Rationale:
The Anti-Oppression Workshop series grew from a sense of urgency felt by LEAD (Liberate, Eradicate, Activate to Dismantle) and other students, faculty and staff to address the gaps, missed opportunities, and impact the culture and practices of Johns Hopkins Bloomberg School of Public Health (JHSPH) as an institution has caused the surrounding communities (e.g. gentrification, increased security patrolling). Given the troubled histories of JHSPH and its continued role in displacing, experimenting on, and harming Black, Brown, and Indigenous communities, we sought to create opportunities to collectively reflect on our roles within the institution and how we can root our public health practice in principles of justice and equity.

LEAD (Liberate, Eradicate, Activate to Dismantle) is a collective of JHSPH students, alumni, staff, and faculty who have come together to understand how health justice is inherently connected to larger liberation movements by creating a space for anti-oppression knowledge building and action (Appendix A). Our goals are to create dialogue and intervene against unequal power distributions, as well as the structural and systemic inequalities that are present in our lives and the communities with which we work.

Objectives
1. To learn about the principles (e.g. reflexivity, equity) of anti-oppression (Workshop 1)
   1a. To build a container of shared language and understanding for anti-oppression work;
   1b. To recognize our own positionality and identities in different spaces we occupy (e.g. research institutions, non-profit organizations)
2. To learn about anti-oppressive frameworks and their relationship to public health practice (Workshop 2)
3. To apply anti-oppressive frameworks to public health scenarios and reflect on how to incorporate frameworks into personal praxis (Workshop 3)

Methods
Overall logistics
Planning for the 2017 Anti-Oppression Workshops began in June of 2017. Content was created in collaboration with consultants with a background in public health and anti-oppression practice. Weekly planning meetings were held with a core group of members. As proposed to the Diversity Innovation Grants, three workshops were prepared to achieve the outlined objectives; subsequently, each workshop set built on concepts shared earlier. As such, repeated attendance to each workshop was strongly encouraged. Each workshop was offered twice to maximize participation on a Wednesday and Friday during the lunch hour (12-1.30pm) with lunch provided. Participants were encouraged to RSVP through Eventbrite; those who RSVP’d in advance also received “primer” emails that were designed to prepare participants to engage with the Workshop content and space (e.g. community guidelines, articles to read beforehand).

Before implementation, LEAD members attended a 6-hour training led by the consultants who supported workshop design to ensure that they were aware of their positionalities and prepared to facilitate discussions around anti-oppression principles and frameworks. Facilitation styles were discussed, and LEAD members were split into lead and support personnel for each workshop. LEAD members continued this training over the course of three months. Facilitators met before each workshop to practice delivering the content and revised it based on feedback.
from participants. Facilitators, consultants, and some support personnel also participated in debriefing sessions after each workshop session.

Marketing for the workshops began 10 days before each Workshop (Figure 1). Main avenues for marketing included emails to various school listservs, flyers around the School of Nursing and JHSPH, and targeted invitations to Deans, members of the Diversity Council, and various Professors and Staff.

**Figure 1. Main flyer advertising the Anti-Oppression Series.**

All sessions began with completing a pre-evaluation survey and reviewing community guidelines (e.g. Make space take space, Stories stay, lessons leave). Two activities were completed in small group formats with time in between to have large group share outs. LEAD facilitators supported group discussions while guiding the overall conversation. In wrap up, participants completed the post-evaluation survey (Appendix B).

Workshop 1 covered basic anti-oppression principles and concepts. We collectively built a container of language, including terms such as privilege, oppression, and intersectionality, that was framed as a foundation for future workshops, and for social justice work generally. Participants were asked to provide an example of how a specific term has (or has not) shown up at Hopkins, how they have experienced this term or what it means to them, and how they or others have been harmed by the presence or absence of this term. Each small group was also asked to design a representation (e.g., drawing, short skit, song, etc.) to share back they key takeaways from their conversation while supporting non-traditional learning/teaching formats. The second activity included having participants complete a revised version of “Unpacking the
Invisible Knapsack" tailored for participants to reflect on their various identities and positionalities (Appendix C).

Workshop 2 exposed participants to specific anti-oppression frameworks for public health practice. Before introducing the frameworks, participants were presented with historical examples of oppression and the acute and chronic effects of these events on multiple marginalized groups. In the second activity, participants were introduced to five main anti-oppressive frameworks: harm reduction, transformative and restorative justice, trauma informed approaches, basic needs, and structural competency.

