NURSING 4181
THE RELATIONSHIP BETWEEN CULTURE AND HEALTH

COURSE OUTLINE

INSTRUCTOR:
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<table>
<thead>
<tr>
<th>Week</th>
<th>Topic(s)</th>
<th>Preparation</th>
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<tr>
<td>1</td>
<td>Sept 6</td>
<td><strong>WELCOME - INTRODUCTIONS</strong>&lt;br&gt;<strong>COURSE OVERVIEW</strong>&lt;br&gt;<strong>REVIEW OF SYLLABUS</strong>&lt;br&gt;Read:  • N4181 Course Syllabus</td>
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### CULTURE II – POSTCOLONIAL THEORY & COLONIZATION

**Ends in View:**
1. To engage with postcolonial theoretical perspectives.
2. To explore the social, political, historical contexts of health care.
3. To examine colonization from a postcolonial theoretical perspective.

**Guest Speaker:** Shaunee Casavant

**Michele Su**

**Learning Activity:**

**3**

**Read:**

### CULTURE III – RACIALIZATION, OTHERING, INTERSECTIONALITY

**Ends in View:**
1. To explore the intersections of race, class, gender, sexual orientation, age, ability etc., and their impact on the experience of health care and the consequences for health.
2. To examine the multiple contexts of racialization and “Othering” processes, using examples from the health care system.

**Learning Activity:**

**4**

**Guest:** Lukas Walther

**Transgender Health**

**Assignment 1 Due**

**Read:**
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| Oct 11| CULTURAL SAFETY — A MORAL DISCOURSE       | 1. To examine the concept of cultural safety.  
2. To explore the utility of cultural safety in clinical, education and research contexts.  
| Oct 25| HEALTH CARE ACCESS II – MORAL DISCOURSES   | 1. To examine ethical decision-making from a cross-cultural perspective.  
<table>
<thead>
<tr>
<th>9 Nov 1</th>
<th><strong>HEALTH CARE ACCESS III - OPPRESSION</strong></th>
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<tr>
<td><strong>Ends in View:</strong></td>
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<tr>
<td>1. To explore the various “racisms” – individual, institutional and everyday racism within health care.</td>
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<td>2. To examine the intersection of race, poverty and disability.</td>
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<td><strong>Learning Activity:</strong></td>
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<td><strong>ASSIGNMENT 2 DUE</strong></td>
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**Read:**

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<th>10 Nov 8</th>
<th><strong>HEALTH CARE ACCESS IV – HEALTH POLICY</strong></th>
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<td><strong>Ends in View:</strong></td>
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<td>1. To examine the relationship between health care policies and health across diverse populations.</td>
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<td>2. To examine the applicability of cultural safety as a lens in the analysis of health care policy.</td>
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<td>3. Explore intersections between micro/macro levels of health care (policy and practice)</td>
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**Read:**

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<th>11 Nov 15</th>
<th><strong>PRAXIS I - FOSTERING CRITICAL POLITICAL AND SOCIAL CONSCIOUSNESS</strong></th>
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<td><strong>Ends in View:</strong></td>
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<td>1. To examine tools and strategies for thinking critically about issues of culture, history and race, and fostering critical and social consciousness.</td>
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**Read:**
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<td>Learning Activity: 11</td>
<td><em>TEXT</em></td>
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<td>Nov 29</td>
<td><strong>COURSE EVALUATION</strong></td>
<td><em>Wrap up:</em> International lunch</td>
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<td>Assignments 3 and 4 Due</td>
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INTRODUCTION
Thank you for registering for Nursing 4181, “The Relationship between Culture and Health.” This course offers us an opportunity to explore a variety of important ideas relating to the interrelationships between culture and health. Although the concept of culture has been part of your nursing education since Term I, in this course, you will have the opportunity to more deeply explore the concept of culture, and to examine the influence and impact of culture on health, healing and health care.

COURSE DESCRIPTION – CALENDAR
This course involves a critical examination of the relationship between culture and health, and the impact of immigration, colonialism and racialization. Approaches to working with/in diversity to foster cultural safety are explored with a particular emphasis on health care for First Nations and other Aboriginal people and immigrant peoples.

