

Anti-racisme Soins de santé Audacieux, stratégique, implacable

Équité en santé Intersectionality

Équité numérique Justice sociale Déterminants sociaux de la santé

Wellbeing Health care Systemic inequities

Health equity Bold, strategic, relentless

Accountability Transformative Change

Anti-oppression

Anti-racism

Partenariat

ACCESS

Humilité Droits de la personne

Health Equity Charter ACCÈS COMMUNAUTÉ

INCLUSION COMMUNITY

Humility Social justice

Digital equity Indigenous Health in Indigenous Hands

INCLUSION

Human rights ACTION

Health

# Governing for Health Equity

## Growing a Culture of Equity Leadership

Module 1, Part I



Alliance for Healthier Communities  
Advancing Health Equity in Ontario

**Governing for  
Health Equity**

# Growing a Culture of Equity Leadership

Part One





## Learning Goals

1. Describe 5 key actions included in governing for Health Equity.
2. Describe 3 principles of Cultural Humility and how they can support your board to grow a culture of equity leadership.
3. Explore common challenges and opportunities related to growing and maintaining a culture of equity leadership.





## Learning Goals

4. Be able to describe the concept of intersectionality, forms of privilege and white entitlement, and practices for building ally relationships with populations who experience bias, discrimination and racism.
5. Use practical reflection tools to consider how structural forces influence life experiences, including your experiences of being included and excluded.



# Growing Equity Leadership in Governance



(Chait, Ryan & Taylor, 2005)



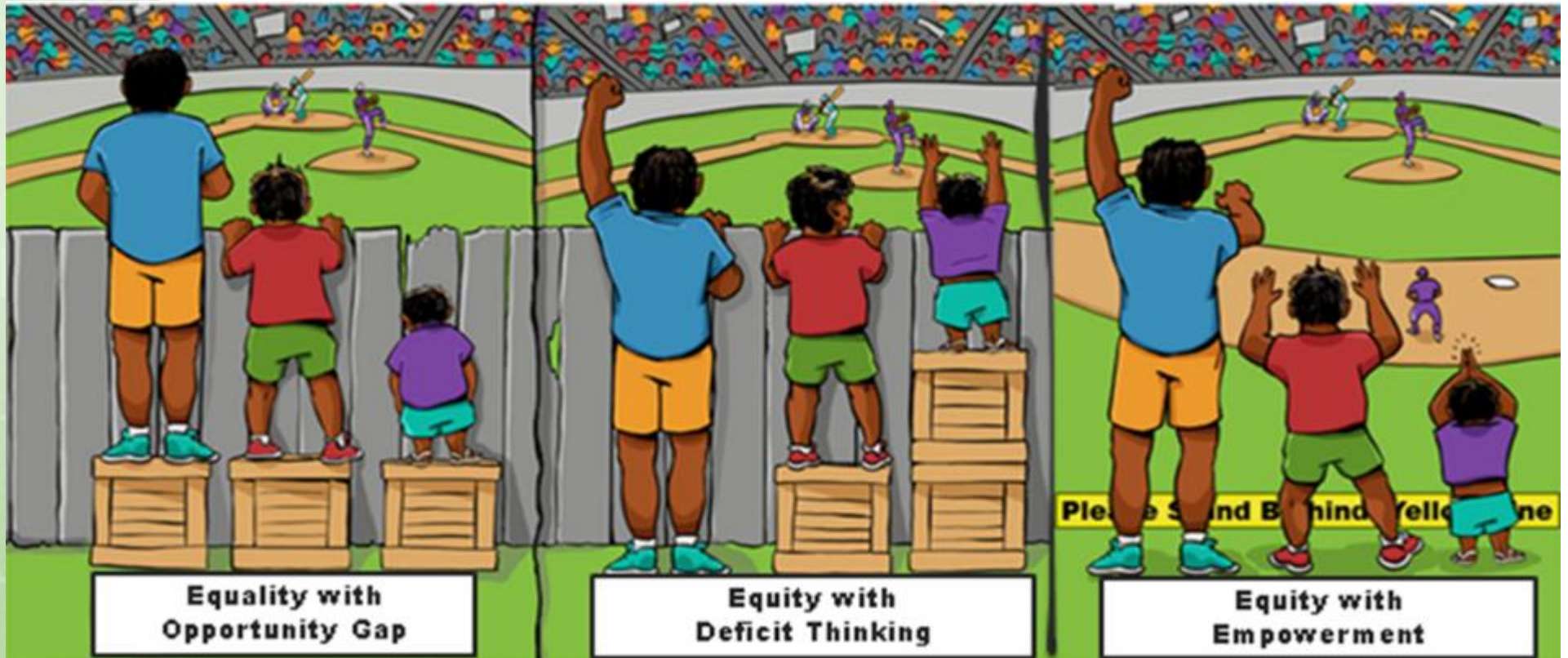
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**Governing  
for Health  
Equity  
includes  
five key  
actions:**

