Investing the time to care for communities:

A holistic approach to health

"I would not change anything in my life, because whatever I've gone through has helped me become who I am today," says Angela Spence-Bedard, a soft-spoken nurse practitioner with formidable determination. She was born in Nelson House First Nation, Manitoba, and now works with seven First Nation communities on Manitoulin Island, Ontario.

In between, she was raised by her grandparents, her uncles, aunt and mother. She escaped residential school, but her brother did not, nor did her mother. She attended nursing school as a young mother, was forced out of a First Nations community, and has continually seen the effects of poverty, substance abuse and other social, economic, environmental and indigenous determinants of health in her work. Still, Spence-Bedard cherishes the challenges in her job and those she has navigated to get to where she is today.

"I came from a poor family, materialistically, but we had a lot of love. Seeing the community in the state it was when I was growing up helped me to realize, even as a young child, that I was a helper, that I was going to be a nurse. I knew that when I was a kid."

A strong sense of destiny, yes, but Spence-Bedard couldn't have known she would end up a primary health care nurse practitioner. In 2008, she graduated with her master's in advanced practice nursing, 18 years after she started working as an RN for the First Nations and Inuit Health Branch of Health Canada. Before that she pursued licensed practical nursing (LPN), after having started her career as a health-care aid.

At the root of this journey is her passion for providing health care to aboriginal communities in a way that empowers them, is culturally appropriate, and is sensitive to the historical, social and economic factors affecting the many populations she has worked with over the years. Before moving to Manitoulin Island, Spence-Bedard worked in all but four of Manitoba's Health Canada nursing stations.

One story she likes to tell is about a man with chronic kidney disease who lived with his wife and grandchildren in a remote, fly-in community in northern Manitoba.

"He didn't speak English, but I felt comfortable seeing him and he felt comfortable seeing me because I was able to speak in his language," says Spence-Bedard, who speaks Cree and is now learning Ojibwe.

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It allowed her to thoroughly explain his option of home dialysis, which meant going to Winnipeg to receive teaching about it and then coming back home to live. Doing this would save him from moving away for good. “He came home and did his own dialysis and I helped educate him on how to monitor his dialysis process. That was something that was significant for both of us, and for the community, because it meant he could stay home and not have to live in Winnipeg for the rest of his life.”

However, despite her ancestry, Spence-Bedard has faced challenges within First Nation communities because she was a woman and a nurse in a leadership role. In another remote Manitoba community where she worked, there were problems with spousal abuse, but the women had nowhere to go for safety. They had no money.

“I tried to help and advocate for them and reach out to places outside the community to help them. But the men in the community did not agree with that,” says Spence-Bedard. “Abuse issues are difficult situations because there are children involved and there are egos involved. You know, ‘I’m the man. I provide for my family and I have the right to say whether my wife can go or not.’

“Because I tried to help the women, I was BCR’d out, meaning there was a band council resolution to have me removed from the community.”

But overall, her First Nations ancestry helps her deliver meaningful, appropriate and culturally safe care.

“Having a Cree background, I have culturally sensitive knowledge to be able to deliver holistic care to people, even though every region is different,” she says. She points out that not all communities have a traditional lifestyle. There’s a real mixture of western and traditional lifestyles. However, the thing that allows her to be an effective primary health care provider is that she really knows and understands that most, if not all, First Nations communities have the same important determinants of health “Those are the ones we work on to address diabetes and other types of chronic conditions — poverty, the highest rate of suicide and other problems like fallout from residential schools.” She feels it at her core because she has lived it; she was brought up with it.

> “There are groups of people who are actually leaders [in self care]. ... We work with these people so they can be role models. They speak and give workshops. It is a way to build on something positive.”

For Spence-Bedard, cultural understanding makes it essential that she take the holistic approach to working with a client. So, when she sees a patient with diabetes, she has to understand the person and figure whether or not that person is prepared to address the complications or prevent them in the future.

“There are different attitudes about it. One person might say, ‘Oh, I don’t care if I get diabetes. I’ll probably get it anyway because my mother had it.’ Then there are people who are more keen on altering their lifestyle to become healthier — things like exercise, weight reduction, smoking cessation — because they know that if they do that the disease won’t progress as much. Then you have people who have been told they were diabetic and have been diabetic for a few years. They come into the clinic for something else and you find out they have diabetes, but haven’t had a follow-up for two years and are not using their medication because of unfounded fears due to lack of information.”

But that’s the exception, says Spence-Bedard. The majority of people do manage their diabetes well. They do their blood glucose monitoring. They go for regular blood work. They go to the chronic health clinics and get their refills in a timely manner, and they participate in community wellness events. “There are groups of people who are actually leaders like that,” she says. “We work with these people so they can be role models. They speak and give workshops. It is a way to build on something positive.”

It takes time to find and foster the positive, but she always makes the time to engage the people who come to see her. For example, she always screens for high blood pressure, even though the person might be there for a psycho-social concern.

If she finds high blood pressure she brings them back for a thorough assessment and physical to determine their personal risk factors.

What Spence-Bedard has found is that most people are very responsive to this approach. "They like to be heard," she says. "Sometimes they have issues that they feel the doctors are really not addressing because they're busy and focused on more serious interventions. As a nurse practitioner, I take the time to sit down with the client and learn about their background and their social support systems and their stressors, so we can work on those together. And they like that. They feel important and validated when that happens, because a lot of the time they feel they are not being heard, or are being ignored.

"When they get an invitation to take part in their health as an active and informed partner, they are very eager to do that."

Supplemental resources

Nurse practitioners: It's about time! (video)

The Nurse Practitioner — A Strategy for Healthcare System Improvement (briefing note)
http://apnnursingchair.mcmaster.ca/documents/np.pdf

The Nurse Practitioner (CNA position statement)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS_Nurse_Practitioner_e.pdf

Why We Are Worried: The Facts, First Nations, Inuit and Métis Health (National Expert Commission)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/Fact_Sheet_07_e.pdf

A Diverse Tapestry of Peoples: Aboriginal Peoples (National Expert Commission fact sheet)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/Fact_Sheet_01_e.pdf

Gina Browne's keynote address (video)
Renowned nurse scientist and family therapist Gina Browne talks about the challenges and opportunities ahead for nursing and shares innovative examples of transformative change. Brought to you by *Canadian Nurse*.

A Nursing Call to Action: The Health of our Nation, the Future of our Health System (final report of the National Expert Commission)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/NEC_Report_e.pdf

Better Health: An Analysis of Public Policy and Programming Focusing on the Determinants of Health and Health Outcomes that are Effective in Achieving the Healthiest Populations (National Expert Commission)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/BetterHealth_Muntaner-EN-Web-SHORT.pdf

Better Care: An Analysis of Nursing and Healthcare System Outcomes (National Expert Commission)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/BetterCare_Browne-EN-Web-SHORT.pdf

Better Value: An Analysis of the Impact of Current Healthcare System Funding and Financing Models and the Value of Health and Healthcare in Canada (National Expert Commission)
http://www2.cna-aiic.ca/CNA/documents/pdf/publications/nec/BetterValue_Soroka-EN-Web-SHORT.pdf

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