Facilitator Guide: Creating Brave Spaces for Health Communication

Students can undertake this module *after* they have completed the Introduction to Health Communication module which provides a foundation for key health communication concepts.

This module invites learners to explore how cultures, identities, and unconscious biases can influence health communication, and how reflexive practice can be used to develop skills for navigating inevitable challenges and necessary discomfort.

This is a process-oriented module, which encourages learners to think about the structural, cultural, and social factors that influence us on personal and collective levels and must be unpacked to create brave spaces for health communication.

Prior to engaging with this module, as a way of modelling reflexive practice, it is important to acknowledge with students that there are many Ways of Knowing, Being, and Doing, and that this module has been developed using western pedagogies and concepts. For example, we acknowledge that Reflexivity itself is a western concept and its application may require further unpacking within non-western health communications contexts.

This module is available to you as a facilitator to support learning objectives and activities in tutorials, and other class activities. It can also be useful to scaffold assessment in your course.

Learning Objectives for Creating Brave Spaces in Health Communication module:

1. Understand the concepts 'identity' and 'culture'
2. Identify and understand how identity and culture inform the differences between cultural competence, cultural safety and cultural humility in health communication
3. Identify the role of reflection and reflexivity in creating brave and safer spaces for health communication
4. Understand the importance of creating brave and safer spaces for health communication

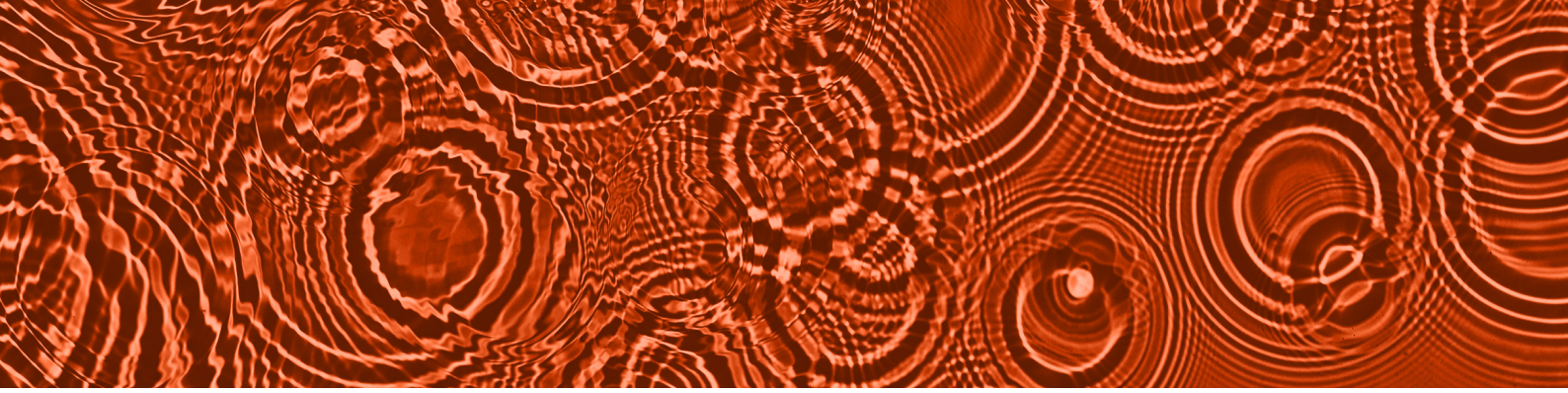
Estimated learner time for Creating Brave Spaces in Health Communication module: 45 minutes

Ideas for extending the module content with students:

We suggest that students engage with this module on their own prior to class and that elements can be imported to tutorials or other classroom setting for further discussion. Example discussion questions for exploring the content in more depth are provided below.

Additionally, the videos from the module can be shown in class or tutorials as a prompt for further discussion:

- The first video offers foundational understandings for students about how our standpoints, cultures, and lived experiences inherently produce blind spots and unconscious biases. Example discussion questions for extending this topic are offered in the following section. In the module, students are invited to consider taking an Implicit Bias Test, experiences of which may be included as part of your course discussion.
- The animation depicts and offers distinctions between the terms cultural competency, cultural safety, and cultural humility. Students can be prompted to explore the contextual and historical factors that lead to the development of these terms in health communication and health practice.



- In the later video, our panelists provide examples and tips related to creating brave spaces. If exploring this video in class, you could ask students to write reflexively about things that are new or perhaps familiar to them in terms of developing and engaging these skills.