1. Exploring and understanding the concepts of diversity, anti-racism, equity inclusion and anti-oppression (DREI&O).
2. Engaging in behaviors and practices grounded in Cultural Humility.
3. Reflecting on your organization's values, beliefs and practices.
4. Taking proactive actions to create and sustain a culture of equity leadership.
5. Committing to a Health Equity approach

# Core Concepts: Diversity, Equity, Inclusion & Anti-Racism/Anti-Oppression (DEI & AR/AO)



Graphic adapted from Craig Froehle's [Equity vs. equality](#)



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# Diversity, Equity and Inclusion

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Diversity means having a multitude of voices, experiences and skills in one space.

Equity means understanding that some communities face greater barriers due to structural issues and involves people getting the resources they need.

Inclusion refers to identifying and addressing structural and systemic barriers that marginalize certain groups of people in our communities.





# Anti-Racism and Anti-Oppression

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Anti-Racism recognizes that racism is a pervasive issue that occurs at individual, institutional and system levels, requiring proactive and consistent action to address and transform.

Anti-Oppression refers to strategies, theories and actions that challenge socially and historically built inequalities and injustices that are ingrained in our systems and institutions.

# Governing for Health Equity

## Growing a Culture of Equity Leadership



# Benefits of Governing for Health Equity

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Understanding  
the communities  
that are served

