Change through Education

Uvbi Osatohangbon

Sir Sandford Fleming College

GNED 128

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1. **Summary of Proposal (Use Complete Sentences)**

*I plan on collaborating with an indigenous organization to create an education plan that will be used for training healthcare staff on Indigenous perspective with the intention of one day making it a mandatory part of staff training, as well as integrating it into student education.*

* How will it address the emotional, physical, spiritual and mental needs of the community?

*Indigenous people in Canada experience racist struggles on a daily basis leading them to having to constantly fight or stand up for their right to gain access to basic Healthcare (Heather Yourex-Wes, 2022). Even with the increased attention to the health outcomes of Indigenous peoples, not much as changed. (Ray, L. et al, 2022). As a result, challenges remain when attempting to ensure adequate access to appropriate health care toward indigenous people (Lavoie, J. et al, 2021). There are many Healthcare workers that don’t realize how their actions is in turn leading to negative impacts and the distrust of the healthcare system as a whole. Partnering with an Indigenous organization to create an ideal education plan that can be used to train staff can set us on the right path to be able to change this and build a new system that is inclusive of everyone.*

* How is it beneficial to the community from a holistic viewpoint? Provide examples of how it may impact Indigenous community, family, organizations, governance and/or food/medicine security.

*Some examples of racism encountered within the healthcare system include the stereotype linking Indigenous identity to alcoholism, common amongst Canadians. The destruction of traditional First Nations medical wisdom and the preference of Canadian governments to respond to non-Indigenous peoples. With the plan I am proposing stories like that of Brian Sinclair who died in the waiting room after waiting 34 hours to be seen for a treatable illness (Phillips-Beck, W., 2020), could potentially stop being a problem or something for indigenous people to worry about.*

* How will this strengthen Indigenous- non-Indigenous relationships and collective capacity?

*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) creating as a result a social stigma against Indigenous people which can cause problems like depression or fear. This is why to be able to build the kind of relationship that will allow to strengthen indigenous-non-indigenous relationships, collective capacity and trust, it is important for us to be able to build a new system in which the environment is more inclusive diverse and fair. To be able to this we must start with the people who make up the healthcare system and educate them to be able to make this change successful.*

* Identify what community would you like to work with.

*Legacy of Hope Foundation (*[*https://legacyofhope.ca/*](https://legacyofhope.ca/)*)*

**Truth and Reconciliation Commission 94 Calls to Action Addressed by the Project**

* We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

(*The education plan I would be creating would first be introduced in the workplace and eventually transition to schools as well*)

* We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators 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.

(*To create a proper education plan that will be beneficial progress reports and long-term trends will be assessed and allow us to make changes if necessary*)

* We call upon all levels of government to:
	+ i. Increase the number of Aboriginal professionals working in the health-care field.
	+ ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
	+ iii. Provide cultural competency training for all healthcare professionals.

(*The education plan will include concepts about diversity and will be adapted into the training of healthcare professionals to eventually be made mandatory*)

**Ethical Considerations**

This section is about Group Members not about any perceived or known issues within the Indigenous community you are going to work with. Each group member will name a potential ethical consideration that they should be aware of about themselves before engaging an Indigenous community. What to think of for this section:

* What do you think you need to know when working with an Indigenous community?

I believe that when working with Indigenous people I need to kno

* Beliefs & values that may impact your idea.
1. **Community Engagement Process**
	1. How are you going to engage the community?

*I will engage with the community by showing respect, recognizing traditional territory, being appropriate, educating myself prior to presenting my idea, maintaining patience, being open to listening and learning.*

* 1. How are you going to ask if they would be interested in being partners?

*I will ask by approaching them with a good mind and heart, then ill introduce myself and be clear and honest about my intentions, and truthful about the things I don’t know while always keeping in mind that we aren’t teaching each other but working together using the things and skills we know.*

* 1. Are there any culturally relevant protocols which would be necessary for you to learn more about in order to begin a relationship together in a good way?

*Things that would be necessary for me to inform myself on before beginning to work together would include a base knowledge of the historical & contemporary context, an understanding of relevant protocols, relevant ceremonies, know the treaties, the ability to articulate how colonialism and assimilation continue to have impacts and the knowledge on how policies impact communities.*

* 1. Will you have meetings with the community to develop the project together? How many? Where? When?

*There will be several meetings biweekly until it is believed by both I and the organization 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.*

* 1. What will your process for considering and applying appropriate community feedback look like?

*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. 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.*

* 1. Who will ‘own’ the reports, data, etc. that come out of this project?

*The education plan and training will be owned by me and the organization I am collaborating with. Resources related to this plan will be most likely found on the website of the organization I am collaborating with.*

1. **Questions for the Community Engagement Session**

Thought Provoking question about your project. You are strongly encouraged to use open-ended questions.

1. Question 1, Why is it that after so many years Indigenous people still struggle to access basic healthcare?
2. Question 2, *Why would the mandatory teaching of indigenous studies be important when training in a job in the healthcare field?*
3. Question 3, *What is the difference between indigenous knowledge and indigenous perspective?*
4. **References**

All proposals should have a minimum of 5 references, 4 of those need to be an Indigenous source. APA Format.

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Hantke, S., St Denis, V., & Graham, H. (2022). Racism and antiracism in nursing education: confronting the problem of whiteness. BMC Nursing, 21(1), 146–146. <https://doi.org/10.1186/s12912-022-00929-8>

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Phillips-Beck, W., Eni, R., Lavoie, J. G., Avery Kinew, K., Kyoon Achan, G., & Katz, A. (2020). Confronting Racism within the Canadian Healthcare System: Systemic Exclusion of First Nations from Quality and Consistent Care. International Journal of Environmental Research and Public Health, 17(22), 8343–. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7697016/>

Ray, L., Wylie, L., & Corrado, A. M. (2022). Shapeshifters, systems thinking and settler colonial logic: Expanding the framework of analysis of Indigenous health equity. Social Science & Medicine (1982), 300, 114422–114422. <https://doi.org/10.1016/j.socscimed.2021.114422>

Lavoie, J. G., Stoor, J. P., Rink, E., Cueva, K., Gladun, E., Larsen, C. V. L., Akearok, G. H., & Kanayurak, N. (2021). Historical foundations and contemporary expressions of a right to health care in Circumpolar Indigenous contexts: A cross-national analysis. Elementa (Washington, D.C.). <https://doi.org/10.1525/elementa.2019.00079>