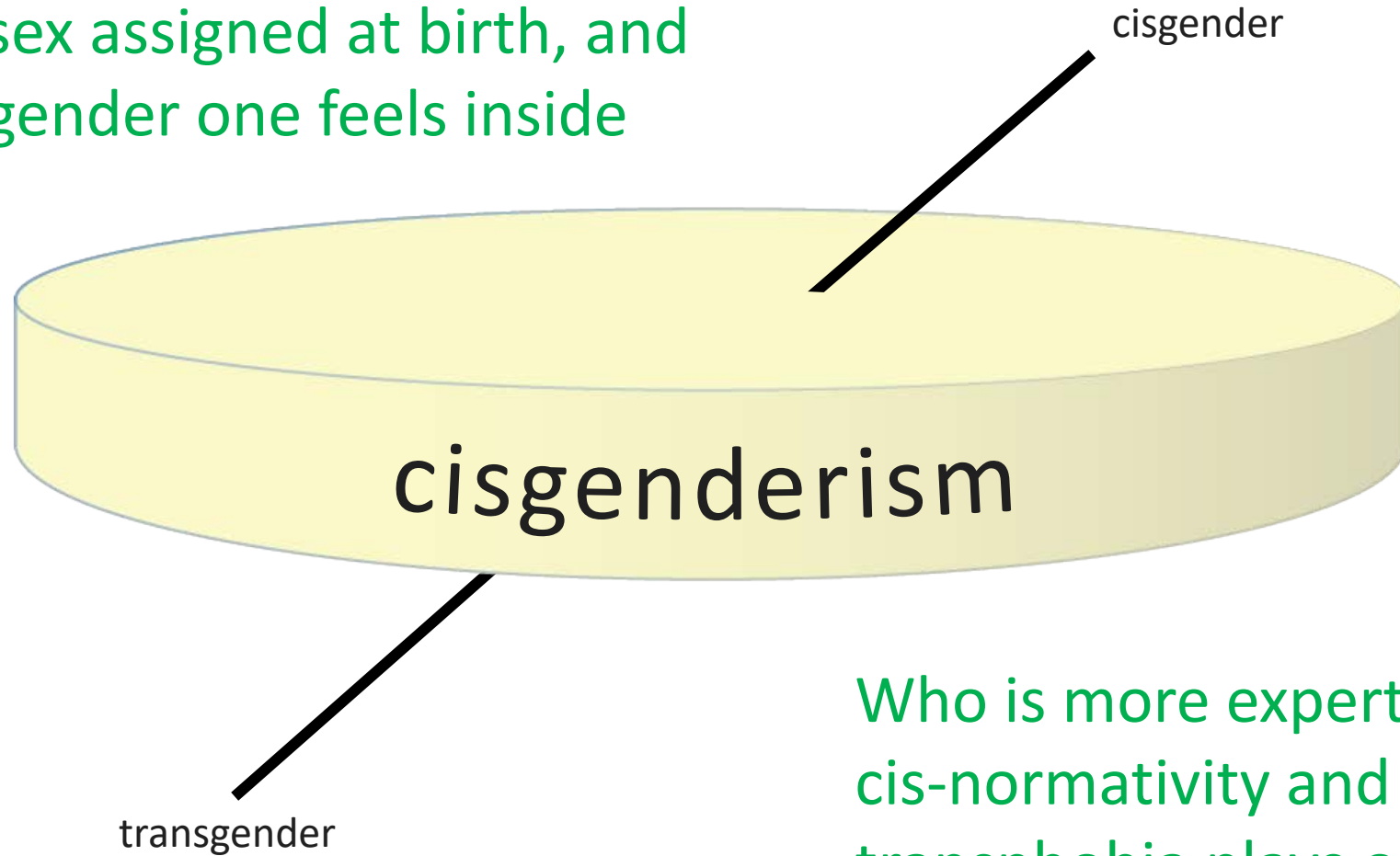
ableism

Who is more expert on  
how ableism plays out in  
society?