Workshop 3 focused on applying the frameworks from the previous workshop to detailed public health scenarios and practice. Time was taken to review the frameworks for new participants, to address any questions or confusion, and to hold dialogue on how the frameworks could be practiced. The session ended with a discussion about next steps for us as individuals to continue building on and practicing the anti-oppression frameworks discussed over the course of the workshop series.

Pre- and post-evaluation surveys were prepared for each workshop. The surveys recorded descriptive data about participants and their Hopkins’ affiliation, how comfortable participants were defining and explaining workshop content before and after the session, intention to use or apply workshop content post-workshop, and feedback on workshop facilitation and format. Participants were also able to record qualitative information about their biggest workshop takeaways. Evaluation data was reviewed regularly at workshop debriefing sessions and future content was revised based on participant and facilitator feedback.

Results
Analyses were conducted in STATA and Microsoft Excel to describe and evaluate demographics of participants, levels of comfort with workshop content, and intention to apply workshop content to public health practice.

Demographics
Overall, 165 unique students, faculty, and staff across JHSPH, School of Nursing and School of Medicine attended the six LEAD workshops. Of the 165 participants, 33 attended at least 2 workshops and 6 attended all three. The first workshop hosted 110 (66.7%) total participants of which, 74 (44.8%) total participants attended the second workshop, and 26 (15.7%) participants attended workshop 3. Participant affiliation with the school and department are shown in Figures 2 and 3.

Content-related
Comfort explaining anti-oppressive principles (Workshop 1)
The objective of Workshop 1 was to learn about key principles of anti-oppression. Before Workshop 1, 74% of participants had never been to an anti-oppression training (n=108). Participants were surveyed before and after the workshop on a 5-point Likert scale from “Very uncomfortable” to “Very comfortable” for the terms privilege, oppression, and intersectionality. Data showed that participants, on average, felt moderately comfortable explaining and defining these terms by the end of Workshop 1 (Figure 4). Additionally, when asked, 97% of participants noted “Yes” to have future plans to use the content from this training (n=95).
Figure 2. Workshop participant affiliation with JHSPH

Figure 3. Participant affiliation by department at JHSPH

Figure 4. Participants’ overall comfort with defining and/or explaining the terms privilege, intersectionality, and oppression to others by the end of Workshop 1.

Comfort explaining selected anti-oppressive frameworks (Workshop 2)

The objective of Workshop 2 was to learn about different anti-oppressive frameworks and their relationship to public health practice. Participants were surveyed on a 5-point scale from “Very uncomfortable” to “Very comfortable” on explaining the following frameworks: harm reduction, transformative and restorative justice, trauma informed approaches, basic needs,
and structural competency. On average, data showed that participants felt moderately comfortable explaining these framework to others after attending the workshop (Figure 5). Additionally, 98% of participants reported that they planned to use the content of the training in their future work (n=57).

**Figure 5. Participants’ overall comfort with defining and/or explaining harm reduction, transformative and restorative justice, trauma informed approaches, basic needs, and structural competency to others by the end of Workshop 2.**

**Intenons to apply anti-oppressive frameworks (Workshop 3)**

The objective of Workshop 3 was to practice applying anti-oppressive frameworks to public health scenarios and to reflect on how to incorporate frameworks into personal praxis. In comparison to larger participants, Workshop 3 only had 26 attendees over the course of two sessions – of those, 42% had attended Workshops 1 & 2, 15% had only attended Workshop 2, and 4% had only attended Workshop 1. In the pre-evaluation survey, participants shared their comfort with defining and explaining concepts covered in Workshop 1 (principles of anti-oppression) and Workshop 2 (anti-oppressive frameworks) on a 5-point Likert scale from “Very uncomfortable” to “Very comfortable.” On average, participants were moderately comfortable with defining privilege, trauma-informed approaches, and transformative/restorative justice. Of the most challenging concepts, on average, participants noted they were moderately uncomfortable defining and explaining the concepts of oppression and structural competency framework (Figure 6).

Furthermore, given the emphasis of Workshop 3 on application versus exposure to new content, the evaluation, in parallel, elicited qualitative reflections on what participants learned and the usefulness of the content for them. Selected responses to the questions are provided in Table 1.
Figure 6. Participants’ overall comfort with defining and/or explaining anti-oppressive principles and frameworks at the beginning of Workshop 3.

Table 1. Participants’ free-responses to the key take-aways and content learned over the course of the Anti-Oppression Series during their post-evaluation survey in Workshop 3.

