



**BC NURSES'
UNION**

Standing up for health care

POSITION STATEMENT



ABORIGINAL HEALTH

www.bcnu.org

BC NURSES' UNION BELIEVES THAT:

- > First Nations, Inuit and Métis people experience enormous social, economic, political and cultural challenges stemming from the legacies of colonialism, racialization and a political process that has failed to meet their needs. As a consequence, the health and well-being of Aboriginal peoples is profoundly compromised.
- > Everyone has the right to a standard of living adequate for their own health and well-being and that of their community.
- > Addressing health inequalities for Aboriginal peoples is not merely a matter of funding more healthcare resources but ensuring that the social determinants of health (such as housing, education, food and water security) are provided for.¹ In addition, the delivery of healthcare and the provision of the key social determinants of health should be undertaken in a way that is respectful of the cultural needs of Aboriginal peoples.
- > The Aboriginal way of life incorporates a holistic approach to health that reflects physical, spiritual, emotional and mental dimensions and is 'not merely the absence of disease'.²
- > Nurses play a crucial role in improving the health status of Aboriginal peoples of BC both through the delivery of culturally appropriate healthcare and the development and promotion of quality health services.
- > Individual nurses in all domains of nursing practice are responsible and accountable for acquiring and incorporating cultural competencies in their relationships with Aboriginal people and co-workers.³
- > As an organization we must support members to acquire cultural competencies.
- > Advocating for self-governance and empowering Aboriginal peoples, including Aboriginal nurses, will improve the status of their health.
- > Supporting Aboriginal nurses by promoting the development and practice of Aboriginal Health Nursing will also improve the health of Aboriginal peoples of BC.

BACKGROUND

In Canada the term Aboriginal encompasses First Nations, Inuit, and Métis people. Canada's 2006 Census indicated that there were 196,070 self-identified Aboriginal people in BC, with 46% under the age of 25.⁴ The table below represents the Aboriginal population in five BC Provincial health authorities.⁵

Authority	Total Pop. 2006	Aboriginal Pop. 2006
Fraser	1,501,683	38,105
Interior	710,834	44,900
Northern	289,793	48,050
Van. Coastal	1,077,572	24,470
Van. Island	740,373	40,550
Total BC	4,320,255	196,070

In 2006, the National Aboriginal population was growing six times faster than that of the general population and shows no signs of slowing down.⁶

The gap between Aboriginal and Non Aboriginal Health status has been well documented for decades.⁷ Aboriginal people have experienced enormous social, economic, political and cultural injustice for generations. As a consequence of these systemic inequalities, the health and well-being of Aboriginal peoples has been, and continues to be, profoundly compromised.

Canada's Aboriginal people have:

- > An infant mortality rate 2.5 times that of the general population.
- > A male life expectancy of 7.4 years, and female life expectancy of 5.2 years less than their non-aboriginal counterparts.
- > An adult diabetes rate four times the Canadian average, with 90% of those reporting adverse consequences such as vision problems, decreased kidney function, and cardio vascular problems.

