Opening Space for Dialogue on Race, Class and Gender: Community Curriculum on Care of Older People and Their Families
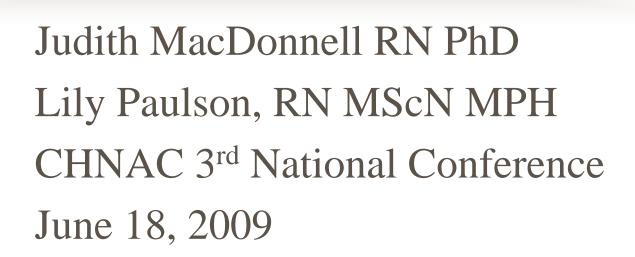
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Objective

- To use a case study of community clinical education to open space for dialogue on race, class and gender and agency in nursing curriculum on care of older persons.

Overview

- Situating the inquiry
- Contributions from the literature
- Case study of undergraduate community clinical lifespan course focus on seniors/families
- Implications

- Acknowledgement to colleagues & students at Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and the School of Nursing, Faculty of Health, York University

Community Health Nursing (CHN) Curriculum Context

- Support for Community Health Nursing practice with shift in care to the community sector (Schofield et al.,2008)

- Recent literature on community clinical education (e.g., Chavez & Gehrs, 2007; Rafael, 2000, 2005; Boutain, 2008; Cohen & Gregory, 2009a, b)

- Discourses about community health nursing and primary health care (PHC) focus, (e.g., Cohen & Gregory, 2009 a,b, Rafael, 2000)

- Entry to Practice Competencies (College of Nurses of Ontario [CNO], 2005)

- Accounting for diverse clients and communities (e.g. Cohen & Gregory, 2009)

- Competing priorities (curriculum & student)

Focus on Older People

- Aging population & nursing curriculum (e.g., Baumbusch & Andrusyszyn, 2002)

- Ageism & choice of geriatrics as specialty (e.g., Hayes et al., 2006)

- Aging in Place strategy: high proportion of seniors are community-dwelling (e.g., PHAC, 2005)

- Cultural competency (e.g., Yakellis et al., 2004)

- International/global context?

Case Study Context

- Initial focus (2005): Second-entry (2 yr.) undergrad prog.
- Semester 1: Lifespan: childbearing & older persons
- ½ term in childbearing or seniors focus and that clinical time is split between institutional (LTC)/community
- Community clinical for 160 students/term
- 40 students in each rotation: 2 days/wk X 2-3 wks

- 2006 course structured around PHC, health & wellness
- Curriculum components later applied to final year collaborative nursing/second degree entry CHN courses

Health & Wellness Focus

- Primary Health Care philosophy
- Critical social theories

- Health and wellness
- Social justice
- Client=community
- Strengths-based
- Focus on agency

- Challenge biomedical model & dominant discourses re seniors, caregiving, gendered, racialized violence

- Power & privilege?
- Voice & visibility?
- Provider & community knowledges?

Course Description: Community Segment Added Explicit Focus on Race, Class, Gender

Students will develop

- an understanding of how diversely situated older people define health and wellness;

- insight into factors such as ageism and how it interacts with racism, sexism, heterosexism and other social dynamics that influence how communities support the health and wellness of seniors…

(NUR 364H Lifespan II: Older Persons and Their Families-Fall 2005)

Sampling of Community Clinical Foci

Students demonstrate developing awareness, understanding, insight and skill development through critical reflections, group presentation and/or written assignment

- Diversity within communities of older persons/care providers and implications for practice
- Seniors' agency
- Community assessment processes
- Social determinants of health
- Community strengths
- Systemic barriers to care for older persons and their care providers
- Ethical/professional issues encountered by nurses working with seniors in the community
- Research/theories that support nursing practice in promotion of wellness of older persons… (NUR 360H Lifespan II: Older Persons and Their Families-Fall 2006)

Components of Community Clinical

(4-6 days)

- Observation in Seniors' Day Program (1-4 students)
- Seniors' residence as a community-interview a "well" older person (pairs)
- Workshop: informal/formal caregiving (20 students)
- Community nurse guest speaker (20 students)
- Seniors' Activism: HATS, Grandmothers (40 studs)
- Community Simulation Exercise (Environmental scan) (40 studs)

Observation in Senior's Day Program: Debriefing

Questions prompt sharing/reflection on assumptions, stereotypes and deeper examination of social determinants of health:

- Who comprises the community of seniors?
- Who is/not visible in participant/professional roles?
- Nursing roles?
- How are programs created and evaluated?
- Equality vs equity
- Social determinants of health (transportation, literacy, SES, access to/cost for programs)
- Family/caregiver support & gaps in services
- How is gender relevant? Race?

Formal/Informal Caregiving

Small group discussion; case studies
- Focus: Health and well-being of caregivers

- "When the Day Comes: Women as Caregivers" (National Film Board, 1991, video)
- Social support for caregivers
- Gendered, racialized, classed nature of formal/informal caregiving
- Debriefing: lived experience, intergenerational experiences
- Norms, values and cultural differences
- Policies on caregiving

Vulnerability and Agency

"Our society, through the perpetuation of negative images of seniors, increases prejudice toward seniors, reduces their self-esteem and involvement and thereby increases their risk for poor health."

