



Closing the Health Gap:

Improving Health Outcomes for Indigenous People

Canadian Indigenous Nurses Association

Submission to the Standing Committee of Finance

August, 2017

Introduction

The Canadian Indigenous Nurses Association (CINA) is pleased to provide the Standing Committee on Finance with recommendations for all levels of governments in support of a more equitable delivery of services to Canada's Indigenous populations, including improved access to health services, increased awareness of health needs in communities and a standard availability of culturally safe care. It is our intention that they be addressed within the 2018 federal budget.

CINA is the longest standing professional Indigenous health professional organization in Canada, representing First Nations, Inuit and Métis nurses across the country. The Association was established in 1975 by Indigenous nurses who recognized the need for a health professional organization that could best support communities and address their health issues through articulating concerns and issues from within the context of indigenous worldviews. Since that time CINA has developed a solid reputation as the leaders in identifying the critical health needs of indigenous peoples and experts in translating Indigenous knowledge and practices to inform the discipline of nursing and the development of Indigenous Nursing Knowledge (INK); thereby placing them in a key position to provide insight into the work required to advance the overall health and wellness of Indigenous Canadians.

The Committee has asked that submissions address what federal measures would help Canadians to be more productive. In particular what education and training, health, housing and labour market participation measures would help Canadians be as productive as possible in their workplaces and communities. CINA will want to see a commitment to those measures that will lead to improved health and wellness of Indigenous people.

CINA asks that Budget 2018 commit to:

- Taking measurable actions to close the gaps in the health of Canada's indigenous peoples;
- Implementing steps to improve health provided in/for indigenous communities
- Ensuring all funding works to address the Calls to Action identified within the 2016 report of the Truth and Reconciliation Commission.

The needs are enormous. We offer the following recommendations as specific measures that can build and expand upon the commitments made to date.

RECOMMENDATIONS

1.Sustainable funding of Indigenous Healing Centres

The Truth and Reconciliation Commission Call to Action 21 calls on the government to provide "sustainable funding for existing and new Aboriginal healing centres to address the physical,

mental, emotional and spiritual harms caused by residential schools and to ensure that the funding of healing centres in Nunavut and the Northwest territories is a priority.”

Canada’s Indigenous communities are committed to the provision of community health programs that offer support and guidance through the foundation of a strong base of traditional values and beliefs and through the development of attitudes and skills that help individuals, families and communities.

Therefore, CINA recommends that the Federal Budget supports the Call to Action 21 by providing funding to explore the establishment and administration of healing centres for Indigenous people, using indigenous knowledge based healing models such as the four directions model (North, South, East, West) including terms for renewable funding and evaluation for success that is mutually agreed upon by the federal government and national indigenous health professional associations.

2. Funding of \$25 million each year, over a period of 4 years for improved homecare services to address the needs of Indigenous communities in northern and remote communities.

The Truth and Reconciliation Commission has called upon the federal government to acknowledge that the current state of health in indigenous communities is related to inadequate and unfair policies of the past.

The Federal government has made a commitment to deliver better health care outcomes for First Nations, Inuit and Métis communities. The March 2017 budget committed \$6 billion dollars to invest in home care over 10 years. Yet those most likely to benefit from this funding are urban Canadians who also have access to trained homecare professionals and medical specialists. Unfortunately, Budget 2017’s investments still leave rural, northern and remote communities and in particular indigenous communities without access to the care they need.

Many First Nations, Inuit and Métis communities are facing rates of HIV/Aids and Hepatitis C that are higher than the general population. Affected individuals do not always have equitable access to services, including home care services and end-of life care. Indigenous communities anticipate greater demand for services as a result of the Canadian Human Rights tribunal decision on the Jordan Principle. Many of these children have complex medical needs that require greater support than budgets currently allow.

Investments in homecare administrations through regional and national Indigenous based organizations and indigenous health authorities will begin to bridge the health gaps between indigenous and non-Indigenous people. Although, there are currently a number of promising practices they tend to operate as one-offs. It is necessary to scale up so that the benefits of these programs can be shared with more communities. These health services need to incorporate the following:

- Ensure Indigenous health care professionals provide care
- Provide culturally sensitive services
- Coordinate care to address the multiple/complex health needs of indigenous peoples
- Facilitate self-management
- Provide cultural training to staff
- Ensure that patients have timely access to appropriate referral and specialist care
- Ensure patients have access to timely and efficient testing
- Ensure there is no unnecessary delay between testing and treatment

Indigenous knowledge and healing practices must be incorporated into the service delivery framework and the management of chronic diseases, recovery from stroke, and end-of life care. Support for programs that address all aspects of the continuum of care and overall health status of indigenous people will require partnerships with other health stakeholders similar to the new working relationship CINA has with Heart and Stroke Foundation to improve the cardiovascular health of indigenous people.

