National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

Mind the Disruption

PODCAST EPISODE TRANSCRIPT & COMPANION DOCUMENT

SEASON 1 | EPISODE 3

Disrupting the Status Quo in Public Health

Episode released on:
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Mind the Disruption is a podcast about people who refuse to accept things as they are. It's about people pushing for better health for all. It's about people like us who have a deep desire to build a healthier, more just world.

The first season of Mind the Disruption focuses on Cultivating Creative Discontent: what it means to look around, see something that needs to be changed — something that is unfair and unjust — and then take bold action despite the resistance we might face.

This episode companion document, available in English and French, provides a new way to engage with the podcast. It includes a written transcript of Episode 3 as well as highlighted powerful quotes and related resources to prompt further reflection and exploration.

EPISODE 3
NOVEMBER 22, 2022

SEASON ONE

HOST

BERNICE YANFUL

Bernice is a Knowledge Translation Specialist with the National Collaborating Centre for Determinants of Health (NCCDH). Bernice is also a PhD candidate studying the intersections between school food and food security, and she has worked as a public health nurse in Ontario.

PODCAST GUESTS

SAMIYA ABDI

Samiya has been seconded for a year to lead the Black Health Education Collaborative as the Executive Director. Over the past 15 years, Samiya has been working towards making the public health system more equitable; challenging intersecting forms of oppression; and understanding marginalization in knowledge production, research and practice. Prior to joining the Collaborative, Samiya was the Senior Program Specialist in Health Equity for Public Health Ontario. Samiya also possesses extensive experience in community engagement work, and she has cofounded international movements such as the Somali Gender Equity Movement and Famine Resisters alongside local initiatives such as Aspire2Lead and the Toronto Muslim Youth Fellowship. Samiya is the winner of the Lori Chow Memorial Award for exceptional leadership, the Federation of Muslim Women's Woman of the Year Award and the MAX Woman of the Year Award. She holds a master's in public health and a graduate diploma in social innovation and systems thinking. She is also a graduate of the School of Social Entrepreneurs, a Global Fellow with the League of Intrapreneurs and a BMW Foundation Responsible Leader. In 2022, Samiya was selected to participate In the Governor General Canadian Leadership Conference in the Northwest Territories and the Global Diplomacy Lab.

HEATHER LOKKO

Heather has been a direct service provider, professional practice lead, program manager and senior leader during her public health career. She is currently the Director of the Healthy Start Division at the Middlesex-London Health Unit and its Chief Nursing Officer. In this latter role, Heather leads health equity strategy; promotes practice excellence; and provides nursing leadership in local, regional, provincial and national initiatives. Heather is the Community Co-Director of Western University's Centre for Research on Health Equity and Social Inclusion, on the board of directors for the London Intercommunity Health Centre and an Adjunct Research Professor at Western University. Heather is passionate about health equity, collective action and building healthy families and communities.

EPISODE DESCRIPTION

Samiya Abdi has trained thousands of public health practitioners to recognize the power that each of us has to do something different in the face of health inequities and injustice. Samiya has worked at Public Health Ontario since 2015. She is a community leader, a Black and visible Muslim woman, and a mother from an under-resourced community in Toronto. Listen to or read this episode to learn about Samiya's story: how she's learned that all these parts of her identity — wearing all her different hijabs — and her strong ties to her communities contribute to her public health expertise, and how she cultivates creative discontent in herself and others to challenge the status quo of persistent health inequities and injustice. Later in the episode, we speak with Heather Lokko, a public health nurse for over 25 years and the Chief Nursing Officer at the Middlesex-London Health Unit, who champions health equity with intentionality, kindness and persistence. In this episode, you'll learn from Samiya and Heather — two seasoned public health professionals working at the provincial and local levels — about how to transform public health practice, teams, organizations and systems from within to support more equitable communities and societies.

BERNICE YANFUL (NCCDH)

Hi. Welcome to Mind the Disruption. I'm Bernice Yanful. I'm a PhD student and public health practitioner working to move knowledge into action for better health for everyone.

On this podcast, I chat with community organizers, public health professionals, academics and more who have a key thing in common: they're disruptors. They're people who refuse to accept things as they are. Passionate about health for all and are pursuing it with a tenacity, a courage and a deep conviction that a better world is possible.

In Season 1, we're talking about creative discontent. What it means to look around us, see something that needs to be changed — something that is unfair and unjust — and then taking bold action despite the resistance we might face.

In each episode, we hear from a disruptor who has done just that in different areas: work, food, Whiteness, migration and much more. And we hear their personal journeys.

Then we dive into a reflective conversation about what all this means for public health. Wherever we find ourselves — in research, policy or practice — how do break from the status quo and move forward with boldness?

REBECCA CHEFF (NCCDH)

This podcast is made and brought to you by the National Collaborating Centre for Determinants of Health. We support the public health field to move knowledge into action to reduce health inequities in Canada.

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We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People.

SAMIYA ABDI

It doesn't mean that we have to abandon who we are so we can fit into these mainstream, particularly White spaces that were not designed for us. And we don't have to leave behind our culture, our identity, our religion, our faith, our practices, who we are as people as we make it in these spaces. And these spaces, even though they were not designed for us, they're here for us to claim them.