Using a postcolonial theoretical framework, and cultural safety as a lens for critical reflection, participants actively engage with approaches to understanding how difference impacts nurse-client relationships, health care systems and health care access. Culture and health are explored as dynamic socially constructed processes linked to historic, economic, political and social contexts.

COURSE CONCEPTS
This course will address culture and health issues in relation to (but not limited to the following themes: Culture, racialization, intersectionality, cultural safety, and health care access. Specific issues such as colonialism, immigration, family and culture, the use of interpreters, stereotyping by health care providers, and so on will be discussed in relation to their impact on practice, ethics and policy. In addition, students will be invited to select issues to explore further in class.

RESOURCES:

REQUIRED TEXT:
- N4181 Course Syllabus
- N4181 Course Pack of Readings.

ATTENDANCE
Because the course content consists of the assigned readings and class discussions, success in this course requires regular attendance and active participation. Attendance at all classes is, therefore, expected. Please review the 2006-2007 Langara College Calendar, page 16, regarding “attendance.” Nursing students are expected to attend all lectures, classes, workshops, practice experiences and seminars associated with the program. Assignment #4 will focus on class participation and critical reflection. Exceptions will be made for illness or other acceptable cause. Please notify the instructor prior to missing if possible by office phone or email.
ASSIGNMENTS

Failure to meet due dates will result in an automatic reduction of the marks for the assignment as follows: 5% per day.

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<th>#</th>
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<td>1</td>
<td>Short Essay</td>
<td>Week 5:</td>
<td>25 %</td>
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<td>2</td>
<td>Cultural Observation Activity</td>
<td>Week 9:</td>
<td>30 %</td>
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<td>3</td>
<td>Culture and Health issues in Canadian Social Context</td>
<td>Week 13:</td>
<td>30%</td>
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<td>4</td>
<td>Class Participation</td>
<td>Week 13:</td>
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ASSIGNMENT 1 (25 %) Short Essay DUE: WEEK 5:
This assignment is focused on one reading of your choice from the list. Answer the following questions about the reading you selected:

a) What is the author(s) main thesis statement (s)?
b) Does the author develop the thesis statement(s) in a clear, logical and evidence based manner?
c) Does the author’s point of view challenge your beliefs; do you agree or disagree with the author? What do you think contributed to your beliefs, thoughts and feelings?

Write the essay in a formal style, including APA format.

Grading Criteria:
1. Essay includes reflective answers to A, B, C, and a thorough understanding of the reading. (Marks 10)
2. Essay is written with evidence of critical thinking, analysis, and evaluation. (Marks 10)
3. Appropriate writing style, grammar, and APA. (Marks 5)

Choose one from the following course readings:


ASSIGNMENT 2 (30 %) Cultural Observation Activity  DUE: WEEK 9:
This assignment is to be done in pairs.

Part One: Fieldwork
In this assignment, you are asked to do an observational exercise. Choose a public location (e.g. a mall, a bar, a street corner, bus depot or Skytrain station, coffee shop, public park, public library, city hall and so on) where you might observe our culture in action. You are asked to record your observations over about half an hour, and then to analyze those observations in relation to culture and health. Please take care not to place yourself in an unsafe situation.

a) Choose a location in a public setting where you can observe a variety of people. Please review the course concepts before your field work in order to enhance your learning experience. You will learn more by choosing a setting that is unfamiliar to you both as a location and culture.

b) A minimum of half an hour should be spent in your chosen location. Critically observe the world around you. Your observation should be close and detailed, in terms of what you are seeing, hearing, smelling, feeling and thinking? Time will be spend in class talking about these “field notes” which you will need to hand in as part of your assignment – please do not be concerned with formatting, but try to write/print legibly.

c) Analyze your observations. First complete an individual analysis. What was your attention drawn to, and why? Compare and contrast your analysis to your partner’s analysis. What are the similarities and differences? With your partner, examine these similarities and differences and some of the reasons why. Consider how the different ways of knowing inform your analysis. Where you able to link the course concepts (culture, racism, cultural safety and health care access) to what you were seeing around you?

d) Identify three experiential insights that each of you consider important and write them down at the end of your analysis. Why do you think that these insights were particularly important to YOU? Were your partner’s insights substantially different than yours? The filednotes, analysis and insights do not have to be written in a formal APA essay format.

