

Moving Toward Meaningful Change, One Uncomfortable Conversation at a Time

Marichelle Leclair ^{1,4}, MSc.; Sahr Wali ^{2,4}, MSc.; Carolyn Melro ^{3,4}, MSc.; & Zeenat Ladak ^{2,4}, MSc.


¹ Université de Montréal


² University of Toronto


³ Dalhousie University


⁴ Student Working Group of the Canadian Association of Health Services and Policy Research

DOI: <https://doi.org/10.15273/hpj.v2i2.11484>

Marichelle Leclair ORCID  <https://orcid.org/0000-0002-9942-7244>

Sahr Wali ORCID  <https://orcid.org/0000-0003-1928-531X>

Carolyn Melro ORCID  <https://orcid.org/0000-0003-0412-5495>

Zeenat Ladak ORCID  <https://orcid.org/0000-0001-8904-3186>

Abstract

The concept of health equity in the management of the pandemic has captured the attention of many within the field of health services and policy research and has shaped the identity of a generation of young scholars. This commentary summarizes the work done by the Student Working Group of the Canadian Association of Health Services and Policy Research to meaningfully engage with the concept as part of a seminar series, as well as the limits of that work. As part of efforts to address those limits, the Student Working Group has joined forces with the *Healthy Populations Journal* to develop a special issue on health equity. We invite all trainees, patient partners, and knowledge users who are committed to moving the conversation on health equity forward to contribute to this special issue.

*Je ne suis pas bien du tout assis sur cette chaise
Et mon pire malaise est un fauteuil où l'on reste
Immanquablement je m'endors et j'y meurs.*

*I don't feel well at all sitting in that chair
My worst malaise an armchair made for resting
Inevitably I'll fall asleep and die there*

*Mais laissez-moi traverser le torrent sur les roches
Par bonds quitter cette chose pour celle-là
Je trouve l'équilibre impondérable entre les deux
C'est là sans appui que je me repose.*

*But let me cross the rapids on the rocks
In short hops jump from this one leap to that
And find the mystic balance in between
That place of no support where I can rest*

Hector de Saint-Denys Garneau

Hector de Saint-Denys Garneau
translated by George J. Dance

If one expression could capture the zeitgeist of the field of health services and policy research in the pandemic era, it would most certainly be “health equity.” Within the situation related to COVID-19, the fragility of our health care systems was revealed (Haldane et al., 2021) as access to care became a unified challenge (Walker et al., 2021). For many minority and underserved population groups across Canada, such as Indigenous peoples (Hillier et al., 2020), visible minority groups and immigrants (Amoako & MacEachen, 2021; Greenaway et al., 2020), people with disabilities and mental illnesses (Fornaro et al., 2021; Gignac et al., 2021; Melamed et al., 2020; Zhand & Joobor, 2021), gender identity minority populations (Slemon et al., 2022), and people experiencing socio-economic disadvantage (Abrams & Szeffler, 2020), the conditions of the pandemic only further worsened the disparities in their social determinants of health. Despite the pandemic exposing the relative burden of these health inequities among many overlooked population groups, several initiatives to improve the burden have fallen short, as the term “equity” has increasingly become little more than a trendy buzzword.

As trainees in health services and policy research, we have conducted a large part of our doctoral studies during the COVID-19 pandemic. Our identity as emerging scholars has been shaped by the social dynamics and political decisions made with regard to the broader health and health system crisis being brought to the forefront alongside the COVID-19 pandemic. We witnessed the repeated evocation of health equity among senior researchers, administrators, clinicians, and policy- and decision-makers, in ways that used “equity” to characterize certain population groups in a deficit manner. By failing to engage with populations to identify and understand the underlying roots contributing to their health inequities, we have fallen into the cycle of embracing stereotypical and tokenistic ideas of support that do not reflect the needs of the

community (Hyett et al., 2019). In this way, the growths and challenges that individuals have overcome and experienced have been minimized, and the role that institutions and decision-makers have played in perpetuating inequity has been left unexamined. To be blunt: given the undeniable health gaps highlighted throughout the pandemic, we expected more. We notably expected more sustained and meaningful engagement from our training institutions, where Indigenous and racialized faculty members continue to disproportionately shoulder the burden in advancing health equity research (Mohamed & Beagan, 2019). These gaps were not created by the pandemic, but simply heightened by it.

In line with these expectations for health equity research, we recognized the inherent need for more strength-based efforts to be introduced and the role that trainees could play to join existing leaders—several of whom act as mentors in our career paths—in moving the field of health services and policy research toward meaningful change. To address this aim, the Student Working Group (SWG) of the Canadian Association for Health Services and Policy Research (CAHSPR), a pan-Canadian, trainee-run, voluntary group, initiated the Health Equity Research Initiative. Up until 2020, the SWG’s primary purpose was to enhance and facilitate graduate and post-graduate trainees’ involvement in the annual CAHSPR conference. Following the impact of the pandemic, members of the SWG were enthusiastic to have the group evolve into a community of practice that offered an organic learning opportunity for diverse and multidisciplinary trainees focused on illuminating and addressing equity research challenges within training programs.

