



**LEAD
FONCER**

Global Café: Social Determinants of Health

Dr. Monika Dutt, Medical Officer of Health, Temiskaming Health Unit
Family physician, Mino M'shki-ki Primary Care Clinic

&
Jolanta Scott-Parker, Executive Director
Canadian Federation of Nurses Unions



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Canadian Federation of Nurses Unions

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Fédération canadienne des syndicats d'infirmières et infirmiers



Agenda

- What does today look like?
 - *Listen and Learn* - social determinants of health and anti-oppression
 - *Reflect, Explore and Discuss*- what does it mean in our work as nurses
 - *Action and Advocate*- what can we (as nurses) do

Agenda

10:15- 11:45: Learn

Overview of social determinants of health

11:45 – 1:15 Lunch

1:15 – 2:45 Reflect

World Café discussions on SDOH

2:45-3:00 Break

3:00-4:30 Action

The Harvest: Being the change we want to see

World Café Principles

- Create a hospitable space
- Ask questions that matter
- Connect diverse perspectives
- Encourage each participants contribution
- Listen together for patterns, insights and deeper questions
- Share collective discoveries
- Engage in thoughtful discussion and exploration (not necessarily to come to a shared outcome)

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Who are we?
Who are you?



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Social Determinants of Health

Objectives

Upon completion of this course, you will be able to:

- Explain the social determinants of health (SDOH)
- Understand the concepts of health inequities, power, privilege, oppression and intersectionality to health care and SDOH
- Identify how your workplace and different orders of government are or could be addressing social determinants of health
- Reflect on how applying an anti-oppression approach changes our work as individuals and institutions
- Develop the tools to lead change on personal, professional and community level

Discussion: Warm Up

Please discuss at your table groups.
Feel free to doodle, scribble etc

1. Why did you come today?
2. What do you hope to get out of the day?

Disclosures

- No commercial affiliations or financial conflicts of interest
- I speak from a position of privilege as a health care provider. I do not speak on behalf of people and communities.
- My presentation is grounded in evidence and the lived experiences of people I have encountered and learned from .

Agenda

- What makes us healthy/sick
- Influencing policy
 - workplace, community, government
- Practicing anti-oppression in healthcare
- Upstream examples

Lorraine Clements

I woke this morning to a soft but inviting snow covered mountain,

A mountain of my childhood

A mountain I returned to this week to move forward speak my truth and
continue the healing within

A mountain of pain

A mountain of learning

A mountain of Hope.

My mountain has been a hard one to climb,

In my time have never reached the top.

Now with this day, my day of truth telling,

My mountain is not too high.

My mountain seems easier to climb.

My mountain now has hope.

My climb is just the beginning as with
many others this week.

Our mountain will be conquered.

With love, kindness and always together,
fighting the systems for Justice.



*Photo submitted by Lorraine Clements; no copyright
infringement intended.*

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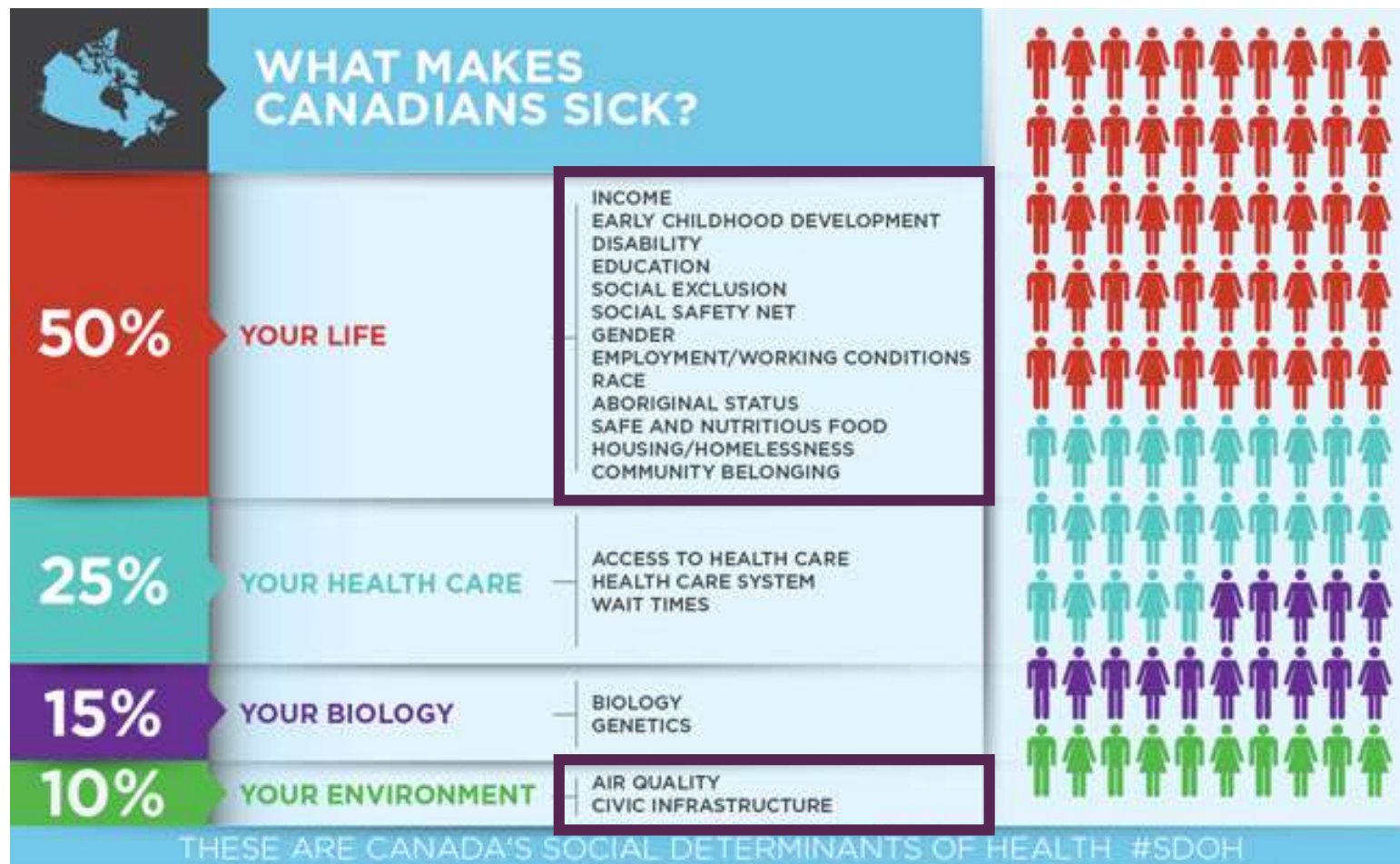


