



The Indigenous Nurse

Celebrating 40 years....

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CINA MISSION

To improve the health of Indigenous people,
by supporting Indigenous Nurses and by
promoting the development and practice of
Indigenous Health Nursing.

In advancing this mission, the Association will
engage in activities related to recruitment
and retention, member support, consultation
and research and education.

President's Message:



These past few months have been extremely busy and as nursing week comes to a close, I want to acknowledge all nurses successes, stories, challenges, and commitments to advancing our nursing discipline. I have heard of nursing heroism with the devastation in Fort McMurray and how those

nurses stayed with their patients to ensure they were safe when some did not know if they had lost their own homes. No words can express the sacrifice these nurses have made to ensure individuals, families and communities were safe. Over the past few weeks, I have witnessed the pride in our nursing profession and I am honored to be part of this nursing family and why so many of us remain in practice. There is so much work to be accomplished in addressing Indigenous health issues from coast to coast.

First I want to thank everyone who attended our national training forum and celebrated the achievement and visions of the original founding members. They reminded the delegates that the organization's original beginnings were grounded in ways of working together that reach across our national landscape. The takeaway message is that nurses need to reclaim their Indigenous nursing knowledge in the spirit of Indigeneity grounded in language. Overall the forum was the most amazing experience and the highlight of my Presidency. To be so inspired by our nursing Elders, students and colleagues was uplifting. It was clear to me that the work and lives of nurses is rooted in courage and the relational, respectful, reciprocal, responsive and meaningful actions of caring nurses who hold expert knowledge and skills. ***United Nations Declaration on the Rights of Indigenous Peoples*** supports the development of a nursing learning institute; collaborative Indigenous partnership framework; collaborative network for Aboriginal student nursing mentorship; and the northern nursing network knowledge exchange.

There were many significant outcomes of the conference. One in particular was the signing of a Partnership Accord, in spirit of authentic Indigenous

collaboration, with the Canadian Nurses Association. This is something the CINA has been working towards for the last 40 years.

During our national Annual General Meeting nurses brought the voices of inclusivity, equity and identity as central themes. These themes will provide direction to the next forty years. Among other changes, CINA members voted to adopt a major bylaw revision that brings all Indigenous regulatory nurses together. Under this bylaw change, LPNs and RPNs became full voting members. Also included in the actions was a call for an official name change to the "Canadian Indigenous Nurses Association". The change was well received and is now officially our recognized name.

To conclude, there is a sense of commitment and urgency to act in light of the Truth and Reconciliation Commission's "Calls to Actions" and the recent Canadian Human Rights Tribunal ruling that finds the Canadian government is racially discriminating against 163,000 First Nations children. Members felt that there is no greater time than now to come together in our own ways of knowing and being to achieve the true meaning of reconciliation that promotes the rights of Indigenous peoples. Our active leadership is required to reinforce what it means to be authentically engaged with Indigenous peoples. We continue to address the important questions about the impact that 'working together' has on Indigenous health outcomes, and what policy shifts are needed so that we can take up Indigenous wellness approaches across all sectors. We recognize that this connection is vital to the survival of Indigenous peoples, and all Canadians, and is being embraced and promoted as a new way of thinking, a new way of doing and a new way of relating.

On behalf of the CINA Board of Directors, I affirm our aspirations to do better for the clients and patients we serve who are at the center of our purpose. For me personally, I recognize that the teachings captured in these three Cree words *tânisi*, how is your being; *tâwaw*, there is space for everyone; and *tâpwe* speaking our truth will move us forward in a good way.

All my relations aiy aiy.
Lisa Bourque Bearskin RN, PhD

Greetings from the new members of the Board of Directors 2016-2017



Charlene Rattlesnake
representing British Columbia/
Alberta region:

Charlene Rattlesnake is a Saulteaux mother of 5 adult children and grandmother of 4. Charlene went from working as an Aboriginal Liaison in a hospital setting into the nursing program at the University of Alberta where she completed a BScN in 2006. Since then she has worked primarily in Community Health in the Maskwacis area First Nations in central Alberta. Charlene then went on to complete a Master in Nursing program from the same university in the Community Health Stream in 2014. Charlene is passionate about Indigenous

Nursing and would love to continue nursing for Indigenous populations for the remainder of her career. She firmly believed more energy needs to be directed into the preventative aspect of health care along with the reintegration of our traditional ways of healing in order to improve the health status of the Indigenous people of Canada. Charlene also loves mentoring potential and current nursing students, especially Indigenous ones who, she believes, will make a huge impact in the future of Indigenous nursing in the future.



