



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Indigenous, Local and
Global Health Office

Creating the
future of

health and social equity

STRATEGIC PLAN 2021-24

global

citizenship

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Land acknowledgement

We acknowledge the traditional territories of the people of the Treaty 7 region in Southern Alberta, which includes the Blackfoot Confederacy (comprising the Siksika, Piikani, and Kainai First Nations), as well as the Tsuut'ina First Nation, and the Stoney Nakoda (including the Chiniki, Bearspaw, and Wesley First Nations). The City of Calgary is also home to Métis Nation of Alberta, Region 3.

A message from the associate dean

During the process of creating this strategic plan, major world events have transpired that have not only shaped our work but point to the critical need to advance equity, anti-racism, inclusivity, decolonization and reconciliation. On May 25, 2020 George Floyd died at the hands of a police officer in Minneapolis, Minnesota. This — and many other events like it — led to the call to end racism, and people of all colours mobilized in the global Black Lives Matter movement.

On Sept. 28, 2020 Joyce Echaquan videotaped her deplorable, racist treatment by health-care professionals in Quebec. Acknowledgement of the racist treatment of Indigenous Peoples in Canada was declared by Federal Ministers, and at an Oct. 16 meeting all provincial ministers and deans of medical schools were called upon to address systemic, anti-Indigenous racism in Canadian health care.

As we watched the world succumb to a global pandemic, we witnessed marginalized communities locally and globally being more severely affected reinforcing the need to understand the social determinants of health. COVID-19 has made us all acutely aware of how intertwined our health is with those across the planet.

As a medical school, it is our responsibility to ensure our students, faculty and staff understand that an individual's health, and health inequities in Indigenous, local and global communities arise from historical, social, political and economic conditions. We need to advocate for the recognition of the multigenerational effects of colonization worldwide. Students at all levels need to appreciate and understand the effect on health of lived experiences and

bring an empathic lens to their perspective. Faculty need the knowledge and skills to address the needs of students in this quickly changing world.

As the Indigenous, Local and Global Health Office of the Cumming School of Medicine, we play a key role in these efforts. We will be responsive to the community and partner driven priorities through meaningful and reciprocal engagement. Our strategy has three goals:

1. To foster skills and attitudes amongst trainees, faculty and staff that promote respect, value human difference and address health inequities.
2. To recognize that none of this can be done without our valued partners within the university, medical school and the Indigenous, local and global communities.
3. To promote and support innovation and research, and implement these learnings into practice to address social and health inequities.

Together we will inspire and bring about change.



Dr. Dianne Mosher

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Associate Dean, Indigenous Local & Global Health Office
Professor, Division of Rheumatology, Department of Medicine
Cumming School of Medicine, University of Calgary

VISION

Creating the future of health and social equity.

MISSION

To champion a health- and social-equity oriented medical school by nurturing respectful relationships with diverse communities, promoting collaborative and innovative models of engagement, informing curriculum and research, and co-designing initiatives for impact.

MANDATE

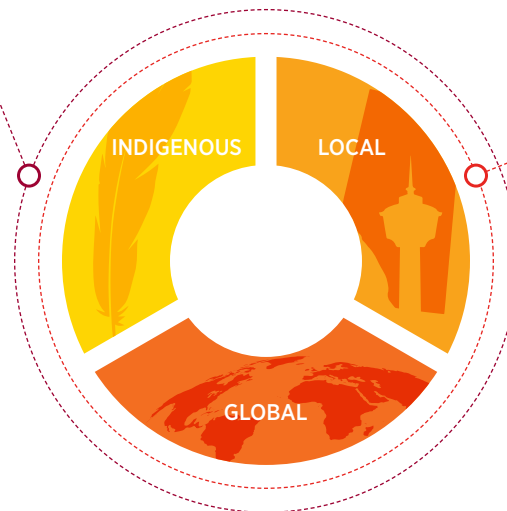
SUSTAIN and strengthen longitudinal partnerships and community relationships

DEVELOP and showcase best practices for collaboration with internal and external partners and communities

FACILITATE equity-centered education, research, innovation and service

INNOVATE policies, products and programs for health equity that address the social determinants of health

ADVOCATE for health systems and policy change



GOALS

1. GROW a culture that dignifies and values human difference.
2. INSTITUTIONALIZE community and partner-driven equity priorities through meaningful and reciprocal engagement.
3. EXPAND our institutional capacity to innovate and learn together with partners and community.

