



## ARNBC Statement of Commitment on Aboriginal Health

November 24<sup>th</sup>, 2016

ARNBC acknowledges that our offices are located on the traditional territory of the Skwxwu7mesh (Squamish), Tslieiwaututh and Xwmethkwyiem (Musqueam) peoples. We recognize that prior to European contact, the indigenous people of British Columbia had well established systems that supported a holistic approach to health and wellness for both the people and the environment they were living in. We recognize that the legacy of colonial policy and its direct link to dismantling indigenous ways of knowing and being, has created a marginalized aboriginal health system that is entrenched with inequities and systemic disadvantage that has profoundly compromised the physical, emotional, mental and social/spiritual well-being of the indigenous peoples of British Columbia.

B.C. nurses in any practice setting may encounter opportunities and have a desire to influence the health care that is provided to Aboriginal individuals, families and communities. The ARNBC is committed to identifying mechanisms to optimize the full participation of nurses in confronting, challenging and changing these inequities and thereby fulfilling its professional mandate to advance the practice of nursing in order to improve the care of all members of society.

Recognizing the enormity of the legacy of past policy practices on the life and health status of the Aboriginal population within our country and our province, ARNBC commits to playing a part within the shared and ongoing responsibility of the citizenry, our elected officials and our public institutions, including the professions, to advocate for and to help to develop health policy that disrupts the status quo and contributes to a brighter future in which all people of our society can thrive. ARNBC has taken a number of actions to date that represents our commitment in realizing this vision. These include:

1. Creating a designated Board Director position to ensure ongoing informed representation on matters affecting First Nations health Aboriginal nurses and the health of Aboriginal British Columbians (2015).
2. Developing a position statement on Aboriginal Leadership Capacity and Engagement (2015).
3. Initiating and supporting a Rapid Response team whereby ARNBC members working in the area of Aboriginal Health are recognized as expert voices for providing advice to ARNBC on matters related to Aboriginal health nursing practice and policy (2016).
4. Establishing STAND (Strengthening Aboriginal Nursing Development) – a program that provides a pathway for leadership development for aboriginal nurses working in B.C. (2016).
5. Preparing resolutions with respect to issues associated with Aboriginal health to the Canadian Nurses Association Annual General Meeting (2014, 2016).
6. Initiating and supporting the development of a Community of Practice (CoP) where aboriginal nurses and nurses working in aboriginal communities can share both challenges and best practices associated with being a nurse of indigenous ancestry and/or a nurse committed to working with indigenous communities (2015).



This Statement of Commitment communicates the ARNBC's intent to continue to reflect on, develop, and refine the approaches we take as a profession, including the resources allocated towards acknowledging and addressing our own cultural humility\* so that we can effectively contribute to addressing and changing health inequities within our society.

*\*Cultural humility "is the ability to maintain an interpersonal stance that is other-orientated (or open to the other) in relation to aspects of cultural identity that are most important to the person".*

### **References:**

M. Tervalon, J. Murray-Garcia (1998) **Cultural Humility Versus Cultural Competence:** A Critical Distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, Volume 9, Number 2, May 1998, pp. 117-125.*