disabled

The match between

1. sex assigned at birth, and
2. gender one feels inside

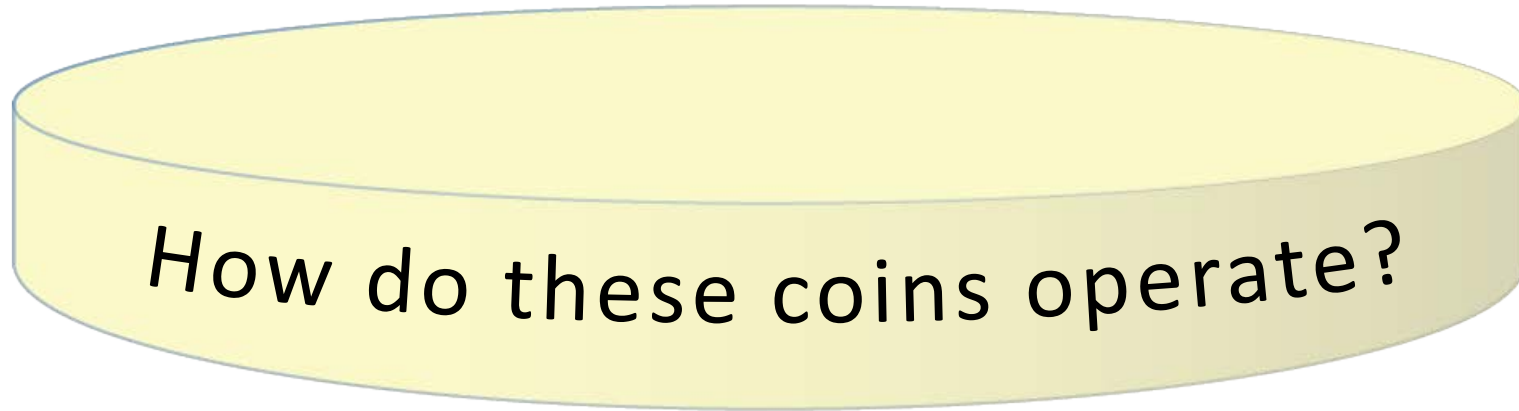


cisgender

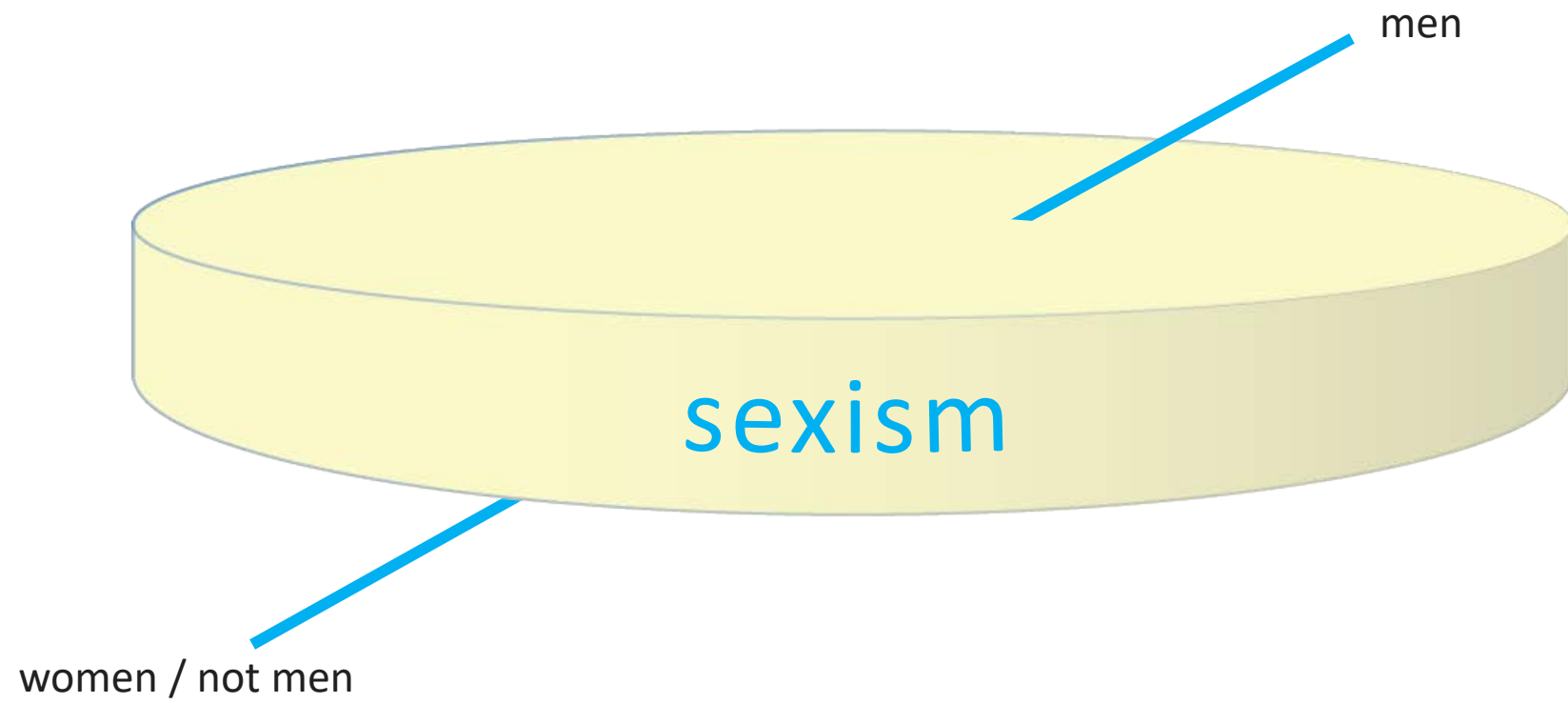
transgender

Who is more expert on how  
cis-normativity and  
transphobia plays out in  
society?