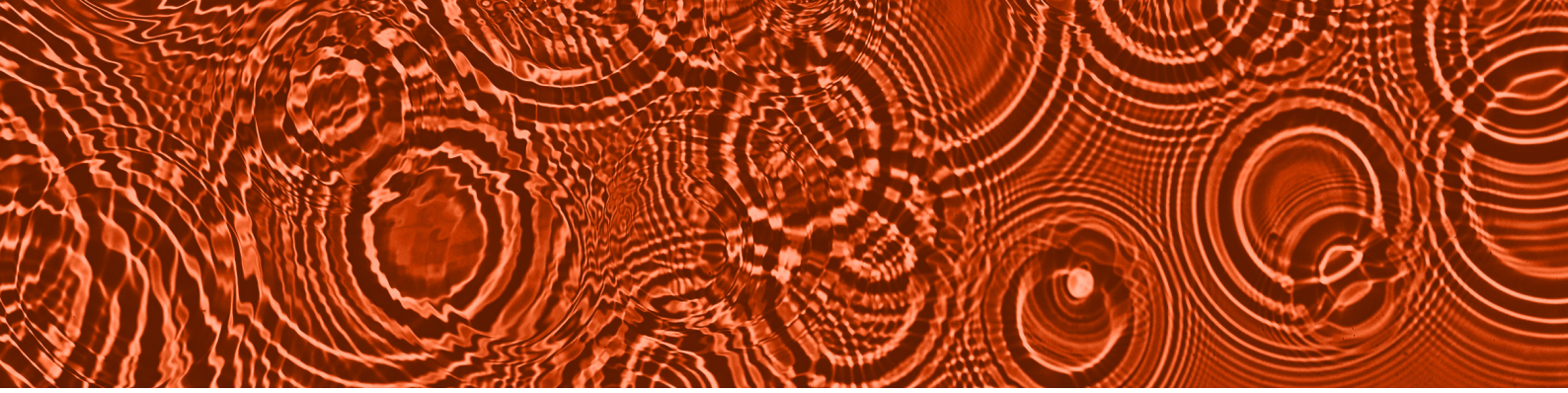
Support and tips for facilitating a brave and safer classroom discussion:

Key strategies for creating and facilitating brave and safer classroom discussions include:

- Modelling vulnerability
    - Be transparent about the teaching decisions you make. For example, have you altered the way you present a certain topic as you have grown in your own reflexive practice? This is a fantastic way to teach through modelling as well as address power dynamics in your classroom.
    - Take care to model conscious use of personal language (i.e. "I, me, my /we" language rather than "you/they".) Taking personal responsibility in language use helps to avoid generalisations and/or othering.
- Strengths-based language
    - Language is complicated and always evolving. The terms we have used in this module, for example, are open for discussion and even illustrate how terminology develops over time. Shifting away from deficit discourse and toward strengths-based language is something we can all do to contribute to more respectful and positively-evolving discourse.
    - For more on this topic see:
        - Lowitja Institute. Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing. 2018. Available from: https://www.lowitja.org.au/page/services/resources/Cultural-and-social-determinants/racism/deficit-discourse-strengths-based [
- Deep listening
    - We are all capable of listening deeply, but we must constantly remember to practice and strengthen that skill if we want to better hear each other (and our inner voices) amidst our noisy world. Deep listening is crucial for developing brave and safer spaces in the classroom and in health communication settings. Miriam-Rose Ungunmerr-Baumann shares the term Dadirri in her Ngan'gikurunggurr language and encourages this practice to be taken up across Australia. The Creative Spirits website offers some avenues for learning about, practicing, and applying this concept, including a video narrated by Ungunmerr-Baumann which may be useful for course content and/or in developing ground rules for classroom discussions.
- Voice equity

It is important to note that calling upon students from marginalised backgrounds to tell their stories is not appropriate (if a student offers this voluntarily, then supporting a brave and safer space becomes the priority). Less-dominant voices can be integrated into your course in a safer and more respectful way by using videos and literature or by inviting paid guest lecturers with lived and/or professional experiences into the course.

    - It is important to practice and model cultural humility when addressing your class. Avoid making assumptions about who is in your audience to prevent cultural unsafety or conflict and promote humility and trust among your cohort. Addressing your cohort holistically and without making assumptions about how people identify is important for setting the tone of a brave space.



It might be useful to distribute the following **terminology guides** to students prior to discussions, depending on the topic being discussed, to ensure everyone is working with a baseline of respectful language.

> The University of Queensland. UQ Guide to Using Inclusive Language. n.d. Available from: https://staff.uq.edu.au/files/242/using-inclusive-language-guide.pdf
>
> The University of Queensland. UQ Reconciliation Action Plan. Brisbane; 2018. Available from: https://about.uq.edu.au/files/535/UQ-RAP.pdf
>
> Public Health Association of Australia. Aboriginal and Torres Strait Islander Guide to terminology. 2017. Available from: https://www.phaa.net.au/documents/item/4897

ITaLI offers a collection of **resources for inclusive teaching practices**, which may also support your work.

