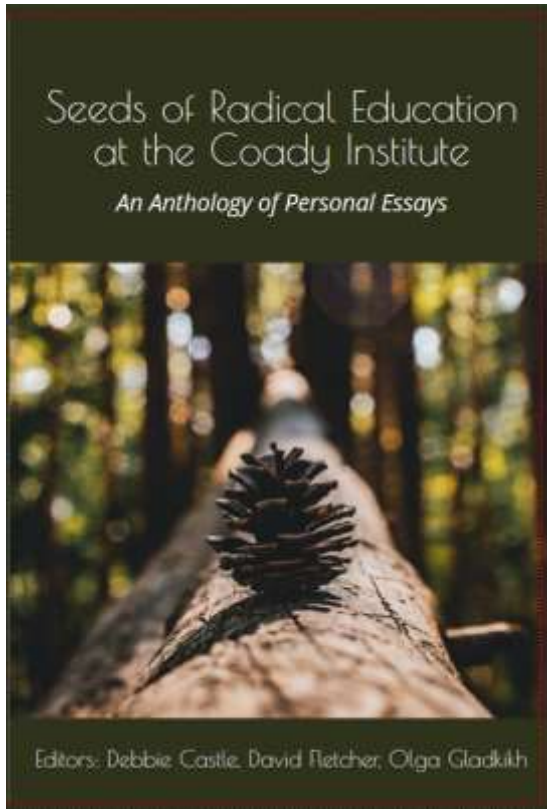


The Struggle for Health: A Struggle for Justice

By Colleen Cameron



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THE STRUGGLE FOR HEALTH: A STRUGGLE FOR JUSTICE

Colleen Cameron

“When you change the way you look at things ... the things you look at will change.” Wayne Dyer¹

Achieving a “full and abundant life”² and “Health for All”³ requires an understanding of the intersectionality of health, development and justice. Radical adult education is key to bringing about those changes by helping people change the way they look at things.

Education programs at the Coady International Institute have evolved over time to achieve these aims. What has not changed is the basic philosophy and belief that participants have rich experience and knowledge to contribute to the learning environment, and a critical analysis of the context in which people live and work would enable them to look at things differently to bring about the change required for their communities to be healthy.

The curriculum at the Coady has always included a health course. I began facilitating this course in 1990, just after I returned from working as a nurse in various countries in the Middle East and Africa, and had started my Masters in Adult Education at St. Francis Xavier University. Over the next 26 years, this course and its reiterations became a major learning space for me and for many of the participants who took the course.

Many Coady participants carried the hegemonic concept of health as the absence of disease and saw the medical model as a means for change. A common response to the question about taking the health course was, “I don’t do health; I do community development.” Helping people to look at health differently so they are able to realize the interconnection between development and health required a curriculum that started with the participants’ experience and the use of experiential learning methods.

In this essay, I will describe some of the changes in the curriculum to reflect the participants’ contexts and a broader concept of health. One of those changes was the inclusion of the processes and lessons learned in the local context from the People Assessing Their Health (PATH)⁴ and the Community Health Impact Assessment (CHIA)⁵ processes developed in northeastern Nova Scotia in the mid-1990s. I will share the experiences of people who came from around the globe to learn about these processes and implement them in their own contexts. I will also describe how the experiences of local people related to the experiences of the international

participants and contributed to the curriculum at the Coady. Ultimately I will demonstrate why radical adult education is the key to bring about the change required in this world today.

Methods and Processes

Through the use of experiential learning techniques, participants were able to move their thinking beyond the narrow focus on issues, such as malnutrition and nutrition education as the solution, to a social, political, cultural and economic framework for understanding the issue. Rakku's Story⁶ was one such exercise that asked the question, "Why did Rakku's baby die?" While continuing to ask why, participants identified and analyzed the social, political, cultural and economic factors leading to the death of Rakku's baby. For me it was exciting to see the understanding of participants change, using an experiential, participatory process. It is one thing to intellectually understand participants have knowledge and experience to do this analysis, but another to actually move beyond the traditional teaching model and really believe people can do this. That was when I started to learn to trust the process.

Another exercise to help participants who did not have a health background move beyond the narrow concept of health was the Picture Exercise (see Box below).

Picture Exercise for the Determinants of Health

Small Groups: Participants work in groups of 5 – 8 people

- A large selection of pictures/photographs from newspapers, magazine, calendars, etc. is provided.
- Each participant selects one picture that for them represents something about health.
- In small groups, each participant shares what they see in the picture that reminds them of health.
- When all participants have shared their pictures, the group then identifies all the factors that are necessary for health.

Plenary: When each group has identified the factors that determine health the whole group reconvenes.

