Submission to the Commission on the Future of Health Care in Canada

Commissioner: Roy J. Romanow, Q.C.

Aboriginal Nurses Association of Canada

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Aboriginal Nurses Association of Canada

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Table of Contents

		Page
1.0	Executive Summary and Recommendations	1
2.0	Introduction	4
3.0	Unique Perspectives of Our Organization	4
4.0	Alignment with Other Aboriginal and Nursing Organizations	6
4.1	Canadian Nurses Association	6
4.2	Canadian Hospital Association	7
4.3	Assembly of First Nations	8
4.4	National Aboriginal Health Organization	8
5.0	Key Issues and Recommendations	
5.1	Primary Health Care as the Model	9
5.2	Health Human Resources	11
5.3	System Design Principles and Values	13
5.4	Development of Culture Brokers	16
5.5	Access to Traditional Healers and Elders	17
5.6	Optimal Use of Advanced Practice Nurses	18
5.7	Equity in a Multi-tier System	18
5.8	Public Health, Population health and Determinants of Health	19
5.9	Comprehensive Home, Community and Institutional Care	20
5.10	Best Practices in Aboriginal Health	21
5.11	Aboriginal Health as a Specialty in Nursing and other Provider Education	22
5.12	Maternal Child Health, Women's Health, Early Childhood Development and Parenting	22
5.13	Mental Health and Addictions Treatment	23
5.14	Responsibilities, Ethics and Accountability	24
5.15	Change Management	25
6.0	Conclusion	25

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6.0 Executive Summary and Recommendations

The Aboriginal Nurses Association of Canada (A.N.A.C.) has prepared this submission in consultation with a Committee of members and using available documents prepared by the Association and other agencies. Rather than addressing each of the themes as set out by the Commission, the A.N.A.C. has taken a more integrated approach in focussing on key issues, many of which cut across several themes.

The Recommendations set out in the submission are as follows:

1. Implementation of the Primary Health Care Model – Fully implement the primary health care model at the community level through the development of Health Centres and build secondary and tertiary services to support the priorities of the community.

2. Needs Based Planning – Develop a method of designing community based health care services in direct and specific response to identified needs.

3. Building Multi-disciplinary Teams – Develop new generalist health service providers to meet the needs at the community level by training aboriginal people.

4. Access Programs – Nursing access programs and unique support programs such as those offered in Thunder Bay, Ontario and Saskatoon, Saskatchewan (University of Saskatchewan) need to be further developed and available across the country.

5. Community Based Education – Nursing programs need to be taken to the community. Examples of community based nursing education include Norway House and The Pas, Manitoba (University of Manitoba) Prince Albert, Saskatchewan (University of Saskatchewan). Innovative long distance programs such as the program for RN or CNA/LPN to BSN upgrading programs offered by the University of Athabasca (Alberta) are also helpful although local practicums are required for the development of nursing skills in an appropriate "hands on" clinical environment.

6. Additional Bursary Programs – Adequate financial assistance for nursing students is critical to success. Governments need to work with aboriginal organizations in ensuring adequate financial assistance for students, many of whom are mature students with children.

7. Incorporation of Holistic Aboriginal Concepts into Education and Training of Health Professionals – Health professional education and ongoing training programs need to incorporate the aboriginal perspectives on health, illness and the concurrent values of balance and interconnectedness with the land.

8. Aboriginal Cultural Awareness in Basic Education – All health care providers should be provided access to mandatory courses on aboriginal history, cultural and socio-demographic realities of the people and their communities.

9. Cultural Orientation of Health Care providers – Health care providers serving aboriginal people should have access to mandatory courses providing aboriginal cultural orientation.

10. Support "Think Tanks" and Consensus Workshops to Develop Innovative Program Models – Develop funding sources and a network of creative thinkers to spark innovation in the development of integrated systems and other areas.

11. Sharing of Best Practices in Culture Broker Services – The relevant program models across the country need to identified and assessed to discover what contributes to their success or lack of success. This information and these models need to be profiled and actively marketed across the country.

12. Support for Access to Traditional Healers and Elders – The federal government needs to revise its policies in consultation with people who know the protocols for accessing traditional healers in each part of the country. This may be an area of non-insured health benefits that should be in the hands of knowledgeable and supportive people within aboriginal organizations rather that under the control of physicians and federal government administrators.

13. Accommodation for Visiting Elders and Traditional Healers within Hospitals and other Institutions – Some people wishing to request the help of traditional healers or elders are not able to leave the institution. Therefore, accommodation for a suitable space for ceremony needs to be made available at the bedside and within the institution. An example is the Healing Room built into the Whitehorse General Hospital that accommodates both patients in the hospital, clients residing in the Thomson Centre (long term care and rehabilitation) as well as family members of aboriginal and non aboriginal descent looking for a space for prayer, contemplation and quiet reflection at times of need.

14. Multi-Tier Health System Planning and Management - Complete a comprehensive inter-jurisdictional review of the health care services available to various populations of Canadians in all three tiers. The review should identify the sources of funding and

delivery mechanisms involved. Barriers to access and inequities between population groups need to be identified and strategies developed to provide targeted assistance to the populations in greatest need. In making decisions in support of increasing the number and kinds of services available in the for-profit private sector, an analysis needs to be made on how these proposed services can be accessed by people living in underserved areas and those without the financial resources required for full payment.

15. Regulation of Private Sector Health Care Service Providers - In acknowledging the important roles of private sector companies in the current delivery models, governments need to use their regulatory authority to provide a national framework within which private sector companies may operate. This regulatory regime can assist in ensuring a good interface between public and private sector funding and delivery mechanisms. In addition, the major objective of ensuring safe and affordable care must be achieved. Strategies also need to be developed to ensure the retention of the highly trained and specialized health professionals in the public system.

16. Balanced Investment in Health and Illness (Treatment) – Determine and fund the optimal balance of resources between preventative measures and treatment services required for long term change in the health status of populations, including the unique challenges faced by aboriginal communities.

17. Aboriginal Health Best Practices Information Sharing – Mandate and provide resources to the new National Aboriginal Health Organization (NAHO) to become an active clearinghouse for sharing best practices across the country and internationally.

18. Funding for Aboriginal Health Research and Curriculum Development - Develop a targeted funding program for aboriginal health research and curriculum development. The funding program could match aboriginal professionals with research mentors to further the capacity within the aboriginal professional community.