Part Two:
Summarize your insights, both individually and collectively, from your observational activity. Create a visual representation for yourself (yourselves) that is reflective of what you have learned from this experience. Include how this learning will guide and inform your nursing practice. This could take a variety of forms, for example, a picture, poem, story, art, short essay, letter, or song. Submit your work, along with your field notes, analysis and insight statements from Part One, b, c and d.

Grading Criteria:

1. Individual Observations are detailed and comprehensive. (Marks 5)
2. Critical Analysis is thoughtful and clearly related to the course concepts. (Marks 10)
3. A comparison and contrast with your partner of individual analysis is included. (Marks 7)
4. Visual representation of the experience is clearly generated from the critical analysis and is reflective and creative. (Marks 8)

ASSIGNMENT 3 (30 %): Culture and Health Issues in Canadian Social Context  DUE: WEEK 13:
This assignment may be completed individually or in pairs.
The purpose of this assignment is to raise your awareness, and deepen your understand of how media can influence health. This assignment provides you with an opportunity to engage with the course material in the context of what is happening in the Canadian
Culture and health

health/health care environment (or to health/health care globally). You are asked to find and examine, and analyze, mainstream media (defined as newspapers, magazines, documentary films, videos clips from Canadian news programs. If you aren’t sure if your selection is appropriate, please check with the instructor.

Select five or more examples and critically analyze each example, clearly relate your example to the course concepts. The analysis of each example should be between 300-500 words, for a total of not less than 1500 words.

Grading Criteria:
1. Variety of current, relevant and appropriate media examples are chosen (Marks 5).
2. Critical Analysis is clear, comprehensive, logically developed and reflective of course concepts and course readings. (Marks 10)
3. Evidence of original thoughts and capacity to analyze and synthesis a variety of media examples within the context of the relationship between culture and health is clearly present. (Marks 10)
4. Writing is clear and concise (point form will not be accepted) and there is an appropriate choice of articles; length and grammar will be considered. References are integrated effectively and follow APA style – an “A” assignment typically draws on at least 10 relevant articles beyond assigned course readings (across all the critiques, not 10 for each critique). (Marks 5)

ASSIGNMENT 4 (15 %): Class Participation

Because the course content consists of the assigned readings and class discussions, success in this course requires regular attendance and active participation.

1. Self Evaluation of class participation (15%)
Learning is enhanced when students are actively involved in class activities. Because your learning in this class depends on your active engagement with the course concepts and content, you are expected to engage verbally and non-verbally in class in order to meet your personal goals. Other participation includes activities such as asking a question during a presentation, contributing verbally to the class discussion, or by contributing a story or example from your clinical experience, sharing an insight learned from the required readings. Students are expected to engage in active listening, posing appropriate questions, and facilitating the participation of others. Participation is not restricted to verbal activity and also includes being present and attentive, exhibiting respectful body language, and engaging in critical reflection outside of class time. Most importantly, participation is about respect and interacting with your colleagues in caring ways.

Time will be allotted at the end of each week’s class for completion of the weekly participation form. One copy will be given to the instructor and a carbon copy for your own keeping. At the end of the term please provide a one-page summary of evaluation of your own participation and a suggested mark out of 15. I will take your suggested mark into account when determining a grade for this assignment.

DEADLINES, EXTENSIONS AND DEFERRED GRADES

All assignments are due at 0900 on the due date (Submit a hard copy). Extensions will be given to students in exceptional circumstances. Students are advised to consult with the instructor prior to deadline to determine whether or not an extension should be granted. Extensions should be negotiated at least 48 hours in advance of the due date (In person, by phone or email, Monday to Friday). If an extension is granted, the
student must submit a written request that includes the agreed upon revised due date to the course Instructor.