Esther Maani Ulujuk Powell
Representing North of 60

Maani Ulujuk is my Inuk name, I was named after my great great grandmother. Naming is very important and used to be ceremonial in our culture. I grew up in Arviat, Nunavut and

completed my high school at the Maani Ulujuk High School in Rankin Inlet where I lived in a residence. I am the youngest (actually 2nd youngest, my twin brother is 6 minutes younger than me) of 7 siblings. I went to college in Ottawa, Ontario where I took the Nunavut Sivuniksavut Program and then studied Inuit Political History and English at the Algonquin College. I did my Nursing School in Yellowknife which is affiliated with the University of Victoria, BC in 2006. I worked as a Community Health Nurse in Arviat, Rankin Inlet and as a float nurse for the Kivalliq region so I worked in Coral Harbour, Baker Lake, Whale Cove, and Sanikiluaq as well. I also worked as an Institutional Nurse in the

Rankin Inlet Healing Facility which is a medium security correctional facility. During my career as an Institutional Nurse, my abstract entitled Diverse Populations was accepted and I presented on Northern Nursing and Inuit Culture at the Biennial Custody and Caring Conference in Saskatoon, Saskatchewan. I am also a Mental Health First Aid, Master Trainer for Inuit with the Mental Health Commission of Canada. I am very active in my community as a volunteer- cooking for search and rescue teams when needed, amongst other things. Also as a musician, I volunteer for the community for any musical events within the community or within the territory and I play the piano at church.

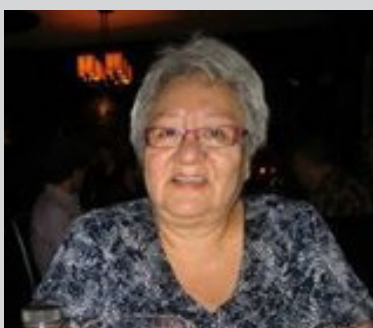


Pepper Pritty
- Education

Pepper Pritty is an Anishinaabe Master's prepared, registered nurse who specializes in Indigenous Health, prenatal/postpartum care and diabetes through her work with Ninoshenh's Teachings (Aunty's

Teachings). She is the Provincial Indigenous Equity Health Lead and Ministerial Public Health Practice Consultant at Manitoba Health and the new Director of Education for the Canadian Indigenous Nurses Association. Prior to completing her Bachelors of Nursing, Pepper studied Psychiatric Nursing and has a background in Native Studies and Science. While in university, Pepper was the Chair of the Education Committee through student governance and went on to be elected Vice President and President for two terms with the Nursing Students' Association. She is passionate about education and student mentorship and dedicated to advocating for the advancement of our nursing profession. Her broad clinical experience includes Primary Care, Public Health, Palliative Care & Palliative Home Care, Acute /Rural nursing, Emergency and Home Care. For

the past 3 years, Pepper has worked as northern First Nations nurse with FNIHB, tribal council and agency. Her graduate studies work is interdisciplinary; and concentrates on First Nation water, housing and environmental issues and how they impact the health and wellbeing of Indigenous people. Her work incorporates videography and photo voice methodology and she has been doing First Nations research for the past 8 years. She is working towards a PhD in Indigenous Health and is committed to promoting reconciliation through the reclaiming of Indigenous culture and recovering traditional parenting skills that have been damaged and lost through residential schools and child foster care systems. She is honoured to have been elected to the Board of Directors and looks forward to advancing the nursing education agendas of CINA.



Frances Desjarlais
Saskatchewan/Manitoba Region

Frances is a member of Swan Lake First Nation who works as the Regional Diabetes Coordinator, First Nation & Inuit Health Branch, at Manitoba Region. She graduated from the LPN program at Red River Community College and went on to the University of Manitoba's Bachelor of Nursing Program in Winnipeg. Frances has worked in First Nation communities and the Diabetes Integration Project most of her career.

Frances grew up in Swan Lake where the traditional ways were practiced in the spiritual, cultural aspects, and learned traditional

teachings through her parents, grandparents and elders in the community. Fran enjoys working with her Indigenous relations and strives to contribute to the improved wellness of First Nations, Inuit and Métis people. She is passionate about incorporating the past traditional ways of living to the present systems. She believes we have been given the gifts to take charge of our health and will continue to advocate in addressing the health inequities and health disparities facing the people but guided by our indigenous ways of knowing and being.