institutionally + interpersonally + internally

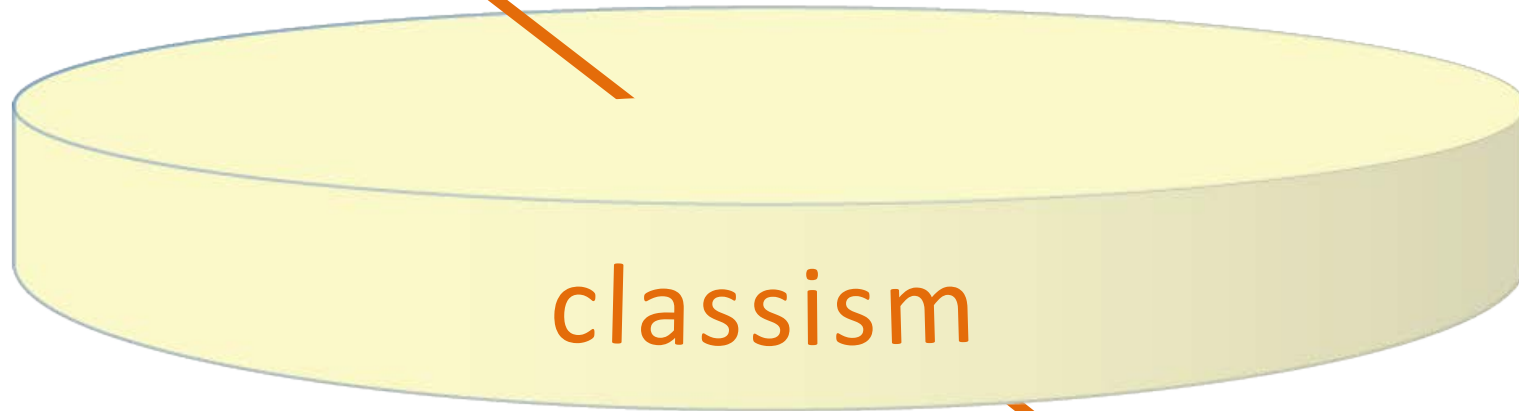


institutionally + interpersonally + internally





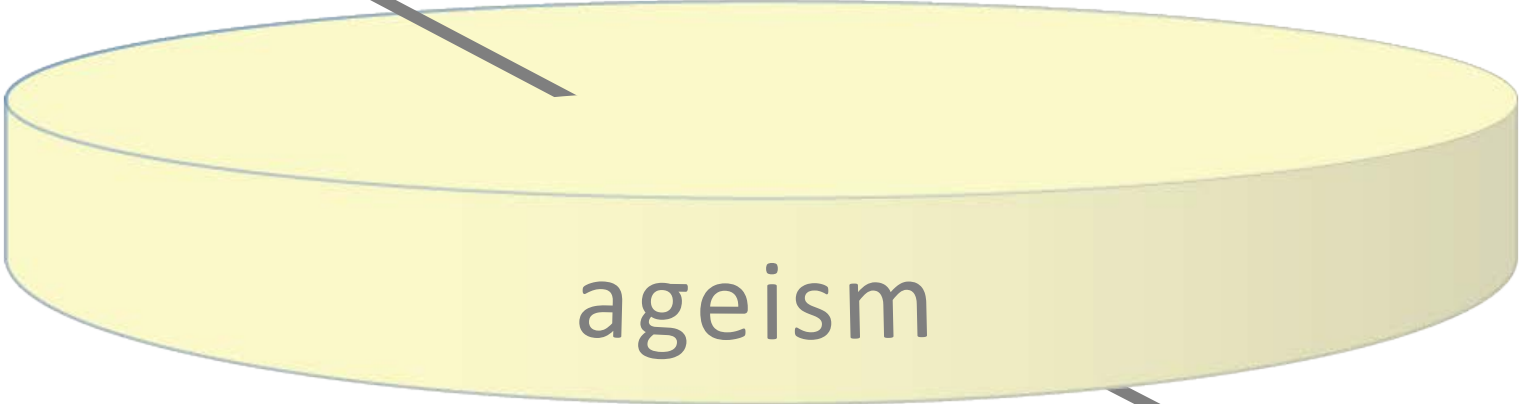
upper / middle class



classism

lower class / poor

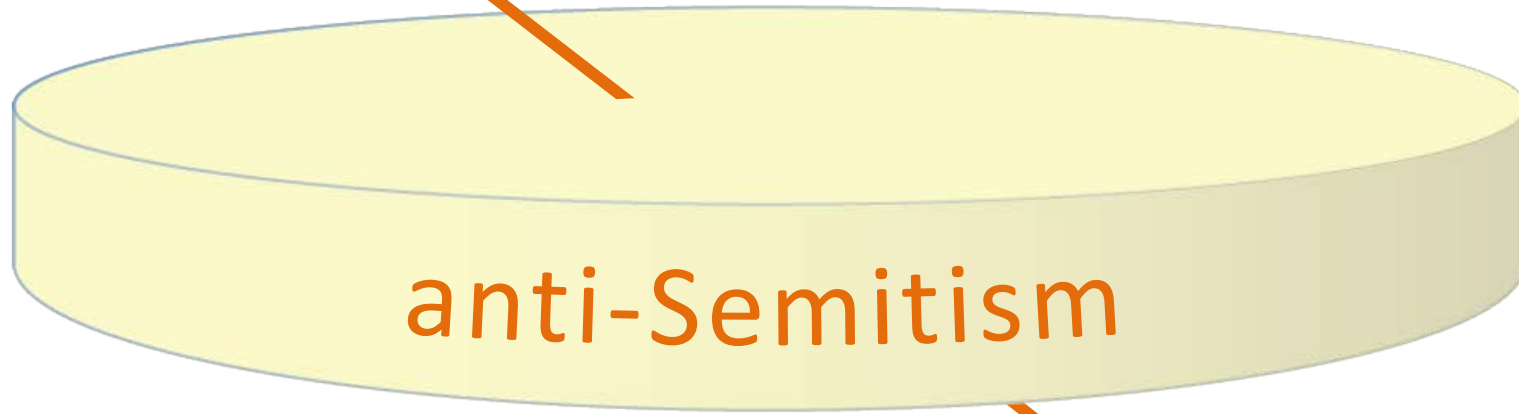
youthful / younger



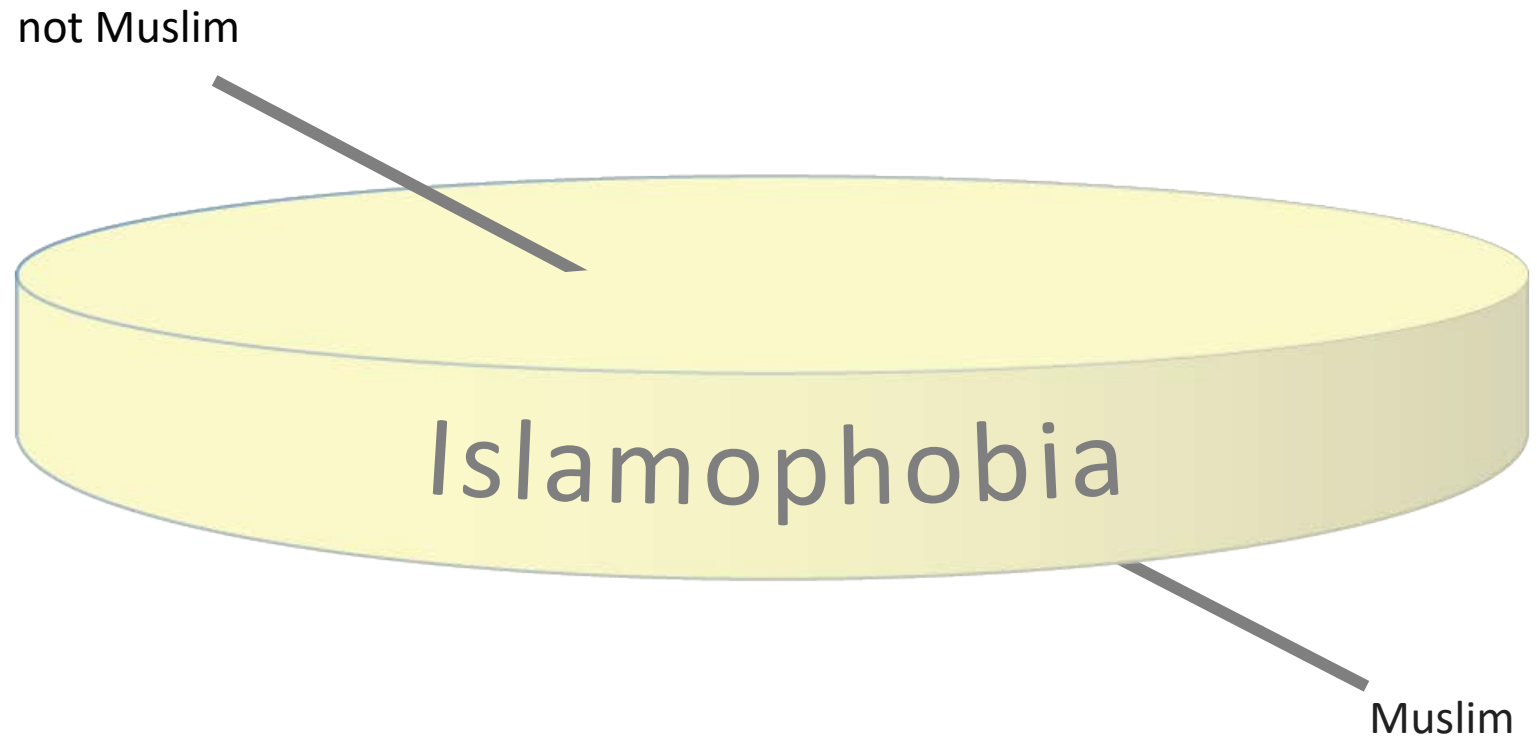
ageism

older / elderly

not Jewish



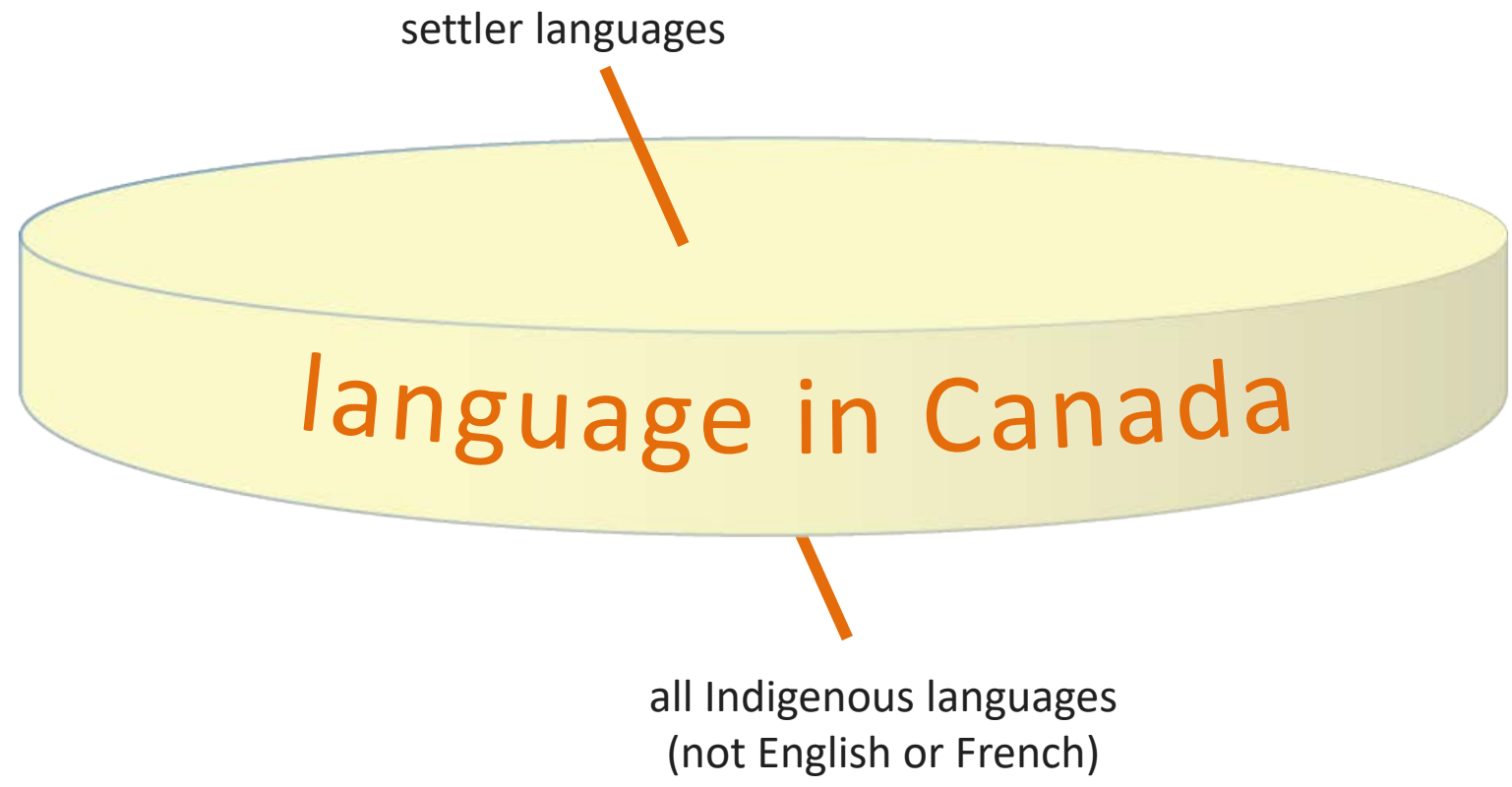
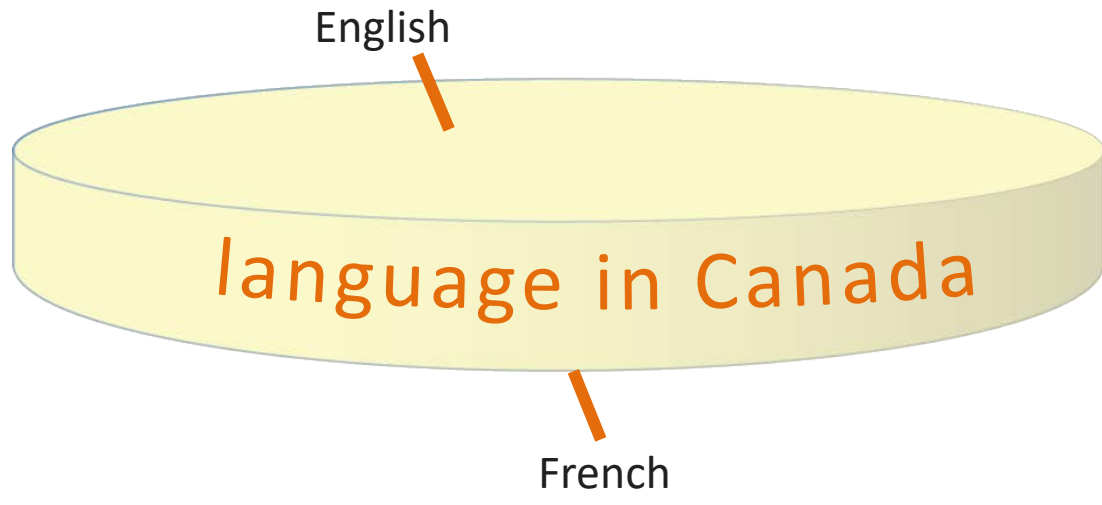
Jewish



