Community Service Learning in a Rural Indigenous Community

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Abstract

Community Service Learning (CSL) activities provide medical students with unique learning opportunities via direct contributions to community initiatives set forth by the community itself. This can be a powerful and respectful method of educating medical trainees in rural, primarily Indigenous communities. As three medical students, the authors took part in a CSL project in Haida Gwaii. The project, its context, and lessons learned are discussed here as they apply to healthcare in British Columbia.

Flexible and Enhanced Learning

Flexible and Enhanced Learning (FLEX), a longitudinal course that is featured in the renewed University of British Columbia (UBC) medical undergraduate curriculum, is designed to provide opportunities for medical students to pursue self–directed scholarly interests related to medicine. Projects range from clinical research, to electronic medical application design, to global health initiatives. Another example is a Community Service Learning (CSL) project, which is designed to facilitate learning through volunteerism, whereby students assist in providing health services based on needs and wishes identified by community representatives.

The Community

Three medical students designed a CSL project focused on rural healthcare in the largely Indigenous community of Northern Haida Gwaii. This article discusses their project and their resultant insights.

Masset, British Columbia is a primarily Indigenous community with a population of 1300 located in Haida Gwaii, a remote archipelago in Northern British Columbia.[1,2] The area is comprised of the town of Masset and the village of Old Masset.

In precolonial times, thousands of Haida thrived in villages that were distributed widely throughout the archipelago.[3] However, 19th century European contact exposed the population to a smallpox epidemic that tragically decimated a substantial proportion of Haida.[4] The on–island Haida population declined from an estimated tens of thousands to less than six hundred by the end of the 19th century.[5] Furthermore, the intergenerational effects of the Canadian residential school system and other colonial pressures have led to a sharp decline of the Haida language, as current estimates and the 2016 Census data suggest that there are fewer than 30 fluent native Haida speakers.[5-7] Haida–led language initiatives including the Skidegate Haida Immersion Program and the Skidegate Haida Language House recognize that language is the cornerstone of Haida cultural stewardship.[5,8] These programs, alongside the important work of many others to reclaim Haida culture, are living testaments to the resilience of the people.

Indigenous Healthcare in Canada

The colonial history of Western medicine in British Columbia has sadly contributed to the systematic mistreatment of West Coast Indigenous peoples. This legacy is punctuated by the actions of the government's Indian Health Services and the infamous "Indian Hospitals" of the 20th century.[9,10] Unfortunately, today there remains work to be done by the Canadian healthcare system in order to address the health gap between Indigenous and non–Indigenous Canadians. Indigenous people face a number of sociocultural barriers when accessing care and continue to report unsafe cultural practices when interacting with the healthcare system.[11,12]

Increasingly, there are efforts to deconstruct the colonial model of healthcare and return agency over healthcare services to Indigenous groups.[12,13] This supports access to traditional healing practices alongside Western healthcare services. Proponents of this healthcare model developed the First Nations Health Authority of British Columbia in 2013, as well as programs such as the First Nations Health Program in the Yukon and the Haida Health Centre in Northern Haida Gwaii.[13] At the forefront of this model are culturally competent practitioners.[11] UBC's Faculty of Medicine has made efforts to develop cultural safety in medical trainees by featuring mandatory Indigenous Cultural Safety modules, class visits to First Nations communities, and Indigenous Immersion programs.[14]

Community Service Learning

To avoid a colonial approach, the students' modus operandi was to identify themselves as visitors to Northern Haida Gwaii and to engage solely in health-related activities at the request of community leaders. By forming a partnership with community members, the authors took the first steps as emerging medical professionals towards working respectfully with Indigenous groups. The literature has shown that both the participating community and researchers can benefit from the formation of suitable working principles agreed to by both parties.[15-17] By understanding the sociocultural context, acknowledging Indigenous health concerns, achieving cross–cultural understanding, and recognizing and utilizing Indigenous health resources, medical professionals and researchers may be able to work more effectively with Indigenous populations in delivering adequate and equitable health care.[18] Culturally safe healthcare research projects have been completed in Haida Gwaii previously, including the Haida Gwaii Diabetes Project and community–based needs assessments.[15,16]

The authors engaged in community health initiatives at Gudangaay Tlaats'gaa Nayy Secondary School, the Northern Haida Gwaii Hospital, and the Haida Health Centre. Activities included 1) volunteering for local health and wellness programs, such as health fairs, food security programs, mental health and wellness groups, exercise regimens for diabetic patients, and outdoor education programs for youths; 2) delivering presentations to high school students on topics chosen

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by student council, including nutrition, exercise, and chronic disease; 3) creating educational resources for community health programs, including pamphlets outlining resources for sufferers of domestic and intimate partner violence; 4) exploring funding resources for future community health programs; and 5) gaining clinical experiences with local physicians, nurses, and paramedics. The immersive nature of this project allowed the authors to gain an intimate understanding of the challenges in remote and Indigenous healthcare while supporting service providers. A detailed account of the community's healthcare needs will not be discussed here; however, a major concern identified by local individuals and practitioners was the relative lack of access to allied health services. Furthermore, existing health facilities are often at maximal capacity, threatening a healthcare crisis given the aging population. These circumstances are in keeping with the healthcare challenges faced by rural Indigenous communities across the country.[19]

Conclusion

This manuscript highlights the importance of Indigenous cultural and historical awareness to care providers in the Canadian healthcare system. CSL projects serve as a practical method of developing Indigenous cultural competency through community immersion and service provision. By employing this model, medical trainees and professional colleagues can benefit from learning directly from these communities and their experiences in healthcare. As emerging leaders in healthcare, trainees will be presented with a tremendous opportunity to empower remote Indigenous communities by advocating for community control over healthcare provision, thereby facilitating the reclamation of cultural practices within this context.[13] It is therefore essential that trainees develop a requisite level of cultural competency, so that they are equipped to incorporate community involvement in health and wellness programs.

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