Toward Healthy-Aging Communities:
A Population Health Approach (PHAC, 2005)

"Community development is the process by which a community decides collectively on its needs and develops strategies to utilize its collective power to meet those needs."

Ontario Community Development Association (PHAC)

Communities are more likely to have successful, sustainable initiatives if they define their own problems, search out solutions, control their own programs, and strategize to make change.

Public Health Agency of Canada. (2005). Experience in action: Community programming for healthy aging. No. 4-Participation and leadership by

seniors, Retrieved August 26, 2005, from http://www.phac-aspc.gc.ca/seniors-aines/pubs/new%20horizons/NH_fact4_e.htm.

Creating Programs for/with Seniors

Workshop: community programming for/with community-dwelling older people

Example of resources:

Public Health Agency of Canada. (2005). Experience in action: Community programming for healthy aging. No. 4-Participation and leadership by seniors, Retrieved August 26, 2005, from http://www.phac-aspc.gc.ca/seniors-aines/pubs/new%20horizons/NH_fact4_e.htm.

National Advisory Council on Aging (NACA) (2005) *Seniors on the margins: Seniors from ethnocultural minorities*. Ottawa: Author.

Questions include:

- Who comprise seniors' populations?
- How are they represented? Who is in/visible?
- Whose knowledges?
- Whose participation? Leadership?
- Framing of meaningful health issues
- Processes of knowledge production: community development, sustainability, critical health literacy

HATS:
Health Action Theatre by Seniors

- St. Christopher's House, Toronto :
- http://www.stchrishouse.org/older-adults/health-action-theatre/
- Based on Theatre of the Oppressed, teachings of Paulo Freire, popular education linked to politics of liberation.
- "…participatory theatre could be utilized as a powerful tool for transforming monologue into dialogue, consequently overcoming oppression" (Boal)
- Short mimed plays co-written by community members
- Audience participation

"A Day in the Life of Grandmother"

- Grandmother as unpaid live-in caregiver & housekeeper
- Medications
- Social support
- Violence
- Nutrition

- Critical health literacy (Rootman & Ronson, 2005)
- Building capacity: Participation of seniors on the margins (NACA, 2005)

"Grandmothers: The Unsung Heroes of Africa"*

- Reflection on dominant health promotion re HIV/AIDS
- Caregiving roles-grandmothers as workers, direct care providers, creating & providing health promotion to children, peers,
- Globalization, trade agreements & racism, poverty
- Activists, create own community support
- Gendered & racialized violence
- Meanings of HIV/AIDS to grandmothers and communities

- *Video from The Stephen Lewis Foundation (2006)

Contributions of various bodies of literature

- Critical education
- Nursing/health curriculum
- Primary health care/community clinical literature

- Geriatrics/health of older people
- Health human resources

A Critical Lens: Relevant Literature

- Critical, feminist, anti-racist, post-colonial scholarship streams informing nursing education/practice (e.g., Doane & Varcoe, 2005; Kirkham & Anderson, 2002; MacDonnell, 2009; McGibbon & Etowa, 2009; Pharris, 2008; Rafael, 2005a, b; Stevens & Hall, 1992)

- Cultural diversity of older people (race, ethnicity, immigration, language)
- Social determinants focus on risk/vulnerability of older people
- "Isms": Ageism plus some focus on gender/class (older women vulnerable, main caregivers) (e.g., National Advisory Council on Aging, 2004)
- Community health as global/international health (e.g., Chavez & Gehr, 2007)
- Human health resources (e.g., Hayes et al.,2006; Kingma, 2008; Schofield et al., 2008)
- Accounting for diverse student and faculty bodies (McGibbon & Etowa, 2009)

Less Visible

- Limited focus on intersectionalities of race, gender, class
- Racism as it intersects with ageism, sexism, heterosexism for older people and their families
- Attention to characteristics of formal caregivers as racialized, gendered
- Strengths-based /aggregate focus
- Older people as political actors, agents of change less visible in nursing texts (Lockett et al., 2006)
- Global/international health focus on care of seniors
- Integration into analyses of nursing workplaces, health human resources

Opening Space for Dialogue on CHN Practice with Seniors: Some Beginning Thoughts

- Community-based nursing plus community health nursing practice

- Theoretical lens (e.g., post-colonial scholarship, critical feminist, anti-racist theory as key to inform breadth & depth of CHN practice)
- Education/skills of faculty/clinical instructors across curriculum

- Explicit attention to race, class, gender, other social relations and their intersections, processes of racialization (e.g., in caregiving contexts) and other practice contexts
- Accounting for diverse students and faculty in discussions of racism
- Integration of local/global contexts related to care of older people and their care providers
- Moving beyond focus on risk/vulnerability to include subjectivity and focus/visibility of seniors' agency

- Envisioning & validating roles, complexity of practice, career possibilities

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