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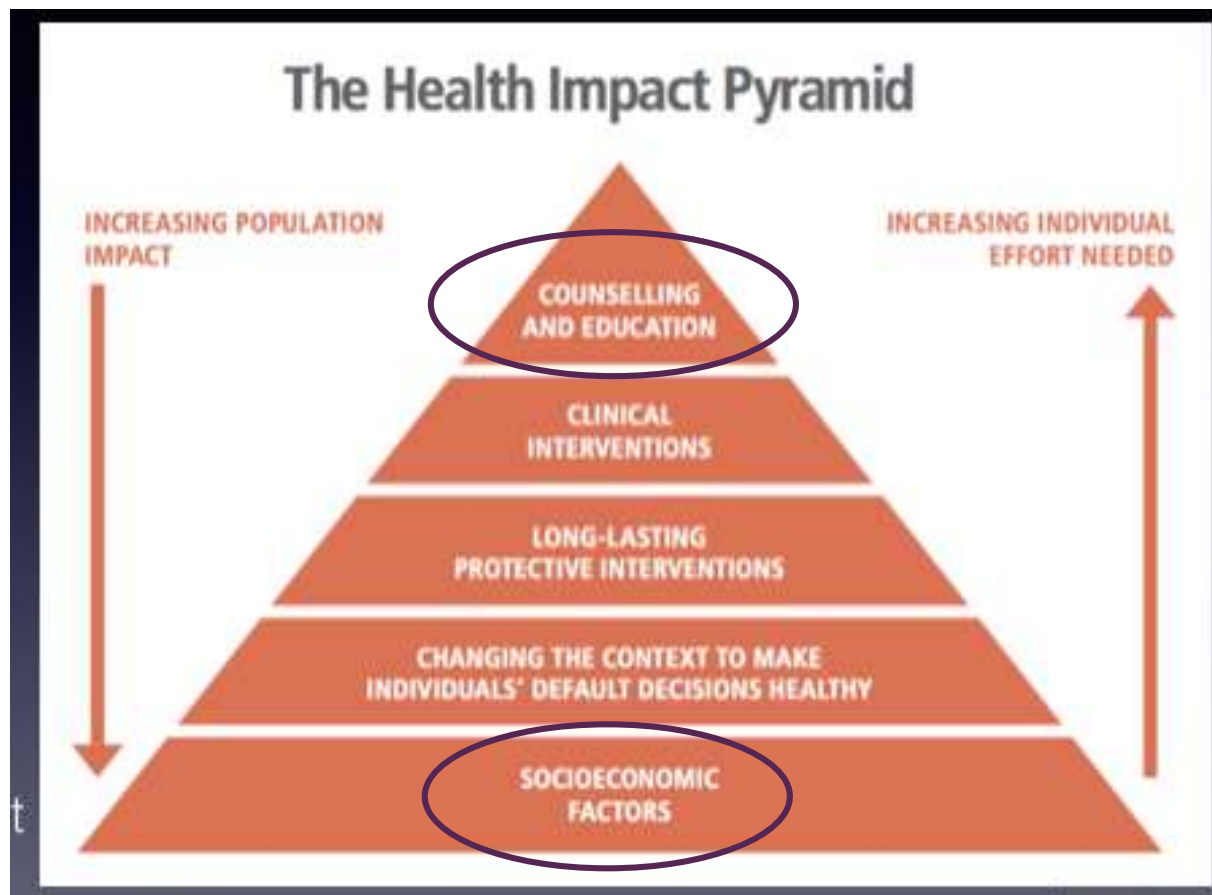
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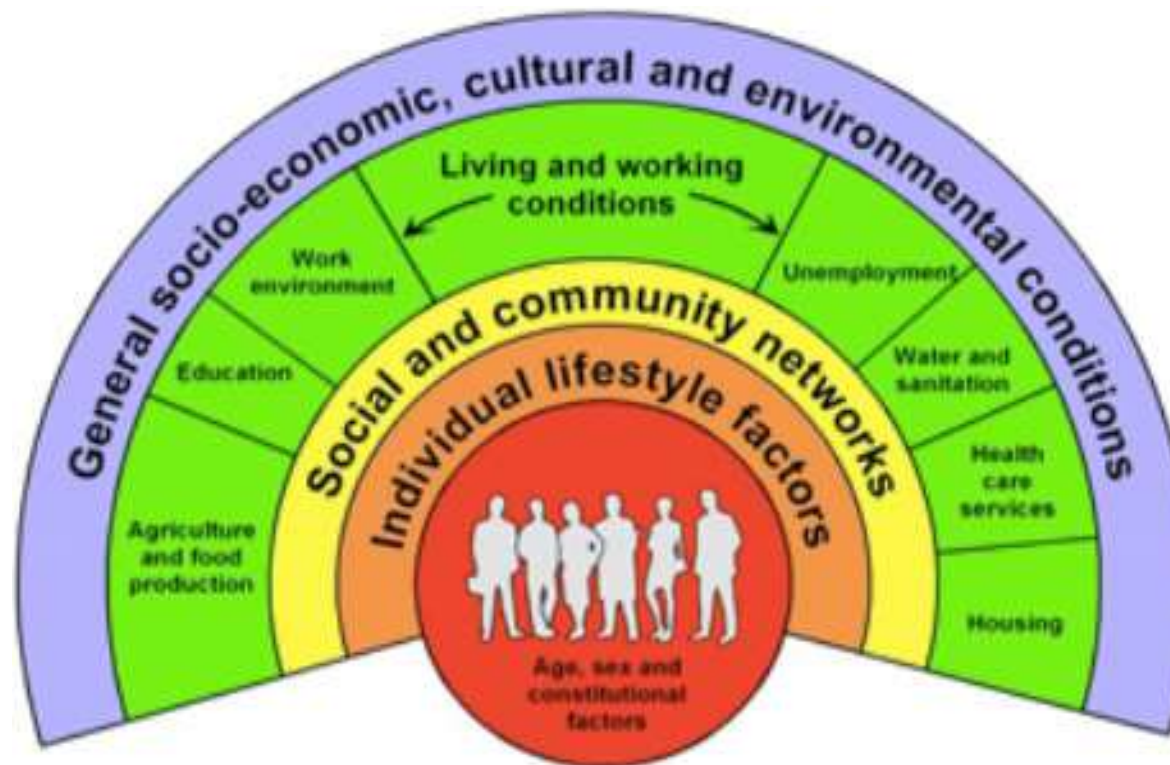
What makes us healthy/sick?



What makes us healthy/sick?



What makes us healthy/sick?