Better  
decision-  
making

Recognizing  
and responding  
to system  
gaps

Broad range of  
perspectives

# Governing for Health Equity

## Appreciating Cultural Humility



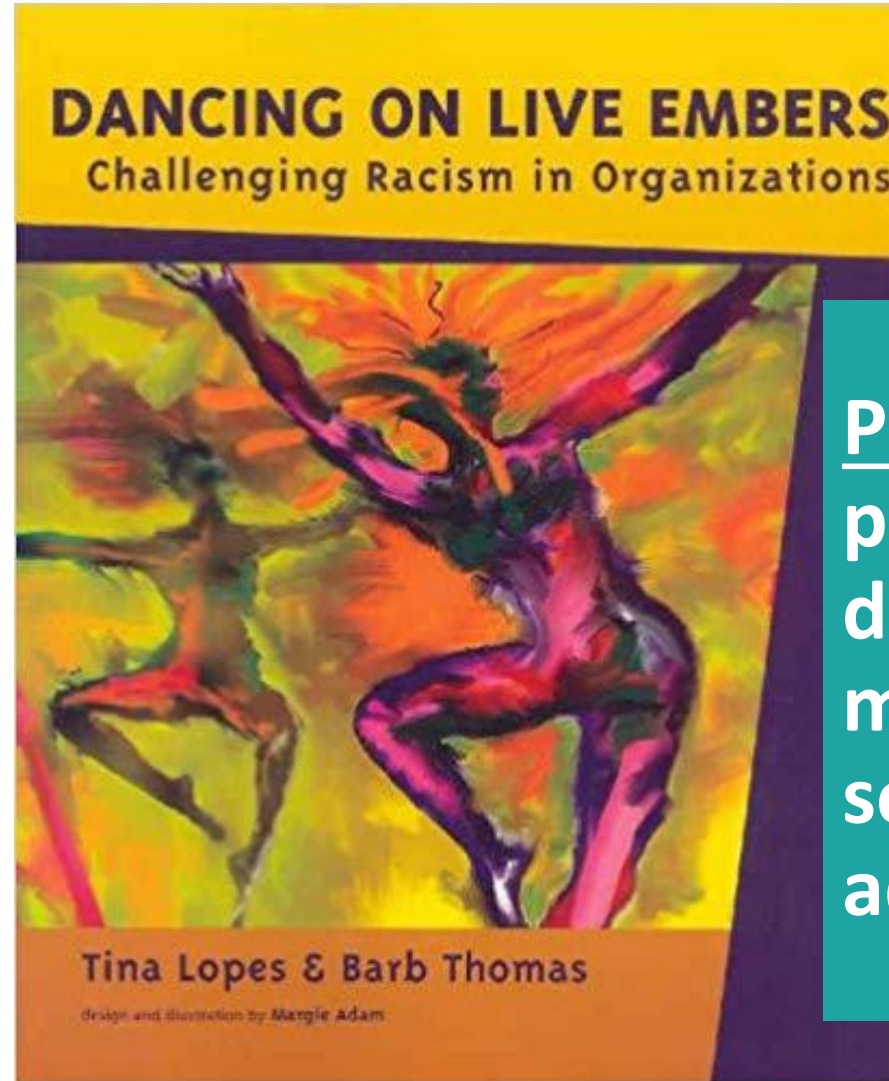
Clip from the 2012 documentary “Cultural Humility: People, Principles and Practice” by Vivian Chávez, featuring Dr. Tervalon and Dr. Murray-Garcia (from 1:20-3:34 ): <https://www.youtube.com/watch?v=Mbu8bvKbU>

## Governing for Health Equity

### Cultural Humility Approach: Lifelong Learning and Critical Self-Reflection



# Cultural Humility Approach: Power and Privilege



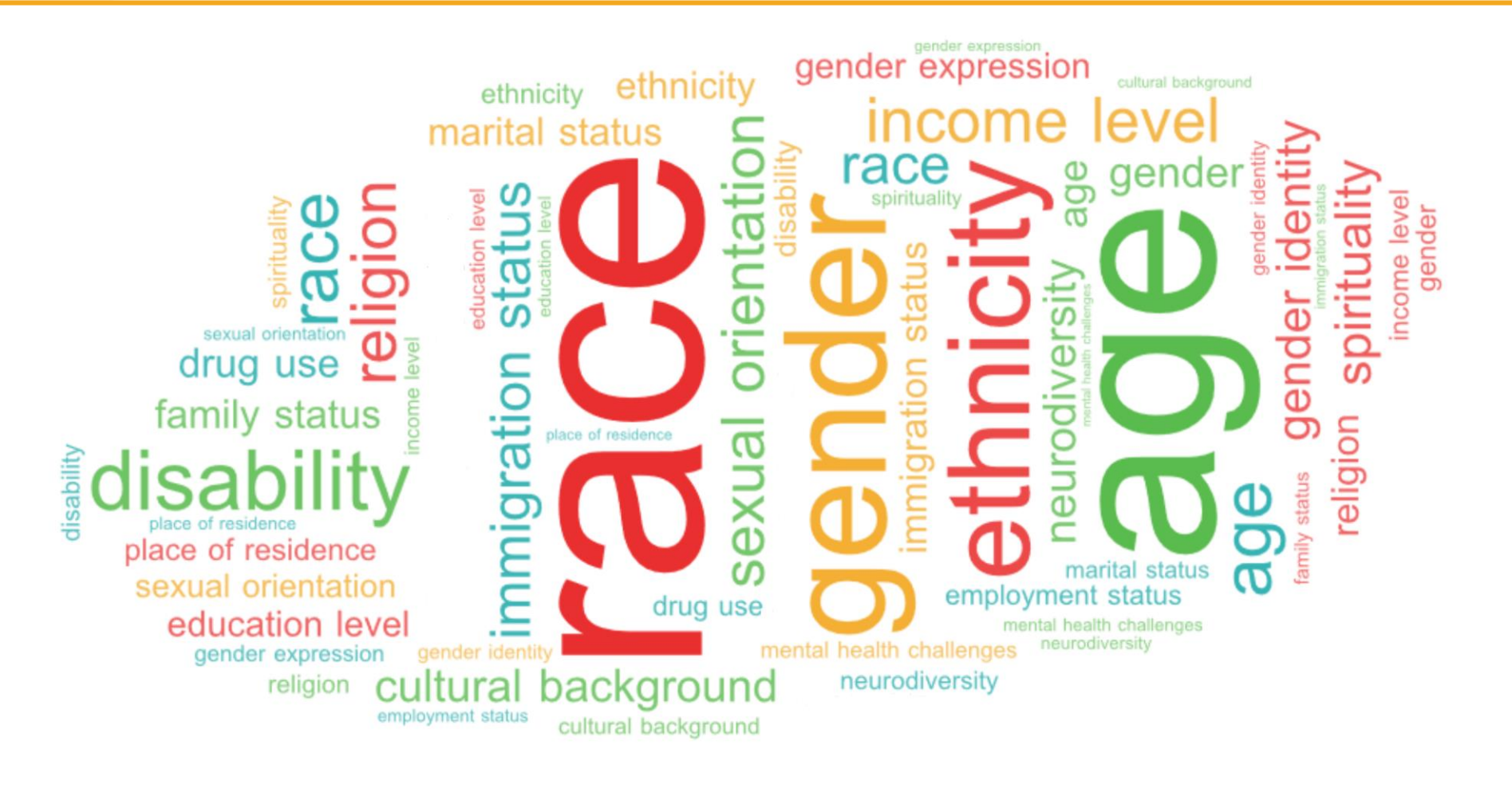
Privilege is unearned power that gives dominant group members economic, social, and political advantages.

