



Canadian Nursing Students' Association
Association des étudiant(e)s infirmier(ère)s du Canada

Position Statement #1
Affordable and Accessible PrEP For All

Approved by: 2019 National Assembly, Canadian Nursing Students' Association

Submitted: December 7, 2018

Submitted to: CNSA Board of Directors

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Introduction/Background Information

HIV is a syndrome caused by a virus called the Human Immunodeficiency Virus. It attacks the body's immune system by hijacking white blood cells, leaving people vulnerable to secondary infections. Without treatment, an HIV infection will lead to a more severe syndrome called AIDS. There is currently no cure or vaccine for HIV, but with the right treatment and behavioural intervention, someone with HIV can expect to live a long life (Canadian AIDS Treatment Information Exchange [CATIE], 2018).

In February 2016, Health Canada approved the use of pre-exposure prophylaxis (PrEP) to help prevent the contraction of HIV (CATIE, n.d). Using PrEP has been shown to be up to 92% effective at preventing new HIV infections in adults who are at high risk when used in conjunction with behavioural interventions (CATIE, 2018). Despite the efficiency of PrEP, rates of HIV infection in Canada have recently been on the rise. These rates were on the decline from the 1980s until 2014. Since 2014, there has been a 5% increase of HIV infections in Canada, representing just under 3000 new cases (Government of Canada, 2016). In Saskatchewan, rates of HIV diagnoses are 2.4 times higher than the rest of Canada (HIV Prevention and Control Report, 2017).

HIV disproportionately affects equity-seeking populations. Indigenous populations are 2.7 times more likely to be affected than non-Indigenous populations. People who use injection drugs are 59 times more likely to be affected than people who do not inject drugs (Government of Canada, 2016). LGBTQ2S+ men and trans women are 131 times more likely to be affected than heterosexual men (Government of Canada, 2016).

Stigma surrounding HIV and the people who are at an increased risk of getting HIV affects the availability of PrEP. Some care providers refuse to explore PrEP as an option due to concerns about the individual's ability to adhere to the behavioural interventions used in tandem with PrEP (Staples, Sanyal, Khatura, Mishra & Kumar, 2015). These care providers assume that the idea of PrEP will encourage high-risk individuals to develop a false sense of security leading to increased risk-taking behaviours, promiscuity, decreased screening, and decreased use of protective measures. However, there is no evidence to support these assumptions (Staples et al.,



2015). Societal perceptions impact the quality of care these individuals receive. There is currently a lack of knowledge surrounding PrEP and addressing social prejudices may be vital in expanding its use (Knight, Small, Carson, & Shoveller, 2016). Low adoption rates, use of PrEP, and the high costs for clients reflect that market access of PrEP is significantly driven by strong prevailing societal views despite regulatory approvals and national recommendations supported by clinical evidence (Staples et al., 2015).

The Position

The CNSA believes that it is imperative that all individuals have the right and ability to access PrEP. As an organization, CNSA supports equitable health care for equity-seeking populations and takes into account social inequalities. CNSA supports the notion that PrEP should be affordable and supports incorporating it into routine HIV prevention and treatment strategies, free of cost to the individual.

The CNSA aspires to influence and to advance innovation and social justice in the nursing curriculum and the nursing profession. The CNSA also has a core mandate to be the primary resource for nursing students. Therefore, the CNSA supports the education of nursing students regarding PrEP use, access, and the health inequities that can prevent appropriate PrEP usage- such as perceived risk, lack of support, lack of healthcare access, and the social determinants of health. Advocacy for this education may improve health promotion and health outcomes for populations that are disproportionately affected by health inequities.

The CNSA stands in support of The Canadian Association of Nurses in HIV/AIDS Care (CANAC) in its commitment to fostering excellent HIV/AIDS care in nursing and for the prevention of the spread of HIV (CANAC, 2018). The CNSA works in tandem with organizations on the point of care to support equity seeking populations in receiving PrEP. As future health care providers, we as nurses must recognize the complex and dynamic knowledge around HIV prevention and care.

Relation To Canadian Nursing School Curriculums

According to Canadian Association of Schools of Nursing (CASN) it is essential for nursing programs to prepare their students so that they understand primary health care in regard to health disparities, equity-seeking populations, and the social determinants of health (CASN, 2015). Many equity-seeking populations such as people who use injection drugs, Indigenous people and LGBTQ2S+ individuals are at a higher risk of contracting HIV. Nurses have a responsibility to support all patients throughout their healthcare journey and to advocate for the reduction of barriers to accessing healthcare.