Rosella Kinoshameg
- Knowledge Holder

Rosella graduated from Marymount School of Nursing in 1968 and then obtained a BScN from the University of Ottawa in 1977. She worked as a community health nurse in Wikwemikong starting in 1977. Rosella has served as a health board member of Wikwemikong, president of

the Parish Council, a band council member and First Aid/CPR instructor and; held workshops on traditional food. She received the Assiniwekanik Medal (Jean Goodwill Award) in 1989 and served as president of CINA for four years from 2006-2010.



Cheryl Robbins
- Non-Indigenous Representative

Cheryl Robbins is a Nurse Practitioner with over twenty-five years of experience in the nursing field. She began her career

at the Royal Alexandra Hospital where her foundation in nursing evolved. She moved to Louisiana in 1992 and worked in a variety of settings including the ER, ICU and management. During her tenure in the US, she developed an orientation package that promoted collaborative practice among professionals. She returned to Canada and in 2007 completed her Master of Nursing degree in Advanced Nurse Practice. She is beginning her PhD in nursing program. Robbins is the former President of the Nurse Practitioner Association of Alberta (NPAA). She was the NP expert on the

Minister's advisory committee for the development of Family care clinics in Alberta. She was the NP expert on the Alberta Chamber of Commerce Health Policy Committee for rural primary care practitioner recruitment and retention. She coauthored the Rural Health Services Review, 2015. Besides working in Maskwacis Health Centre in Hobbema, Alberta, she spends her time with her husband and three boys, and also volunteers for the local home owners association and as a manager for her kids' soccer. Robbins may be contacted at carobbins@outlook.com

Executive Director's Desk



It has been a pleasure to serve a valuable organization such as CINA for the past year as Acting Executive Director. There are truly great leaders whose hearts lie close to the longest running Indigenous health professional organization in Canada. Although small in staffing, big work flows from big hearts. I salute those who continue to put this organization

first. Thank you for the opportunity to meet many of you and I wish the organization well as it moves forward under a new name. I look forward to helping the new Executive Director settle into their role.

Kevin Barlow, Mi'kmaq
former Acting Executive Director

Aboriginal Nurses Association celebrates its 40th Anniversary!



The A.N.A.C 2016 National Training Forum entitled 'Authentic Indigenous Health and Wellness Partnerships: Reclaimative Leading Practices' was a successful and memorable forum for many who took part. Significant highlights include bringing together and honouring its founding indigenous nurse leaders and the signing of a partnership accord between A.N.A.C and Canadian Nurses Association. This collaboration will include improving recognition and understanding of Indigenous rights in policy, practice, education and research; building capacity of nurses working with First Nations, Inuit and Métis communities; and will address matters of access, chronic disease management, illness prevention and health promotion.

The Forum honoured the fourteen members of the 1975 'Indian Nurses Committee' at a banquet. All of the fourteen nurses were either present themselves or were represented by a family member. A booklet honouring the 'Indian Nurses Committee and commemorating the association's forty years entitled ***Ninanâskomânânak Kâkinîkânohtêcik We are grateful to the first leaders*** was produced. Copies are available from the CINA office.

The forum also held various professional and informational presentations of indigenous health including topics such as mentorship and Indigenous nursing education, enhancing core competencies for HIV care in Indigenous populations, First Nation Mental Health wellness, Aboriginal midwifery, and the Reconciliation Commission's 'Calls

to Action', culturally safe nursing, traditional healing practices, improving health literacy for indigenous populations including First Nations' Children, gestational diabetes, women's health, and much more! CINA also hosted a meet and greet evening session, and closed with a wonderful banquet.



CINA is proud to continue sponsoring Indigenous nursing students to attend and take part in our future forums!



Annual General Meeting

At our Annual General Meeting held February 16-17th 2016 in Montreal, Quebec our membership voted in favour of adopting the name Canadian Indigenous Nurses Association (CINA). The name change became official on April 1 2016. The membership also overwhelmingly voted in to amend the organization's

bylaws to offer full membership, which includes voting rights, to licensed and practical nurses. This question has long been discussed at previous AGMs, so it was a welcomed decision to enlarge the CINA membership to include all members of the Indigenous nursing family.

Canadian Nurses Foundation 'One Million in One Year Campaign': Launched

The Canadian Nurses Foundation "One Million in One Year" campaign to raise funds for indigenous nursing education and research was launched at the annual CNF Nightingale Gala in Ottawa, May 5th. It aims to raise \$1 million over the next year to help support indigenous communities across the country and build the capacity for First Nations, Inuit and Métis, nurses and to share indigenous knowledge and best practices. CNF believes that working in partnership with others like the Canadian Indigenous Nurses Association, will help to improve the health and wellbeing of indigenous communities across Canada and increase the knowledge, skills, and abilities of indigenous nurses to help meet current and future health care challenges.