19. Funding Support for A.N.A.C. for Development of Aboriginal Health Nursing – Provide A.N.A.C. with funding to lead, coordinate and undertake the work of establishing Aboriginal Health Nursing as a recognized nursing speciality.

20. Fellowships and Scholarships for Aboriginal Nurses – Provide additional sources of funds to aboriginal nurses who need resources to pursue advanced degrees and develop further research skills and capacities. Advanced education will also assist aboriginal nurses to take on leadership and management positions in the health care system.

21. Investing in Women and Children – Fully assess the needs of aboriginal women throughout their life cycle as individuals and caregivers. Men also need to relearn their traditional parenting and teacher roles within the communities and extended families. Create innovative program options that support women and through them and with them, provide a better start for young children and a foundation for working with their male partners in parenting.

22. Integrated Therapeutic Options for Healing Addictions and Emotional Problems – Aboriginal people need both traditional and mainstream options for therapeutic intervention and support. These integrated services models need to address both addictions and mental health or emotional illness aspects of healing.

23. Support for Death, Dying and Grieving – Many emotional problems stem from the burden of unresolved grief that many aboriginal people carry. Culturally appropriate program assistance in death, dying and grieving must be offered in all communities.

24. Renewed Intergovernmental Relations with First Nation and Inuit governments – Consider the context of the development of aboriginal governments in developing new models for sharing responsibilities and ensuring accountability to members of the public most affected by decisions made.

25. Analyse and Respond to Change Management Capacity Gaps – Carry out a systematic analysis of the capacities required for effective change management and develop aggressive strategies for the development of these capacities within existing organizations. Also ensure that health care provider and system manger curricula include all aspect of change management, including the development of the necessary skills.

7.0 Introduction

The Aboriginal Nurses Association of Canada (A.N.A.C.) is grateful for the opportunity to provide an overview of our interests and recommendations for consideration by the Commission. This submission was developed by a member of the Association working in collaboration with a Committee and Association staff. The four themes of the Commission are addressed in an integrated manner as the issues raised by A.N.A.C. address one or more of the themes. The sustainability theme is addressed through the discussion of the investment needed in health human resources and the need for balanced investment that improves health status and reduces the demand for curative care. The management of the current multi tier health system and the need for a continuum of care that spans the institutional and community sectors are also addressed in the discussion paper. Managing change is addressed specifically and also with the context of contributing to the vision of a system that is truly responsive to the needs of aboriginal Canadians. Co-operative relations must be further developed through fully and appropriately including emerging aboriginal governments as orders of government. Aboriginal governments and their agencies are major providers of health care in Canada and must be engaged in the policy process at that level. Canadian values are also an important theme and the contribution in this area includes practical suggestions based on the unique perspectives and values of aboriginal Canadians and the how they can be connected with overarching Canadian values.

8.0 Unique Perspective of Our Organization

The A.N.A.C. was established in 1974 for the purpose of providing a national voice and a network of support for aboriginal nurses across Canada. The mission of the organization is "to improve the health of Aboriginal people, by supporting Aboriginal nurses and by promoting the development and practice of Aboriginal Health Nursing."

The organization is unique in that it represents aboriginal nurses in every province and territory in Canada. Aboriginal nurses work at all levels and in many capacities within the health care system. Collectively, A.N.A.C. members have many years of frontline experience providing health care services to aboriginal people in communities across the country. The members know aboriginal communities well and see the strengths and problems every day. Aboriginal nurses experience and understand the gaps in the current health care system from a client perspective. As advocates for aboriginal people, they assist daily in working through problems of access and appropriateness of service. Aboriginal nurses see the jurisdictional problems between the federal, provincial/territorial and First Nation governments and agencies from a client's perspective. They spend many hours attempting to explain the complexity of the relevant policies and procedures to clients and their family members that require access to the wide array of programs and services offered by the various levels of government and non-government agencies.

Aboriginal nurses have direct personal experience within the cultural context of their Nations and communities. Many have worked in their home tribal areas as well as in other aboriginal and non-aboriginal settings. They express a comfort with aboriginal communities and a deep understanding and concern for the personal, family and community characteristics and problems that negatively affect the health status of the communities. Aboriginal nurses see the realities and contribute to practical, appropriate relevant solutions. Aboriginal nurses understand the spectrum of values, worldviews and lifestyle characteristics held by aboriginal people across a spectrum of acculturation. Due to their experience with the cross-culture interface, they have unique perspectives and contributions to make in the area of multicultural health as well.

Aboriginal nurses promote "aboriginal health" as a nursing specialty and contribute to the development and dissemination of the unique knowledge that is incorporated by this new discipline. They understand human health from a whole perspective using a uniquely aboriginal perspective that incorporates the "four aspects of health – spiritual, emotional, intellectual, physical. The "mind-body" connection is seen as including all aspects and there is a deep understanding of the interconnectedness of these aspects and the need for integrated health service responses. Aboriginal nurses are also very committed to the principles and practice of population health, health promotion and disease prevention. They know that advances in these areas require comprehensive community based strategies and a community development approach. Nurses are often the catalysts and change agents that initiate action by speaking the truth about the problems or challenges and working with people to build a foundation of support for action.

Aboriginal nurses are important role models in their communities, in their professional capacities as health service providers, supervisors, managers, policy makers, teachers, leaders, academics, members of private sector companies and a variety of other capacities. Aboriginal people look up to nurses and respect their views on issues concerning the future of aboriginal people and their communities.

A.N.A.C. is a non-political, professional organization committed to the development of aboriginal nurses in making a contribution to enhancing service delivery to aboriginal communities in order to improve aboriginal health status. The issues raised and the recommendations offered come from that perspective.

9.0 Alignment with Other Aboriginal and Nursing Organizations

Aboriginal nurses believe in the power of consensus. A.N.A.C. has informally connected with other aboriginal and health care provider organizations to identify common issues, recommendations and points of possible consensus between organizations with linked mandates.

9.1 Canadian Nurses Association

The following is our response to the major points being made by the Canadian Nurses Association (CNA):

4.1.1 Access to Quality Health Services – The CNA has made the point that "Access to quality health services is valued by Canadians and contributes to the health of the population and of the economy."