BERNICE (NARRATION)

That was today's disruptor Samiya Abdi. Samiya is so multifaceted. She's been a Senior Program Specialist at Public Health Ontario since 2015. In this role, she's trained thousands of public health practitioners across Ontario on health equity and racial health equity. She's a mother. She's on the board of the Black Health Alliance. She has been doing community activism since the age of 17. And she's a Black, visible Muslim woman who grew up in Scarborough, an under-resourced part of Toronto. She's learned how all these parts of her identity and her strong ties to her communities contribute to her public health expertise.

And Samiya is also a disruptor. She is kind, funny and relentless in her pursuit of health equity and racial justice.

I also speak with health equity champion and friend Heather Lokko. Heather is a Chief Nursing Officer at the Middlesex-London Health Unit in southern Ontario where she has worked for 25 years.

Unlike many other provinces in Canada, in Ontario, many public health services and programs are developed and provided at the local level through over 30 public health units across the province. Heather works at one of these public health units, and Samiya works provincially supporting these health units, the government and other health organizations by providing public health advice and evidence and capacity building focused on health equity and racial justice.

With these two seasoned public health professionals, we explore:

- how do we transform public health programs, organizations and systems from within to support more equitable communities and societies; and
- how do we cultivate creative discontent in ourselves and others so that we can challenge a status quo that continues to do incredible harm, and recognize the power that each of us has to do something different.

Given Samiya's values, her commitment to social justice and grounding in her communities, it's not surprising she became a leader in the public health field. I wanted to know where this all started for her.

BERNICE

You are a leader in so many different areas of your life, in your religious community and in public health. How did you first become a leader? Is there a moment that stands out to you where you feel like you really stepped into that leadership role?

SAMIYA

I think it's just, honestly, always having — based on my faith teachings, my Islamic teaching — that a leader of people is their servant. So this idea of the servant leader and being able to volunteer since I was 16, 17, at mosque, at community organizations, working with young people and mentoring young people who were finishing high school and understanding that university and professional world is not a far-reach dream for us. Often, people who look like me, young Black people, Muslim people, people from highly racialized and poorer communities, if we can say that, often feel that these high towers and university buildings are a no-go zone for us.

So creating opportunities to understand that also we don't have to pick one or another for us to be able to be really grounded in our communities. It doesn't mean that we have to abandon who we are so we can fit into these mainstream, particularly White spaces that were not designed for us. And we don't have to leave behind our culture, our identity, our religion, our faith, our practices, who we are as people as we make it in these spaces. And these spaces, even though they were not designed for us, they're here for us to claim them.

BERNICE

Who inspired you to lead when you were growing up?

SAMIYA

It was, honestly, just some people giving me opportunities to teach and to talk to young people. And also knowing that I was always someone who's grounded in faith. So just knowing that we are responsible to do our best, regardless of where we are at and with whatever little we have or how much we have.

And so my parents, for example, always knowing that even though they might not have had a lot of the similar experiences that I have or the opportunities I have, always putting their best foot forward and always helping others and always supporting others. So both my mom and my dad who've been really solid in terms of also never expecting anything less from us.

BERNICE

I can relate, right? It's oftentimes that immigrant experience of you come here and then you have to work twice as hard to make sure that you're putting yourself in a position that not only makes your parents proud but makes yourself proud and you're giving back to your community.

SAMIYA

Yes. And also that whatever success, both your successes and your failure are not your own. I guess the benefit of being part of a community is that a lot of people are invested in your success and a lot of people are rooting for you so you also carry that responsibility and carry the need to give back, once you're able to make it through, and just show someone else the path.

BERNICE (NARRATION)

As a teenager with a deep sense of responsibility to her community, Samiya went on to claim spaces not designed for her. She started by completing undergraduate studies in public health. After graduating, she took some important detours.

SAMIYA

Before I was doing public health, I was doing community health for a number of years.

BERNICE

Can you tell me a little bit about that community health work that you were doing?

SAMIYA

Actually I contribute a lot of my consciousness around anti-racism work and racial inequities to those early experiences post-graduation. One of my first jobs that I had was with an organization called Across Boundaries, which over 20 years ago was the only mental health organization that only served racialized communities. So did not hire non-racialized folks, did not serve non-racialized folks, operated from the principles of anti-racism in practice. Because we have a lot of organizations that maybe say the language or put it in their vision/mission statements, but that is not necessarily reflected in terms of how they operate, who they hire, who they serve.

So early on my career, having a really wonderful example of what an anti-racism practice in an organization that was built for racialized people looks like, and how does it change the lives of people who have been impacted by White supremacy and systemic racism in every aspect of their life.

BERNICE

So you did your undergrad in public health, and then you took a little bit of a detour, but it sounds like it was very fruitful for you in terms of kind of raising your consciousness about systemic oppression and how it impacts people's lives. And then eventually you decided to do a master's in public health. Is that correct?

SAMIYA

I did, yes. After doing that work and working with the criminal justice system and understanding also how it's really at the policy level that change needs to happen, feeling really disempowered a lot of the time in terms of not being able to impact the young peoples that I worked with and that were really being impacted by police violence. And the really horrific ways that social workers sometimes tend to view our young people and treat them. So just seeing that made me feel like I needed to probably step up and do a master's and maybe try to see if I can do some work that is more at policy level or be able to do the work at the systems level as opposed to at an individual level, which was what I was doing.