Launch of CNF's campaign to raise \$1 million in one year for indigenous nursing education and research.

From left to right, Isabelle Wallace, CNF TD Aboriginal Nursing Fund award recipient; Christine Rieck Buckley, CEO, CNF; Minister Hunter Tootoo, Ministry of Fisheries, Oceans and Coast Guard; Rachel Maillet Bard, Board Chair, CNF; Yvonne Jones, Parliamentary Secretary, Indigenous and Northern Affairs; Kamal Khera, Parliamentary Secretary Health

Northern Nursing Needs Consultation with CINA Members

A 2015 auditor general's report revealed continuing shortcomings and issues that affect nursing delivery in northern and remote communities. Because many northern and remote communities have significant Indigenous populations, CINA has a vested interest in understanding these issues and exploring solutions.

To that end, in partnership with Health Canada and other key stakeholders, a session was held during the training forum to identify issues and discuss how to address such. Issues included high turnover and nurses working outside their scope of practice; in addition, a high number of nurses do not possess all the core competency training required by Health Canada. Add to this, cultural competency training necessary for non-Indigenous nurses working in these regions, and there becomes an urgent need to be consistent and strategic in how to address all these concerns.

Over 50 nurses gathered to discuss northern nursing needs, including how to best reinforce systemic nursing supports and enhance capacity of nurses working in northern and remote communities. The discussion began with sharing our experiences and vision for improving health care and nursing practice. It was clear from CINA members that we need to identify ways of working with our northern nurses; address the gap in education and practice; respond to the Auditor General's report which highlighted lack of preparation 1/45 are prepared for northern nursing; promote the role of the nurse practitioner; and gaps and inequities related to isolation; training; staffing; and use of agencies.

Julie Lys explained that in some locations such as Fort Smith there are 24 hour nursing services with a birthing centre. She described the impact of working

in isolation and as a independent nurse practitioner providing services where the majority of communities have no doctor. The integrated service model where nurses are generalists providing service to whatever comes in the door is the issues are similar – trauma, racism, oppression, isolation, lateral violence, lack of resources and staff turnover continue to impact how services are delivered. Our future will require a systemic change and appropriate responses to the TRC "Calls to Action" to improve general Indigenous nursing knowledge; development of partnerships between First Nations, Inuit and Metis peoples and mainstream healthcare organizations; government and employer initiatives to support health careers (student financial assistance, graduation placement, paid leave).

What is needed is a focus on wellness while building respectful relationships; learning from Elders; getting to know the community and its leaders; promoting traditional healing and wellness; educating other health professionals. Selfcare, crucial to avoiding burnout, includes good support system, knowing your triggers and debriefing often. Moving forward: develop cultural training and establish aboriginal health and wellness dept. We must remember that each community is unique with diverse needs. Optimizing staffing, nurses development, student outreach and training programs that are flexible and employers need to provide relief to attending conference such as CINA National Training forum.

This session was facilitated by Gaye Hanson and the panelists were Lisa Bourque Bearskin, Julie Lys, Dorothy LaPlante and Leila Gillis.

CINA Developing Culturally Relevant Model for Mentorship

by Pam Rice, CINA Mentorship Project

What do you get when you put three inquisitive undergraduate Aboriginal nursing students who are always striving to better the world around them with an inspired, altruistic Indigenous professor? The answer to that question is an experience of a lifetime with results that will have a positive impact on the next seven generations of Indigenous nursing students.

Isabelle Donna Wallace from the Université de Moncton, Campus Edmunston, Scott Ramsay, recent graduate of University of the Fraser Valley and the president-elect for the CINA, and me, Pam Raymond (Rice) from the University of Saskatchewan, Regina Campus, have been working together under the mentorship and academic leadership of Dr. Michèle L. Parent RN, BN, MSc, PhD, lead researcher for the CINA Mentorship Project.

The 2016 National Training Forum, which celebrated 40 years of the Aboriginal Nurses Association of Canada's now CINA, service to Indigenous health, provided a tremendous opportunity that allowed our team to engage the expertise of Indigenous nurses, influential nursing faculty, and a strong group of nursing students who represented all four directions of Turtle Island. On February 15, 2016, the preconference day, we had the honour of hosting a Think Tank workshop that involved a brief presentation of the results of our work to date. This included the initial case study, a faculty scan of mentorship, and a description of the CINA Mentorship Advisory Committee. The update was followed with our team conducting the next phase of data collection for our ongoing research by facilitating small group discussions led by four guiding questions we provided to the workshop attendees.