A.N.A.C. response: The A.N.A.C. fully supports the need for quality health services that contribute to improving the health of the population. We are specifically concerned about the inequity that exists in Canada between those Canadians living in urban areas and those living in rural and remote areas. Many aboriginal people in Canada live in remote and rural areas. They do not currently enjoy equitable access to high quality health services. The barriers to access that are experienced by urban aboriginal populations is also a concern.

4.1.2 Sustainability – CNA states that "The future sustainability of the health system revolves around three issues: attention to, and investment in, the health workforce; flexibility to adapt services in response to health needs of Canadians; capacity to critically assess and adopt new developments in knowledge and technology."

A.N.A.C. response: The health workforce provides the foundation for delivery of quality healthcare. A.N.A.C. sees a specific need for providing accessible programs that provide opportunities for young aboriginal people to be educated in the health professions. In addition, that mainstream health professionals should have access to specialized courses in aboriginal health. Services must respond to the unique health needs of aboriginal Canadians and use the most appropriate technology. The use of technology to bring enhanced diagnostic assistance and advice to nurses and doctors practicing in rural and remote areas is of specific importance. New knowledge and the advancement of evidence-based practice are important. Also essential to quality care, is the contribution of aboriginal traditional knowledge and practices to support good health and respond to states of imbalance (ill health).

4.1.3 Evaluation – The CNA position is that "Ongoing evaluation, monitoring and public reporting on the system's fiscal performance, on compliance with professional standards, and on population health must be built in to the system."

A.N.A.C. response – Transparency and accountability are important fundamentals of a future Canadian Health Care system. Canadians must become aware and responsible for their own utilization of the health care system. They need to understand the financial "facts of life" and what the costs of various options are. Members of the public need to understand the standards that support quality and have the information to hold the managers and political leaders accountable for results. Outcomes should be measured by changes in the level and quality of the health of populations. Health care activities that result in positive changes in health status are worthwhile investments. For chronically ill or dying Canadians, the quality of service delivery and outcomes need to be linked to supports in maintaining an optimum quality of life within the circumstances.

4.1.4 CNA Recommendations – Of the fourteen points made in the recommendations section of the CNA paper, A.N.A.C. would like to specifically support the following:

Health Human Resources - priority should be placed on the further development of education and labour* policies that will support the recruitment, integration and retention of health human resources. *A.N.A.C. understands "labour policies" as used in this context to mean working toward policy solutions that support healthy nursing workforces and supportive work environments.

Population Health Outcomes – change should be managed by processes, which assess services against results such as population health outcomes.

4.2 Canadian Hospital Association (CHA)

The Canadian Hospital Association makes many very important points in its submission. Those that warrant specific support from A.N.A.C. are:

- ?? Multi Tier System Management – the need for a realistic assessment of how the current system is organized in multiple tiers and the need to manage all tiers through the instruments available to governments.
- ?? Primary Health Care – support for broad based implementation of the model.
- ?? Encompass Home, Community and Long Term Care – the need for a comprehensive continuum of care with access based on need, not ability to pay.
- ?? Health Human Resources – the articulation of the urgent need to develop cooperative mechanisms to tackle practical issues and develop positive labour relations throughout the health system.

4.3 Assembly of First Nations (AFN)

We understand that the Assembly of First Nations is not planning to submit to the Romanow Commission. The Assembly is heavily involved in the Health Renewal process with Health Canada. The federal Cabinet has placed the requirement for the development of a five year Health Renewal framework as a condition that must be met prior to securing current levels of funding or accessing new resources for investment in aboriginal health programs. The Health Renewal group members are involved in mapping the multiple jurisdictional problems that have been long standing barriers that First Nation people must navigate in order to access care. AFN has also identified the lack of reliable health status data on aboriginal populations as a major barrier impeding the ability to quantify the additional burden of illness, injury and early death experienced by aboriginal populations in Canada.

4.4 National Aboriginal Health Organization (NAHO)

In telephone discussions with a representative of NAHO, A.N.A.C. was impressed with the comprehensiveness of the submission under development. The timing did not allow for the sharing of the text of the submission. Some of the points discussed that are supported by A.N.A.C. are as follows:

- ?? The understanding, respect for and application of aboriginal values in designing and developing unique services are important.
- ?? The limitation of the medical model in understanding the "causes" of both health and illness has become very clear in recent times. A broader view is needed.
- ?? Jurisdictional issues and barriers to access must be identified and addressed.
- ?? The capacity to use technical and medical advances must be improved.
- ?? The Non-Insured Health Benefits program provided to status Indians in Canada must be preserved and the principles of equity and medical necessity assured.
- ?? Managing change will be enhanced by improved access to pertinent information, and the increased capacity to develop and use Community Health Plans (including the needs assessment component) in all aboriginal communities.
- ?? The model of cooperative intergovernmental relations described in the Kirby Report (Senate Committee on Social Affairs, Science and Technology) is supported as a useful model in finding new ways to work together.
- ?? Sustainability is best assured by the identification and management of cost drivers. In addition, the understanding of how expenditures relate to outcomes in terms of improvements in the health status of individuals and of populations must be used as a foundation for decision-making.

10.0 Key Issues and Recommendations

10.1 Primary Health Care as the Model

10.1.1 Primary Health Care Implementation – Primary Health Care as envisioned by the World Health Organization provides a solid foundation for a restructured and redesigned health care system. The concept of Primary Health Care is a holistic concept, which recognizes that health depends on many complex and interrelated factors. Access to health care services is only one of those factors. The approach focuses on empowering people to make decisions about their own health needs and what is best in addressing those needs. The service delivery model considers the needs of individuals, families and communities being met by multidisciplinary teams. Fundamental to a well developed primary health care system is the commitment to balanced funding across the spectrum of needs, including treatment, rehabilitation, disease prevention and health promotion/population health.

The Primary Health Care model is well suited to aboriginal populations. The empowering nature of the model is an antidote to the many years of colonization and dependency creating the institutionalization experienced by some aboriginal people. The focus on individuals, family and community is consistent with traditional knowledge about the structure of society and the importance of family member as first teachers. Multidisciplinary teams which fully utilize the skills and abilities of various professional and paraprofessionals have been used very effectively in northern, rural and remote aboriginal communities. Aboriginal Health Centre models have also been developed in various part of the country to demonstrate the utility of various models in urban settings.

