



Self-determination in First Nation Health: Navigating Community Health Nurse Engagement

7 th National Community Health Nurses
Conference in Kelowna, B.C.

Blueprint for Action:

Influence, Inform, Inspire

Gaye Hanson



Overview

- Self-determination
- Context of First Nation Health and First Nation Health Care
- Health transfer, self-government, Northern Inter-tribal Health Authority NITHA, B.C. First Nation Health Authority
- Decolonizing Strategies
- Community Health Nursing Engagement



Self-determination

- Individual and collective (family and community) right to freely chosen health and health care
- Free choice of one's own acts without external compulsion
- Independence, autonomy
- People dominated or governed only by their own consent



Self-determination(2)

- For Nations, self-determination is based on respect for the principle of equal rights and fair equality of opportunity
- Nations have the right to freely choose their sovereignty and international political status with no external compulsion or interference (Chapter 1 of the Charter of the United Nations)



First Nation Context

- Aboriginal rights and title, treaty rights
- History of colonization
- Health status inequities
- Determinants of health gaps
- Limited health care infrastructure in small institutions, rural, remote and northern areas
- Rural/remote – urban differences
- Jurisdictional issues in HC delivery



First Nation Context (2)

- Identification of need for First Nation leadership in addressing First Nation health issues and health care challenges – access, appropriateness, effectiveness, cultural responsiveness
- Challenges in moving power, control and funds from Canada or Provincial/Territorial governments to FNs



Federal Health Transfer

- Policy of then Medical Services Branch (MSB) of National Health and Welfare now Health Canada in mid 1980's:
 - Administrative
 - Needs Assessment and CHP
 - Negotiations based on existing resources
 - Mandatory programs
 - Community, Tribal Council or Third level



Self-government

- Yukon land claims and self-government agreements:
 - Potential to pull down jurisdictional authority in health care delivery
 - Programs and services transfer arrangements (PSTA) to access federal or territorial funds
 - Financial arrangements as part of FTA (block transfer with large scale accountability)



NITHA

- Third level regional transfer
- 33 First Nations and 4 Partners
- Authority and responsibility rests at community or Tribal Council level and “delegated up” to third level
- Improved access to high level expertise such as MHO, health surveillance
- Ten year history of success

B.C. First Nation Health Authority



- Province-wide, First Nation communities and all First Nation citizens
- Includes Canada, B.C. and First Nation governments
- Includes Non-insured Health Benefits (NIHB)
- First Nation leadership negotiated



B.C. First Nation Health Authority (2)

- 10 Year agreement
- Governance, management and service delivery, not occupying jurisdiction
- Commitment to First Nation perspectives in decision-making
- Vision includes “self-determining”
- HR capacity development in long term



Colonization

- Denial and Withdrawal
- Destruction / Eradication
- Denigration / Belittlement / Insult
- Surface Accommodation / Tokenism
- Transformation / Exploitation

(Burgess, 2000)



Decolonization

- Rediscovery and Recovery - rediscovering one's own history and recovering culture, language, identity
- Mourning – essential phase of healing
- Dreaming – full panorama of possibilities expressed, considered



Decolonization (2)

- Dreaming (continued) – “explore their cultures, experience their own aspirations for their future and consider their own structures of government and social order to encompass and express their hopes” (Burgess, 2000 p. 155)
 - Commitment – to single direction
 - Action – based on consensus
- (Burgess, 2000)



Decolonizing Strategies

Service Delivery Level

- Support capacity and informed decision making / independence for individuals and families
- Share information and power for self-advocacy (“empowerment”)
- Challenge re-colonizing methods of health care service delivery



Decolonizing Strategies (2)

Organizational Level

- Contribute to capacity development initiatives as led by First Nations and their organizations
- Carefully assess “capacity building” by other all governments for unintentional colonizing/dependency effects



Decolonizing Strategies (3)

System Level

- Contribute to increasing number of FN health professionals, health governors and managers and researchers
- Ensure supports for cultural safety and cultural competence development for diverse workplaces, communities and systems



Challenges

- Dominance of individual, biomedical, paternalistic / maternalistic, co-dependent focus of health care
- Lack of real investment in “upstream” culturally appropriate and comprehensive approaches to promotion and prevention



Challenges (2)

- Lack of proven culturally based alternative models for health care governance, management and service delivery
- Lack of design and implementation of “healthy public policy” in other sectors



Challenges (3)

- Lack of broad, mutually held understanding of the complexity of the intersecting problems
- Lack of effective action by First Nation people (with support as needed) on determinants of health – social, economic, cultural, supporting self-determination at the community level



Community Health Nursing Engagement Strategies

- **Begin with Values and Relationships:**
 - Gratitude – begin with identifying and appreciating strengths, capacities and “life giving forces” of all involved
 - Harmony – pay attention to relationships, creation of an “ethical space” of possibilities and align with community needs and priorities



Strategies (2)

- Interconnectedness – create opportunities for communication and dialogue with parties involved and identify the connections with other opportunities, priorities, programs and demands on organizational and community capacity



Strategies (3)

- Respect – build in flexibility and responsiveness in order to demonstrate respect for organizational and community needs and priorities
- Self-determination – support independence and capacity building at the institutional and community level with external support



Strategies (4)

- Identity – respect the diversity of rural and remote, FN,I,M populations, communities and individuals – avoid “one size fits all”
- Community – decentralize decision making as “community knows best” and that is the place where creativity and innovation is generated
- Family – design appropriate responses of high risk vulnerable individuals and their families



Strategies (5)

- Professional Investment:
 - Work to understand social, economic, historical and cultural context
 - Invest in deeply reflective practice
 - Understand where you are situated in history and within the system
 - Do not take the anger or rejection personally – make room for self-advocates



Action

- General Guidelines:
 - Build capacity NOT dependency
 - Apply ethical lens related to vulnerable populations, cultural safety and rural/remote/northern “reach”
 - Assess best practices carefully and provide adaptation funding for re-design / knowledge translation as needed



Implementation(2)

- General Guidelines:
 - Design collaborative mechanisms into policy, programs and ethics review processes to connect Indigenous, rural/remote streams of activity to mainstream capacity
 - Enhance knowledge creation and translation to build appropriate theory upon which to found new approaches



Implementation(3)

- General Guidelines:
 - Consider the whole picture of the community from a community perspective including problems with overload and limited capacity
 - Examine how finance and administrative policies and practices can undermine policy and program effectiveness
 - Address ethical blindness and inaction



Contact Information

Gaye Hanson, President

Hanson and Associates

42 Tamarack Drive

Whitehorse, Yukon Y1A 4W2

P: (867)633-6753 C: (867)335-3687

gaye@hansonandassociates.ca