BERNICE (NARRATION)

After working in community health and with youth in the criminal justice system for several years, Samiya wanted to confront the racism and inequities that she was seeing every day that were impacting her community and the young people she was working with.

So she got her Master of Public Health. And just a couple years after graduating, in 2015, Samiya started working at Public Health Ontario, PHO, as a Health Promotion Consultant. Samiya was working at the systems level like she wanted, able to work with folks and support good public health practice across the province, but anti-racism and health equity weren't an essential part of her role yet. Samiya told me what her job was like when she first started at PHO and what it took to put health equity and racial justice at the core of her professional role.

SAMIYA

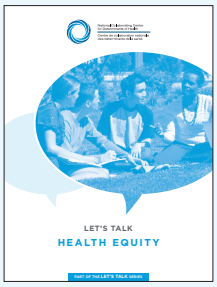
I started as a consultant doing strategic planning and program evaluation, particularly working in a unit that was focused on capacity building. So training public health professionals across the province on how they can plan their programs as well as evaluate in a way that made sense. And what's their theory of change and what their logic models were and supporting them in creating indicators and all of that good work and creating scorecards.

So that was the focus on my work in the first 3 years or so. And as I was having conversations with other professionals across the province, I understood that there was a real opportunity as we were supporting folks in terms of their planning. Was there a way that they could think about planning from an equity perspective in advance of their programs being implemented and delivered? And are there other tools in the toolbox that we can put around addressing health inequities in general?

And with time, racism was acknowledged as a social determinant of health. And even then, it was not as clearly defined as it is today, which we know that it's not only a social determinant of health but it's actually a driving force for all determinants of health.

Let's Talk: Health equity

NCCDH. [2023].



Health inequities are systemic, avoidable, unfair and unjust. This updated foundational *Let's Talk* document by the NCCDH defines and describes key health equity concepts and strategies for public health to disrupt injustice and promote equity.

BERNICE

What do you recall about that time when racism began to be discussed in your organization? What did that look like? What did it sound like? How was it first acknowledged?

SAMIYA

One of the stories that I recall very clearly, one of the moments was for the Canadian Public Health Association conference where we had put through an abstract for a workshop to address health inequities in the Canadian system, particularly in public health, and a conversation saying that we could not use the language of "historically oppressed populations" referring to Black and Indigenous people.

And we were being very generous because we said historically, and we were not talking even about current oppressions. But the strength of coming back around the use of "oppression" as well as the clear division between social justice work and health equity, and creating this imaginary divide that somehow we are able to talk about equity without justice.

BERNICE

And so when you first put the word oppression in the abstract, what was the reaction? What was said? What was some of that pushback?

SAMIYA

Some of the pushback was, first of all, that we don't do advocacy in public health and our role is to use the scientific data and scientific evidence. Like the advocacy, activism work is not a public health role, even though it is. I think one of the harshest words was like, this was going to be an embarrassment to the field if we started using this kind of language that is charged, that is emotional.

BERNICE

Wow. So you can say the word poverty?

SAMIYA

Yes.

BERNICE

And that's not considered advocacy or activism, but once you say oppression, it's too charged.

SAMIYA

Yes, and it depends, like oppression particularly for Black people.

BERNICE

Ah.

SAMIYA

So it's tying it to the race. We didn't even have the courage to bring up racism yet. Even in 2020, at the beginning of 2020, when myself and some colleagues were doing the briefing note to back up the need for race-based data, what we started coming across was that most people were very comfortable to talk about race but not racism. So they would name race as a differential factor. They would talk about the differential experiences of Black people. And this is across North America, so even the U.S.-based public health literature was not talking that much about racism, this is the beginning of 2020, but really comfortable to name Black people as if we're biologically more vulnerable. So talk about the racial differential health outcomes but without talking about racism as an underlying factor.

BERNICE

So how did you start to focus on racism and anti-racism in your work? What's the story behind that?

SAMIYA

I started to do health equity in general, and even that was a bit of a departure from my initial role. And because I did have a champion in my organization and a few champions outside of the organization that saw value in the work that I was putting forth, there was an opportunity then to put out — you know, what is it called, the proof is in the pudding. So when you put out a workshop and it gets sold out, when you submit something and there's an overwhelmingly positive

response to the work, then there was a justification for why I should be spending most of my time. And even though I did not have the title, I ended up doing the work for a number of years.

BERNICE (NARRATION)

Samiya had gone into public health to confront the racism and inequities she was seeing every day. But in 2015, not that long ago, even speaking the word "racism" or writing the word "oppression" were seen as too much, too provocative, too uncomfortable, too emotional for public health. She kept at it. She recognized a huge gap and opportunity that existed to support her colleagues to bring equity into how they planned and delivered public health programming from the beginning. She had champions inside and outside of PHO who helped her make equity and racial equity that central part of her role that it is today.

By 2020, the world had changed. Samiya explained how the so-called racial awakening happening globally has increased the willingness of folks in public health to talk about and acknowledge the differential experiences of Black people in Canada and the resources and power disproportionately held by White people. Despite these shifting conversations, we also spoke about the pain and frustration of continued inaction.