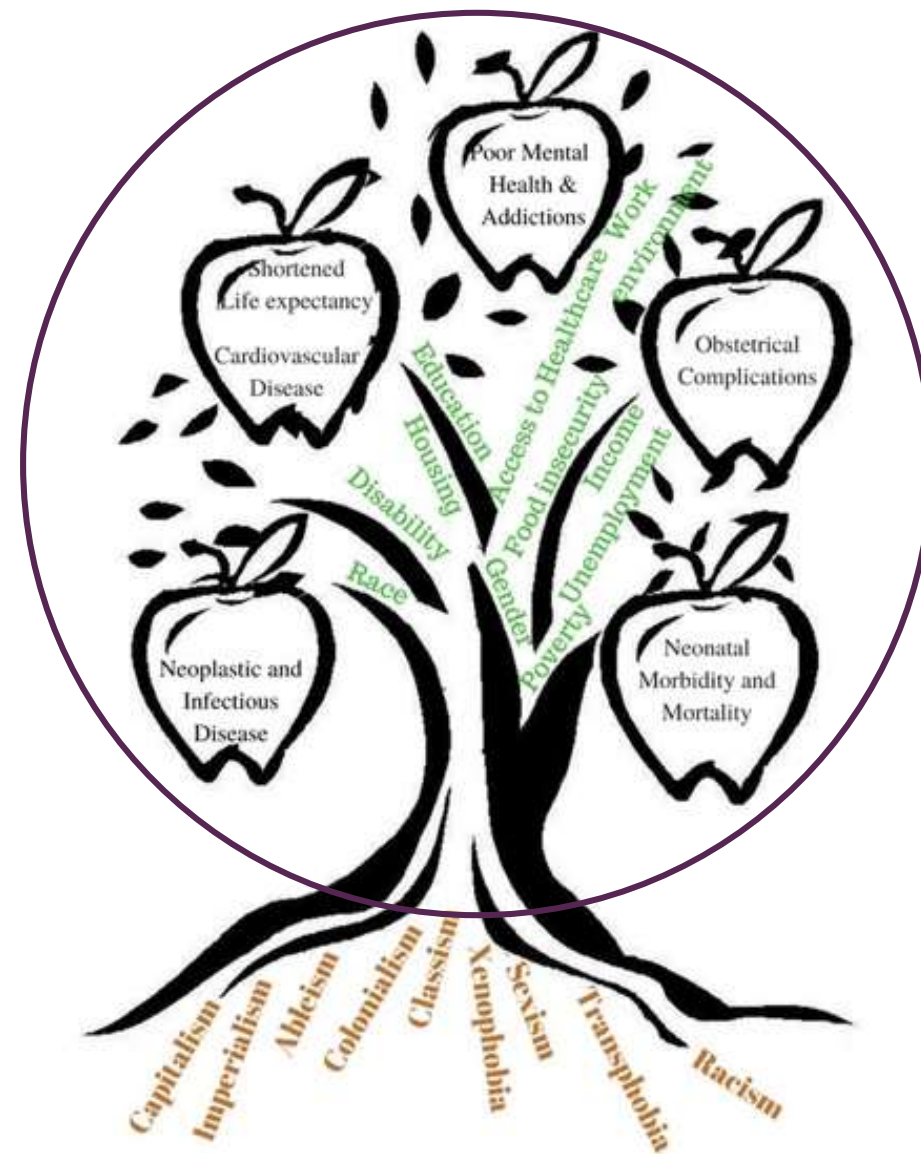


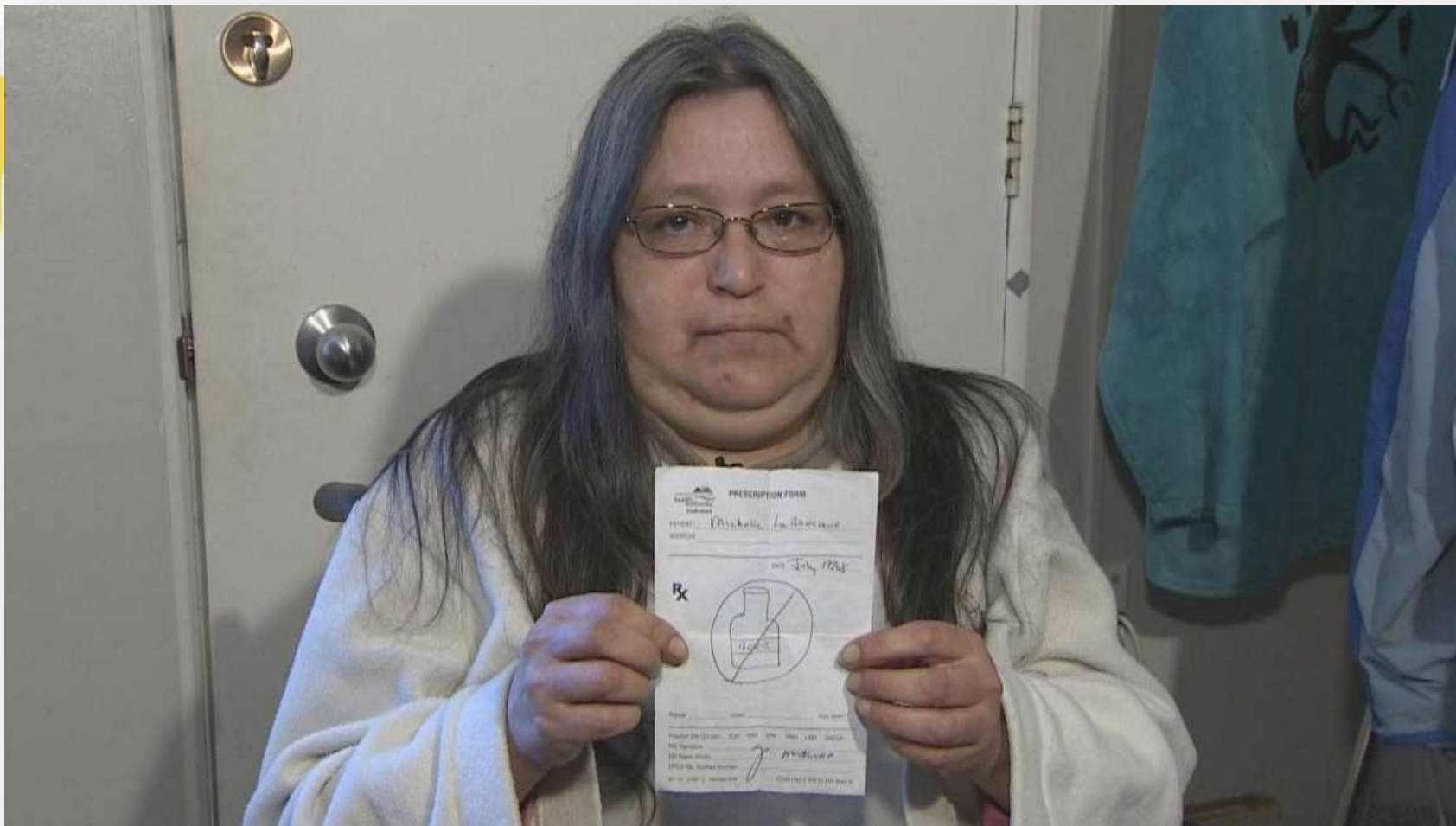
Dahlgren and Whitehead, 1991

How to avoid being sick...

1. Don't be poor. If you are, stop. If you can't, try not to be poor for long.
2. Don't have poor parents.
3. Own a car.
4. Don't work in a stressful, low-paid manual job.
5. Don't live in damp, low-quality housing.
6. Be able to afford to go on a holiday and sunbathe.
7. Practice not losing your job and don't become unemployed.
8. Don't live next to a busy major road or industry.
9. Ensure you know how to fill in complicated forms for housing, disability, sickness before you need them.

What makes us healthy/sick?





- Michelle Lebreque, Oneida woman in Victoria, BC
- Went to ER with severe stomach pain, disclosed challenges with alcohol and housing
- Was given this Rx in response

What are some of the factors that allowed such a situation to occur?

First Peoples, Second Class Treatment

The role of racism in the health and
well-being of Indigenous peoples in Canada



Executive Summary

Wellesley
Institute
advancing urban health





*Privilege is an invisible, weightless
backpack of special provisions, maps,
passports, codebooks, visas, clothes,
tools, and blank checks.*

--Peggy McIntosh

Privilege

- **Unearned advantages**, often systemic with historic origins, often mediated through positive unconscious associations
 - eg. you are trustworthy, you are intelligent, you are calm -- based on your race, gender, sexual orientation, ability etc.
- Often the dominant “normal” group eg. heterosexual, able-bodied, cis, Canadian-born, white
- We all experience SOME form of privilege – can you think of a way this has played out in your life?

Oppression

- **Unearned disadvantages**, often systemic with historic origins, often mediated through unconscious biases and discriminatory behaviour
 - eg. you are angry, you are lazy, you are stupid, you are dangerous based on your race, gender, sexual orientation, ability etc
- Often not the dominant “normal” group eg. homosexual, transgender, person with a disability, immigrant, racialized
- We all likely face SOME form of oppression – can you think of a way this has played out in your life?

Intersecting identities



Examples?



- ✗ Microaggressions
- ✗ Structural experiences of marginalization/oppression

“Micro-Aggressions” of Oppression	<div data-bbox="1352 137 1403 187">L SEP</div> Structural Disadvantages/Barriers
As a Muslim person, being asked to denounce terrorism and speak on behalf of your entire “group”	Being more likely to be delayed or detained in travel, more likely to be arrested and denied due process

“Micro-Aggressions” of Oppression	L SEP Structural Disadvantages/Barriers
As a Muslim person, being asked to denounce terrorism and speak on behalf of your entire “group”	Being more likely to be delayed or detained in travel, more likely to be arrested and denied due process
As someone living in poverty, watching others buy luxury items when you cannot afford basic needs.	Being more likely to have your children apprehended by CAS based on assumptions of “appropriate standards” of living

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As a trans person, having people ask you your “real name” or gender	Barriers to accessing hormone therapy in many primary care settings

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As a trans person, having people ask you your “real name” or gender	Barriers to accessing hormone therapy in many primary care settings
As an indigenous person, seeing Canada 150 and being reminded of erasure of your history	Living on reserves where less access to postsecondary education

Examples?