> Institute for Teaching and Learning Innovation. The University of Queensland. n.d. Available from: https://itali.uq.edu.au/teaching-guidance/teaching-practices/inclusive-practice

Example discussion questions:

- Culture and Blind spots:
  - What influences have the places you've lived, your family and social environments, and the financial and education opportunities you've had played in shaping who you are today?
  - What values have you been raised with? How does this shape what you value in your own life?
  - What influenced and enabled you to choose your discipline of study?
  - Has there been a time where you feel your health communication was impacted by bias or stereotype?
  - Has there been a time where you feel as though you have felt profiled due to your cultural identity by the health system or a health professional? If not, why might that be?
  - Have you ever become aware of a bias or an assumption that you weren't aware of before? What did that experience teach you?
- Cultural competency, cultural safety, and cultural humility
  - In your own words, how would you describe the differences between the terms cultural competency, cultural safety, and cultural humility?
  - Do you have any examples from lived experiences that depict one or each of these concepts?
- Brave and safer spaces
  - What thoughts and feelings does the term 'safe space' evoke for you? What about 'brave space'?
  - The concept 'brave spaces' comes from the US. With cultural humility in mind, how might we be guided in applying this process in Australia or elsewhere in a culturally safe way? Why are these distinctions and clarifications important to engage with in your health communication and health practice?

Example learning activity:

Think/Pair/Share: Ask students to consider how understanding the distinctions between cultural competency, cultural safety, and cultural humility might inform health communication practice in their field.

Group Discussion: Depending on cohort size, students may work together over the semester to develop a brave space (i.e. developing ground rules, practicing deep listening, reflexivity, etc), culminating in a group discussion at the end of the semester. Small groups with multiple staff facilitators present are recommended, whenever possible.

Additional resources that support the teaching content

1. Arao B, Clemens K. From safe spaces to brave spaces. The art of effective facilitation: Reflections from social justice educators. 2013:135-50.
2. Anderson L, Riley L. Crafting safer spaces for teaching about race and intersectionality in Australian Indigenous Studies. The Australian Journal of Indigenous Education. 2021 Dec;50(2):229-36.
3. Fredericks B, Thompson M. Collaborative voices: ongoing reflections on cultural competency and the health care of Australian Indigenous people. Journal of Australian Indigenous Issues. 2010;13(3):10-20.
4. Frawley J, Russell G, Sherwood J. Cultural Competence and the Higher Education Sector: Australian Perspectives, Policies and Practice. Springer Nature; 2020.
5. Bin-Sallik M. Cultural safety: Let's name it! Australian Journal of Indigenous Education. 2003;32:21.
6. Tervalon M, Murray-García J. Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. J Health Care Poor Underserved [Internet]. 1998 [cited 2021 24 Nov]; 9(2):[117-25 pp.]. Available from: https://doi.org/10.1353/hpu.2010.0233.
7. Solchanyk D, Ekeh O, Saffran L, Burnett-Zeigler IE, Doobay-Persaud A. Integrating Cultural Humility into the Medical Education Curriculum: Strategies for Educators. Teach Learn Med [Internet]. 2021:[1-7 pp.]. Available from: https://doi-org.ezproxy.library.uq.edu.au/10.1080/10401334.2021.1877711.
8. Greene-Moton E, Minkler M. Cultural Competence or Cultural Humility? Moving Beyond the Debate. Health Promot Pract [Internet]. 2020 [cited 2021 24 Nov]; 21(1):[142-5 pp.]. Available from: https://doi-org.ezproxy.library.uq.edu.au/10.1177%2F1524839919884912.
9. Foronda C, Baptiste D-L, Reinholdt MM, Ousman K. Cultural Humility: A Concept Analysis. J Transcult Nurs [Internet]. 2016 [cited 2021 3 Nov]; 27(3):[210-7 pp.]. Available from: https://doi-org.ezproxy.library.uq.edu.au/10.1177%2F1043659615592677.
10. Wright R, Baptiste D-L, Booth A, Addison H, Abshire M, Alvarez D, et al. Compelling Voices of Diversity, Equity, and Inclusion in Prelicensure Nursing Students: Application of the Cultural Humility Framework. Nurse educator [Internet]. 2021 [cited 2021 31 Oct]; 46(5):[E90-E4 pp.].
11. Sylvain, D. Creating Brave Space. [Video]. 2020. Available from: https://www.youtube.com/watch?v=83rYV5SDqzY&t=192s [Accessed 23 Feb 2022].
12. National Association of Colleges and Employers. Creating Brave Space. [Video]. 2018. Available from: https://www.youtube.com/watch?v=W4zZjfyhFyw [Accessed 23 Feb 2022].
13. Verduzco-Baker L. Modified brave spaces: Calling in brave instructors. Sociology of Race and Ethnicity. 2018 Oct;4(4):585-92.
14. thejuicemedia. Gary Foley: Advice for white Indigenous activists in Australia. [Video]. 2010. https://www.youtube.com/watch?v=uEGsBV9VGTQ. [Accessed 23 Feb 2022].
15. McDowall A. Layered spaces: a pedagogy of uncomfortable reflexivity in Indigenous education, Higher Education Research & Development. 2021;40:2;341-355, DOI: 10.1080/07294360.2020.1756751