A comparison of the traditional medicine and Primary Health Care models was completed and reported in the A.N.A.C. report entitled "Traditional Medicine and Primary Health Care Among Canadian Aboriginal People" prepared by Brenda Shetowsky in 1993. The common ground was established on the following key findings:

?? Emphasize the prevention of illness and the promotion of health;
?? Include education as a way to encourage self-care;
?? Include as being important for health, the need for adequate food, nutrition, water and basic sanitation;
?? Include maternal and child care; and
?? Involve the treatment of common diseases and injuries, including the provision of essential drugs and remedies.

10.1.2 Needs-Based Planning - Needs Assessments have been carried out extensively in aboriginal communities. We need to develop needs-based planning methods that use the identified needs to determine the health care service responses required in a specific community. The range of services provided and the organization of the service delivery mechanism should all flow from needs rather than simply maintaining continuity with the past.

10.1.3 Multi-disciplinary Teams - The Primary Health Care model is based on the availability of appropriate resources at the community level. We do not have all the appropriate health care workers that are needed for comprehensive development of the model in all settings. Innovation is needed in looking at the specific service responses necessary to meet needs in communities. We need new kinds of aboriginal health service providers. For example, in small rural and remote communities, there is a cluster of rehabilitation services needed. Visiting services are available to some communities. Many other communities have no services. Very few communities have the volume of clients or the resources to employ full time specialists in specific therapies. A generalist that combines a basic knowledge of speech therapy, physiotherapy and occupation therapy in delivering services within the community to children and adults would be of great service. An aboriginal person, appropriately trained in the rehabilitation therapies, would spend more time working at the community level with aboriginal people. Another example is the need for well-trained aboriginal professionals to work with clients and their families as a culturally appropriate mental health/addictions therapist. This professional would work with people who are dealing with a combination of addictions, mental health, and family functioning concerns. One option would also support individuals in working with mainstream therapy models and processes as well as traditional healing and ceremonial approaches, if appropriately trained in both.

Recommendations:

1. Implementation of the Primary Health Care Model – Fully implement the primary health care model at the community level through the development of Health Centres and build secondary and tertiary services to support the priorities of the community.

2. Needs Based Planning – Develop a method of designing community-based health care services in direct and specific response to identified needs.

3. Building Multi-disciplinary Teams – Develop new generalist health service providers to meet the needs at the community level by training aboriginal people.

10.2 Health Human Resources

10.2.1 The "Big" Picture – The health system is a system that cannot function without the people to provide the services. There are critical shortages being experienced in many of the disciplines – physicians, pharmacists, rehabilitation specialists and nurses. As nurses are the "generalist" health service providers in many aboriginal communities, shortages in other areas directly and negatively impact workload and the degree of support available from other health professionals. Urgent action needs to be taken to address the shortages by first, keeping the professionals that we have and secondly, training additional and sufficient numbers of young people to replace those retiring and leaving. The burgeoning population of aboriginal youth less than twenty-five years of age are an available pool of potential talent. In order to successfully recruit these young aboriginal people, appropriate programs need to be designed and developed to meet their unique requirements.

10.2.2 Nursing Turnover in Communities – The speed at which nurses come and go in northern, remote and rural communities is a very serious problem. It leads to the lack of relationship development and engagement between nurses and community members. Community members stop investing in the process of orienting a nurse to the community history, culture and characteristics if the investment rarely "pays off" in term of a nurse that stays in the community for longer than a year. The lack of continuity of care and consistency of approach in the areas of disease prevention and health promotion has been observed over many years of these patterns persisting in aboriginal communities. There are a few exceptions among non-aboriginal nurses who choose to make a longer-term commitment. The other exception to short stays in communities are aboriginal nurses who choose to make their home in their own birth community, that of their spouse or another aboriginal community. A.N.A.C. has documented the results of an extensive study of these issues in the report entitled "Survey of Nurses in Isolated First Nation Communities: Recruitment and Retention Issues" September 8, 2000.

10.2.3 Recruitment and Retention of Nurses – The current and future shortage of qualified nurses has been well documented by many writers. A.N.A.C. has carried out a significant study of issues related to the recruitment and retention of nurses, as noted in the previous point. The study report is rich with practical recommendations that include the following:

?? Short term strategy to address the immediate crisis in nursing shortages (1-2 years timeframe) with measures such as the suggestion to hire less than ideal candidates and work to upgrade them once on the job, and hire new graduates and provide a structured environment for them, and close nursing stations when they are severely understaffed.

- ?? Medium term strategy to address nurse recruitment and retention over the next 10 years and beyond that might include recommendations to develop and support more aboriginal nurses, especially those from northern communities, be more selective in choosing nurses more appropriate for the community and are more likely to stay long term, and review and overhaul management structures, roles and resourcing.
- ?? Longer term strategy would have a broader perspective than nursing recruitment and retention and would address the community's health vision. How do they want to address the health care needs of their people? Communities that can articulate the framework upon which they want their health care needs to be addressed will find it much easier to recruit nurses. A community framework could include a holistic model (focus on individuals not illnesses), primary care model and health provider team (may include healers, mental health workers, nurses physicians and others.)

The report details numerous specific and relevant recommendations in sections with the following titles: Recruitment Strategies; Development and Recruitment of Aboriginal Nurses; Retention Strategies; Medical Services Branch (now First Nation and Inuit Health Branch of Health Canada): The Challenge of Management and First Nation Authorities: The Challenge of Transfer (speaks to the issues as they relate to First Nations that have taken on delegated authority from the federal government to operate their own local health systems).

Recommendations:

4. Access Programs – Nursing access programs and unique support programs such as those offered in Thunder Bay, Ontario and Saskatoon, Saskatchewan (University of Saskatchewan) need to be further developed and available across the country.

5. Community Based Education – Nursing programs need to be taken to the community. Examples of community based nursing education include Norway House and The Pas, Manitoba (University of Manitoba) Prince Albert, Saskatchewan (University of Saskatchewan). Innovative long distance programs such as the program for RN or CNA/LPN to BSN upgrading programs offered by the University of Athabasca (Alberta) are also helpful although local practicums are required for the development of nursing skills in an appropriate "hands on" clinical environment.

6. Additional Bursary Programs – Adequate financial assistance for nursing students is critical to success. Governments need to work with aboriginal organizations in ensuring adequate financial assistance for students, many of whom are mature students with children.

10.3 System Design Principles and Values

5.3.1 "New" Principles

Public Governance – The health care system has to remain publicly governed although new and innovative partnerships may be possible with the private and non-government sectors.