SAMIYA

Some of the work that I've also taken on was around some of the racial health equity, and particularly one of the manuscripts that I'm really excited about that is going to be coming up in a month or so is around action-based response to anti-Black racism. Because we know after the — if we can call it so-called racial awakening that has happened globally — there has been a lot of interest but also a lot of commitments and statements around, and a willingness to perhaps understand the differential experiences of Black people, even within racialized people. So the work that we've been focused on particularly is understanding or sifting through the statements and comments and commitments that did not result in action to the ones that actually resulted in investment in program shift, in policy changes. And hopefully those will have a greater impact on the lives and the well-being of Black folks in this country and across the world.

BERNICE

Samiya, I'm curious. Do you ever find it frustrating that this racial awakening, or however we want to frame it, has only been happening since basically 2020? I just know for me, it's just so wild to me that, as you mentioned, these issues are so long-standing. We've presented the data, we try to teach people, bring them along, but it's only since 2020 that it seems like people are willing to have these conversations especially in public health. Do you ever find that frustrating?

SAMIYA

Absolutely, very frustrating. And actually, Bernice, to be honest with you, I had 7 months of say "no" after the murder of George Floyd. I do a lot of public speaking outside of my PHO role and a lot of community work and volunteer work in community and outside community, and sometimes I do some academic work and work with some universities as well. So I had 7 months of saying no because every single person, including folks that I worked with, were interested in this topic and it was draining and it was painful. And it was — as you said, we've been ringing these alarm bells for decades — and the fact that it took the murder of an unarmed Black man in the most brutal way, for it to be televised and for people, middle of the street, with people watching. And so many people surrounding that murder and no one doing anything to stop it.

It took that long. It's the continuous conversation we have around dehumanizing Black lives, that our pain does not matter, our anger does not matter. And it takes the most severe forms of hurt and disruption

for an ounce of action because, again, the response has been swift, but it definitely came in the forms of accolades and announcements and tears and anger that is full of guilt and shame but did not really necessarily translate into systemic changes. We're still dealing with the same things, and the same forces that killed George Floyd killed Ahmed Aubrey like 2 weeks later. And we have our own Canadian-based murders, and that same system kills Black people.

So it hasn't really changed. We are stuck in this perpetual cycle of telling the historical realities, telling our current stories, retelling the stories again and again and again and again. And almost always, it's not necessarily a new audience but an audience that pretends that this is the first time that they hear this. And there's the awe and the shock of the story all the time. I am very, very, very over this idea of like, oh, here's the percentage of Black people who are going through this, here's the number of people that we know have blood pressure and diabetes because they've been so stressed out because of systemic racism day in and day out and the violence that they face every day. Let's move beyond that, and let's talk about how are we going to do better? What are we going to do differently as a public health professional, as a public health profession, as a field? How are we going to do work differently? Because if we're not talking about action, then, I'm sorry, we're not talking.

"What are we going to do differently as a public health professional, as a public health profession, as a field? How are we going to do work differently?"

SAMIYA ABDI

BERNICE

And so from where you sit, what do you think are the most common barriers that the public health workforce and organizations experience when it comes to transforming their usual ways of thinking and doing. So not only recognizing the problem but actually taking action. What do you think are the most common barriers?

Let's Talk: Public health roles for improving health equity

NCCDH. [2013].

Building a strategic health equity framework is a foundational step to fostering a culture of health equity. This *Let's Talk* document presents a health equity framework for public health organizations. It includes four categories of action and provides examples of effective action in each category to encourage public health action.

SAMIYA

I think a lot of the time people are stuck in this powerlessness paradigm, thinking that someone else needs to change the policy, someone else needs to shift the system. And they don't recognize their own power of acting from where they are and taking stock of what do I have influence over? What do I have power over? If you are designing a program, you for sure have the opportunity to put forward an equitable program that considers the lived experiences of the populations you serve. That mandate does not need to come from the Ministry nor your manager nor your supervisor.

That is something that you, as someone who's putting this work forward, can put. And if you are at the decision-making or a policy level, again, you are able to approve these programs and you're able to review a program and say, "Hey, I've noticed that this is

missing. Would you consider reviewing or including this work?" If there is a responsibility to do this work across all levels of public health, then we're able to move forward. However, if people are stuck in their roles and are not able to imagine the possibility of doing the work without having necessarily the title to do the work.

"People are stuck in this powerlessness paradigm, thinking that someone else needs to change the policy, someone else needs to shift the system. And they don't recognize their own power of acting from where they are and taking stock of what do I have influence over? What do I have power over?"

SAMIYA ABDI

And there have been some shifts that have come over the past few years. Unfortunately, it took the murder of a Black man being televised for even these shifts to happen: to declare anti-Black racism as a public health crisis, to be intentional about how the vaccine rollout would take place in Black communities and other racialized communities, to think about mosques and churches and grocery stores as places for public health program delivery as opposed to just being stuck in health units or very few sites.

If anything, this pandemic had shown us that different is possible and different is doable and different is better. We could definitely do better and deliver equitable programs across the board, not only when we have a pandemic and we need people to get vaccinated.

Equity in Action

NCCDH. [2022–2023].