- The facilitator draws a circle on the flip chart with health in the middle
- The facilitator invites each group to identify the factors that affect health based on their group discussions.
- Each time a group contributes a factor the facilitator draws a line out from the circle and writes the factor on the line. Eventually this looks like the spokes in a wheel.
- When all the factors have been identified, the facilitator asks the group if there are any additional factors to add.
- The facilitator concludes the discussion by asking for overall comments.
- If there has been a previous discussion about what is development, the facilitator can replace the word "health" with "development" enabling the participants to see the similarities between health and development.
- Conclude with a discussion about the similarities between health and development.

The activity allows people to:

- share their experiences and knowledge with one another;
- identify all the determinants of health that arise from personal experience;
- see the interconnection of the determinants of health in a visual and personal way;
- see the relationship between development and health

at health, and come to an understanding that the health and well-being of people and the planet is integrally linked to power, politics and policy. As well, participating in a CHIA process, with a tool they created themselves, enabled participants to see how they could have a voice in decisions that affect their communities now and in the future.

Another approach I used in the course was to promote collective, social learning. Participants collectively chose the topics they were interested in exploring, then a list of readings was put on reserve in the library for them to select. Working in groups, each participant would choose a different reading and the following day in class would share what they learned with others in their group, then each group shared with the whole class. During the discussions that followed, participants were able to understand that issues affecting health in their contexts were the same in other contexts, which led to some collective ideas for change. The process of designing their own curriculum was a new and empowering experience for participants, as they generally came from a colonialist education system and may not have experienced adult education methods previously.

In 1996, I became aware of the People Assessing Their Health (PATH) process that was developed as a result of a Health Canada funded pilot project in three communities in northeastern Nova Scotia (the PATH project). This process, which is based on people's own experiences, enables community members to analyze their own situations and develop an understanding of the multitude of factors that influence individual and community health, otherwise known as the Social Determinants of Health (SDOH). This process involves structured storytelling, developing a vision of a healthy community, and then the development of a Community Health Impact Assessment Tool (CHIAT).⁸

When people become fully engaged in analyzing their own stories and experiences in their daily lives, something they may have never done before, it can be very empowering. The CHIAT can be used by community to assess the potential impact of any project, program or policy on the health of their community, and identify ways to maximize the benefits and minimize the risks. The intention of the CHIA is to give complete ownership to the community, so they are in control of the decision-making process. The PATH process is also transferable to different communities and contexts, since it is based on people's own experiences. For these reasons, I included the PATH process in the curriculum of the health course in 1997.

Going through the PATH process, each class would develop their own CHIAT to assess a project, thereby reinforcing their learning through this experience and giving them the confidence to implement it at home. The PATH process is a collective learning process that enables a deeper understanding of the SDOH, how they interact to affect health, and what can be possible to bring about positive change. As one participant said, "How effective it is to apply adult learning principles to a community change process. With the right process, ordinary individuals are fully capable of developing extraordinary clarity about their lives and ways forward."

Facilitating the PATH and CHIA processes locally and globally

In 1997, a PATH Network developed comprising people committed to promoting this process locally, regionally, nationally, and then globally. Being a member of the PATH Network gave me the opportunity to be involved in local and national research projects, as well as facilitating numerous CHIA processes in Nova Scotia and western Canada. Integrating the PATH process into the health course, and subsequently developing a

three-week certificate course in *Community-Driven Health Impact Assessment*, led to opportunities to co-facilitate the process in several countries in Asia and Africa. Working locally and globally provided rich experiences and lessons that contributed not only to the curriculum, but to the overall application processes. The similarities between the local and global applications contributed significantly to the understanding and implementation of the processes and how they can be used in various contexts.

In 2003, I was invited to co-facilitate the PATH process with some former Coady graduates at the Association for Social and Health advancement (ASHA) in Kolkata, India. This was the first time the PATH process was facilitated outside of Canada. ASHA staff and board members developed their own CHIAT, and in the process, increased their understanding of health and the SDOH. We then went to the field, where I acted as a mentor, and staff facilitated the process in a rural community with a group of semi-literate women. I had been advised the women would not be able to participate the whole time due to their workload. It was amazing to watch them become totally engaged in the process. They came every day and were reluctant to leave. The discussions became very animated as they came to understand their own context and the gender discrimination they faced. They developed their own CHIAT and identified strategies to change the discrimination and barriers they faced in the community and society. Understanding what was contributing to their well-being gave them hope and a vision for a healthier future.

For me, this was a major confirmation that the PATH process is transferable to any context, since it is based on people's own stories and experiences. I was also amazed by the change in these women, who had very little formal education and very little voice in the community, as they collectively analyzed their own situation and developed strategies for change. It reinforced for me the concept that people have experience and knowledge, no matter their education level. It also highlighted the importance of mentoring and supporting ASHA staff. As they facilitated the process, it increased their understanding of and confidence in using the process, and reinforced their learning.