- 
- ✗ Daily reminders of privilege
 - ✗ Structural experiences of privilege

Daily Reminders of Privilege	Systemic Advantages
Seeing people that are like you (race, gender, religion, ability, appearance) represented positively in media	More people of your race, gender, religion, ability, appearance likely work in media and therefore shape the stories

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As a man, being assumed to be more confident, decisive, and more of a natural leader	More likely to win in a political election – then having ability to write laws impacting women

What makes us healthy/sick?



Transgender patients face health-care discrimination, inadequate treatment

Health experts from around the world gather in Amsterdam for transgender summit

By Kas Roussy, CBC News | Posted: Jun 18, 2016 5:00 AM ET | Last Updated: Jun 18, 2016 5:00 AM ET



Alex Abramovich poses on his wedding day with his bride, Caroline. They're expecting their first child in July. (Submitted by Alex Abramovich)

1494 shares



Facebook



Twitter

It's estimated there are now 25 million transgender people around the world, and in a groundbreaking series published in the medical journal The Lancet, the authors say many are routinely denied basic human rights.

"Faced with stigma, discrimination and abuse, transgender people are pushed to the margins of society, excluded from the workplace, their

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SECOND OPINION

A vital dose of the week's health and medicine, from Kelly Crowe and CBC Health

"I can speak from my own personal experience that one of the most challenging parts of my coming out process has been access to health care,"
— Alex Abramovich

Recalls multiple instances of being called "she", being stared at, or providers looking away.

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Why do doctors take women's pain less seriously?

Men are more likely to get pain medication — and get it faster — than women.



MARY JO DILONARDO

October 23, 2015, 7:45 a.m.

Share 3.8K

Tweet

100



- Study: 1000 patients went to ER
- Men and women reported similar pain scores
- Women 13-25% less likely than men to receive opioid pain meds
- Women on average waited 65 mins vs 49 mins for men to receive pain meds



- ✗ Yale University study (2000-2008) - >50% of 620 docs surveyed viewed obese patients as “awkward”, “ugly” and non-compliant, and 1/3 viewed them as weak-willed, sloppy and lazy

Reminders

1. Ensure 1 person is your table host and will stay behind when the group moves.
2. Doodle, write, document your conversation on the table in front of you.
3. Listen actively and meaningfully. Dialogue and conversation is very important around questions that matter
4. We are experts in our own experiences, sharing our collective knowledge is key
5. If there are questions we aren't asking that we should be – please raise them.

- What did you learn?
- Can you think of ways in which people experience oppression in their healthcare?
- Can you think of ways in which broader structural and interpersonal oppression has impacted people's health?



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Lunch Break

We re-convene at 1:15

Invitation to consider topics for discussion this afternoon during the lunch break.

Identify a topic or an issue that you might like to work on using a SDOH or anti-oppression lense



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Anti-oppressive Practice

Primer



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Step 1: Seeing our Privilege

- It is often invisible to us
- Lack of awareness of others' lived realities
- Difficult to think of oneself as having power and benefitting from a system that oppresses others
- Narrative of having earned everything we have through hard work alone
- Defensiveness - feeling like we are being accused of interpersonal discrimination
- Often leaves us unsure of what to do

- Woman
- Person of colour
- Non-dominant culture
- Single parent

Situating Oneself



- A settler
- Able-bodied
- Citizen
- Global North
- Age
- Language proficiency
- Cis-gendered
- Heterosexual
- Strong family and social support
- Physician
- High educational level
- High income
- Job security
- Leadership positions

http://web.jhu.edu/dlc/resources/diversity_wheel/

Step 2: Critical Reflection

- Engage in critical reflection/reflexivity to understand how we hold power and how power structures work
 - How is this patient impacted by broader power structures in society
 - What is my role in those broader power structures?
 - What can I do to decrease the power dynamic between me and my patients?
 - What unconscious biases might I hold that I can challenge?
 - How I can use my power to be an ally/accomplice?

Step 2: Critical Reflection

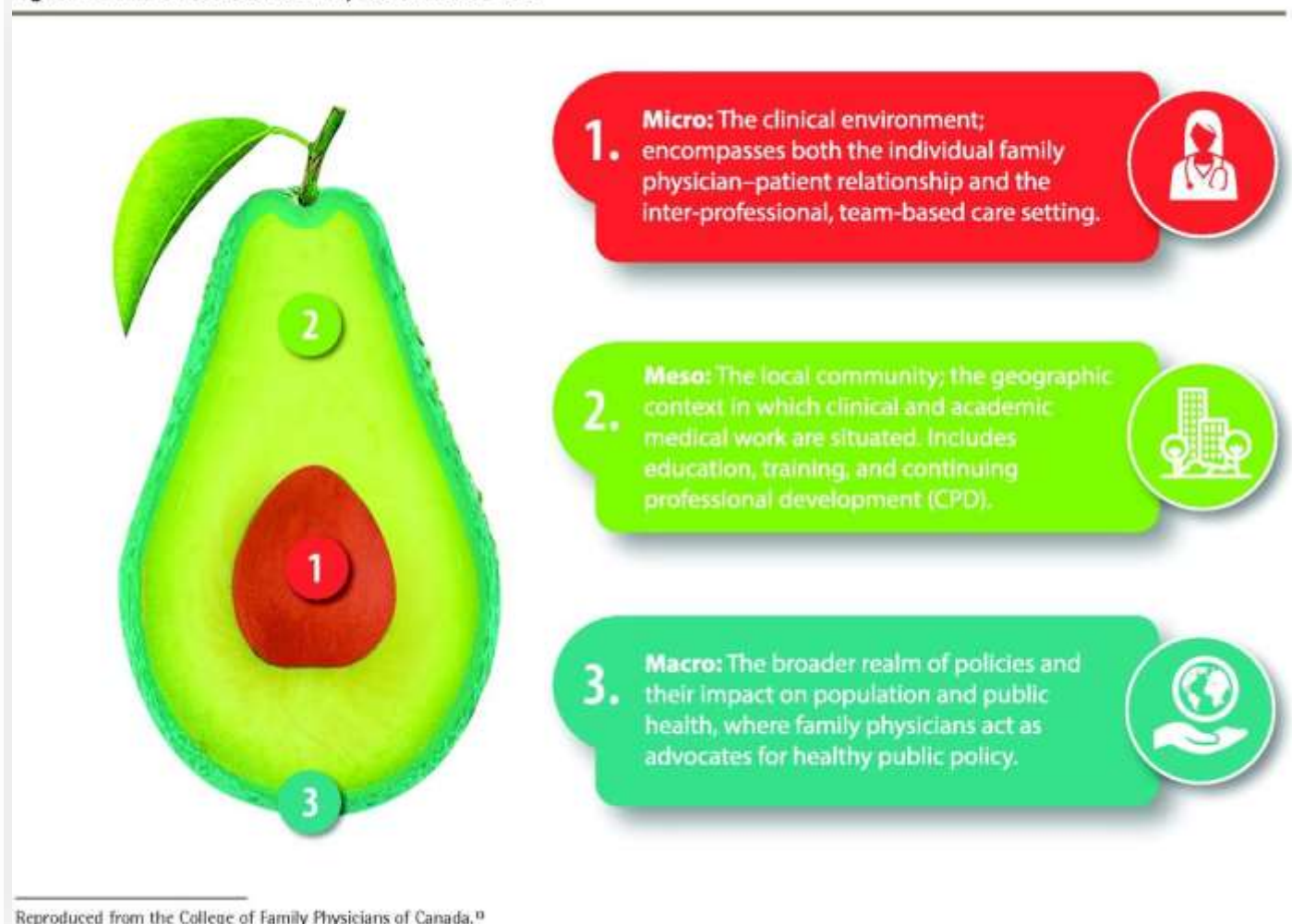
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Consider for five minutes:

- *What aspects of your background and lived experience may impact how you work with patients, clients and communities.*
- *What power/privilege do you experience?*
- *What oppressions do you face?*

Step 3: Three Levels of Intervention

Figure 3. The 3 levels of socially accountable care



Reproduced from the College of Family Physicians of Canada.¹⁹

Micro – The Clinical Environment

Reinforcing power dynamics

- ✗ Sterile environment
- ✗ Curt reception staff
- ✗ Harsh penalties for being late or missing appointments
- ✗ Assuming all patients have a phone number

Anti-Oppressive Practice

- ✗ Create a welcoming environment in your workplace – signage, reception
- ✗ Create a culture of respect and anti-oppressive practice among team members in how they treat one another and patients
- ✗ Being flexible with late or missed appointments for patients who are homeless, living in poverty, have mental health issues
- ✗ Asking patients without a phone where you can leave a message (drop-ins, shelters)

Micro – Your Thoughts

Reinforcing power dynamics

- ✗ Holding negative assumptions about people in various groups
- ✗ Eg. Thinking a woman is being melodramatic when she describes her symptoms
- ✗ Eg. Assuming a disheveled man must be drug-seeking

Anti-Oppressive Practice

- ✗ Reflecting on and challenging negative associations we have that may be sexist, ableist, racist, homophobic, etc.
- ✗ Noticing when we feel discomfort in engaging with a particular patient and exploring that
- ✗ Working to increase our understanding of people with experiences of oppression – eg. cultural safety training, books, podcasts, articles

Micro – Your Appearance

Reinforcing power dynamics

- White coat
- Gadgets – iPhones, iPads
- Expensive clothing or jewellery
- ✘ Intimidating displays of professional credentials

Anti-Oppressive Practice

- ✘ Being mindful of visible symbols of wealth and status

Micro – Your Words

Reinforcing power dynamics

- Assuming all patients have same level of understanding
- Use of medical jargon
- Speaking quickly
- ✘ Using a family member or friend as an interpreter

Anti-Oppressive Practice

- Being mindful of a patient's literacy level or language barrier
- Using plain language
- Speaking slowly
- Asking patient if they have questions or if they understand
- Asking patient to repeat the plan to demonstrate understanding
- Using an interpreter if language barrier

Micro – Your Behaviour

Reinforcing power dynamics

- Coming in rushed, standing through visit and looking at watch with hand on the doorknob
- Not making eye contact
- Interrupting patient frequently
- Declining patient request to complete benefits form
- Assuming patients who 'look fine' don't have any social issues

Anti-Oppressive Practice

- ✕ Apologizing to patient if they were kept waiting a long time
- ✕ Sitting and giving patient your attention
- ✕ Listening intently with eye contact, nodding and smiling
- ✕ Helping meet patient's needs or referring them to someone who can
- ✕ Doing a social hx to assess financial, housing, drug benefits and learning the community resources to refer patients to

Micro – Tailoring Your Care

Reinforcing power dynamics

- ✘ Assuming a trans patient identifies as the gender on their health card
- ✘ Shaming a young woman during a conversation pertaining to sexual history
- ✘ Telling an indigenous man he needs to “figure out how to take your medication or you’ll die” when you see a high A1C

Anti-Oppressive Practice

- ✘ Asking a trans patient “how they identify” and what their “preferred pronoun” is, documenting it and ensuring you use it
- ✘ Creating a safe, non-judgmental space when discussing sexual history
- ✘ Understanding the history of trauma faced by indigenous communities including poor interactions with healthcare system – have conversation around the man’s goals, build rapport

Questions #1

What are you currently doing to engage in anti-oppressive practice and address social determinants of health?

What can you do?

Question #2

How is your workplace addressing oppression and/or specific social determinants of health in the population(s) you serve?

What can you do in your workplace setting?

Question #3

How is government implementing anti-oppressive policies that impact social determinants of health?

This could be at the local, provincial, federal or Indigenous government level.



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Networking Break

We reconvene at 3:00

What issue do you want to work on using an SDOH/anti-oppression lens?

Topics can include:
Climate Change
Opioid Crisis
Cuts to public health
Pharmacare



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Opportunities for influence, tools and strategies for advocacy

upstream



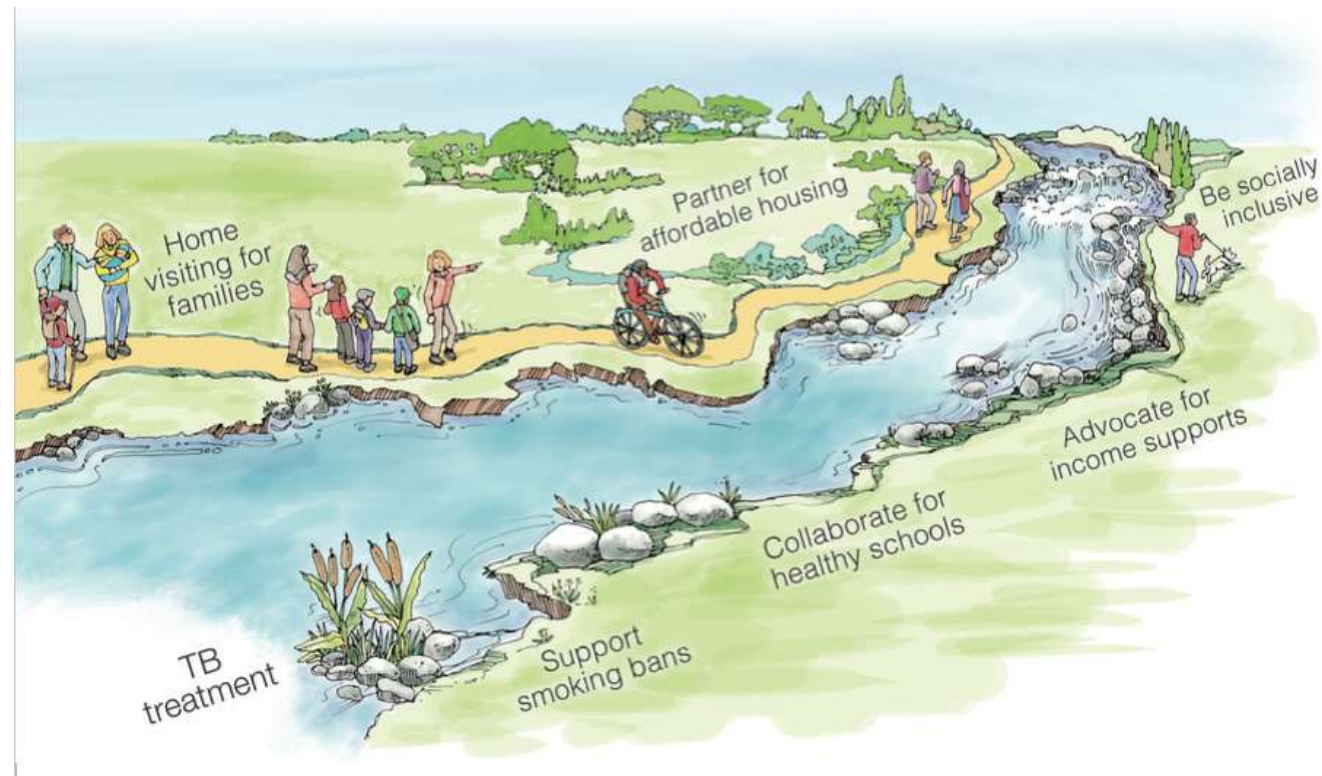
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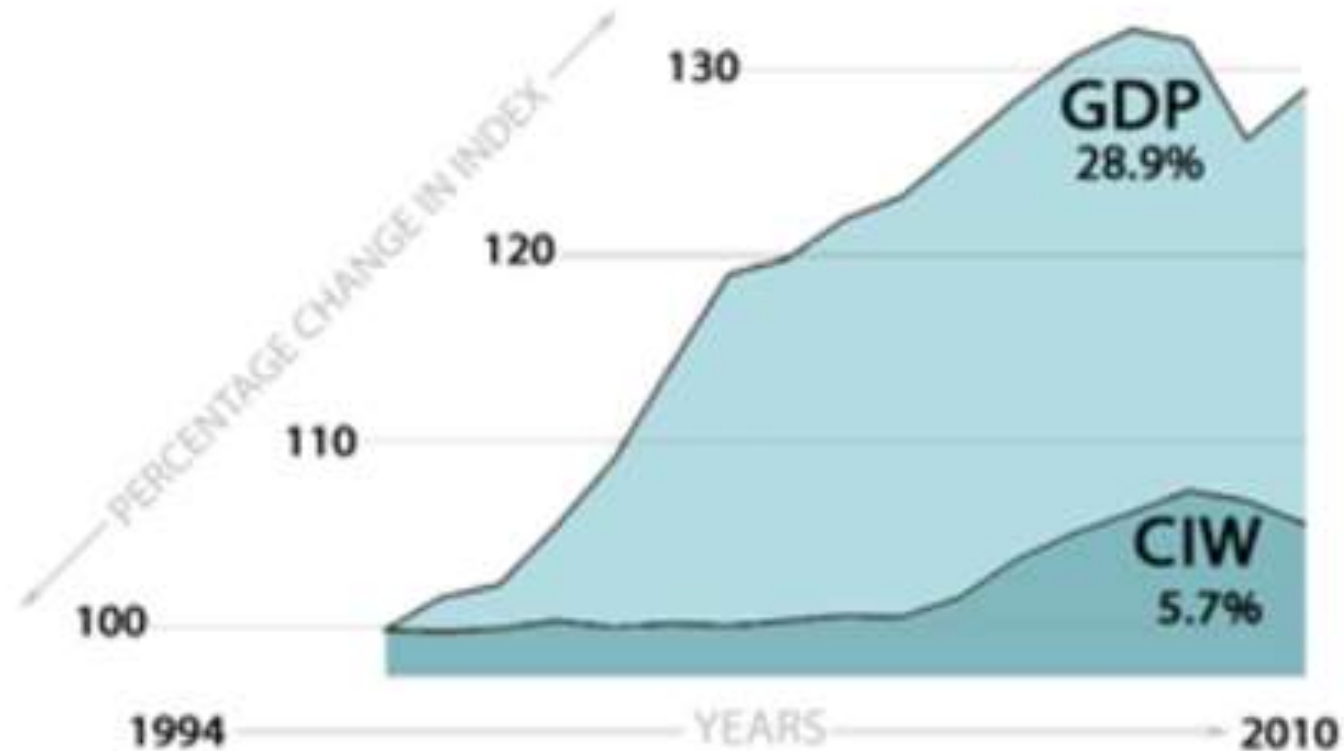


