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

January 13, 2022
Accessibility

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

ASL/LSQ
Visual Interpretation is visible on the screen to all participants.
Co-hosts

Denise McCuaig, Métis Elder/Indigenous Coach

Maria Judd, Vice-President, Strategic Initiatives & Engagement, Healthcare Excellence Canada
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.
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
Equity, Diversity and Inclusion Virtual Learning Exchange
Advisory Group

Co-chair
Denise McCuaig
Co-chair
Carol Fancott
Tammy Hoefer
Audrey L'Eseperance
Anila Sunnak
Salima Hadibhai
Claudia Hernandez
Kabisha Velauthapillai
Amy Lang
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)
Acknowledging wisdom

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(listed alphabetically)
What is my work to do on “EDI”? 

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

Stephanie A. Nixon

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 disadvantage. 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
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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.
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 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
Oppression
marginalized populations
disadvantaged communities
high-risk groups
Oppression
marginalized populations
disadvantaged communities
high-risk groups
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.

Oppression
marginalized populations
disadvantaged communities
high-risk groups
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?
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?

Who is more expert on how ableism plays out in society?
Who holds the power and resources?

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

able-bodied

disabled

ableism
The match between
1. sex assigned at birth, and
2. gender one feels inside

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

How do these coins operate?

institutionally + interpersonally + internally
ageism

- youthful / younger
- older / elderly
anti-Semitism

not Jewish

Jewish
Islamophobia

not Muslim

Muslim
Language in Canada:

- English
- French

Settler languages:

- All Indigenous languages (not English or French)
not a homogenous group

settler / people who are not Indigenous

Indigenous

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

not a homogenous group

settler colonialism
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’m not anything.
I’m just normal.
I found out I was white when I was 28 years old.

I’m not anything. I’m just normal.

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.
“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.

Is this about good or bad people?
“...race is the child of racism, not the father.”

– Coates T., *Between the world and me.*

“Race” is an idea that was invented in order to mobilize power
“Races” on a gradient according to proximity to whiteness

The racial category of “Blackness” at the bottom

- white
- not white / racialized
anti-Black racism

Black

not Black
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
intersectionality

- women
- Indigenous
- lower class/poor
- trans
- disabled
- not straight / LGBQ2SA+
- men
- not Indigenous / settler
- upper/middle class
- straight
- cis
- able-bodied
- youthful / younger
- older adults
- racialized
- white
- Indigenous
- lower class/poor
- trans
- disabled
- not straight / LGBQ2SA+
- men
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- upper/middle class
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- youthful / younger
- older adults
- racialized
- white
so what do I do?
What is my work to do on “EDI”? 

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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.

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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)

practicing critical allyship
- Mia McKenzie

“currently acting in solidarity with”
- Mia McKenzie

distinguishing
- accomplice

co-conspirator
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
system of inequality

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