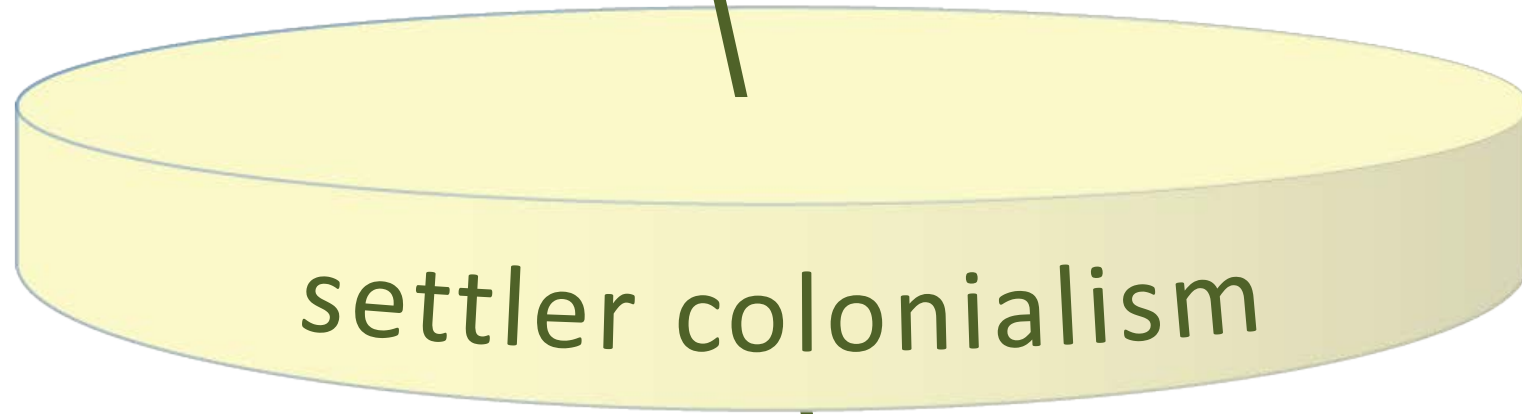
not Muslim

Islamophobia

Muslim



“...stolen  
people on  
stolen land...”  
- Chelsea  
Vowel



settler / people who are not Indigenous

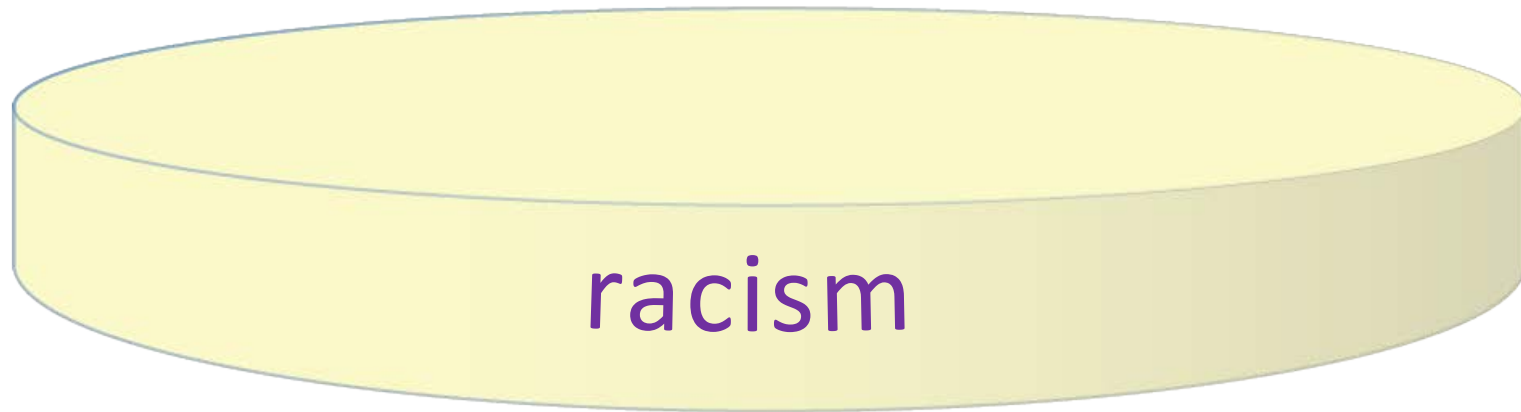


not a  
homogenous  
group

Indigenous



not a  
homogenous  
group



racism

I found out I was white when I was 28 years old.



Racism:

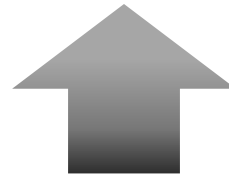
People of one race being prejudiced against people of another race.

These people are bad.

These acts are intentional.

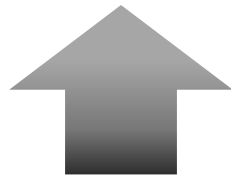


I found out I was white when I was 28 years old.



Profound position of superiority, such that (my) whiteness is taken as the default, just the right way to be, beyond naming.