Universality – The health care system must ensure the universality of medically necessary care and provide reasonable arrangement for access based on need, not ability to pay, for a comprehensive and integrated range of health care and health supportive services.

Quality – Quality must be key to choosing the services that will remain "insured". Evidence must be used to make decisions, and quality assurance accreditation and program evaluation must become fundamental to all health care service delivery.

Accountability – Health care is the single most expensive government service in Canada and will continue to grow. In order to ensure public support for the system, transparency and accountability must be elements of every aspect of the system. Accountability needs to encompass both financial accountability and the accountability for demonstrating positive outcomes related to the programs and services delivered.

Choice – Canadians' ability to choose their health care provider must remain open. Increasingly, many Canadians are choosing alternative therapies as their first choice or "last" choice. A truly holistic system would, at a minimum, provide a framework that assures the safety and quality of alternative and complementary therapies. Ultimately, it would be positive to include proven alternative therapies within the range of services that are publicly funded.

Sustainability – A system that fails to be financially sustainable, fails to have the educated people to deliver the services or fails to retain the confidence of all Canadians in the quality and accessibility of the service cannot serve the long-term interests of the country.

5.3.2 ***Holism*** – Aboriginal people believe strongly in the interconnectedness of all things and the need for balance. Illness, in a traditional sense, is viewed as the loss of balance between the "four aspects of self" – emotional, spiritual, physical and mental (intellectual). Therefore, in order to restore balance, the intervention must also consider the "whole being" in all aspects. Mainstream health services working in a medical model on "scientific principles" do more to break the "whole" down into parts through reductionism. Aboriginal perspectives work to see the whole. New forms of integration of various forms of therapies, including "mainstream" as well as traditional aboriginal and complementary

medicines must be developed that work together to address the "whole person". Many southern tribes in Canada use a "medicine wheel" concept to describe the interconnectedness. Inuit people focus in the unity between the individual and the environment. Meaning is drawn from the relationship and continuity between the Inuit person and the land. (R. Dufour Quoted in: Royal Commission on Aboriginal Peoples. Public hearing Discussion Paper 2: Focussing on the Dialogue. Ottawa: Ministry of Supply and Services Canada, 1993:52)

Recommendation:

7. Incorporation of Holistic Aboriginal Concepts into Education and Training of Health Professionals – Health professional education and ongoing training programs need to incorporate the aboriginal perspectives on health, illness and the concurrent values of balance and interconnectedness with the land.

5.3.3 Respect for Social, Cultural and Historical Context – Aboriginal health issues should be framed in the social, cultural and historical context. This adheres to the RCAP finding regarding the causal connection between specific illnesses and "factors outside the boundaries of ordinary medicine – social, emotional, and economic conditions that in turn lead back to the corrupt, destabilizing, and demoralizing legacy of colonialism." (Royal Commission on Aboriginal Peoples. Highlights form the report of the Royal Commission on Aboriginal Peoples. Ottawa: Ministry of Supply and Services, 1996.)

In order to develop mutual respect, systematic training and education of health care providers is required. The courses should be designed and delivered by aboriginal people and provide information on the demographics of aboriginal people in Canada, traditional geographic and linguistic territories, the status of the land claims and self government processes, the effects of colonization, current policies and legislation affecting aboriginal people as well as their values, worldviews and unique perspectives. There should be an opportunity to appreciate the holistic definition of health as defined by aboriginal people and what local aboriginal people see as priorities for action to improve health outcomes. Cross cultural understanding should build mutual respect of differences and establish a foundation from which to identify gaps and address problems in the health care delivery system. Health care providers should respect traditional medicine and work with aboriginal healers to seek ways to integrate traditional and western medicine. (Journal of the Society of Obstetricians and Gynaecologists of Canada, April 2001: A Guide for Health Care Professionals Working with Aboriginal People)

Recommendations:

8. Aboriginal Cultural Awareness in Basic Education – All health care providers should be provided access to mandatory courses on aboriginal history, cultural and socio-demographic realities of the people and their communities.

9. Cultural Orientation of Health Care providers – Health care providers serving aboriginal people should have access to mandatory courses providing cultural orientation.

5.3.4 Innovation and Integrated Program Development – An important principle is the ability to generate innovation in order to move beyond old ways of thinking and doing things. One area of particular interest to aboriginal people is the integration of traditional and contemporary perspectives in health and health care.

"First Nations people strive to find a balance between contemporary western medicine and native traditional wholistic health which includes the physical, mental, social, emotional and spiritual aspects for the well-being of the body, mind and spirit. Within the circle of life, everything is believed to be connected. Individuals are connected to one another and the environment. No individual should work in isolation because no one can do it all. We must all work together to the best of our ability." (Rosella Kinoshameg, R.N., Wikwemikong, Ontario and a member of A.N.A.C. as quoted in the "Northeastern Integrated Health System Task Force Report, July 31, 1997)

Recommendation:

10. Support "Think Tanks" and Consensus Workshops to Develop Innovative Program Models – Develop funding sources and a network of creative thinkers to spark innovation in the development of integrated systems and other areas.

5.3.5 Health Status as the "Bottom Line" – We need to look at what interventions make a difference in the health status of all Canadian populations, including the aboriginal groups. In order to see the differences, reliable data has to collected and reports delivered. The Health Act, passed in the Yukon legislature in 1990, has embodied a legislative commitment to regular health status reporting.

5.3.6 Build From Strength and Promoting Self Sufficiency, Balance and Harmony – Aboriginal individuals, families and communities must be seen for their strengths and resilience as well as their problems and challenges. We must identify and build from strengths and support self-sufficiency at all levels by teaching and helping rather than "doing the

work for individuals" which reinforces patterns of dependency, which is a legacy of colonization, which immobilized more, then empowers.