1. World Health Organization (1986). The Ottawa Charter for Health Promotion. Retrieved November 24, 2012, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
2. WHO (1946). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; entered into force on April 7, 1948.
3. College of Registered Nurses Association of BC (CRNBC): Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia. (2009). Ethical Practice Competencies, 21-22. Retrieved November 24, 2012, from <https://www.crnbc.ca/Registration/Lists/RegistrationResources/375CompetenciesEntrylevelRN.pdf>
4. Statistics Canada (2008). Aboriginal Peoples in Canada in 2006: Inuit, Métis, and First Nations. 2006 Census. Retrieved November 24, 2012, from <http://www12.statcan.ca/census-recensement/2006/as-sa/97-558/pdf/97-558-XIE2006001.pdf>
5. Regional profiles of First Nations communities: According to Provincial health authority regions. First Nations Health Council. (2010). Retrieved December 11, 2012, from http://www.fnhc.ca/pdf/FNHC_RegionalProfile_-_digitalcopy.pdf
6. Statistics Canada (2008) Op cit
7. Report of the Royal Commission on Aboriginal Peoples (2006). Retrieved March 10, 2013 from <http://www.aadnc-aandc.gc.ca/eng/1100100014597/1100100014637#chp6>
8. Aboriginal Health: Canadian Federation of Nurses Unions backgrounder. Retrieved November 27, 2012 from <http://www.nursesunions.ca/sites/default/files/2011.backgrounder.aboriginal.health.e.pdf>
9. Statistics Canada (2010). The Health of First Nations Living Off-Reserve, Inuit, and Métis Adults in Canada: The Impact of Socio-economic Status on Inequalities in Health. Retrieved March 9, 2013 from <http://www.statcan.gc.ca/pub/82-622-x/82-622-x2010004-eng.pdf>
10. United Nations A/HRC/22/50/Add.1 (2012). Report of the Special Rapporteur on the right to food. Olivier De Schutter Addendum, Mission to Canada. Retrieved March 9, 2013 from http://www.srfood.org/images/stories/pdf/officialreports/20121224_canadafinal_en.pdf
11. Office of the Correctional Investigator (2012). Spirit Matters: Aboriginal People and the Corrections and Conditional Release Act. Retrieved March 10, 2013 from <http://www.oci-bec.gc.ca/rpt/pdf/oth-aut/oth-aut20121022-eng.pdf>
12. Aboriginal Affairs and Northern Development of Canada (2010). First Nations and Inuit Community well-being: Describing historical trends. Retrieved January 22, 2013, from <http://www.aadnc-aandc.gc.ca/eng/1100100016600/1100100016641>
13. Gathering Wisdom V for a Shared Journey Summary Report. (2012). Grand Chief Doug Kelly: Chair, First Nations Health Council.
14. Health Council of Canada. Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care. (2012). Retrieved January 6, 2013, from http://www.healthcouncilcanada.ca/rpt_det_gen.php?id=437&rf=2
15. Native and Inuit Nurses Association of British Columbia. Future Directions for Aboriginal Nurses in British Columbia (2011). Retrieved November 27, 2012, from https://www.bcnu.org/pdfs/Future_Direction_Aboriginal_Nursing_BC.pdf
16. Indigenous cultural competency training program: Provincial Health Services Authority in BC. Core ICC Health Training. Retrieved December 11, 2012, from <http://www.culturalcompetency.ca/training/core-icc-health>

> A disproportionate burden of infectious diseases with twenty times tuberculosis rates, five times hepatitis A, and seven times Chlamydia rates.⁹

In 2006/07 while two out of five non-Aboriginal adults reported a personal annual income of \$40,000 or more, a similar proportion of Métis, and more than half of First Nations and Inuit adults reported incomes of less than \$20,000.⁹

In 2012 the United Nations Special Rapporteur on the right to food was “disconcerted by the deep and severe food insecurity faced by Aboriginal peoples living both on- and off-reserve in remote and urban areas.” He reported rates of food insecurity among off-reserve aboriginal households as three times higher than among non-aboriginal households.¹⁰

Aboriginal people currently account for 21.5% of Correctional Services of Canada’s inmate population; even more concerning is that in 2010-11, Aboriginal women made up over 31.9% of all federally incarcerated women, representing an increase of 85.7% over the last decade. Within corrections, Aboriginal people have “more health problems, including Fetal Alcohol Spectrum Disorder and mental health issues and addiction.” Despite numerous task forces and commissions, including the Royal Commission on Aboriginal People, which concluded in 1995 that “the justice system has failed Aboriginal peoples” most recommendations remain unimplemented. A 2012 report for the Office of the Correctional Investigator, found “limited understanding and awareness within CSC of Aboriginal peoples’, cultures, spirituality and approaches to healing.”¹¹

In 2010, Indian and Northern affairs Canada reported that between 2001 and 2006 there was little or no progress in the community well-being of First Nations communities.¹²

ASSUMING RESPONSIBILITY – BC FIRST NATIONS HEALTH AUTHORITY

Challenging the status quo, BC’s First Nations initiated a tripartite agreement with the provincial and

federal governments resulting in the creation of the BC First Nations Health Authority (FNHA) which assumed control from Health Canada. This process reinforces BC First Nations’ aim to take greater control of their health at the individual, family, and community levels. The FNHA can build and deliver healthcare solutions by leveraging current systems and integrating a number of traditional and holistic paths to wellness.¹³

NURSES TAKING ACTION

In December 2012, the Health Council of Canada released a report “*Empathy, dignity, and respect: Creating cultural safety for Aboriginal people in urban health care.*” Healthcare providers, managers, and researchers found that one of the barriers to good health lies squarely in the lap of the healthcare system itself. They reported that many Aboriginal people don’t trust—and therefore don’t use—mainstream healthcare services because they don’t feel safe from stereotyping and racism, and because the Western approach to healthcare can feel alienating and intimidating.

