



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

Resolution

Creating a Partnership for Aboriginal Health Promotion

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Introduction and Background

The Aboriginal Affairs and Northern Development in Canada (2014) define Aboriginal as being First Nations, Inuit, or Métis people. According to Statistics Canada (2014) 4.3% of Canadians self-identify as Aboriginal. This statistic is limited to people who self-identify as Aboriginal, and therefore the amount of Aboriginal people in Canada are likely under-represented (Aboriginal Affairs and Northern Development in Canada, 2014). Since 1996, there has been a 20.1% increase in Aboriginal people compared to a 5.2% increase of non-Aboriginal people in Canada (Statistics Canada, 2014).

According to Kurtz, Nyberg, Van Den Tillaart and Mills (2013), prior to colonization Aboriginal people had an active lifestyle, healthy traditional diets and spiritually rich traditional approaches to health that suggest longevity, good health and thriving populations. Colonization resulted in population collapse from epidemics, loss of traditional diets, loss of cultural practices, and in some cases the denial of health services to Aboriginal people, leading to endemic disease and health issues (First Nations Health Authority, 2014). Residential schools led to loss of culture and resulted in high mortality rates, high incidents of abuse, and poor health impacting future generations (Kurtz et al., 2013; Aboriginal Nurses Association of Canada, 2009). As the Aboriginal population continues to grow, so do the inequities they face, which rate as one of our nation's most serious shortcomings (Institute on Governance, 2013).

Colonization resulted in the creation of the Canadian Constitution Act. While section 35 of Constitution acknowledges previously identified Aboriginal rights, it does not define them (Government of Canada, 2014). There is an ethical obligation to support reconciliation and restorative justice, leading to the improved health and right to self-governance of Aboriginal people, which is congruent with the *Code of Ethics for Registered Nurses* (Canadian Nurses Association, 2008; Mahara, Duncan, Whyte & Brown, 2011).

Links to CNSA's Mandate and Current Position

As of 2014, CNSA has not taken a position addressing Aboriginal nursing or Aboriginal health promotion. In accordance with CNSA's (2011) *Strategic Plan 2011-2016*, creating a



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new partnership with the Aboriginal Nurses Association of Canada (A.N.A.C.) will address the disparities that Aboriginal people encounter, the lack of representation of, or the lack of mentorship available to, Aboriginal nursing students. CNSA (2011) prioritizes collaborating with external organizations and inviting the participation of stakeholders. By creating a new relationship with A.N.A.C., CNSA would be meeting this objective. Furthermore, such a relationship would allow CNSA to meet their objective of being the primary resource for Aboriginal nursing students. Furthermore, creating a partnership with A.N.A.C. would promote indigenous knowledge and support nursing students to develop culturally safe practices.

Rationale

Whereas, CNSA's objective is to be the primary resource for nursing students; and,

Whereas, Priority C of CNSA's strategic plan for 2011-2016 states that CNSA shall aim to participate at stakeholder events and stakeholders participate at CNSA events, while paying attention to building relationships with stakeholders as well as joining stakeholder committees; and

Whereas, A.N.A.C. aims to support nursing students of Aboriginal descent, while developing meaningful mentorship relationships; and

Whereas, There is an identified need to empower the self-governance of Aboriginal nurses and Aboriginal nursing students; and

Whereas, Research identifies that there are unique disparities among Aboriginal populations; and

Whereas, The Canadian Nurses Association (2014) has passed multiple motions and resolutions that identify Aboriginal Health as a priority; therefore

Resolution

BE IT RESOLVED that CNSA create a new partnership with Aboriginal Nurses Association of Canada (A.N.A.C.)

BE IT FURTHER RESOLVED that CNSA create a sustainable voice that represents and advocates for Aboriginal nursing students

BE IT FURTHER RESOLVED that CNSA advocate for the inclusion of Aboriginal education and Indigenous knowledge throughout Canadian nursing programs

Relation to Canadian Nursing School Curriculums



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The Canadian Association of Schools of Nursing ([CASN], 2014) state that knowledge of the history, nursing and health care in the context of Aboriginal peoples is an entry-to-practice level competency. Ensuring that nursing curriculum includes Aboriginal education and promotes cultural competence is in line with the entry-to-practice competencies set out by CASN and by several provincial regulators (CRNBC, 2014; RNANTN, 2014; NANB, ND; CRNNA, 2013). Including education about the disparities that Aboriginal people face in Canadian nursing curriculum would allow graduates to meet the entry-to-practice requirements.

Additionally CNA (2014) is in support of Aboriginal cultural competence to be included in Canadian nursing curriculum, registration and accreditation processes. The new partnership with A.N.A.C. could provide an optimal environment to increase the knowledge of Aboriginal health disparities and assist in the promotion of Aboriginal health and Aboriginal nursing. This increase can occur through this relationship because it connects with A.N.A.C. objectives, which CNSA could further support. These objectives include the development and encouragement of courses in the educational system on Canadian Aboriginal health, Indigenous knowledge, culturally safety in nursing and the health care system and/or other educational resources and supports; to consult with government, non-profit and private organizations in developing programs for applied and scientific research designed to improve health and well-being in Aboriginal peoples; and to promote awareness in both Canadian and International Aboriginal and non-Aboriginal communities of the health needs of Canadian Aboriginal people (Aboriginal Nurses Association of Canada, 2010). There is currently no past or current CNSA position on Aboriginal Health and curriculum.

Conclusion

A relationship between A.N.A.C. and CNSA would promote Aboriginal health and breakdown barriers that Aboriginal people face. The resolution being proposed is to enter into a partnership with A.N.A.C. and to work with CASN to advocate for further integration of Aboriginal Health into nursing education. By doing this, CNSA would show their support for increased health equity for Aboriginal people. As Canadians and future nurses, it is important to focus on and continue down the road to restorative justice, equity and reconciliation.



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