As the subject, BScN student with the University of Saskatchewan, College of Nursing and Co-Investigator of the initial case study that has evolved into this informative body of research, I was honoured to be able to share my on-going personal experiences with mentorship. The data our team has gathered over the past year has supported much of my own experiences as an Indigenous student and parallels and is representative in many ways of the majority of my cohort.

The preliminary findings that resulted from the second phase of the CINA Mentorship Project echoed my own personal experiences that led to a greater understanding

of how Indigenous identity is paramount in supporting Aboriginal nursing students. As students, we reflect our Indigenous ways of knowing. The data has consistently indicated that Indigenous learners have a desire to remain strongly connected with our communities. The analysis of the data has also highlighted our need for continuous guidance from a variety of skilled advisors and a rooted responsibility to ensure that we have a greater purpose in our personal pursuits beyond the singular goal of advancing our own careers. Indigenous students, for the most part, recognize education as a time for self-improvement. This self-focus can make us feel very egotistical and may lead to an intense identity crisis.

Active mentorship and support from educational institutions can mitigate the adverse effects of being away from family (because of time spent immersed in studies, if not in physical distance as well) and not having the time to stay connected and feel like a community contributor. Facilitating the development of a diverse network of mentors and mentees is a model that works for Indigenous students because it is a familiar template. In Indigenous ways of knowing, the most valuable information is transferred from person to person.

The difference with Indigenizing the mentorship process is in the recognition of the responsibility that comes along with the commitment of being both a mentor and a mentee. This creates a sense of responsibility and accountability within the student as they become the knowledge keepers themselves. I can honestly and humbly say that if it weren't for this exact phenomena, I would not be fighting to overcome my own barriers to finish my nursing degree; I would have given up.

The CINA Mentorship Project is articulating the fundamental principles of Indigenous knowledge transfer and developing resources for educational bodies to utilize in supporting successful Indigenization and advancement of educational pedagogy for nursing education. Our team's research shows that Aboriginal students have a need to be a part of a collective group of knowledge keepers. Being cognizant of these culturally relevant attributes and facilitating this process will improve educators' capacity for improving retention by realizing the multifaceted definition of success held by the Indigenous student population.

HIV Learning Institute at the 2016 National Training Forum

With funding from the Ontario HIV Treatment Network (OHTN) and Health Canada, the Canadian indigenous Nurses Association held its first Learning Institute, the focus this year was Indigenous HIV Care.

Based on a variety of information sources, many think current nursing students do not get adequate core competency training to full provide effective HIV care. Given that HIV is disproportionately affecting Indigenous populations in Canada, CINA decided to pursue funding to address this nursing need.

A literature review of mental health and HIV was prepared in 2014/15. This was followed in 2015/16, with the hiring of an Indigenous nursing student, Lacey Van Every, through a grant from OHTN. She is currently working on this project which aims to be completed by end of August 2016.

Six sessions were offered at the recent National Training Forum:

1. Opening Session
2. Five Critical “Cs” for Mental Health Services: A Focus on Indigenous People in Canada
3. What do health service providers need to know about antiretroviral therapy use among Indigenous peoples living with HIV?
4. HIV Pre and Post Test Counselling- Nursing Core Competencies

5. Assessing Quality & Accuracy of Online Health Information
6. Visioning Health, Indigenous Women and HIV

The HIV Learning Institute sought to provide key insights into the Indigenous HIV epidemic and to strengthen the role that nurses can play in HIV care. Presenters included: Dr. Earl Nowgesic, Randy Jackson (PhD candidate), Dr. Tracey Prentice, Greg Riehl, Margaret Haworth-Brockman, Roberta Stout, and Doris Peltier.

Sessions were well attended and well received. Participants heard firsthand life paths for two Indigenous HIV-positive individuals, including how they have been active leaders in the Indigenous HIV movement in Canada for a large number of years.

Mental health needs, issues facing Indigenous women, assessing online health information, testing and counseling, and antiretroviral medications were among the topics discussed.

At each national training Forum, CINA intends to continue with a Learning Institute, changing the focus, to other health concerns such as diabetes care, cancer care, etc.

Special Acknowledgement...

to one of CINA's founding members “Keteskew” Dr. Madeleine Dion Stout for being appointed a Member of the Order of Canada, one of Canada's highest civilian honours.

