



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

## **Resolution Statement**

Establishing a Voting Director Position for Indigenous Health Advocacy

**Approved by:** 2017 National Assembly, Canadian Nursing Students' Association

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**Submitted to:** Board of Directors

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### **Introduction and Background**

Indigenous populations within Canada are defined as First Nations, Inuit, or Métis peoples (The Aboriginal Affairs and Northern Development in Canada, 2014). Indigenous peoples continue to experience poor health outcomes, a disproportionate burden of disease, and health disparities that are rooted in health inequalities (National Collaborating Centre for Aboriginal Health, 2011). Within Canada and internationally, the colonization of Indigenous populations has been recognized as a key determinant of health and plays a fundamental role in the overall health of Indigenous peoples (Allen & Smylie, 2015). This cultural oppression, coupled with colonial action, has resulted in the loss of traditional practices, the loss of connection to the land, language, health, and the degradation of the Indigenous population as a whole (Aboriginal Nurses Association of Canada, 2009). The implementation of residential schools in Canada has been recognized as an act of cultural genocide with rippling multigenerational effects and resulted in deeply painful impacts on the physical, emotional, spiritual, and mental health of survivors, their families, and communities (Allan & Smylie, 2015). The legacy of colonialism continues to have a deep impact on Indigenous culture and people, and has a direct connection and incessant influence on the poor health status of Indigenous people today (Mowbray, 2007).

According to literature, a means to counter the colonization process that continues to play a role in the determinants of health for Indigenous Peoples has identified self-determination as a key concept (Allan & Smylie, 2015; ANAC, 2009; Mowbray, 2007). Indigenous self-determination is to be understood as a way to level the balance of power between indigenous peoples and the nation-states in which they live and interact (Mörkenstam, 2015). Self-determination does not describe one specific arrangement as it takes different forms in different contexts. In this context, the term self-determination refers to the representation of Indigenous people at all political levels (Mowbray, 2007).

In 2010, the Government of Canada redacted its opposition and fully endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which speaks of the right of self-determination of Indigenous Peoples. In endorsing UNDRIP, Canada reaffirmed its commitment to build on its relationship with Indigenous peoples to improve the health and wellbeing of Indigenous populations based on respect and a desire to move forward in partnership (Indigenous and Northern Affairs Canada, 2012). Furthermore, the release of the Truth and Reconciliation Commission (TRC) report highlighted the inclusion of UNDRIP in nursing curricula in Call to Action number twenty-four (TRC, 2015). Therefore, there is an ethical obligation to support reconciliation and restorative justice, leading to the improved health and right to self-determination of Aboriginal people, which is congruent



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with the Code of Ethics for Registered Nurses to promote equity and justice (ANAC, 2009; Canadian Nurses Association, 2008; TRC, 2015).

In 2015, CNSA passed a resolution statement establishing an ad-hoc Indigenous health advocacy committee. The purpose of this resolution was that “CNSA create a sustainable voice that represents and advocates for Aboriginal nursing students” (CNSA, 2015a). Creating an Indigenous Advocacy committee within CNSA was an excellent first step toward committing to action on advocating for the issues that are faced by Indigenous peoples. However, under our current structure the Indigenous Health Advocacy Chair has no voting rights and is not guaranteed attendance at board meetings, which potentially removes the indigenous voice from the table.

### **Links into CNSA's Mandate and Current Position**

As of 2015, CNSA has taken a position to address Indigenous nursing and the inclusion of Indigenous health by incorporating cultural safety to support the health of Indigenous populations (CNSA, 2015b). In accordance with CNSA's (2016) Strategic Plan 2016-2021, the establishment of a voting director position dedicated to Indigenous health advocacy would meet Objective A of being the primary resource for nursing students. Amending our existing documents to replace the Indigenous Health Advocacy Committee Chair position with a voting director position would promote Indigenous ways of knowing and ensure our organization is taking action on the recommendations from the Truth and Reconciliation Commission, specifically call to action number 24 which speaks to nursing schools implementing UNDRIP (TRC, 2015). By ensuring that our organization allows for the right to self-determination, we can act as the primary resource for indigenous nursing students.

Furthermore, the amendment to include voting rights for this position is congruent with Objective B, to influence and advance innovation and social justice in the nursing curriculum and the nursing profession. By solidifying an Indigenous voting voice within CNSA, the organization and the students CNSA represents can begin to recognize and address the unique health status of Indigenous populations in Canada and advocate for broader change within the healthcare system. Moreover, CNSA can further rectify historical and continuing injustices faced by indigenous people through appropriate representation and restorative justice. Creating a voting position on the CNSA Board of Directors would not only help progress and innovate nursing curriculum, but also create a stronger and more sustainable voice for Indigenous People and Indigenous Nurses.