Equity In Action

Different is possible. The Equity in Action repository collects and shares stories of COVID-19 interventions that have successfully promoted health equity in pandemic planning, response and recovery. These stories from practice in Canada are an important form of evidence that help communities and public health practitioners envision and build more just and equitable futures together.

BERNICE (NARRATION)

Samiya is telling me how important it is that everyone in public health sees health equity and racial health equity as part of their responsibility. And she goes on to tell me about how harmful it is when public health organizations do the opposite and see equity as a job of just one person or team.

SAMIYA

Unfortunately, we know that for many, many organizations, not only in the public health field but across the board, they reverted to hiring equity, inclusion, diversity experts as a single person with thousands of employees, as the person who's going to change the system, somehow, change the organization.

And then what happens is that person is set up for failure because all and everything is referred back to them. And everybody else washes their hands and thinks that this is the responsibility of that often Black, often racialized person's responsibility, often Indigenous person's responsibility. It's like inviting someone to your house for dinner and asking them, as soon as they walk in, to start cleaning up and cook and clean and take out the garbage and do all of the work. And you are just … what kind of host are you?

BERNICE (NARRATION)

Beyond all these existing challenges, the COVID-19 pandemic exacerbated inequities and brought additional challenges to advancing equity. Samiya mentions the role that activists outside and inside public health played in ringing the alarm to call attention to inequities in their early days of the pandemic. Samiya also reminds us how important community activists are to health and racial justice and how important it is for us to recognize this.

SAMIYA

It took the young people in Toronto that had the tents across the police headquarters for 15 days in the rain and in the cold for us to have the Confronting Anti-Black Racism Unit in the City of Toronto, for the mayor to have. So to remind people also these things don't happen. They happen because people have fought for them. And even though there is a continuous dismissal of that work, for those of us who are on the inside, I would not be sitting and having this conversation if it was not for the people who broke down doors and forced the system leaders to acknowledge the problem. So we are literally standing on the shoulders of not the people who are activists from the past but today's activists.

BERNICE (NARRATION)

Given how difficult it is to challenge inequities, Samiya talked about the importance of having others walk alongside you in this work. She also tells me about the need to remind people they have the power to make a difference.

SAMIYA

I found a few other people who were perhaps not my seniors but again colleagues, particularly Black people and also Black women within public health, who I have tapped on their shoulders and cried with sometimes and laughed with at other times to understand, yes, that this is a system, we are in the belly of the beast a lot of the time, and it is a system that we are kind of raging against. However, also provide the perspective of what are the levers to pull, what are the strategic moves that we need to make? So what isn't a good time to put through a policy brief or to see the new idea? Is there a new program that we can collaborate with each other across different organizations in the field? And so relying on peers and friends inside and outside the Ontario system was really helpful.

BERNICE

And you had mentioned that you want people to imagine the possibilities, right? How do you help people imagine the possibilities through the work that you're doing to not only say "This is a problem" but "This is a problem and I have a responsibility to act."

SAMIYA

Yes, it's that challenge and sharing with people stories of very small health units or health promoters or policy advisors who have come up with an innovative way to solve a problem. And what that success might look like. And all of the things that we always thought that were not possible, we know that they are now. So it's reminding folks of your power and to use your power to do better. Because the biggest problem that I've faced actually is people giving away their power and always deferring to others to do the work as opposed to themselves.

I often mentor a lot of young people that are starting their careers in public health. And I let them know, depending on where you are in your career, you might have very different consequences in what you say and the fights that you have to fight. So make sure you have your armour on, make sure you have your tools on before you go into a battle. Understand, assess what you're walking into. And sometimes you might have to sit a few things out because you might not be ready.

But also challenging myself and others, I've learned, is when are we actually having rational fears? And when are we having irrational fears? When are we worried about saying the truth even though the consequences

will not be as severe as we think? And this is often my conversation with my White colleagues because a lot of the times people believe falsely that they're not able to speak up because there is a fear of repercussion. And the repercussion — your worst fear might not be actually what you think it is.

For example, one of the things that folks that think they are allies sometimes do is that they might write to you directly as opposed to the group to say, "Thank you for saying that" or "I agree with you" or "I support you." And my feedback is always, "Wonderful, can you reply all to that email and say it?"

BERNICE

Oh, I love that. And do they usually?

SAMIYA

They do. They do because I do explain why. And I tell them, "You're putting the burden on me, and, yes, you're giving me your support and that's helpful. But your support will be more helpful when it's viewed by others. And that this is not a Samiya issue, but it is a legitimate concern across the board. And you as a White colleague, you have to be able to wield your own power." And sometimes, if someone was worried, I would walk through them the model: what is the risk? What is your fear? You and I are on the same position, exactly. So what do you think? If you're willing to come and congratulate me in practice, then feel free to congratulate me in public.

BERNICE

I love that. In addition to having people identify what their fears are and which ones are rational and irrational, what other words of advice do you have for people who are looking to challenge the usual ways of doing things or talking about things in the spaces in which they find themselves in public health and beyond?

SAMIYA

It's a muscle. You need to build it, and it gets easier with time, and you are able to pick up on things quickly. I've been blessed with being able to address these situations without making people fear me or feel that they're being attacked. I appreciate and love every single person's approach.

So find what is your skill. I did a 360 survey a very long time ago. And the trait that people appreciated most about me was that I was kind and I was warm and I was approachable. And even though initially I was really upset at these things.