VALUES

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We value Indigenous ways of knowing, doing, connecting and being, and intend to weave these values through our office's core functions.

Social- and health-equity

We acknowledge the upstream political, social and economic structures that influence health and health care. We seek to create value and equity in health through upstream interventions.

Community-centred engagement

We work to elevate and include diverse community voices in setting priorities in research, education, innovation and clinical practice. Our engagement reflects humility, respect, collaboration and long-term commitment.

Balanced partnerships

We strive for equitable, ethical and transparent partnerships which foster health equity and collective learning. Partnership activities are driven by shared priorities and mutually beneficial goals and interests while promoting excellence and sustainability.

Decolonization and reconciliation

We recognize our unique role in addressing the ongoing social and institutional legacy of colonization, both at home and globally. We are committed to renewing relationships with Canadian Indigenous peoples and creating inclusive, mindful and respectful teaching, learning and research. We partake in ongoing critical reflexivity around the geopolitical determinants of health to support a decolonized global health field.

Anti-racism

We must be actively and explicitly anti-racist. We advocate for and act towards transformational change to dismantle individual and systemic racism, privilege, dehumanization and settler colonialism in Canada.

Global citizenship

We believe we share an intertwined fate with our local and global communities. We adopt an inclusive worldview that accepts the fundamental interconnectedness of our environmental, political, social, digital and economic systems.

Pluralism

We value difference, and we believe difference creates value. In order to value difference, we aim to recognize, respect and reconcile diverse ideas, thoughts and perspectives.

Social accountability

We are accountable to and work together in collaboration with internal and external communities to achieve health equity. We align our education, research and service priorities with the needs and interests of our communities, particularly those in marginalized settings.

Person-centred care

Through the above values we realize our mission to create the future of health and social equity manifesting in person-centred care that is respectful, compassionate and responsive to the needs and preferences of an individual, where they are empowered to be a true partner in their care.

GOAL 1

Grow a culture that dignifies and values human difference

We shape academic culture and learning by fostering skills, behaviours and attitudes amongst trainees, faculty and staff in pursuit of health and social equity.

WHAT WE DO

- Activate the Truth and Reconciliation Commission Calls to Action and Indigenous Health Dialogue recommendations
- Foster collaborations grounded in principles of social accountability and balanced partnership
- Facilitate community-engaged learning opportunities for students
- Provide and support institutional training in global, local and Indigenous health
- Encourage institutional policy and practice shifts

WHERE WE ARE GOING

- Develop and inform educational strategies to recognize and reconcile human differences
- Develop and implement innovative educational tools to help our students, faculty and staff to appreciate lives lived
- Engage communities in identifying gaps and opportunities in medical education
- Showcase CSM health and social equity and community-engaged work
- Advocate for promotion, recognition and tenure practices that value health equity and community engagement
- Develop a recognition awards program
- Coordinate events to convene like-minded scholars



SHAPE THE CULTURE

“Hearing your (community member) lived experience was invaluable and one of the most powerful teaching tools. I am unbelievably thankful to you.”

– Community Engaged Learning student participant reflection

Our office plays a key role in shaping the culture of the Cumming School of Medicine (CSM) by providing learning opportunities about health and social equity. We provide both curricular and co-curricular learning opportunities which aim to teach the skills needed to meet the health needs of our diverse communities.

We work with Undergraduate Medical Education to provide all first-year medical students the opportunity to participate in Community Engaged Learning with local community partners with a vision to create longitudinal opportunities.

“The recommendations (of the Indigenous Health Dialogue) represent an important opportunity for the CSM to move the calls to action in the Truth and Reconciliation report forward, to reduce barriers for Indigenous learners and those seeking health care.”

– Dr. Jon Meddings, MD, dean of the Cumming School of Medicine

The Report on Indigenous Health Dialogue (IHD) of Truth and Reconciliation within the Cumming School of Medicine allows for the implementation of key recommendations of the Truth and Reconciliation Commission of Canada (TRC) to promote authentic inclusion and build institutional capacities to address anti-Indigenous racism and include Indigenous ways of knowing.

“We need a campus wide forum for equity focused researchers, clinicians and community innovators to share ideas and solve problems.”

– Faculty member of the Cumming School of Medicine

We seek to build an equity focused community and to create a space for others to engage in innovative solutions and opportunities, and to share experiences and provide support.

GOAL 2

Institutionalize community and partner-driven equity priorities through meaningful and reciprocal engagement

We engage community to set priorities and share in decision-making in pursuit of health and social equity.