white supremacy



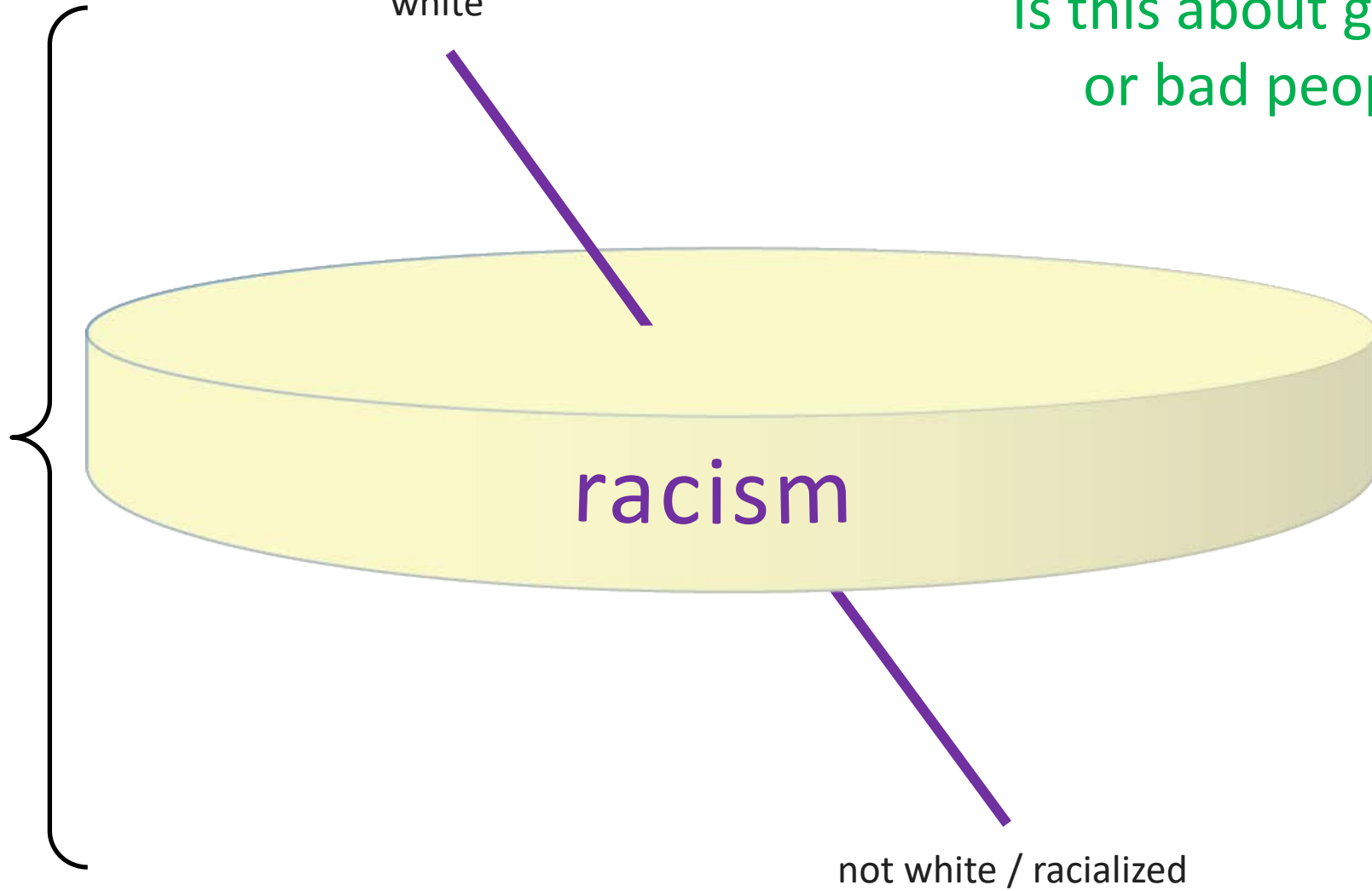
Profound position of superiority, such that (my) whiteness is taken as the default, just the right way to be, beyond naming.

# white supremacy

“a **political, economic and cultural system** in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement are widespread, and relations of white dominance and non-white subordination are daily reenacted across a broad array of institutions and social settings.”

Ansley FL. *Stirring the Ashes: Race, Class and the Future of Civil Rights Scholarship*  
74 *Cornell L. Rev.* 993. 1989. p1024

Anti-racism  
can never  
be  
ahistorical



white

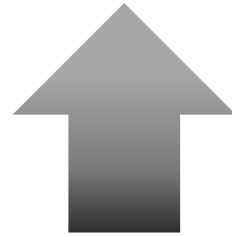
Is this about good  
or bad people?

racism

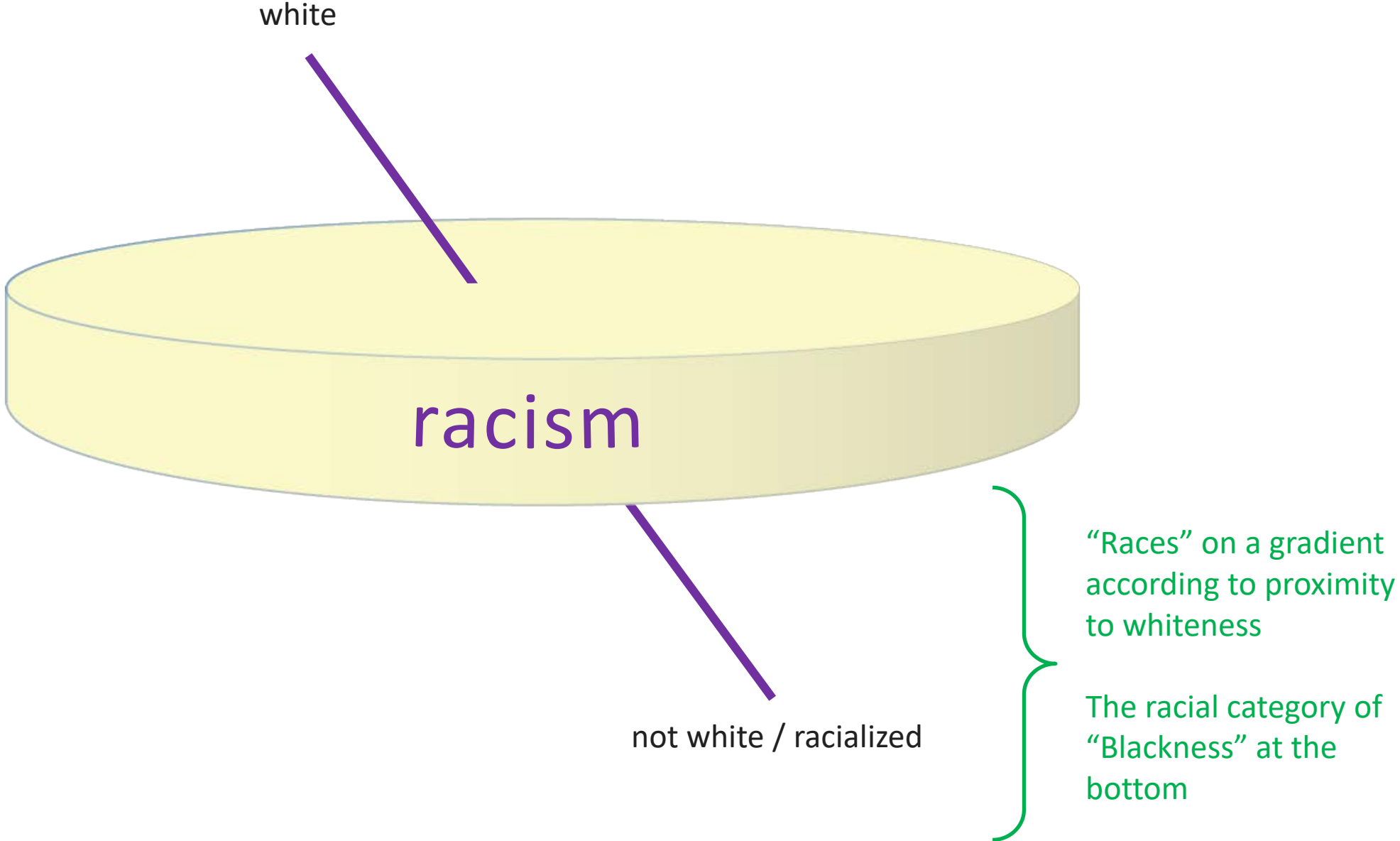
not white / racialized

“...race is the **child** of racism, not the **father**.”

– Coates T., *Between the world and me*.  
2015. New York: Spiegel & Grau.



