

Aboriginal Peoples and the Canadian Healthcare System

North America - Canada

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“I got my degree in physiology, but I didn’t want to do research for the rest of my life, so I went into nursing, because I thought nurses are the point of entry into the healthcare system,” says Rhonda Goodtrack, an advisor to Aboriginal students at the Native Access Program to Nursing and Medicine at the University of Saskatchewan. “So I applied, got in, went through the four years, got my degree and went to work in public health right out of nursing school.”

Goodtrack grew up in southern Saskatchewan in the Wood Mountain First Nation community. As an Aboriginal registered nurse, she is among the few. Despite the progressive and accessible nature of the Canadian healthcare system, many Aboriginal peoples have extraneous barriers impeding their access to careers as nurses and doctors. These include cultural barriers, geographic isolation, and federal and provincial jurisdictional disputes.

Those who have succeeded in overcoming the challenges faced by Aboriginal health professionals are giving back to their communities by creating and participating in a number of organizations and associations. They aim to bridge the gap that has been created through tense relations between First Nations in Canada and the various levels of government.

The Aboriginal Nurses Association of Canada (ANAC), for whom Goodtrack is the Director of Education, Treasurer, and Secretary, was initially formed by two nurses: Jocelyn Bruyere and Jean Goodwill. These two pioneering healthcare workers strived to identify and contact other nurses of Aboriginal descent in 1973, with the intention of pooling the skills and cultural heritages of Aboriginal nurses to improve the appalling health conditions faced on the First Nations reserves of Canada.

Goodtrack says she was lucky to be supported in her bid to attend university. “The community I was from was slowly dying away because people were moving on, like going into the city and the birthrate was really low,” she explains. “My mom and dad knew that there would be no real economic development in our area so they really pushed me to pursue my post-secondary education and finish my schooling. They wanted us to be self-sufficient.”

There are extreme health disparities between the First Nations, Inuit, and Métis peoples, and the general Canadian population. Among Aboriginal peoples, there are high rates of mental illness, alcoholism, fetal alcohol syndrome, domestic violence, diabetes, tuberculosis, sexually transmitted diseases, obesity, and hypertension. Relative to the general Canadian population, the life expectancy of Aboriginal peoples is 7.4 and 5.2 years shorter for males and females, respectively.

Suicide rates are five to seven times higher for Aboriginal youth than the national average, and suicide is also one of the greatest causes of injury-related deaths. Infectious diseases impact Aboriginal peoples at rates two to seven times higher, depending on the disease, than the overall Canadian population. Extensive research has been conducted into the intergenerational effects of trauma endured by the First Nations of Canada, but no consensus has been drawn, other than the

obvious: the poor health of Canadian Aboriginal peoples is a complicated interplay of multiple factors.

Canada has the second largest proportion of indigenous peoples of any country in the world, with over 1 million people, representing almost 4% of the Canadian population. There are over 600 distinctive First Nations communities, each with their own culture, language, arts, and music. Almost half of the Aboriginal peoples are distributed in major centers, living amongst the general population of Canada, while others live in rural communities and on reserves.

A partnership between the Association of Faculties of Medicine of Canada and the Indigenous Physicians Association of Canada through a broad consultation process has produced the set of First Nations, Inuit, and Métis Health Core Competencies meant to combat healthcare issues in Aboriginal communities. Barbie Shore, a project manager on this initiative with the Association of Faculties of Medicine of Canada explains that the purpose of this framework for undergraduate medical education is to ensure all the physicians are well-trained.

“They must be able to provide culturally safe care with indigenous patients, their families, and communities,” says Shore. There are seven core competencies with associated enabling objectives. “The competencies are what you are teaching to. For example, to describe what culturally safe care is for First Nations, Inuit, and Métis peoples, the students have to have had some experience or training in order for them to be able to do that.”

To facilitate the implementation of this curriculum, there is a working group with representatives and educators from each of the schools, as well as the community partners who are working with them. “At the national level they look at how to implement those competencies and again there is very good work at quite a number of schools,” explains Shore. “Others are just getting started.”

As the national voice for the seventeen medical schools in Canada, the Association of Faculties of Medicine of Canada looks to share that information by developing resources or ways to improve those programs – and especially ways to make them more accessible for, and applicable to, Aboriginal students. “Having community engagement in all of our processes is very important,” says Shore. “Ultimately they tell us what works or what doesn’t work for them.”

Barry Lavalee, President of the Indigenous Physicians Association of Canada, emphasizes the current role of his organization. “We are really going to look into developing education support modules to be included in medical school training across Canada,” he says. “We want to increase the competencies of physicians around Aboriginal needs in our medical schools. We are supporting those changes in medical schools.”