"Healing a person usually means showing them how to heal themselves. To do that, you have to be able to see the Creator in all people. If you can't see it, it doesn't mean He isn't there. It means you're losing your vision." (quoted form a presentation from Misiway Eniniwuk, a wholistic Aboriginal healing centre dedicated to building a united, self-sufficient and self-determining Aboriginal community within the Cochrane district as quoted in he "Northeastern Integrated Health System Task Force Report, July 31, 1997)

5.4 Development of Culture Brokers

Aboriginal people have a range of life experiences and some have significant linguistic, cultural and social barriers to comfortable and effective interface with the health care service providers and institutions. The development of services in the community and within institutions serving aboriginal people can greatly assist the quality of services provided and the quality and comfort of the experience for aboriginal people being served. There are many examples of various kinds of "culture broker" services developed across the country in the last twenty years. One such service is the First Nation Health Programs component of the Whitehorse General Hospital. The service includes three health and social liaison workers for the 49-bed acute care facility that has approximately 40% First Nation occupancy. The workers cover the hospital between eight o'clock in the morning and eleven in the evening, with someone on call after hours. Staff members are skilled and trained in grieving and Critical Incident Stress debriefing. Staff members include those with a background in traditional healing. A Child Life Worker deals with children and consults with other wards. The range of services includes a Traditional Diet program, which offers traditional foods to the patients. Also offered through this program, in conjunction with the Nutrition Services Department, is the Dietetic Internship Program. The Traditional Medicine program provides information and access to complementary healing. Inservice training provides two day cross-cultural training to staff members. It is mandatory for nursing staff. Language translation is offered but the demand is low. The unit also has a role in employment equity by offering placements for social work students or summer terms. The program also offers a Health Careers scholarship for Yukon First Nation students. Community Liaison and health promotion functions are also highlighted in the program model, which incorporates community development, traditional knowledge and wellness approaches to offering holistic services. The unit staff members are very committed to self-care and burnout prevention and work closely to support each other.

Recommendation:

11. Sharing of Best Practices in Culture Broker Services – The relevant program models across the country need to identified and assessed to discover what contributes to their success or lack of success. This information and these models need to be profiled and actively marketed across the country.

5.5 Access to Traditional Healers and Elders

Current Health Canada policy (Saskatchewan Region) only allows transportation, meals and accommodation assistance for individuals choosing to access traditional healers. The person must be referred by a physician who is willing to state in the referral that "it has been determined that the client is unable to benefit from recognized provincial health services". The traditional healer must be located in the "home region" and be recognized by the local band or Tribal Council. No financial assistance is provided for fees or gifts for the traditional healer. (Saskatchewan Region Indian Health Benefits Directive 2.12 "Medical Transportation to Traditional Healers, December 1995)

There are many problems with this approach to policy. First, that the "gatekeeper" is the physician. Second, that the physician has to admit the failure of the "recognized provincial health services" in order to support a referral. Often, by that point in an illness process, it is too late for any type of less intrusive alternative measures unless the healing is in the category of "miraculous" healing, which sometimes happens. Thirdly, the financial support is for transportation within a province. Many linguistic and traditional territories cross over provincial boundaries; therefore appropriate healers may be "out of province". It is a traditional practice in some areas to provide gifts to healers, and therefore, if the person is living in poverty, the lack of resources to obtain a gift for the healer could be a very significant barrier to access.

Recommendations:

12. Support for Access to Traditional Healers and Elders – The federal government needs to revise its policies in consultation with people who know the protocols for accessing traditional healers in each part of the country. This may be an area of non-insured health benefits that should be in the hands of knowledgeable and supportive people within aboriginal organizations rather that under the control of physicians and federal government administrators.

13. Accommodation for Visiting Elders and Traditional Healers within Hospitals and other Institutions – Some people wishing to request the help of traditional healers or elders are not able to leave the institution. Therefore, accommodation for a suitable space for ceremony needs to be made available at the bedside and within the institution. An example is the Healing Room built into the Whitehorse General Hospital that accommodates both patients in the hospital, clients residing in the Thomson Centre (long term care and rehabilitation) as well as family members of aboriginal and non aboriginal descent looking for a space for prayer, contemplation and quiet reflection at times of need.

5.6 Optimal Use of Advanced Practice Nurses

Aboriginal communities in northern, rural and remote communities have been the main practice environments for nurses with advanced clinical skills. These nurses have used many different titles over the years but what they have in common is the ability to practice in independent clinical settings. Their skills included diagnosis and treatment of common illnesses and injuries. The use of nurses with additional skills in this and other areas must be reviewed for the potential to solve problems in other geographical areas with low population density or physician shortages.

5.7 Equity in a Multi-tier System

5.7.1 Public Health, Physician and Hospital Service - The first tier in the existing system is the public health, physician and hospital services that are made available universally. This is a single, tiered, and publicly funded system, with both public and private delivery. There are some exceptions due to de-insurance and the need to pay for some upgrades, such as better quality casts or a private room. Inequities in the system exist geographically throughout Canada. In many areas of Canada, a person may be many hours of travel away from a physician or hospital. Nurses are often more available than physicians as they provide primary care and public health in many rural and remote settings both with and without physicians or hospitals.

5.7.2 Drugs, Long Term Care, Home Care, Home Support, Patient Transportation Support, Dental, Optometric and Ambulance Services - These are services provided in most jurisdictions but not necessarily to all population groups. These services may involve public funding, user fees, co-payments or 100% purchase of services by users. The availability and access to these services also vary greatly across the country. Private delivery may also be involved. Aboriginal communities are often underserved in these areas. Status Indian people often get caught in a jurisdictional crossfire between the federal and provincial/territorial governments in deciding, "who pays", with each expecting to be the "payer of last resort". The recent initiative by Health Canada, First Nation and Inuit Health Branch to introduce the "Home and Community Care Program" has increased the services in some communities and further complicated the jurisdictional issues.

5.7.3 Privately Funded or Independently Insured Health Care - This category of service includes dental and other non-insured care for non-status aboriginal people (or status people beyond the allowable service levels), chiropractic, rehabilitation, alternative or complementary therapies, aboriginal traditional healing and others that people pay for themselves or with the help of additional insurance. Many services are available through private companies in Canada. Those individuals with the available

financial resources also travel to the U.S. and other countries to access additional health services.

5.7.4 Financial Support for Non-insured Health Services - Canadians currently spend 30% of the health care dollar privately, with the other 70% being spent by governments. That is up from 25% twenty years ago and is one of the highest in developed nations. Many of the most vulnerable Canadians with the greatest burden of ill health are aboriginal people. The focus of the two-tier system debate should be more about how we create a more equitable access to the tiers we currently have operating in Canada. Many aboriginal people living in poverty in both rural/remote and urban settings do not have access to health care services other than those funded through Health Canada's Non-Insured Health Benefit Program (NIHB Program). This program is only available to status Indians and is under considerable financial pressure to restrict benefits.