Resubmitting work done for another assignment, without prior permission, is considered self-plagiarism. This occurs when assignments submitted by you for another assignment in the same course, a different course, or different agency, have been adapted, updated, or resubmitted for the fulfilment of a subsequent assignment without expressed prior permission of the instructor in the course where you are re-submitting the work.

NOTE: Plagiarism will, by itself, be grounds for an F.

References must be cited according to the 5th edition of the Publication Manual of the American Psychological Association (called APA referencing for short).

Readings Listed in Alphabetical Order
(Includes Course Pack and Text)


**TEXT**


Learning Activity 1

CONCEPT: DIFFERENCE, OTHERS AND WORKING TOGETHER
CLASSROOM AS COMMUNITY

OVERVIEW

People’s view and perspectives of “others” are most often limiting. McIntosh (2002), for example, contends that whites are taught to think of their lives as morally neutral, normative, average, and ideal. In addition, she contends that we are often taught that racism is something that puts others at a disadvantage, but not that white privilege puts white people at a disadvantage. An important implication of McIntosh (2002) is that, in essence, white people are not taught to see themselves as different. This focus on “other as different” is a fundamental element in any discussion of difference. Difference in essence is a judgment made by someone in relation to someone or something else. Difference could not exist without similarity.

Homogeneity and difference in clinical nursing was explored by Patterson, Osborne and Gregory (2004). Authors contend that students’ perception of being different affected some students’ learning in clinical practice as well as their interaction with their clinical teachers.

Ends in View (Learning Outcomes):

At the end of the class students will be able to:
- Review group process values and principles.
- Discuss learning as process.
- Discuss student experiences in nursing education.
- Examine difference in the classroom.
- Develop guidelines for interaction in class.

In Preparation Read:
- N4181 Course Syllabus

IN CLASS ACTIVITY:
Students will work in small groups. Each group will have a recorder and reporter. The discussion topics are the principles of group process. Each group will then report back to large group and share their views. Working as a large group, the students will develop class values & guidelines. Students will also engage in think-pair-share and discuss personal culture, their experiences of nursing education as well as their perspectives of difference in classroom.

IN REFLECTION:
As you read your assigned reading for this week, what is your understanding of racism, homogeneity and differences in your clinical nursing education? How do you view those you perceive to be different from yourself. Have you had any personal experiences of racism?
Learning Activity 2
CULTURE 1
CULTURE AND HEALTH

CONCEPT: Culture, Isolation, Poverty, Unemployment, Despair, Health, Dynamism, Differences

OVERVIEW:
What is this thing called Culture? According to Reimer Kirkham (1999), culture is not just a belief system but a complex, dynamic process which is grounded in daily activities and enmeshed with social and economic processes and relations of power between dominant and subordinated groups. However, individual’s cultural meaning shift as they integrate new meanings and perspectives into their knowledge and lives. Culture is a dynamic lived experience that happens between two people, and culture is always a process. As a process that happens between people, culture is a relational process (Stephenson, 1999; Doane & Varcoe 2004). Culture is a process and a set of signifying practices through which meanings are produced and exchanged (Hall, 1997) and inextricity mediated by historical, social, and political processes (Anderson & Reimer Kirkham, 1999).

According to World Health Organization (WHO, 1984), “[Health is] [t]he extent to which an individual or group is able, on the one hand to develop aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is seen as a positive concept emphasizing social and personal resources, as well as physical capacities” (British Columbia 1993a, 5). People’s definition of health may change over time due to many different factors or situations.

Ends in View:
At the end of this class the students will be able to:
1. Explore the notion of culture.
2. Examine our own beliefs, assumptions, and values – to locate our perspectives.
3. Explore the process of “othering”

In Preparation Read and review:

IN CLASS ACTIVITY
Culture and health

Form a small group 4-5 people; choose a facilitator for this week for reporting back to large group. In your group discuss the readings from this week and pose your individual questions to your small group. Based on your group discussion, create a poster on “what is this thing called culture”?