Her citation reads:

“For contributing to the development of Aboriginal health care in Canada as a nurse, researcher and advocate.”



Canadian Nursing Students Association Caucus

At the CINA conference this past February Marie, Jennifer and I, Dawn were honoured to present on our individual experiences related to decolonizing the classroom in a culturally safe way that is inclusive and engages students in Indigenous rights and health. Each of us have unique experiences within our academic institutions and have witnessed some bumps along the way and some innovative ways schools are incorporating Indigenous

content and perspectives into their curriculum. This timely seminar is in line with recommendations from the Truth and Reconciliation Commission and as nursing schools begin to work towards the recommendations we hope that the experiences we offered could support the transition in a positive way. Our audience was engaged and offered constructive and positive feedback. We have since heard that our conversation has sparked some institutions

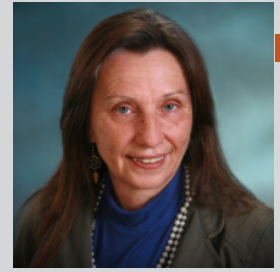
to take a closer look at their curriculum and are acting on the recommendations we provided. We have an exciting road ahead in honouring Indigenous Knowledge and in teaching Indigenous health contexts to nursing students however we must move forward with humility, openness and in partnership with one another.

Dawn Tisdale
Marie Sanderson
Jennifer McGillivray



Partnership with Dalhousie University School of Nursing

By Adele Vukic, Assistant Professor, School of Nursing Dalhousie University



The Canadian Indigenous Nurses Association (CINA), or Aboriginal Nurses Association of Canada (A.N.A.C.) as it was previously called, has a long tradition of developing mentorship programs in collaboration with universities across Canada to promote the retention of Indigenous students in nursing. This paper presents CINA's support for retention of Indigenous nursing students, and provides insights for future directions, framed in the context of CINA's collaboration with Dalhousie University School of Nursing. CINA contends that a well-designed mentoring program can reduce the impact of racism on Indigenous student integration and improves student success in nursing programs (ANAC, 2015). The Canadian Indigenous population represents more than 4 percent of the overall Canadian population (Stats Canada 2011), yet, according to Martin and Kipling (2006), only 0.7 percent of Canadian nursing students are Indigenous.

Mentoring for Success

Mentoring for the success of aspiring Indigenous nurses in Canada is seen as a critical component for the retention of Indigenous nursing students (Etowa, Perley-Dutcher, Vukic, & Krekoski, 2015; Smith et al. 2011). In response to the importance accorded to mentoring Indigenous nursing students, CINA established an Advisory Committee in collaboration with undergraduate nursing program faculty across Canada to focus on mentorship programs. A strategic framework for mentoring First Nations, Inuit and Metis nursing students was developed by CINA. Sharing this framework with Advisory Committee members and discussing issues, strategies and successes of mentoring continues to provide an avenue of support for the participating university nursing programs involved in enhancing the retention of Indigenous nursing students.

Dalhousie University has had representation on this Committee since the inception of the Advisory Committee. In 2014 a Memorandum of Understanding was signed with Dalhousie School of Nursing by Dr Carolyn Watters, Provost and V.P. Academic and Dr Lisa Bourque Bearskin, President of CINA. The MOU has contributed to building this partnership and broadening the scope of retention of Indigenous nurses in the School of Nursing (SON). CINA maintains that increasing the number of

Indigenous nurses in Canada is a key factor in improving the health of Indigenous peoples and communities. The Association calls for targeted programs that will facilitate institutional change and reduce racism and other challenges influencing the integration and success of historically marginalized students in nursing programs. Although mentorship programs are vital within nursing and should continue to be implemented and evaluated, other changes are required to strengthen Indigenous nursing students' experiences in higher learning. Expecting Indigenous students to fit into a euro-centric program that perpetuates western ideologies is problematic, and can also set students up for failure.

'Elders in Residence' Program

Since the Truth and Reconciliation call-to-action for a new relationship between Canada and Indigenous peoples, Dalhousie has initiated some important changes. Most importantly, an Elders in Residence Program is available for all students on campus. Based within the Indigenous Minor Program at Dalhousie University, the Elders are committed to being available to students for guidance, counsel and support, as well as to provide smudging ceremonies on campus and conduct talking circles for students on request. There are five Elders available to students, each offering their own particular expertise. This Program has just been established and although it is too early to evaluate, the opportunities for nursing students to work with Elders who are not located in the School of Nursing provides students with culturally relevant support, yet avoids students from being singled out. Some Indigenous nursing students have expressed concern of being seen as different. The Elders in Residence Program offers students encouragement in their learning, and critically thinking in a supportive safe environment.