“Race” is an idea that was invented in order to mobilize power



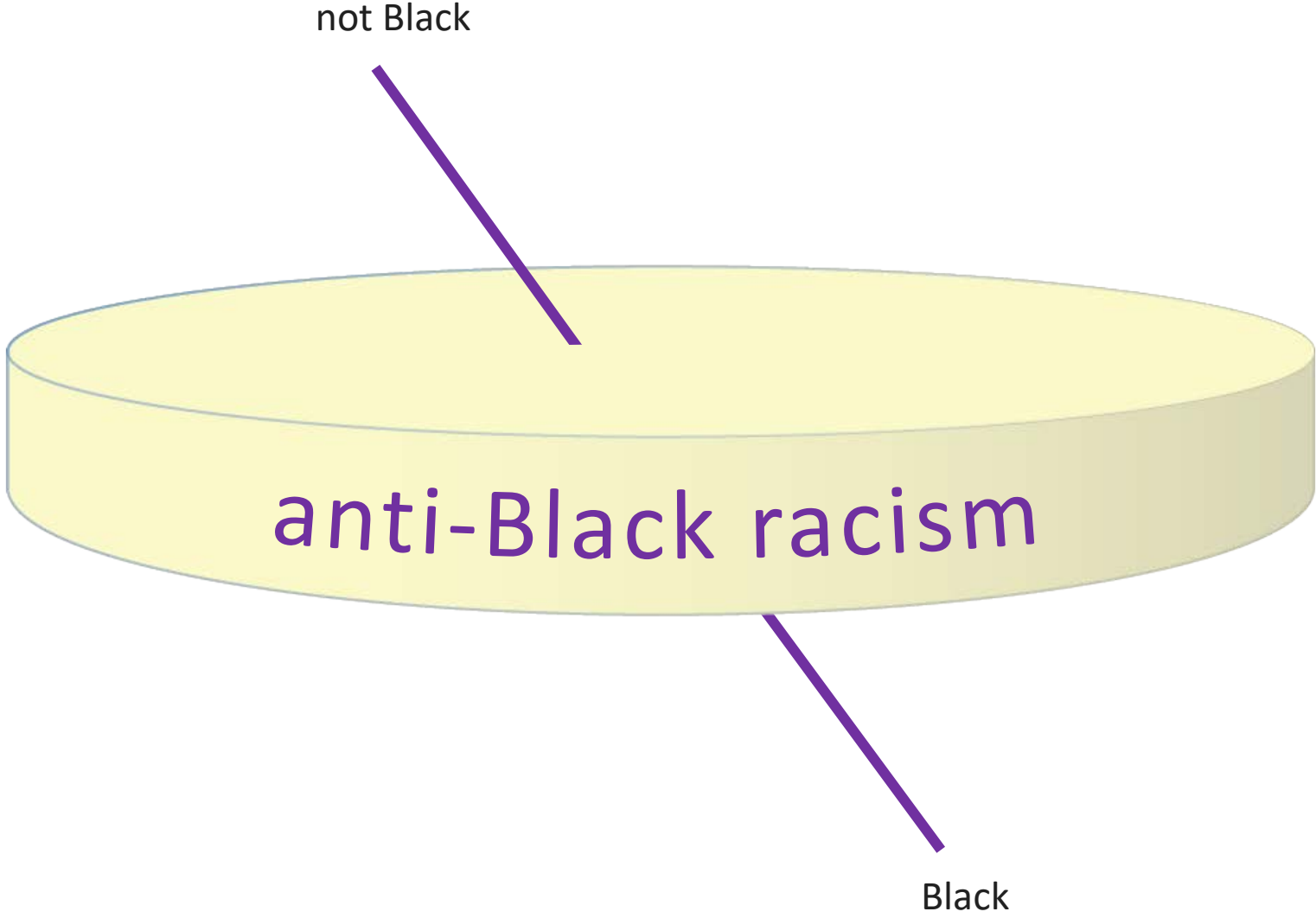
white

racism

not white / racialized

“Races” on a gradient according to proximity to whiteness

The racial category of “Blackness” at the bottom



putting it  
together



Can people be on  
the **privilege** side of some coins and  
the **oppression** side of other coins  
at the same time?