- Be as creative as you like! Use pictures, words etc
- Add on poster the key question that your group wishes to bring forward to the class for discussion

IN REFLECTION:

As you read and review your assigned articles, think about what culture means to you personally. What are your beliefs, values and assumptions about culture and health? What do you think are main influences on the development of these beliefs and values? What are your perspectives on “othering” and have you ever experience “othering”?
CULTURE II – POSTCOLONIAL THEORY & COLONIZATION

CONCEPTS: Culture, inequity, race, research, social justice, postcolonial, neocolonial, marginalization, stereotyping, methodology, decolonization.

OVERVIEW:
Postcolonialism/neocolonialism (Post does not mean that colonialism is over). According to Loomba (1998), "it is more helpful to think of Postcolonialism not just coming literally after colonisation and signifying its demise, but more flexibly as the contestation of colonial domination and the legacies of colonisation" (p.12). Postcolonialism perspectives can be used to examine how the past & present colonizing policies can influence the health of individuals. Postcolonialism can be defined as the social, political, economic, and cultural practices which arise in response and resistance to colonialism. Postcolonialism, does not mean closing off or rejection of colonialism, which would be impossible in any case, but rather an opening of a field of inquiry and understanding following a period of relative closure. Colonialism is an event which can be identified, given an historical definition, through its effects and characteristics as they reveal themselves in a given nation, among different cultural and social groupings. Postcolonial theory provides us with a lens to uncover & examine the structural biases that may construct the way different cultural beliefs, values and practice comes into contact. Infusion of Social science and health science discipline has made us aware of the complexity related to it.

Ends in View:
At the end of this class the students will be able to:

1. Engage with postcolonial theoretical perspectives.
2. Explore the social, political, historical contexts of health care.
3. Examine colonization from a postcolonial theoretical perspective.

IN PREPARATION Read:


In Class activity: Guest Speaker to discuss issues related to Aboriginal people. Students are to come prepared with questions.

IN REFLECTION:
Reflect on your assigned reading and discussion with the guest speaker- what were some points that stood out for you? Can you think of some example of how the past & present colonizing policies can influence the health of individuals? Does this impact some groups more than others?
CULTURE III – RACIALIZATION, OTHERING, INTERSECTIONALITY

CONCEPTS: Racialization, Othering, Intersectionality, Racism, Sexism, Ageism, Heterosexism.

OVERVIEW:
Culture is not restricted to an individual or group's ethnic background, skin colour, beliefs, values, practices, diet, or country of origin etc. Culture is also created and experienced in terms of age, ability, sexual orientation, physical size, education, and income, among many other things. When thinking about our social location, it is useful to think about the many intersections of our experiences, are based on these characteristic.

Intersectionality is about the historical, social, economic and political context of individual's experiences of health and is integral to a postcolonial framework with intent of giving voice to marginalized populations. Intersectionality can be described as the intersection of class, race, ethnicity, gender, age, sexual orientation, ability, size, etc. in the lived experiences of individuals. Also influencing intersectionality, hence lived experience, is the simultaneity in time and place of the above phenomena. One could say that it is people’s exposure to the simultaneous, multiple, and interactive effects of different types of oppression or social organization in which they are located.

Ends in View:

At the end of this class the students will be able to:

1. Explore the intersections of race, class, gender, sexual orientation, age, ability etc., and their impact on the experience of health care and the consequences for health.

2. Examine the multiple contexts of racialization and “Othering” processes, using examples from the health care system.

In Preparation Read:


In Class Activity:

Working in groups of 3 people in each group, students will engage in an activity of “Defining Diversity”.

The objective of this exercise is to explore the primary and secondary levels of diversity and to explore the impact of primary and secondary levels of diversity as well as the perception of others regarding our diversity.

In Reflection:

After completing your reading and engaging in “Defining Diversity” activity what does intersectionality means to you. Compare your thoughts about intersectionality pre and post class activities. Has anything changed for you?