# Governing for Health Equity

Cultural Humility Approach:  
Organizational Accountability



# Introducing intersectionality





# Appreciating Intersectionality

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**Kimberlé Crenshaw**

American Civil Rights Advocate  
Professor, UCLA School of Law and  
Columbia Law School



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## Bringing Your Whole Selves to the Board: Self-Reflection

- Your identity or social location can impact your experience at the Board table
- Understanding your social location requires understanding systems of power, *and* being self-reflective

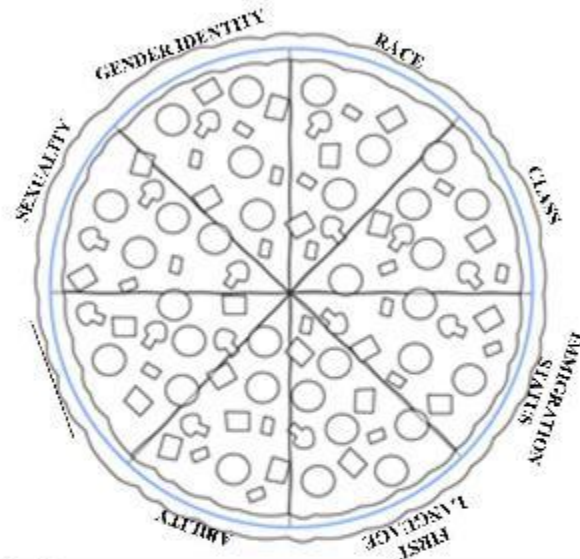
**Social Location = your place in history and society**





# Social Location Activity

## PIZZA SOCIAL LOCATION ACTIVITY



**Instructions:**  
Each slice of the pizza represents one aspect of identity. Like most pizzas, the juiciest (some might argue most delicious) parts are the middle, where the sauce, cheese and toppings are maximized. The crust is the driest part—the part that most people throw away!

The closer to the middle of the pizza, the more privilege you experience related to that part of your identity.

Locate yourself (by marking) on each slice of pizza.