This group transformation led to the launch of a new health equity initiative: *Challenging the Traditional Views on Research and Applications of Health Equity: A Seminar Series*. This seminar series was, to our knowledge, the first of its kind in its focus on bringing together trainees and experts across

various fields of health services and policy research and using a strength-based approach to broaden each other's understanding on the range and complexities of health inequities and the impact they have on different population groups. Although each seminar was hosted by a notable expert in health equity research, this seminar series provided a platform for students, clinicians, patient partners, and researchers to collaboratively discuss and challenge the misconceptions around applications of health equity and the top-down traditional manner in which research is conducted. This involved learning and embracing a wide range of methodologies and ways of knowing, from traditional Indigenous knowledge to art-based knowledge translation.

Our seminar series grappled with issues pertaining to cultural safety, homelessness, patient participation, Indigenous health, and knowledge translation. In the very first seminar of the series, Dr. Angela Mashford-Pringle led a workshop concerned with deconstructing ideas surrounding "vulnerability" and "marginalisation," inviting attendees to rethink the ways they may be, often unknowingly, doing research *on* people rather than *with* people. By exploring a different perspective on research, this seminar illustrated the pressures experienced by individuals to conduct research in the traditional Westernized mode taught within institutions.

Given our team's focus on exploring strategies for doing research *with* people, this topic was touched on as part of our pre-CAHSPR conference student panel on pressures of academia and research in conducting research on health equity. MSc student and patient partner Adhiyat Najam and PhD candidates Sahr Wali, Clara Bolster-Foucault, and Carolyn Gaspar (Melro) tackled the importance of ensuring that patient and community partners are full, equal members of the research team. They argued that, while it may require adaptations from the academic members of the team, it is essential to provide communities with

a seat at the table to avoid tokenistic efforts of engagement. Notably, the acts of using layperson language, offering briefs on prior knowledge, and taking the time to build the relationship through informal, non-research-oriented discussions were highlighted as promising strategies that can be championed by trainees in their own institutions.

In "Being Poor, It's a Full-Time Job," led by Dr. Laurence Roy, we discussed the role of institutional norms and expectations put forth by health and social services systems in creating inequities. She highlighted how these norms are often incompatible with the mental, physical, and emotional state of service users who are chronically underserved and who may be dealing with issues such as lack of sleep or active trauma. When combined with the lack of social capital to engage with those services, this situation results in structural discrimination and stigmatization toward a segment of the population whose health, social, and behavioural needs are complex and chronically unmet.

With Dr. Lisa Richardson, we dismantled the health services and policy research holy grail that is "best practice," introducing the alternative of "wise practice." She argued that there are different approaches to health equity and that not all may be safe for Indigenous people. The seminar concluded on the importance of action-based accountability and of truly valuing the work of people on the ground trying to close the gap of health disparities.

These conversations gave light to the realization that equity is important not only in the way that research is co-created with equity groups, but also in how the findings from the research are shared back to community partners. Dr. Shelley Wall and Q. Jane Zhao hosted a session on the use of comics and graphic medicine for scientific knowledge translation. Graphic medicine uses comics to communicate about health and medicine. They showed how graphic medicine and storytelling

can be used for meaningfully building bridges in research and advocacy. The session offered some reflections to deepen our practice of knowledge translation: the practice of moving research from the lab to larger circles within academia and beyond.

Finally, at the last CAHSPR conference in May 2022, we had the privilege of welcoming Clifford Ballantyne (patient partner), Dr. Jai Shah, Dr. Lucy Barker, Dr. Shelley Wall, and Q. Jane Zhao for a keynote panel discussion entitled “Moving Towards Meaningful Change, One Uncomfortable Conversation at a Time.” The conversation was rich and often challenging, as we approached the ways in which well-intentioned research teams often put patient partners in a difficult position through expectations of displayed vulnerability—and it transpired that we at the SWG were no strangers to that fault. This conversation shed light on our role in sometimes reinterpreting the perspectives of those who are at the centre of conversations on health equity. We may not have come out of the panel with a clear way forward, but we did gain a clear intention of opening the discussion outside of the SWG to address our blind spots.

So, this is how our commentary ends: we extend a hand to other trainees, patient partners, and knowledge users who are committed to moving the conversation on health equity forward in the most uncomfortable of places. In collaboration with the *Healthy Populations Journal*, the SWG is developing a special issue on health equity that will be published in May 2023, with a launch at CAHSPR’s annual conference. We invite all to contribute to this special issue by submitting a contribution centring around underexplored topics of health equity in research and clinical practice and community involvement before the deadline of January 31, 2023. We welcome all types of contributions in French, English or Indigenous languages, including comics, infographics, videos and apps to be accessed through QR codes, commentaries, and

traditional research papers. We look forward to having those uncomfortable conversations with you, and hopefully moving toward meaningful change.