BERNICE

Oh, you were? What were you hoping for?

SAMIYA

Fierce, strong.

So I learned to wield my kindness and my warmth and my approachability to serve the cause and have these very challenging conversations with a lot of people who are ashamed about their position, fearful about taking actions, but holding space to have a welcoming conversation and push them into action at the end of it.

I'm not having these conversations to coddle people. I'm not having these conversations to make people feel better or less guilty. I am having the conversations because ultimately I want them to act and do better and do differently because, whether they have the power today or tomorrow, they will be in place of power, especially if it's a White colleague. And I often have these conversations and I tell them, "You might not hold a lot of power today, but you will in the future. And I want you to be ready when you are in that position."

BERNICE

And how have you seen yourself be changed through this work?

SAMIYA

Definitely my ability to really affirm my own identity and who I am and what path am I going to be working on in this journey called life. I always also for a very long time divided my community work from my professional work. But I've decided that it is actually not only okay, but it's actually necessary and beneficial for me to show up wearing all my different hijabs, whether it's the Black one or the Muslim one or the woman one or being from a highly racialized and highly under-resourced community in the city of Toronto. All of those parts of me are showing up when I sit across from someone at the table, or when I am training, or when I'm reviewing a piece of legislation or policy, or when I am providing feedback and advice.

> ***"It's actually necessary and beneficial for me to show up wearing all my different hijabs, whether it's the Black one or the Muslim one or the woman one or being from a highly racialized and highly under-resourced community in the city of Toronto."***
>
> **SAMIYA ABDI**

BERNICE (NARRATION)

Samiya talked about a time she saw the impact of her work to shift public health understanding of health inequities. Samiya, as part of a team, had a chance to review the Ontario Public Health Standards Health Equity Guideline before it was released, and they saw a full-circle moment in terms of folks better understanding how justice was deeply tied to health equity. Samiya made sure that the guideline defined health inequities as not just unfair but also unjust, and explains why this was important.

SAMIYA

So if you recall, that was my introduction to doing this work. And justice was often thrown around as a problematic word. When I had the opportunity to review, with along many other colleagues, the Health Equity Guidelines and the Standard and I looked up the definition of health equity, it did not include justice or unjust work. I provided a lot of other feedback, but that was the most significant for me because I was intentional around including that word. And there was no pushback because we've also done the work by that time to educate people around that: we cannot do health equity work without justice work.

We cannot afford to use passive language. So when we say things like it's just luck or unfair, it allows us to escape from the reality and the responsibility of doing anything different. And even this is why we're using words like structural racism because it's a structure, right? And therefore we have also the ability to — you can dismantle a structure, you can shift the structure, you can change a structure. So as opposed to social determinants of health, they are social so we take them for granted.

So justice, particularly for me is, is a very, very key component because of the action that can come to produce justice in an unjust situation. And no one tells you, this is life, life is unjust, live with it.

Glossary of essential health equity terms

NCCDH. [2022].

Glossary of Essential Health Equity Terms

Navigating the field of health equity can seem like uncharted waters. The 2022 *Glossary of essential health equity terms* enhances effective communication and action on the determinants of health and health equity. Each term is accompanied by a description and related resources to support understanding and application of core health equity concepts.

BERNICE (NARRATION)

To wrap things up, Samiya talked about her hopes for the future of public health.

BERNICE

So you've spoken about what you've seen in your work in public health over the last 7 years or so. What do you hope that public health will look like, sound like and feel like in the next 7 years?

SAMIYA

I really hope that we are not having the conversations of the 101 of anti-racism work. We're not having equity and defining equity and equality and the difference. We're not talking about racial justice as something else that is outside of our field. And that we are not talking about advocacy as something that is not the responsibility of public health professionals. That we are in a place where we are able to centre those who've been marginalized and others for too long and able to serve them in a way that they deserve to be served in an equitable, fair, just way.

This work of doing racial justice is not a new work. It just has taken very, very different forms. And that is the design of White supremacy and racism — it keeps on reappearing in a more polished, dressed up in different clothes and in a new design — every decade it comes up in a very different way, but it's still the same ugly, hateful, harmful system. And we just have to continuously unmask it. I think this unmasking is our generation's responsibility and not to revert back to being satisfied with the words that do not result in action.

> *"This unmasking is our generation's responsibility and not to revert back to being satisfied with the words that do not result in action."*
>
> SAMIYA ABDI

BERNICE (NARRATION)

What a privilege that was to speak to the kind, funny, tenacious Samiya who reminds each and every one of us in public health and beyond that we are not powerless. That racial and health justice requires that we all recognize our power and influence to make change and disrupt the status quo wherever we find ourselves.

REFLECTIVE CONVERSATION

BERNICE (NARRATION)

Now you'll hear from Heather Lokko who has worked in local public health and championed health equity for 25 years. Heather works at the Middlesex-London Health Unit, MLHU, a local public health unit in southern Ontario. She started as a nursing student and now she is a health unit's Chief Nursing Officer, part of the senior leadership team, and oversees health equity for the whole health unit. Heather is also the director for the Healthy Start Division for MLHU, supporting parents and families from before pregnancy until children start school. Health equity has always been important to Heather.