CINA is working with Canadian Nurses Association to help develop tools and resources that will incorporate such healing knowledge and practices into home care services and delivery. Wherever possible, these tools and resources will be informed by indigenous health care providers in communities, this work will be informed through collaborative efforts to work with FNIM knowledge holders/healers and Elders, and FNIM patients and families.

CINA's recommends the 2018 budget begin to address the inequities by specifically allocating funds or the transfer of funds that will allow for culturally appropriate homecare services to be delivered by the communities themselves and are supported by a regional and national based organization.

3. Increased funding and appropriate access to care through adequate policies for Non-Insured Health Benefits Program for First Nations living on reserves

Communities and healthcare organizations alike recognize a discrepancy in funding in relation to coverage and standard practices and requirements for care. Examples of some of the challenges include:

- Non-insured Benefits is a National program but it is too rigid and inconsistent across Canada especially for:
 - Nutritional Supplements
 - Oxygen Therapy
 - Urinary supplies (number of Foley catheters allocated in a given time) inequities that many First Nations and Inuit experience.
- Hospital to hospital transfer (from big hospitals to smaller hospitals) clients get charged for the transfer

CINA recommends Federal Budget 2018 examine current policies of the NIHB Program through consultative processes with national Indigenous health professional organizations to address these inequities and with a main outcome to equalize funding and to ensure coverage is commensurate with universal healthcare and the services and delivery provided to the rest of Canadians.

4. Increased funding to address critical health issues of Inuit, Métis and off- reserve First Nations peoples.

Recommendation # 20 calls on the government “to recognize, respect and address the distinct health needs of Métis, Inuit and off reserve Aboriginal peoples.” The establishment of indigenous health centres in urban centre would improve access to quality health care in a cultural base setting. The centres could provide provincial health facilities with the training and resources to improve delivery in a culturally competent and safe manner.

CINA recommends Health Canada in collaboration with provincial governments establish indigenous health centres in urban centres.

5. Invest in the training and development of indigenous health professionals

The TRC Call to Action # 23 recommends:

- Increase the number of Aboriginal professionals working in the health-care field
- Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- Provide cultural competency training for all health care professionals.

CINA has worked on developing programs/ policies that will aid in the retention and recruitment of indigenous nurses. CINA has developed a collaborative mentorship framework designed to support indigenous nursing students and is working with the Canadian Association of Schools of Nursing to implement a supportive mentoring program in nursing schools across Canada.

CINA is also working to develop on- line resources and training in cultural safety for nurses new to working in the north however this is not sufficient. These initiatives are just a beginning to closing gaps, addressing barriers and challenges related to the recruitment and retention of indigenous health care providers.

In June of this year the Standing Committee on Indigenous and Northern Affairs issued a report on the suicide crisis in indigenous communities. noted that front line providers working in remote community’s lack supportive professional networks. “The establishment of supportive networks by investing in Indigenous health professional associations can enable communities to

engage in community-to community learning and may assist in retaining staff.”ⁱⁱThis would lead to the integration of mentorship and greater support for all indigenous health professionals.

CINA also supports the recommendation from the Canadian Nurses Association calling on the expansion of educational facilities, satellite learning centres and expanding broadband services to promote distance education.

CINA recommends the Federal government allocate \$25 million a year for each of the next 4 years for the training and development of indigenous health professionals, specifically indigenous nurses who are the front line of health care in these communities. The funding would support:

- *The training of indigenous health professionals, specifically nurses who provide front line services*
- *Develop career laddering opportunities*
- *Provide on-going professional development and support for indigenous health professionals in new practices and procedures*
- *Promote cultural safety among all health professionals*

Conclusions

By adopting these recommendations in its final report, the standing committee can provide the federal government with concrete programs that will support better health outcomes for indigenous people in Canada. It may not close the health gap but it would go a long way to narrowing it. And this in turn, will lead to a healthier and more productive future for indigenous peoples across Canada.

ⁱ Goodman, A., Fleming, K., Markwick, N., Morrison, T., Lagimodiere, L., Kerr, T., & Western Aboriginal Harm Reduction Society. (2017) “They treated me like crap and I know it was because I was Native”: the healthcare experiences of Aboriginal peoples living in Vancouver’s inner city. *Soc Sci med*, 178,87-94

ⁱⁱ Standing Committee on Indigenous and Northern Affairs; *Breaking Point: The Suicide Crisis in Indigenous Communities*, June 2017, 42nd parliament, 1st session.