(Created by Weid Y Jung) (Adapted by Ann Kuhn-Varns) ©2016, Center for Learning Systems

- Using the worksheet, spend a few minutes reflecting on your social location and “marking” where you are.
- After you have completed this, share some reflections at your table
  - How does your Board think about social location – of Board members and/or of the broader membership, etc.?



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# Governing for Health Equity

## Building Relationships Rooted in Allyship



Photo credit: [Philip Cohen](#)



# Governing for Health Equity

## Allyship

**“SO YOU WANT TO BE AN ALLY.”**

- Lamont, A. *Guide to Allyship.*

When it comes to creating a positive & sustainable impact on the lives of Indigenous Peoples living in Montreal, it is important to understand the role that an individual occupies and plays within the collective experience.

The term ally has been around for some time, and recently many critics<sup>1, 15</sup> say that it has lost its original meaning. Instead of being used to identify one's role within a collective struggle, it has come to symbolize a token identity – a kind of “badge” that people wear to show they are one of the “good guys”.

There are multiple terms to define the role that people can actively play within anti-oppressive work. Neither role is better than the other and, regardless of which you play, each plays an important part in this kind of work. Many want to be an ally, which is why this pamphlet focuses on that term. However, being an ally is not a self-appointed identity and requires you to show your understanding through actions, relations, and recognition by the community.

### **ALLY**

*Being an ally is about disrupting oppressive spaces by educating others on the realities and histories of marginalized people.<sup>1</sup>*

### **ACCOMPLICE**

*An accomplice works within a system and “directly challenges institutionalized/systemic racism, colonization, and white supremacy by blocking or impeding racist people, policies, and structures”.<sup>1</sup>*

### **CO-RESISTOR**

*Being a co-resistor is about standing together, as an ensemble, in resistance against oppressive forces and requires constant learning. It is combining theory and practice by establishing relationships and being deeply involved within a community that informs how one listens critically, understands an issue and influences the way they go about disrupting oppressive institutions and systemic systems.<sup>2</sup>*

- I check my assumptions so as to unlearn biases and stereotypes.
- I am committed to personal growth (in spite of the discomfort) required to promote social change.
- I speak up against hurtful comments, oppressive jokes, slurs and actions knowing that silence can communicate condoning oppression.
- I do not expect gratitude or recognition for my practice, especially not from marginalized groups.

# Governing for Health Equity

## Allyship

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- I follow the lead articulated by those impacted most, rather than deciding on my own what might be best.
- I am constantly seeking out ways to learn and unlearn, and try to facilitate the learning (and unlearning) of others with whom I share privilege.
- I pause and consider my reactions such as defensiveness, guilt or shame when being asked to 'take up less space' or to share power.



# Common Obstacles to Governing for Health Equity

- Negative emotions associated with change.
- A sense of limited capacity where Board members feel they don't have the time, resources, or skills.
- Low or no personal or Board commitment to change.
- Conscious and unconscious biases grounded in structural oppression such as racism, ageism, homophobia, sexism and more.
- Constant delaying due to a need for more research or data, even when the case has been made.