HEATHER

My life partner is from West Africa, and we have three grown boys, men, who are biracial. And so seeing the world through their lens and hearing their experiences has really provided me with the opportunity to understand a little bit better what some of the realities are. I live in a white skin and I experience White privilege and so I will never fully understand it, but because of my life experiences, I think I've had the chance to have a glimpse of what some of the realities are.

And we often, even at home, talk about what are the things that we need to do? How do we need to change things? Where do we need to move forward? How do we change people's hearts and minds? How do we change our systems? So it's conversation that has been a big part of my life.

BERNICE (NARRATION)

I haven't mentioned it yet, but I used to work with Heather. I know her to be such a kind leader. I wanted to know more about how she does it and why being kind and persistent can serve to disrupt the status quo.

BERNICE

We had a chance to work together, which was such an amazing experience. One of the things that I most admire is your kind approach to leadership. You can be so busy doing a million different things, but you're always consistently kind as you lead. And Samiya and I were joking in our conversation about how she wanted her colleagues to describe her as fierce and strong and all these things. But what they most commonly said was that she was kind and approachable.

I've been reflecting a bit on that, and I imagine that, especially for tough topics like health equity, being kind and being approachable could be probably so important in terms of encouraging people to move these issues forward. Do you agree that that's probably an integral part of how you approach your leadership and what has enabled you to get so much buy-in from people?

HEATHER

First of all, thank you so much for your kind words, I really appreciate it. It's wonderful.

Yes, I do think that kindness is really important. As a nurse, I believe very much in the importance of relationship building. I believe that building relationships is critical for anything we want to accomplish in life and in work. And one of the ways that we can really genuinely build relationship is to be kind and to remember that each person is a human being of inestimable value.

One of the things about health equity work and kindness, I think, is finding that balance between speaking truth and speaking truth kindly. And speaking it in a way that helps people to move to action. I think there is a way of actually finding close to a good balance of speaking that truth and being disruptive and being kind, recognizing that everyone's

at a different place. And so we need to meet people where they're at and move them in steps forward from wherever they are, whether that's at an individual level or an organizational level.

BERNICE

So how do you balance both? Because in the meantime, people are being shot in the streets. They're dying in disproportionate numbers from COVID-19. They're not having enough food to eat. So how do you balance "I need to meet people where they're at and bring them along" but also this sense of urgency that we have a responsibility to act now? How do you do that within the context of your leadership?

HEATHER

To be really honest, I think it's a really, really important point that we need to be thinking about. There's absolutely an urgency to this work. One of the things that comes to mind for me, as a leader, is that it's important for me to continually bring forward these issues, to find opportunities over and over and over again to talk about the concepts, the ideas, to think about ways to say them in different ways, in different contexts to help people recognize how this actually is relevant to *absolutely* everything that we do. *Every* single decision we make can be considered with a health equity lens. We can be thinking about racism in our organization, in our system, in our society and how we can take steps.

> ***"Every single decision we make can be considered with a health equity lens. We can be thinking about racism in our organization, in our system, in our society and how we can take steps."***
>
> **HEATHER LOKKO**

Organizational Capacity Initiative

NCCDH. [n.d.].

Organizational Capacity Initiative

To increase equitable practices in health, we must identify what the effective organizational structures are for success. Led by the NCCDH, this initiative called the Organizational Capacity for Health Equity Action Initiative (OCI) tests ways to develop organizational capacity to advance health equity. The aim is to learn what frameworks and strategies are most useful to develop and sustain Canadian public health organizational capacity for health equity action.

I think there's a bit of an art to it in terms of trying to sense that balance. We definitely have to be able to speak what needs to be spoken. We need to talk directly about the issues of racism and oppression. We have to talk about it in ourselves as individuals, our biases. We have to talk about it in our systems, in our organizations. We *have* to talk about it.

I think one of the ways that we can help to mitigate that challenge with that balance is to come with ideas for action and not to just talk about the problems. And Samiya talked about that as well. Because, again as Samiya said, people can feel powerless. They *are not* powerless, but they can feel powerless. They can be immobilized by their emotion, by their guilt, by whatever it is that they're experiencing. And so we need to help them step over that and move to action.

I have also seen though where people have been so overwhelmed with the pushing that they truly become immobilized. And I know this series is about being the disrupters and bringing forward that discomfort. We have to do that. If we're not intentional about creating some discomfort, things won't change. It will stay status quo, and that's not okay. It's not acceptable. So we do have to create that discomfort.

BERNICE

You had mentioned seeing people become immobilized through too much pushing. Is there a story that comes to mind that illustrates that?

HEATHER

So I can think of a workshop that I went to with some colleagues, and it was focused on anti-oppression, anti-racism, and it was a very well done workshop. It brought forward issues very frankly. It did not speak specifically about action to move forward, but it really highlighted the issues in a very profound way. One of the individuals who was along with me had not really been exposed to some of these realities before. And so it was very overwhelming for this individual. And there was a lot of emotion that, from my perspective, took a number of months to kind of navigate through. And as a White person in the system with privilege, we *must* navigate through. My perspective is that we don't have the option to just decide it's too hard to think about, it's too hard to feel that guilt. We have an obligation to work through that and get to a place where we are going to be constructive in the system and that we're going to actually be part of making the positive change.