ANAC also works in this area. “Similar to what the Indigenous Physicians Association has done, we have also developed cultural competencies and cultural safety competencies that were launched last June on National Reconciliation Day,” says Audrey Lawrence, Executive Director of ANAC. “We have a particular focus on the schools of nursing and we are working on a project to develop some mock curriculum that schools of nursing can use.”

According to Lawrence, collaborating with other institutions is the key to ensuring that new programs are successful and that the final goal – to improve healthcare for Aboriginal peoples in Canada, and to make related educational pursuits more accessible – is achieved in a timely manner. “We have been working with Accreditation Canada and with the Canadian Association

of Schools of Nursing on accreditation standards to support the use of cultural competencies in the workplace and in nursing schools.”

But Lawrence understands working with other institutions is merely one component to improving the status of healthcare in First Nations communities. “Collaboration is a very important resource for schools of nursing because not only is it intended to improve the health situation of Aboriginal clients, but it is also designed to improve the recruitment and retention of Aboriginal nursing students,” she emphasizes. “The goal is for them to feel more comfortable in making themselves educated, while self-identifying that they are Aboriginal, and not feeling that they are going to be ostracized as they do their studies. Our work creates a better environment and a more respectful workplace and place to study.”

Having a curriculum that teaches the First Nations, Inuit, and Métis competencies alone is not sufficient to improve the overall health status of Canadian Aboriginal peoples. Broad recruitment is another essential aspect. Shore attests that “the educational curriculum is crucial to not only increasing the cultural competency of physicians but also to increasing the number of indigenous physicians.”

“By having more indigenous physicians, the healthcare sector will serve indigenous peoples in a number of different ways, both directly and in policy,” Shore explains. “This will allow them to influence others in all areas of the healthcare sector. For the large number of First Nations, Inuit, and Métis people that are in Canada, a representative physician workforce should be around 2,000 doctors.” Right now, however, there are only 300 doctors in Canada who are First Nations, Inuit, or Métis people.

“The numbers that are actually applying to medical school are still small,” Shore explains, noting that some schools are applying unconventional mechanisms to bolster the number of Aboriginal students. “Some schools have equity seats where they have a certain number of seats set aside specifically for indigenous students. But even these schools don’t have enough people applying, or coming up the pipeline to fill them.”

The University of Saskatchewan is one school adept at recruiting, retaining, and supporting its Aboriginal students. “The Nursing Program of the University of Saskatchewan has the highest number of nursing students across Canada,” says Goodtrack. “We have enrolled over 220 nursing students from across the province. In 2007-2008 and in 2008-2009 we had over 70 Aboriginal nursing graduates each year.” This is a considerable feat, since the largest number of Aboriginal peoples live in Ontario, not Saskatchewan, and few Aboriginal youth are willing to travel far beyond ancestral lands for post-secondary education.

The University of Saskatchewan’s recruitment programming includes career fairs, and summer programs. Goodtrack works for the Native Access Program for Nursing and Medicine, which is a support program for Aboriginal students. “The name is a little confusing, we are not really an access program,” she says. “Rather, we are a support program. We provide counselling for students in the context of financial, academic, and personal issues. We provide tutoring and cultural activities, like having lunch with Aboriginal elders.”

Goodtrack is proud of the opportunity provided by her position to influence Aboriginal youth in a positive way. “We have a lot of role-model sessions with older students, or former students, doing presentations on their journeys across Canada to improve recruitment or retention,” Goodtrack explains. “We help them determine what field of nursing they want to go into, if they

want to participate in a summer camp and those kinds of things. So our job is to recruit, retain and advocate for the Aboriginal nursing and medical students.”

During a recent career fair, Goodtrack was reminded of the extraordinary culture shock some Aboriginal students face upon enrolling in a nursing program. The shift from a rural Aboriginal community to a metropolitan university is not easy for most students.

“One of the students came to the career fair, she came with some of her peers, and her mom, and her mom was telling me about how they mainly eat caribou meat,” Goodtrack recalls with a touch of humour and compassion. “But here we don’t have that, just forget about it. So with the remote communities, there is even a change in diet.”

“The Aboriginal students also have to adjust to the transit system, which is a big piece of university life, they have to get used to the inner workings of a city like the utilities, and they have to deal with the change in diet, especially if they are coming from remote communities,” explains Goodtrack. “Those are the ones that are dealing with the most culture shock.”