<table>
<thead>
<tr>
<th>Key take-aways</th>
<th>Plans to utilize workshop content in the future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant E90: That I need to be more comfortable using and discussing these</td>
<td>Participant A90: I will be incorporating these frameworks both as a student (in classes, papers) as well as</td>
</tr>
<tr>
<td>frameworks (and that likely so do many public health practitioners)</td>
<td>an instructor (i.e. through teaching concepts)</td>
</tr>
<tr>
<td>Participant J92: Thinking about human rights abuses, past and present with the</td>
<td>Participant E95: I am interested in understanding the flow of money behind my research. Also to think deeply</td>
</tr>
<tr>
<td>frameworks helps me to consider actionable steps to change or improve</td>
<td>about my role as a &quot;Hopkins&quot; person for better or for worse.</td>
</tr>
<tr>
<td>Participant N83: My key take-aways are that we must be deliberate in our work</td>
<td>Participant M92: As a future physician and public health practitioner, I want to hold myself accountable to</td>
</tr>
<tr>
<td>and incorporate anti-oppression frameworks.</td>
<td>using frameworks such as restorative justice, basic needs centered, trauma informed case, etc</td>
</tr>
<tr>
<td>Participant L91: As a future public health practitioner actively seek individuals</td>
<td>Participant L91: As a future public health practitioner actively seek individuals and communities' perspectives</td>
</tr>
<tr>
<td>and communities' perspectives on what is important to them; think about how I</td>
<td>on what is important to them; think about how I can actively be an accomplice not just an ally.</td>
</tr>
<tr>
<td>can actively be an accomplice not just an ally.</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

The results of our evaluations showed a higher proportion of workshop participants were students (Figure 2); this trend held across all three workshops. While faculty and administrators did attend, they represented the smallest fraction of the overall proportion of participants (26%; n=108). We also noted that more often than not, faculty and administrators had to leave before the session wrapped up leading us to wonder that though faculty and staff were interested in the content, there may be time and scheduling barriers to have their full commitment. In fact, over the course of the series, participants mentioned the importance of mandating faculty and staff to
participate in these series during their post-evaluations. Specifically, Participant M75 noted, “How can we get this in front of faculty and administrators? Often with such trainings, we’re able to count those that are already learning in, so we miss those that need more encouragement,” while Participant A90 mentioned that they “Would like to see this evolve into a faculty training at some point.” It should also be mentioned that while the most participants cited learning of the workshops through emails, LEAD did not have access to the whole school list serve or to all faculty and staff and therefore, knowledge of the series may not have reached all faculty. In the future, we hope to have even more targeted marketing strategies that will engage department chairs along with faculty-only list serves.

In regards to the content, most participants reported only having heard of a single framework. Upon completion of Workshop 2, participants were more likely to report an increased comfort level explaining frameworks overall, and frequently reported that they would use this information beyond the workshop as noted by Participant H88 “Would love to share “Unpacking Privilege” w/ people I know who don't understand their privilege,” and Participant H82 I plan to apply it within my research conceptual frameworks + how I interact w/ students + staff” in Workshop 1 and by Participant J91 in Workshop 2, “In my approach to public health and coworkers in EMS.”

While overall, participants shared a positive view of the workshop implementation, many participants shared that the trainings went too fast and were too short to cover all the content as Participant K90 in Workshop 2 noted, “SO much content in so little time. Perhaps send out the info packets before the workshops so ppl have a basic foundational level of what is being talked about to bring more richness to the discussions” and Participant N90 in Workshop 1, “maybe attempt to tackle less or give more time. It felt rushed which can be detrimental to nuanced conversations.” At the same time, other participants appreciated the pace and the structure of the workshops as noted by Participant M83 in Workshop 2, “Loved the structure, small group discussion followed by larger group discussion. you guys were great!” and K82 in Workshop 1, “I love the interactive learning process and intentional collection.”

Lastly, as part of our intent to explore anti-oppressive principles and frameworks together, we sought to focus on creating an intentional space that supported the concept of calling in (when individuals are told with care if what they are saying is disrespectful, racist, transphobic, etc) and cultivate a culture of being comfortable with discomfort. While many participants appreciated the space, some found discomfort with the facilitators’ expectations of respecting name/ID as noted by L87 in Workshop 2, “FYI: sometimes it felt that participants were jumped on by multiple facilitators in terms of name/ID -> but <3ed the facilitating overall!” At the same time, the feedback for the content along with the facilitators was overwhelmingly positive as noted by Participant W86 in Workshop 1, “Great job. You call in w/ amazing attention to each person. Awesome,” Participant K86 in Workshop 2, “I appreciate the efforts you all take to make the events inclusive, constructive, and intentional,” and Participant M94 in Workshop 3, “Y'all are awesome for doing this work. THANK YOU!”