The report called on front-line staff and health practitioners to:

- > “Be a champion for cultural competency and cultural safety.
- > Work to enhance your own cultural competency, a process that requires ongoing self-reflection, lifelong readiness to learn, and a willingness to change.
- > Engage with patients, clients, and colleagues in ways that are respectful and caring, that acknowledge and affirm their distinct cultural identities, and that support the development of trust and mutually empowered relationships.
- > Provide patient-centred care that meets patient-identified needs.
- > Look for and create opportunities for partnership and collaboration that will enhance cultural safety for First Nations, Inuit and Métis people.”¹⁴

The Native and Inuit Nurses Association of BC (NINABC) was commissioned by the First Nations Health Authority to create

a strategic plan for both Aboriginal and non-Aboriginal nurses working in BC's First Nations communities. NINABC collaborated with the BCNU Aboriginal Leadership Circle (ALC) and others on this project. "Future Directions for Aboriginal Nursing in British Columbia"¹⁵ was created and the following key objectives were presented to the FNHA staff:

- > Develop and maintain a registry of nurses of Aboriginal ancestry in British Columbia.
- > Provide a student mentorship program and collaborate with schools of nursing in BC to develop and endorse Aboriginal Health curricula.
- > Ensure that the FNHA creates a health human resources strategic plan focusing on recruitment and retention.
- > Ensure that BC Aboriginal nurses are given the opportunity and recognition as a political voice for improved health outcomes for Aboriginal peoples.

BCNU'S ABORIGINAL LEADERSHIP CIRCLE

Recognizing that it is important that Aboriginal nurses are provided opportunities to have a voice in both Aboriginal and non-Aboriginal health organizations and governance structures, BCNU supported the formation of the Aboriginal Leadership Circle in 2005. ALC members have participated in both provincial and national organizations that contribute to advancing Aboriginal health status outcomes. Since its inception, the ALC and the BCNU Human Rights and Equity Committee have been a determined voice for Aboriginal nurses.

HOW CAN NURSES HELP?

Aboriginal ways of knowing thrive on connection and relationships. The best way to impact the health status of Aboriginal patients is to ensure you practice in a culturally safe and competent manner. BC nurses have a significant role to play in changing the health status of BC Aboriginal peoples. In many institutions, it is a nurse who is the first contact and in many BC First Nation communities a nurse may be the only access to healthcare. It is essential that nurses have a strong foundational knowledge of Aboriginal Health in the context of colonialism, social determinants of health, and current policies and legislation that directly affect the health of Aboriginal peoples. There are many resources available and the best way to help is to get informed and build your skill set of cultural competencies.

The Provincial Health Services Authority has created an on-line Indigenous Cultural Competency (ICC) training program that is free of charge to any nurse who works within a provincial health authority.¹⁶ This ICC training is a unique, facilitated on-line training program designed to increase knowledge, enhance self-awareness, and strengthen the skills of those who work both directly and indirectly with Aboriginal people.

Every BC Health Authority has an Aboriginal Health Strategic plan in place to support the new First Nations Health Authority and Aboriginal people of BC. Find out what role your workplace has in Aboriginal healthcare issues and supporting the new FNHA.

Search out and read the documents contained in this Position Statement's reference list.

CONCLUSION

The need to support cultural competency and safety is based, in part, on the experiences of many Aboriginal people with the mainstream healthcare system. Often these experiences have been negative due to cultural differences. Frequently, cultural differences and the inability of health providers to appropriately address these differences have contributed to high rates of noncompliance, reluctance to visit mainstream health facilities even when service is needed, and feelings of fear, disrespect and alienation. Nurses' interaction can literally change health outcomes and the future of Aboriginal peoples. Support for the BCNU internal Human Rights and Equity infrastructure and inclusion and engagement with BCNU Aboriginal members through regional meetings, social media, and personal contact will all help bridge the gap and contribute to reconciliation that will benefit Aboriginal peoples.

As a society we have known for generations that Canada's Aboriginal peoples are the sickest people in the country due to unnecessary inequities. As nurses and trusted healthcare providers, we must take the opportunity to change the status quo for a healthier Aboriginal population. As a union, we will champion cultural competency and safety by supporting on-going education and raising awareness, both with our members and external partners, of issues vital to the health and well-being of Aboriginal peoples.

FOR MORE INFORMATION

Please contact your BCNU Regional Chair to discuss these issues. Go to www.bcnu.org or look in your **Update** magazine for a list of representatives.