WHAT WE DO

- Share our expertise in institutional relationships, partnership building and community engagement
- Create mechanisms to identify community-defined priorities and implement monitoring strategies
- Build and enhance our relationship with the community, starting with those partners we already have relationships with

WHERE WE ARE GOING

- Share institutional authority through embedded community governance models
- Build CSM capacity to engage meaningfully with both our internal university community and external community
- Create a process to encourage and respond to community requests
- Develop a transdisciplinary forum to share and learn from others engaging community
- Support productive reconciliation of difference, including across power gradients



EMPOWER COMMUNITY

“Let’s bring community into the conversation.”

- Dr. Heather Baxter, lead, international medical education capacity building, Indigenous, Local & Global Health Office

Community engagement and guidance are key to our social accountability value — the alignment of our education, research and service priorities with the needs and interests of our communities, particularly those in marginalized settings. We will create opportunities to bring community into the conversation and to develop meaningful indicators to assess the social accountability of our office and of the CSM.

“We need a variety of ways to dialogue with and empower community.”

- Dr. Aleem Bharwani, director, public policy, Indigenous, Local & Global Health Office

We aim to take this further by exploring and establishing structures to achieve layered community governance (e.g., community dialogues), by developing a clear process for responding to internal and external community engagement requests, and by bringing those working on similar efforts together to create a more coordinated response to community priorities.

“Rising tides float all boats. If we address racism as a whole, everyone benefits.”

- Dr. Lindsay Crowshoe, assistant dean, Indigenous, Indigenous, Local & Global Health Office

Already, we have heard very clearly from the community that systemic racism in health care needs to be addressed, and so we have begun to explore opportunities around anti-racism in health care. Simulation for Equity is a proposal to develop with our partners, case scenarios informed and co-created with community to address social and health inequities, racism in health care and the learning needs of our students and faculty.

GOAL 3

Expand our institutional capacity to innovate and learn together with partners and community

We create shared opportunities for health learning, research, community service and innovation to enhance social and health equity through balanced Indigenous, local and global partnerships.

WHAT WE DO

- Establish, strengthen and sustain balanced partnerships
- Achieve community-driven outcomes through accountable and transparent partnerships
- Catalyze innovation, research and knowledge exchange in health, driven by shared priorities
- Promote academic excellence and campus collaboration
- Provide opportunities for mentorship, cross-cultural learning, immersive and bilateral educational exchange

WHERE WE ARE GOING

- Establish opportunities for reciprocal learning, promote these learnings and implement new knowledge
- Build expertise in implementation science
- Focus partnership research, innovation and learning activities on joint priorities of the University of Calgary and the Cumming School of Medicine and their partners
- Secure funding to grow and sustain community partnerships and programming
- Explore opportunities and establish collaborations with all relevant and interested units within the University of Calgary



CO-CREATE NEW KNOWLEDGE WITH OUR PARTNERS

“Longstanding, balanced and trusting institutional partnerships facilitate knowledge exchange and bilateral learning, contributing to our own health systems here in Canada.”

– Dr. Jenn Brenner, director, global maternal child health, Indigenous, Local & Global Health Office

We work together to discover new knowledge and translate the discoveries into applications to address social and health inequities. Much of this work happens in the form of externally and internally funded education, research, innovation and service projects with local, global and Indigenous partners.

“We have to reach beyond our borders to work together to share knowledge and tackle challenges we face globally and in our own communities. We can learn much from each other.”

– Dr. Guido van Marle, director, international partnerships, Indigenous, Local & Global Health Office

Our experience with global health initiatives and engaging community in defining priorities and co-creating solutions has been successful. Building on our longstanding partnership with Uganda we have launched two new projects — a Government of Canada funded global

health initiative, Healthy Adolescents and Young People (HAY!), and an IRDC, Laerdal Foundation and ELMA Foundation funded SIM for Life Phase 2.

“The essence of good partnerships hinges upon mutual respect, decision-making, engagement and learning.”

– Dr. Gwen Hollaar, assistant dean, global health education development, Indigenous, Local & Global Health Office

The International Institute for Medical Education Leadership (IIMEL) is a collaborative initiative that brings together faculty leads from low- and middle-income country medical schools to create an incubator for innovation around competency based medical education, faculty development, and medical education leadership.

The next phase of Interrupting Toxic Stress in Indigenous Youth will create opportunities for Indigenous youth to build communications, leadership and advocacy skills, with Indigenous youth mentors designing and leading the program.