**Limitations**

**Recidivism**

Recidivism was a problem between the first and third workshop. The series spanned over 3 months, which is a significant time period for keeping participants engaged, particularly considering the wide range of comfort with the concepts addressed (see Figure 6). Because most participants were students, participant varied greatly depending on when during the term a
workshop took place. Marketing was not consistent between workshops due to fluctuations in LEAD member capacity. Despite reduced attendance over the course of the series, participant feedback strongly endorsed the value of the curriculum and encouraged more attention to such concepts from non-students and administration.

**Capacity**

Participants regularly requested for sessions to last longer and for more sessions and time slots to be offered. This suggests greater attention and resources be devoted at JHSPH to meet the demand for anti-oppression training, especially trainings that are tailored for people at varied levels of familiarity, comfort, and power.

**Evaluations**

Paper pre- and post-workshop evaluations were used to gather feedback and track the success of individual-workshop and overall-series success. This generated a significant time requirement for participants to complete both evaluations (i.e., time that could be spent answering questions and building discussion) as well as for LEAD members, who entered and analyzed the data. Some questions in our evaluations may have needed additional explanation. For example, questions regarding comfort were intended to indicate "comfort explaining or defining" a term; some responses indicated that these questions were instead interpreted as “comfortable with the idea of” the term.

**Acknowledgements:**

We are immensely grateful for support from Diversity Innovation Grants and our manager, Erin Gleeson; to SPARC for funding food for the workshops, especially to Cory Bradley, Lauren Czaplicki, and Nancy Martin; and to BMore Tasteful, especially Shevon Kaintuck for their delicious menus!

**References:**

Appendices
Appendix A. Brief background on LEAD.

What is LEAD?

LEAD (Liberate, Eradicate, Activate to Dismantle) is a collective of JHSPH students, alumni, staff, and faculty who have come together to understand how health justice is inherently connected to larger liberation movements by creating a space for anti-oppression knowledge building and action. Our goals are to create dialogue and intervene against unequal power distributions, as well as the structural and systemic inequalities that are present in our lives and the communities with which we work.

LEAD - [[Liberate, Eradicate, Activate to Dismantle]]

Liberate:
[demand] liberation from exploitative systems that dehumanize, criminalize, and target Black, POC, poor and working class folk, trans, queer and GNC folk, and other marginalized communities. Find your personal investment in liberation struggles by recognizing that you will not be free until we are all free.

Eradicate:
Eradicate (neo)colonial, white supremacist, patriarchal, capitalist, ableist, hetero and cisnormative ways of thinking and acting. Absolve yourself from desires to be an ally. Be an accomplice.

Activate:
Activate yourselves. The time to take action was yesterday. Acknowledge your power and wield your privilege to address systems of oppression.

Dismantle:
Dismantle oppressive ways of thinking, systems of operating, and institutions. In their place, use restorative and transformative justice to support and create safer, affirmative spaces and ways of living for marginalized peoples.

For those interested in participating and/or learning more about LEAD, please contact leadathopkins@gmail.com and follow us on Facebook!
Appendix B. Sample agenda

1. [12:15-12:25] Introductions
   ○ Facilitators: Name, ID
   ○ Brief introduction to LEAD
   ○ Introduction to series
   ○ Review objectives
   ○ Review agreements
2. [12:25-12:45] Activity 1 - Reviewing definitions

Appendix C. Sample questions from Unpacking Privilege Exercise:

1. The majority of individuals in leaderships positions at public health institutions (including JHSPH) are people who are of my:
   ● Race
   ● Ethnicity
   ● Gender identity
   ● Physical ability
   ● Sexual orientation
   ● Religion
   ● Socio-economic status
   ● Neurodivergence

2. I can be sure that my voice will be heard and respected in my daily interactions even if I am the only one of my:
   ● Race
   ● Ethnicity
   ● Gender identity
   ● Physical ability
   ● Sexual orientation
   ● Religion
   ● Socio-economic status
   ● Neurodivergence

3. If I speak my personal truths, people will listen to me without policing my tone, accusing me of being divisive, or interrogating my statements for proof.

4. When I speak about my hurt or traumas, I am not expected to hold space and empathy for the emotions (including confusion, guilt, anger, remorse, and defensiveness) of the person(s) who harmed me.

5. People use the correct ID (ex: she/her, he/him, they/their etc.) when referring to me.

6. People automatically assume I was born in the United States of America.