# Strategies to Overcome Obstacles





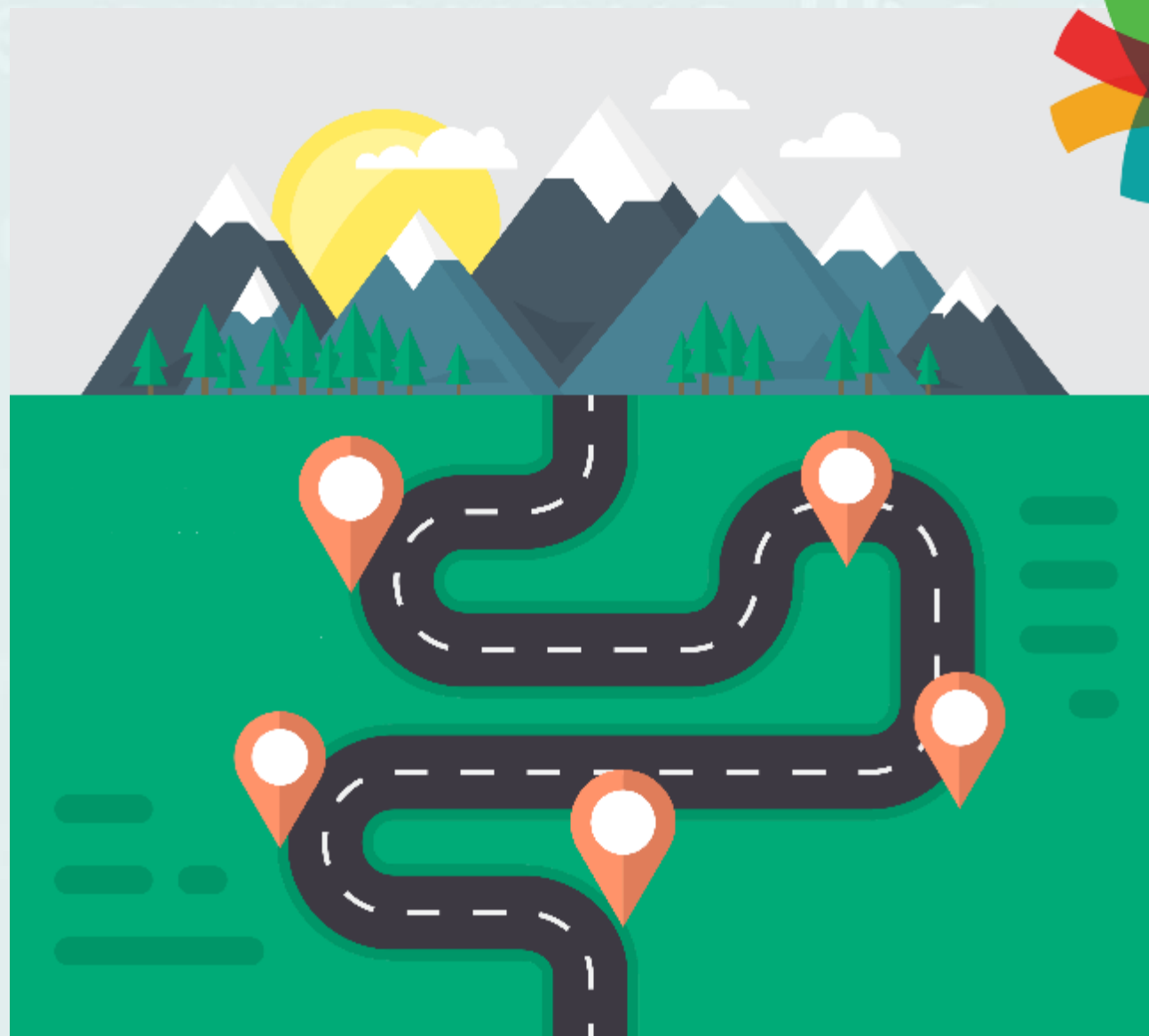


# Governing for Health Equity: Summary of Key Concepts

- Exploring and understanding the concepts of diversity, equity, inclusion, anti-racism and anti-oppression (“DEI & AR/AO”).
- Engaging in behaviors and practices grounded in Cultural Humility.
- Reflecting on your organization’s values, beliefs and community-centred practices.
- Taking proactive actions to create and sustain a culture of equity leadership.
- Committing to a Health Equity approach.

# Governing for Health Equity

## Next Steps



Human rights

**Solidarité**

**Health equity**

**Health care**

**Anti-racism**

**Bold, strategic, relentless**

**Partnership**

**ACCÈS**

**ALLYSHIP**

**Health**

**Intersectionality**

**CHARTRE**

**Humility**

**POUR**

**Anti-oppression**

**L'ÉQUITÉ**

**EN SANTÉ**

**COMMUNITY**

**Transformative Change**

**INCLUSION**

**Digital equity**

**Indigenous Health in Indigenous Hands**

**Social justice**

**Bien-être**

**Governing for Health Equity**



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