Recommendations:

14. Multi-Tier Health System Planning and Management - Complete a comprehensive inter-jurisdictional review of the health care services available to various populations of Canadians in all three tiers. The review should identify the sources of funding and delivery mechanisms involved. Barriers to access and inequities between population groups need to be identified and strategies developed to provide targeted assistance to the populations in greatest need. In making decisions in support of increasing the number and kinds of services available in the for-profit private sector, an analysis needs to be made on how these proposed services can be accessed by people living in underserved areas and those without the financial resources required for full payment.

15. Regulation of Private Sector Health Care Service Providers - In acknowledging the important roles of private sector companies in the current delivery models, governments need to use their regulatory authority to provide a national framework within which private sector companies may operate. This regulatory regime can assist in ensuring a good interface between public and private sector funding and delivery mechanisms. In addition, the major objective of ensuring safe and affordable care must be achieved. Strategies also need to be developed to ensure the retention of the highly trained and specialized health professionals in the public system.

5.8 Public Health, Population Health and Determinants of Health

5.8.1 Need for Balance and Prevention - Aboriginal Communities have a younger population than the Canadian population as a whole, but carry more than their "fair share" of the burden of disease, injury and early death in this country. Many of these illnesses and injuries are preventable. In order to be more successful in prevention, we need a better understanding of what drives self-destructive behaviour and what motivates people to choose lifestyles that do not promote health. In many aboriginal communities, the burden of illness and injury

creates a situation that results in most of the time and energy of health workers, including nurses in the communities, being directed toward treatment. We need to ensure the integrity of the treatment system, as people need to be cared for if they are ill or injured. We also need to have significant resources specifically identified and dedicated toward public health, disease and injury prevention, health promotion and population health. Otherwise, the unequal burden will continue to grow in aboriginal populations. Determinants of health such as adequate income, housing and a safe environment must also be addressed through healthy public policy initiatives in sectors other than health.

Recommendation:

16. Balanced Investment in Health and Illness (Treatment) – Determine and fund the optimal balance of resources between preventative measures and treatment services required for long term change in the health status of populations, including the unique challenges faced by aboriginal communities.

5.9 Comprehensive Home, Community and Institutional Care

The full spectrum of services needs to be considered in developing comprehensive strategies. The implications of hospital policy and cost reduction strategies need to be fully assessed for all populations. Appropriate community support systems need to be put into place prior to "offloading" patients from the hospital into the community. For example – mothers discharged from hospital after giving birth 24 or 48 hours earlier. If the woman is being discharged into an urban environment and has adequate access to a full range of community supports, the approach may be safe for mother and newborn. If however, the woman is being discharged from Winnipeg to a remote Nunavut community by plane in winter, it is an entirely different discharge with much higher risks. It may take the woman two or three days to get home, depending on weather and planes. She may not have adequate supplies to feed and diaper her baby, which could lead to serious problems before she is able to make it back to her community. These women may well be fourteen or fifteen years old when they go to the city for the first time to have a baby. Comprehensive discharge planning along with planning for the worst-case scenarios must involve the mother and she must have access to support during her trip.

The coordination between hospital and long term care is also a problem in many jurisdictions. Care in hospital is provided at no cost to the patient, as it is an "insured service". Care in long term care is not insured and subject to various charges and co-payments across the country. For aboriginal people that are deemed to be "status Indians", this care may be subsidized through various arrangements by the federal government. Non-status aboriginal people are "caught in the cracks". Long-term care is often the best and most cost effective solution for an individual. The coordination and costs need to be managed to ensure a smooth interface between hospital and long term care.

Home Care is an essential service in all communities. With more and more people being discharged early, having day surgery, recovering from illnesses and injuries at home or choosing to die at home, every community needs to have some form of home care. Many aboriginal communities have little or no access to any home care and even more limited access to home care that is relevant and culturally appropriate. There have been long standing jurisdictional battles between the provincial/territorial governments and the federal government as to the responsibility of providing home care to status Indians living on or off reserve or within other, integrated communities, whether on "Indian land" or not. Most recently, Health Canada has stepped into the gap and launched the "Home and Community Care" initiative across Canada. The first step in the process is a broad based needs assessment followed by the development of community specific delivery mechanisms. This initiative is a step in the right direction but it does not currently have the resources committed to meet all of the identified needs or serve all aboriginal people in Canada. Access to an integrated continuum of care, which includes institutional and non-institutional, community care, must be based on need and not the ability to pay. Providing that continuum within a publicly funded system allows for improved planning, management and resources allocation across the continuum.

5.10 Best Practices in Aboriginal Health

In order to develop the best ways to meet the needs of aboriginal Canadians in a revamped health system, we need to look to best practices. There are examples of innovation and creative approaches to health system design and development. The experience of aboriginal Canadians in finding new ways to meet the needs of their communities needs to be actively shared. Examples are as follows:

?? Whitehorse General Hospital First Nations Health Program.

?? Sioux Lookout Hospital First Nation Committee – the Committee had two representatives from each of seven outlying communities. The committee members offered workshops to staff on healing circles, sweat lodge, traditional medicine, culture, and the use of a sacred feather. Policy advice in the use of healing ceremonies and visits from healers within the hospital was also offered.

?? Nunavut and other northern Telehealth experiences

?? Urban Aboriginal Health centres in B.C. and elsewhere – these urban aboriginal health centres work with aboriginal people to develop unique approaches to the delivery of health services that meet their needs.

?? Tzu Chi Institute – the alternative and complementary medicine "arm" of Vancouver Hospital.

Recommendation:

17. Aboriginal Health Best Practices Information Sharing – Mandate and provide resources to the new National Aboriginal Health Organization (NAHO) to become an active clearinghouse for sharing best practices across the country and internationally.

5.11 Aboriginal Health as a Specialty in Nursing and Other Provider Education Programs

Aboriginal health must become its own speciality in Nursing and other health practitioner programs. The body of unique knowledge and skills must be further developed through research programs designed and delivered by aboriginal professionals. Curriculum development needs to be based on research and traditional knowledge.

Recommendation:

***18. Funding for Aboriginal Health Research and Curriculum Development* -** Develop a targeted funding program for aboriginal health research and curriculum development. The funding program could match aboriginal professionals with research mentors to further the capacity within the aboriginal professional community.

***19. Funding Support for A.N.A.C. for Development of Aboriginal Health Nursing* –** Provide A.N.A.C. with funding to lead, coordinate and undertake the work of establishing Aboriginal Health Nursing as a recognized nursing speciality.