Social Determinants of Indigenous Peoples' Health

This year Dalhousie provided an Indigenous Scholars Speakers Series on campus which all nursing students are made aware of and can choose to attend. Some of the speakers included: Wab Kinew, a writer and motivational speaker on contemporary

Indigeneity; Dr. Margaret Kovach lectured on Indigenous research methodologies, Dr. Janet Smylie provided a presentation on Metis health issues, and Dr. Allen Downey spoke on decolonizing the academy. The speakers were phenomenal and created a space for Indigenous nursing students to appreciate the importance of Indigeneity in nursing. The School of Nursing invited Dr. Earl Nowgesic, Assistant Professor and interim Director of the Waakebiness-Bryce Institute for Indigenous Health to present a lecture to all nursing students on Indigenous health issues. His lecture, addressed to non-Indigenous and Indigenous students set the stage for students to embody the effects of Indian Residential School and colonization. Although this topic was introduced earlier in the nursing program Dr Nowgesic's lecture, based on student feedback was pivotal for students' comprehension of the Social Determinants of Health in relation to Indigenous health.

A few other initiatives have been instituted. Changing the name and place of the Native Counselling Unit to Aboriginal Student Support Services, and relocating the Program from a dilapidated building on the outskirts of campus to a central location in the Student Union Building has increased accessibility of this service. The School of Nursing hired Dr Amy Bombay, an Aboriginal faculty member from Rainy River First Nations, as an Assistant Professor in the Department of Psychiatry and the School of Nursing. She is not a nurse but teaches Social and Cultural Determinants of Health in the Undergraduate Program, partners with the Truth and Reconciliation Commission on behalf of Dalhousie, and provides leadership on Indigenous health research. Last but not least, curricular changes are planned for the new curricula in the undergraduate SON that will foster Indigenous ways of knowing which is identified as another important strategy (Stansfields & Browne, 2013).

Responding to the TRC's 'Calls to Action'

CINA, along with the Advisory Committee continues to strive for increased retention of Indigenous nursing students across Canada and meets regularly via teleconference to discuss initiatives on mentoring, and share future directions. Investing in resources to enhance CINA's mandate with Indigenous nurses is paramount. As a national association, CINA has a rich history in supporting Indigenous nurses to promote the health of Indigenous people. As the Association moves forward on implementing strategies to fulfill their mandate, commitment from external organizations is central to their endeavours. Mentoring Indigenous nursing students is an important strategy of CINA's objectives as they also continue to support Indigenous nurses working in the health care system. A forum for networking, prioritizing and dialoguing nationally with all Schools of Nursing to respond to the TRC's call to action is crucial at this point in time in Canada's relations with Indigenous peoples. Further, universities will require the human and financial resources to partner with Indigenous communities to build on universities' efforts in responding to the TRC recommendations. Increasing the visibility of Indigeneity in undergraduate nursing programs requires efforts that go beyond day-to-day practices and requires resources to build on the TRC recommendations. Dalhousie University School of Nursing's partnership with CINA provides evidence of an avenue that has supported CINA's efforts. The development of a national approach in advancing reconciliation and enhancing the representation of Indigenous nurses requires commitment by the many institutions that can work together to influence change.

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“Nothing for us - without us”

Canadian Indigenous Nurses Association (CINA) “Collaborative Indigenous Partnership Framework: Supporting Our Unique Expertise - Indigenous Nursing Knowledge”

It’s a new era. The Truth and Reconciliation Commission (TRC) challenge all to effectively respond to the 94 Calls to Action. As CINA celebrates its 40th anniversary, it is recognized as the longest standing Indigenous health association in Canada; This makes CINA a significant collaborator with Indigenous health and leadership organizations, mainstream nursing organizations, educational institutions, federal-provincial-territorial governments and local Indigenous governments. CINA’s Board of Directors developed a more formal articulation to guide continued collaboration with partners.

Over 40 years ago, political action for true recognition of Treaty Rights, self-determination and sovereignty led many advocacy groups to reclaim their indigenous lands and approaches to education, justice and health. In this context the ‘Registered Nurses of Canadian Indian Ancestry’ was born. Respected critics and providers of healthcare services to FNIM people, Indigenous Nurses developed an Indian nurse identity, which combined a strong belief in social and cultural responsibility with a professionalizing nursing ethic. Jean Goodwill called this the “unique expertise” of Indigenous nurses.