Social Determinants of Health

*Primer for action: Workplace, Community
(local/provincial/territorial/federal)*

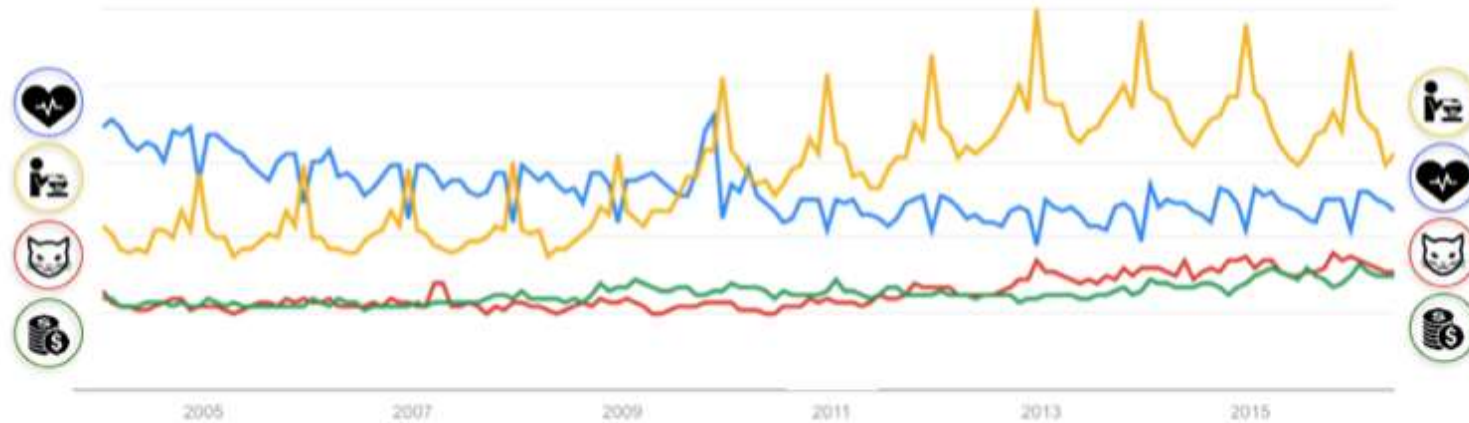


Canadian Index of Wellbeing



Google search trends over time Canada, 2004-present

Health Cats Recipe Money

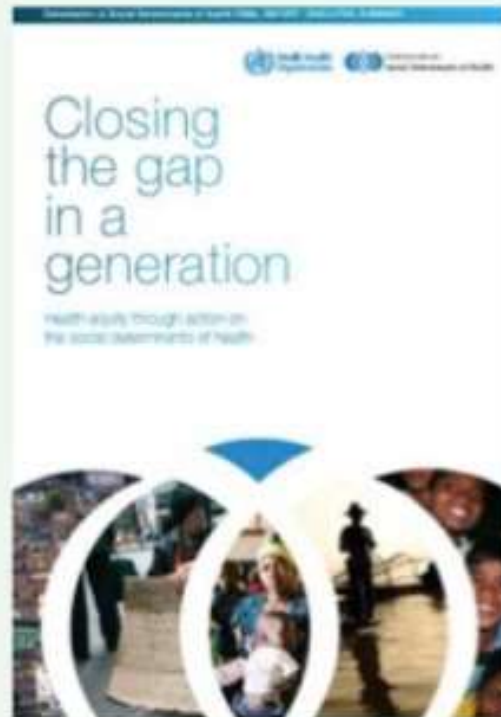




UCL Institute of Health Equity



The WHO Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation



Improve the conditions in which people are born, grow, live, work, and age

Tackle the Inequitable Distribution of Power, Money, and Resources

Measure and Understand the Problem, Evaluate Action, Expand the Knowledge Base, Develop the Work Force