ASSIGNMENT 1 Due
CULTURAL SAFETY – A MORAL DISCOURSE

CONCEPTS: CULTURAL SAFETY, CULTURE, POLICY, POWER RELATION

OVERVIEW:

Culture is complex. It is not an object or group to be studied. All of us create culture continuously and, by doing so, create and sustain power relations. Cultural safety demands the recognition that all people are bearers of culture. Problems arise when culture is objectified or behaviour or health is explained in terms of culture. Cultural safety concept was developed in Aotearoa, New Zealand by Ramsden (1993) within the nursing education context in response to colonizing processes in Aotearoa. Cultural safety require us to ask ourselves, what is the historical, social, and political context of health care interactions, relationships, access, policies, etc. According to Ramsden (1993) the central themes of cultural safety include: the recognition of all health care interactions as bicultural no matter how many people are involved in the interaction; the need to examine our own cultural realities as bearers of culture; and the ongoing interrogation of unequal power relations. It involves recognition of the social, economic and political position of certain groups within a society, such as the Maori in New Zealand or Aboriginal people of Canada. Cultural safety also reminds us that it is incumbent upon all of us in health care to reflect upon the ways in which our policies, education, research and practices may recreate the traumas inflicted upon Aboriginal people.

Ends in View:

At the end of this class the students will be able to:

1. Examine the concept of cultural safety.
2. Explore the utility of cultural safety in clinical, education and research contexts.
3. Examine cultural safety as a lens – as a moral discourse.

In Preparation Read


IN Class Activity:
Culture and health

Students will start with individual work; draw on your own intersections. Students will then work with a partner and engage in a role taking activity. Finally, student will work in small groups and focus on reading of their choice from this week and bring the question to the large group and engage in class discuss.

IN Reflection:

Reflect on this week’s assigned reading and the in class activity and write down your own experience of cultural safety. What does cultural safety means to you? What is culturally unsafe care? What is your idea of culturally safe education? Can you give examples of culturally safe/unsafe care from your clinical practice.
HEALTH CARE ACCESS I

CONCEPTS: HEALTH CARE, ETHICAL DECISION, ACCESS, DISCRIMINATION

OVERVIEW:

As our society become more diverse, health care providers (HCP) are faced with new challenge in practice due to various cultural practices of our diverse client and are often involved in ethical decision making. Dainels (1996) states, "most ethical problems solving cannot...be either top down or bottom up but must be multifaceted and responsive to the demands of both context and theory" (p.112). Therefore, HCPs need to better understand and address the personal, social and cultural aspects of health care and the complex sociopolitical climate in which health care is delivered. HCPs must acknowledge the beliefs and practices of people who differ from them in age, occupation or social class, ethnic background, sex, sexuality, religious belief, and disability.

World Health Organization (WHO) states that health is a basic human right (WHO constitution 1946). It recognizes that all human being deserves equal access to health care services, and receive quality of care. Everyone has the right to be treated with respect and receive care in a setting which is free from any form of discrimination. However, certain groups of people continue to encounter difficulty with accessing appropriate health care. Marginalized communities such as visible minorities, recent immigrants, women, people with disability and Aboriginals continue to face barriers to appropriate health care.

Ends in View:

At the end of this class the students will be able to:

1) Explore the theoretical underpinnings of ethical decision making in health care.

2) Examine barriers experienced by various groups in accessing health care.

In Preparation Read:


In Class Activity:

View video “Choice for K’alla” . Small group and large group discussion on the video.

In Reflection:

As you view the video, reflect on how Indigenous peoples’ concept of health and survival is both a collective and individual inter-generational continuum encompassing a holistic perspective, incorporating four distinct shared dimensions of life. These dimensions are the spiritual, the intellectual, physical and emotional. Linking these four fundamental dimensions, health and survival manifests itself on multiple levels where the past, present and future co-exist simultaneously.
Learning Activity 7

HEALTH CARE ACCESS II – MORAL DISCOURSES

CONCEPTS: CULTURE, DIFFERENCES, SIMILARITIES, STEREOTYPE

OVERVIEW:

Problems arise when culture is objectified or behaviour or health is explained in terms of culture. For example, Aboriginal peoples are commonly assumed to experience a higher incidence of diabetes due to their poor lifestyle and diet choice, caused, in part, by their culture. What is missing from this analysis is the recognition, in terms of cultural safety, that life choice or life opportunity is closely linked to historical, social, political, and economic factors relating to our experiences. This type of mainstream analysis ignores the colonial legacy that informs health. In addition, the fact that choice for Aboriginal peoples may mean something very different than that for members of the dominant culture. Thus, in this example, explaining health only in terms of culture objectifies culture, making it something that can be seen, studied, or judged. In a similar way, when the dominant culture objectifies individuals or groups based on certain characteristics, these individuals or groups may then be labelled or stereotyped in negative ways, thus becoming the “other” health. When you look at health services or individual experiences through the lens of cultural safety, you can appreciate the ways in which colonization, power, and privilege come together to affect how people experience health.

Ends in View:

At the end of this class the students will be able to:

1. Examine ethical decision-making from a cross-cultural perspective.
2. Examine and critique how “difference” is treated within the health care system

In Preparation Read:


In Class Activity:

Take five minutes to write about, or reflect on, an experience you've had or witnessed in which one person/group's behaviour was unfair or marginalizing to another person/group. This is a private reflection that no one else need see or know about. This event might have happened during your work or your everyday life, to you, or to someone else. Or, you may have been the person who acted in a power-over way. Perhaps it was a discriminatory act, because of a person's age or ability, or a racist act. Perhaps you can think of many such incidences or none at all.

In Reflection:

What does your reflection tell you about how we view difference in Canadian culture? How might this incident relate to power and privilege?

ASSIGNMENT 2 DUE
HEALTH CARE ACCESS III- OPPRESSION

CONCEPTS: OPPRESSION, INSITUTIONAL RASICMISM, INTERCETION, POVERTY

OVERVIEW:

In an equal relationship each person is valued. They work cooperatively; their input is equally valued; they trust each other and feel connected to each other. In this situation, power is exercised communally between equals and people often feel good about themselves and their relationship to others. The power benefits the entire community. Within communities, these people practice “power with”: relations in which the strength and health of the community is derived from everyone working together and looking out for one another. Oppression on the other hand is systemic inequality that creates and maintains power imbalances between perceived groups of people. Oppression exists when different social systems, such as the health care, legal, and educational system, are structured in a way that benefits some and disadvantages others. Oppression is the inevitable result of “powerover” relations. However, many people do not recognize the negative impact related with denial of access to necessary resources such as health care and education, and denial of needs, such as food and shelter. There are many groups of people who are oppressed or discriminated against in relation to health care access.

Ends in View:

At the end of this class the students will be able to:

1. Explore the various “racisms” – individual, institutional and everyday racism within health care.
2. Examine the intersection of race, poverty and disability.

In Preparation Read:


In Class Activity:

View video: out of the Harm’s Way and Guest speaker who will address health care access to some of our disadvantaged populations.

In Reflection:

As you complete your reading and engage in discussion with guest speaker, reflect on the many situations where oppression was apparent. How was it manifested? What were your feelings at the time? How did you respond to it? Would you respond differently in a similar situation now?
HEALTH CARE ACCESS IV – HEALTH POLICY

CONCEPTS: HEALTH POLICY, MULTICULTURAL POLICY, MARGINALIZED, SYSTEMIC BARRIERS.

Overview:
It is well known that some populations such as the poor, seniors, children, women, aboriginals, visible minority immigrants, Blacks, gay and lesbians, people with disabilities and those living in rural areas are underserved. There are many obstacles to accessing appropriate health care for above mentioned populations. When we examine health care policy, there are two key categories: promoting individuals’ health; and ensuring equitable access to health for all persons through the eradication of systemic barriers. There are even multicultural policies in place in some provinces (British Columbia, Ontario and Quebec) and for on-reserve Aboriginal peoples. However, the voices of marginalized groups, and their particular needs, often go unheard or are ignored, making them effectively invisible in health-related program planning, policy-making and resource allocation processes. There is a need for policies to ensure that there is equitable representation of diverse groups in these processes. (McKneally et al., 1998).