20. Fellowships and Scholarships for Aboriginal Nurses – Provide additional sources of funds to aboriginal nurses who need resources to pursue advanced degrees and develop further research skills and capacities. Advanced education will also assist aboriginal nurses to take on leadership and management positions in the health care system.

5.12 Maternal Child Health, Women's Health, Early Childhood Development and Parenting

"The traditional native role of women, especially mothers was that they were the first teacher, the centre and foundation of life of the child, and had the responsibility to prepare the infant for their "earth walk" by giving freely and meeting their needs. Women were life givers, the care givers, healers, the protectors and providers, nurturers of children and so had the responsibility of CARE." (Rosella M. Kinoshameg R.N., Wikwemikong, Ontario, member of A.N.A.C. in a presentation at Women's Health Council)

There are many supports needed to women throughout their life cycle in providing direct services to people in the community. In addition, they need back-up support and additional skills to strengthen their roles as teachers, parents and caregivers in the community. Traditional Parenting courses provided through Skookum Jim Friendship Centre in Whitehorse, Yukon is an example of a move across the country to use traditional knowledge and culture as a foundation for caring for children. The "Healthy Families" program is an early childhood intervention program that has been funded for a three-year pilot period by the

Department of Justice, Government of Canada. Of the five program sites across Canada, the one in the Yukon is the only one directed toward a First Nation community. Another site in Edmonton provides services to urban aboriginal families at risk. A comprehensive evaluation is being carried out under contract by the Canadian Research Institute on Law and the Family (University of Calgary).

"The senior women are considered the wisdom keepers, keepers of customs and traditions. Their wisdom comes from experience and age." (Rosella M. Kinoshameg R.N., Wikwemikong, Ontario, member of A.N.A.C. in a presentation at Women's Health Council)

Senior women and elders generally need to be supported in regaining their traditional responsibilities and leadership roles that have served communities well in the past.

" Honour the aged. In honouring them, you honour life and wisdom."
– Medewewin Code

Recommendation:

21. Investing in Women and Children – Fully assess the needs of aboriginal women throughout their life cycle as individuals and caregivers. Men also need to relearn their traditional parenting and teacher roles within the communities and extended families. Create innovative program options that support women and through them and with them, provide a better start for young children and a foundation for working with their male partners in parenting.

5.13 Mental Health and Addictions Treatment

Many individuals within aboriginal communities are suffering with addictions or mental illness or both. Mainstream methods work for some of the more acculturated people with access to counselling and therapy services. The problems of "who pays" can be a problem with long-term community based therapy. Many social workers and others within the communities are not fully trained counsellors with skills necessary to take on complex cases. Some of the more highly trained professionals do not have the background and experience with aboriginal people. The Aboriginal Healing Foundation funds have increased access to counselling in many communities but there is significant concern about what happens once the funds are no longer available. Also, many individuals have seen land based healing and more traditional approaches as highly effective for people with traditional worldviews and lifestyles. Alternatives that make use of the healing power of the land and traditional healing practices need to be further developed.

Recommendations:

22. Integrated Therapeutic Options for Healing Addictions and Emotional Problems – Aboriginal people need both traditional and mainstream options for therapeutic intervention and support. These integrated services models need to address both addictions and mental health or emotional illness aspects of healing.

23. Support for Death, Dying and Grieving – Many emotional problems stem from the burden of unresolved grief that many aboriginal people carry. Culturally appropriate program assistance in death, dying and grieving must be offered in all communities.

5.14 Responsibilities, Ethics and Accountability

***5.14.1 First Nation Government and Intergovernmental Relations* -** First Nation governments are being recognized through the negotiation of land claims and self-government in various regions of Canada. Enhancing accountability of First Nation governments and revamping the Indian Act are underway as well. The community control of aboriginal health systems has been underway between Health Canada and First Nations south of the 60th parallel for 10 years. The territorial governments are also developing further independence from the federal government.

The context of developing First Nation and Inuit government capacity in Canada is the development of local health systems that are locally controlled and accountable. Roles and responsibilities between levels of government are shifting and must be made clear at each stage of development. The importance of ethics in the delivery of equitable health care must remain fundamental. Accountability systems need to be developed that ensure transparency and public involvement in the policy development and decision-making processes. New models of governance must be developed and assessed. For example, the Board of the Whitehorse General Hospital has guaranteed First Nation representation and a First Nation Health Committee that has full and exclusive authority over funds identified for the delivery of First Nation specific service within the hospital. It is a unique model that is working well. It may be instructive to other jurisdictions with significant aboriginal populations that need specific representation.

Recommendation:

24. Renewed Intergovernmental Relations with First Nation and Inuit governments – Consider the context of the development of aboriginal governments in developing new models for sharing responsibilities and ensuring accountability to members of the public most affected by decisions made.

5.11 Change Management

5.11.1 ***Fundamental Capacities Required*** – As a system, the health care system needs to develop further capacity for well-planned and well-managed change. The capacities required include:

- ?? Strategic monitoring of the environment in order to identify drivers of change early.
- ?? Enhanced planning capacity that crosses traditional boundaries between professional, geographical and institutional – non-institutional "territories".
- ?? People oriented management skills to create "safe" environments for employees experiencing change. An understanding of cultural attributes and characteristics of aboriginal employees that may require unique approaches and supports needs to be fundamental to building a supportive "organizational culture".
- ?? Improved data systems including performance management, quality assurance and those linked to evidence-based practice in order to ensure that timely and relevant data is available for planning and evaluation activities.

Recommendation:

25. Analyse and Respond to Change Management Capacity Gaps – Carry out a systematic analysis of the capacities required for effective change management and develop aggressive strategies for the development of these capacities within existing organizations. Also, ensure that health care provider and system manger curricula include all aspects of change management, including the development of the necessary skills.

11.0 Conclusion

The Aboriginal Nurses Association of Canada is confident in the quality of the contribution made in the information and recommendations contained in this paper. The future of health care in Canada is in our hands. We have the solid foundation established throughout history and our past experience to draw upon. Our current challenge is to find the new ideas and building blocks that will make up our renewed system. We have submitted some of our ideas. The A.N.A.C. also looks forward to future opportunities to engage in dialogue with the Commissioner and Commission staff as well as other nursing, health and aboriginal organizations in building consensus on how best to address the fundamental challenges facing nursing and aboriginal people in this country.