CINA’s partnership and collaboration processes are usually developed in a random way with stakeholders identifying their priorities; while in the realm of Indigenous health, usually leaning towards the partners’ project priorities. Lack of sustainable resources underpin ongoing issues. Close to 8000 nurses in Canada are Indigenous, therefore there is great potential to expand CINA’s work.

A self-determining partnership model is crucial and CINA garners support for this in the TRC report, which calls upon the private sector, civil society and academic institutions to take an active role in promoting and protecting the rights of Indigenous peoples.

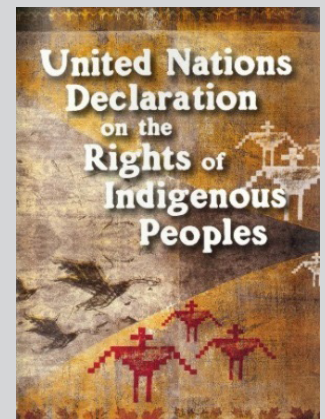
The TRC endorses the UNDRIP as the appropriate framework for reconciliation and advocates that this document can enable Canada to develop a holistic

vision of reconciliation. CINA believes in ‘authentic Indigenous partnerships’ with Indigenous rights-holders and non-Indigenous stakeholders that are inclusive of values grounded in diverse Indigenous philosophies that centre relationality, respect and reciprocity at the core of self-determination.

CINA’s Authentic Indigenous Partnership Strategy identifies Indigenous relational values and protocols to maintain CINA’s established recognition as leader in Indigenous health and Aboriginal Health nursing. CINA will identify partners that will maintain and advance ongoing nursing policy, research, practice and education goals and these partnerships may yield funding sources that further support Indigenous self-determination. The framework implementation protocol will ensure that CINA’s leadership and expertise is upheld in the spirit of an ‘Indigenous - ally’ relationship.

The UNDRIP calls for participation of Indigenous

peoples on issues that affect them. In the context CINA’s work, partners must understand spiritual ties to the land, the collective and individual rights and identities and the worldviews, traditions, languages and cultures on Indigenous Nurses. A rights-based partnership: “Nothing for us - without us” requires mainstream nursing leadership organizations, policy makers, and educators/researchers to understand the structural barriers and challenges Indigenous Nurses encounter, and co-create strategies and key features of an enabling environment for ensuring the full and effective participation of CINA. To uphold CINA leadership and maintain the integrity of its partnerships, CINA’s collaborative mechanisms will include a conflict resolution protocol and increased focus on mentorship.



References

- United Nations. (2008). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf
- United Nations. (2009). The state of the world’s Indigenous people. New York, NY: Author.
- United Nations Human Rights, Office of the High Commissioner for Human Rights. (2014). Special rapporteur on the rights of Indigenous peoples. Retrieved from <http://www.ohchr.org/en/issues/ipeoples/srindigenouspeoples/pages/sripeoplesindex.aspx>

Up Coming Events

May 26-27, 2016 Toronto.	Indigenous Health Conference 'Towards Health and Reconciliation' Hilton Mississauga Meadowvale Hotel http://www.cpd.utoronto.ca/indigenoushealth/
May 30-31, 2016 Toronto.	Canadian Association of Schools of Nursing "2016 Canadian Nursing Education Conference: Expanding Horizons in Nursing Education" CINA will be the keynote presentation.
June 20-22, 2016 Saint John, NB.	Canadian Nurses Association 2016 Biennial Convention 'Nurses: Driving the Shift to Primary Health Care' https://www.cna-aiic.ca/en/events/2016-cna-biennial-convention
November 7, 2016 Melbourne Australia.	CATSINaM International Indigenous Health Workforce Meeting, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Board, invite you to the 2016 CATSINaM International Health Workforce Meeting at the Melbourne Exhibition and Convention Centre on the 7th of November, 2016. For more information contact: membership@catsinam.org.au https://www.eventbrite.com.au/e/cultural-safety-in-policy-and-practice-tickets-23206718921

**New Membership Criteria 2016-2017,
to join the association the fees are as follows:**

\$75 for regular members Categories include: Indigenous/non Indigenous descent RN,
RPN, LPN, NP, or other profession

\$75 for affiliate members

\$20 Students/elders (non regulated)

Business subscription: \$300

Professional Organization Subscription \$200

Membership plans applicable for all membership categories:
1 year, 2 years, or 3 years & receive 10% off!

Membership Incentive- refer (5) NEW members & receive A.N.A.C vest

**For more information:
please email to info@CINA.on.ca or visit our website
<http://www.CINA.on.ca/>**

Join CINA today!



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