Nurses: A respected voice

Nurses and Farmers Seen as Canada's Most Respected Professions

June 1st, 2016



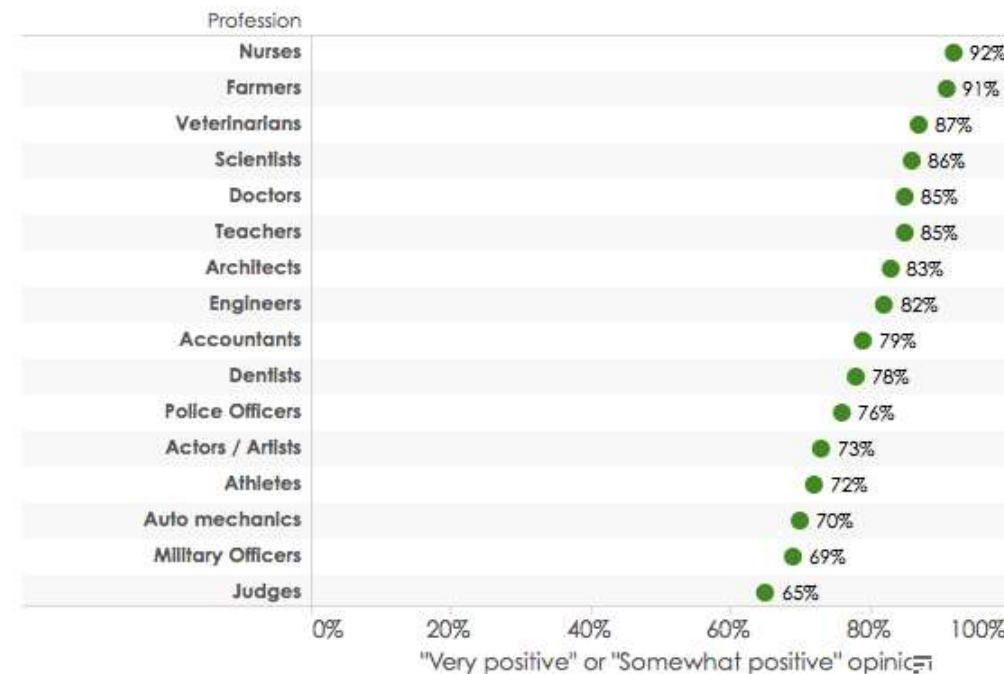
Seven-in-ten Canadians say they have a negative opinion of politicians.

Vancouver, BC – An overwhelming majority of Canadians express admiration towards two professions, a new Canada-wide Insights West poll has found.

In the online survey of a representative national sample, more than nine-in-ten Canadians have a positive opinion of nurses (92%) and farmers (91%).

Share of Canadians with a "very" or "somewhat positive" opinion of the following professions

Insights West



Insights West, 2016

What can nurses do?

Types of interventions...

DEFINITIONS b, 2-4

UPSTREAM INTERVENTIONS	MIDSTREAM INTERVENTIONS	DOWNSTREAM INTERVENTIONS
<p>Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.</p> <p>These changes generally happen at the macro policy level: national and transnational.</p> <p>They are about diminishing the causes-of-the-causes.</p>	<p>Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.</p> <p>These changes generally occur at the micro policy level: regional, local, community or organizational.</p> <p>They are about changing the causes.</p>	<p>Seek to increase equitable access, at an individual or family level, to health and social services.</p> <p>These changes generally occur at the service or access to service level.</p> <p>They are about changing the effects of the causes.</p>

National Collaborating Centre for Determinants of Health

What can nurses do?

Types of interventions...

DETERMINANT	UPSTREAM	MIDSTREAM	DOWNSTREAM
Income	advocate for living wage policies, wage capping, progressive taxation	link clients with welfare, social assistance, or back-to-work programs	ensure that chronic disease prevention programs are accessible to low income people
Education	create opportunities for educators, law enforcers and employers to work together to reduce barriers to education for youth	support adult high school completion programs	expand mental health promotion and early intervention programs
Housing	meet with elected officials and citizen groups to push for more affordable housing	bring stakeholders together to improve the enforcement of regulations to improve substandard housing	increase the availability of allergy and asthma treatment to vulnerable populations

National Collaborating Centre for Determinants of Health



Workplace health (WHO framework)

- Occupational health & safety
- Workers' compensation
- Union presence
- Employment standards
- Psychosocial hazards
- Personal health resources

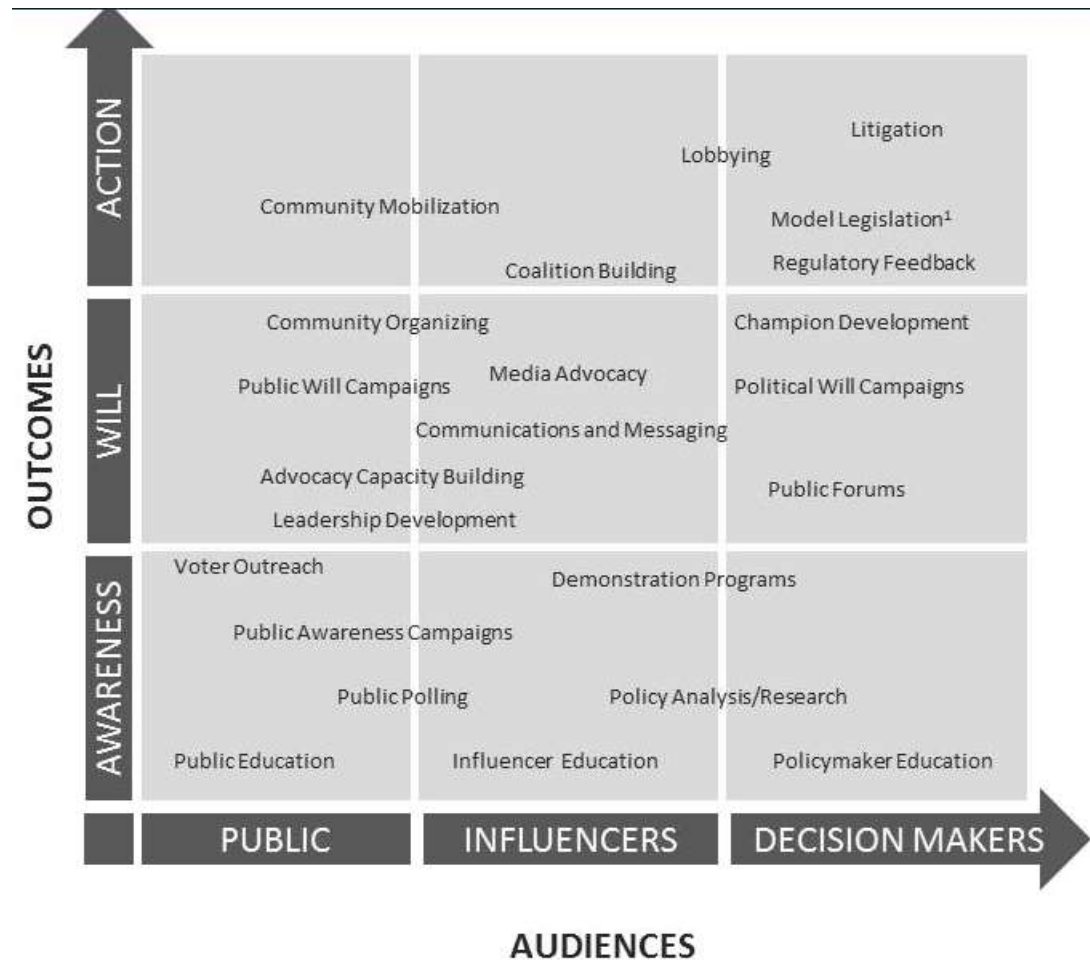
At a glance: the eight steps to developing a healthy public policy