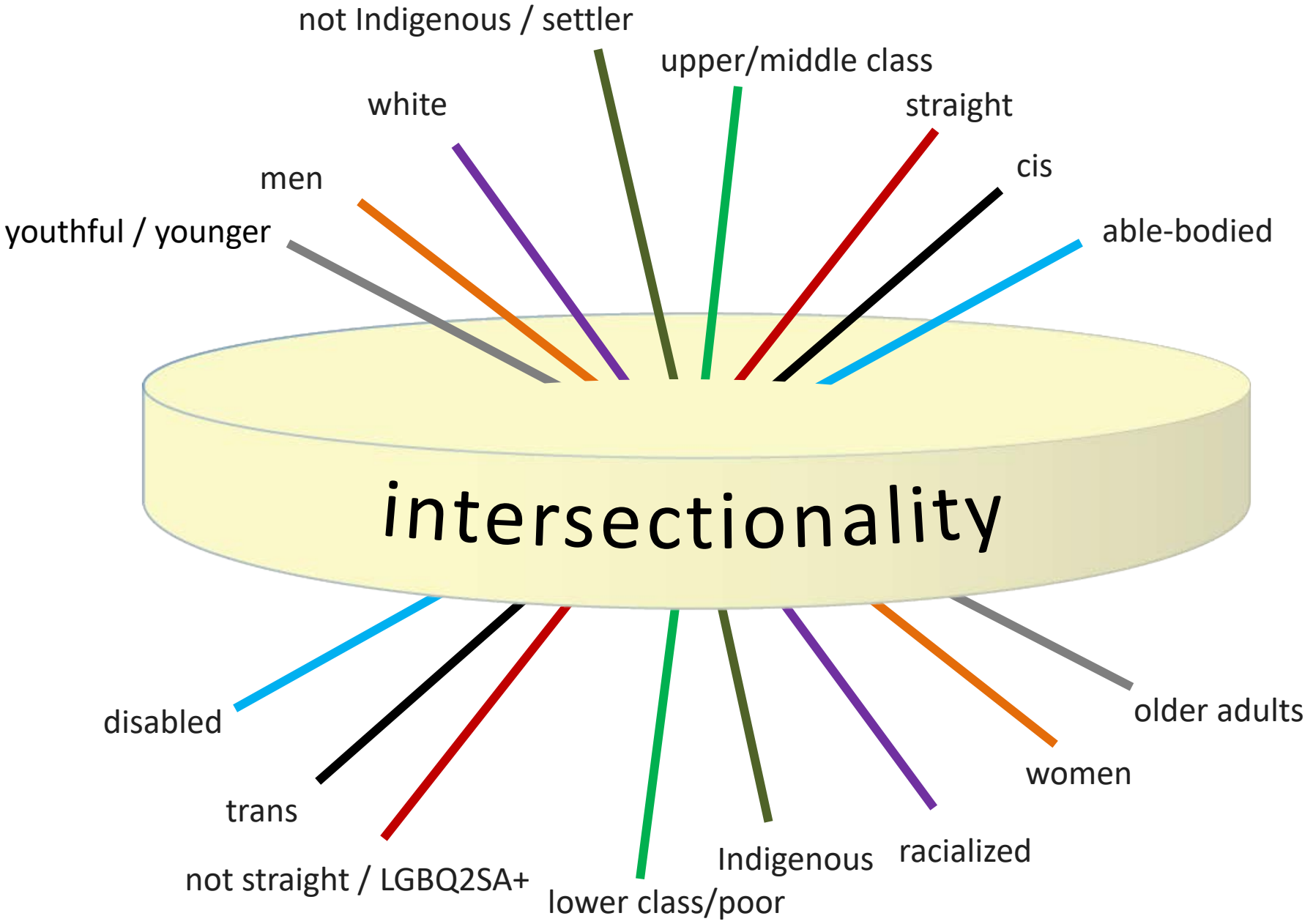
# intersectionality

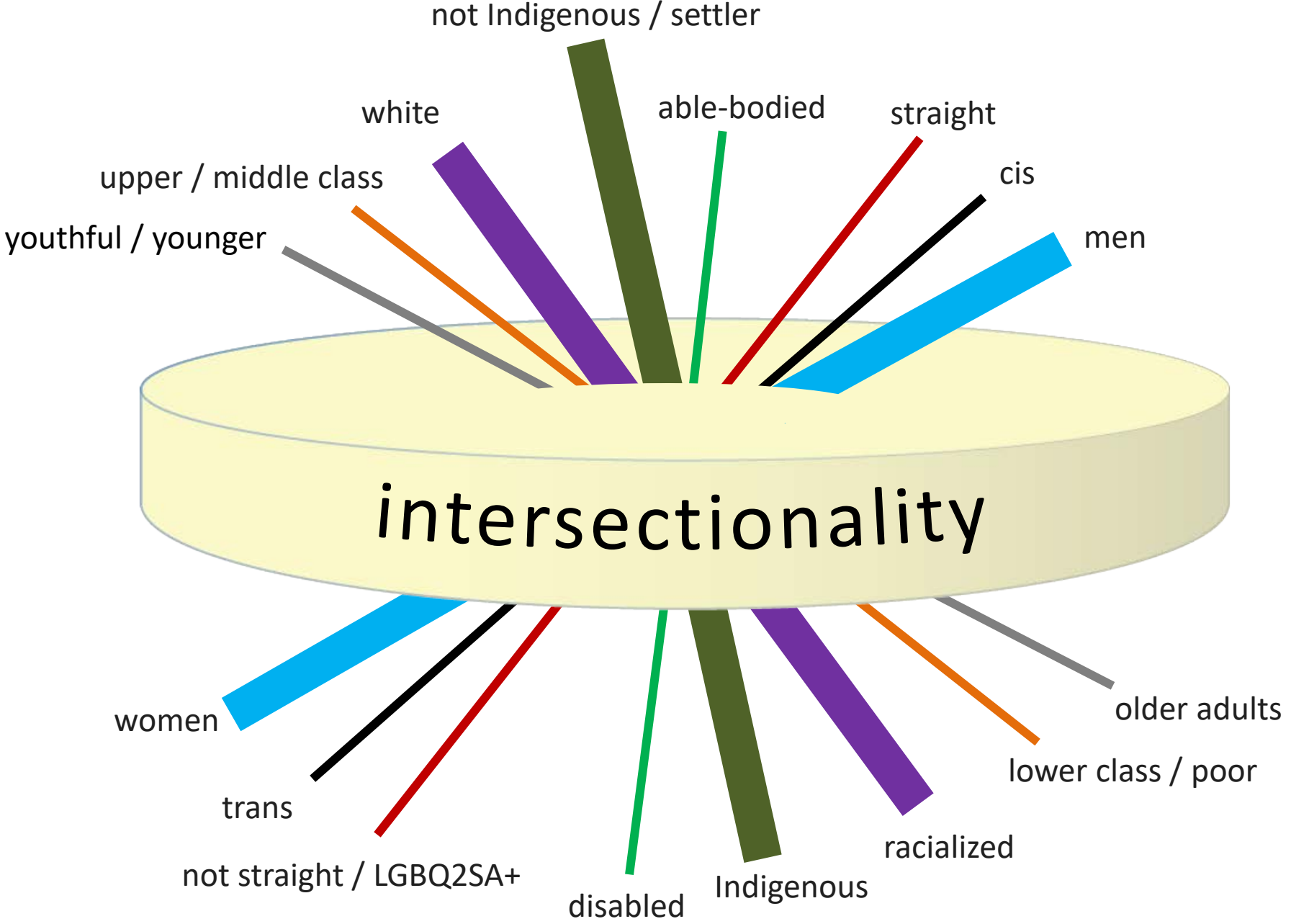


Introduced by legal scholar  
and critical race theorist,  
**Kimberlé Crenshaw**



Developed by Black  
feminist scholar,  
**Patricia Hill Collins**





so what  
do I do?

What is **my**  
work to do on  
“EDI”?

Nixon *BMC Public Health* (2019) 19:1637  
<https://doi.org/10.1186/s12889-019-7884-9>

BMC Public Health

DEBATE

Open Access

## The coin model of privilege and critical allyship: implications for health



Stephanie A. Nixon<sup>1,2</sup> 


### Abstract

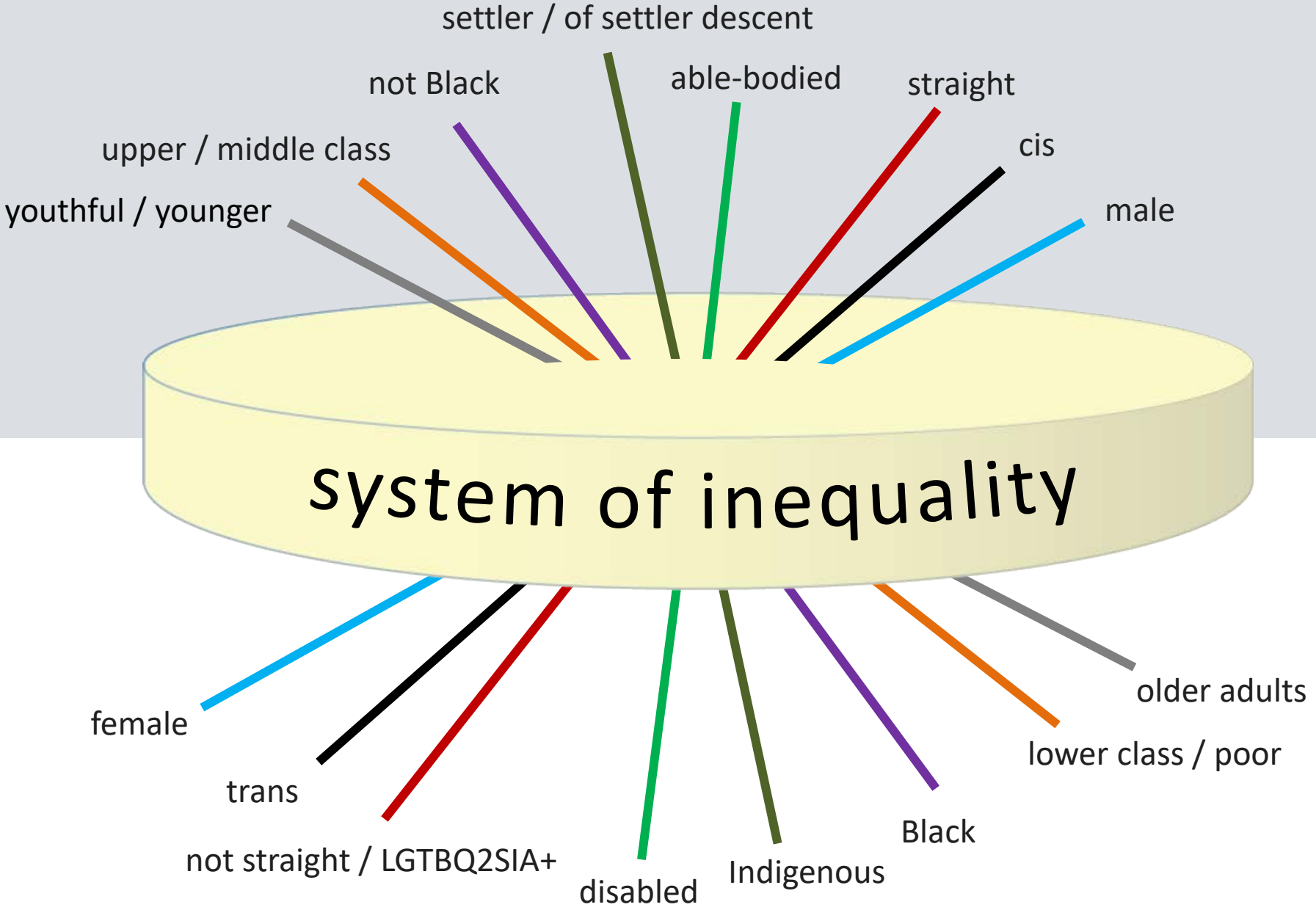
Health inequities are widespread and persistent, and the root causes are social, political and economic as opposed to exclusively behavioural or genetic. A barrier to transformative change is the tendency to frame these inequities as unfair consequences of social structures that result in disadvantage, without also considering how these same structures give unearned advantage, or privilege, to others. Eclipsing privilege in discussions of health equity is a crucial shortcoming, because how one frames the problem sets the range of possible solutions that will follow. If inequity is framed exclusively as a problem facing people who are disadvantaged, then responses will only ever target the needs of these groups without redressing the social structures causing disadvantages. Furthermore, responses will ignore the complicity of the corollary groups who receive unearned and unfair advantage from these same structures. In other words, we are missing the bigger picture. In this conceptualization of health inequity, we have limited the potential for disruptive action to end these enduring patterns.

The goal of this article is to advance understanding and action on health inequities and the social determinants of health by introducing a framework for transformative change: the Coin Model of Privilege and Critical Allyship. First, I introduce the model, which explains how social structures produce both unearned advantage and disadvantage. The model embraces an intersectional approach to understand how systems of inequality, such as

If you want to work toward dismantling an inequity (e.g., racism, ableism)

different actions are appropriate depending on your position in relation that inequity

i.e., which side of the  you are on for *that* inequity.





