

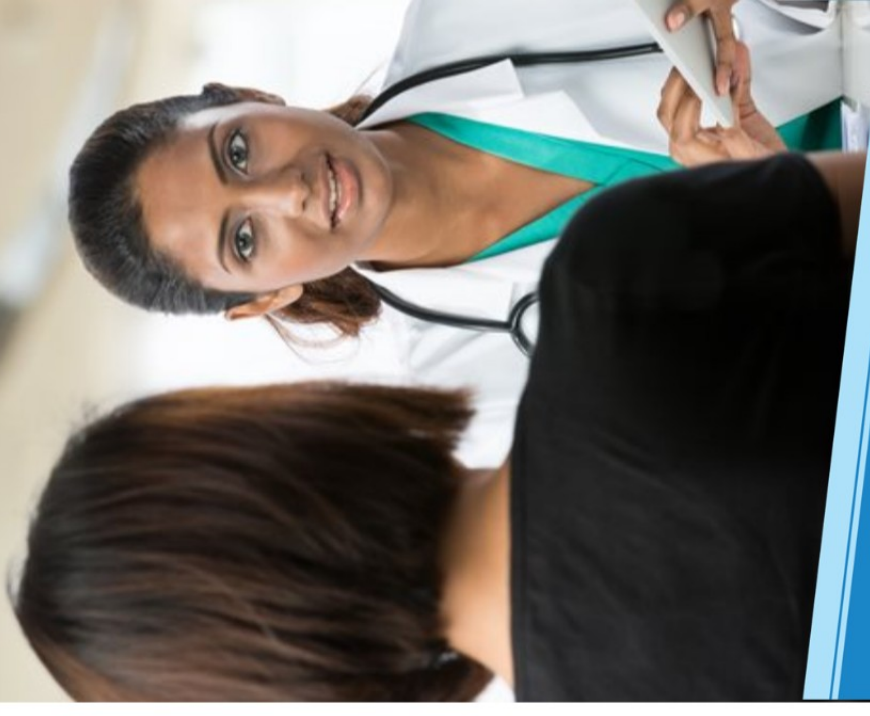
To be able to build the kind of relationship that will allow to strengthen indigenous-non-indigenous relationships and trust, it is important for us to be able to build a new system. To be able to this we must start with the people who make up this system and educate them to be able to make this change successful.

History shows that the healthcare system was established and is still geared toward excluding Indigenous people. As a result, many Canadians, including medical professionals, feel empowered to engage in racist systems, despite not being aware of or understanding the racialized damages (Hantke, S. et al, 2022) that lead to negative impacts such as social stigma against Indigenous people which can cause problems like depression, fear or the distrust of the healthcare system as a whole.

With Canada a country with people coming from all around the world it means we also have people who might not even be aware that this is in fact happening.

Resources related to this plan will be most likely found on the website of Legacy of Hope Foundation

<https://legacyofhope.ca/>



# Change through Education

## Community Engagement







**Proposal**  
to create an ideal  
education plan that can  
be used to train staff  
along side Legacy of  
Hope Foundation

- 25% of discrimination complaints received by the Canadian Human Rights Commission in 2016 relate to race, colour, national or ethnic origin, and/or religion.
- Employers are about 40% more likely to interview a job applicant with an English-sounding name despite identical education, skills and experience

- Racialized Canadians earn an average of 81 cents to the dollar compared to other Canadians
- 27% of the federal prison population in 2017 were Indigenous people, who only comprised 4.1% of the Canadian population (Statistics Canada, 2018)
- 43% of hate crimes in 2017 were motivated by hatred of a race or ethnicity.



## Communication

There will be several meetings biweekly until it is believed that the plan is ready to be implemented. At that point most of the communication will be by email and organized meeting will happen monthly to check on progress extra meetings can be arranged if all parties involve agree.

## Data Collected

To see if the plan is being effective we would collect past data on things such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services and compare it with present data and see if there any changes or improvements.

To consider and apply appropriate community feedback we would integrate a survey at the end of each training to gain feedback, collected the data and look for where we could make changes to improve this plan