### **Rationale**

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

**WHEREAS**, Object C outcome 2 of CNSA's strategic plan for 2016-2021 states that CNSA Board of Directors and its members are involved with stakeholders and their advancement in the nursing profession

**WHEREAS**, Research identifies that there are unique disparities among Indigenous populations, and as a result there is an identified need to empower the self-determination of Indigenous Nurses and Indigenous Nursing Students; and

**WHEREAS**, The need for culturally safe practice, in the context of Indigenous Culture, needs to be directed by an Indigenous representative; and



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**WHEREAS**, The Canadian Nurses Association (2014) has passed multiple motions and resolutions that identify Indigenous Health as a priority;

**WHEREAS**, The need for an Indigenous member being a voting member is imperative to promoting cultural safety; therefore

### **Resolution**

**BE IT RESOLVED** That CNSA amend 7.02 from the CNSA Bylaws to state “The board shall consist of 13 directors who shall each be associates of the Corporation, as follows:”

**BE IT FURTHER RESOLVED** That CNSA amend 7.02.1 from the CNSA Bylaws to state “seven persons elected by the chapter members to the positions of:”

**BE IT FURTHER RESOLVED** That CNSA amend 7.02.1 to now include “ (g) Director of Indigenous Health Advocacy”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of Directors and Committee Chairs to state “The Board of Directors shall consist of 13 elected members and four appointed members and shall be comprised of:1) seven persons elected by the national assembly to the position of:”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5:Power and Duties of the Board of Directors and Committee Chairs to now include “ g. Director of Indigenous Health Advocacy”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of directors to remove “ f. Indigenous Advocacy Committee chair”

**BE IT FURTHER RESOLVED** That CNSA amend the CNSA Rules and Regulations, Part 5:Power and Duties of the Board of Directors and Committee Chairs to Add “Director of Indigenous Health Advocacy shall: Serve as Chair of the Indigenous Advocacy Committee; Be Indigenous (aboriginal, Metis, Inuit, or First Nations). In the absence of an Indigenous candidate, a non-indigenous candidate will be eligible for the position of Director of Indigenous Health Advocacy; Act as the primary liaison between Canadian Indigenous Nurses Association (C.I.N.A) and CNSA; Maintain contact and build relationships with principal Indigenous Nursing stakeholders and student committees nationally and internationally; Liaise with all key national stakeholders that are committed to or represent Indigenous Health and Advocacy; Attend all C.I.N.A. meetings (if financially feasible); and prepare a report for each BOD and National Assembly meeting, and attend the National Assembly

**BE IT FURTHER RESOLVED** that CNSA amend the CNSA Rules and Regulations, Part 5: Power and Duties of the Board of directors to remove “Indigenous Advocacy committee chair” and following duties

### **Relation To Canadian Nursing School Curriculums**

The Truth and Reconciliation Commission recommends that all nursing and medical schools in Canada implement courses for students to learn about health issues that are relevant to Canada’s Indigenous peoples (TRC, 2015). The Truth and Reconciliation Commission further states that a



comprehensive Indigenous Health curriculum should include education about the history of residential schools in Canada, treaties and Indigenous rights, Indigenous practices and teaching, and the implementation of United Nations Declaration on the Rights of Indigenous Peoples (ibid). The TRC recommendations are important as CNSA advocates for the inclusion of Aboriginal Health in Canadian nursing curricula to enhance the cultural competence of nurses (CNSA, 2015b). Additionally, it would further support and enact the position CNSA took on cultural safety in the context of Indigenous Health as previously mentioned. Having an Indigenous voting voice on the CNSA Board of Directors would support the principles of this position statement by adopting the TRC recommendations, which advocates for Indigenous self-determination and inclusion of cultural safety in nursing curricula.

### **Conclusion**

By establishing an Indigenous voting position, CNSA will have a better stance as an organization to advocate for the calls of the Truth and Reconciliation commission to include Indigenous health issues in curriculum. This aligns with our previous position statement about cultural safety passed in 2015. The proposed resolution would address sustainability issues with the current committee chair position, such as the Indigenous representative being unable to vote or the potential for the representative to be unable to attend all board meetings. CNSA has committed to being the primary resource for nursing students and establishing a voting position for an Indigenous Health Advocacy Director would allow the organization to be the primary resource for Indigenous students.

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