“radical solidarity”

- Rania El Mugammar  
(@RaniaWrites)

“currently acting in  
solidarity with”

- Mia McKenzie

practicing  
critical  
allyship

co-conspirator

accomplice

## allyship is...

an active, consistent, and arduous practice of unlearning and re-evaluating

in which a person of privilege seeks to operate in solidarity with a marginalized group of people

– The Anti-Oppression Network

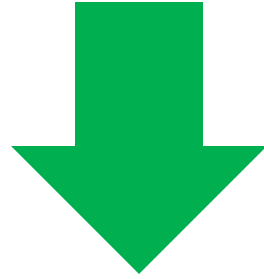
~~save, fix or help~~

Understanding one's position  
on the top of coins

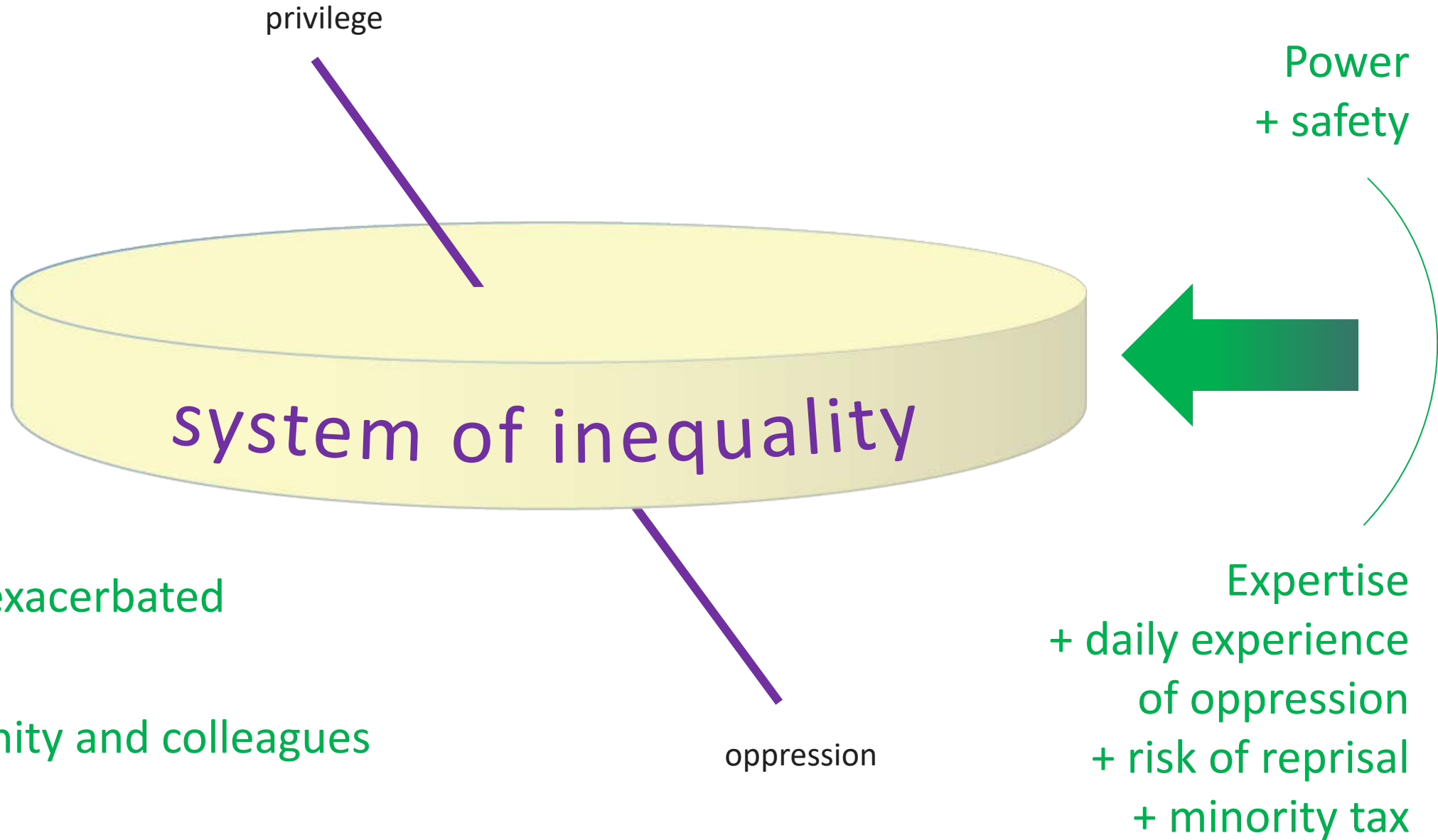
makes possible

reframing the problem

where privilege is unchecked



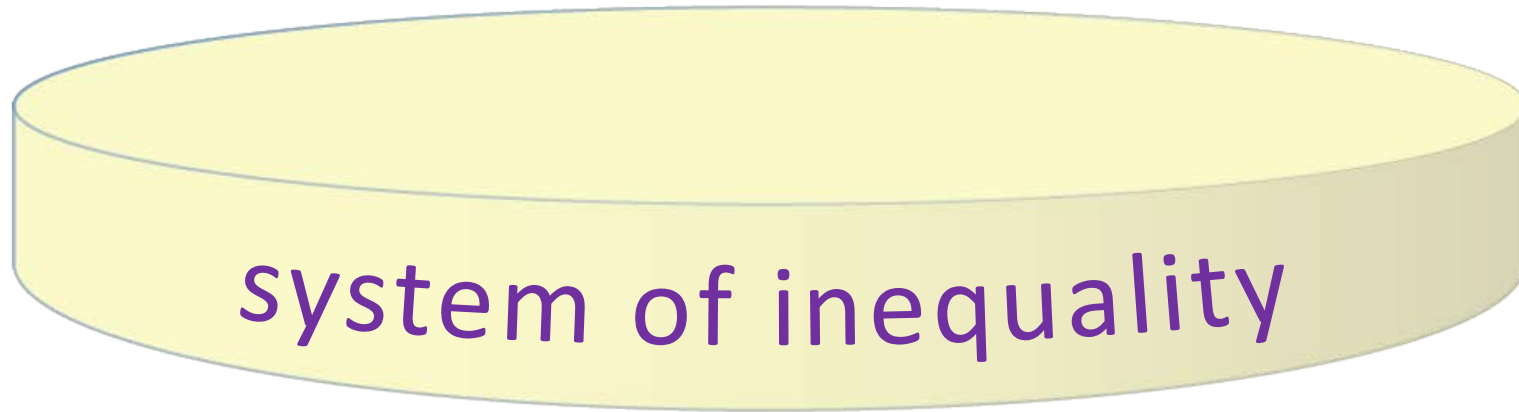
an **irrational** sense  
of neutrality, expertise and  
entitlement



Profoundly exacerbated  
by COVID-19

Our community and colleagues

institutionally + interpersonally + internally



institutionally + interpersonally + internally

# Takeaway messages: We need to reorient ourselves

## Before:

- I use my expertise to help marginalized populations deal with inequities.

## After:

- I see and understand **my own role in upholding systems of oppression** that create inequities.
- I learn from the **expertise** of, give **credit** to, and work in **solidarity** with, marginalized populations to help me address inequities.
- This includes working to help build insight and mobilize action **among people in positions of privilege**.

**I mobilize in collective action under the leadership of people on the bottom of the coin with specific critical expertise to dismantle systems of inequality.**

# Write for 2 minutes

1. What **insights** are landing for me?
2. How do I **feel** during this learning and unlearning?
3. What are my next steps for **learning in action**?





# Tasks you are invited to take on from now to part 2 on Feb 3

Meditate / reflect

Journal / write

Find a resource that moves you along your  
learning/unlearning journey

**Thank you!**

# Series One: Exploring Anti-Oppression Practices and Unconscious Bias in Our Work

## Session 1

**Opening ourselves: An introduction to anti-  
oppression practices and frameworks (part 1)**

January 13, 2022

Ed Connors and Stephanie Nixon

## Session 2

**Opening ourselves: An introduction to anti-  
oppression practices and frameworks (part 2)**

February 3, 2022

Ed Connors and Stephanie Nixon

## Session 3

**Opening ourselves: Understanding unconscious  
bias and its role in practice**

March 23, 2022

Colleen Schneider