<p>1 Describe the problem</p> <p><i>Obtain a detailed understanding of the specific problem. This will be a foundation for developing clear goals, assessing options, and building support for the policy among decision-makers.</i></p> <p>Consider measurable objectives at all four levels (individual, network, organization, and society) and ensure they are specific, measurable, attainable, realistic, time-bound (SMART) and a strategic priority.</p> <p>Understand the problem: Causes – what is the origin or cause of the problem? What has contributed to its development?</p> <p>Impact – what is the extent and cost of the problem in your community? What would happen if it was NOT dealt with?</p> <p>Perception – who else thinks it is a problem? Who thinks it is not?</p>	<p>2 Assess readiness for policy development</p> <p><i>Determine whether to proceed. This decision should be based on whether your community is ready for a specific policy and your organization is ready to lead or support the process.</i></p> <p>Assess readiness:</p> <p>Community – who will be supportive or unsupportive? Why? What is public opinion? What reasons to oppose this policy will be put forward? Are there educational and awareness programs in your community that focus on your problem? How successful have they been? Has the problem been a recent focus in the media?</p> <p>Organizational – is the policy and development process a fit with your mandate? How much time/resources do you have to support it? Who</p>	<p>3 Develop goals, objectives, and policy options</p> <p><i>Define clear goals and objectives for the policy change and generate a list of policy options that you want decision-makers to consider. Putting forward more than one option shows stakeholders that you are flexible and willing to negotiate. Assessing several options prepares you to explain why there are certain ones that you will not support.</i></p> <p>Develop one or two goals – these are broad statements summarizing the ultimate direction or desired achievement of your policy.</p> <p>Develop your objectives – these are brief statements specifying the desired impact or effects of a policy. Objectives should be SMART - specific, measurable,</p>	<p>4 Identify decision-makers and influencers</p> <p><i>Decide which decision-makers will be the focus of your support-building efforts. Choosing the wrong people can waste resources and may even jeopardize future strategies if you approach people at the wrong level, or wrong time.</i></p> <p>Ask your stakeholders who would be best to approach and how to approach them. Don't assume that you already know the best person. Consider starting with someone lower on the hierarchy rather than heading straight for the top. Start with more sympathetic and supportive individuals rather than pouring your energy into the "toughest nut."</p> <p>Find out as much as you can about</p>
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8 steps to developing a healthy public policy

1. Describe the problem
2. Assess readiness for policy development
3. Develop goals, objectives and policy options
4. Identify decision-makers and influencers
5. Build support for the policy
6. Draft and/or revise the policy
7. Implement the policy
8. Evaluate and monitor the policy

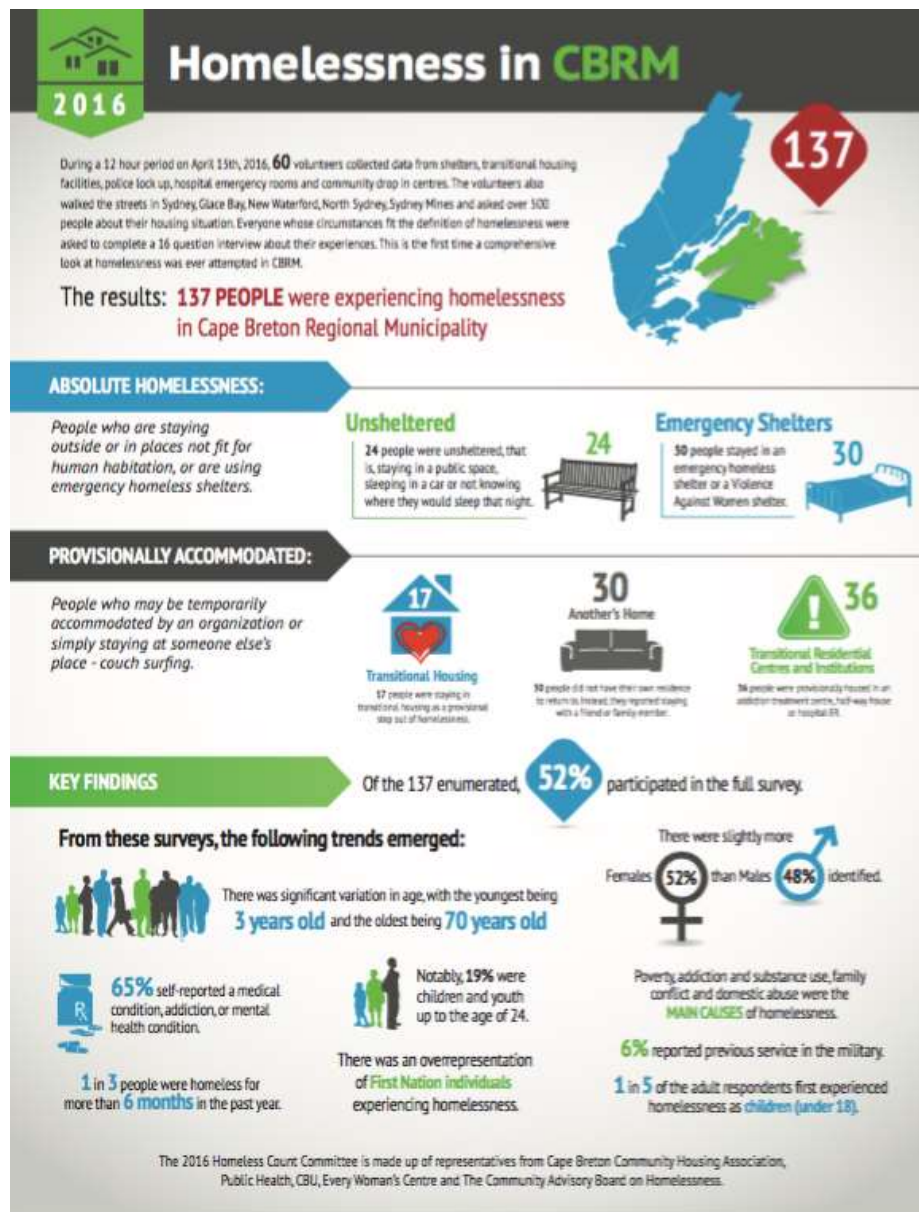
Being the change we want to see



Looking local: Housing First

"As a nurse with acute care experience in both inner city and rural Emergency Departments I am able to rely on my experience of what poor health from poverty looks feels and smells like. I cared for people with trench foot from walking the cold wet streets because there are no warm shelters available. I have cared for people with systemic sepsis from a dental abscess that was untreated because the person couldn't afford dental care. I have had the sickening experience of watching someone being discharged back into homelessness, knowing that a permanent home would be the one thing that would improve their health most. I know what hunger and cold looks like up close."

-- Judy Kelley, Public Health Nurse, Cape Breton, NS
(Working with Cape Breton Community Housing Association)



Poverty represents a serious but reversible threat to the health of people living in Ontario. As health providers, we enjoy privilege and access to power which many do not. As a high impact health intervention, we will work to eliminate poverty.



Using stories to inform policy



A practicing Toronto street nurse believes the number of homeless deaths in the city is "likely higher" than what's being recorded through Toronto Public Health's (TPH) new data collection method.

Cathy Crowe, a visiting practitioner at Ryerson University's department of politics and public administration and longtime homelessness activist, says the numbers the TPH are getting are likely "still underreported."

[Cathy Crowe, Toronto Street Nurse](#)



National policy influence: CFNU and National Pharmacare



Canada's nurses are calling on citizens and residents of Canada to sign the petition to the Government of Canada to implement:

- 1.) A Pan-Canadian Universal Pharmacare Plan, in this 42nd Parliament; and
- 2.) A National Formulary for medically necessary drugs including a drug monitoring agency providing regulations and oversight to protect Canadians.



Question #3

How is government implementing anti-oppressive policies that impact social determinants of health?

This could be at the local, provincial, federal or Indigenous government level.

Question

*How do you want to engage on this issue
at a policy level?*

8 steps to developing a healthy public policy

1. Describe the problem
2. Assess readiness for policy development
3. Develop goals, objectives and policy options
4. Identify decision-makers and influencers
5. Build support for the policy
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8. Evaluate and monitor the policy

From this morning

- Educate yourself about different identities and experience
- Challenge your own discomfort
- Learn and practice the skills of being a professional ally/leader
- Take action to create interpersonal, societal and institutional change.



**LEAD
FONCER**

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Merci. Thank you. Megwich.

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