References

- Abrams, E. M., & Szeffler, S. J. (2020). COVID-19 and the impact of social determinants of health. *The Lancet Respiratory Medicine*, 8(7), 659–661. [https://doi.org/10.1016/S2213-2600\(20\)30234-4](https://doi.org/10.1016/S2213-2600(20)30234-4)
- Amoako, J., & MacEachen, E. (2021). Understanding the blended impacts of COVID-19 and systemic inequalities on sub-Saharan African immigrants in Canada. *Canadian Journal of Public Health*, 112(5), 862–866. <https://doi.org/10.17269/s41997-021-00558-9>
- Fornaro, M., De Prisco, M., Billeci, M., Ermini, E., Young, A. H., Lafer, B., Soares, J. C., Vieta, E., Quevedo, J., de Bartolomeis, A., Sim, K., Yatham, L. N., Bauer, M., Stein, D. J., Solmi, M., Berk, M., & Carvalho, A. F. (2021). Implications of the COVID-19 pandemic for people with bipolar disorders: A scoping review. *Journal of Affective Disorders*, 295, 740–751. <https://doi.org/10.1016/j.jad.2021.08.091>
- Gignac, M. A. M., Shahidi, F. V., Jetha, A., Kristman, V., Bowring, J., Cameron, J. I., Tonima, S., & Ibrahim, S. (2021). Impacts of the COVID-19 pandemic on health, financial worries, and perceived organizational support among people living with disabilities in Canada. *Disability and Health Journal*, 14(4), Article 101161. <https://doi.org/10.1016/j.dhjo.2021.10.1161>
- Greenaway, C., Hargreaves, S., Barkati, S., Coyle, C. M., Gobbi, F., Veizis, A., & Douglas, P. (2020). COVID-19: Exposing and addressing health disparities among ethnic minorities and migrants. *Journal of Travel Medicine*, 27(7), Article

- taaa113.
<https://doi.org/10.1093/jtm/taaa113>
- Haldane, V., De Foo, C., Abdalla, S. M., Jung, A.-S., Tan, M., Wu, S., Chua, A., Verma, M., Shrestha, P., Singh, S., Perez, T., Tan, S. M., Bartos, M., Mabuchi, S., Bonk, M., McNab, C., Werner, G. K., Panjabi, R., Nordström, A., & Legido-Quigley, H. (2021). Health systems resilience in managing the COVID-19 pandemic: Lessons from 28 countries. *Nature Medicine*, 27(6), 964–980.
<https://doi.org/10.1038/s41591-021-01381-y>
- Hillier, S. A., Chaccour, E., Al-Shammaa, H., & Vorstermans, J. (2020). Canada's response to COVID-19 for Indigenous peoples: A way forward? *Canadian Journal of Public Health*, 111(6), 1000–1001.
<https://doi.org/10.17269/s41997-020-00444-w>
- Hyett, S. L., Gabel, C., Marjerrison, S., & Schwartz, L. (2019). Deficit-based Indigenous health research and the stereotyping of Indigenous peoples. *Canadian Journal of Bioethics*, 2(2), 102–109.
<https://doi.org/10.7202/1065690ar>
- Melamed, O. C., Hauck, T. S., Buckley, L., Selby, P., & Mulsant, B. H. (2020). COVID-19 and persons with substance use disorders: Inequities and mitigation strategies. *Substance Abuse*, 41(3), 286–291.
<https://doi.org/10.1080/08897077.2020.1784363>
- Mohamed, T., & Beagan, B. L. (2019). 'Strange faces' in the academy: Experiences of racialized and Indigenous faculty in Canadian universities. *Race Ethnicity and Education*, 22(3), 338–354.
<https://doi.org/10.1080/13613324.2018.1511532>
- Slemon, A., Richardson, C., Goodyear, T., Salway, T., Gadermann, A., Oliffe, J. L., Knight, R., Dhari, S., & Jenkins, E. K. (2022). Widening mental health and substance use inequities among sexual and gender minority populations: Findings from a repeated cross-sectional monitoring survey during the COVID-19 pandemic in Canada. *Psychiatry Research*, 307, Article 114327.
<https://doi.org/10.1016/j.psychres.2021.114327>
- Walker, M. J., Meggetto, O., Gao, J., Espino-Hernández, G., Jembere, N., Bravo, C. A., Rey, M., Aslam, U., Sheppard, A. J., Lofters, A. K., Tammemägi, M. C., Tinmouth, J., Kupets, R., Chiarelli, A. M., & Rabeneck, L. (2021). Measuring the impact of the COVID-19 pandemic on organized cancer screening and diagnostic follow-up care in Ontario, Canada: A provincial, population-based study. *Preventive Medicine*, 151, Article 106586.
<https://doi.org/10.1016/j.ypmed.2021.106586>
- Zhand, N., & Joobar, R. (2021). Implications of the COVID-19 pandemic for patients with schizophrenia spectrum disorders: Narrative review. *BJPsych Open*, 7(1), Article e35.
<https://doi.org/10.1192/bjo.2020.157>