COMMUNITIES

Fostering health equity in

Indigenous

communities

Under the Indigenous health portfolio of our office, we work with community to collaboratively address barriers to health equity. We offer a spectrum of support to Indigenous learners to address the underrepresentation of Indigenous people in health professions in Canada and lead numerous initiatives to enhance Indigenous health education, research, innovation and engagement at the Cumming School of Medicine (CSM). Through the Traditional Knowledge Keepers in Residence Program (TKK), Elders regularly engage with CSM students, faculty and staff to provide teachings and workshops, strengthen protocol at events and build relationships. After four years of work engaging over 425 stakeholders, the Indigenous Health Dialogue report was released in 2020. The dialogue recommendations aim to enhance existing Indigenous health initiatives at the CSM, create new opportunities for programming and purposefully respond to the Truth and Reconciliation Commission's (TRC) Calls to Action.

“A space where students can visit safely and openly with Elders and Traditional Knowledge Keepers is an important aspect of wellness for many students. A space that welcomes ceremonies is imperative as many students move away from their home communities and support systems, which at times can leave an empty space for students to fill while also completing post-secondary education.”

– Ashley, PhD student, TKK participant





COMMUNITIES

Building health equity with our **local** communities

Our office is committed to building respectful, reciprocal relationships with local communities to reduce health disparities among populations in marginalized settings in Calgary and Southern Alberta. We focus on building bridges with local community groups that promote alignment, partnership and collaboration and work together on projects that catalyze our combined experiences, expertise and knowledge. We recognize that in order to ensure CSM graduates are prepared to address the increasingly complex health challenges of our diverse population, we must provide early and longitudinal learning experiences in community settings for our students. Thus, we have provided all first-year medical students with community-engaged learning experiences as part of the core curriculum in Undergraduate Medical Education (UME), and continue to facilitate co-curricular/elective community-engaged learning experiences for CSM students, both locally and globally. Our goal is to facilitate learning experiences across the learning spectrum to enhance students' understanding of the contextual factors that influence health (i.e., the social determinants of health) and support the development of the skills and qualities needed to respectfully care for populations in marginalized settings.

“My Community Engaged Learning (CEL) experience was incredible. I learned so much about the difficult experiences of many and even more about myself — my assumptions and biases. I truly believe that I will be a better physician, and a better person because of these sessions. I will always strive to look beyond the stereotype-ridden labels of people experiencing homelessness to see the unique individual behind them. I offer an enormous thank you for graciously offering these teachings to us.”

– CEL student participant, Calgary



LOVED
PRIDE

UNIVERSITY OF
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CUMMING SCHOOL
OF MEDICINE



COMMUNITIES

Enhancing health equity in **global** communities

Our Global Health team facilitates and leads health equity education, research, innovation and partnership initiatives around the world. By building ethical, respectful and balanced partnerships, we facilitate the knowledge, skills and talents to improve the health of people in marginalized communities in Uganda, Ethiopia, Nepal, Tanzania, Laos and beyond. Our global health projects take many forms, but all are based on the fundamental principles of strong, balanced partnership. Our global health educational focus is in four key areas: global health student learning experiences, medical and health science education with global partners, medical and health science education capacity building, and knowledge dissemination in global health. Our global projects have focused on rural and primary health care, maternal and child health, sexual reproductive health, bioinformatics and molecular biology, cardiac care, mental health and infectious disease, to name a few.

“...after doing this work (internship), I’ve developed a renewed appreciation for the depth and complexity needed to meaningfully engage with a community. A key learning for me was that engagement must occur at multiple levels, from local government to health facilities and community leadership. By asking for feedback on our programming and getting permission to enter communities, we were able to strengthen our activities and ensure our engagement was culturally relevant and useful.”

– Tyler, Mama na Mtoto student Intern, Tanzania

OUR KEY PERFORMANCE INDICATORS

We are committed to develop a full measurement framework to assess our progress and below is an outline of those elements.

- Number of programs and initiatives
- Number of research and innovation projects
- Number and length of partnerships
- Number and type of communities engaged
- Number of events and attendees
- Track Indigenous Health Dialogue progress
- Number of hours of equity-oriented education delivered
- Number of learners engaged through programs, trainings, events, etc.
- Number of Indigenous students recruited, supported and graduated
- Key milestones, achievements, and impact of projects and programs
- Number and type of resources produced
- Number of publications
- Number and dollar value of grants received
- CSM policy, practice and structure change





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