There are currently several barriers individuals must overcome to access PrEP. CASN (2015) states that nurses must possess the ability to counsel and to educate clients to



promote health, prevent disease, and manage symptoms. When nurses are uneducated about the benefits of PrEP as a successful tool for preventing and treating HIV, they cannot adequately support their clients to receive the most beneficial care.

CNSA must advocate for the inclusion of HIV education surrounding prevention and disease management at all levels; primordial, primary, secondary and tertiary, quaternary. The integration of this education will allow nursing students to be leaders in health promotion. The inclusion of this curriculum would also allow for knowledge expansion and better awareness about the evidence-informed practice of disease prevention.

Conclusion

The CNSA believes that (PrEP) should be available and affordable for equity-seeking populations across Canada. The CNSA as an organization will continue to advocate for equitable health care for these individuals, provide resources to nursing students on the topic of HIV/AIDS, and engage in research about HIV prevention and treatment.

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Position Statement #2

Achieving Health Equity in Canada's Rural and Remote Communities

Approved by: 2019 National Assembly, Canadian Nursing Students' Association

Submitted: December 7th, 2018

Submitted to: CNSA Board of Directors

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Introduction and Background Information

All Canadians should respond to the Final Report of the Truth and Reconciliation Commission of Canada (TRC), which calls for addressing the inequities of health care that Indigenous people experience in Canada (Jane Philpott, 2017). In order to receive certain medical treatment, many residents in rural and remote communities must leave their homes to receive access to the care they deserve. In Nunavut for instance, a resident must leave their community to receive radiation, chemotherapy treatment, neonatal services, or alcohol and drug addictions treatment (Aningat, 2018). Nurses often have an awareness about how the complexity of Indigenous health issues is connected to consequences stemming from government decisions (social and political) but the roles and influences of nurses in addressing these issues are uncertain (Rahaman, Holmes, Chartrand, 2016).

Nurses are often the primary health care providers for the delivery of essential health services within rural and remote Indigenous communities. Barriers to continuing education, overwork, burnout, large professional responsibility and lack of support from management are just some of the challenges that contribute to poor retention of rural and remote nurses which leads to further inequities within Indigenous communities (Rahaman, Holmes, Chartrand, 2016). Inequities in Northern rural and remote communities root from a lack of consistent and effective health services (Aningat, 2018). The astounding numbers show that 83.6% of



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Canadians in a National average have regular contact with a physician compared to 23.8%, 44.2%, and 75.1% of Nunavut, Northwest Territories, and Yukon residents respectively (Aningat, 2018). Change in nursing curriculum is evidently needed and more awareness on these inequities is imperative for these communities.

Canadian Nursing Students' Association's Current Position on the Issue

The association passed a position statement in 2015, "Cultural Safety in the Context of Aboriginal Health in Nursing Education" (CNSA, 2015). This demonstrates that the CNSA advocates for inclusion of cultural safety, specifically Indigenous health cultural safety, in nursing education. A better way to advocate for Indigenous health cultural safety is by having more students exposed to the health inequities that Indigenous communities face. By increasing the number of students being exposed to cultural safety and the important discussions through their curriculum and in their classrooms, more awareness is brought forward about the issue and health equity is more achievable. This ties into CNSA's strategic plan Objective B, Outcome #1: "Be involved in curriculum decisions, planning and review", and Objective B, Outcome #4: "Members of CNSA incorporate research and evidence-based decision making into their current and future practice to positively influence patient outcome" (CNSA, 2016).

Relation to Canadian Nursing School Curriculums

Nurses are an extension of the state health care system, and they must provide responsive and relevant health services within isolated Canadian Indigenous communities. However, there remains to be a lack of consensus about nurses' roles in these Northern health centres, where high expectations, lack of clear directions, and poor documentation burden staff, all affecting the effectiveness of care. There is not enough being done in nursing schools to advance the unique specialty of rural and remote nursing and primarily Indigenous communities are suffering. The CNSA supports educational institutions in their development of more rural and remote placement opportunities in nursing school for students to gain knowledge and experience about primary health care and Northern rural and remote outpost nursing.



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One of CNSA's objectives is to influence and make advancements in innovation and social justice within the nursing curriculum and the nursing profession (CNSA, 2016). By allowing nursing students to take part in clinical placements in rural and remote Northern communities, it will create an influence and advancement in social justice. In a study, it was shown that 67% of students were gainfully employed in an area where they did a clinical placement (Wareing, et. al, 2017, p. 229). By increasing clinical placements in Northern communities, the retention of student nurses after they graduate is increased and the number of nursing vacancies is decreased. An advantage of having clinical placements in Northern communities is that new graduates will have already been introduced to the culture and the way of life of the Indigenous people in Northern Canada. The new graduates will be known to the residents of the community and would not be an outsider coming into their community for the first time.