Ends in View:
At the end of this class the students will be able to:

1. Examine the relationship between health care policies and health across diverse populations.
2. Examine the applicability of cultural safety as a lens in the analysis of health care policy.
3. Explore intersections between micro/macro levels of health care (policy and practice)

In Preparation Read:

IN Class Activity:
In your small groups, you will work on an activity “Policy Filter”. This is an exercise on critiquing a health care policy.

In Reflection:
As you complete your assigned reading and in class activity, think and ask questions about elements of the policy; what are dilemmas faced by small communities, visible minorities, special need people, Aboriginal people, people with disabilities, seniors and children. Have you ever noticed any of these dilemmas?

LEARNING ACTIVITY 10
PRAXIS I - FOSTERING CRITICAL POLITICAL AND SOCIAL CONSCIOUSNESS

CONCEPTS: SOCIAL CONSCIOUSNESS, EQUITABLE, STRATEGIES, HISTORY, RACE.
KNOWLEDGE, SITUATED.

OVERVIEW:
Social consciousness is a process which is required to achieve equitable health care for all. Social consciousness can be defined as an awareness of others’ problems and a desire to fix or alleviate them. It is time for everyone in the society to be treated equally especially in health care. This requires that health care professionals (HCP) examine and engage in discussion of issues related to gender, race and social class. HCPs can start by integrating awareness of these issues into their everyday practice.

Ends in View:
At the end of this class the students will be able to:
Examine tools and strategies for thinking critically about issues of culture, history and race, and fostering critical and social consciousness.

In Preparation Read:

In Class Activity:
Complete the demographic information... something we talked about early on in the course- the desire to state “others” on the forms and what and who “other” is. Take few minutes to complete and discuss, “Demographic profiling”; “Re-postioning power”. Students will also engage in Rope game- rope is a floating safety rope (Instructions will be provided in class).

IN Reflection:
Take five minutes to write about, or reflect on, an experience you've had or witnessed in which one person/group's behaviour was unfair or marginalizing to another person/group. This is a private reflection that no one else need see or know about. This event might have happened during your work or your everyday life, to you, or to someone else. Or, you may have been the person who acted in a power-over way. Perhaps it was a discriminatory act, because of a person's age or ability, or a racist act. Perhaps you can think of many such incidences or none at all. What does your reflection tell you about how we view difference in Canadian culture? How might this incident relate to power and privilege?
LEARNING ACTIVITY 11
PRAXIS II – TOWARD TRANSFORMATIVE ACTION

CONCEPTS: ETHNICITY, CLASS, RACE, TRANSFORMATIVE, OPPRESSIVE ATTITUDES

Overview:

Oppressions that are based on race, ethnicity, class, gender, sexual orientation, immigration status, religion, mental health status, age, and ability are systemic in Canadian society. Oppressions are entrenched in the dominant culture as well as the social institutions in a way that is pervasive, and frequently invisible and affect everybody. Oppressions affect the perception of the world of those who knowingly or unknowingly carry oppressive attitudes and stereotypes which make them become pre-judge individuals and situations. These perceptions lead to behaviours that validate and propagate oppressive behaviours. Health Care professionals (HCP) can take action to overcome these oppressions. This can be done by advocating for change, acknowledging that inequitable practices and resource distribution and utilization create systemic barriers for different communities.

Ends in View:
At the end of this class the students will be able to:

Explore tools and strategies for becoming an ally/partner in anti-oppressive practices.

In Preparation Read:


In Class Activity:

In small groups discuss this week’s assigned reading. Report back to large group and have a discussion on what are some actions one can employ to become an ally/partner.

IN Reflection:

Take five minutes to write about a situation where you may have: witnessed discrimination or racism against someone else; been discriminated against yourself; discriminated against or had a racist thought about someone else.

COURSE EVALUATION

Assignments 3 and 4 Due- week 13