There are also the regular challenges that every first-year student at university faces, as Goodtrack recalls from her own experience. “In my first year, when I was on campus, it sure was intimidating,” she says. “You don’t know where you’re going, you don’t know who to turn to and you don’t want to look stupid, even though everybody can tell you are a first year student. And some people can be impatient and whatnot.”

To acclimate students to the university campus and the health sciences, each summer the Native Access Program runs a summer camp for Aboriginal students. Goodtrack explains the valuable lessons and experience students gained from attending the summer camp: “Having these summer camps is important because it is a smaller group, and it is summertime so there are hardly any kids on campus. We had campus tours and a little curriculum where they were being taught by professors on certain elements relating to healthcare.”

“The new Aboriginal nursing students were exposed to the concept of medicine, kinesiology, nursing, and nutrition. They lived off-campus for two weeks, so they bought their own groceries, we had monies available, each dorm of six people had a menu list and we all went grocery shopping so they learned how to do that and they lived in the communal dorm,” Goodtrack explains, emphasizing that such a community mentality is engrained in many rural Aboriginal youth. “So they all had to cook together and that kind of stuff, but they also learned what communal living is like. “

“Those summer camps are crucial to minimize culture shock, but not everyone can be accepted, and you can’t bring all of them to the summer camp. There just aren’t enough funds going around,” she says. “So what we sometimes have is communities coming in and doing tours of the University of Saskatchewan. And there are a number of different Aboriginal support services across campus so they are able to do a presentation to them while they are on campus for the day. We just try to show them what’s available.”

Most Aboriginal students at the University of Saskatchewan have tended to be mature students, having either worked or studied for a few years since completing their secondary education. This presents additional challenges in providing programming and curricula that are appropriate to the needs of mature students. These challenges include financial constraints, time-management issues (as many may have families), and weak educational foundation, since some may have had a limited high school education or limited motivation when they were studying.

“Well, I think you know the biggest need of mature students going back to university is really academic support. Everybody is intelligent, but they need to develop the skills to be more successful in an academic environment,” explains Barry Lavelee, the President of the Indigenous Physicians Association of Canada. “Most people who are mature are much more determined to complete programs here at the university than people who come straight out of high school. There’s no doubt about that. The level of maturity is there, but also the drive is there.”

Cultural sensitivity is also tremendously important. “Well, one example could be that many students have special ceremonial responsibilities in conjunction with the passing of people in their community,” says Audrey Lawrence from ANAC. “Some of them may be fire keepers, some of them may have to go and be with the families; the length of bereavement time for First Nations is longer than what many academic policies allow for.” She explains that difficulties can arise when the university says a student can take three days off classes, but a student might have to make a two day journey to get home and then participate in a four day ceremony.

These problems and others are prominent throughout the Canadian healthcare sector and at universities that offer nursing and similar programs. Initiatives to recruit more Aboriginal students are being applied, while more are being developed, but relatively few students are taking advantage of them. Meanwhile, the state of healthcare in Aboriginal communities is falling fast. It seems that the best method for bringing Aboriginal students into the healthcare system, either as students or workers, is mentorship.

“Recently, I did a speech to a large group of nursing students at their graduation banquet,” says Goodtrack, chuckling with delight and pride. “I wondered what I would tell them. I told myself it would be the last time I would ever speak to them and I want to make sure that I make it count. So I boiled it all down to three things.”

“Number one is the starting point. We all start somewhere. So as a new grad you are not quite sure about your career or how you are going to be as a registered nurse, but always remember we all started somewhere. So give yourself a chance to find your feet.” Goodtrack explains that this is particularly hard for Aboriginal students, who often come from underprivileged families in poor communities.

“Number two is passion. It is really important to find your passion, don’t give up on that, because then you’ll love your job and your pay cheque is just a bonus,” she says. “Find your passion and seek it. Seek to find it in a job and then it won’t feel like a job, it’ll be your career.”

Goodtrack emphasizes that aspiring Aboriginal nurses never lack passion, but often need support throughout their educational careers.

“Number three is giving back. And there are many ways of doing this. You can do volunteer work, you can do work and be involved in associations or professional organizations, or you can work in mentorship which is one of the initiatives we have going at ANAC. Take what you need when you are studying and growing, but don’t forget to give back.”

Goodtrack reflects on her three pieces of advice, which she gave equally to students of all backgrounds at the University of Saskatchewan, Aboriginal or not. She says that her passion is improving healthcare for Aboriginal peoples, by bringing Aboriginal students into nursing programs. But the most important part of her work is ensuring that the students develop during their studies, and become the best doctors and nurses that they can be.

“Mentoring these people, it is a part of being a member of a professional body,” Goodtrack says. “But it is also a part of being human.”

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