Conclusion and Restatement of the CNSA Position

Nursing schools need to do more to prepare novice nurses for the realities of primary health care in rural and remote communities. There is not enough being done in nursing schools to advance the unique specialty of rural and remote nursing and primarily Indigenous communities are suffering. Addressing the inequities in health care for Indigenous populations living in rural and remote communities in Canada must become a priority. Nursing programs should have the option to participate in a high-quality rural clinical and educational experience to all nursing students that support experiential learning. This ensures students attain competencies to provide culturally safe care within rural and remote communities in Canada.

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Position Statement #3

Incorporation of Mental Health Into All Primary Care

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Submitted by: Allison Mosley of University of Lethbridge

Introduction/Background Information

It is estimated about 1 in 3 Canadians will experience a mental illness in their lifetime (Government of Canada, 2018). As well, the Center for Addiction and Mental Health (CAMH), reports that in any year up to 1 in 5 Canadians will experience mental illness or addiction, and by age 40 that will increase to 1 in 2 (CAMH, 2018). Currently, over half of Canadians consider anxiety and depression to be an epidemic in Canada (CMHA, 2018a). The first point of contact with the healthcare system for many Canadians is the primary care practice, this includes those with mental health problems and addictions (Kates, 2017). Despite this, many primary care providers report a lack of knowledge, and a lack of training as barriers to confidence in delivering mental health care (Kates, 2017).

Despite the high prevalence, a significantly large portion of those with mental illness still go untreated, and a large majority will receive no treatment over the course of a year (Kates, 2017). 1.6 million Canadians report unmet mental health care treatment needs every year (CMHA, 2018a). There is still stigma among the general population, but also among healthcare providers regarding individuals with mental illness and addiction. Canada is in the midst of an opioid crisis, and those who face addiction, also face multiple barriers and discrimination when trying to access health care.

Although Canada had taken steps to improve its mental health framework, there are still gaps in health care delivery and in collaboration. An integrated approach would allow health care providers to better meet the needs of Canadians- including raising awareness of prevention strategies, earlier diagnosis, early intervention and better access to treatment/recovery options.

The Position

The position of the Canadian Nursing Students' Association (CNSA) has been in supporting and advocating for equitable mental health care for all Canadians. The CNSA understands that mental health and physical health are closely connected and deserve to be treated equally. As an organization, the CNSA believes that regular contact with primary care



teams can help prevent and improve mental and physical conditions. The CNSA supports barrier free, accessible primary care for Canadians with mental health as a core competency. The CNSA believes that primary health care providers should be knowledgeable and confident in providing high quality care to those with mental health problems and illnesses.

The CNSA supports the education of nursing students on these topics through its core principle of influencing and advancing nursing education. Topics and perspectives such as mental health promotion, trauma informed care, and stigma as a barrier are key for future nurses to understand. Advocacy for greater inclusion of mental health education could improve health promotion and general health knowledge. It would also aid in nurses entering practice being prepared to provide holistic care to individuals, resulting in better health outcomes.

The CNSA also stands in support of the Canadian Mental Health Association, who is a nationwide leader in mental health efforts and seeks to facilitate resources and support for those living with mental illness (CMHA, 2018b). The CNSA believes that as future nurses and as socially responsible health care providers, we cannot ethically allow the health care system to fail in addressing mental health needs.

Relation To Canadian Nursing School Curriculums

In 2014 the Canadian Association of Schools of Nursing (CASN) created a mental health and addictions core competency guide (CASN, 2014). However, there are still undergraduate students who feel mental health education is not being adequately covered in their programs. The integration of mental health curriculum into all areas of care allows students to meet the competency outlines, such as demonstrating knowledge about the mental health spectrum and providing ethical care to all clients.

As previously described, future nurses need to be prepared to provide holistic care. Inclusion of mental health topics, perspective and approaches will increase awareness of this equity-seeking population and will better prepare nurses providing primary care. It will give nurses knowledge on prevention, stigma and the recovery model, which allows them to be a collaborative member of the primary care team.

Conclusion and Restatement of CNSA Position

The CNSA believes in the importance of incorporating mental health care and services into care delivered by primary care providers. Furthermore, the CNSA supports education for students regarding mental health and illness perspectives to deliver holistic care.

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