I've spent a lot of time checking in with that person and continuing the debriefing process for many months after, talking about, yes, this is the reality and it's horrible and it's wrong. And then trying to work through some of the emotions that this individual was feeling as a White person and trying to channel some of those emotions into "So what can we do about this?" It doesn't mean that we are horrible people. It means that we have a lot of learning to do, and we have a lot of unlearning to do. And we can be good people. It doesn't mean we're a horrible person. We can be good people and have this unlearning to do and this learning to do. What we have to make sure we do is we do the unlearning and we do that new learning and we then move to action.

BERNICE

In this work, you're bound to encounter different types of resistance, for a number of reasons. Sometimes people are just very comfortable seeing and doing things as they've always seen and done them. For you, how do you navigate that resistance in terms of your leadership role?

HEATHER

I think there are times when we just need to continue to push; there absolutely are times when we need to do that. I think other times when there's resistance, it's about providing more information. It often is about working through the emotions related to it and giving space for some of that debriefing and reflection.

I think part of addressing resistance is helping to inspire the vision in others of where we're trying to go and help them to see that. Tying into people's values. So trying to tap into and leverage the strengths and values that are there.

Resistance sometimes can be also addressed by turning the table, asking the question, "If this was something that you were experiencing, would it be okay?" And so that can generate a reframing of the issue.

There are two strategies that I often use kind of unconsciously, someone pointed them out to me not too long ago. One of them is asking questions of curiosity. "So what does it really mean that this is how we do things?" Or "What would it really be like if we did something in this way?" Or "What is it about this that's really difficult?" Another one is, it's a similar thing, but it's using the phrase "Tell me more."

BERNICE

Heather also shared some advice she has for people in senior leadership positions.

HEATHER

As leaders, there has to be an intentionality about work that needs to happen and there have to be dedicated resources to move work forward. Those are really key pieces that all decision-makers need to keep in mind. We can have all these great, wonderful visions, but if we don't have intentionality with measurable steps and resources dedicated to them, it's going to be really hard to move forward.

> *"We can have all these great, wonderful visions, but if we don't have intentionality with measurable steps and resources dedicated to them, it's going to be really hard to move forward."*
>
> **HEATHER LOKKO**

BERNICE

Can you tell me a little bit more about intentionality and what that means for you in the context of this work?

HEATHER

Intentionality for me means listening. For one thing, it means listening. Listening to those who have lived experience, listening to those within the system who experience racism and oppression, who have amazing ideas for the things that need to change in the system. And listening with humility.

The second thing, and it's tied into that listening, is to take the responsibility for educating myself and learning and growing and challenging myself to think in different ways, to really look at myself and my own implicit bias. Intentionality also has to do with figuring out my own emotions as it relates to it, understanding my own White privilege. And thinking about what that means, and what about those things do I need to understand and what do I need to change about those things?

I guess another part for me personally around intentionality is keeping that vision of where we want to go and not losing sight of that vision because there are times when it can be discouraging and feel like things are taking a long time, and two steps forward, a step back. So keeping that vision in mind.

As a White person, I'm going to speak about this as a White person trying to make some positive change in this area of work. I think another important thing for us to think about as leaders is that we need to, in addition to listening, we also need to look for where we can step back and let those who have expertise either through lived experience or/and expertise in public health to direct the work, to tell us what needs to happen, to provide that direction. And then as leaders, we need to amplify their voices. We need to support their voices. We need to reiterate what is being said by people who are experiencing racism and oppression.

BERNICE

And for you, you've been at the health unit for very long time. Would you say you've seen things move forward? They can take a very long time, but have you seen them move forward?

HEATHER

Absolutely. Absolutely. I would say we're in a very different place than we were when I started here 25 years ago. In terms of what we talk about, how we talk about it. The resources we put into education, mandatory education around Indigenous cultural safety training, for instance. The resources we dedicate both in terms of program resources, in terms of people resources. We have policies that are far different than we had 25 years ago. We have resources from the Ministry. We have language to talk about this that we didn't have before.

I would say very much, we're in a different place than we were before collectively. And we still have steps to take, and we still have room to grow and we still have action that we have to move forward because we're not there yet. We're definitely not there yet.

"We're in a different place than we were before collectively. And we still have steps to take, and we still have room to grow and we still have action that we have to move forward because we're not there yet."

HEATHER LOKKO

BERNICE (NARRATION)

Thank you so much to Samiya and Heather who are each working within the public health system to transform our teams, programs, agencies and systems.

Both Samiya and Heather reminded us that we can't turn away from the responsibility of this work. That health equity work requires kindness, persistence and intentionality, and we *must* use our power to contribute to a more equitable and just public health system.

Check out the episode description and our website nccdh.ca for more resources about health equity.

REBECCA

Thanks for listening to Mind the Disruption, a podcast by the National Collaborating Centre for Determinants of Health. Visit our website nccdh.ca to learn more about the podcast and our work.

This episode has been produced by Carolina Jimenez, Bernice Yanful and me, Rebecca Cheff, with technical production and original music by Chris Perry. Special thanks to Tia Maatta for her help editing this episode and Mandy Walker for her help with guest interviews.If you enjoyed this episode, tell a friend and subscribe. We have more stories on the way of people challenging the status quo to build a healthier, more just world.

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