Later, at my first HIA (Health Impact Assessment) conference in Sydney, Australia, I learned that HIA processes were being implemented by different levels of governments in various countries, particularly in South East Asia and parts of Europe. However, those HIA processes were being conducted by experts in a top-down manner, with varying levels of community consultation. At that conference, I realized PATH was unique, as the only HIA process that used a tool developed by community members — a tool that reflected their values and beliefs, and they used to assess policies, programs and projects intended to improve their lives. After my presentation, I met some of the staff and directors from the HIA Coordinating Unit, National Health Commission Office of Thailand, who were starting to implement HIA processes in local communities. They were excited to learn about the PATH process and subsequent CHIATs that could be developed. They became some of the first participants to take the new CDHIA certificate course at Coady, along with other health impact practitioners and academics.

The Thai government embraced the CHIA approach, and had HIA embedded in two significant laws. One law affirmed the right of every individual or group to request and participate in a health impact assessment of any public policy. The other gave the National Health Commission the right to monitor any policy for its impact on the health of people resulting from public policy. Consequently, CHIAs were conducted throughout the country in various policy-making areas including mining, energy (biomass and coal), southern seaboard, tourism, and industrial policies.

After five years of CHIA development in Thailand, important lessons were identified. One lesson was that CHIA offers four benefits to society — the development of public policy; the development of a participatory democracy; mutual learning from all sectors; and a tool for the empowerment of civil society. Another lesson was that CHIAs must consist of four significant characteristics including: placing importance on the community's core values, regarding health with a holistic approach, understanding the connection of health impacts in every dimension, and applying different and diverse tools in assessing the impacts.⁹ A recent example of their work is documented in a case study of Community-led Health Impact Assessment Addressing Cross-border Pollution in Nan Province, Thailand.¹⁰ One of the lessons learned in this assessment is that community-led health impact assessment is a learning process. “The co-production of **knowledge** among experts and local people, gave locals literacy and capacity to communicate and negotiate with the relevant authorities to discuss the problem(s) appropriately.”

This capacity building process, which enables community members to negotiate with authorities, is a theme in a number of CHIA processes. In Ghana, the Centre for Indigenous Knowledge and Organizational Development (CIKOD)¹¹ used the tool they developed in a gold mining community, and were very surprised by the breadth and depth of the issues community members identified. Having systematically identified all the impacts and potential impacts of gold mining on the health of their community, they were then able to request a meeting with the mining executives. A day-long meeting was held where community members presented their issues to the executives and a dialogue followed. Changes were made and a liaison committee was established between the community and the mining company.

A similar situation arose in Antigonish, Nova Scotia (where the Coady is located) when a local quarry company applied for and received provincial government permission to increase the size of its rock quarry from five acres to 50 acres. The community members only had 30 days to respond to a government call for public input. A CHIA was conducted and recommendations were developed. The community held a meeting with government environmental officials and company managers, resulting in changes to the operations being made and a Community Advisory Group being set up to act as a liaison with the company.

These examples demonstrate people feel more empowered when they are organized and voice their concerns. The tool is a systematic way to organize. The PATH process helps communities to think about health in a new way, enabling them to take action to improve the health of their communities.

In this world where global inequities, social injustices and environmental crises exist, achieving Health for All requires a radical shift in the power, structures and ideologies that prevent people from living well and reaching their full potential. Radical change requires radical thinking. The PATH process enables critical thinking, provides a vision of what is possible for the future and strategies for change. The CHIA process provides people with a tool to systematically assess the potential impact decisions can have on the health of their communities. Together these processes enable people to believe they can challenge the status quo and be a part of designing their own future well-being. Radical adult education enables people to change the way they look at things, and instills the belief that they can make change happen.

Endnotes

- ¹ Canfield, J. et al. In Pearls of Wisdom. (2012). Hierophant Publishing.
- ² Coady, M. Founder of the Antigone Movement at <https://www.azquotes.com/quote/677589>.
- ³ WHO https://www.who.int/whr/1998/media_centre/executive_summary6/en/.
- ⁴ PATH at <http://awrcsasa.ca/resources/path-people-assessing-their-hea>.
- ⁵ CHIA at http://www.ncchpp.ca/54/health_impact_assessment.ccnpps.
- ⁶ Adapted from: “Rakku’s Story: Structures of Ill Health and the Source of Change, Sheila Zurbrigg in Links 7,3 / 4, 1990, 8.
- ⁷ Story Dialogue method at <http://wp.globalhealthequity.ca/wp/story-dialogue-method/>.
- ⁸ CHAIT at <http://awrcsasa.ca/archive/pdfs/Antiognish%20CHIAT.pdf>.
- ⁹ https://en.nationalhealth.or.th/wp-content/uploads/2017/11/2012_Revitalizing-Thais-Community-HIA.pdf.
- ¹⁰ <https://participedia.xyz/case/5751>.
- ¹¹ CIKOD at Facebook <https://www.facebook.com/pages/category/Non-Governmental-Organization--NGO-/CIKOD-848720768519435/>.

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